



Figure 1. Screening for rubella immunity status in pregnancy.

### SCREENING FOR RUBELLA IN WOMEN

Sir,  
It appears that it may still not be generally known that some women who have been previously vaccinated against rubella may have a poor response, and in some laboratories as many as 20 per cent of the patients who have been followed up have been found to have an inadequate antibody titre five years later. Furthermore, it seems that these findings are more likely when Cendehill vaccine has been used, rather than the more recent, less attenuated, RA27/3 vaccine (Tobin, 1978).

This suggests that the rubella antibody titre should always be estimated when a patient presents with her first pregnancy (whether or not she is suspected of contact with rubella during the first trimester), unless that patient was known to have a high level of antibody before the pregnancy occurred. A flow chart (Figure 1) may simplify decision taking for this common clinical problem in the early months of pregnancy.

Ideally, of course, the rubella immunity status of women (and immunization where appropriate) would be determined through the agency of general practitioners or family planning clinics before pregnancy (Mayon-White and Bull, 1976; Gringras *et al.*, 1977; Frampton, 1978) but to implement this

would require a considerable increase in motivation of both practitioners and patients.

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#### References

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### MRC TRIAL FOR HYPERTENSION

Sir,  
May I express to you my personal thanks, and also those of the other signatories of the letter about the MRC Trial for Hypertension, for so readily agreeing to circulate it with the *Journal*. Dr W. E. Miall, the Trial Co-ordinator, also wishes to convey his gratitude for your very helpful gesture.

May we also use your columns to thank and acknowledge the help and generosity of Merck Sharp and Dohme who shouldered the cost of printing the letter. Without their help it may never have landed on so many, we hope receptive, doormats.

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### WHAT KIND OF COLLEGE?

Sir,  
These days, wherever I read I seem to come across some criticism of the Royal College of General Practitioners, especially its membership examination and also what is termed the College 'establishment'.

It is a pity that those who could justify the examination methods rarely do so in print; no doubt some of the criticism is so misinformed and inaccurate as to be best dealt with by silence but there must now be an impressive mass of facts about candidates and their performance which, analysed anonymously, could demonstrate how the College aims at rising standards of relevance and reliability.

Having frequently heard statements to the effect that the College is run by a tight group of powerful people, and being a firm believer in numeracy, I