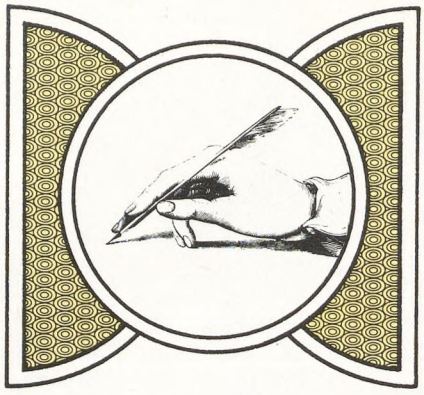
# Letters to the Editor



The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

## Residency Graduates and Full-Time Teaching

To the Editor:

In their excellent article, Family Practice Residency Graduates as Faculty Members (*J Fam Pract* 4:823, 1978), Drs. Hopkins and Green succinctly and comprehensively put into words many of the feelings I have had since joining, upon matriculation, the family practice faculty of the program from which I graduated. I accepted and have enjoyed the job for all the reasons they gave but will be going into private practice soon.

I accomplished much of what I set out to do and feel that my "idealism" (for want of a better word) offset the "inertia of pragmatism" of my more arthritic cohorts. My departure is prompted by what the authors call "a strong concern with getting practice experience" but is fueled by what I call the "PYD Syndrome" (Pay Your Dues). Lack of credibility with the residents is a minor annoyance compared to the older members of the hospital staff who keep asking when I plan to "go to work for a living." In family practice as in perhaps no other specialty, there is an obsession with "paying your dues." Apparently no matter how capable one may be, the medical community in general and the general/family practice staff specifically have trouble taking you seriously until you have run your own office and assumed your burden of patient care.

This may be unfair but is probably best in the long run. The content of family practice should be defined by those who practice it, and family practice residencies should be run by those who know it best. Recent graduates have much to contribute but need to do it and move on. I'll be back someday after I "pay my dues" when my contribution can be more lasting.

*Bert D. Garrett, MD*
*Instructor in Family Practice*
*University of Texas*
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*Houston, Texas*

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## Rubella Antibody Screening

To the Editor:

I was disappointed to note the omission of mention by Dr. Rosser of rubella antibody screening (Screening in Family Medicine: The Current Situation. *J Fam Pract* 6:503, 1978). The potential benefits of rubella screening and vaccine administration are enormous. The cost of screening and vaccine administration is low and the screening methodology widely available through most state health departments. There is a need for all physicians to be aware of the availability and potential benefits of screening as well as the appropriate timing of vaccine administration.

Vaccine administration has been recommended for the very young with the expectation that having been immunized as children, women of childbearing age (and, thus, their offspring) will be protected against primary gestational rubella infections. It is hoped that the effect of preschool immunization will be the reduction or elimination of unpredictable outbreaks of rubella. Nevertheless, sporadic cases will continue to occur and in many instances uncertainty will remain concerning the rubella antibody status of young girls or women in their childbearing years. Rubella serologic screening may be performed in young prepubertal and adolescent girls, or at the time of premarital testing, and even during the first prenatal visit. In the latter case, and in all instances among girls and women who are postpubertal, it is essential to remember that the rubella vaccine must not be administered during pregnancy. Vaccine should only be administered to women of childbearing age if pregnancy can definitely be prevented during the three months following administration of the vaccine. In the case of a pregnant woman, screening is still essential and serves several important purposes: (1) Reassurance for the woman who is uncertain of her rubella susceptibility status, (2) Recognition of rubella susceptibility which then permits (a) instructions to reduce the potential for exposure during gestation (b) retesting in the case of suspected exposure, and (c) plans for immunization during the immediate postpartum period.

*David J. Lang, MD*
*Professor of Pediatrics*
*Associate Professor of Virology*
*Chief, Pediatric Infectious Disease*
*Duke University Medical Center*
*Durham, North Carolina*

*The preceding letter was referred to Dr. Rosser who responds as follows:*

I can assure Dr. Lang that the omission of rubella screening was not a slip of the pen. In fact, we have had a very prolonged and detailed debate in our own Family Medicine Centre about how we should be screening for rubella.

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In our Province, rubella vaccine is given to 15-month-old children. Thus, rubella is not in the realm of screening but of immunization. Taking this into account, problems that we have encountered concerning screening include increasing evidence that the serum that has been currently used to immunize against rubella may, in fact, not give lifetime immunity to rubella.

However, physicians in our Medical Centre have been researching this topic and there is some evidence that measurement of antibodies is not necessarily an accurate test of measurement of immunity to rubella and, therefore, the fact that several papers have reported, after eight to ten years, a drop in rubella antibodies titres may not mean that, in fact, people are not immune to rubella.

I might also mention that our review of the medical literature indicates that although rubella is not recommended to be given to someone during pregnancy, there has never been a reported case of teratogenesis after rubella vaccine has been given during pregnancy.

In summary, the only statement that I can make is that rubella is currently more in the realm of immunization than screening. However, the role of rubella antibodies screening in practice at the present time is confused. Dr. Lang's comments in this context further enhance the understanding of the situation.

*W.W. Rosser, MD, CCFP*
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*University of Ottawa*
*Ottawa, Ontario*

# P-H Doctor's Tax Report

THE P-H DOCTOR'S TAX REPORT brings you ideas for reducing taxes and increasing wealth. It is recommended that you consult your own professional adviser before acting on these ideas.

## The Motel or Hotel Investment Scene

When was the last time you were invited to consider "a perfectly marvelous motel/hotel investment opportunity for the wise physician?" According to INSTITUTE FOR BUSINESS PLANNING, Englewood Cliffs, NJ, publisher of investment guidelines, the hospitality industry is openly inviting prospective investors to consider the potentials of converting low-use space into compatible income-producing facilities.

During the past decade the nation's economy has experienced unprecedented inflation. The effects has been felt in almost every industry, and the hospitality industry is no exception. Cost increases for materials, energy, food, maintenance, payrolls, and employee benefits, etc, have been passed on to hotel and motel guests through rising room rates and meal prices, which of late have attained annual increase rates of 10 percent to over 20 percent. The problem, as pointed out by Stephen Brener, senior vice-president of Helmsley-Spear's Hospitality Division, is

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