

CORRESPONDENCE

Decapitation of academic chemical pathology D N Baron, FRCPATH, and V Marks, FRCPATH	642	Dialysis arthropathy: amyloid or iron? N R B Cary, MB, and others	644	Respiratory health workers visiting patients with chronic respiratory disability Sarah J Pearce, MRCP, and others	647
Future of the pathologist in an era of technological change and cost containment M H Labib, MRCPATH, and L R Ranganath, MB	642	Empirical evidence and authoritarian ethicists R H Nicholson, BM	645	Thyroid disease in pregnancy R H R Park, MRCP, and R I Russell, FRCP	647
Head injuries in the elderly B Pentland, MRCP, and others; J A Wilson, MRCP, and C T Currie, FRCP; O M P Jolobe, MRCP, and P P Mayer, MRCP	643	Poverty and teenage pregnancy Béatrice Blondel, MD, and others	645	Why doctors must grapple with health economics P Draper, FFCM; Linda Benson, MRCS	648
Snoring as a risk factor for ischaemic heart disease and stroke in men M Koskenvuo, MD, and others	643	Depression and outcome in acute myocardial infarction Janet Treasure, MRCPsych, and T Treasure, FRCS; P Silverstone, MB	645	Points Percutaneous transluminal valvuloplasty (D F Ettles and J L Gibbs); Autologous blood transfusion (A G T W Fiennes); Osteoporosis: cause and management (G S Rai; M C Bateson); Big babies (I Kennedy); Optimising antiemesis in cancer chemotherapy (P Marcus)	648
Christ Church conference on postgraduate education—25 years on D W Hide, FRCP; A W Williams, FRCP	643	Asthma mortality: comparison between New Zealand and England M R Sears, FRACP, and H H Rea, FRACP	646	Dangers from dissolution of latex in Celestin endo-oesophageal tube (A E Hanwell); The "Drug Tariff" (D F Bird); Preventable blindness in giant cell arteritis (C M Wood and J W Howe); Falsely high peak expiratory flow readings (S A Haider); Psychosexual problems (Robina Thexton); AIDS publicity (Alison Hill and R T Mayon-White); Real and imaginary halitosis (J Dunn); The locked in syndrome (P J E Wilson)	649
Doppler studies in the growth retarded fetus M J Whittle, MRCOG, and K P Hanretty, MRCOG; G A Hackett, MB, and others	644	Chronic renal failure associated with topical application of paraphenylenediamine J S Savill, MRCP, and A J Rees, FRCP; J H Brown, MRCP, and others	646		
Simple analgesics in pregnancy G R Fryers, MD	644	Waiting time for urgent appointments Anne Seymour, FRCS; Regina K Curley, MRCP, and others	646		
Corticosteroids and bone mass in asthma G J Addis, FRCP	644	AIDS: a doctor's duty Anonymous; G Bickler, MRCGP	647		
		Doctors' pay R Pollard, FRCS	647		

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the *BMJ*.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Decapitation of academic chemical pathology

SIR,—There is a disturbing tendency in British medical schools not to fill chairs of chemical pathology as they become vacant, the most recent examples being at St George's Hospital Medical School, London, and the University of Manchester. We believe that such abandonment of this fundamental clinical subject at a senior academic level will have dangerous repercussions in the teaching of the chemical basis of disease and the proper use of biochemical laboratory investigations. The consequent lack of understanding among medical students might lead to even more costly and unnecessary tests being performed and a fall in the standard of patient care. It will, furthermore, be disastrous for the training of the coming generation of chemical pathologists.

There are many reasons why young doctors take up any specialty, including the quality of the undergraduate teaching and the personal stimulation provided by the academic role model of the professor, particularly in research; absence of such a model leads to absence of recruits and will effectively prevent fundamental advances in the discipline.

Chemical pathology is a distinct specialty within medicine and medical science parallel to histopathology; and Britain has been one of its pioneers. It is not a subdivision of internal medicine or preclinical biochemistry, and to have undergraduate teaching of chemical pathology organised and supervised by such departments will reduce its importance and eventually lead to its abandonment as a distinct discipline. A comparison would be the

abolition of chairs of surgery and the incorporation of senior lecturers in surgery (without clinical surgical duties) into departments of anatomy.

Though medical schools are short of funds, they should not destroy a subject which is a pillar of medical education and clinical management and whose research is relevant to the whole of medicine to bolster inadequate funding of clinical services or to pay for posts in currently fashionable or local subspecialties.

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Future of the pathologist in an era of technological change and cost containment

SIR,—We agree with Dr G W Pennington (21 February, p 521) that pathologists (especially chemical pathologists) must become more clinical to survive. How will this be achieved, however, if the training of pathologists does not include any clinical training? Much of their training has been designed to encourage the acquisition of laboratory skills, as has the royal college examination. This has produced a generation of pathologists who are laboratory managers, distanced from bedside clinical medicine.

Clinical skills are acquired over many years, and for pathologists to become more clinically oriented radical changes in their training, similar to those that have occurred in haematology, are required. For example, membership of the Royal College of Physicians or at least two years' experience in a clinical specialty could be a prerequisite for entry into pathology. Recently, most trainee pathologists have joined the specialty immediately after their house jobs, with very little clinical experience. The introduction of investigation units in some district general hospitals, run by chemical pathologists, has allowed them to acquire and maintain clinical skills, and the introduction of such units should be encouraged.

Finally, another aspect that needs to be addressed is the college examination. This should place greater emphasis on patient care and, preferably, include clinical cases and decision making in the investigation and management of metabolic disorders. If pathology is changing and pathologists have to adapt this will be best achieved at the training grade.

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1 Marks V. Who should investigate patients? *Bulletin of the Royal College of Pathologists* 1983;42:2-4.