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Medical Graduates in Clinical Chemistry

SIR,—Dr. R. I. Harris's letter (4 January, p. 35) raises an important issue which we have often discussed in connexion not only with clinical chemistry but also with microbiology. We believe the recruitment of medical graduates to these specialties will remain unsatisfactory so long as they are so strongly oriented to the laboratory and lack real clinical involvement. There are two reasons for this—namely, (1) science but not medical graduates are conditioned by their training towards complete laboratory involvement and (2) medical graduates feel a need for a clinical commitment.

The solution would seem to lie in giving the medical biochemist and microbiologist clinical responsibilities. This would necessarily mean control of beds and outpatient sessions. The argument that a graduate cannot acquire both laboratory and clinical expertise is ludicrous. Chairs of medicine in Britain have been occupied by eminent laboratory workers. Doubtless training requirements would need to change and closer collaboration between the Royal Colleges of Physicians and of Pathologists would be essential. It is perhaps to be regretted that the pathologists, unlike the anaesthetists, did not remain an integral part of a clinical college. We deprecate the passing of the M.R.C.P. Ed., in which clinical competence was assessed but in which a candidate could select a laboratory discipline as his special subject.

We believe the medical graduate has a place in clinical chemistry and microbiology but that Dr. Harris and medical graduates will continue to leave these specialties unless they see that as consultants they will enjoy

the responsibility of using their medical training.—We are, etc.,

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SIR,—I accept Dr. R. I. Harris's criticism of the term "clinical chemistry" to describe my specialty (4 January, p. 35) if we take this literally to mean chemistry at the bedside of the patient. Perhaps the Royal College of Pathologists' description of "chemical pathology" is more applicable. Surely, however, no medical graduate embarks on training for a specialty, no matter what it is called, without finding out precisely what work will be expected of him as a consultant. Perhaps the following comments will serve to counteract the pessimistic view of the specialty which was given in Dr. Harris's letter.

In my experience clinical chemistry provides a worthwhile, satisfying career for the medical graduate who has an interest, and has undergone a sound training, in scientific methods of measurement. This is especially true in the smaller hospitals where the clinicians, though well informed on scientific subjects, are often less experienced in metabolic diseases, endocrinology, fluid, electrolyte, and acid-base balance, the performance and interpretation of respiratory, renal, and liver function tests, and the diagnostic use of radioisotopes. In the absence of specialist teams or even specialist consultants the medical graduate, because of his clinical training, usually finds it more

easy than the non-medical biochemist to appreciate the problems of his medical colleagues in these aspects of medicine. He also has the opportunity to use the clinical as well as chemical side of his training in such a situation, though I agree that his primary duty is to arrange a rapid and accurate analytical service.

I do not believe that it is necessary to have beds directly under the control of the clinical chemist. I have always been allowed free access to the patients of my clinical colleagues, and we work together in providing the diagnostic service. In some hospitals the clinical chemist is allowed beds for the investigation of a condition in which he has a particular interest or experience such as bone disease or metabolic disease. This facility may increase if the Manchester Royal Infirmary's experiment of having a ward set aside for planned investigation is adopted in other hospitals.

I feel that my medical training has helped me to establish a good relationship with the general practitioners who use the service extensively and also in making my lectures to medical students and participation in clinical meetings more natural. In this respect, however, my non-medical colleagues are just as successful, or more so, after a few years' experience in the specialty.

An efficient team of medical and non-medical graduates and technicians who work in collaboration with clinicians and are all motivated towards providing and improving the care of the patients is my concept of a clinical chemistry laboratory rather than a remote department producing figures. All members of the team are necessary to forge a strong rather than a tenuous link between the patient and the laboratory. The medical