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Briefing Patients for X-ray

SIR,—The article by Dr. A. A. Wild and Mr. J. Evans (7 September, p. 607) does well to focus attention on a big problem affecting most radiology departments. I feel that communication of the details of x-ray examination techniques is best done by a fairly senior member of the departmental staff. The large volume of work at present overloading most radiology departments seems to make it virtually impossible for any preliminary discussion with the patients to take place except in the more specialized examinations (angiography, barium examinations, contrast kidney examinations, myelograms, etc.). While the radiographers do their best, very few departments make any constructive contribution to preparing the patients for their visit to the radiology department. Lack of finance has so far dogged efforts to employ ancillary staff who could make a contribution towards solving this problem.

The number of medical practitioners, both inside and outside the hospital service, who have detailed knowledge of the procedures to which their patients are subjected following their request for an x-ray examination is very small. This is because medical students are taught very little about radiology. Since almost every department of the hospital, and general practitioners, use the services of the radiology department, this deficiency in medical teaching remains surprising. In an effort to overcome this lack of knowledge I have for several years made arrangements for each new appointee to the junior hospital grades to be released by his consultant for a few sessions soon after his arrival in the hospital to attend the radiology department for instruction in the types of examination undertaken, their effect on patients, and their diagnostic value. This also affords an opportunity for them to meet the senior members of the various divisions of the departmental staff and full co-operation to be offered should they have any difficulties over radio-

logy in the future. Attendance at reporting sessions and screening sessions is included. The organizing of such a system requires the co-operation of the administrative staff of the hospital, who notify me of appointments at the time confirmation is sent to the appointee.

Unfortunately most of the benefit of this practice is passed on to the hospitals where they will hold future appointments, but it is a well worth while way of educating medical practitioners of the future regarding the complications of modern x-ray procedures.—I am, etc.,

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Shortage of Mortuary Attendants

SIR,—Dr. William Cowan's Personal View (14 September, p. 677) rightly draws attention to the state of some of our mortuaries, slowly now beginning to improve, but he does not mention the extreme scarcity of mortuary assistants. We have been without one in this group for ten months, with consequent reduction in the number of necropsies which can be undertaken. The position is not going to get better until the authorities realize that the job must be well paid and the status improved. Our last attendant was a part-time gardener.

The Guild of Mortuary Administration and Technology has now a nucleus of certificated workers, but the pay is still hardly more than that of a sweeper. It is to be hoped that all pathologists will make it clear that without adequate assistance, adequately paid, necropsies will necessarily become fewer, to the detriment of the whole of medicine.—I am, etc.,

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C. F. ROSS.

Sticky Eye and Mycoplasma hominis

SIR,—We were interested to read the paper by Dr. D. M. Jones and Dr. Barbara Tobin (24 August, p. 467). Although no doubt the organisms cultured were correctly identified, the description of laboratory techniques suggests that optimal conditions for the isolation of *Mycoplasma hominis* were not used, and therefore if standard techniques had been used more organisms might have been grown. Nevertheless, from time to time the organism was recovered from babies with signs suggestive of an infection of the conjunctiva, and the inference is drawn that the signs observed were "due to" *M. hominis*. We do not think that this is a legitimate deduction. As the authors have observed previously, although not in the study in question, the female genital tract frequently contains these organisms, which seem to be of limited pathogenicity for man. It is therefore likely that a proportion of all babies born, whether or not they have conjunctivitis, will have the organism in the conjunctival sac. Exactly what proportion is unknown, since, as pointed out by the authors, it is not normal practice to culture eye swabs for mycoplasmas. The authors may well have found that the conjunctivae of normal babies are always sterile, but they do not say so. Nor do they say whether other organisms such as TRIC agents were recovered from babies with clinical infection.

The paper is of value in directing attention to the possibility that mycoplasmas may have something to do with a small proportion of cases of neonatal conjunctivitis, but to report that this is actually so seems unwarranted. The case for this would have been much more convincing if, first, specimens had been collected at the same time from normal babies in the same hospital and these had been found to be uniformly negative, and, second, if in those cases of unilateral disease both eyes had been swabbed and organisms had been recovered from the affected eye only.