Record Linkage Study in the mid-1960s.³ Taking these facts into account it is clear that we should continue to accept the figures of Knowelden *et al* as an accurate statement of the age-specific incidence of fractures of the neck of the femur in Great Britain. Incidence rates and admission rates are both important statistics in the planning and development of health services.

R H LEE

Health Services Research Unit,
University of Kent,
Canterbury

¹ Knowelden, J, Buhr, A J, and Dunbar, O, *British Journal of Preventive and Social Medicine*, 1964, 18, 130.

² Department of Health and Social Security, *Report on Hospital In-patient Enquiry for the Year 1972, Part 1, Tables*, Table 10. London, HMSO, 1974.

³ Oxford Record Linkage Study, 17, *The Incidence and Prognosis of Fracture of the Femoral Neck*. Oxford, nd.

A conglomeration of containers

SIR,—I recently carried out a survey on the containers used by outpatients bringing a sample of urine on their introductory consultation. These included: spirit bottles (alcoholic—miniature and standard sizes), a holy water bottle (reputedly from a member of the clergy), a beer can, an ink bottle, make-up containers, baby food containers, a hand lotion bottle, jam jars, yoghurt and cottage cheese cartons, a chemical bottle and stopper, vinegar and beer bottles, Coca-cola, Lucozade, and lime juice bottles, various pill and medicine bottles, a Victoriana flask, universal containers from the GP:

The "find" of the survey was an ornate collector's jar which the owner requested us to clean and return so that it could rejoin his valuable collection.

One cannot but wonder at the ingenuity of the patients not only in securing some of the containers but also in the methods used in filling them with the sample they proudly present in the outpatient hall.

IAN FRASER

Outpatient Department,
Radcliffe Infirmary,
Oxford

Is golf enough?

SIR,—In a recent issue (27 November, p 1330) you published six obituary notices with an average age at death of 61 years. In each case golf was mentioned as a leisure activity and one doctor was said to have died shortly after a game of golf.

If doctors could be persuaded to give up golf in favour of running, cycling, or swimming then we would be more likely to live long enough to enjoy retirement. Or, if we must play golf, why not a jog round the course before each round?

A W FOWLER

Bridgend General Hospital,
Bridgend, Mid Glam

Doctors and administrators

SIR,—I would be grateful for the hospitality of your columns to voice a plea to doctors to take care in their relationships with administrators. I have been saddened at the continuing tendency of a minority to speak of administrators as if they are all knaves and fools, especially

if they are so misguided as to work at area or regional level.

Few, if any, would advocate a service in which all management activity was abolished or transferred to the medical profession. So administrators are probably here to stay—in one form or another. I understand the criticisms of administrative insensitivity and confusion: as an area personnel officer I am not infrequently a target. Indeed, I share the misgivings of many doctors (and others) about the proliferation of committees and the remoteness of much management activity from the operational/patient level. But as an administrator I no more designed the present system than the average doctor.

A feature of large, centralized organisations, as the NHS is increasingly becoming, is the growing isolation of professional groups. So they start to think of and refer to each other as almost subhuman. Assumptions are made about the integrity, usefulness, and competence of individuals which are often ill-founded. If directed at clinical colleagues on a similar degree of information they would receive short shrift.

Administrators themselves may be partly responsible for the current fashion of their own scapegoating for so many of the problems of the NHS. But many of them are doing caring and demanding work and they deserve encouragement and support. It does not help if they are collectively vilified, no matter how many personal, individual disclaimers are included. Management of an organisation as complex and large as the NHS is tremendously challenging and requires a high degree of enthusiasm, energy, and ability, not just a thick skin. Notwithstanding the present hard times, we need to create a climate in which those qualities are fostered.

As a grandson, son-in-law, and brother-in-law of doctors I have not come into the NHS to fight the medical profession. Happily, in Oxford there are many clinicians who firmly contradict the above stereotype. When under unconstructive fire from those who do not my more paranoid tendency to take it all personally is fortunately undermined by information from around the country that it is a national epidemic. Maybe this complaint, certainly to the more resilient, is a minor irritant, but it does distract energy from more constructive relationships that we can ill afford to be without in 1977, which all but the most masochistic must hope will see a turning point in terms of our morale and efficiency as well as the economy.

DAVID CHARLES-EDWARDS

Oxford

SIR,—I sympathise with Dr Sally Blackburn (18 December, p 1508) in her anxiety regarding the strife within the profession. However, I find it difficult to let pass her totally irresponsible statement that the fault of the economic crisis in the NHS "is due to the 300% increase in administrators." It is, I realise, a temptation to "throw bricks" at the administrators and normally this would not cause us undue concern, but when such exaggerated and totally incorrect statements are made it is important that an attempt be made to put the record straight in the interests of both the administrator and the Health Service as a whole.

It is a pity that your correspondent cannot be more precise in her terminology. During what period is this mythical "300% increase in

administrators" supposed to have taken place? In speaking of "administrators" is she referring to professional administrators, the total administrative and clerical staff throughout the Health Service, or the number of senior managers in all professions, including medicine? I suspect she refers to the total number of administrative and clerical staff. If so, perhaps an extract from Dr David Owen's book *In Sickness and in Health* (p 30) might prove useful: "Between 1949 and 1974 . . . the numbers of hospital doctors rose 131% . . . administrative and clerical staff in hospitals rose by 146% . . . The best figures available on the effect of NHS reorganisation on administrative and clerical staff adjusted to take account of transferred staff show no change in senior staff between 1973 and 1974 (September) but an approximate 10% growth in junior, clerical, and secretarial staff. Much of the growth of administrative and clerical staff has been necessary and should be defended." So much for the mythical 300% increase.

The sad point about this particular letter is not just the gross inaccuracy but the philosophy which appears to come through that the administrator's interests are totally opposed to those of the doctor. Most administrators would, I am sure, support me in saying that the only way that an administrator can make a valid contribution to the Health Service is by working as a partner with his medical and other professional colleagues. We had thought that this concept was now universally accepted but Dr Blackburn throws serious doubt upon this.

P ROYS

Chairman,
National Council,
Institute of Health Service Administrators

Warwickshire Area Health Authority,
Warwick

SIR,—It is sad that Dr Sally Blackburn's dismay at sectional strife within the medical profession (18 December, p 1508) does not extend to the NHS as a whole. One might, for instance, respond that the medical profession, by its ostrich attitude to inequity and inefficiency, has only itself to blame for the proliferation of administrators. How easy it is to lapse into polemicism!

Instead, can I express suspicion of statistics quoted in isolation and without reference to source? When did the respective 10% and 300% rises in medical and administrative staff occur? According to the Department of Health and Social Security¹ the situation in England between 1971 and 1974 was as shown in the table.

Changes in Health Service manpower 1971-4 (England)

	1971	1974	Change
Hospital medical staff	22 548	25 618	+ 13.6%
Hospital administrative and clerical staff	45 091	56 447	+ 25.2%
General practitioners	20 597	21 531	+ 4.5%
Family practitioner committee staff	4605	4485	- 2.6%
Regional health authorities headquarters staff	6702	8081	+ 20.6%

Although these figures suggest a somewhat less extreme picture, it remains a possibility that the administration should be decimated. Yes, Dr Blackburn, let us analyse the situation—but without prejudice. Meanwhile, is it unreasonable to assume that all workers in the