In your article you stress that genitourinary medicine should not be confused with urology, and would not encroach on the realm of urology. In spite of this you immediately state that the work of genitourinary physicians could "expand to include infertility and other diseases of the genitourinary tract when appropriate." This could only be seen as an encroachment on the realm of the urologist. May I stress again the deep concern which the council and members of the British Association of Urological Surgeons feel regarding the change of title. In a recent issue of the *B.M.J.* a junior post in genitourinary medicine was advertised under "Venereology." Surely this is an anachronism.

It would appear that the time is now opportune for the whole subject to be discussed logically not only by the Royal College of Physicians but in association with the Medical Society for the Study of Venereal Diseases, and more particularly with the British Association of Urological Surgeons.—I am, etc.,

R. A. MOGG
President,
British Association of Urological Surgeons

London W.C.2

Television Programme on Induction of Labour

SIR,—The main theme of the B.B.C.2 "Horizon" programme of 27 January was induction of labour. On this controversial subject I am not qualified to comment. However, epidural analgesia in obstetrics was also referred to and several misleading or frankly incorrect statements were made.

The information leading to these statements did not come from discussions between the "Horizon" production team and the anaesthetists working at the John Radcliffe Maternity Hospital, where much of the programme was filmed, as none took place. In particular, one patient's recollections of her care after an epidural analgesic were quite at variance with established theory and practice at this hospital. She was also allowed to state that the epidural was the direct cause of her emergency caesarean section for fetal distress. In fact, at that operation the reason for the fetal distress was found and it was in no way related to the epidural.—I am, etc.,

L. E. S. CARRIE

John Radcliffe Hospital,
Oxford

Leeds Infirmary Blues

SIR,—Your correspondents Mr. R. A. Elson and Dr. R. H. Townshend (22 February, p. 455) raise two points in regard to your leading article (8 February, p. 297) on the threatened disruption of the development of the Leeds medical school and General Infirmary. Mr. Elson questions why the Leeds situation is unique. The answer is simple. About £12m. has been committed already in relation to the project and the Hospital for Women at Leeds has been demolished as the first part of the "development." Tolerating failure to improve hospital facilities is one thing, but to live with their destruction through administrative incoordination quite another. Dr. Townshend suggests that the local population might find the necessary capital and this raises an issue which deserves the closest consideration, but any policy decision could not be applied to Leeds in isolation.

We are very conscious of the parlous financial state of the nation, but it is in this light that the problems which have arisen are particularly serious. The detailed planning of an integrated hospital-medical school complex began as you say in 1962 with the enthusiastic support and encouragement of the Department of Health and the University Grants Committee—the bodies ultimately financially responsible. The first serious setback arose in the late 1960s, when the U.G.C. renegued on its side of the integrated plan. Subsequently a fresh plan was devised involving separate, but closely related hospital and medical school buildings. At all stages the closest liaison was maintained with the two administrative bodies concerned. Now, after more than 12 years of work, when the U.G.C.'s side of the joint plan is well on the way to completion, it seems possible that the D.H.S.S. might fail to produce its part of the scheme. It is the great financial waste which would occur in this eventuality—attributable to lack of co-ordination between two Government bodies—that is so serious from a national point of view.

Locally the implications are rather different. The initiation of the scheme occurred with demolition of the Hospital for Women, which was sited adjacent to the General Infirmary and relied upon its wide range of ancillary resources in emergency situations. Its "temporary" replacement is miles away from these resources and this involves a deterioration in patient safety standards. Apart from the patient welfare aspect, perpetuation of this on a semi-permanent basis would serve along with the £5m. energy-generating complex as memorials to the massive waste of public funds which has achieved nothing but deterioration in the local medical facilities.

It will be no surprise that, faced with such a situation, medical staff morale is on the point of collapse; problems of contracts and the like are of little significance by comparison with having to work in the shadow of this chaos. Those like ourselves who have not made a major contribution to the planning are aghast that the dedicated work of our colleagues—some part-time, some whole-time N.H.S., and some university—might at this stage be squandered. These consultants have given this effort without stint at the prime of their lives and at the cost of developing their own practices and research. To maintain dedicated doctors of the best quality in this country it must be shown to them that, whatever the financial state at any time, millions of pounds are not wasted through lack of co-ordination of expenditure from the left and right Government pockets and that their talents and enthusiasm will not be exploited.—We are, etc.,

J. C. GOLIGHER
J. S. SCOTT

General Infirmary at Leeds,
Leeds

SIR,—May I congratulate you on putting the unfortunate position of the Leeds General Infirmary complex into such clear perspective in your leading article (8 February, p. 297). As a past student I have a deep interest in its fortunes. There are perhaps two points which could be made with the benefit of local knowledge.

Both the General Infirmary at Leeds and the medical school are buildings of unusual, and in the former case distinguished architecture. This quality is one which endears itself to those using the buildings and cannot be replaced when building in current styles. Both buildings are basically sound and, though attention would be required to bring them up to present needs functionally this would cost little compared with the task of rebuilding. The site which you mention is behind the infirmary and is available to enlarge the hospital backwards as far as is needed. Current plans are to retain only the facade of the present building and to demolish everything behind this. The medical school is to go in its entirety. Is it possible that the enforced pause in reconstruction might give time for second thoughts?

With regard to the increase in the intake of students, 80 per year ideally suited the personal teaching methods used at Leeds. With the further expansion of teaching at St. James's Hospital this number has been increased modestly without impairing the standards in any way. Should medical schools, however, go on increasing their intake to make up for losses in medical manpower which are the direct result of the policy of present and past governments?—I am, etc.,

D. J. RODGERS

Sheffield

Fibrinolysis and Venous Thrombosis

SIR,—Your leading article (16 November, p. 365) and subsequent correspondence (25 January, p. 208) relating to fibrinolysis and deep vein thrombosis suggest that drugs which increase blood fibrinolytic activity may be valuable in the prevention of deep vein thrombosis. An assumption basic to the arguments put forward in your article and by your correspondents is that a considerable and prolonged reduction in blood fibrinolytic activity usually follows surgical trauma. We believe that this is open to serious doubt.

Accurate measurement of blood fibrinolytic activity after operation is complicated by the marked rise in fibrinogen concentration that invariably occurs. Fibrinogen forms the substrate for the lysis time methods of measuring fibrinolytic activity and it has been shown that an increase in fibrinogen concentration alters the lysis times of plasma and whole blood clots both in vitro[1 2] and in vivo.[3] We applied an isotopic method[4] for the measurement of fibrinolytic activity in 50 patients after operation. This method was used because it has been shown to be independent of alterations in the level of plasma fibrinogen.[3]

As we reported last year,[5] the results showed, in contrast to previous studies using lysis time methods, that no consistent sustained decrease in fibrinolytic activity or "fibrinolytic shutdown"[6] occurred. Indeed, by the sixth postoperative day activity was actually significantly greater than mean preoperative values. Postoperative fibrinolytic activity was reduced only on the first postoperative day and this reduction reached statistical significance only in patients who developed venous thrombosis.