

token the stakes are high, and surely if it means that we are going to raise standards and examine the qualities we want in our future general practitioners then it will be worth it.

In the Royal Australian College of General Practitioners' Fellowship Examination there are several practical aspects, as well as the usual essay, multiple choice and modified essay questions. There is a clinical examination section where patients are examined by a candidate who is judged not only on his clinical skills but also on his general approach and interaction with the patient. There is a practical examination where the candidate is presented with x-rays electrocardiographs, clinical photos and haematology slides to assess. There are patient management and diagnostic interviews, in which the aspiring doctor meets an examiner who is role-playing patients with every-day consultation problems.

In the 1981-82 report of Council some changes in the examination format were discussed. Let us hope that long overdue changes can be introduced, to test the qualities that will produce general practitioners of excellence in the future.

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Individual Cases

Sir,
Medical knowledge can benefit from the reporting of individual cases and observations. I would like to draw to your attention two observations that I have made:

1. A patient who had suffered a number of tonsillar abscesses which developed in spite of conventional treatment with antibiotics, improved rapidly when Metronidazol was given in the early stages. I have seen other patients with severe tonsillitis who have improved with a penicillin/metronidazol combination. I wonder if anaerobic organisms play a greater role in tonsil infections than is generally supposed.
2. Patients with prostatic symptoms, such as frequency and hesitancy, have improved rapidly when non-steroidal anti-inflammatory drugs, such as Ibuprofen have been given.

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Prescribing Costs

Sir,
My practice has recently been visited by our regional medical officer because our prescribing costs are more than 25 per cent greater than those of our colleagues in the area.

During discussions with 'the man from the Ministry' it became clear that we needed further information about prescribing in general. I would be interested to hear therefore, from doctors who have a list size of approximately 2,700 patients but who have not been visited by the regional medical officer, as presumably their drug costs are within the average for the area, in order to get their permission to approach the Pricing Bureau for a breakdown of their monthly prescriptions.

We would ask this in order that we may further audit the cost of our drugs in general practice.

TONY MAISEY

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A Health Education Video Library?

Sir,
We have recently acquired a video system in our practice. We aim to use it as a teaching aid both for health staff and for patients. There is very little by way of a video library of health education for patients.

Isn't it time that the MSD Foundation, the College, the National Association for Patient Participation and the television companies put their heads and resources together to provide a library of cheap tapes for patient education that could be borrowed or bought?

My local shop can supply *Star Wars* and soft porn to order, but they have nothing on rehabilitation after a coronary, or on contraceptive choices.

JOHN ROBSON

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Medical Practices Committee Guidance

Sir,
At the Conference of local medical committees on 16 June 1983, my Committee's guidance on vocationally trained doctors and single-handed practice vacancies was criticised as not being clear, perhaps justifiably.

Our suggestion that applicants

'should have been trained in a similar situation to that for which they are applying' is open to misinterpretation. It would be better to substitute the word 'location' for 'situation'. A doctor who had trained in a country area would not have a strong claim to be considered for an inner-city vacancy. And similarly someone who had done their training in an urban practice could not expect to be first choice for a rural practice vacancy.

W. B. HOWELL
Chairman, Medical Practices
Committee

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Hypotension Following Stimulation of Acupuncture Point Fengchi (G B 20)

Sir,
Acupuncture is used as an important modality in the treatment of a wide range of diseases. Although it has been thought to be a very safe procedure, several complications associated with it have been reported.¹⁻³ I report here a patient who developed hypotension during acupuncture treatment.

A 23 year old man presenting with chronic sinusitis for five years was scheduled for acupuncture treatment. His blood pressure was 120/70 mm Hg and pulse rate 84 per minute. Physical examination did not reveal any abnormality. The following acupuncture points were selected according to the nomenclature published by the Academy of Traditional Chinese Medicine, Peking:

(a) Yingxiang (L I 20), Shangxing (D U 23), Hegu (L I 4).

(b) Yintang (Extra 1), Leique (L U 7), Fengchi (G B 20).

These two groups of points were to be used on alternate days over a period of 10 days. On the first day, needles were placed at the group(a) points and uniformly stimulated by gentle hand manipulation every five minutes for 30 minutes. The patient tolerated the puncture very well and there was no untoward reaction. On the following day, the group (b) points were stimulated similarly. Fifteen minutes later the patient complained of giddiness. The needles were removed immediately and he was made to lie flat.

He looked pale, had a pulse rate of 124 per minute and his blood pressure was 70 mm Hg systolic. He was observed for 10 minutes and since