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importance of simple language; (c) the mother's need to ask questions; and (d) the desire for truth, avoiding unjustifiable pessimism and unrealistic optimism.

Mothers attached great importance to the approach and general attitude of the medical and nursing staff who told them about their babies, particularly if they learned soon after the baby's birth. Very often she could not remember exactly what had been said, but she could always recall whether the informant had an understanding approach and seemed aware of her suffering. Mothers who were hurt by seeming lack of sympathy towards them tended to attribute the abruptness to lack of feeling of the informant rather than to the likely cause—that is, the difficulty of imparting such information. Most mothers were impressed by the kindness and sympathy extended to them by medical and nursing staff. Small acts of kindness were clearly remembered years after the event.

Mothers liked to be told what was wrong with their babies in simple language. One mother remarked, "No one told us what was wrong with the baby in words we could understand." Long technical explanations were not welcome. One mother said, "He told us so much we'd forgotten by the end what he'd said at the beginning."

The need to ask questions was frequently mentioned. Many mothers who wanted to ask questions did not do so because they were timid, or inarticulate, or because "everyone seemed These mothers would have asked questions if so busy." encouraged to do so. Other mothers claimed that they asked questions but were ignored. Yet others wanted to be told about the baby but feared to have their suspicions confirmed.

Mothers liked to be told the truth about their babies. They became increasingly anxious if merely told not to worry. Mothers who felt the truth was being hidden from them worried more. "The suspense was worse than knowing"; "You worry less when you know."

It is appreciated that the mothers' recollection of what they were told at the time their babies were born was not necessarily reliable, and that the personality of each mother determined to some extent her satisfaction or dissatisfaction with the way in which she was treated at the time of her baby's birth. Nevertheless, it is essential to ensure so far as is possible that she understands what the doctor is saying.

It is evident that the initial counselling of the mothers of malformed infants makes a deep and lasting impression.

I wish to thank Professor R. W. Smithells for suggesting this study and for his help and encouragement, and the National Fund for Research into Crippling Diseases for a grant in support of the work. I am grateful to the medical officers of health and health visitors of Liverpool and Bootle for their help in checking addresses.

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## **NEW APPLIANCES**

## Aid to Urethrography and Cystography

Dr. J. D. JEFFRIES, North Middlesex Hospital, London N.18, writes: The apparatus described below weighs 25 g. and adheres to the penis by suction. It allows the radiologist to manœuvre the penis into whatever position is required, and has been found of great assistance in urethrography. It can also be used to fill the bladder for male cystography, obviating the need for catheterization and so reducing the risk of infection. As it causes only minimal discomfort local anaesthesia is not usually required. The radiation hazard to the radiologist is eliminated, as media can be inserted into the urethra from

a distance via a connecting tube while screening.

Use.—An appropriate size face-plate is chosen and screwed on to the body (see Figs. 1 and 2). The projecting nozzle is then inserted into the urinary meatus and advanced until there is total circumferential contact between the aperture in the faceplate and the glans penis (Fig. 3). Suction is then applied which draws the glans penis towards the vacuum chamber so that the apparatus adheres to the glans. Suction sufficient to hold the apparatus in place is usually 0.5 kg./sq. cm. A pressure gauge is useful to tell if there is a leak in the circuit. The contrast medium is then injected down the central channel into the urethra: 12.5% Hypaque (sodium diatrizoate) for cystography, Umbradil (diodone) for urethrography.

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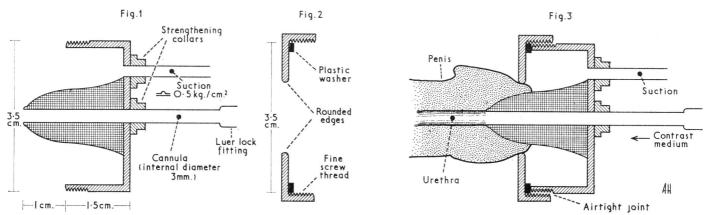


FIG. 1.—Body. Coronal section of cylinder. FIG. 2.—Face-plate. A set of four circular face-plates with central apertures of 1, 1.5, 2, and 2.5 cm. were used. FIG. 3.—Apparatus assembled and in use. The apparatus is made of Perspex except for the central cannula, which is of metal.