both their reputation and the accreditation will fall into disrepute.

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Multidisciplinary teams

SIR,—The article by Drs James Appleyard and J G Maden on multidisciplinary teams (17 November, p 1305) is the latest in a series on that theme by various authors in a variety of journals, looking back to a golden age of medical hegemony and expressing an intensity of feeling which is rarely matched by factual content. I wish to take issue with the authors of that article on two points in particular.

In their discussion of the role of the social worker (mental welfare officer) in compulsory hospital admission under Section 25 of the Mental Health Act, they plainly regard as novel and subversive the idea of the social worker's having an independent opinion of the need for such action and claim that this was never intended by the Act. This view cannot be correct, since it would render the social worker's signature on the form nugatory, and Section 54 of the Act explicitly states that the mental welfare officer has a duty to make application "... where he is satisfied that an application *ought* to be made. . . ." Drs Appleyard and Maden may not like it, but it is the law and has been for the past 20 years.

I was disappointed to find in the same issue of the journal a leading article (p 1245) and a paragraph by Minerva (p 1298) repeating uncritically the assertion made by Drs Appleyard and Maden that dissent by inaction or delay is particularly associated with the team approach. This kind of covert rebellion is ubiquitous but is above all characteristic of authoritarian systems, finding its highest expression in the armed Forces and the Civil Service, where it is often the only way in which disagreement may be expressed. When decisions are taken by a team all voices can be heard, dissent may be expressed openly, and many of the reasons for disguised opposition are thereby removed.

Of course, some psychologists and social workers are bigoted, arrogant, intransigent, or incompetent; but I know of no evidence that their numbers are proportionately greater than those of the medical profession similarly disabled.

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SIR,—I congratulate Drs James Appleyard and J G Maden (17 November, p 1305) on their critical analysis of the way that multidisciplinary teams have gradually eroded the responsibility of a consultant for his patients. I entirely agree that the result of a case conference depends mainly on the quality of the chairman, and that the device is often used as a form of reassurance for the social worker and allows an unpalatable decision to be deferred.

The authors have marred this excellent paper by overstating their case in their last example. They had obviously read my book in detail,¹ though perhaps not carefully enough. In the section headed "Prevention of Spread of Infection" I mentioned that before the closure of a children's ward during an outbreak

of gastroenteritis, a policy conference should be held involving the medical, nursing, and administrative staff of the ward, the bacteriologist, and a community physician. I stated clearly that this was to determine whether the ward should be closed. The clinical care of individual patients does not form any responsibility of this group. Does Dr Appleyard believe that the single children's ward in the district hospital should be closed arbitrarily by a consultant paediatrician after a few telephone calls?

Unfortunately Dr Appleyard and Dr Maden have confused the responsibility for care of an individual patient with the organisation of the service for a community. Closure of a children's ward deprives the whole community of access to hospital care and even a wise clinician may not appreciate all the consequences of a snap decision.

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¹ Valman, B, *Paediatric Therapeutics*. Oxford, Blackwell, 1979.

Payment for general practitioners in hospitals

SIR,—I would be very interested to hear if other doctors who work in general practitioner hospitals are having difficulty in getting payment for their casualty work following the issue of circular HC(PC)(79)5, which was intended to enable general practitioners to be paid for their casualty work. The general practitioners at the Harwich Hospital are kept so busy, especially in summer time with casualties from holiday camps and caravan sites, that an SHO is employed by the area health authority to help us. During 1978 2683 new casualties were seen.

Mr P Southgate, the district administrator of Colchester, informs me that, as paragraph 9 of the circular says, "The new terms and conditions of service . . . are only applicable . . . where . . . no hospital medical staff and other grades are employed by the Authority to undertake this work," the doctors who work there will get no additional payment for their casualty work. The fact that the SHO does not work a seven-day week or a 24-hour day and takes study leave, annual leave, statutory days, etc, apart from being ill on occasions, and that during these times the general practitioners have to do all the work seems not to matter at all. The fact that the doctors see the patients at the hospital means that they are unable to claim temporary resident fees or night visit fees.

If it is true that the BMA has agreed this incredible contract with the DHSS, it would seem that we are in a no better position than we were before the much-heralded circular was issued.

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Cuts in NHS expenditure

SIR,—It cannot have escaped the notice of your readers that the major impact of this government's cuts in expenditure on the NHS has been to retard and even halt new building projects and to force the closure of some ser-

vices and hospitals. While this has so far not resulted in any redundancies in medical staff, it may not be long before these will become a matter for consideration by health authorities.

A second feature of the cuts has been the freezing of new consultant appointments in some regions. In my own region, the West Midlands, I was reliably informed that there are 104 consultant appointments, of a total of over 1000 posts, that ought to be filled to bring the region up to proper staffing levels. No doubt it will not be long before replacement posts will be delayed as a matter of policy rather than just accident.

The consequences of this loss of consultant posts for the career prospects of junior doctors are serious. If our national prosperity does improve very shortly the policy might be reversed quickly, but the future does not look bright. The BMA policy on hospital staffing structure, which recommends a great reduction in junior staff and their replacement by many more consultants, may become quite unrealistic in financial terms because health authorities may not have the money to implement that change, even should it be the one chosen by the profession as its solution to the hospital staffing structure problem.

May I alert my colleagues to the possible dangers ahead? The Employment Protection Act places the onus of discussion with trade unions on the employer—that is, the health authorities—when redundancy of their members is under consideration; but there is no parallel obligation for discussions when hospital or ward closures are being contemplated. The employer has the right to terminate an employee's contract and offer another one of similar content, but if it is unacceptable to the employee there is very little that he or she can do unless the terms are quite outrageous. The freezing of new appointments is entirely in the hands of the employer, regardless of the effect such decisions may have on the functioning of the NHS.

Unless some other way of funding the NHS is found then it would seem that government expenditure control, which seems to stretch endlessly forwards, will necessarily limit the employment prospects of our junior staff, with very serious consequences for those currently in training.

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Shortage of midwives

SIR,—The regional consultants in obstetrics and gynaecology in the North-west Region of England are concerned about the increase in the birth rate and the shortage of trained midwives. According to the report of the Central Midwives Board published in 1978, only 50% of midwives who qualify in any one year choose to continue with the practice of midwifery, and the number of pupil midwives in training annually has remained unchanged for the past seven to eight years.

Most midwifery divisions within the Greater Manchester Area are short staffed to the extent of at least 16%. This shortage of midwives is accentuated by the need for more midwives that has resulted from new hospitals with single rooms and four-bedded bays, which require increased levels of staffing. In addition, the technological advances made

over the past few years in obstetrics, anaesthetics, and paediatrics have increased the demands made on the time and skill of the midwives. We foresee that the need for more midwives is necessary not only in view of the increasing birth rate but also to meet the change in the practice of obstetrics.

Furthermore, in many areas the community midwife services have been reduced following the increase in the number of hospital confinements. Within the foreseeable future it would appear that we may be forced to return to the unsatisfactory state of greater dependence on home confinements without the back-up of adequate numbers of trained midwives to meet this need.

The obvious solution is to recruit more midwives. Unfortunately, nurses entering midwifery are at a financial disadvantage, and once trained earn less than those involved in such branches of nursing as health visiting. We request that those interested bodies such as the DHSS, the Central Midwives Board, and the Royal College of Midwives give urgent consideration to this present and increasing problem.

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Purchase of added years

SIR,—Two points occur to me as unfair in this matter. Firstly, with regard to war service, those who actually served during the period of the second world war are allowed to purchase only one year for every two served. This is exactly the same as for those doing National Service up to 30 June 1950—long after the war was over. Surely those with real war service could be allowed to purchase one year for every year served. Secondly, explanatory leaflets, etc., relating to the purchase of added years failed to make quite clear that failure to do so before 31 January 1975 not only lost the applicant the concession of having the assessment based on his salary scale in 1971 but for ever precluded him from purchasing any added years.

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Points

Analgesia and the acute abdomen

Mr J V PIPER (Walsall General Hospital, Walsall, W Midlands, WS1 3QY) writes: How much I support your leading article, Analgesia and the acute abdomen (3 November, p 1093) and I do hope it was read by many junior surgical staff. I would like to add that pain, particularly in the upper abdomen, is a far more potent depressor of respiration than is morphine.

Blood pressure measurement

Mr S GOLDWATER (London NW2) writes: In describing the technique for estimating blood pressure Dr E T O'Brien and Professor Kevin O'Malley (20 October, p 984) repeat the conventional wisdom that all clothing

should be removed from the arm before application of the sphygmomanometer cuff, though they do not commit themselves on the necessity of removing flimsy articles of clothing. I carried out an investigation on over 400 patients in an effort to find out how much clothing, if any, needed to be removed to achieve accurate readings. . . . It was found that the interposition of a single layer of thin material had no demonstrable effect on the readings. The differences in readings in a summer series between those taken over light outer clothes, such as lightweight pullovers or summer jackets, and those where clothing was removed was less than 5 mm Hg in 81.3% of the systolic and 92% of the diastolic readings, these figures rising to 90% and 98.7% if a margin or error within 10 mm Hg was allowed. In a winter series the degree of error was found to be unacceptable when the readings were taken over winter upper and outer garments, the systolic reading reaching only 60% consistency and the diastolic 87% to within 5 mm Hg, though this rose to 80% and 98% respectively with a 10 mm Hg limit of error.

Dr T H HUGHES-DAVIES (Central Hospital, Honiara, Solomon Islands) writes: An alternative and simpler flush method of blood pressure measurement (27 October, p 1048) is to apply the cuff as usual, compress the brachial artery with a finger slipped under the cuff, raise the arm above the head until the hand is pale, inflate the cuff and remove the finger, and slowly lower the pressure until flushing appears.

A mild traumatic lesion

Dr G L BOLT (West Norfolk and King's Lynn General Hospital, King's Lynn, Norfolk PE30 5QD) writes: . . . No one I have talked to has seen a description in any journal or medical textbook of sudden pain, swelling, and discoloration of the volar surface of a finger, usually at the proximal interphalangeal joint, though all have noticed the phenomenon. The digit remains swollen and uncomfortable for a few hours, its dusky appearance suggesting minor vascular damage, and resolution in our experience is complete within a few days. The initial injury is minor and often difficult to recall but has been noted on opening a drawer, carrying a heavy shopping bag or wringing out laundry. We should be interested to learn if others have made similar observations.

Infertility

Mr S K GOYAL (Polytechnic of Wales, Pontypridd, Mid Glam CF37 1DL) writes: . . . I think that when couples are being referred to specialist clinics it should be explained that the co-operation of both is very essential, and that both of them if possible should attend the clinic. It is not unusual to find that gynaecologists spend considerable time (almost 18 months) investigating the woman and then summon the man for a seminal specimen for analysis. In my opinion, seminal specimen analysis must be carried out as soon as the treatment of the woman is started so that the valuable time available to the couples is not wasted. . . .

"Wednesday's Child"

MARY NEWNS (London N3) writes: . . . I too watched *Wednesday's Child* but it seemed to me that the issue was not, as your contributors said (10 November, p 1215) about communication. . . . If the basic facts were as presented—that is, that the child suffered severe brain damage during an operation and the parents did not receive a full and prompt explanation from the doctors concerned—then I submit that this had nothing to do with communication. It was a deliberate attempt by two presumably senior members of the profession to conceal a disastrous mistake by one of them, with total disregard for the distress caused to the parents of their patient.

Unwanted journals

Dr R LEES (Health Centre, Chalmers Hospital, Banff AB4 1JA) writes: . . . I have found it is very effective, in cutting down the number of unwanted journals, to write to the Medical Mailing Company, as Dr Sam Rowlands (3 November, p 1149) suggests. . . . The Committee on the Safety of Medicines, however, also makes use of the Medical Mailing Company, and in fact my name was removed from its lists for receipt of pharmaceutical information, and from the list for receipt of CSM circulars also. The company has apologised for that error but it is a possible pitfall to be watched out for. . . .

The Royal Army Medical Corps

MAJOR-GENERAL PATRICK SAYERS (Walmer, Kent) writes: The excellent Personal View by Captain R N Villar (6 October, p 862) outlining how he came to join the army is good recruiting stuff which every uncommitted young medical man or woman would be well advised to read. It brought back vividly my own experience over 40 years ago when I too crossed the river to savour the magic atmosphere of "that last bastion of civilisation in London" the RAMC Headquarters Mess. . . . In those days, of course, opportunities to serve overseas were greater and more varied but there are fresh challenges today, better prospects for postgraduate study, and new fields for specialisation which should continue to attract people of ability. . . .

If I was forced to cut

Dr R T D FITZGERALD (Sheerness, Kent ME12 1TR) writes: Dr R I Button (27 October, p 1078) is brief and correct about "If I were. . . ." You are lengthy and wrong. This is an unfulfilled condition, which is the one case in which the subjunctive is essential. "If I was forced" is both impossible and unidiomatic even by current standards: it can only indicate a past probability. If I were you I should take a look at Sir Ernest Gowers's revision of *Fowler's Modern English Usage*, in which he both gives examples of the current idiom and also uses it himself. . . . Your ignorant and shocking "was" sounds totally unidiomatic and dissonant even to children, for they are still brought up on nursery rhymes: "If all the world were paper, And all the sea were ink. . . ."