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.

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MRCGP EXAMINATION

Sir,

I read that there are proposals before the College to make it easier for greybeards and incipient dements 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

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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.

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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