To the Editor:

Communications to the Editor

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REFERENCES


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To the Editor:

I appreciate Dr. Cheng’s comments, and I agree with his point that, historically speaking, the first description of the symptomatology of Adamantiades-Behçet disease was reported by Hippocrates in the fifth century BC. Should the complete eponym for this disease be Hippocrates-Adamantiades-Behçet disease? The more carefully we read the Hippocratic Corpus, the more often we discover the genius of Hippocrates. Symptoms of many diseases were first reported by Hippocrates. He not only carefully observed the clinical features of diseases, but he thoughtfully interpreted their pathologic and physiologic aspects, and treated diseases by natural means. He developed medicine as a science. Therefore, to be historically correct, probably many of the eponyms of diseases should be renamed and called Hippocrates... disease or syndrome. However, eponyms for diseases mostly have been attributed to contemporary scientists. Hippocrates has an outstanding position in medicine, but he is out of the competition for eponyms. His outstanding position is not only indicated by the importance of the Hippocratic Oath in the medical ethics of physicians all around the world, but Hippocrates is, without any contradiction, the father of medicine.

Should the disease be called only Behçet disease, because this name is in wide use? The use of an eponym for a clinical sign, medical technique, or a disease is an honor for every physician and scientist, and it is also a tribute to outstanding members of the medical community. The first description of the Silk Route disease in contemporary times was made by Benedict Adamantiades and for the second time, independently, by Hulusi Behçet. Even with delay, the tribute to Benedict Adamantiades should be given too. In dual commemoration of the contribution of these two excellent physicians and scientists to the syndrome, the disease is correctly called Adamantiades-Behçet disease, and this name should be used universally.

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Does Rinsing the Mouth Before Expectoration Improve Sputum Specimen Quality?

To the Editor:

Obtaining useful Gram stain and culture results begins with procurement of an acceptable specimen. Theoretically, the collection of a sputum specimen for Gram stain and culture should include an explanation of the procedure to the patient, brushing teeth or removal of dentures, and/or rinsing of the patient’s mouth prior to expectoration of an early morning bolus. Brushing teeth or removing dentures along with rinsing the mouth are attempts to decrease nasopharyngeal flora, which tend to coat the specimen bolus during expectoration.

In 1994, we retrospectively (within 24 h of specimen collection) queried 160 patients to determine the influence of oral hygiene on sputum specimen quality. Specimen quality (based on Gram stain) was compared between two groups of patients, those who said they had performed oral hygiene vs those who said they had not performed oral hygiene prior to expectoration. There was no significant difference in specimen quality regardless of stated prior oral hygiene. However, the data were based on patient response vs direct observation. One criticism might be that the patients responded to the queries incorrectly.

As a follow-up study, we performed a subsequent prospective analysis in 1999, based on direct observation. The purpose of the study was to determine if rinsing the mouth prior to expectoration influenced sputum specimen quality, based on Gram stain analysis. For this study, patients expectorated, rinsed their mouths three times with tap water, then expectorated again. Patients were observed (by L.A.G.) during rinsing and collections, and both specimens (before and after rinsing) were promptly delivered to the Microbiology Section, where Gram stains were performed (by D.J.F.) and the results were evaluated. Specimens were graded as good (< 10 squamous epithelial cells [SECs]), fair (11–19 SECs), poor (> 20 SECs, > 10 WBCs), and inadequate (> 20 SECs, < 10 WBCs), per objective magnification (100×).

Nineteen patients were tested. Five patients (26%) had higher quality specimens (eg, good is better than fair) after rinsing, 2 patients (11%) had lower, and 12 patients (73%) had specimens of the same quality. There was no significant difference between