be lifted just proximal to the orifice, which will then be held open and show its true calibre. Stenosis of the meatus may be associated with a short sinus or pit just dorsal to the orifice, sometimes considered to be a partial urethral reduplication. This pit is lined by urethral mucosa and may be of sufficient size to enlarge appreciably the external urinary meatus if the septum between the meatus and the sinus is cut. Occasionally in meatal stenosis the distal few millimetres of urethra may be covered only by translucent skin and mucosa owing to absence of the corpus spongiosum,[6] in which case a meatotomy should be performed as far as normal healthy urethra; a hypospadias repair follows later.

The parents should always be warned beforehand that any surgical repair for hypospadias will be carried out as a staged procedure, of which closure of a small sinus may often be the final stage. Residual sinuses along the suture line are so common that many different methods of repair have been described. In an attempt to identify the cause of these sinuses Hiles *et al*[7] have been preparing plastic silicone casts of the repaired urethra and have demonstrated its surprising irregularity of contour far from the smooth tube of buried skin which is the intention of the surgeon when constructing new urethras. Some of this irregularity is due to the method of suture; some to the surgeon's effort to construct an adequate lumen, which often ends in pockets of redundant skin; and some to the sinuses where the skin forming the new urethra is adherent to skin covering the ventral aspect of the penis.

Female hypospadias is an unrelated condition, in which the external urinary meatus lies within the vagina or its anterior wall, as is normally seen in some animals—for example, the bitch.

Perineal hypospadias may be associated with undescended testes and should always be investigated by chromosome counts. At the same time a search should be made for other possible factors responsible for feminisation of the male or virilisation of the female.

The genetics of this condition have been studied by Sorensen.[8] Most cases appear to be due to polygenic or multifactorial influences, while only a few may be attributed to chromosomal aberrations, single-factor inheritance, and environmental agents.[2] Familial tendencies are well recognised, and occasionally the pedigrees suggest dominant inheritance. Lowry and Kliman[2] reported one family showing the abnormality in four successive generations.

[1] Campbell, M F, *Clinical Pediatric Urology*. Philadelphia, Saunders, 1951.
[2] Lowry, R B, and Kliman, M R, *Clinical Genetics*, 1976, **8**, 285.
[3] Johnston, J H, in *Urology*, ed J Blandy. Oxford, Blackwell, 1976.
[4] Williams, D I, *Urology in Childhood*, from *Encyclopaedia of Urology*. Berlin, Springer-Verlag, 1958.
[5] Kaplan, G W, and Lamm, D L, *Journal of Urology*, 1975, **114**, 769.
[6] Allen, T D, and Spence, H H, *Journal of Urology*, 1968, **100**, 504.
[7] Hiles, R, Townsend, P, and Smith, P, "Hypospadias in Children." Paper read at British Association of Urological Surgeons Meeting, London, 1976.
[8] Sorensen, H R, quoted by Lowry, R B, and Kliman, M R, *Hypospadias with Special Reference to Aetiology*. Copenhagen, E Munksgaard, 1953.

Training for the social services

Whether they implied it or not, both the report of the Younghusband Committee[1] and its afterpiece the Seebohm report[2] supported the idea of the generic social worker. It has proved a failure, and ever since the Social Services Act, 1970, the medical profession have been aware of the loss of specialist workers, especially in mental health. Formerly the duly authorised officer was known and respected by general practitioners and psychiatrists, and there is no doubt that he helped in getting for patients the best possible care available, often in very difficult circumstances. He was experienced and responsible. He often worked in a centrally controlled service, so that he could cover for colleagues who were off duty. Communication between the DAO and the general practitioner was direct and uncomplicated, and the mental hospital looked to the DAO as the link between hospital care and community care of their patients. Yet this valuable community care service was disrupted in obeisance to generic social work, as were the social aspects of child care and other specialised social services.

The events of recent months have shown only too clearly what can happen when inexperienced and inadequately supervised social workers are left to deal with problems of child care. If the social services are to live up to their claim of being a caring profession, then their skills must be based on proper training and effective supervision.

The recent report of a Department of Health working party on *Manpower and Training for the Social Services*[3] recognises the need for the development of a range of specialist posts. Doctors are concerned that these should be in mental health, child care, geriatrics, and in general practice liaison. The report also emphasises the need for staff working in day services and residential care to have appropriate training, and this is to be welcomed. There is an accepted need for an adequate supply of trained residential workers for dealing with the increased responsibilities placed on local authorities by the Children and Young Persons Act, 1969. This Act reduced the powers of the juvenile courts, so that they can now make a care order only for child offenders under the age of 16, leaving the social services department to decide which form of treatment is appropriate, ranging from an approved school to sending the child to his own home under supervision.

The report places great importance on the need for the people holding top appointments in social service departments to have professional qualifications for social work with the addition of training in management. If the same principle was accepted in the NHS, decision-making and accountability would be more effective than they are in the present enervating climate of consensus management.

[1] Ministry of Health and Department of Health for Scotland, *Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services*. London, HMSO, 1959.
[2] Ministry of Housing and Local Government, *Report of the Committee on Local Authority and Allied Personal Social Services*. London, HMSO. (1968, reprinted 1972), Cmnd. 3703 (Seebohm Report).
[3] Department of Health and Social Security, *Manpower and Training for the Social Services*. London, HMSO, 1976.