city with any aspirations to visual culture and education.

In reply to Sir Selwyn Selwyn-Clarke (18 September, p. 705), Woolwich is within reasonable distance from the centre of London and close to the outstanding facilities of the London Hospital. Service personnel whose chances of survival require treatment within minutes rather than hours are best sent to the nearest civilian hospital in the first instance.

The amalgamation and integration of the three medical services under the Defence Ministry may be desirable and inevitable. However, the expansion of the Millbank Hospital and the Tate Gallery on the site in question would be unrealistic.—I am, etc.,

A. H. R. HEWETT-CLARKE

Pevensey Bay,
Sussex

Threadworm Cystitis

SIR,—My young daughter, aged 7, has had several episodes of threadworm infestation despite our efforts.

I have frequently observed threadworms on the vulva during the night, when the child was complaining of irritation, and on one occasion a threadworm disappeared through the urethral orifice before I could remove it.

Two days later my daughter had a typical *E. coli* urinary tract infection with a heavy growth of *E. coli*, which responded to the usual treatment. I felt so certain of the aetiology of this that we did not subject the child to an intravenous pyelogram or micturating cystograms, and we have now eradicated the threadworms. I have kept a close watch on her urine for 12 months, and there has been no recurrence of urinary tract infection.

One wonders how many urinary infections in young girls are caused by migrating threadworms, and how many intravenous pyelograms and micturating cystograms have been done unnecessarily.—I am, etc.,

J. C. LINLEY-ADAMS

Eastbourne, Sussex

Use of English

SIR,—Recently there has been much talk about the proper use of the English language in medical writing. Yet in a recent article under Case 1 the clinical description includes the ghastly sentence "The nodules were biopsied . . ." (11 September, p. 626). Whether the authors can reconcile it with their consciences is a matter for them; but why, oh why, did you as Editor let it pass?—I am, etc.,

F. LANGFORD

Lewes,
Sussex

Experience versus Examination Results

SIR,—A Danish surgeon I have known for 20 years and who has worked for many years in English-speaking countries and speaks perfect English, recently decided to sit "Conjoint" to get on the United Kingdom *Register*.

To his chagrin he failed in surgery and in obstetrics, two arts he has been practising most successfully for years. He tells me he knows of a pathologist and a physician who similarly failed in their own subjects. One rather wonders whether such decisions do not make the examiners look more ridiculous than the candidates. The experienced man may have difficulty in giving the answers expected of a neophyte, but the examiners should be capable of recognizing a competent practitioner.—I am, etc.,

H. DE GLANVILLE

African Medical and Research Foundation,
Nairobi, Kenya

Dissect

SIR,—Time was when medicine was a learned profession. Since the decay in classical education and the intake of medical students from a wider social range, there has arisen the regrettable solecism of pronouncing "dissect" as "di-sect." This is etymologically indefensible.—I am, etc.,

JOHN MATTHEWS

Liverpool

Hospital Laboratory Services

SIR,—Recent stoppages of work in many hospital laboratories will have made most readers aware that all is not well in the pathology service. The tremendous expansion of clinical pathology since 1946 has imposed great strains on all staff, but over the years pathologists, biochemists, and medical laboratory technicians have, I believe, worked together in close accord. In some 25 years as a pathologist, mainly in administrative charge of this medium-sized laboratory, I have found that technicians felt they were members of a team, doing very worthwhile work and being reasonably but not generously paid. Now, as laboratories become more like factories and the links with patients more tenuous, the outlook has changed.

The publication of the Zuckerman report[1] and the recent regrading structure with poor salaries particularly at technician grade, the increments of which probably do not keep up with the rate of inflation, have made young technicians, both male and female, in this laboratory question whether there is any reasonable future for them in the hospital laboratory service. There is rightly or wrongly a tendency to believe the intention is to gradually replace them with graduates and laboratory aides. While accepting that laboratories of the future will need staff with a wide range of skills and abilities, I personally hope the majority of staff will continue to be medical laboratory technicians who have learned their skills mainly on an apprenticeship basis at the bench as the doctor does at the bedside. It will not be so, however, if we who hold this view do not support reasonable claims for a fair grading structure, salary scale, and their request for a more equitable seating arrangement at Whitley Council.

It has become increasingly difficult to recruit young men of adequate calibre to staff the increasingly complex laboratory service on which modern scientific medicine is based. I sincerely hope the fact that the Secretary of State is now willing to meet their representatives means that he is aware of the deep sense of frustration widespread among medical laboratory technicians, which, if long continued, might well imperil the quality of the laboratory service.—I am, etc.,

J. TREGILLUS

Department of Pathology,
Memorial Hospital,
Darlington

1 Hospital Scientific and Technical Services, *Report*. London, H.M.S.O., 1968.

Voluntary Services in Hospitals

SIR,—Your leading article (11 September, p. 597) on the recent publication *Voluntary Services in Hospitals*[1] prompts me to point out that the Voluntary Service Information Officer at the Hospital Centre in London was established in 1969 and is available to provide information on the wide range of voluntary resources available to the hospital and health services.

We hope that anyone reading your article and wishing further details will make use of this facility.—I am, etc.,

CHRYSTAL KING
Voluntary Service Information Officer

The Hospital Centre,
24 Nutford Place,
London W1H 6AN

1 *Voluntary Services in Hospitals*. Edinburgh, Scottish Hospital Centre, 1971.

Junior Staff and Private Patients

SIR,—Your leading article entitled "Trail of Suspicion" (4 September, p. 549) did not mention one particular abuse of N.H.S. facilities by consultants. I refer to the exploitation of some junior staff for the care of private patients. In the context of a good working relationship within a firm, a registrar would normally be happy to give occasional cover for his consultant's private patients. Often, however, he finds himself standing in for numerous evenings and weekends, not to mention giving routine medical treatment during the day—for example, putting up a transfusion or doing a lumber puncture. These administrations are paid for by the patient, and the consultant pockets the money—money which he himself has earned only in part. No complaint would arise if his registrar received an appropriate share, but how often does this happen? I know of one senior registrar who found himself on call continuously for virtually three whole months, mainly because of commitment to his consultant's private patients. This particular man did not even receive a bottle of sherry at Christmas for his labours. Fortunately most consultants are more honourable than this.

The whole problem hinges on whether a consultant, by going part-time, has purchased the entire services of the N.H.S. for his private patients (including junior medical staff) or whether he has merely bought time off from N.H.S. duties to look after private patients himself. If it is the former, then the situation is clearly unsatisfactory, since an unscrupulous consultant (and such clearly do exist) can sit back and make money off the sweated labour of his junior staff. If it is the latter, then it is time that some system of apportioning part of private fees to junior