lung metastases of adenocarcinoma of the colon in another. A temporary improvement in neurological signs occurred in another patient with spinal deposits of adenocarcinoma of the colon. In a patient with lung and liver metastases of anaplastic carcinoma there was a reduction in the size of the liver, but this may have been due to treatment of congestive cardiac failure with digoxin and diuretics. There was no improvement in two patients with metastases of anaplastic carcinoma of the breast and ovary although the latter showed exceptionally high F.D.P. levels (1,500 μg/ml) during treatment.

Fibrin degradation products have been observed in women with malignant ovarian metastases,¹³ and may be derived from breakdown of plasma fibrin following release of thromboplastin substances into the circulation. We suggest that some of the F.D.P. occurring during anord therapy may be de¬

erved not only from the expected breakdown of microclots in the circulation but also from degradation of fibrin filaments in the tumour.

It is important that the malignant cells be exposed free from their surrounding sheath of fibrin filament and may perhaps be more susceptible to cytotoxic therapy.—We are, etc,

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Future of Postgraduate Medical Centres

Sir,—It is a pity that your leader writer (3 June, p. 547) allowed his indignation to get the better of him in springing to the defence of Drs. John Lister and David Ferriman (3 June, p. 589). A leader in the B.M.J. may have widespread influence, and it is particularly important at the present time that postgraduate education in hospitals should not be seen as a narrow sectarian interest and as the exclusive province of those who have doctors forgotten the debt they owe nursing schools for help in the days before there were postgraduate centres?

Our postgraduate centre eight years ago, is bursting at the seams. Our policy has been that the building should be used by any discipline for educational purposes, but it is increasingly difficult to accommodate all the groups, with the so-called radiography and midwifery schools, for example, having inadequate accommodation and groups like physiotherapists, laboratory technicians, and administrative staff none at all. Our present arrangement is inadequate in that far from being a tidy administrative arrangement, would bridge the gap between medical, nursing, technical, and administrative staff. Successful treatment of the patient in hospital depends on teamwork. Sharing facilities for education must surely help to unify the team and improve its performance. It should also promote friendly relations between all types of staff, and under such circumstances pleas from doctors to preserve their independence would be unthinkable.

Such an institute would have the added advantage of ensuring a decent-sized lecture theatre (which no postgraduate centre can provide on its own), proper dining facilities, a large multidisciplinary library, and a common room for all staff. Overnight accommodation for visitors might also be considered, and it has been suggested that recreational facilities, quite inadequate in most district hospitals, might be added. Of course we were worried about how to house all that individual users, and if there has been dispute in the past between medical staff and others over the use of an educational institute, it is surely interpersonal relationships rather than the principle that should be questioned. Our worry is that the Department of Health will not think big enough, because such an institute will cost several hundred thousand pounds compared with the £12,000 spent on our centre eight years ago.—We are, etc.

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Adenovirus Demonstrated by Immunofluorescence

Sir,—Many acute respiratory virus infections have been rapidly diagnosed by immunofluorescence¹⁴ and this technique has now been applied to the diagnosis of adenovirus infection. Sixty-five adenoviruses were isolated from nasopharyngeal secretions of 1,028 children admitted to hospital with acute respiratory infections. Staining of cells in these 65 secretions by the indirect immunofluorescent technique showed that 42 were negative for adenovirus and only 23 (35%) were positive. Fluorescent positive cells occurred most frequently in upper respiratory tract infections (18 out of 23) but rarely in croup, bronchitis, bronchitis, or pneumonia.

It would appear, therefore, that although 65% (65 out of 1,028) of acute respiratory infections of childhood were associated with adenovirus, only 2% could be diagnosed by immunofluorescence. This small number of patients that could be diagnosed and the mildness of the illness caused by the majority of adenoviruses would suggest that immunofluorescence for the different respiratory infections by this group of viruses is uneconomical. The reason for only one-third of adenovirus infections being visualized by immunofluorescence in the postgraduate medical centre is, at the moment, unknown, but may reflect active infection in those cases with positive cells in contrast to the other patients in whom the infection may be of longer standing and not necessarily related to the current acute illness.—We are, etc.

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Total Hip Replacement

Sir—I was very interested to read the articles by Dr. Jacqueline Harris and others (24 June, p. 75) and Mr. G. R. Todd and others (24 June, p. 75). I have recently carried out a review on 778 patients over the age of 70 years, with various types of hip lesions¹ treated by the Charneley method at the Centre for Hip Replacement at Washington, and I thought it might be interesting to note a few of the results for comparison.

My review was aimed at discovering the complications of the procedure rather than assessing the functional result and, while of course, has been done by Mr. Charneley himself. In this series only one patient had a deep infection which required removal of the prosthesis, and only 2% (25 patients) had superficial wound sepsis, which cleared up before the patient was discharged from the hospital. There appeared to be no significant difference in the sepsis rates according to age, although, as others have shown, revision operations carry a higher risk than primary procedures.

I did not review trochanteric detachments,