test. On the other hand, many who have symptomless mild or transient serous otitis media would be detected. What should be done with them? Sent to E.N.T. departments for myringotomy and insertion of grommets? Of course, most otologists would consider this as preposterous. We have difficulty at present in getting children with significantly hearing losses examined and treated within a reasonably short time when we think treatment is urgent.

Impedance testing and school screen audiometry are complementary. There is some overlap between the two, but their functions are different. First of all we must consider the time taken for a screen test. It takes one minute per ear to test by screen audiometry. For the impedance test one needs five minutes per ear. A skilled audiometrician can screen out 40-60 pupils in about two hours. For the same number of children impedance testing would take 10 hours.

To criticize the screen audiometric test on the grounds that it is badly performed in some areas or that it is performed by untrained and unskilled people is not an argument against the test itself. It is to be hoped that your readers, particularly those involved with school health services, will not be influenced by this unhelpful and misleading article.—I am, etc.,

L. Fisch
Institute of Laryngology and Otology, London W.C.1

Contaminated β-Lactamase and Blood Cultures

Str.—The letter from Mr. R. Lynn and Dr. Susannah Eyken (6 July, p. 46) is of considerable interest since their finding that blood cultures have become contaminated by diagnostic additives is of obvious concern. However, we were disturbed by the final sentence of their letter, which states that the enzyme preparation is now filtered through a Millipore filter. In the light of our previous experiences with β-lactamases, especially the diaminocaproic acid-resistant one from Bacillus cereus, it is to be hoped that your readers, particularly those involved with school health services, will not be influenced by this unhelpful and misleading article. —I am, etc.

J. M. T. Hamilton-Miller
W. Brunffitt
Department of Medical Microbiology, Royal Free Hospital, London W.C.3

Sun, Wind, and the Skin

Str.—Further to your timely leading article (13 July, p. 72), it would seem clear that the aggravation of sunburn by wind is largely, if not entirely, due to the desiccating action of the wind and not the lifting of the water in the epidermis on all exposed surfaces. This takes place irrespective of the environmental temperature so that skiers as well as soldiers wearing the military garb of shirt and shorts (which is entirely unsuitable for desert wear),1 unlike the excellent protection provided by the Bedouin burnous and Arab headdress against sun, wind, and rain, can be affected. These are almost perfectly adapted to hot desert conditions.2

The holiday-maker similarly clad and, even more so, the girl in her pioot-bikini find themselves in a climate little different from that of an arid desert when a fresh sea breeze is blowing.

Ichthyotic infants and atopic children with likenesses of the hand, elbows, knees, ankles, and face are particularly vulnerable in this respect and should therefore wear light jeans and long-sleeved cotton shirts or blouses to reduce the risk of windburn on the sea shore. Sea bathing itself is of course to be encouraged in these patients, who will benefit from the high salt content of sea water. This helps to combine water more effectively to the keratin of the horny layer, thereby reducing loss of water through evaporation.

There is another cause of sunburn of which many yachtsmen should not be aware. The burn occurs when a cotton shirt or other garment becomes saturated with sea spray through which the shorter wavelengths of the sunlight, excluding the ultraviolet, can penetrate and damage skin. It should be remembered that water tends to absorb the longer wavelengths of the invisible spectrum as well as the infrared and to allow the shorter waves to penetrate further. Therefore in these conditions yachtsmen should wear plastic gloves instead of cotton gloves that can be penetrated by the sun's rays.—I am, etc.,

E. J. Mouyannah
Hospital for Sick Children, Great Ormond Street, London W.C.1


Who is the Dental Anaesthetist of the Future?

Str.—The remarks attributed to an operator/anaesthetist recently published in the national press following another patient fatality (see medical report, p. 419) make one wonder when the powers that be will say, "Enough!" It is a fact that the British Dental Association has been the subject of legal professional litigation—opening the dental profession as to possible legal repercussions of using operator/anaesthetist technique—but no more. It is another fact that the joint sub-committee on Dental Anaesthesia has gratefully deprecated the practice of dentists giving general anaesthetics alone. It is also a regrettable fact that the then Secretary of State decided not to implement the recommendations of this sub-committee because he "did not wish to interfere with the clinical freedom of dentists."

Two professional people must be the bare minimum for any dental work done under general anaesthesia, a fully-trained anaesthetist ideally being one of these. "Dental anaesthetics is one of the most difficult branches of the medical specialty of anaesthesia" (Fit. L. D. Hogg, 18 May, p. 386). If the profession wishes to be taken seriously it will have to stop this dubious and uniquely exercised prerogative of the dental profession in accepting the operator/anaesthetist, then perhaps the medical defence organizations should consider providing cover for the operator/anaesthetist. Must we wait for litigation?—I am, etc.,

T. E. McGowan
Eastman Dental Hospital, London W.C.1

3 Hamard, House of Commons, 22 December 1971, Written Answers.

Reporting Deaths to the Coroner

Str.—Dr. Harold Price (20 July, p. 171) writes that "the doctor is obliged by common law to report all sudden and unexpected deaths..." etc. I feel that this statement requires an important proviso before it can be regarded as accurate. The Brodrick Report1 states that "there is an obligation at common law on all persons1 to give immediate notice to the coroner of circumstances requiring the holding of an inquest" and (para. 12.02 (iv)) that "there is no duty on doctors to report any death to the police