

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

message. A stamped addressed envelope was enclosed for the reply.

Results

There were 84 replies out of 150 forms sent out (56 per cent), 17 knew the colour and the message of the poster (11.3 per cent) whereas 67 did not (44.66 per cent); 66 (44 per cent) did not reply.

Discussion

Few visitors to the waiting room noticed the poster which was topical and colourful. Whether the 11 per cent of those who noticed it were influenced by it is problematical.

It is doubtful whether much is achieved by display posters in doctors' waiting rooms. It is hoped that organisations such as the Health Education Council will not waste valuable resources in producing such posters, but will concentrate on more fundamental problems of doctor/patient communication and evaluation of the usefulness of other methods of community health education such as leaflets, films and television.

The cost to the practice of assessing the usefulness of this poster (postage and duplicating) was £21.50 which demonstrates the difficulty of carrying out even simple research in health education in general practice.

Acknowledgements

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REFERENCE;

Pike, L. A. (1973). Health education in general practice. *Community Health*, 4, 179.

USE OF COMPUTERS IN RETAIL PHARMACY

Sir,

I am pleased to report a satisfactory result from a feasibility trial of computer support for the retail pharmacist, which was first described in your *Journal* in 1974. The trial took place in an Exeter pharmacy and used prototype equipment which logged the dispensing transactions and kept track of stock which needed to be re-ordered.

The nature of the drug preparation dispensed was mechanically read from a printed code on the container via a sensor. The signal created was recorded on to magnetic tape side by side with the number of units counted. The units were counted automatically by a machine preset from a keyboard to the number required on the prescription. Each day's transactions were transmitted by telephone to a computer which printed out re-order lists for the pharmacist.

This trial has shown that marked improvement can be obtained in the accuracy of the lists of goods which need to be re-ordered from the wholesaler for the retailer and provided strict control of the total stock levels and trends in demand. The automatic tablet counter equipment produced a significant saving in the pharmacist's time and relieved him of an irksome task. The combined machine proved acceptable in use to the pharmacists even though they were asked to maintain dual systems for the purposes of comparison.

This type of equipment in future could reduce drug processing and clerical work, abolish the procedure for re-ordering by telephone, and could improve profitability in many ways.

If in addition pharmacists were prepared to share their recorded data, then most of the wholesaler's clerical activities could be automated, the drug manufacturer's clerical tasks could be greatly helped, and pricing bureau activities and prescribing statistics could be fully automated.

Further proposals would be the formation of a computer-based central national register for dangerous drugs, a monitoring service for the side-effects of drugs linked with the data banked in the computer's memory from prescriptions.

The expense of introducing a system of this kind would be no greater than that involved in analogous systems currently being developed in other forms of retailing. Further design work will be required to produce a machine suitable for general pharmaceutical use.

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REFERENCE

Preece, J. F. (1974). *Journal of the Royal College of General Practitioners*, 24, 209-212.

X-RAYS FOR WOMEN PATIENTS

Sir,

The Council of the Royal College of Radiologists would like their recommendations about the implementation of the 'Ten-day Rule' to be more widely known and would like to draw them to the attention of the Fellows, Members, and Associates of your College.

The general recommendations incorporated in this leaflet have been approved by the medical defence organisations.

The *Code of Practice for the Protection of Persons against Ionizing Radiations Arising from Medical and Dental Use* should be accepted as a basis for reasonable practice. It states that in *all* female patients of reproductive capacity in order to reduce the likelihood of irradiation of a pregnancy:

(a) The clinician requesting the examination should consider the possibility of an early stage of pregnancy (para. 7.3.1).

(b) The date of the last menstrual period should be entered on the request form and it is the responsibility of the clinician requesting the examination to ask for this (para. 7.3.1).