Allo-Caribbean patients. Data on ethnic differ-
ences in the prevalence of aortic aneurysm and peripheral vascular disease in Britain are,
however, limited. We therefore examined the
computerised hospital admission diagnoses for
patients admitted with aortic aneurysm and peripher-
al vascular disease to our city district general hospital, which serves a multiethnic population of 300 000, between 1976 and 1986.
Of the 66 patients admitted with aortic aneu-
rysm, 56 (84.8%) were white, one (1.5%) was
black, and five (7.6%) were Asian; of the 1466
patients admitted with peripheral vascular
disease, 1282 (87.4%) were white, 52 (3.5%)
black, and 46 (3.1%) Asian. The proportions of
white, black, and Asian adults in the population
served by this hospital during the period surveyed, however, were 83%, 10%, and 7%
respectively. When this was taken into account a
significant excess of white patients was seen
among those who presented with peripheral vas-
cular disease (χ² = 13.14, df = 2, P<0.001) and
there were no trends for this to change over the
years. There was no significant ethnic difference, however, among the patients who presented with
aortic aneurysm (χ² = 4.26, df = 2, P = 0.19).
We suggest that in addition to the contrasting
epidemiology of aortic aneurysm and peripheral
vascular disease in England and Wales there may
well be ethnic differences in the presenta-
tion of these manifestations of atherosclerotic
vascular disease, which need to be considered in
any detailed analysis. Further insight into the
epidemiology of vascular disease in different
ethnic groups is required.

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1 Coggan D, Winter P, Murrty G, Inskipp H. Contrasting epide-

miology of aortic aneurysm and peripheral vascular disease in


2 Cruickshank JK, Beever DS, Osborne VL, Haynes RA, Connet JCR, Sably S. Heart attack, stroke, diabetes and hyper-


Drop out rate in medical schools seems reasonable

EDITOR.—James Parkhouse claims that the drop out rate from medical schools in the United
Kingdom ranges "from 11.7% to 14.1%." If true, this suggests serious problems. His figures,
however, disagree with other estimates by a factor of two.

In a recent follow up of 2732 of the cohort of entrants to medical school in 1991, 133 (4.9%)
had left during the preclinical (basic medical sciences)
stage; comparable figures for preclinical drop outs in the 1981 and 1986 cohorts were
35102 (7.0%) and 60876 (6.8%) respectively. These figures are similar to the estimate of preclinical wastage in the survey of medical education by the General Medical Council for the five years to 1990 (13502000 (6.8%), with a small additional clinical wastage of 299200 (1.5%) giving an overall wastage of 8.2%. Parkhouse's indirect estimate of 11.7% to 14.1% is from 41% to 70% higher than the General Medical Council's estimate.

Parkhouse calculates drop out as the differ-
ence between input and output figures derived from two different sources. For the cohorts qualified in 1962 to 1966 he compares two esti-
mates of the average number of qualifiers (3648
from the University Statistical Record) and
3576 (from the Higher Education Funding
Council for England) with the funding council's estimate of the number of entrants five years ear-
er (4145) giving drop out rates of 12.0% and 13.5% respectively. Although the estimates of qualifiers agree with average provisional registrations
with the General Medical Council of 3649,
the estimate of entrants is much higher than that
given by the Universities and Colleges Admis-
sion Service, which averages 3837. The source
of the discrepancy is not clear, but double counting
of students at Oxford and Cambridge Universi-
ties is possible; certainly the admission service's figures are likely to be more accurate since they
are based on named individual students rather than aggregated statistics. When the admission service's and the General Medical Council's figures
were used the drop out rate was 6.8%, which is
compatible with the General Medical Council's
rate of 8.2% and almost half the rates based on
Parkhouse's figures of 12.0% and 13.7%.

Both my colleagues J and the General Medical Council found that about half of the students
who drop out do so for non-academic reasons
(probably most realise that medicine is an inappropriate career). Given this and that a non-zero drop out rate is presumably necessary to
maintain academic standards, then an attrition rate of about 3.5% due to academic failure
does not seem either unreasonable or unexpected.

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2 McManus IC, Richards P, Winder BC, Sproston KA, Sylves V. Medical school applicants from ethnic minorities: identifying
is the view that they are disadvantaged. BMJ 1995;310:456-60.
4 McManus IC, Richards P, Mattie SL. Prospective study of the dietary and lifestyle habits of students in their first year of studies ap-
5 General Medical Council. Commentary on the second survey of medical education practices in United Kingdom medical schools.

Correction

Neuroleptic prescribing in residents of nursing homes

Owing to an editorial error, only one author is given for the fifth letter in this cluster (29 June, p 1667-
9). There were in fact four authors. The complete list of authors should have read: Heather J Cameron
(senior registrar in geriatric medicine), Garmnval General Hospital, Glasgow G12 0YH; William Reid (consultant physiotherapist), South-
eern General Hospital, Glasgow G51 2TF; Carol Fisher (audit facilitator), Bellvidere Hospital, Glas-
Glasgow G31 4PF; and David J Stott (David Cargil pro-
lymphatic in geriatric medicine), university depart-
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