the true facts of human nature and the elementary first steps in economics.

£24 million is still a tidy sum to dissipate for political reasons, more particularly when money cannot be found for adequate remuneration within the profession.—I am, etc.,

Newport Pagnell, Bucks.

A. A. CLAY.

Eliminating Cervical Cancer

SIR,—I was interested to read Dr. G. Ramage's suggestion from the Association of County Medical Officers (26 December, p. 1659) that the members of his association be made the sole channel through which cervical screening should be carried out.

Of course the public health services have great experience in the carrying out of population screening, an experience which will be of the greatest value. But I feel that it would be a retrograde step to perpetuate once more the totally artificial distinction between "preventive" and "curative" medicine. It is difficult enough to persuade a total population to attend for such impersonal examinations as chest radiography and urine testing, and to get maximum screening when vaginal examination is required will take more than education by health visitors.

As I wrote earlier (12 December, p. 1531), the family doctor can, if given adequate time, screen a very large number of his patients with little alteration in his normal working habits. These patients, being in many cases "symptomatic," are likely to produce a higher pick-up rate than the average population, and they will certainly include a considerable number of those who would not attend publicly organized sessions.

The absence of predetermined pattern which makes the association wish to withdraw the right to submit specimens is quite irrelevant. A smear is of value whether it forms part of a public health pattern or not, and positives occur even when a negative smear has been obtained in the recent past. I would submit that it is much too early to attempt to impose a doctrinal pattern, and that all branches of the health service will have to work together without thought of vested interest if the service to the public is to be efficient.—I am, etc.,

Bletchley, Bucks.

GEOFFREY RIVETT.

SIR,—Dr. R. A. McInroy (19 December, p. 1591) asks the truth about the delay in developing exfoliative cervical cytology. The truth is that all diagnostic hospital pathology is seriously neglected by everyone not directly concerned in it. Ministerial policy is to accept and devise schemes which will stretch inadequate laboratory facilities still further. The outstanding deficiency is in trained technicians, and it is essential that we recruit and train more technicians, especially the senior technicians who will later train others.

A major industrial State, increasingly dependent on highly trained technicians, is allowing its medical services to be crippled by ignoring their existence.—I am, etc.,

Walton Hospital,
Liverpool 9.

H. E. VICKERS.

Management of Malignancy

SIR,—Mr. J. D. S. Flew draws welcome attention (21 November, p. 1329) to the widespread fallacy that vaginal cytology is invariably diagnostic of endometrial cancer, and that a negative "Pap" test means that the patient is safe. Nothing could be further from the truth, for, as Mr. Flew says: "At the most only 50% of cases . . . would be spotted by this method." The average is probably nearer 30%. This disease, though less publicized than cancer of the cervix, is becoming relatively much commoner, and the two conditions are now almost statistically equal in frequency.

Early diagnosis here is more vital than in most cancers, for the operative results are extremely good when the myometrium is not extensively involved. The answer is a simple one—every woman with premenopausal irregularity must be curetted, and that as soon as possible. The vaginal smear remains important, but the "cancer-Pap" should be reserved for the cervix; and here I would like to make the most vigorous protest against the "do it yourself" method. This has been advocated for rural areas in the U.S.A., and is, I understand, to be official policy here—the sets have already been manufactured in large quantity. Nothing can be more iniquitous than to give a woman a clean bill on the basis of a random self-aspiration of vaginal fluid. Some cases of pre-invasive carcinoma may be picked up this way, but many more will be missed, as Mr. Flew has emphasized.

Adequate cervical cytology requires proper visualization of the cervix with an illuminated perspex Cusco speculum, careful scraping of the exocervix and external os with the Ayre spatula, and aspiration of the cervical canal. Any other method is incomplete and should be discarded.—I am, etc.,

London W.1.

ALBERT DAVIS.

Future Management of Infectious Diseases

SIR,—It was with the greatest interest that I read the paper "Future Management of Infectious Diseases" by Drs. A. Melvin Ramsay, R. T. D. Emond, and J. M. Alston (17 October, p. 1004). The question is an urgent one in many countries, and its present state in Sweden may be of some interest.

While the authorities in Sweden in the 1940's admitted the need for a radical reorganization of the management of infectious diseases their attitude at the time appeared to be that, rather than modernize the organization, no special facilities for infectious diseases were necessary. However, certain infectious diseases are admittedly disappearing but others are taking their place and the remoulding of society creates new epidemiological conditions. There has been an impressive development in the fields of bacteriology, and especially virology, which places new demands upon us, and there are also the problems associated with modern drugs and their proper administration.

The management of infectious diseases must accordingly be adapted to the demands of our time just like other medical disciplines. It requires buildings specially adapted to provide effective protection against infection,

and specially trained hospital staff. The spread of infection in hospital can be thoroughly controlled only if these requirements are fulfilled. Another very important factor is co-operation with the health authorities and epidemiologists. The active participation of physicians trained in the management of infectious diseases may be of great value, as we have repeatedly found in Stockholm in conjunction with major epidemics of intestinal infections, hepatitis, meningitis, and last year's smallpox. We have for some time made a systematic analysis of all hospitalized cases of respiratory tract infections as a quick means of discovering which infections are current in the population, and this is a promising field for the future.

In the last two decades most of the remotely situated hospitals for infectious diseases in Sweden have been closed down. The Swedish Board of Health, however, did not shut all facilities for the care of infectious diseases, even if these were heavily reduced, but declared that provision should be made at special clinics forming part of the major general hospitals on a basis of 0.3 bed per 1,000 inhabitants. For Stockholm, with its 800,000 inhabitants, this means two clinics with a total of 240 beds, and in the suburbs two other clinics with the same number. If a larger number of beds is needed during an epidemic, other departments are evacuated on a predetermined plan.

With regard to the teaching of infectious disease every student will now have a two-month course, ending in an examination, and during this time he will do duty in the clinic. Rounds will be arranged also during the courses in internal medicine and paediatrics. Teaching in our country has thus been intensified very much more than previously. The infectious disease clinics offer an abundant demonstration material, and the students obviously appreciate this teaching, which they realize has a great practical significance. The teaching of nurses, on the other hand, is very much less satisfactory.

As regards future planning, therefore, it seems to me that we in Sweden have already reached some of the goals proposed by Dr. Ramsay and his colleagues.—I am, etc.,

JUSTUS STRÖM.

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Complication of Peritoneal Dialysis

SIR,—Peritoneal dialysis for renal failure is now accepted as being a safe and efficient technique. In the medical wards of this hospital over 50 patients have been treated in this way during the past year and haemodialysis has rarely been necessary.

We have recently seen a complication of peritoneal dialysis which we do not think has ever been recorded.

Following a successful period of ten days' intermittent dialysis in a rather obese young woman, the connecting tube of the catheter (Baxter Laboratories Ltd.) was spigoted off, and two days later, when it was apparent that further dialysis would not be needed, the dressing was taken down as a preliminary to recovering the catheter. When this had been done it was found that the catheter itself had become disconnected and had presumably entered the peritoneal cavity. It had previously been secured with a purse-string suture and a piece of zinc-oxide plaster attached to the abdominal wall. Both the