Letter to the Editor

UCH microbiology computer system

After the meeting of the Association of Clinical Pathologists at Reading in 1979, at which Dr Ridgway described the data processing system he and his colleagues subsequently described in the Journal,1 negotiations were started between Selly Oak Hospital and University College Hospital to transfer the software to the microbiology department at Selly Oak.

The transfer has now been completed and the system is being operated at Selly Oak for about three months. Most of the delay was in getting the necessary finance and in having extra wiring put in, so that the interval implied between spring 1979 and autumn 1980 could have been much less.

The UCH microbiology software has been implemented at SOH on a DEC 11/34 processor with 64K words of memory and dual RLO1 (5 Mbyte) disks. Five visual display units, a label printer, and a character printer complete the hardware necessary for routine operation. As part of the agreement with the West Midlands Regional Health Authority, who funded the scheme, an additional RLO1 disk drive and two modems and GPO lines were also installed to permit shared access by up to five other microbiology laboratories within the region. User laboratories do not share the UCH laboratory system in a routine sense but make use of subsets of it and other purpose-written programs for limited routine and ad hoc data processing functions.

About the only modification to the UCH software that was required for the Selly Oak users was to alter the hospitals, wards, and staff codes, and we changed the specimen code from a numeric to an alphabetic one. These modifications to the MUMPS program were completed literally within a few hours. We were given the salary of a programmer for one year and had a haematology technician with an interest in computers seconded to us from another local hospital for this. He made several journeys to London to discuss the project with Mr Batchelor of UCH and then tackled the problem of writing programs based on the UCH system for the ‘bureau’ users, each of whom has his own particular requirements.

As far as the staff at SOH is concerned, two members of the technical staff took a particular interest in the scheme before it was installed and were able to help the others to ‘get to know the ropes’. We had a fortnight after the hardware and software had been installed to get au fait with entering data before putting the work of the whole department on the system on 1 July 1980.

Although it would be easy to revert to our old system of processing reports should a major breakdown occur, we decided not to run the two systems in parallel, and the ‘into the deep end’ approach has worked.

Ultimately, the SOH users will require new programs to be written to cover the statistics that we wish to recover, which are different from those extracted by UCH, but the workings of the two departments are so similar that we have not yet found any major problems.

We were pleasantly surprised at the smoothness of the transfer but are very conscious of the effort made on our behalf by Mr Batchelor of UCH and members of the staff of the Wolfson Research Laboratories at the Queen Elizabeth Hospital, Birmingham, who have acted as advisers and are still giving us support.

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Reference


Book reviews


This seminar issue incorporates a series of recent reviews on renal and allied topics of physiological and clinicopathological interest. Authorship is shared by North America and Europe. Physiological emphasis falls on the renal handling of calcium and phosphate; clinically orientated topics focus attention on the renal component of the hepatorenal syndrome, the haemolytic uraemic syndrome, renal function and electrolyte disturbance in malignant disease, and the obscurities of idiopathic, nephritic, and nephrotic types. There are helpful contributions on the management of the nephrotic syndrome and the controversial topic of interstitial nephritis. There are five papers devoted to essential hypertension with interest centred on the kallikrein system, peptidase and catecholaminergic mechanisms, renal prostaglandins and the role of the sympathetic nervous system. Hypertension in pregnancy, its pathogenesis and management, with particular emphasis on the pre-eclamptic state, are considered separately.

This volume illustrates the benefits and limitations of reviewing major, often controversial, topics in seminar form. While providing a useful platform for new ideas and interpretations, literary review is of necessity restricted and recent. Structural morphology contributes little to this publication. Nonetheless, pathologists, particularly of the renal variety in common with their clinical and pathologic colleagues, will discover new and pertinent information in these presentations.

G WILLIAMS

Reference

1 Lewis SM. Erythrocyte sedimentation rate and plasma viscosity. ACP Broadsheet 94, 1980.

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