

Jackie Small state: "Some women patients are seeking women doctors." For a potentially sick female deliberately to choose a female physician amounts to sex discrimination. It is equivalent to a male invalid insisting on a male nursing sister.

If there are insufficient numbers of female family practitioners in a certain area because of a lack of applicants, what should the committee do? Forcibly appoint females to the district regardless of other considerations?

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### DIABETIC KETOACIDOSIS

Sir,

The following appeared recently in a journal: "Too many patients are allowed to pass into diabetic ketoacidosis because of delay in diagnosis or poor management of diabetes during inter-current illness. We still see patients, not previously known to be diabetic, who have consulted their general practitioners with symptoms which should have suggested the diagnosis but whose urine was not tested. In an analysis of 27 consecutive coma patients . . . 15 were new cases. In 12 of those the urine had never once been tested, though they had visited their general practitioners on a total of 41 occasions" (Pyke, 1980). Further comment is unnecessary.

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#### Reference

Pyke, D. A. (1980). Diabetic ketoacidosis. *Journal of the Royal Society of Medicine*, 73, 131-134.

### INTRAUTERINE GRASP

Sir,

Several years ago there was much correspondence in the medical journals about the intrauterine cry and more recently much has been made of the intrauterine sneeze. I recently had an experience which was novel and I wonder whether the intrauterine grasp has ever been encountered by any of your readers.

Whilst attending a young woman in labour, I made a pelvic examination and found that the presentation was breech. The membranes ruptured during the examination and while checking to see whether or not there was a loop of cord

prolapsing, I encountered the fetal hand which was down beside the sacrum. When I tried to flick it out of the way with my index finger, the hand closed around my finger and held on to me firmly for what seemed like several minutes. No doubt this was simply a reflex but I wonder whether this is the first recorded case of the intrauterine handshake?

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### MEDICAL INFORMATION

Sir,

The Medical Information Review Panel is a committee of 13 members of the medical and information professions which will have met six times during the two-year period for which its grant was awarded by the British Library. Its Chairman is Sir Ronald Gibson, CBE.

The Review Panel is trying to discover gaps in information where research projects would be appropriate, which would benefit both provider and user of medical information. During the last few years research has been initiated in such topics as drug information, the use and management of clinical information, and the information needs of different groups of users within medicine.

The Panel is now coming to the end of its discussions and will report in September. As Research Officer, I should like to hear of any research project, whether planned or completed, private or publicly funded, related to information in medicine. Would anyone with news of such research please write to me at the address below. I shall be happy to provide further information about the Review Panel on request.

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### URINE MICROSCOPY IN GENERAL PRACTICE

Sir,

May I add to Dr K. D. P. Thomson's recommendation of the McArthur microscope for use in general practice (January *Journal*, p. 62)?

This small instrument, measuring 4" x 2½" x 2", is capable of excellent resolu-

tion at magnification of up to 1200x. Using the lying drop method, urine can be examined very rapidly in the consulting-room, or at the bedside, without centrifuging and it provides accurate and consistent results.

Although equivalent results can be obtained using a bench microscope and a counting chamber, the McArthur microscope is much easier and quicker to use, especially in a busy surgery and where space is at a premium.

Dr K. M. D. Coltman (1978, 1979) of Aysgarth has made a detailed and scholarly analysis of the use of the McArthur microscope in her practice over several years and anyone interested should read her papers.

I am not sure of the current price of the McArthur microscope. On my list the microscope with times 40 and times 400 objectives, Abbe condenser and lamp costs £315 + VAT. It is manufactured by Prior Scientific Instruments of London Road, Bishop Stortford, Herts, CM23 5NB.

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#### References

Coltman, K. M. D. (1978). A new technique for detecting urinary tract infection. *Practitioner*, 221, 243-246.  
Coltman, K. M. D. (1979). Urinary tract infections. New thoughts on an old subject. *Practitioner*, 223, 351-355.

### THE JOURNAL

Sir,

I must take strong exception to the publication of the article "Chest pain among oral contraceptive users" (January *Journal*, p. 33). No doubt Dr Williams benefited greatly from carrying out his survey—and an interesting student project it seems to have been—but surely it was no more than that. The ambitious conclusions he draws may have been statistically valid, but it is quite unacceptable to rule out a link between oral contraception and chest pain from the study of a mere 500 woman-years.

It worries me that many papers of this calibre have been included in the *Journal* recently. While such an editorial policy may do a little towards the important College aim of fostering research, it does nothing to gain the College badly needed credibility in the eyes of the ordinary thinking doctor. In my view, the main value of such projects is to give the author experience in collecting and recording data. The results

are rarely of interest to a national, let alone international, readership. What worries me even more is that if this trend continues, the mere publication of papers, almost regardless of their quality, will assume the grossly inflated importance in the general practice career structure that it already has in hospital circles.

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*The above letter was shown to Dr Williams, who replies as follows:*

Sir,

I feel that I must clear up some of Dr Sackin's misconceptions about my paper (January *Journal*, p. 33).

First, he talks of my 'ruling out' a link between oral contraceptives and chest pain, which I certainly did not do. I simply conducted a careful, statistically based investigation which, as I said, produced no evidence to implicate oral contraceptives with chest pain in women of childbearing age. I am sure Dr Sackin realizes that a retrospective study such as mine cannot rule out anything.

Secondly, he claims, without stating reasons, that my study is invalid because it covered only 500 women-years. In fact, had he read the paper more carefully, he would have noted that I studied chest pain in 489 Pill users and 289 controls for one year, which I make a total of 778 women-years.

I do not know whether Dr Sackin would object to this figure, but it is notable that the classic paper by Vessey and Doll (1968), which first established the link between oral contraceptives and thromboembolic disease, concerned itself with only 58 patients and 116 controls. Presumably Dr Sackin does not also doubt the results of that paper?

I could go on to answer the complaints expressed in Dr Sackin's last paragraph, but I shall resist the temptation, lest his letter, and my reply to it, attain the "grossly inflated importance" which he claims in his concluding sentence so much to despise.

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#### Reference

Vessey, M. P. & Doll, R. (1968). Investigation of relation between use of oral contraceptives and thromboembolic disease. *British Medical Journal*, 2, 199-206.

## TRAINING DISTRICT NURSES

Sir,

May I congratulate you on the thoughtful and constructive editorial in your February issue entitled 'Training district nurses'.

However, may I correct you on one point: the Queen's Institute of District Nursing did not close in 1967. What happened was that in order to stop the existing and expensive duplication between the National Certificate of District Nursing and the Queen's Certificate, the Institute decided to cease training and examining for the Queen's Certificate. The last Queen's Certificates were awarded in 1968. Thereafter the Institute concentrated on refresher and management courses, both of which continued to be in great demand for a number of years.

It is true that in 1973 the name of the Institute was changed to The Queen's Nursing Institute, but its concern and interest in district nurses continues unabated. In particular, we have lost no opportunity to press since 1948 for the extension of district training from four to six months, and for legislation to ensure that this training should become mandatory for employment as a district nurse. It was indeed gratifying when in 1978 these efforts at last met with success. Like you, however, we much regret that the Ministers have not accepted our strong recommendation that newly trained staff should follow a period of three months' supervised practice.

Finally, may I say how pleased the Institute is that its concern for the thorough training of district nurses—and through this the better care of the patient—is shared and supported by the medical profession, and at the same time assure you that the Institute is continuing to play an active part in this process.

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*Chairman of Council*

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## POSTGRADUATE COURSES

Sir,

I was interested to see the article by Dr Ronald Law (January *Journal*, p. 21). I had the opportunity of attending two of the five courses in his 'Ages of Man' series and I think I speak for all the participants when I say that the success of that series was in the main due to the enthusiasm and hard work of Dr Law and his colleagues.

I have since attended postgraduate courses, not many miles from Princes

Gate, which still retain the elements that Dr Law opposes—too many consecutive lectures with little or no discussion.

The established general practitioner finds it very difficult to unearth worthwhile, stimulating postgraduate courses and I feel the College should be building on the foundations made by the 'Ages of Man'. The trainee and the overseas doctors appear to be well served by courses at the College. What about the rest?

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## A4 RECORDS

Sir,

As a general practitioner who uses A4 records I am concerned that my delight at using these records should cause problems to other doctors who may subsequently have my ex-patients registered with them and have to fold up A4 sheets to fit into the traditional medical record envelope.

One simple solution would be for the Central Registry to provide a photocopy reduction service for such records. If a Rank Xerox 7000 machine is used and switched to maximum reduction (size 5) the A4 sheets when trimmed down become almost exactly the same size as the FP7 continuation cards. They can then be stapled or tagged together and slipped into a standard medical record envelope. Although most doctors would not be able to write on the reduced sheets, they are easy to read.

Clearly this problem will affect an increasing number of doctors as more practices opt for the A4 system. A centrally administered service such as I have described would provide a solution until such time as all practices use either the A4 system or computer-held records.

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## MIGRAINE AND CORONARY DISORDERS

Sir,

Migraine and coronary disorders are problems which face every general practitioner. Both are vascular disorders which appear to have several features in common.

A pilot study has been launched with the aid of the Royal College of General Practitioners Research Unit in Birmingham to investigate this problem on a