Academic staff and the new contract

SIR,—The Central Committee for Hospital Medical Services is issuing a ballot paper to all consultants and senior registrars, including honorary contract holders. It should be realised that the reason for the ballot is to determine the profession's view as to whether this is a reasonable contract for NHS consultants. Honorary contract holders should realise that they are not immediately or directly affected.

But if improvements in remuneration are achieved as a result of the new NHS contract they can then provide a basis for improvements in remuneration for honorary consultants. The Medical Academic Staff Committee has discussed the matter and recommends that academic staff should support their NHS colleagues as this will be to their own long-term advantage.

W L WHITEHOUSE
Chairman,
Medical Academic Staff Committee

BMA House,
London WC1

Devolution and the NHS

SIR,—Since January 1976 devolution has remained under continuous review by Scottish Council.¹ It believes that terms and conditions of service should continue to be set on a UK basis and that standards of medical education and of practice should be obtained by a single General Medical Council. It is noted that the universities and the Civil Service will not be devolved.

The Council has not discussed whether devolution will be good or bad for Scotland but rather the realities and consequences which may accrue to the Scottish Health Service. So far any benefits have not become apparent.

As the Scotland Bill goes through Parliament it is important that all points of view are before us. In particular I am anxious to hear from those doctors who believe that the Health Service in Scotland will be advantaged by devolution. Letters should be addressed to the Scottish Secretary, British Medical Association, 7 Drumsheugh Gardens, Edinburgh EH3 7QP, and should detail the procedure by which a benefit would be achieved.

A W WRIGHT
Chairman,
Scottish Council, BMA

Edinburgh

¹ *British Medical Journal*, 1976, **1**, 724.

Subcommittees and management costs

SIR,—I note that Scrutator (22 April, p 1064) had to resort to use of a pocket calculator to work out exactly what 5% management costs meant to the NHS. I would have thought that a much more useful exercise would have been for him to have worked out the cost of the demands made by medical administration on the NHS before levelling his implied criticism.

Does he know of any other organisation, public or private, where one profession within the organisation needs similar subcommittees to provide a status symbol for each particular specialty?

Regional Medical Advisory Committee
Specialty Subcommittees:
Anaesthesia
Dermatology
Neurosurgery
Otolaryngology
Rheumatology
Rehabilitation
Radiotherapy
Geriatrics
Obstetrics/Gynaecology
Pathology
Surgery
Child health

Venereology
Medicine
Ophthalmology
Plastic surgery
Thoracic surgery
Urology
Dentistry
Mental health
Orthopaedics
Radiodiagnosis
General practice

North-west Regional Council for Postgraduate Medical Education
Medical and Dental Staff Training Committees
Specialty Training Groups:

Medicine
Geriatrics
Pathology
Occupational medicine
ENT surgery
Obstetrics/Gynaecology
Psychiatry
General practice
Ophthalmology
Surgery
Orthopaedic surgery
Radiology
Accident and emergency medicine
Dental surgery
Paediatrics
Anaesthetics
Community medicine
Rheumatology and rehabilitation

Regional Scientific Services Advisory Committee
Subcommittees:
Radiology
Morbidity anatomy
Bacteriology/Microbiology
Bioengineering
Haematology
Clinical chemistry
Physics

The above is only a small selection; I could expand further if there were a demand.

Who is really to blame for high administration costs?

SIDNEY C HAMBURGER
Chairman,
North-western Regional Health Authority

Manchester

Continuing study for doctors?

SIR,—I feel constrained to respond to Mr E A Williams's letter (22 April, p 1056) and strongly support his plea.

Some 12 years ago¹ I made a similar plea that Wednesday afternoons should be reserved for postgraduate activities. In the present situation with study leave entitlement amounting to some 30 days per year it would probably prove less disrupting to the service and certainly more beneficial to the recipients if a reasonable percentage of the entitlement were taken on a regular half-day basis. It should be possible to arrive at an arrangement whereby there is a moratorium on outpatient clinics, operating sessions, etc, involving registrars and senior house officers.

The armed Forces in peacetime have been able to cease routine activities from midday each Wednesday to provide a recreational period—why not the NHS also?

BARRIE SMITH

Sandwell Postgraduate Medical Centre,
Hallam Hospital,
West Bromwich, W Midlands

¹ Smith, B S, *British Medical Journal*, 1966, **1**, 170.

SIR,—I would like to support the sentiments regarding postgraduate study expressed by Mr E A Williams (22 April, p 1056). It is not surprising that the amount of postgraduate study carried out by doctors is relatively low when it has to be taken outside normal working hours when these hours are already reduced for most doctors by a commitment to emergency cover. I think there is no doubt that the amount of postgraduate study carried out by doctors would be greatly increased if it were carried out as part of their normal work commitment.

Speaking to a colleague recently returned from Canada I was told that it was the practice where he was working for the doctors in the town at hospital and in general practice to devote the last Wednesday afternoon of every month to study meetings. The patients were well aware of this and accepted the fact that the doctors would provide only emergency service during that time.

The matter was discussed at our local medical committee and it was agreed that the development of such an attitude among doctors and patients, far from being an indulgence, would place an obligation on the doctor to use the period for study and result in an improved uptake of local postgraduate courses, which would, it was hoped, improve the standard of medical care in this country.

C J D AITKEN

Glenrothes, Fife

Points from Letters

Schumann's hand-injury

Mr K I NISSEN (Sherborne, Dorset) writes: With regard to Robert Schumann's right hand, I was rather surprised at the tentative diagnosis of an incomplete paralysis of the posterior interosseous nerve made by Dr R A Henson and Professor H Ulrich (8 April, p 900) and that Professor Ian McDonald and Mr Basil Helal, a keen hand surgeon, in their comments on the initial manuscript, should apparently have failed to raise the question of an "idiopathic" carpal tunnel syndrome. Surely that diagnosis is strongly suggested by the several fragments of daytime history and indeed supported by Schumann's own opinion that excessive practice on the piano and writing of music brought on the disorder. . .

Whooping cough

Drs A S and Helen B CULLEN (Glasgow) write: Dr Ian Capstick (6 May, p 1214) feels that your leading article (22 April, p 1007) was written "by a hospital doctor, for hospital doctors." As general practitioners we would refer him to our article¹ cited in the leading article. We have no doubt about the efficacy of trimethoprim used in contacts. Erythromycin was used for the two children with proved whooping cough treated in hospital.

¹ Cullen, A S, and Cullen, H B, *Lancet*, 1978, **1**, 556.

Leucopenia during treatment with cimetidine

Dr J S GHOSH (Ardmore, Pennsylvania) writes: According to Drs C L Corbett and C D Holdsworth (25 March, p 753) there are only two previous reports documenting the occurrence of leucopenia during treatment of duodenal ulceration with cimetidine. . . I can cite at least one additional case¹ in which cimetidine, used in the treatment of duodenal ulcer, caused leucopenia which developed rapidly after the initial neutrophilia. . .

¹ Johnson, N M, et al, *Lancet*, 1977, **2**, 1226.

A truss record?

Mr D G JENKINS (St Bartholomew's Hospital, Rochester) writes: I have just seen in outpatients an old lady of 91 who started wearing a truss at the age of 13 and has recently been sent to me for a repeat truss. She has now been wearing a truss for 78 years. She is remarkably fit and looks as though she may well continue to wear trusses for another 10 years or more. I wonder if this is a record for a woman wearing a truss?