

patients to unnecessary radiation. Imaging is generally indicated in chronic sinusitis if operative intervention is being considered and in these cases computerised tomography will define preoperative anatomy and in addition has high diagnostic sensitivity.

In conclusion, chronic sinusitis is a clinical diagnosis in which plain X-rays are diagnostically unhelpful.

MP Newton Ede

E-mail: newtonede@doctors.org.uk

JC Hobson

E-mail: jonathanhobson@gmail.com

TJ Woolford

Department of ENT Surgery,

Hope Hospital,

Manchester M4 6HD

E-mail: Timothy.Woolford@CMMC.nhs.uk

REFERENCES

1. Royal College of Radiologists. *Making the best use of a department of clinical radiology guidelines for doctors*. 5th edn. London: Royal College of Radiologists, 2003.
2. Okuyemi KS, Tsue TT. Radiologic imaging in the management of sinusitis. *Am Fam Physician* 2002; Nov 15; 66: 1882–1886.
3. Burke TF, Guertler AT, Timmons JH. Comparison of sinus x-rays with computed tomography scans in acute sinusitis. *Acad Emerg Med* 1994; 1: 235–239.

Non-bacterial acute conjunctivitis

The problem with studying treatment for acute bacterial conjunctivitis is making sure that only bacterial cases are included, and not viral, chlamydial, allergic, etc. Treatment generally starts before microbiological confirmation of a bacterial cause.

The study by Rietveld *et al*' shows that fusidic acid is similar to placebo in the treatment of 'all-comers' with an acute conjunctivitis. It is important to note that most of these cases were not bacterial conjunctivitis — nearly 70% had no isolation of a bacterial pathogen. It is therefore to be expected that fusidic acid would not be effective for the majority of these patients. Nevertheless,

the study is useful in that it provides no support for blind prescription of fusidic acid for acute conjunctivitis of undetermined cause.

The study was not meant, however, to address the treatment of acute conjunctivitis caused by bacteria. I was therefore surprised to find the study being used to support the conclusions of Professors Sheikh and Hurwitz in the same issue,² relating to the treatment of acute bacterial conjunctivitis specifically.

Nadeem Ali

Specialist Registrar in Ophthalmology,

James Cook University Hospital,

Middlesbrough

E-mail: nadeem.ali@nhs.net

REFERENCES

1. Rietveld RP, ter Riet G, Bindles PJE, *et al*. The treatment of acute infectious conjunctivitis with fusidic acid: a randomised trial. *Br J Gen Pract* 2005; 55: 924–930.
2. Sheikh A, Hurwitz B. Topical antibiotics for acute bacterial conjunctivitis: Cochrane systematic review and meta-analysis update. *Br J Gen Pract* 2005; 55: 962–964.

Assisted suicide debate

I have just received the November Journal here in Australia and was incensed to read the letters against assisted suicide and euthanasia and cheering the decision of the College. What right do the writers have to decide that my life should be prolonged against my wishes? Is it an edict of their mythical God? As for suffering being good for you — I did not spend years training to relieve suffering in order to be able to say to patients 'You suffer a bit chum, it's good for you.' I do not believe it would have been appreciated. Perhaps I should have gone to theological college?

Harry Friend

4 Kenny Place,

Hackett,

ACT 2602,

Australia

E-mail: friendly@homemail.com.au

Has cancer had an impact on your life?

I would like to ask your readers: has cancer had an impact on your life? If so, Macmillan Cancer Relief needs to hear from you. Have you been diagnosed with cancer? Or perhaps someone close to you has? If so, you'll have valuable experience and views on the various ways in which cancer can impact on people's lives. This is your opportunity to have your say and enable Macmillan Cancer Relief to help even more people cope with cancer both now and in the future.

Macmillan needs to hear from people with cancer, and also close relatives and friends, because we understand that a cancer diagnosis doesn't just affect the individual. Our survey is being conducted by an authorised research organisation so all personal data will be kept confidential and secure. You will not be named in any published research findings, unless you tell us you want to be.

If you are happy to take part in Macmillan's new 'Impact of Cancer Survey 2006', please visit www.impactofcancer.com now and fill in our online questionnaire. If you prefer the telephone, you can call 020 7861 3279. To register from Tuesday 3 January 2006, between the hours of 9–5, Monday to Friday.

Thank you for enabling Macmillan Cancer Relief to help more people affected by cancer.

Peter Cardy

Chief Executive,

Macmillan Cancer Relief,

89 Albert Embankment,

London SE1 7UQ

For further information please contact:

Julia Anderson or Liz North, Macmillan Cancer Relief Press Office.

Direct line 020 7840 7821

(out of office 07801 307068)

E-mail: janderson@macmillan.org.uk