Correspondence

Letters to the Editor should not exceed 500 words.

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Mass Radiography

SIR,—As general practitioners working in the periphery of the metropolis, we have found the work of the mass radiography service invaluable in our practice, and there are two points we should like to stress in its favour.

Firstly, patients can readily be referred to the unit, which calls weekly in the centre of our town. If they work within the area covered by the unit, they can find a time that suits them near their place of work. There is no delay in having the films taken and reporting is rapid, and if abnormalities are found, duplicate reports, as well as the films, are returned to the practitioner, so that quick referral, if necessary, can be made to a chest specialist.

The records of the Surrey mass x-ray services show that abnormalities are revealed in a much higher proportion of cases referred by the general practitioner than by other methods. Not only are acute, unresolved lung infections, which occur frequently in the winter months, picked up rapidly, but also early diagnosis of cases of carcinoma of the bronchus can be made, the latter being frequently unassociated with abnormal physical signs at this stage.

Secondly, for those of us who are concerned with the medical care of such institutions as boarding schools, the work of the mobile services is also invaluable, as it can call at a school and make a survey of both the pupils and the teaching and domestic staff rapidly and expeditiously, avoiding loss of time to the school. Such work in schools throughout the country has revealed a significant amount of infection in the past in an environment in which it is extremely important that early diagnosis should be made to avoid further spread of infection in

an adolescent community.

We think it would be a very retrograde step if the mass radiography service is discontinued as is planned (see *B.M.J.*, 14 February, p. 441), as equivalent services can hardly be arranged through static hospital facilities.—We are, etc,

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R. WATTS.
R. G. WHITE.

Epsom, Surrey.

SIR,—One is led to understand that the mass radiography services are to be phased out. If this is the case, then in this area at least the public and their doctors will lose an immediately available and valuable service. This service has an excellent system of communication with both general practitioner and patient, and still picks up much pathology, some quite unexpectedly.

We doubt if a hospital x-ray department would be able to cope with the present usage rate of the mass radiography department, and feel that doctors would, in fact, only refer those cases in which there was a clear and definite indication, in an attempt to shelter the departments. The public seem to accept attendance at the mass radiography centre without the anxieties sometimes engendered by referral to hospital outpatient departments.

In this era of preventive medicine we feel such a closure would be a retrograde step.—We are, etc.,

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SIR,—Dr. T. F. Jarman's apologia for mass miniature radiography (7 February, p. 365) ignores the important point that miniature films give a much larger dose of irradiation to the patient than a conventional chest radiograph. A recent survey in this region showed a dosage of 160 millirad from an M.M.R. film as compared with 11 millirad from a large film—fifteen times the dose. This is particularly relevant when one considers the type of patient Dr. Jarman quotes as having been examined by M.M.R. in the past, such as nurses and school-teachers, mainly young women in their child-bearing years.

This is one aspect of the problem. Another—and here we, as radiologists, must declare a financial interest—is that pre-employment and pre-emigration x-rays are Category II cases, as agreed between the B.M.A. and the Department of Health, so that a fee is payable for the examination, partly to the N.H.S. and partly to the radiologist. Although, as Dr. Jarman states, the use of M.M.R. units for these has "effected considerable financial saving to the authorities concerned," this has been at the expense of the taxpayer in general; and we would suggest that it is time the Department of Health made a clear ruling on the subject.—We are, etc.,

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Investigations in Enuretic Children

SIR,—In their article on enuresis (24 January, p. 211) Drs. W. I. Forsythe and A. Redmond say, "An organic cause for the enuresis could not be excluded without in-