LETTERS TO THE EDITOR

DIAGNOSING THRUSH

Sir,
May I, through the courtesy of your columns, describe a method for confirming the diagnosis of thrush?

About 50 or more years ago, *Monilia albicans,* the causal organism, was cultured on slices of lemon (Brumpt, 1922). This is because *Monilia,* like other moulds, flourishes in an acid medium (ideally about pH 3.6), whereas bacteria do not. Lemon thus provides a selective medium for the growth of *Monilia.*

Approximately one millilitre of lemon juice (which I find more convenient than slices) in a dry, clean, transparent, sealable container is inoculated with suspect material. A similar quantity may be used as a control, if required. After three to four days at room temperature, the containers are examined against the light and the inoculated juice is seen to be quite milky, indicating the presence of *Monilia.* Microscopic examination reveals it to be teeming with actively budding yeast cells.

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Reference

Brumpt, E. (1922). *Précis de Parasitologie.* 3rd edn. Paris: Masson, p. 1100.

DOCTORS' DOCTORS

Sir,
The editorial, December *Journal* (pp. 709-710), states: "The role of a doctor's doctor is not easy, but a few principles are emerging. Such a doctor should command respect both as a person and a clinician, competent simultaneously in both the physical and behavioural aspects of medicine." What a surprise! If there is any meaning in this, then it is that doctors should have better doctors that most people.

And later in the same editorial: "It is one of the oldest traditions in medicine that doctors regard it a privilege and an honour to be called to look after colleagues and their families. That tradition is right. . . ." Is it not something of an honour to be chosen to be anybody's doctor?

Underlying these two quotations is the feeling that doctors should be treated differently, and yet the purpose of the editorial was surely to make the simple point that doctors and their families should be treated just like everybody else.

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TERMINAL CARE

Sir,
I write in support of the letter from Prof. R. H. Davis and his colleagues in the December *Journal,* p. 755, and of their view that "terminal care can become the complete responsibility of the primary care team for most patients", especially if the general practitioner has access to beds in a community hospital. But even if he is not so fortunate, I am sure that the interested family doctor could do much more in providing such care than is the case at present.

To achieve this would require not only careful training of all those involved, but also increasing the nursing establishments in the primary care sector, for good terminal care "is based above all on high-quality nursing" (The Working Group on Terminal Care, 1980). At present, in many parts of the country, there is no night-nursing service in the community, and the nurses provided by the Marie Curie Memorial Foundation are usually available only for a strictly limited period (for financial reasons), and may have no special training in terminal care. Night-sitting services are also few and far between, and in many areas there is also a shortage of home helps.

I suggest, therefore, that a more realistic share of the limited resources available should be spent not only on the development of community hospitals, but also on the sadly inadequate community services, especially in those less densely populated areas, which are beyond the reach of the excellent care provided by the hospices and their home care teams.

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Reference

The Working Group on Terminal Care (1980). National terminal care policy. *Journal of the Royal College of General Practitioners,* **30**, 466-470.

STATUS OF TRAINEES

Sir,
I share Dr Noble's discomfort at the title "trainee" general practitioner (May *Journal,* p.308). However, to describe the term as "derogatory" both overstates the case and misrepresents the problem.

The difficulty centres not round the trainee's status within the profession, where he is happy to be acknowledged as such, but with the implications his title has in his relationships with patients. The doctor of any standing is most effective when there is patient respect for him and for his opinion.

Like it or not, the title "trainee" suggests at best inexperience, and at worst that he is not a proper doctor. It makes it difficult to gain the patient's confidence. Were the trainee not capable of dealing with the vast majority of problems in practice, and sensible enough to seek advice in the rest, it would be reasonable. As things stand, it merely serves to make life difficult by engendering mistrust in his opinion.

In my recent trainee experience, the solution was to avoid making patients aware that I was anything other than another doctor attached to the practice. This minor deception could have been avoided were a better title available.

I only wish I could think of one!

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WORKSHOPS

Sir,
I was most interested to read Dr Wall's article in the December *Journal,* page 738, and to read in his summary that the workshop group is "suggested as a useful method of continuing education for general practice, using postgraduate facilities, with minimal financial outlay".

He states that all the members of the postgraduate centre were circulated, and that doctors travelled distances of up to 10 miles to attend. Despite that, only 31 doctors attended any of his meetings, and of these 31 doctors only six attended more than 50 per cent of the meetings available. In addition, these six doctors formed a self-chosen, highly motivated group of five train-