Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Hemophilus Vaginalis Vaginitis in Children—Two Cases

To the Editor:

I recently saw two unrelated girls, both aged 3½ years, who presented with symptoms and signs of vaginitis, namely, perineal itching, vaginal discharge, and mild dysuria. Both symptoms had been present approximately one to two weeks. In both children the urinalysis was negative, but physical examination revealed a creamy vaginal discharge, and perineal erythema. The rest of the physical examination was negative in both cases, and the hymenae were intact. Vaginal swabs were taken.

On subsequent questioning it was learned that both children bathed with their mothers, and each family shared their towels among individual members. The parents were advised in each case to bathe the child alone, each day, and to use separate towels.

Return of the culture results in both cases showed a pure growth of Hemophilus Vaginalis, 3+, which worried us as this is supposed to be a sexually transmitted disease.

Both parents, in each case, returned again with each child and were found to be normal, with normal family interactions. Physical examination was normal at this time, and the symptoms had resolved in less than one week in each case. Both mothers denied vaginal infection, or vaginal discharge, and were not examined.

It was felt that sexual abuse was not relevant here. Repeat cultures have not yet been done.

As it is unlikely that the culture results were incorrect, or mistaken with another patient's in both cases, it remains to suspect that infection resulted from contact in bathing, or through the use of the same towels.

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Primary Care Access and Reimbursement

To the Editor:

I was especially pleased to see *The Journal of Family Practice* for July. The editorial on trends in emergency room utilization *(Geyman JP: Trends and Concerns in Emergency Room Utilization. J Fam Pract 11:23, 1980)* and the article by Dr. Hilditch *(Hilditch JR: Changes in Hospital Emergency Department Use Associated with Increased Family Physician Availability. J Fam Pract 11: 91,*

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1980) struck a very responsive chord in me.

After a dozen years in a busy hospital emergency room I realized that people simply needed, in 90 percent of the cases, an easy access to good care. I joined the hospital-based (or free-standing) movement and I have been thrilled with the response of the community and the physicians who practice here. A great paradox exists, however, and that concerns third party reimbursement. The insurance industry grew up protecting against hospital costs, but now it's so easy to prove that ambulatory care centers are so much more cost effective, and yet the insurance companies are slow to embrace that view. The free-standing units that are hospital sponsored and have the billing done by the hospital business office get paid very well but the free enterprise physician who goes out on his own does not fare as well.

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Family Practice in the Predoctoral Curriculum

To the Editor:

In a recent article in this journal (Boulger JG: Family Practice in the Predoctoral Curriculum: A Model for Success. *J Fam Pract* 10:453, 1980), it was pointed out that 55 percent of students who began their medical education at the University of Minnesota, Duluth, School of Medicine, selected family practice residencies. The involvement of family physicians in the curriculum, admissions processes, and general goal setting for the institution was described. This report updates the data included in that article.

National Residency Matching Program (NRMP) results for the entering class of 1976 were released in mid-March 1980; again, the prime residency selection for Duluth students was family medicine. Remarkably, the proportion of students from Duluth selecting this specialty was 65 percent. In contrast, the national proportion of the 1980 graduating class continued to hover around 13 percent—a figure which has remained quite stable over the past few years.

This extremely high proportion of students electing family medicine graduate programs is, to our knowledge, unique in the annals of modern medical education. The average, over the first five graduating classes, is now 58 percent based on NRMP data. Follow-up of graduates indicates that attrition from this figure (ie, students who switched to other types of residency following an initial NRMP match to family medicine) is more than balanced by the number entering family practice residencies following a "flexible" first year of graduate training.

We believe the success of the program will continue. Shortages of family physicians will be present for the foreseeable future; it is apparent that this program is dedicated toward—and has been successful in—helping to alleviate those shortages.

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