

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?

LEON SHIRLAW

3 Parkway
Romford
Essex, RM2 5NT.

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.

H. W. K. ACHESON

Department of General Practice
Darbshire House
Upper Brook Street
Manchester M13 0FW.

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?

J. A. MCSHERRY

Carruthers Clinic
1150 Pontiac Drive
Sarnia
Ontario N7S 3A7
Canada.

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.

PENELOPE E. COCKERILL

Information Research Officer
Medical Information Review Panel

Royal College of General Practitioners
14 Princes Gate
London SW7 1PU.

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.

RICHARD GARDNER

The Surgery
1 Stevenage Road
Knebworth
Hertfordshire.

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