Letters to the Editor

Diagnostic Procedures of the Skin

To the Editor:

The article by Krull and Babel *(Krull EA, Babel DE: Diagnostic procedures of the skin. Part one: Wood's light, KOH slide, Gram's stain, and cultures. J Fam Pract 3:309-312, 1976)* was excellent. It pointed out many aspects of these examinations which are often taken for granted.

Nonetheless, I would like to add two points to their otherwise complete discussion.

1. Although a 15 or 20 percent KOH solution has been the standard for examination of skin scrapings, the most recent technique devised by Swartz and Lamkin is probably superior.[1] The Swartz-Lamkin's stain is used in combination with a .5 percent solution of Rose Bengal to produce the Swartz-Medrek contrast stain. This takes no longer to prepare than the standard KOH; however, the resulting slide is prepared at contrasting colors with a background of red, and the fungi in a bright blue. This is not only superior for beginners, but also for those experienced in examining these slides. In my experience, this has greatly shortened the amount of time necessary to determine whether a slide is positive or negative and has enabled me to teach others in the office to prepare these slides as well. The Swartz-Medrek kit is available from Muro-Pharmacal Laboratories Incorporated, 121 Liberty Street, Quincy, Mass 02169.
2. The instructions for the Gram's stain are the standard instructions, which probably date back to Professor Gram himself! Certainly, these were the instructions that were taught to me and many of my colleagues in medical school only a few years ago. However, I think it is common knowledge that most house officers in recent years, and now many practicing physicians, use the so-called "rapid Gram's stain technique." The rapid technique is as follows:

A. Heat fix the specimen.
B. Flood the slide with Crystal Violet and *rinse with water immediately.*
C. Flood the slide with Gram's Iodine, and *rinse the slide with water immediately.*
D. Decolorize with absolute alcohol until the effluent no longer contains any blue-purple coloring. (This is important since a rather thin slide, as in urine or CSF, will not require a full 15 seconds; however, a rather thick slide, such as sputum or pus, may require more than 15 seconds).
E. Flood the slide with Safranin and *rinse immediately with water.*
F. Dry and examine under oil emersion.

The advantages of the rapid Gram's stain are obvious, particularly for those in a busy office practice or in a busy Emergency Room. Rather than taking nearly three minutes of time, as with the standard technique, the rapid Gram's stain technique often takes no longer than 15 to 25 seconds to perform.

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I hope that these additional comments will be of use to those actively involved in family practice.

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1. Swartz JH, Medrek TF: Rapid contrast as a diagnostic aid for fungous infections. Arch Dermatol 99:494-497, 1969

On Learning Practice Management

To the Editor:

Shenkel is to be commended for providing feedback to residency directors, family practice educators, and current residents regarding the utilization of residency training in beginning practice *(Shenkel RC: After residency, then what? J Fam Pract 3:171-173, 1976).* In general, the experiences he described reflecting the shortcomings in his training as well as the benefits were similar to my own during the first 1½ years of practice in an urban setting (city of 200,000, drawing area of 950,000).

I wish he had elaborated on some aspects in much more detail. He emphasized that office management and personnel management were skills for which he was poorly prepared. Current residents as well as new practitioners like myself would benefit from a discussion of how many and what specific staff members he eventually employed. Such details as who accomplished the typing of all his dictated notes and whether that was done daily or on the weekly "business" day would be enlightening. The role which the nurse-practitioner filled was not described in his article, nor was it clear whether the nurse-receptionist originally hired was still employed in both capacities. A more detailed second report specifically filling the gaps in residency programs related to personnel management and office management would be appreciated and welcome.

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