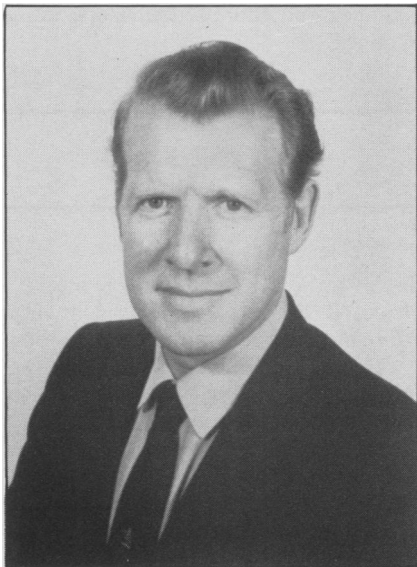


MEDICAL NEWS

UNIVERSITY OF SURREY

Dr Paul R. Grob, MD, FRCGP, General Practitioner, Addlestone, Surrey, has been appointed Honorary Visiting Professor in Primary Health Care and Epidemiology in the Institute of Industrial and Environmental Health and Safety at the University of Surrey.



Dr Grob, who is 44, entered general practice in 1961 and was awarded his MD by the University of London for his research on the aetiology of spontaneous abortion.

He was appointed Associate Adviser in General Practice to the South-West Thames Region in 1972, and is medical editor of the television series GPTV from the University of London. In 1978 he was appointed television adviser of the British Postgraduate Medical Federation with responsibility for planning and co-ordination of television programmes for all postgraduate medical education in the University of London.

He has been Director of the Epidemiological Observation Unit of the Royal College of General Practitioners since the retirement of Dr G. I. Watson, and this Unit is currently studying the natural history of whooping cough.

Dr Grob has written articles which have been published in the *British Medical Journal*, *Journal of the Royal College of General Practitioners*, *Lancet*, *Practitioner*, *Proceedings of the Royal Society of Medicine*, and other journals.

UNIVERSITY OF KEELE

Dr Alistair Ross, FRCGP, General Practitioner, Newcastle, Staffordshire, has been appointed part-time Senior Lecturer in General Practice in the Department of Postgraduate Medicine at the University of Keele. Dr Ross has been an Associate Adviser in General Practice to the Midland Region, and attended the first of the Royal College of General Practitioners' Nuffield courses for course organizers.

He works in a group practice in Newcastle and this is the first appointment of a general practitioner at Keele.

Dr Ross is the author of articles on glaucoma screening in general practice published in the *Journal of the Royal College of General Practitioners* in 1968 and the *Practitioner* in 1969.

IAN DINGWALL GRANT AWARD

The Scottish Council of the Royal College of General Practitioners invites applications for the Ian Dingwall Grant Award of £100 which will be made in August 1980. Applicants must be fully registered general medical practitioners, under the age of 36, who intend to or who are already working in general practice and who have completed post-registration training in Scotland.

The Award is intended to encourage young postgraduates by allowing them to add to their experience, either by spending a period of two weeks away from their practice or visiting other practices or departments or in any other suitable way.

Further information can be obtained from Secretary to the Scottish Council, Royal College of General Practitioners, Livingstone House, 39 Cowgate, Edinburgh EH1 1JR.

CLEVELAND CONSTABULARY

A symposium, 'Poldive '80', is being arranged to enable chief constables and their senior officers, police surgeons, medical advisers to the Police Service, and those officers concerned with planning and execution of police diving operations an opportunity to examine and evaluate the problems of medical standards, training, operations, and equipment needed to sustain a police diving unit.

The Symposium will be held at Teesside Polytechnic on 28 and 29 May 1980 and further information can be obtained from Inspector R. P. Sigsworth, Cleveland Constabulary, PO Box 70, Dunning Road, Middlesbrough TS1 2AR.

BALINT SOCIETY

Applications are invited from general practitioners (with or without previous similar experience) to attend a Balint training seminar. The seminar will meet weekly in London starting on 8 May 1980 and will be led by Mrs Enid Balint.

Section 63 approval has been applied for. Applicants should write as soon as possible to Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8 8EG.

REFERRALS TO SOCIAL WORKERS

The Social Work Services Group in its statistical bulletin *Social Work Case Statistics 1976-1977* reports that the biggest single source of referrals to social workers in Scotland was "general practitioner/health visitor" at 21.6 per cent.

NHS SUPPLY COUNCIL

The Secretary of State for Social Services, Mr Patrick Jenkin, announced a decision to set up a Supply Council for the National Health Service. Its functions will be to evaluate equipment and supplies offered to the NHS and improve and information to health authorities to enable them to make the best buy, and to assist them in co-ordinated purchasing of common use items.

SCOTTISH HEALTH STATISTICS 1978

In the year 1978, 211,000 women were prescribed oral contraceptives in Scotland by their general medical practitioners, compared with 239,000 in 1977, a fall from 23 per cent of women aged 15 to 44 in 1977 to 20 per cent in 1978. This fall is also reflected in figures from family planning clinics where only 61 per cent chose oral contraceptives as a method in 1978 compared with 70 per cent in 1977.

Births

Less than one per cent of births took place at home in Scotland in 1978 and 13 per cent of patients were delivered in hospital by forceps and 10 per cent by caesarian section.

Immunization

Whooping cough vaccination rates continued their downward trend and fell below 50 per cent for the first time in 1978; at the same time the number of cases of whooping cough rose to 3,500 cases notified in 1978 compared with 943 in 1977. Acceptance rates for immunization against other disease rose slightly to 79 per cent for diphtheria and polio, to 55 per cent for measles, and to

74 per cent for 13-year-old girls against rubella.

Accident and emergency departments

Attendances at accident and emergency departments in Scotland reached almost 930,000 for new outpatients, an increase of 71 per cent over the 1965 figure of 543,000, and three per cent higher than 1977 (906,000). Accident and emergency patients represented 47 per cent of all new outpatients seen in 1978.

POSTGRADUATE DIPLOMAS AND COURSES 1980

The 1980 edition of the *Summary of Postgraduate Diplomas and Courses in Medicine*, published by the Council for

Postgraduate Medical Education in England and Wales, is now available.

It follows the pattern of last year and includes a section devoted to courses and attachments approved under the Advanced Postgraduate Training Scheme. The pages relating to each specialty have been reprinted as leaflets and these are available to doctors seeking information on a particular specialty.

Copies of the *Summary* can be seen in postgraduate medical centres or may be obtained from the Council at 7 Marylebone Road, London NW1 5HH, price £3.50 (post free in UK). Leaflets on particular specialties are available, free of charge, on application with a stamped and addressed envelope to the Council.

LETTERS TO THE EDITOR

VERTIGO IN THE ELDERLY

Sir,
Dr Colin Waters, reviewing a textbook in a recent issue of the *Journal* (p. 627) describes as 'quaint' a statement about the management of vertigo that "education about posture and movement will be required". In fact most cases of vertigo presenting to the general practitioner are of a transient but repeated nature occurring in elderly persons and associated with postural changes. These are commonly accepted as being due to narrowing of the main arteries in the neck, aggravated by flexion, extension, or rotation of the head on the shoulders, and much can be achieved by education in such cases.

I always try to explain the mechanism of these attacks to my patients, emphasizing how much more easily an artery with a small lumen and a thick wall can be occluded beyond a critical point by being bent or twisted than can one with a wide lumen and thin walls. A Littman-type stethoscope held so that the chest-piece represents the patient's head and the ear-pieces his legs can be used to demonstrate this visually. I also show how rapid bodily movements, such as bending, rising up, and looking upwards or behind the back, are accompanied by marked movements of the neck, whereas, when similar bodily movements are performed slowly the head hardly moves in relation to the shoulders.

These considerations lead to the obvious advice that if the patient trains himself to move slowly when changing posture, his vertigo will be minimized.

This does indeed work and is much more effective than drugs. I see nothing 'quaint' about it and I think that Dr Waters is mistaken on this point, although his general criticism of the book may be fair enough.

M. CURWEN

3 Lonsdale Avenue
Margate
Kent CT9 3BA.

MRCGP EXAMINATION

Sir,
I read that there are proposals before the College to make it easier for greybeards and incipient demented to pass the MRCGP examination. As one of this group who did the examination some years ago on equal terms with the youngsters, I write to object most strongly to this.

There are objections of detail, such as what the cut-off age should be and why, say, someone of 59 years and 364 days should have a more difficult time than someone of 60 years and one day. But the main objection of principle is that it devalues the whole examination for everybody, young and old. There is some scepticism about the value of the examination anyway, although having experienced it I think it is not all that bad. To have what will essentially be two standards will reduce it to a laughing stock.

Don't do it!

A. M. RANKIN

Hill House
Aspatria
Carlisle CA5 3HG.

Sir,
Dr D. R. M. Stuart's letter (January *Journal*, p. 60) reminds me of a cartoon I saw many years ago, depicting a notice-board reading "It is forbidden to throw stones at this notice-board", and I sincerely hope he wrote it with his tongue in his cheek. You don't take an examination just for the sake of passing it. Are trainee general practitioners to be drilled until they merely perform in a stereotyped manner most likely to be acceptable at their examinations? The next step might well be (as in the driving test) to deny them any opportunity of justifying to their examiners any deviation from the prescribed responses. There would be a danger that doctors could become so brainwashed as to react like robots rather than rationally. That is about all that intensive training in examination techniques would be likely to achieve, except for ensuing disasters.

T. HEDLEY WHITE

Tanglewood House
Ryall Road
Morcombelake
Dorset DT6 6EG.

TERMINAL CARE AT HOME

Sir,
Bold claims are made about the efficiency of opiates and tranquillizers in those with painful terminal illnesses. In my limited experience of looking after three such patients at home I found the greatest problem was getting them to take adequate amounts of analgesics. I was surprised to find that even after