

feel that the College must become involved. Those who lead the profession mostly bought their first houses and practice premises 10 or 20 years ago; their children are educated—most of them privately or at grammar and direct grant schools—and their appreciation of the realities of setting up anew is remote.

The new intake of general practitioners know the problems all too well. I fear that before long there will quite simply be few, if any, NHS general practitioners in inner cities.

C. RAYNER

Benson  
Terrace Road  
Binfield  
Bracknell.

### RUBELLA IMMUNIZATION

Sir,  
Further to the recent *Journal* articles and correspondence about rubella immunization I have offered rubella screening to 437 women student teachers, about to leave St Martin's College of Education, in the last two years. Two hundred and seventy-one (62 per cent) have responded and had blood taken at sessions organized jointly by Dr W. R. Falconer, Assistant Community Physician, and myself. We have found 48 non-immune students, 17.7 per cent of those screened. All women screened were in the 20 to 30 age group and only eight had previously been immunized. The full findings are shown in Table 1.

The one student previously immunized and shown as non-immune had a titre of 1:4, that is below the screening level of 1:16. She was re-immunized. The students found to be non-immune have all been informed of their 'at risk' state and 34 had received immunization at the time of writing.

We are aware that this is only a partially successful exercise with an estimated 30 women from the un-screened group going out into teaching, or other work, at risk to contract rubella possibly when pregnant.

If we continue screening we should find fewer non-immunes as those students immunized at the age of 12 reach their final year. However, Peckham and colleagues have shown that only 71 per cent of 12-year-old girls offered rubella immunization are responding. It seems, therefore, that with existing immunization and screening programmes the risk of congenital rubella in the community can only be reduced and not completely removed.

J. H. CHIPPENDALE  
Medical Officer

The Medical Centre  
St Martin's College  
Lancaster LA1 3JD.

### References

- Peckham, C. S., Marshall, W. C. & Dudgeon, J. A. (1977). *British Medical Journal*, 1, 760-761.  
Rose A. J. & Mole, K. F. (1976). *Journal of the Royal College of General Practitioners*, 26, 817-821.

### PRESCRIBING COSTS

Sir,  
From time to time general practitioners are sent a crude analysis of their prescribing costs, with local and national averages. I often wonder what should be the reaction of a doctor who finds that he is prescribing at half the normal rate and is saving the Exchequer £1,000 per month by his prescribing habits. Should he examine his habits in order to "do better next time", or should he perhaps expect to be allowed to spend this money in some other way for the real benefit of his patients?

N. B. EASTWOOD

71 Victoria Road  
Oulton Broad  
Lowestoft.

### MEDICINE IN THE EEC

Sir,  
I would like to thank Miss Lempelius

(November *Journal*, p.698) for pointing out that health insurances or *Krankenkassen* are nearly all government run and apologize for missing out the *Kassenärztliche Vereinigung* (equivalent to our family practitioner committee) in the transfer of item-of-service fees from *Krankenkassen* to doctor.

My choice of general practitioner was quite at random and I was impressed. Our ten-doctor centre does not have one laboratory technician.

I noted that although Miss Lempelius works with doctors she did not find one to refute my impression.

Our two health services are so different. When a West Germany doctor walks through his full waiting room, he is pleased. When a British doctor does likewise, his heart sinks!

J. W. TANNER

Pinfold Health Centre  
Bloxwich  
Walsall WS3 3JJ.

### OTITIS EXTERNA AND SWIMMING POOLS

Sir,  
The article by Dr Weingarten (*July Journal*, p.359) highlights an important problem. I had to investigate a similar incident causing considerable morbidity among soldiers serving in Belize (French, 1971).

An important contributory fact was the rapid loss of chlorine from the water under conditions of high intensity ultraviolet irradiation and high ambient temperature. The quantity of liquid chlorine required to maintain adequate chlorination in the open air pool was ten times greater on days when the sky was clear compared to days when the sky was overcast.

In order to maintain adequate chlorination while avoiding the irritant effect of excess chlorine, almost continuous monitoring was required. This expensive, time-consuming activity was more than warranted by the reduction in

Table 1. Results of screening programme.

Blood	Rubella/immunization history									Totals		
	Rubella +ve			Rubella -ve			Immunized			1976	1977	Total
	1976	1977	Total	1976	1977	Total	1976	1977	Total	1976	1977	Total
Immune	64	58	122	46	42	88	7	6	13	117	106	223
Non-immune	2	6	8	20	19	39	1	0	1	23	25	48
Totals	66	64	130	66	61	127	8	6	14	140	131	271