within 30 minutes of an outpatient appointment. How long should they wait for the professionals to offer a solution rather than restate the problem?

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- 1 Hall SM. Congenital toxoplasmosis. *BMJ* 1992;305:291-7. (1 August.)
- 2 Antenatal screening for toxoplasmosis in the UK [editorial]. *Lancet* 1990;336:346-8.
- 3 Multidisciplinary Working Group. *Prenatal screening for toxoplasmosis in the UK*. London: Royal College of Obstetricians and Gynaecologists, 1992.
- 4 Ho-Yen DO, Joss AWL, eds. *Human toxoplasmosis*. Oxford: Oxford University Press, 1992.
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Contact tracing in HIV infection

EDITOR,—R A Keenlyside and colleagues' questionnaire on genitourinary physicians' and health advisers' attitudes to notifying partners of people with HIV infection raises some interesting points with respect to public education, contact tracing, and perception of risk activities with regard to transmission of HIV.¹ Altogether 91% of the physicians and health advisers did not believe that the media adequately informed the general public about their risk of HIV infection. A case at this hospital recently highlighted this point.

A 36 year old homosexual man was admitted as an emergency with pneumocystis pneumonia. He had had a monogamous relationship for the past six years and did not believe that he was at risk of HIV infection. He had practised unprotected anal intercourse with his partner and did not perceive this as a risk factor for transmission of HIV. His partner, who, after counselling, consented to HIV antibody testing and was found to be HIV positive, was unaware of their risk as he did not realise that they could have acquired the infection more than six years before. Both had been sexually promiscuous before this relationship.

Because resources for education about AIDS are limited the question arises as to who should be targeted. As yet a reliable method of measuring the outcome of such education does not exist, and we think that public education campaigns would be better targeted more intensively at people at risk. We strongly support the recommendation that there should be national guidelines for notifying partners of people with HIV infection, especially when the contacts may be unaware of their exposure and risk. Tracing contacts and notifying partners is effective in controlling other sexually transmitted diseases,² and practice with regard to HIV infection should be reviewed.

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- 1 Keenlyside RA, Hawkins AS, Johnson AM, Adler MW. Attitudes to tracing and notifying contacts of people with HIV infection. *BMJ* 1992;305:165-8. (18 July.)
- 2 Health Education Council. *A handbook on contact tracing in sexually transmitted diseases*. London: Health Education Council, 1980.

Vocational training and maternity benefits

EDITOR,—We wish to bring to readers' attention the situation regarding maternity benefits for junior doctors who are doing, or have finished, vocational training. At present no maternity leave is given if the doctor has finished the scheme and

has not yet entered a partnership. Frequently women find themselves doing locum work before entering a partnership. Even if, as is the case for one of us, they have done locum work consistently for at least two years no benefit is payable. Also, any work they have done in the NHS since qualification—anything up to six years or so—is not taken into consideration.

We know that many women have found themselves in this situation, having worked full time through their vocational training and then having children before taking up a partnership. We would like to get in touch with these women and would value suggestions as to how this injustice may be rectified. Women who have been in continuous employment, usually for two years, in other spheres of employment are entitled to full benefits. We believe that something must be done.

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Confidential illustrations

EDITOR,—Journals seem to be publishing an increasing number of articles whose illustrations inadvertently include confidential details on patients.^{1,2} The problem arises with ultrasound scans, computed tomograms, magnetic resonance images, and so on, where the patient's name, date of birth, hospital number, and date of examination are incorporated in the films. I'm pleased to say that I have not yet come across such an incident in the *BMJ*, but authors, departments of medical illustration, and editors should be sensitive to this and remember to delete the details on patients.

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- 2 Pinn S. A facial root is mapped out for cranial tumours. *Hospital Doctor* 1992;May 14:46.
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*The *BMJ* has already addressed this problem¹ and conforms to guidelines issued by the International Committee of Medical Journal Editors on protecting patients' anonymity.² Protecting anonymity is often more difficult in clinical photographs and case descriptions than in the images D Clements mentions: these can easily be anonymised by masking out the names and numbers.—ED, *BMJ*

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- 2 International Committee of Medical Journal Editors. Protection of patient anonymity. *BMJ* 1991;302:1194.

Asian doctors and training in general practice

EDITOR,—I was sad to read Raj Menon's confused letter on Asian doctors and training in general practice.¹ Clearly, he does not know about the current state of vocational training and the rigorous selection procedures that potential trainers must undergo before approval.

For Menon's information, a potential trainer in Yorkshire is expected to attend trainers' workshops and half day release courses regularly during the year preceding his or her application and then to attend a two day residential assessment seminar followed by a searching interview by the appointment subcommittee of the regional postgraduate medical education committee for general practice. In addition, the potential trainer's practice, which

receives a formal visit by representatives of the committee, must fully comply with the regional criteria for approval, which are even more demanding than the national recommendations of the Joint Committee on Training in General Practice. Even then, the appointment is for only a probationary period of one year, and the renewal of the appointment depends on a further visit to the practice and feedback from the course organisers and trainees in the practice. Furthermore, all trainers are expected to attend residential training seminars, at the rate of not less than one every two years.

Menon's claim that Asian doctors receive training only in poor training practices casts doubts on his appreciation of vocational training and its dynamic evolution over the past two decades. Furthermore, the assertion that overseas doctors are rejected as trainers is totally unrelated to the realities of the situation.

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- 1 Menon R. Asian doctors and the MRCGP examination. *BMJ* 1992;305:368. (8 August.)

Advice on health care workers infected with HIV

EDITOR,—On two occasions consultants in genitourinary medicine have sought my advice regarding the possibility of health care workers who are positive for HIV continuing to provide care for patients. In both cases the consultants are shouldering an unnecessary burden since the United Kingdom advisory panel for HIV infected health care workers was set up to give advice in cases such as these. Cases can be discussed without disclosure of the workers' identity, and the advice given can be used by the physicians as suggested by both the General Medical Council and the General Dental Council.

Information on the panel and other occupational guidance is contained in a booklet published by the Department of Health.¹

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- 1 Department of Health. *AIDS—HIV infected health care workers*. London: DoH, 1991.

Irradiation of assistants' hands

EDITOR,—Colin R Paterson and colleagues' lesson of the week on testing for congenital dislocation of the hip in children with osteogenesis imperfecta illustrates an equally important second lesson, which the authors fail to refer to.¹ The radiograph of the infant's femoral fractures shows clearly the assistant's unprotected hands.

The National Radiological Protection Board and the Royal College of Radiologists are concerned about patients' exposure to unnecessary radiation.^{2,3} Unnecessary irradiation of assistants' hands while they immobilise children must be avoided. Numerous cheap immobilisation devices are available, and assistants must wear lead gloves.

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- 2 National Radiological Protection Board. *Patient dose reduction in diagnostic radiology*. London: HMSO, 1990.
- 3 Harding LK. POPUMET, ionising radiation regulations. *J R Coll Phys Lond* 1991;25:280-1.