

Safety of diagnostic ultrasound

Sir,

Dr Barnett's editorial (vol 62(12), 2001, p. 726) makes reassuring reading for practitioners of diagnostic ultrasound. The conclusion is that the current technology is safe and effective. It should certainly be used if the diagnostic information that will be obtained is likely to affect the clinical management of an individual patient as, for example, in a case of suspected placenta praevia. It should not be used if the sole purpose is trivial – for instance to satisfy curiosity concerning the sex of a fetus. This is the approach to prudent use that should have been adopted for at least the last 20 years, and the results of recent research have not changed the situation.

Dr Barnett concentrates on the use of diagnostic ultrasound in obstetrics. If an ultrasonic exposure is justified in obstetrics, the same exposure is likely to be safe in any other situation, except, possibly, in the inflated lung. Even if it is not completely safe, however, the hazard is likely to be small and the scan should be performed if the diagnostic information is going to be useful.

The very usefulness of diagnostic ultrasound probably now makes it impossible for prospective randomized controlled trials of safety to be carried out. It would be unacceptable to clinicians to randomize obstetric patients into matched groups having and not having ultrasonic scans, for they perceive the results of scans to be essential for proper patient care. Therefore,

the approach has to focus on the identification of plausible mechanisms of ultrasonically-induced adverse bioeffects. Here, there are still some gaps in contemporary knowledge.

Actually, it is the risk of misdiagnosis that represents by far the greatest hazard in the use of diagnostic ultrasound. Of course, practitioners should have in mind the possibility that the ultrasonic exposure is potentially dangerous. But what is most vital is that they should be well trained and competent to interpret the diagnostic data that ultrasound provides.

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Importance of good indexing

Sir,

The series of papers on medical publishing has been very informative in disseminating information through writing and publication, but less so on locating information. Mr Roger Kirby (vol 62(1), 2001, p. 46) gives an excellent outline of how to set about writing and getting a medical book published, but at no stage mentions how the index to the book appears.

Fortunately, very few medical books are published without an index, and those that are come in for criticism from reviewers (vol 62(1), 2001, p. 56; vol 62(10), 2001, p. 650), and are a source of frustration to those who try to use the book. Publishers vary in their contractual requirements about

indexes. Some leave it to the author to provide their own index or find a professional indexer themselves, but many, particularly the larger publishers, use professional freelance indexers who they will commission to provide an index.

Professional medical indexers, skilled in medical fields, work rapidly and accurately using the rules and conventions required by the British Standards Institution (1985, 1996). They employ sophisticated indexing software to produce an index which is indispensable to a medical book, in paper or CD-ROM format.

Sally Morris (vol 62(5), 2001, p. 301) mentions the need for tools to access information in electronic journals which are more powerful than search engines. It is a source of concern that some publishers are putting journals onto the Internet without indexes and assuming that search engines are sufficient. Searches on words and groups of words and on authors' names are easily achieved by this method; however, concepts, similes and generic terms which link topics are not easily searchable and the need for electronic indexes in this kind of publication is self-evident.

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British Standards Institution (1985) *Alphabetical Arrangement and the Filing Order of Numbers and Symbols*. BS 1749. British Standards Institution, London

British Standards Institution (1996) *Information and Documentation Guidelines for the Content, Organization and Presentation of Indexes*. BS ISO 999. British Standards Institution, London

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