Need for Nutritional Research

The problem is not only one of Western countries. Coronary thrombosis, described recently by Dr. J. N. Morris, of the Medical Research Council, as "a modern epidemic" here, is becoming prevalent in India as foods are altered to make them more stable and more easily stored and distributed. Despite this we admit the necessity of altering natural food by processing and by the addition of chemicals. This is done to alter and improve taste and to preserve foods, and it is hallowed by tradition: spices were added primarily to conceal off-flavours, but it is interesting that we have lately learnt that they contain powerful antioxidants that protect essential fatty acids and vitamin E. I pay tribute to the high standard of the food manufacturers, who have a laudable sense of responsibility; and even if they did not, they, being astute business men, would hardly produce products intentionally that would eventually harm their customers. The difficulty, as Sir Charles Dodds has pointed out, is that it seems to be no one's business to do the relevant human nutritional research and to watch what is being done and keep abreast of advancing science.

The Food and Drug Administration in the U.S.A. carries out extensive toxicity tests on lower animals, and, as Sir Edward Mellanby pointed out six years ago, "we are in the undignified position of having often to rely on the decisions arrived at in the U.S.A. before policy or action can be determined." This Food and Drug Administration in the U.S.A. has stated that of 704 chemicals used in foods no fewer than 428 are known to be innocuous. Perhaps that is comforting; perhaps not. And those believed to be innocuous are so classified because they do not kill rats or mice. Man is a different animal, as is sometimes forgotten. When, after some ration trials I attended in Canada during the war, it was found that a soup prepared by a U.S.A. scientist made ill those troops who managed to drink it, he plaintively remarked: "That's odd! Rats grew all right on it." We know a great deal about animal nutrition, and millions of pounds are spent in its study, yet only a negligible sum is spent upon research into human nutrition.

Surely it is to the advantage of the Government, of the people, of the food manufacturers, and of the life assurance companies that more research should be done: obviously to the Government because the National Health Service costs £630 million annually, and untold millions are lost through minor illnesses and absenteeism, and even through the lassitude and vague ill-health that malnutrition early causes. Poor health impairs productive capacity, low production brings undernutrition and ill-health and less productive power, and so the vicious cycle goes on.

We need what exists in certain other countries—an Institute for Human Nutrition, where all information will be gathered together and collated, to which people will come who seek such integrated knowledge, be they medical practitioners or educators or food manufacturers, and in which the frontiers of knowledge will be advanced by experimental research and by the epidemiological correlation of diet with disease, and where ideas can be interchanged between different countries. Such work is international. Much knowledge is still to be gained by studying food practices that are hallowed by tradition and established in folk-lore. Much ignorance is still to be dispelled because of the fads and prejudices and nonsense that surround the subject of food. As the population of the world increases, doubling itself in the next fifty years, we must seek new sources of foods and new methods of preserving and transporting foods. New problems thereby arise. The aim of all is the same: to produce not dehydrated canned fodder but appetizing wholesome food. "Good digestion wait on appetite, and health on both"; but appetite is largely a matter of custom and experience; "one man's meat is another man's poison," and we must study and respect local preferences.

Physical science has provided most of the comforts that man needs, and medical science has conquered most of his ills

except the degenerative diseases. These lie, at least in part, in the province of nutritional science. We know that the right food is the basis of health, but we are still ignorant of what constitutes the right food and how to provide it for mankind. The objective of human nutritional science is long-range, but with an immediate dividend in health and happiness. We need more knowledge upon which we can base an intelligent and effective provision, use, and management of food. The new science of nutrition will shed much-needed light on one of the most fundamental, widespread, urgent, and inadequately managed problems in the whole domain of human welfare. For nutrition has now become the most important single environmental factor affecting health in every country of the world. All men seek freedom from want, and the two fundamental wants of man are food and health.

PROMOTION PROSPECTS OF SENIOR REGISTRARS IN SCOTLAND

BY

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This paper is an attempt to analyse, on the basis of detailed information, the extent and nature of what has come to be known as the senior registrar problem as it applies to Scotland. It has been prepared from tables supplied to the British Medical Association by the Department of Health for Scotland, giving the year of birth of all consultants and senior registrars in Scotland as on December 31, 1956. The figures for consultant vacancies are based on the assumption that they will retire on reaching the age of 65 years, and no account has been taken of any "wastage" factor. No names have been given and the figures have been broken down to cover all specialties in each region and also in Scotland as a whole; total numbers and average ages have been used for the conclusions reached.

Present Establishment

From Table I it will be seen that there are 250 senior registrars in Scotland; 41 of them have already held their present posts for more than four years, and many others have held previous appointments in this grade. Their average age at 35 is already three years more than the Spens report envisaged, and their prospects are so poor that the few who do gain promotion will find their total life earnings considerably less than they should have been, because the salary scales were based on the Spens assumption that 32 would be the average age of consultants when first appointed. For the same reason the remuneration of those in all the junior hospital grades is correspondingly very much too low. The present salary scales were designed to ensure a steady rise with age and experience for those considered worthy by appointment boards. They are not only too low for the reasons just given, but the plateaux which have become established for those marking time at the second-year registrar and fourth-year senior registrar salaries were not envisaged and are quite contrary to the understanding and interpretation of the hospital staffing structure which was accepted by the profession in 1948.

Much has been said about the ratio of consultants to those in the training grade, and it is often suggested that if only some satisfactory mathematical formula could be found the problem would be resolved. Closer examination of the situation, not only as it exists to-day but as it will present in future years, shows that this is far from being true, and that such a "solution" would give rise to future

difficulties. The present establishment of consultants in the National Health Service could not have been filled but for the post-war accumulation of specially trained ex-Service doctors. All calculations on ratios founder on the fact that there was no uniform "feed-in" to the Service but a sudden intake during the years 1948-51.

It has been stated many times that the present senior registrar problem will solve itself with the passage of time, when a "full circle of the wheel" has taken place. Table II, however, shows not only that it will be a very long time but that the "wheel" is not circular. It is in fact pear-shaped and will therefore lead to a recurring problem if no solution is found. Table II, which gives a long-term analysis of consultant vacancies, reveals that there are two problems which no amount of mathematical juggling will resolve if the present structure of hospital staffing is maintained. A study of the five-year period 1977-81 shows that the number of consultants retiring during this time is approximately equal to the number of senior registrars now in training (Table IV). If the ratio does not remain at its present unsatisfactory level there will be an insufficient number of trained men available to satisfy the demand for consultants in Scotland in 20 years' time—even assuming that almost 100% of those in training are successful in attaining consultant rank. Any attempt, therefore, to remove the present surplus of fully trained men by a reduction in senior registrar establishment will lead to a shortage of consultants at a later date.

Prospects of Promotion

A study of Tables II, III, and IV will show that the promotion prospects for those already trained and in training are so very bad that, with the escape routes to the Services, the Colonies, and the Dominions almost closed, immediate action is required to rectify the grave position in which they find themselves. Having applied in good faith for advertised appointments in the training grade of the hospital service, they expected to have a reasonable chance of becoming consultants, and it is now quite obvious that they do not have this—nor can they in the foreseeable future. Their difficulties are increased because compulsory full-time contracts have made alternative training impossible. There is no reason to believe that they are any less able than those who became consultants during the build-up of the hospital service in and after 1948, or, for that matter, those who will so easily find vacancies in 1977-81. It would therefore seem unreasonable to expect them to accept a rank junior to that of consultant even if the structure of hospital staffing were changed to include a new career grade.

The solution most frequently advocated by the profession is a review of all consultant posts, which, it is claimed, would reveal the need for the creation of many new ones. The figures presented in this report show that to solve the present problem the number required would be impossibly large, and that, even if they could be created, finding enough consultants in 20 years' time would become well-nigh

TABLE I.—Numbers and Average Ages of all Consultants and Senior Registrars in all Specialties in each Region and in Scotland as a Whole

	Northern Region				North-Eastern Region				Eastern Region				South-Eastern Region				Western Region				Total Scotland			
	Consultants		Senior Registrars		Consultants		Senior Registrars		Consultants		Senior Registrars		Consultants		Senior Registrars		Consultants		Senior Registrars		Consultants		Senior Registrars	
	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age	No.	Ave. Age
General medicine	4	49.5	1	35.0	12	50.8	3	32.7	19	52.9	5	39.6	40	48.5	12	36.2	65	49.1	22	35.8	140	49.6	43	36.0
Fevers ...									1	43.0			1	63.0			8	52.0	2	34.0	10	52.2	2	34.0
V.D. ...					1	60.0			1	52.0			2	55.0			2	51.5			6	54.2		
Chest diseases ...	1	55.0			3	50.0			4	43.8	1	37.0	9	44.3	2	34.5	20	48.6	5	32.8	37	47.3	8	33.8
Dermatology					2	47.0	1	40.0	2	51.0	1	40.0	3	50.0	1	37.0	7	53.0	4	39.8	14	51.2	7	39.4
Neurology ...													3	42.7			3	47.0			6	44.9		
Homoeopathy ...																								
General surgery ...	5	58.6	1	34.0	11	53.5	6	32.7	11	49.1	4	36.3	28	46.5	10	36.7	67	47.1	15	35.6	122	48.2	36	36.4
Orthopaedics ...	2	45.5	1	32.0	5	40.6	1	30.0	5	40.4	2	34.5	9	51.4	2	37.5	20	45.5	5	37.0	41	45.6	11	35.5
Neurosurgery ...					2	43.5							3	45.3	1	35.0	3	46.7	1	32.0	8	45.4	2	33.5
Thoracic surgery					2	43.5	1	36.0	1	48.0	1	34.0	4	41.5	2	33.5	4	44.0	1	37.0	11	43.4	5	34.8
Dentists ...					3	55.0			6	40.5			12	52.9	1	44.0	11	52.6	3	35.7	32	50.7	4	37.8
E.N.T. ...	2	43.0			4	45.5	1	34.0	4	44.0			8	53.0	4	34.8	23	49.8	4	32.8	41	49.2	9	33.8
Plastic surgery ...													2	42.5	1	35.0	3	44.0	1	36.0	5	43.4	2	35.5
Urology ...													2	50.0	1	33.0	7	51.0	2	37.0	9	50.8	3	35.7
Ophthalmology ...	2	43.0			4	48.3	1	41.0	3	48.3	2	33.5	6	49.5	4	32.0	22	50.5	5	32.6	37	49.5	12	33.3
Obst. and gynae.	2	44.5	2	34.0	6	43.8	1	32.0	7	45.9			18	51.3	5	36.8	34	48.0	12	36.0	67	48.2	20	35.8
Paediatrics ...	1	45.0	1	32.0	3	48.7	1	37.0	3	48.3			11	46.7	3	33.3	15	45.1	3	34.0	33	46.3	8	34.3
Pathology ...	2	53.0			3	46.0			5	42.8	1	34.0	7	50.0			29	45.2	22	34.7	46	46.1	23	34.7
Bacteriology ...					5	46.0			3	53.0			7	49.7			11	46.4	7	33.3	26	48.0	7	33.3
Radiology ...	2	43.0	1	35.0	3	55.3	2	32.5	6	52.16	2	36.5	17	44.0	3	32.5	26	50.4	3	33.3	54	48.6	11	33.6
Radiotherapy ...					1	40.0			2	44.5			5	41.0	4	33.3	6	49.7	1	30.0	14	45.4	5	32.6
Psychiatry ...	2	35.5	1	34.0	8	48.9	2	31.0	8	49.3	1	31.0	12	47.8	5	34.4	37	46.1	7	33.6	67	46.8	16	33.4
Anaesthetics ...	1	45.0	1	33.0	5	50.8	2	30.0	6	42.3	2	32.5	21	47.2	5	33.8	36	46.9	6	33.5	69	46.8	16	33.0
Physical medicine					1	43.0															1	43.0		
Blood transfusion									1	41.0											1	41.0		
Total ...	26	48.3	9	33.7	84	48.7	22	33.2	98	47.0	22	35.8	230	48.0	66	35.1	459	48.0	131	34.9	897	48.0	250	35.0

TABLE II.—*Yearly Vacancies in Consultant Establishment due to Retirement at Age 65, Showing Regions in which they Occur and Total for Scotland each Year During the Next 25 Years*

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
General medicine ...	1SE	2W 1W	2SE 1W	1SE 2W	1NE 1E 1W	1N 1W	2W	3W	1N 2SE 1NE 1W	1N 1SE 1E 3W	1N 1SE 2W	2SE 1W	2SE 2W
Fevers ...			1SE		1W		2W						1W
V.D. ...						1NE			1W	1SE		1SE	
Chest diseases ...							1W		2W	1SE	1N 1NE 1W	1SE 2W	2W
Dermatology ...				1W	1E	2W			1W	1SE		1NE	
Neurology ...													1SE 1W
Homoeopathy ...													
General surgery ...		1N 1SE	1NE 1SE	2SE 2W	1N 1W	1N 2NE	1W	1N 1SE 2W	1NE 2E 3W	1E 1W	1NE 1SE 1E 1W	1SE 1W	1NE 1SE 4W
Orthopaedics ...					1SE	1W				1SE 1W	1SE		1W
Neurosurgery ...						1SE							
Thoracic surgery ...									1W				
Dentists ...	1SE					1W		2W	2SE	1NE 1SE	1NE	1NE	1SE 2W
E.N.T. ...	1W		1W	1SE 1E 1W	1SE 1W	1W			1SE	2W	1NE 2W	1SE 1W	1SE
Plastic surgery ...													
Urology ...				1W				1W		1SE	1W	1W	
Ophthalmology ...		1W	1W	1W	2W		1SE	1NE 1E 2W	1W	1E 1W		1W	
Obst. and gynae. ...	1SE	1SE	1SE	1SE 1W	1W			1NE 1W	1E	2SE 1W		1W	1SE 2W
Paediatrics ...			1W				1NE 1SE	1E			2SE 1W		
Pathology ...			1NE 1SE	1N	1SE			1W	1W	1W	1W		1SE
Bacteriology ...	1NE										1W	1W	
Radiology ...		1NE 1E 1W		2W		2E 1W	1W	1NE		1SE	2SE 4W	2SE 1W	1W
Radiotherapy ...									1W	1W			1SE
Psychiatry ...			1NE 1W	2W		1NE 1E		1E	2SE 1E 2W	1SE			1NE
Anaesthetics ...	1W	1SE	1W	1SE 2W	1SE		1SE	1NE	1W	2SE 2W		2SE 1NE	1W
Physical medicine ...													
Blood transfusion ...													
Yearly totals ...	6	10	15	23	15	17	11	22	30	31	28	23	30

(Continued on p. 1429)

impossible. The short- and long-term problems which have been revealed are so difficult to solve and the possible solutions so incompatible that it seems obvious that the time has come when an independent commission should be set up to review, not junior hospital staffing, but the whole structure of hospital staffing, which in its present form is quite unsatisfactory.

It has been suggested that Tables II and IV refer to a time in the future when it is not known what the nature of hospital staffing will be, and that therefore no valid argument or conclusions can be based upon them. There is no doubt, however, that these consultants will be 65 in the years indicated, and it is unlikely that, irrespective of what may happen in individual specialties, the overall number of responsible posts, whatever name is given to them, will be reduced. In fact, all the discussions which have so far taken place indicate that, if anything, it will be increased. It seems reasonable, therefore, to draw what conclusions we can from the information that is available.

Another criticism has been that these figures, applying only to Scotland, do not present a true picture of the problem, as Scotland traditionally exports doctors. An attempt has been made to test the validity of this argument, and, though figures are not yet available for the whole of

Scotland, Table V shows the position in the Western Region, which contains more than 50% of the total establishment of consultants and senior registrars in Scotland and which therefore must be highly significant. The figures were supplied by the Western Regional Hospital Board and refer to the three-year period 1953-5. It will be seen that during this time 110 consultant posts were filled. Of these, only 17 were filled by local senior registrars and 14 were filled by senior registrars imported from outside the Western Region—that is, only 31 of the 110 consultant vacancies, or 28%, were filled from the senior registrar grade. During this period only six senior registrars were exported to fill consultant posts outside the Western Region—that is, 23 of the 130 senior registrars in the region became consultants during these three years. There is therefore no evidence that we are exporting consultants; the trend, if anything, would appear to be in the reverse direction.

In calculating the prospects of promotion and in attempting to evolve suitable ratios between the various grades, it has usually been assumed that the majority of vacant consultant posts would be filled by senior registrars. Table VI, however, shows that only 37% have been so filled. This demonstrates clearly that the "senior registrar problem" is even more serious, and the chances of promotion are in

TABLE II.—Contd.

	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	Total in 25 Years
General medicine	1NE 1W	1SE 1E 2W	2SE 1NE 1W	3SE 4W	4SE 1NE	3W	1SE 3W	2SE 1NE 2E 3W	2SE 1E 4W	1SE 7W	4SE 1NE 3E 2W	1NE 9W	118
Fevers ...		1W						2W		1E 1W			10
V.D. ...	1E						1W						6
Chest diseases ...				1NE	1E 1W	1SE 1W	1NE 1E 4W	1SE 1E	1SE 3W	1W		2W	32
Dermatology ...		1SE				1W	1W			1SE		1E	12
Neurology ...					1W								3
Homoeopathy ...													0
General surgery	1SE 1W	1E 3W	1N 1E 2W	4W	1E	3SE 7W	2NE 2SE 1E 2W	2SE 1E 5W	5SE 3W	1NE 1E 4W	2SE 6W	2SE 4W	106
Orthopaedics ...		1SE	1N 1E 1W	1W	3W	1E 1W	1SE 1NE	1W	1SE		6W	1N 1NE 1W	29
Neurosurgery ...	1W				1W	1NE						1SE	5
Thoracic surgery		1SE			1E	1NE	1W			1SE			6
Dentists ...	1SE 1W		1E				1W	1SE 1W	1E	1W	1E 1W	1SE	24
E.N.T. ...	2W	1W	1N		1SE		1SE 1NE		2W	1SE 1W	1W	1NE 2W	32
Plastic surgery ...		1SE		1W							1W	1W	4
Urology ...				1W					1SE 1W				8
Ophthalmology ...	1SE	1SE	1SE		1NE	1N 1SE 1NE 2W	2W	1W	1W	1W	1W	1W	30
Obst. and gynae.	2W		1SE 1W	2SE	1SE 3W	1W	2SE 1W	1N 1NE 2E 3W	1N 2W	1NE 1E 3W	1SE 1NE	1E 1W	52
Paediatrics ...			1E	2SE	1SE 2W	1W		1N 1NE 4W	1SE 1W		1NE	2SE 1W	26
Pathology ...	1SE	1E 2W	1W	1W	2W	1W	4W	2W	1N 2W	1SE 2W	3W	1E 1SE 2W	38
Bacteriology ...	1W		1W	1W		1NE 1W		1E	1E	2W	1NE 1W		14
Radiology ...			1SE 2W				1N 1SE	2SE 3W	1E 3W	1NE 1SE 1E 1W		1E 2W	42
Radiotherapy ...	1W			1W				1SE 1E	1E 1W				9
Psychiatry ...	2SE 1W	1NE 1SE	2W	2W	1SE	1SE 1W	1NE 2W	2E 1W	1NE 2E		8W	1SE 1E 2W	47
Anaesthetics ...	1E 1W	1W	1NE 1W		1SE 1E 4W	1NE	3W	1N 1SE 1NE 1W	1W	5W	4SE 2W	1SE 1W	52
Physical medicine										1NE			1
Blood transfusion												1E	1
Yearly totals	21	21	27	24	35	33	42	54	45	44	51	49	707

TABLE III.—Consultant Vacancies in Scotland During Next Five Years with Total Numbers of Consultants and Senior Registrars and the Existing Ratio Between these Two Grades

	Total No. of Consultants	Average Age	Total No. of Senior Registrars	No. Already Served 4 Years or More	Average Age	Consultant Vacancies in Next 5 Years						Ratio: Consultants to Senior Registrars
						1957	1958	1959	1960	1961	Total	
General medicine	140	49.6	43	15	36.0	1	2	3	3	3	12	3.3:1
Fevers	10	52.2	2	—	34.0	—	—	1	—	1	2	5:1
V.D.	6	54.2	—	—	—	—	—	—	—	—	—	—
Chest diseases	37	47.3	8	1	33.8	—	—	—	—	—	—	4.6:1
Dermatology	14	51.2	7	6	39.4	—	—	—	1	1	2	2:1
Neurology	6	44.8	—	—	—	—	—	—	—	—	—	—
Homoeopathy	—	—	—	—	—	—	—	—	—	—	—	—
General surgery	122	48.2	36	9	36.4	—	2	2	4	2	10	3.4:1
Orthopaedics	41	45.6	11	1	35.5	—	—	—	—	1	1	3.7:1
Neurosurgery	8	45.4	2	1	33.5	—	—	—	—	—	—	4:1
Thoracic surgery	11	43.4	5	1	34.8	—	—	—	—	—	—	2.2:1
Dentists	32	50.7	4	—	37.8	1	—	—	—	—	1	8:1
E.N.T.	41	49.3	9	—	33.8	1	—	1	3	2	7	4.6:1
Plastic surgery	5	43.4	2	—	35.5	—	—	—	—	—	—	2.5:1
Urology	9	50.8	3	—	35.7	—	—	—	1	—	1	3:1
Ophthalmology	37	49.5	12	—	33.3	—	1	1	1	2	5	3.1:1
Obst. and gynae.	67	48.2	20	7	35.8	1	1	1	2	1	6	3.5:1
Paediatrics	33	46.3	8	—	34.3	—	—	1	—	—	1	4.1:1
Pathology	46	46.1	23	—	34.7	—	—	2	1	1	4	2:1
Bacteriology	26	48.0	7	—	33.3	1	—	—	—	—	1	3.7:1
Radiology	54	48.6	11	—	33.6	—	3	—	2	—	5	4.9:1
Radiotherapy	14	45.4	5	—	32.6	—	—	—	—	—	—	2.8:1
Psychiatry	67	46.8	16	—	33.4	—	—	2	2	—	4	4.2:1
Anaesthetics	69	46.8	16	—	33.4	1	1	1	3	1	7	4.3:1
Physical medicine	1	43.0	—	—	—	—	—	—	—	—	—	—
Blood transfusion	1	41.0	—	—	—	—	—	—	—	—	—	—
Totals	897	48.0	250	41	35.0	6	10	15	23	15	69	3.6:1

TABLE IV.—*Consultant Vacancies in Scotland for the Two Five-year Periods 1957-61 and 1977-81*

	1957	1958	1959	1960	1961	Total	1977	1978	1979	1980	1981	Total
General medicine	1	2	3	3	3	12	8	7	8	10	11	44
Fevers	—	—	1	—	1	2	2	—	2	—	—	4
V.D.	—	—	—	—	—	—	—	—	—	—	—	—
Chest diseases	—	—	—	—	—	—	2	4	1	—	2	9
Dermatology	—	—	—	1	1	2	—	—	1	—	1	2
Neurology	—	—	—	—	—	—	—	—	—	—	—	—
Homoeopathy	—	—	—	—	—	—	—	—	—	—	—	—
General surgery	—	2	2	4	2	10	8	8	6	8	6	36
Orthopaedics	—	—	—	—	1	1	1	1	—	6	3	11
Neurosurgery	—	—	—	—	—	—	—	—	—	—	1	1
Thoracic surgery	—	—	—	—	—	—	—	—	1	—	—	1
Dentists	1	—	—	—	—	1	2	1	1	2	1	7
E.N.T.	—	—	1	3	2	7	—	2	2	1	3	8
Plastic surgery	—	—	—	—	—	—	—	—	—	1	1	2
Urology	—	—	—	1	—	1	—	2	—	—	—	2
Ophthalmology	—	1	1	1	2	5	1	1	1	1	1	5
Obst. and gynae.	1	1	1	2	1	6	7	3	5	2	2	19
Paediatrics	—	—	1	—	—	1	6	2	—	1	3	12
Pathology	—	—	2	1	1	4	2	3	4	3	4	16
Bacteriology	1	—	—	—	—	1	1	1	2	2	—	6
Radiology	—	3	—	2	—	5	5	4	4	0	3	16
Radiotherapy	—	—	—	—	—	—	3	2	—	—	—	5
Psychiatry	—	—	2	2	—	4	2	3	—	8	4	17
Anaesthetics	1	1	1	3	1	7	4	1	5	6	2	18
Physical medicine	—	—	—	—	—	—	—	—	1	—	—	1
Blood transfusion	—	—	—	—	—	—	—	—	—	—	1	1
Totals	6	10	15	23	15	69	54	45	44	51	49	243

fact very much less than the preceding tables suggest. If all the consultant vacancies in Scotland during the next five years are filled by senior registrars working in Scotland there will be on average only 14 jobs for 250 men each year. If consultants, S.H.M.O.s, university staff, etc., are as successful in competition for these posts as they have been during the last three years, then only four of them will be filled by senior registrars; surely a grave situation which deserves

TABLE V.—*Sources of Consultants Appointed to the Western Region of Scotland in 1953, 1954, and 1955*

New appointments	44	Posts filled by applicants from outside Region	32
Replacements	66	Posts filled by applicants from inside Region	66
		Posts filled by university	5
		Others (joint appointments and posts not yet filled)	7
Consultant posts filled from within Region	66	Consultant posts filled from outside Region	32
Filled by consultants	23	Filled by consultants	12
" S.H.M.O.s	26	" senior registrars	14
" senior registrars	17	Filled by registrars	1
		" university	4
		" others	1

S.H.M.O. review, 1953.

As a result 26 S.H.M.O.s were regraded consultant. This necessitated the creation of 26 new consultant posts. These are not included in the figures given above.

more vigorous action than it has received in the past, when years of discussions have concerned mainly matters of principle.

It is now four years since the Strachan Committee was constituted by the Central Consultants and Specialist Committee to examine the structure of junior hospital staffing. During this time all matters relating to hospital staffing structure have been persistently shelved pending, firstly, its report,

TABLE VI.—*Previous Grades of All Consultants Appointed in Scotland During the Last Three Years (1953-5 for Western Region)*

Region	Previous Grade of Successful Candidate				Total Consultants
	Consultant	S.H.M.O.	Senior Registrar	Other	
Northern	—	4 (4)	1 (1)	—	5 (5)
North-Eastern	—	1 (1)	6 (3)	—	7 (3)
Eastern	8 (2)	3 (2)	5 (4)	1	17 (8)
South-Eastern	5 (1)	10 (9)	25 (18)	1 (1)	41 (29)
Western	35 (23)	26 (26)	31 (17)	18 (12)	110 (78)
All Scotland	48 (26)	44 (42)	68 (43)	20 (13)	180 (123)

Figures supplied by the Regional Hospital Boards, and those in parentheses indicate local candidates.

and, latterly, the rather leisurely and protracted discussions which have been taking place between the Ministry of Health and the Joint Committee. They have been long years for the senior registrars, who are four years older, whose families are four years older, and whose prospects are no brighter. Yet, from what I hear, a settlement now seems further off than ever. Cold comfort this for those who have waited so long and who cannot go forward and cannot go back.

As the profession is unable to agree, and the profession and the Ministry are unable to agree, surely the time has come for an independent commission to review the whole structure of hospital staffing and to stop juggling with the junior staff in abortive attempts to make them fit in with a sacrosanct senior staffing structure. With good will on all sides, and in the light of the experience gained since 1948, it should not be impossible to work out a suitable plan for the future which will prevent a recurrence of the present intolerable situation in which so many senior and highly skilled young men find themselves through no fault of their own.

DIAGNOSTIC RADIOLOGY IN ENDOCRINE DISORDERS

At its annual congress last month the British Institute of Radiology spent an afternoon discussing the diagnosis of endocrine disorders. The congress was held in London, under the presidency of Dr. L. F. LAMERTON, from November 27 to 29. After an opening address by Lord COHEN OF BIRKENHEAD on "The Physician's Debt to Radiology," the congress settled down to a three-day scientific programme on problems of diagnosis, therapy, and radiobiology. Dr. F. G. SPEAR (Cambridge) gave the Mackenzie Davidson memorial lecture.

With Dr. J. E. BLEWETT (King's College Hospital, London) in the chair, Dr. A. W. SPENCE (St. Bartholomew's Hospital, London) opened the session on radiological diagnosis in endocrine disorders. After expressing the physician's gratitude to the radiologist for his ever-increasing help, especially in the diagnosis of adrenocortical syndromes, where the patient was now often spared from unnecessary surgery, Dr. Spence went on to describe the commoner endocrine disorders individually. Pituitary tumours might be hormone-secreting, like the eosinophil adenoma, he said, or they might exert their effects by destroying the anterior lobe and causing hypopituitarism, as did the chromophobe adenoma and suprasellar tumours. Radiology might be the