ers, one wonders? And even if the technique of sigmoidoscopy can be taught safely, is the registrar whose prime interest is cardiology going to be a competent observer? Reshaping the practice of medicine in the UK is inevitable, as has already happened in many other developed countries where specialist practice dominates. Patients in this country and in Europe will expect a physician's performance to be as overtly competent as a surgeon's. Data on the number of procedures performed and the number with complications may have to be made available.

Whenever possible temporary pacing should not be undertaken prior to permanent pacing in a specialist centre; emergency transfer should be arranged. Cardiologists

in small district hospitals should discuss alternative methods of providing the service with their colleagues in the department of anaesthesia. And temporary cardiac pacing should no longer be an essential procedure of the training in general medicine.

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Images in medicine

Splenic tuberculosis

A 33-year-old woman was admitted for surgical drainage of a peri-anal abscess. No other significant problems were reported and her chest radiograph was normal. In spite of adequate surgical drainage, her swinging pyrexia continued. Ultrasound and abdominal computed tomography (CT) scan (figure 1) showed numerous ill-defined hypoechoic and hypodense lesions in the spleen.

Her HIV-test was positive. No other source for her fever was identified. Despite antituberculous treatment for 3 weeks the high fever continued. It was felt splenectomy was indicated.

The intra-abdominal findings were unremarkable except for a slightly enlarged spleen with a myriad of yellowish nodules protruding through the splenic capsule (figure 2). Histology confirmed tuberculosis of the spleen. Post-operatively the temperature returned to normal and the patient was discharged 5 days later on antituberculous treatment. Six months after the operation the patient is well.

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Figure 1 Abdomen CT scan showing multiple intrasplenic hypodense lesions

Figure 2 Bisected spleen demonstrating multiple tuberculous nodules