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

JOHN SHEPHERD

Sir,—The self-inflation of the management side of nursing and medicine “as a deep training in skills . . . 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.

Richard J. Lowe

Sir,—What the service requires is the ability to train medical practitioners of all disciplines in all locations. 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 (I have suggested the Royal Free) 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.,

I. J. Y. COOK

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

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 following 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

Technicians’ Crisis

Sir,—Your editorial “Technicians’ Crisis” (26 December, p. 761) is apt and timely, not only to E.C.G. technicians but also to the paramedical disciplines in the National Health Service. An even smaller group are the medical photographers and medical artists, who suffer from the absence of a national policy on the organization of departments of medical illustration and the lack of a proper career structure.

The growing numbers of technicians, technologists, and scientists within the National Health Service must now look forward to the implementation of the recommendations of the Zuckerman report. It is essential that they should all have a career structure with promotion prospects and salaries that are commensurate with what they could earn in other industries.—I am, etc.,

L. BOWCOCK

Chairman, Institute of Medical and Biological Illustration, Stoke-on-Trent, Staffs.

Proposed Increases in Dental Charges

Sir,—The proposed increase in dental charges will cause many patients suffering from acute dental diseases to go to their doctor instead of their dentist. It is my experience as a dental practitioner that in such circumstances many medical practitioners prescribe analgesics, antibiotics, and mouth washes, when the dental symptoms are greatly reduced, but the cause of the disease is not removed as very often the patient does not go to a dentist after such treatment by their doctor.

Regular attendance at the dental clinic enables a dentist to diagnose the early signs and symptoms of diseases which can kill or cause chronic ill health. The increased dental charges will, and there is no doubt about it, cause millions of patients to attend less regularly, through the fear of either having to pay up to £10, or through embarrassment and pride; for it is not conducive to harmony to quote the dentist’s waiting room to be interrogated about incomes which might qualify for free treatment. The effect on the younger age groups at 18 years and over, who will now have to pay for half their treatment, will be that the rapid rate of caries which occurs in many adolescents will not be treated every four months which is allowed at present. The result will be much larger lesions, and perhaps tooth loss.

I will be pleased to send any one interested in taking action against these charges a sticker for their car or waiting room. It reads “No more Health Charges—Act now. Write to your M.P.”—I am, etc.,

ALLEN J. WALTERS

401 Topsham Road, Newton Abbot, Exeter, Devon

Race and Commonwealth

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 reaffirm that the two African graduates “are the first of their race to the Medical School in Salisbury” were both born in Rhodesia, one in Rusape and the other in Masangwa (now known as Chiota). This information is recorded on the form completed by both the cadet and the responsible graduate 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 “Rhodesian 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 Dr. Lewis does not mention that in the same year, 1967, 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 4%. Most of us are aware of the fallacy of isolated statistics, 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

Salisbury, Rhodesia