

rural disease might be of interest. A description of this condition used to appear in the *Handbook of School Health* issued by the Medical Officers of Schools Association but the fifteenth edition contains no reference to the disease.

I am sure I am not alone in seeing cases and I would be interested to hear about outbreaks occurring this year. I would particularly like to hear from any doctor who has seen a second infection in a patient.

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#### REFERENCE

Medical Officers of Schools Associations (1975).  
*Handbook of School Health*. London:  
Churchill Ltd.

#### PERSISTING URINARY INFECTIONS IN PREGNANCY

Sir,  
Urinary infections (bacteriuria  $\geq 50,000$  organisms/ml) were diagnosed by our laboratory in 154 pregnant women during the period June to December 1974. In order to detect those who had persisting urinary infections, and were thus liable to develop subsequent pyelonephritis, a letter was sent, with the laboratory report, to the medical practitioner of each of these 154 women explaining the necessity for follow-up, and asking him/her to send further dip-slide urine cultures.

Follow-up dip-slide cultures were received from 94 of the women. Of these 94, 54 showed no bacteriuria in follow-up specimens; in 23, bacteriuria cleared after being present in two or more follow-up urines with at least two weeks between specimens; 17 (18 per cent) showed either persisting or recurring infection; none of these had cleared when follow-up ceased.

In 60 (39 per cent) of the 154 women with bacteriuria no follow-up specimens were received even after a further written request to the general practitioner concerned. These figures support previous reports Kass (1962) that a considerable proportion of pregnant women have persisting urinary infections; and indicate that in spite of the recognised danger of subsequent pyelonephritis, the follow-up of a considerable proportion of patients with antenatal urinary infections is unsatisfactory.

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#### REFERENCE

Kass, E. H. (1962). *Annals of Internal Medicine*,  
56, 46.

#### TESTING FOR CO-OPERATION IN TODDLERS

Sir,

When about to examine the ears of a strange child aged from one to five years, the doctor hopes his attempt will not be aborted by unreasonable screams and struggling. Such screams, once induced, may be repeated on future (perhaps more important) occasions. This potentially damaging confrontation can be avoided, and friendship with the patient maintained by a simple test used, I am sure, by many doctors, but seldom recorded.

The child whose anticipated response to examination is in doubt will often be clinging to mother, or sitting on her knee. The doctor casually strokes the patient's cheek with the back of his forefinger in an attempt to elicit a smile. If the child tolerates physical contact between his or her cheek and the examiner's playful finger, even grudgingly and without without a smile, then full examination of both ears will be permitted without difficulty. If the child flinches away, there will be a screaming struggle if the examiner proceeds further.

This test will prevent unnecessary damage to the doctor-patient relationship in the age-group defined. By minor modification (e.g. by stroking the abdomen) it can be applied to other parts of the body under suspicion.

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#### WAITING ROOM POSTERS

Sir,

To many health workers health education is synonymous with displaying posters in prominent positions bearing health messages and distributing leaflets about healthy living.

In 1970 an attempt was made to determine the value of displaying posters by asking consecutive patients some days after their attendance at the practice centre whether they had observed a colourful poster about obesity displayed in the waiting room. They were sent a questionnaire to complete after the poster had been removed and asked the colour and the message of the poster.

#### Method

The redecoration of the waiting room in 1975 with a newly painted display board, offered an opportunity to test the value of poster display once more. A poster regarding safe handling of fireworks on 5 November in striking red, yellow, and black colours was displayed on the days prior to that date. It was the only poster on display and it was taken down as soon as 150 patients had visited the waiting room. The 150 patients were sent a letter asking whether they had noticed the poster, its colour and the