

(October *Journal*, p. 625).

Had Dr Presley taken the trouble to read the introduction, he would have discovered that the target readers were not general practitioners but caring staff in old peoples' homes and wardens in sheltered housing. Its value to general practitioners would be to know of its existence to assist patients in need of basic information.

The cost includes production only, the specialist contributors received no fee, it is distributed free to addresses within Scotland where it has been issued to many home helps and orders so far exceed 40,000.

Again, reference to the introduction will explain why the print is large and clear, but this quality is also appreciated by many busy people—young and old alike—or does the reviewer prefer print small and blurred?

DOROTHY WALSTER  
*Health Education Assistant (Elderly)*  
Scottish Health Education Unit  
Health Education Centre  
21 Lansdowne Crescent  
Edinburgh EH12 5EH.

## ATYPICAL MONOCYTES

Sir,

Of six patients with rubella, aged between 14 and 49 years, whose diagnoses were confirmed by HI tests, atypical monocytes were reported in three. They were reported also in two other patients; they were not serologically confirmed although clinically convincing.

Atypical monocytes are found in infectious mononucleosis, and occur in toxoplasmosis, acute viral hepatitis, CMV mononucleosis, and in blood taken in the prodromal stage of measles (two cases, personal communication). These cells are probably non-specific and occur as part of the lymphoproliferative process, which is seen in many nonbacterial illnesses, more obvious in some than others. If so, the term 'glandular fever cell' is an old-fashioned misnomer. The importance of atypical monocytes may lie in their capacity to be an index of lymphocytic response.

K. H. PICKWORTH  
The Health Centre  
Victoria Road  
Barnard Castle DL12 8HT.

## CHILD CARE

Sir,

I would like to comment on the paper by Dr A. Donald and colleagues (November *Journal*, p. 641) on training in child care for general practice.

A general practitioner requires knowledge and experience both of acute and community paediatrics. The programme outlined in the paper seems to provide adequate instruction in community paediatrics but is seriously deficient in the realm of acute paediatrics. No amount of instruction can replace the clinical experience acquired during a six-month hospital post. Serious illness in children is much less common than in adults; because of this it is very unlikely that a trainee is going to become proficient in the clinical assessment of sick children. Six months spent as a paediatric house officer provides concentrated experience of a range of illnesses that would take several years to acquire in general practice, experience that can be acquired only by frequent direct involvement in the care of sick children, and for which lectures and occasional ward rounds are no substitute.

I therefore submit that the course as outlined will do little to improve the standard of paediatrics in general practice.

I. D. EVANS  
*Paediatric Registrar*  
Royal Manchester Childrens Hospital  
30 Withington Drive  
Tyldesley  
Manchester M29 7NW.

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

Sir,

It appears that Dr Evans has failed to appreciate the stimulus for, and objectives of, our experimental training scheme in child care. The initial stimulus to develop such a scheme arose, as I thought the article made clear, from the impossibility of providing all doctors in training for general practice with six-month paediatric posts in hospital. Had this been possible we would not have turned our attention to developing this alternative, and we hope complementary, scheme. We claim, however, that hospital paediatric posts while offering excellent concentrated experience in children's illnesses, nevertheless are less successful in offering training in the preventive aspects of paediatrics. Therefore, we believe that for doctors planning a career in paediatrics or who wish to take a particular interest in paediatrics in general practice, the best arrangement is a six-month hospital post and six months training in community paediatrics.

I would not like Dr Evans, however, to belittle the clinical experience which our training scheme can offer. We have arranged opportunities on a regular basis for doctors working in this scheme

to spend time in the accident and emergency department of the children's hospital and to be on call during receiving nights so that they may see acute conditions as they come into hospital and have the opportunity of examining these children along with the receiving staff. Since many units are involved in this programme, opportunity to see a wide range of acute clinical conditions is available even if the important element of personal responsibility for providing care is lacking.

I take exception, however, to Dr Evans' final paragraph which is a patronizing generalization.

A. G. DONALD  
Leith Mount  
46 Ferry Road  
Edinburgh EH6 4AE.

## AIDS FOR TEACHING OCCUPATIONAL MEDICINE

Sir,

It is sometimes difficult for general practitioners and others working part time in occupational medicine to attend formal courses on this subject.

The Department of Occupational Health, University of Manchester, is involved in a project to produce a course making optimum use of distance teaching methods and to prepare occupational physicians for the Associateship of the Faculty of Occupational Medicine.

The project will include the production of slides and visual and audio tapes, and we are anxious not to duplicate resources that may already exist.

With this in mind, we would be interested to hear from anyone who has recently produced audiovisual materials which may complement our existing resources.

W. R. LEE  
Department of Occupational Health  
University of Manchester  
Stopford Building  
Oxford Road  
Manchester M13 9PT.

## USE OF DIP-SLIDES IN THE MANAGEMENT OF BACTERIURIA

Sir,

Last year (November *Journal*, p. 658) my colleagues and I reported on the use of dip-slides as a tool in the diagnosis and management of bacteriuria in young children.

Having now started as a principal in general practice in the East End of London, I was keen to use dip-slides in