

BRITISH MEDICAL JOURNAL

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

"Now, you need an x-ray examination..."

SIR,—I was most interested in the leading article by Professor P E S Palmer (10 October, p 933) entitled "Now, you need an x-ray examination...", which dealt with the World Health Organisation's Basic Radiological System. As a consultant radiologist for 44 years, when I read this I thought, "This is where I came in." Some of us, when serving in the Forces in field hospitals, were using very basic equipment indeed, a machine called a 90.30 unit, manufactured usually by Messrs Watson Ltd. The table was very adaptable and we could do most things with it; I even had a tomographic attachment made by the army workshops and still possess the drawings of it.

A basic radiological system is not a new thing and good work was done in the Royal Army Medical Corps hospitals; it was only in static hospitals that we had the luxury of more powerful equipment. The WHO advisory group gives us a glimpse of the obvious when it states that mistakes in interpretation result from poor technique. Most of us have been taught that one of our first duties is to maintain and improve standards; it is this message that we have tried to instil into others. The late Thurston Holland could show films taken on glass plates which showed bony detail comparable with that on films of today; care and attention were and are the secrets.

Army hospitals had their own electric generators and I found that these were always satisfactory and well maintained. I assume that the advisory group has actually tested, under working conditions, the battery-operated

units which it recommends. Batteries have a bad habit of running down when they are most needed.

In regard to the development of films, we found that when more hardener was added to the solution the emulsion on the film remained intact except in equatorial heat. Nowadays, when fairly simple forms of air conditioning are available, there should be little or no problem in the dark room. In such small departments dark room technique should be of the simplest. There is the added advantage of being able to inspect the film during processing. Automation in the dark room was necessary when we dealt with large numbers; but automation makes inspection impossible so that the radiologist now sees films that would never have been passed in days gone by, sometimes overexposed, sometimes underexposed—the machine decides.

It is stated that "a handbook to match the radiographs," by which I suppose is meant some sort of radiological atlas, might solve the problem of interpretation. Professor Palmer states that "Knowing what to look for and where may be the most important part of radiological diagnosis." We must agree with yet another glimpse of the obvious, but also note that this is knowledge that takes several years to acquire in a large hospital when one is constantly seeing numerous films.

The general idea is laudable but what worries me is the immense cost and effort required in maintaining small departments in remote areas, apart from the task of training the numbers of staff required. Someone will make a lot of

money in providing the necessary equipment. I wonder how much of it will be made in this country? I would hope that the advisory group will consult with people who have already coped with a similar problem, such as advisers to the armed Forces. They should also investigate further the possibility of transporting patients to larger centres, because it may well be that even in a few years helicopter transport will be cheaper and easier, which might prove to be a simpler method of solving the problem. I hope that the World Health Organisation will not send the hat round until further consideration is given.

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Maternal alpha-fetoprotein screening: two years' experience in a low-risk district

SIR,—We read with concern the conclusions drawn by Susan Standing and her colleagues in questioning the value of maternal α -fetoprotein screening programmes in so called low-risk areas throughout the country (12 September, p 705). We do not wish to dispute their findings, but it should be pointed out that their study appears to deal primarily with the estimation of α -fetoprotein in addition to routine ultrasound examination.

Working in a geographically low-risk area, we have screened maternal serum α -fetoprotein levels in approximately 6000 women over a two-year period. All investigations with