our practice we are more fortunate in already receiving reports from the school medical service when girls are immunized against rubella at entry to secondary school.

Using our age–sex register our practice nurses checked the notes of all girls aged 12 and 13 years for a record of rubella immunization. A definite record was found in 130 out of 145 cases (90%), indicating that in Devon the school medical service is efficient at both carrying out rubella immunization and informing general practitioners.

We subsequently wrote to the parents of the 15 girls with no positive record of immunization. Three presented for immunization, three claimed to have been immunized, and nine (60%) did not reply — their notes have been annotated for action at the next consultation.

From our experience we would agree with the recommendation that the general practitioner be informed of all immunizations by other agencies. We suggest that all records are examined when female patients are aged 12 or 13 years and the notes annotated if no record of rubella immunization is found. However, writing to patients seems to be a waste of time. In addition all young women should be screened for immune status, usually at first presentation for contraception, and the result should be displayed prominently on the summary card.

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Coxsackie B viruses and the post-viral syndrome

Sir,

I was interested to read the paper on Coxsackie B viruses by Calder and colleagues (January *Journal,* p.11). An outbreak of myalgic encephalomyelitis began in Brechin in July 1983. Seventy patients in a population of 10 000 have had raised neutralizing antibody titres to Coxsackie B viruses (512 and over). The age range of the 70 patients was 15–73 years and 29 were male and 41 female. Titres to all five serotypes were found but B4 was the commonest — 44 patients had a titre of 512 and over to B4.

The frequency of symptoms has been similar to that recorded by Dr Calder and a similar proportion of people have been unwell for over one year. A noteworthy feature was the periodic nature of the symptoms particularly after the patient had been unwell for a few months. Symptom-free days were followed by a recurrence of symptoms when active work and activities were performed. Over a period of some months the symptom-free period gradually became longer.

A self help group, started in Brechin in November 1986, had 140 members within eight weeks and it is now incorporated within a Tayside region group with branches in Dundee, Perth and Angus. This group liaises with the national myalgic encephalomyelitis self help group.

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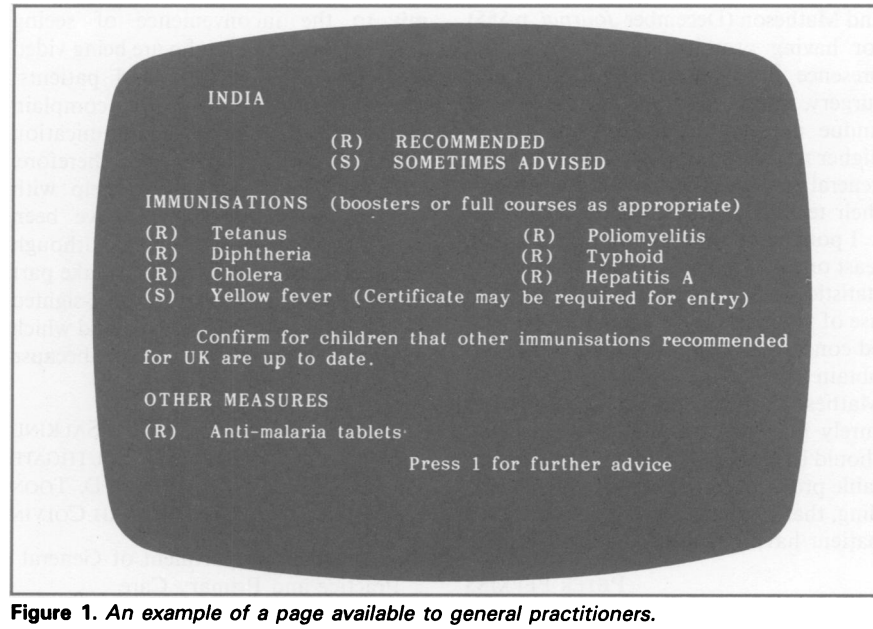

Figure 1. *An example of a page available to general practitioners.*

Computerized advice on malaria prevention and immunizations

Sir,

Dr Campbell suggests (February *Journal,* p.70) that there is a need for continually updated information about suitable antimalarial drugs for travellers and that this could be provided via general practitioners' computers. This service has recently been made available on a data base compiled by the Communicable Diseases (Scotland) Unit and installed by the Scottish Poisons Bureau Information Service on their mainframe computer. An example of one of the pages available is shown in Figure 1. General practitioners who have access to a terminal or computer with a modem (such as that which links with Prestel) can register to use the service by contacting the Communicable Diseases (Scotland) Unit (telephone 041-946 7120).

The service covers recommended immunizations and malaria prophylaxis and is updated directly from the Communicable Diseases (Scotland) Unit on the basis of advice from various sources including the World Health Organization, the Department of Health and Social Security, the Malaria Reference Laboratory, embassies and drug companies. Information about the administration and availability of both commonly used and the more unusual vaccines is also provided. Direct feedback is encouraged so that the information can be improved and answer the most frequent questions. A modified version of the data base will be made available soon to other interested parties such as airlines, travel agencies and businesses.

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Video recording in general practice

Sir,

Dr Roberts expressed surprise that a significant proportion of patients might be reluctant to have their consultation video recorded (March *Journal,* p.134), yet he admitted later in his letter that he too was anxious during his first experience of being recorded. He also criticized Servant