series was selected for severity, the criteria being hypotension, multisystem failure with multiple intra-abdominal abscess, the presence of intra-peritoneal faeces, or anastomotic breakdown causing generalised peritonitis. Moreover, when the results of conventional and the new treatment in these patients were compared, it was just in those with severe illness—particularly faecal peritonitis—that antibiotic lavage showed the clearest superiority. In simple purulent peritonitis (that is, with no leaking bowel, but source of infection unsthated) there was no significant difference in mortality between the two groups.

We need more details of this study, but it seems that the authors may have made a definite advance. The merits of the system are a triple combination of antibiotics administered by two routes, and the elaborate method of peritoneal lavage whereby, so far as possible, every part of the cavity is assured of adequate treatment. Such thorough application may well be a major factor determining success. Antibiotics do not act by magic; like other remedies they may need to be given the best chance.


---

**Prospects in pathology**

The two main questions facing the young doctor contemplating a career in pathology are the chances and rate of his achieving consultant rank and how the career compares with other specialties in job satisfaction.

Pathology is in a period of change. With the foundation of the Royal College of Pathologists training programmes have been introduced, leading to examinations for a formal qualification (which previously was lacking). The general pathologist is, however, fast being replaced by specialist histopathologists, haematologists, microbiologists, chemical pathologists, and immunopathologists. The president of the Royal College of Pathologists has recently suggested that even greater specialisation will be necessary in the future, with superspecialists such as neuropathologists and other consultants who, while covering one main branch, might also acquire additional specialist skills (for example, in endocrinology).

The trainee must choose between these alternatives early in his career, for the primary examination—usually attempted within the first two years—consists (for medical graduates) of a paper covering all branches, together with a written, practical, and oral examination in just one of the disciplines. The single-discipline final is taken about three years later, giving a minimum training period of five years. Postponing the hurdle of the final examination to a late stage—in contrast with, say, medicine or surgery—has important consequences. A trainee who decides to change careers has lost much ground. Preparing for examinations militates against undertaking research. Furthermore, since the number of junior (SHO and registrar) posts is so closely geared to consultant vacancies (0.36 per consultant compared with 1.15 for all medical specialties) there is little scope for the would-be physician, for example, who would like to spend a period in pathology—a restriction that acts to the detriment of both specialties.

Within pathology, consultant posts are easiest to obtain in microbiology and competition is greatest in histopathology. Nevertheless, given the right training and qualifications no registrar need fear not obtaining a career-grade post. In 1975-7 there were unfilled in histopathology out of 52 advertised; in microbiology the proportion was 16/42, in chemical pathology 5/24, and in haematology 6/38. The average number of applicants for each post was two in microbiology and five in histopathology—as compared with five for all branches of medicine and 12 for obstetrics. These statistics disguise an even worse recruitment problem. The Royal college's work-load studies have shown a need for more posts in all the disciplines, but with the current record of unfilled vacancies health authorities have little incentive to approve additional posts.

What is the cause of this shortage? Value judgments about whether or not the career is rewarding should not obscure other concrete disincentives. Medical students have little opportunity to work with pathologists, unlike the physicians or general practitioners with whom they have such close contacts. All graduates have at least a year's postqualification clinical practice—with all its fascinations—before they can enter pathology. So, not surprisingly, in 1975 only 40% of senior registrars in pathology had made the discipline their original career choice (compared with 43% in anaesthetics and 70% in surgery) and 55% had changed from other careers (compared with 43% in anaesthetics and 33% in obstetrics). There was also the relatively high proportion of 59 women out of 174 (radiology 23/101, general medicine and related specialties 34/377, obstetrics 7/100), of whom 78% were married—a factor likely to limit the geographical range of consultant vacancies they might consider.

Other factors that have accelerated change in the pathologist's working environment are the increasing number of consultant-equivalent (top-grade) non-medical scientists in laboratories, particularly in chemistry and microbiology, arguments about who should manage laboratories, the mechanisation of so much laboratory work, and legislation such as the Health and Safety at Work Act.

Finally, in this materialist age, earnings have to be taken into account. In pathology there are fewer payments for junior staff for work "out of hours," less opportunity for private practice, and an unattractive ranking in the merit-award table. Pathologists were, indeed, among the more vociferous opponents of the new contract.

Pathology offers a stimulating challenge, founded as it is on rapidly advancing sciences, as well as good career opportunities; but the disincentives to new recruits make its future far from certain.

2 Baron, D N, _Journal of Clinical Pathology_, 1979, 32, 11.
3 Parkhouse, J, and Darton, R A, _British Medical Journal_, 1979, 1, 670.