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.

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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. WHOWELL
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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 acupunture 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

his general condition did not improve he was transferred to the ward and given 500 ml of 5 per cent dextrose intravenously. The blood pressure and the pulse rate remained unchanged. He was infused with another 500 ml of 5 per cent dextrose without much benefit. He was conscious throughout this period, and was kept under observation without any further treatment. His blood pressure gradually improved and six hours later was 100/70 mm Hg with a pulse rate of 100 per min. He remained under observation for the next 24 hours and was discharged with a blood pressure of 120/80 mm Hg and a pulse rate of 92 per minute.

As acupuncture point Fengchi (G B 20) is also recommended in the treatment of hypertension,[4] stimulation of this point probably was responsible for the hypotension on this occasion and therefore was avoided in the subsequent treatment. The 10 day course of acupunture was completed successfully without further incident.

Fourteen other patients were treated for chronic sinusitis without the stimulation of acupunture point Fengchi (G B 20) and none of these patients showed evidence of hypotension; further evidence that stimulation of the acupuncture point Fengchi (G B 20) in this patient might have been responsible for his hypotension.

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References

1. Schiff AF. A fatality due to acupunture. *Medical Times* 1965; **93:** 630-631.
2. Corbet M, Lincoln T. Acu- and pleuropuncture. *N Engl Med* 1974; **290:** 167-168.
3. Pierik MG. Fatal staphylococcal septicaemia following acupuncture: report of two cases. *R Med J* 1982; **65:** 251-253.
4. *An outline of Chinese acupuncture.* Peking: Academy of Traditional Chinese Medicine, 1975.

Fatal but Clinically Undiagnosed Tuberculosis

Sir,
I was interested to read this article by Dr R. M. Whittington (June *Journal,* p. 343). This disconcerting state has been recognized previously with miliary tuberculosis, both in the UK[1] and in Canada.[2]

The Canadian experience showed two groups amongst 48 patients with miliary tuberculosis. In 18 patients the diagnosis was made only at autopsy. In this group there was a particularly high incidence of concomitant disease. In addition, tuberculin testing, bacteriological search for acid-fast bacilli and chest radiography were frequently neglected. Members of this group were considerably older than those in the group in which the diagnosis was made before death. The disease was characteristically insidious in onset, frequently with non-specific symptoms. Fever was a common presenting symptom. Several patients presented with a fulminant illness which, although diagnosed, was not affected by antituberculosis therapy and was rapidly fatal.

Thus, with all forms of tuberculosis, continued vigilance is necessary. This is especially important in the elderly patient who has other chronic illness.

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References

1. Proudfoot AT, Akhtar AJ, Douglas AC, *et al.* Miliary tuberculosis in adults. *Br Med J* 1965; **2:** 273.
2. Campbell IK. Miliary tuberculosis in British Columbia, *Can Med Assoc J* 1973; **108:** 1517-1526.

Prescribing Oral Contraceptives in Oxfordshire

Sir,
This paper (April *Journal,* p.201) provides some interesting insights into doctors' attitudes towards the varieties of oral contraceptive available. When asked to name their three most commonly prescribed brands, 68 per cent of general practitioners and 42 per cent of family planning doctors gave the low dose oestrogen/high dose progestogen Eugynon 30 or Ovran 30, making them second in the league. Although there is no direct evidence, I suspect that this means that a substantial number use them as their first choice for most women.

On the other hand only 14 per cent of general practitioners and no clinic doctors named a brand containing 50 micrograms of oestrogen. This shows that there is still great preoccupation with the oestrogen component and comparative neglect of the progestogen. The Presidents of the two relevant Colleges have stated, 'We are unable to determine from present evidence whether oral contraceptives containing lower doses of oestrogen offer any advantage over those containing 50 micrograms'[1] and I doubt if they have changed their minds. However, 90 per cent of prescriptions for combined pills are for those containing 30 micrograms of oestrogen.

Clifford Kay ably demonstrated in 1980 that it is the progestogen which is responsible for both hypertension and arterial disease.[2] Plowright and Adams' prescribing survey was conducted later that same year. Low oestrogen/high progestogen were in vogue at one time as progestogens were found to reduce blood cholesterol. However, we now know that what they reduce is the protective HOL fraction and this helps to account for the rise in arterial disease. This means that although the low oestrogen/low progestogen pills like Microgynon and Ovranette may continue as first choice, if a second choice is required (for example for breakthrough bleeding) then it should be a high oestrogen/high progestogen pill, such as Eugynon 50 or Ovran as the high oestrogen tends to offset the adverse effects of the progestogen upon blood lipids.

I hope that we can see a diminution in the prescription of low oestrogen/high progestogen pills in coming years.

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References

1. Kuenssberg EV, Dewhurst CJ. Mortality in women on oral contraceptives. *Lancet* 1977; **2:** 757.
2. Kay CR. The happiness pill? *J R Coll Gen Pract* 1980; **1:** 8-19.

Prestel for the General Practitioner

Sir,
Mr Ewan Davis (June *Journal,* p.383) rightly indicates the potential of the Prestel database to family doctors. The service will undoubtedly become increasingly useful as more information comes 'on line', particularly from local health authorities, drug information services and pharmaceutical companies.

One problem not mentioned concerns the cost of telephone calls to the Prestel link. Prestel computers are based in London and Birmingham. Communication from users in other parts of the country is either by calling the computer direct, or more usually by communicating via a local dataplex link which involves calling a more local number at local call rates. Unfortunately practices which are not in