was suggested by Dr. C. M. Ridley (3 July, p. 28) and Sir Herbert Seddon and Mr. A. J. D. Howse (7 August, p. 371) that these can be the sole cause of the blisters. Most authors have noted that they do not occur necessarily over maximum pressure areas and the area marked by a query illustrates this well in the letter from Sir Herbert Seddon and Mr. A. J. D. Howse. The marked epidermal necrosis and more recently reported eccrine sweat gland necrosis³ with little dermal damage are not features of pressure sores. In view of this I think we should not forget that it may be that the drugs may cause damage to the skin because of a direct effect on epidermal metabolism and not simply because they produce coma.

In summary, therefore, I think that a combination of coma, pressure, and certain drugs are all necessary before the type of blister we have been discussing develops.—I am, etc.,

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- ¹ Beveridge, G. W., and Lawson, A. A. H., *British Medical Journal*, 1965, 1, 835.
- ² Beveridge, G. W., in *Acute Barbiturate Poisoning*, ed. H. J. S. Matthew, p. 129. Amsterdam, Excerpta Medica, 1971.
- ³ Leavell, U. W., *Archives of Dermatology*, 1969, 100, 218.

Junior Staff and Private Patients

SIR,—In view of Dr. D. R. Redman's letter from this department (2 October, p. 51), which I have just seen, I feel that I owe it to my colleagues to state that members of the staff of this department do not undertake private work.

Dr. Redman has confirmed to me that his remarks do not relate to Edinburgh.—I am, etc.,

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Liver Disease in Japan

SIR,—As previously reported,¹ the mortality rate from cirrhosis in Japan is high, and viral hepatitis as an aetiological agent appears to be commoner than in other countries. Hepatitis-associated antigen (H.A.A.) was therefore sought by the method of counter-immunoelectrophoresis in 712 patients with liver disease in Osaka, Japan.

In 147 patients with acute hepatitis 32 (21.7%) were found to have H.A.A. Among these 20 (22.7%) of 88 patients with infectious hepatitis and 12 (21%) of 57 cases of serum hepatitis were positive, findings which support the view of others^{2,3} that sporadic infection occurs with the virus of serum hepatitis. Forty-six (12.8%) of 358 patients with chronic hepatitis had H.A.A. One hundred and fourteen had chronic active hepatitis on liver biopsy and 34 (29.8%) were positive, while 81 were thought to be inactive and only four (4.9%) had positive H.A.A. tests. The higher frequency associated with activity of the disease, similar to that reported by Prince,⁴ suggests that H.A. antigenaemia may play an important role in the development of chronic hepatic disease.

Only nine (7.2%) of 124 patients with cirrhosis had detectable H.A.A. In all

patients with alcoholic cirrhosis, fatty liver, and constitutional jaundice the test was negative. Two of our patients with idiopathic portal hypertension and four of 39 with extrahepatic obstructive jaundice had positive tests for H.A.A.—We are, etc.,

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- ¹ Yoshida, T., et al., *Acta Hepato-splenologica*, 1965, 12, 268.
- ² Krugman, S., and Giles, J. P., *Journal of the American Medical Association*, 1970, 212, 1019.
- ³ Prince, A. M., et al., *New England Journal of Medicine*, 1970, 282, 987.
- ⁴ Prince, A. M., Leblanc, L., Krohn, K., Masseyeff, R., and Alpert, M. E., *Lancet*, 1970, 2, 717.

Shortage of Technicians

SIR,—Dr. J. O'H. Tobin and others (4 September, p. 584) wish for justification for the post of principal technician. If, as they say, "it may well in practice entail only administrative duties quite capable of being done by a more junior person," and "the use of a person with high technical expertise for such duties is not value for salary, and is unlikely to further the skills on which the efficiency and development of a laboratory ultimately depends," then, they have a principal technician in name only.

Laboratories (theirs included apparently) have largely been administered by the typical pathologist-chief technician relationship established over many years. The pathologist was responsible for laboratory policy and the chief technician for the technical running of the laboratory complex. As laboratories increased in size, so the administrative duties of the chief technician increased to the point where clerical assistance was necessary to release the chief technician from such duties. The administration has not seen fit to provide such clerical assistance and so many chief technicians have degenerated into well-paid junior administrators.

The role which should have been allowed to develop in a rapidly expanding laboratory complex is that of technical manager. This is a sphere which is more likely to further the skills on which the efficiency and development of a laboratory ultimately depends. Dare I again quote Sir Keith Joseph in the use of the words, "effective management," for effective management at the level of expenditure incurred by laboratories must surely result in benefits to both the service and the budget. In terms of resource and recruitment the value of good management takes on an exponential curve, though I realize that this is not the end of the problem.

Some pathologists and chief technicians have not yet reached 1970 standards of management. The image of the chief technician as a man in a white coat who walks around with his hands in his pockets asking, "Is everything all right?" still exists in some laboratories. This is not always the fault of the pathologist, though a change of attitude on his part still appears to be the most influential factor in deciding the managerial content of the principal technician's job. I suppose that dithyrambic rumblings from principal technicians are to be expected, but nevertheless there is a place for them in

the laboratory management outside administrative duties, and if they do not accept it, then they are unworthy of the title.—I am, etc.,

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Faculty of Community Medicine

SIR,—The Report of the Royal Commission on Medical Education (1965-68)¹ recommended that an organization should be formed which would have a major role in the training of those who practise in the field of community medicine.

A working party, composed of representatives of the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow and of doctors drawn from the Society of Medical Officers of Health and its Scottish branch, the senior administrative medical officers of the regional hospital boards in England and the Welsh Hospital Board, the Society for Social Medicine, the Scottish Association of Medical Administrators, medical members of the staffs of the Department of Health and Social Security and the Scottish Home and Health Department, has been meeting over the last twelve months. As the result of these meetings the working party has recommended to the colleges that they should combine in the formation of a faculty of community medicine which will be part of their own structure.

Community medicine is that branch of medicine which deals with populations or groups rather than with individual patients. In the context of a national system of medical care, it, therefore, comprises those doctors who try to measure accurately the needs of the population, both sick and well. It will require to bring to this study special knowledge of the principles of epidemiology of the organization and evaluation of medical care systems, of the medical aspects of the administration of health services, and of the techniques of health education and rehabilitation which are comprised within the field of social and preventive medicine. Community medicine thus brings together within the one discipline those who are presently engaged in the practice of public health, in the administration of the health service whether in hospital, local authority, or central government in relevant research, and those responsible for undergraduate and postgraduate education in the university departments of social medicine.

It is hoped that the inaugural meeting of the faculty will take place in March 1972 and we would like, with your permission, to draw attention to the invitation, which appears on p. li, to those eligible to apply for foundation membership of the faculty.—We are, etc.,

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¹ Royal Commission on Medical Education. *Report 1965-68*, Cmnd. 3569. London, H.M.S.O. 1968.