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Letters to the Editor should not exceed 500 words.

Scientists and Technicians in Medicine

SIR,—Your comment on the Report of the Committee on Hospital Scientific and Technical Services[1] (7 December, p. 593) does less than justice to that body's attempt to set the scene for a much-needed streamlining of the structure and operation of hospital scientific and laboratory services. These have evolved through a succession of expedients rather than by logical design, and recent explosive growth, in physical and chemical instrumentation particularly, has found us unprepared to exploit these advances for the benefit of our patients. However nostalgic one may feel for the days when a good microscope and a microtome were the only costly items in the laboratory budget, it is becoming more and more evident that the traditional all-rounder, the "morbid anatomist-cum-histopathologist - cum - bacteriologist - cum-haematologist" is only one of a growing array of laboratory-based experts on whom the clinician calls with rapidly increasing frequency. It is utter nonsense, as well as being gratuitously insulting, to suggest that the pathologist's work "concerns the welfare of patients so much more directly than that of any of his proposed associates. . . ." Whatever kind of expert services the clinician and the patient may require, they expect professional and technical competence in those who provide them, and the clinician seldom desires an inadequately based clinical second opinion, which is what tends to emerge when the medically qualified laboratory worker sets out to "interpret" his findings. A medical qualification is by no means a *sine qua non* for the hospital scientist; medically qualified (as well as scientifically qualified) physicists, statisticians, biochemists, and the like are most unlikely to increase in numbers to such an extent that the hospital service can afford to restrict or ignore the vital contribution of qualified scientists whose names are not on the *Medical Register*. I cannot see that this is any threat to the medical graduate whose career lies in laboratory work.

The aim of the Zuckerman Committee has clearly been a unifying one, and its recommendations, if accepted, should go far towards eliminating the kind of status-preserving squabbles which must surely deter young science graduates from taking up hospital work. In this context, Sir, your leading article may do great harm, since it will inevitably be taken to imply hostility among responsible medical men to any growth in numbers or status of science graduates in the hospital service.

At district hospital level also you do a considerable disservice by suggesting that the committee's proposals are academic, and "scarcely apply at all to the work done in an average district hospital." The implication that a properly organized scientific service has little or nothing to contribute outside the university-orientated teaching hospital is as untrue as it will be demoralizing to those who seek to advance the standards of non-teaching hospitals, and it is highly disturbing to find the *B.M.J.* giving pride of place to an opinion so out of touch with contemporary thought. What the report seeks to establish, of course, is a structure for a unified service which could allow all hospitals access to expensive equipment and specialized scientific staff, though not necessarily in a laboratory on their own doorstep nor wholly staffed by workers on the payroll of local hospital management committees.

When it attacks the committee's attempt to simplify the present jungle of differing grades of technical and related staff, with differing terms of service, training, and career prospects yet basically similar levels of responsibility, I fear your article misses the point completely. Not all medical laboratory technicians would agree that they form part of an "admirably organized technical service," though most would concede that, by comparison with virtually all other technical classes mentioned in the report, the situation of the State-registered technician is not unfavourable. This, however, is no reason for complacency, nor for overlooking the need to expand the scope of the technologist to allow for managerial-type posts at one end of the range, and for technical aides at the other. If such an expanded structure can also encompass those hospital scientific staff not at present within the ambit of the Council for Professions Supplementary to Medicine, so much the better. The new pattern, like that of the Scientific Civil Service, ought to encompass a wide range of scientific and technical functions within a fairly simple career structure, allowing some overlap between the roles of graduate and non-graduate, as well as horizontal movement within the structure to meet changing needs. It is *not* suggested that total versatility and interchangeability of duties is either attainable or desirable, but one cannot surely envisage the introduction of a new kind of technician with each new machine which is developed, nor of redundancy when a technique ceases to be useful. Retraining, repeated when necessary, must take place if the service is to develop, and a staffing structure which accepts this as normal, and gives rise to as few demarcation troubles as possible, is what is needed.

The proposals for chief and regional scientists might perhaps have been better understood had these posts been given different designations; those who hold them would no more be in scientific charge of the scientists working in hospital laboratories than administrative medical officers are in charge of clinicians, but perhaps some such title as "senior administrative scientific officer" might have been less pretentious and more descriptive than "regional scientist." The personal qualities of such men, rather than the field in which they took their primary