

naires and the help of the general practitioner would be gratefully acknowledged when the study is up for publication.

If anyone can help, I should be grateful to hear from him or her.

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Editor's note: More could be made of our correspondence columns for research purposes. The significance of clinical observations in one practice may be impossible to test because of small numbers. Doctors in other practices may be interested in cooperating in a research project. Write to us with your ideas for such projects.

Providing sterilized instrument packs for general practice

Sir,

Recent publications, such as the General Medical Services discussion document of November 1983, have underlined the cost effectiveness of general practice, and in particular the provision by general practitioners of a simple surgical service.

Problems can arise in providing sterilized instruments within the surgery setting and increasingly there is pressure to monitor the quality of the effectiveness of sterilization, both to reduce the risk of infection and to maintain an acceptable quality of care both within hospital and outside. It therefore seems that if general practice is to continue to provide a surgical service then it will be necessary to provide instrument packs sterilized to a suitable standard. Presently, hospital sterilizing and disinfecting units provide such a service for hospital inpatient and outpatient departments and for certain community clinics. It is practicable to extend such a service to the general practitioner.

For some six weeks in the latter part of 1984, South Bedfordshire Health District liaised with a large general practice some 12 miles away in Leighton Buzzard and on a pilot basis provided the necessary pre-packed kits for such procedures as minor

operations, insertion of intra-uterine contraceptive devices, simple suturing, removal of toe-nails and dressings.

The study required considerable cooperation between the hospital sterilizing and disinfecting unit, the community services transport and the general practitioners and it is good to know that such liaison was both practicable and effective.

During this period, 55 packs were used by the practice and the breakdown of use is indicated in Table 2. The use of the local hospital services for suturings and minor operations was monitored for one week of the six-week trial period. During this time there were no minor operations and no suturings performed in either of the hospitals which cater for patients in this practice.

Thus, if it is assumed that the total catchment of the two hospitals is 480 000 people and that on average 80 minor operations are performed weekly, that is, some 4000 annually, and the cost of a minor operation is £20-£25, then the total cost of the minor operations service alone is £80 000-£100 000 annually. A practice of this size would generate perhaps 100 minor operations annually with a cost of at least £2000. In addition, performing suturings within the practice as opposed to sending patients to hospital would provide further savings. Thus it is argued that with the hospital sterilization service a practice could look after 80% of its minor operation and suturing load when in terms of the health service some £1600 a year would be saved for the outlay of £800 or less.

It is argued that the development of the hospital sterilizing and disinfecting service in this way is essential. Inevitably there would be extra costs falling on a district from the purchase of new instruments, the increased use of disposable materials and the use of the appropriate transport service. However, there is evidence that the system can work and by so doing improve patient care, doctor satisfaction and cost effectiveness.

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Table 2. Breakdown of use of the 55 sterilized instrument packs which were used by the practice.

Sterilized instrument pack	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total
Basic dressing pack	8	5	11	9	2	3	38
IUCD pack	3	0	3	1	1	1	9
Suture pack	1	0	0	1	2	0	4
Toe-nail tray	0	1	0	0	0	0	1
Minor operation pack	0	0	1	0	0	2	3

Hyperthermia following a sauna bath

Sir,

The sauna bath is popularly recommended as an aid to health and fitness and saunas are becoming increasingly available at sports complexes and so-called health clubs in Britain. What is less widely available is knowledge of the potential health hazards associated with saunas, particularly to those who are unfit or suffering physical illness. I recently attended a case where sauna bathing converted a minor upper respiratory illness into potentially disastrous hyperthermia, drawing attention to the need for caution in the use of the Finnish sauna.

One evening in winter a visit was requested at approximately 20.30 hours to a 32-year-old man who was attending a three-week course at a local residential college. He was reported as shaking uncontrollably and complaining of severe limb pains. On attending him, the following history was obtained. He had been feeling unwell for a week with a headache, sore throat, rhinitis and general aching. The previous evening he had tried the comfort of the college sauna, despite the notices not to use the facility when unwell. He felt some relief from the sauna and he used it again on the evening of the visit, after which he had a cold shower and walked the 800 yards in the cold night air to his room. Within minutes he began to shake uncontrollably, to complain of myalgic pain particularly in the legs and to feel very cold. By the time I attended, his symptoms had been present for almost half an hour and were beginning to abate, although the feeling of incipient cramp in his legs was still prominent. There were no additional symptoms and in particular none referable to the urinary tract.

On examination he was rational and fully conscious but had generalized tremor and was very restless. His skin was pale and dry, pulse 122 per minute, in sinus rhythm, blood pressure 120/76 mm Hg, oral temperature 39.5°C. His throat was moderately inflamed and there was some tenderness over the right frontal and left maxillary sinuses. Examination of the chest revealed no evidence of chest infection and heart sounds were normal with no murmurs.

During the process of history and examination his skin colour changed from pallid to intensely flushed and his subjective feelings of cold changed to feelings of excessive warmth. His tremor subsided completely during the next half hour.

It was clear that his tremor was due to a rigor induced by his high temperature. After a sufficient period of time to ensure

his symptomatic recovery advice was given to take soluble aspirin and to have a tepid sponge-down. Arrangements were also made for provision of fluids and supervision.

The following morning he felt well apart from minor upper respiratory tract symptoms and temperature and pulse had returned to normal. He was the same the next day and had no recurrence of febrile symptoms, which lead to the conclusion that these symptoms were directly related to the fact that he had taken a sauna bath.

Sauna bathing has been shown to raise the body temperature to over 39°C in 20% of healthy individuals after 20 minutes.¹ Clearly when thermal regulation is already compromised by a minor febrile illness, such as the common cold, hyperthermia becomes a distinct possibility. When, as in this case, exposure to cold water and then cold air causes vasoconstriction of the skin the rise in core temperature is likely to be excessive. Fortunately this case had a happy outcome but it serves as a timely reminder of the possible dangers of sauna baths in which temperatures can reach 80°C to 100°C.²

Previous papers have also drawn attention to the effects of the stress of sauna bathing on circulatory control and the myocardium³ and severe dehydration induced by prolonged exposure.⁴

Medical advisers must ensure that adequate warnings are displayed at sauna baths and should be aware of the possible deleterious effects even in the presence of only minor illness. Perhaps sauna bathing should be regarded as a form of relatively vigorous exercise and not as a gentle form of relaxation.

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Does the name matter?

Sir,
Our group practice in Barnsley of five doctors has separate premises serving two areas. When we began to plan a new purpose-built surgery for half of the practice we decided to ascertain from our patients what name should be given to the

Table 3. Patients' response to questions.

	Age (years)						Total	(%)
	15-24	25-34	35-44	45-54	55-64	65+		
Question 1								
Doctor's surgery	48	47	44	30	44	40	253	(50.6)
Medical centre	9	13	9	10	7	4	52	(10.4)
Health centre	6	15	10	5	4	2	42	(8.4)
Clinic	4	10	2	0	1	4	21	(4.2)
Group practice	16	28	24	20	21	15	124	(24.8)
Don't know	0	2	1	1	2	2	8	(1.6)
Total (%)	83 (16.6)	115 (23.0)	90 (18.0)	66 (13.2)	79 (15.8)	67 (13.4)	500	
Question 2								
Doctor's office	0	2	2	4	1	3	12	(2.4)
Doctor's surgery	29	36	28	29	34	29	185	(37.0)
Medical centre	25	27	21	13	11	16	113	(22.6)
Health centre	14	18	9	7	6	5	59	(11.8)
Clinic	2	3	1	0	3	3	12	(2.4)
Group practice	12	29	28	13	21	11	114	(22.8)
Don't know	1	0	1	0	1	2	5	(1.0)
Total (%)	83 (16.6)	115 (23.0)	90 (18.0)	66 (13.2)	77 (15.4)	69 (13.8)	500	

building. The practice population of 5000 who would attend the new building consists mainly of working-class council-house dwellers in a community which until recently, was dependent on the mining industry as its main source of employment.

The project was simplified by using questions asked by the doctor at the end of the consultation; these needed to be easy to understand so that they could be answered quickly, and so that the results could be easily interpreted.

In our group practice 500 consecutive patients were asked the following questions: (1) If you were to move to a new area and had to find a new doctor which of these would you choose to go to: a doctor's surgery, a medical centre, a health centre, a clinic, or a group practice? (2) We are about to start building a new building across the road. Which of the following do you think we should call it: doctor's office, doctor's surgery, health centre, medical centre, clinic, or group practice? Patients who could not make a choice were scored as 'Don't know'.

The results in Table 3 show that 'doctor's surgery' was the most popular name, followed by 'group practice' and 'medical centre'. 'Clinic', 'doctor's office' and 'health centre' were considerably less popular. Different results were however obtained when patients were asked to consider a change of name for their existing doctor's premises compared with choosing a new and unknown doctor.

It would appear that people still prefer the traditional name of 'surgery' when choosing a new doctor. However, when a

change of name of an existing practice is contemplated, although 'surgery' is still the most popular name, it is no longer chosen by the majority.

Although we were unable to ask patients for explanations of their choices, a few patients did volunteer further information. We are therefore able to suggest some possible explanations for the results. The term 'medical centre' is used for the treatment room in the colliery and is therefore well known to miners and their families. Several patients said that they preferred a group practice because it gave them a choice of doctors. Clinics and health centres were thought to be impersonal and to contain too many doctors. Surgeries were familiar, old fashioned and friendly: obviously important qualities to most patients.

Further study of the reasons for the choice of names could be extremely useful to doctors intending to move to new premises. The name of the building may be almost as important as its appearance.

It is well known that a change of practice premises may both attract new patients and cause existing patients to leave the list. The name chosen for the new building would seem to be important to patients choosing to join or leave and should therefore be considered carefully.

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