Finally, there may be an association between sexual promiscuity and the prevalence of *M. hominis* in the genital tract, but the social status of the mothers whose babies had sticky eyes is only worthy of note if it is different from the status of the 242 or so mothers whose babies were not affected. Unfortunately, one is left to conjecture that this was so.—We are, etc.,

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Glutaraldehyde and Contact Dermatitis

SIR,—Glutaraldehyde is a dialdehyde $CHO\text{-}CH_2\text{-}CH_2\text{-}CHO$ with various properties. When in alkaline solution it is an effective sterilizing chemical, and is used in operating-theatres for the cold sterilization of equipment such as cystocopes and for rapid sterilization. It is also a good tissue fixative and is being increasingly used in histochemistry and electron microscopy. Occasionally it is employed for tanning leather, when a high degree of resistance to sweat is required.

We have seen two theatre sisters, both from the same hospital, who handled instruments disinfected in this chemical and developed a contact dermatitis to it. One had used solutions of glutaraldehyde for only two to three weeks when she noticed hardening and cracking of the skin of the pulp of the right thumb, and three months later developed a rash on the hands, arms, and right side of the chin. The second patient had been in contact with the disinfectant for three months when the nail-bed of her right thumb became uncomfortable, and this was quickly followed by a rash on the sides of the fingers and backs of the hands. In both patients the clinical appearances were those of a mild patchy eczema affecting the dorsa of the hands and sides of the fingers; the first patient also had a papular eczema on the right side of her chin and scattered papules on both forearms. Each of these patients handled formalin, as well as glutaraldehyde solutions, for sterilizing. The patients were patch-tested and both reacted to glutaraldehyde, 1% in aqueous solution, and both were negative to formalin 2%.

About 40 members of the nursing staff were exposed to this chemical in the theatres, and two, possibly a third, developed a contact dermatitis to it. Despite rigid precautions the first patient continues to get occasional outbreaks while she works, but is completely free of dermatitis while on holiday. Glutaraldehyde will be withdrawn from the theatre as soon as an alternative method of sterilization is installed.

As glutaraldehyde is being used more widely, particularly as a histological fixative, and in operating-theatres, we thought these cases were of interest and should be reported.—We are, etc.,

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"V.D." as a Diagnosis

SIR,—In your leading article "'V.D.' as a Diagnosis" (14 September, p. 630), you very rightly drew attention to the necessity and humanity of making an accurate diagnosis before labelling a case "venereal disease."

However, there is one category of patients who should be treated prophylactically and at once, even if on the first visit gonorrhoea or syphilis cannot be bacteriologically diagnosed. They are those who admit contact with known infected consorts. If the situation is explained fully to these patients, he or she is usually willing and anxious to be treated as a precaution. Of course the diagnosis of "venereal disease" is not made in these cases. In thirty years as a venereologist, I can only remember hearing of one case, a doctor treated in this way, who developed severe anxiety later on as to whether or not he had had the disease. This is unlikely to happen nowadays when almost everyone knows how efficient modern antibiotic treatment of these diseases has become. Of course there are occasions, such as in marital infidelity, when the patient desires to be certain of the diagnosis. Then treatment should be delayed.

There are two reasons for treating these admitted contacts of known cases of venereal disease. The first is to forestall the possibility of the development of the complication of salpingitis in gonorrhoea in the female, and the second to prevent the spread of gonorrhoea or syphilis to others by patients who are habitually promiscuous and cannot be trusted to obey instructions to refrain from sexual intercourse for periods of a month or more, and by married patients who would find it very difficult to avoid contact with their legal partners.

It is only too well known that our tests for gonorrhoea will not always detect the disease at the first attempt, and that syphilis has a long incubation period when there are no visible lesions to test and serum tests are negative. It is naive to expect the habitually promiscuous in the permissive surroundings of the present time to be strong willed enough to resist, on the instruction of the doctor, the temptation of having sexual relations when opportunity arises. If we are to control the incidence of venereal disease before the present increase gets quite out of hand, I consider that it is essential that we advise epidemiological treatment on the first visit to all admitted contacts of known cases of infectious venereal disease, whether we can prove the presence of the disease or not.—I am, etc.,

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Waiting for Doctor

SIR,—What surprises me is that almost no one has realized that if a waiting list for outpatients appointments is stationary at 8 or 10 or any other weeks, it could just as well be stationary at 0 weeks.

For two years now I have insisted on seeing every patient in the week for which an appointment is requested. I see a lot of patients but am always finished inside my statutory three and a half hours, and there is still time to put the letters on tape if, as is likely, the clerical staff have by then gone home. Of course it is easier to try the experiment if one is doing an afternoon session when there is no time limit, but from my experience it would work just as well for a morning session starting at 9 a.m. The first 8 weeks are the worst.

If a waiting list is increasing week by week then an extra consultant is required. If it is pegged at some arbitrary figure then a new administrator is needed.—I am, etc.,

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Student Research

SIR,—I read with great interest your leading article on our *Report on Medical Education* (21 September, p. 693). I would like to comment on two points raised in the leading article to clarify my original statements in the report.

It is clear that all too often the examination methods presently employed are of little or no educational value, and may even serve to reduce the educational value of the medical course. I believe that the report does give a reasonably clear idea of the sort of system of "continuous, progressive assessment" the students would prefer—the recommendations of the General Medical Council (1967)[1] are fully supported, as was noted in the report.

I would completely agree with the view that there may be too much research of a trivial nature carried out at present "to win friends and influence people," but this is in no way in conflict with our recommendation that "all students should be encouraged to undertake some research project at some stage in their course." It is certainly not intended that the student should have to participate in the sort of sterile research that does take place in some other countries, purely to fulfil the conditions necessary to obtain his degree. But it is essential that the student should receive adequate training in scientific methods and attitudes, critical evaluation of data and evidence, and in the formation and testing of valid hypotheses. Participation in a suitable research project, adequately integrated into his course of studies, is a most effective means of achieving this. But it is simply not enough to state, as you do in your leading article, that: "At present it is quite usual for able students with a bent for it to play a part in research." It is not enough that a potentially valuable part of a student's education should be left to the present haphazard mixture of luck, personal contacts, and influence that may or may not make it possible. The dangers of misuse of animals and even patients would seem to be a more real and present danger in the research activities of those at present undertaking research than in the properly designed student research projects we envisage.

Further, I cannot accept the view, expressed in the B.M.A.'s published Memorandum of Evidence to the Royal Commission,[2] that the student can best participate in research "as an experimental subject" or perhaps "by caring for animals for a limited postoperative period." Bottle-washing is seldom a vital educational experience.—I am, etc.,

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REFERENCES
[1] *Recommendations as to Basic Medical Education*, 1967. General Medical Council.
[2] *Memorandum of Evidence to the Royal Commission on Medical Education*, 1966. B.M.A., London.