(Lewisham, Dartford, Pembury, and Greenwich), which means that if the other two teaching hospitals in the region wished to do likewise it would not be difficult to involve all the district hospitals in the South-east Region in training rotations.

I hope that these figures make it abundantly clear that, far from trying to drive a wedge between the teaching and regional hospitals (as will undoubtedly occur if emotive words like "self-styled centres of excellence" and "rejects" continue to appear), our programme is designed to bring together units within the same region. This much, I am pleased to say, the programme has achieved.

What, hopefully, it will also achieve for those in post is a period of stability during the difficult years when postgraduate specialist examinations have to be faced, often at a time when young families are being settled into school. The programme thus provides an alternative to the traditional training for those seeking such stability, so offering a choice. One may ask, "Is this a bad thing"? Personally I would have said not.

Finally, I wish to point out that it was with considerable dismay that my regional consultant colleagues read Mr Booth's letter—this reply to which they have seen and endorsed.

T M COLTART

Obstetrics Department,
Guy's Hospital,
London SE1 9RT

Junior hospital staff—grass roots representation

SIR,—It has become apparent over the last few years that the peripheral representation of junior hospital medical staff is unsatisfactory. This was brought home particularly forcibly at the time of the attempted initial introduction of the new contract for junior medical staff when the isolation of the Hospital Junior Staff Committee from the "grass roots" resulted in errors that eventually caused the resignation of the juniors' negotiators.

The furore which surrounded the introduction of the new contract resulted in the setting up of a system of communications with the periphery based on an ad hoc system of linkmen. This worked reasonably well at that time. However, we find ourselves once more in relatively quiet times and there has been considerable decay in the linkman system; consequently there now exists a grave deficit in the ability of the HJSC to feed information down to individual junior staff and also, perhaps more importantly, in the reverse direction. Evidence of this gross state of decay can be seen in the poor communications which surrounded the recent manoeuvring for direct negotiations with the DHSS. I hasten to add that this is no criticism of the central HJSC secretariat or the committee itself, both of which function excellently within themselves.

The bulk of the membership of the HJSC consists of representatives from each of the regional hospital junior staff committees (RHJSC). In many regions, particularly in the metropolitan area, meetings of this key committee are very poorly attended. Admittedly they would function more effectively with improved secretarial services, and since this defect has been perceived at BMA House one hopes that it will gradually be remedied. This effort will come to nothing, however, if there

are no clearly defined representatives from each hospital to sit on that committee. It would seem sensible that every hospital have at least one voice on the RHJSC. We have tried a system of elections from individual groups of hospitals in this region and found it to be unworkable. Representation based on linkmen is somewhat arbitrary and undemocratic, as well as being ineffective because the lists of junior linkmen rapidly go out of date. The POWAR scheme is proving very slow to get off the ground and there are grave doubts about whether it will ever function effectively. It seems to us that the obvious choice for the link between individual hospitals and the RHJSC is the mess president. There are a number of advantages in such a choice. He (or she) is often the most senior of the junior staff; he is readily identified by the junior staff of the hospital; he is readily identified by the administration; and he is readily identified by the BMA secretariat. The system would require the creation of no new posts in our already over-bureaucratic Health Service and, since mess presidents are usually elected, the requirements of democracy would be satisfied. An added advantage would be that such a system based on the mess president would require the minimum of servicing.

One of the objections which could be made to such a system is that the mess president is not always interested in medical politics; indeed his qualities as a medicopolitician may not enter into the reckoning during his or her election. If one stipulates, however, that the mess president is entitled to delegate this duty to a deputy, then these objections are overcome and young blood could continue to gain entry to this forum.

Finally, we would stress that this system would meet the criteria for grass roots representation which are patently not being met at present—namely, that there should be a clearly defined responsibility resting with clearly designated members of the junior hospital medical staff to ensure adequate communication between regional committees and individual doctors.

D C WILKINS

DAVID REES

North-east Thames Regional Hospital
Junior Staff Committee

St Bartholomew's Hospital,
London EC1A 7BE

Ancillary staff reimbursement and the Glanvill case

SIR,—I am writing to you with information about the present position in the Glanvill case concerning the reimbursement of salaries for GPs' related ancillary staff.

The Medical Protection Society's legal advisers have been told by the solicitor to the Department of Health that, entirely without prejudice, if the department's appeal does not succeed an amendment to the Statement of Fees and Allowances to give effect to the judgment will have to be considered. If Mr Justice Talbot's ruling is upheld intact, family practitioner committees would be advised that they should consider their claims for payment from 28 July 1978 and not reject them merely on the grounds that they were out of time under paragraph 52.14 of the statement. If Mr Justice Talbot's judgment is not upheld precisely in its present terms but the appeal is not fully successful the DHSS would have to consider the situation and decide what

action to take in the light of the terms of the Court of Appeal decision. Our view therefore remains that those doctors who are likely to seek reimbursement of the salaries of related ancillary staff for qualifying duties should continue to keep accurate records of such work and carefully retain all records from 28 July 1978.

The DHSS has also applied to expedite the appeal hearing and we understand that the Court of Appeal has noted the urgency of the case. No date for the hearing has been fixed yet.

R N PALMER

Medical Protection Society,
London W1N 6DE

Supply and demand in the NHS

SIR,—Dr A H Snaith's criticism of the value of waiting list size as a measure of NHS efficiency in meeting demand (28 April, p 1159) is welcome. Figures of surgical activity in the three districts of this area during the last five years support the conclusions he derives from national figures. The only relationship between changes in surgical waiting list size and the availability of beds is inverse.

Indeed, the inverse nature of this relationship may not be fortuitous. Dr Snaith's reference to the "clinical iceberg" must be taken as referring to untapped demand rather than need. One of the districts in this area provides 50% more surgical beds per unit of population than the other two; these beds are fully occupied and the length of time patients stay is about the average of the area. It may well be that each occupied bed carries with it a quantum of waiting list numbers which depends on the apparatus of referral.

The provision of surgical beds depends on a number of countervailing forces—for example, available resources, the clinicians' perception of need, public demand, and the general practitioners' interpretation of availability. The demonstrable variation between numbers and use in this area suggests that the relationship between waiting lists and anything else should be interpreted locally, and that the use of waiting lists on anything other than a very narrow basis for interpretative purposes is misguided.

A S HARRIS

D WILD

West Sussex Area Health Authority,
Worthing, West Sussex BN12 4NQ

Methuselah and the surgeons

SIR,—Professor Hugh Dudley, Personal View (5 May, p 1210) tells us how excited he was to hear J K Slater say in a Harveian Oration in Edinburgh "20 odd years ago" that he had talked "to an old man who had talked to a man who knew a man who had spoken to John Harvey." Now William Harvey died 322 years ago, so either those men must have lived to about 130, or Professor Dudley went to the lecture about 100 years ago—or it was a Hunterian Oration he heard.

We need not be too severe on Hugh Dudley for trying to hijack the patron saint of physicians—he is a surgeon and doubtless means well—but you, Sir, you are a fellow of this college.

D A PYKE

Royal College of Physicians,
London NW1 4LE