ad advancement in the administrative field, but to accept it in its totality seems rash in the extreme. As doctors we must state this very firmly, and I believe in doing so we voice the opinion of many of our nursing colleagues.—I am, etc.,

Liverpool 1

JOHN SHEPHERD

Sir,—The self-inflation of the management side of nursing and medicine “as a deep necessity as complex ... as medical training” (Dr. H. P. Ferrer’s letter, 26 December, p. 806) is surely a Parkinsonian step. Bureaucracy expands in a geometric fashion. Nurses and doctors who do the work will have to carry on their backs an increasing load of managers and their staffs collecting in the main useless statistics and “expanding” their time collating them. What the service requires urgently is not finance for more managers and their assistants but money for hospital buildings, research facilities, radiographers, physiotherapists, etc.

Unless we arrest this development there will soon be more managers than nurses and more desks than beds.—I am, etc.,

J. J. SHIPMAN

Letchworth, Herts.

Shortage of Technicians

Sir,—While agreeing with much of what Mr. I. J. Y. Cook says in his timely letter (5 December, p. 623), we should like to make the comments. Firstly, we believe that there is nothing wrong with young men and women who wish to pursue careers in medical technology aspiring to possess university degrees. In the United States, where one of us (C.E.D.T.) has talked to technicians (technologists) in training, the usual qualification is a university degree, although there is now a trend to employ non-graduate technologists there also. We feel that in the United Kingdom more graduates should be employed in medical laboratories but there will continue to be an impelling place for non-graduate workers whatever it may be convenient to call them.

Secondly, we do not agree with Mr. Cook’s statement that the properly trained medical laboratory technician is invariably worth two graduates in terms of work load and technical ability. Our own limited experience is that, given good initial training in the laboratory, graduates rapidly become every bit as good as qualified technicians in terms of work load and technical ability; what is more, they contribute greatly to raising the standard of work and scientific interest among all members of the laboratory.

In our view, it is most important in everyday work in medical microbiological laboratories to avoid segregation of staff into medical, science graduate, and technical categories. All members of staff should feel to be part of a single team with a common purpose, each contributing to the work of the whole as well as fulfilling his or her own needs.—We are, etc.,

C. E. D. TAYLOR

D. A. MCSWIGGAN

Public Health Laboratory and Department of Microbiology, Central Middlesex Hospital, London N.W. 10

Sir,—The Chairman of the Institute of Medical Laboratory Technology, Mr. W. H. Finch (26 December, p. 806), has missed the purpose of my letter (5 December, p. 623). He has singled out one paragraph relating to the Diploma in Medical Technology, which out of context gives the impression that I was opposed to higher qualifications for medical laboratory technicians; this, of course, is not so.

What I was implying, not very satisfactorily, was that the present recruitment and training system leaves much to be desired. I would suggest that the Institute of Medical Laboratory Technology would be well employed concerning itself more with these problems. It should seek a closer link between technical college and hospital, and would suggest integrated courses run on similar lines to the Royal Free Hospital—Ministry of Overseas Development tutors course, where it was demonstrated how valuable a close linked course between hospital (the clinical side) and technical college (Bromley) could be.

I firmly believe that we have to accept the need for schools of medical laboratory technology.—I am, etc.,

Dr. B. Lewis

Chief Technician, Pathology Laboratory, New End Hospital, Royal Free Group London W. 1

Sir,—I note that Dr. B. Lewis (12 December, p. 688) alleges that the facts in my letter addressed to the B.M.J. (7 November, p. 365) are in error. I would re-affirm that the two African graduates “are not the first 16 graduates of the Medical School in Salisbury” were both born in Rhodesia, one in Rusape and the other in Masanga (now known as Chitoia). This information is recorded on the form completed by the candidate seeking admission to the university, and as both graduates are known to me personally I have no doubt as to the accuracy of my information.

I am pleased to see that Dr. Lewis is accurate, as far as the figure goes, when he states “the doctor-patient ratio in rural Rhodesia was recently 1:33,964.” This is the figure I published in my article “The Rhodesian Medical Doctors,” in which I highlighted the great need for more doctors in Rhodesia, particularly in the rural areas.

I am familiar with the annual reports of the Secretary for Health and I am surprised that he does not make the case that 711.7%, bed occupancy in the rural hospital at Matibi did not also mention that, in the same year, of the 62 rural hospitals run by the Ministry of Health, 37 had a bed occupancy of less than 100%: 22 were more than 100%, but less than 200% occupied; and only three were more than 200% occupied, the average bed occupancy being 90.8%. Most of us are aware of the fallacy of the isolated statistic and perhaps if Dr. Lewis was more aware of the nature of the rural hospital in Rhodesia (and in Africa) he would have been able to interpret this figure for what it is worth. I am, etc.,

W. FRASER ROSS

Sallisbury, Rhodesia


Race and Commonwealth

Sir,—I should like to make the comments in my letter (5 December, p. 623) on the letter to the B.M.J. (7 November, p. 365) from Dr. B. Lewis on the medical training of technologists.

I believe that a task of medical technology is to provide technologists with the knowledge and skills to fill the needs of the medical profession in a rapidly advancing discipline. I do not agree that the Institute of Medical Laboratory Technology was wrong in suggesting to the Diploma course in Medical Laboratory Technology that the disease states of the various organs and systems should be more fully covered and that the technologist should be familiar with the symptoms and other signs of the various diseases of the human body.

I feel that in the United Kingdom the need for more medical technologists is increasing, not decreasing, and that the Institute of Medical Laboratory Technology can best serve the needs of the medical profession by working towards the introduction of new courses in medical technology and by increasing the knowledge and skills of existing technologists and technologists.

In the United Kingdom there are currently over 1,000 medical technologists working in hospitals, and the number is increasing at a rapid rate. The Institute of Medical Laboratory Technology should be working towards the introduction of new courses in medical technology and by increasing the knowledge and skills of existing technologists and technologists.

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