general surgery to one of the "special" subjects should be more flexible. Greater latitude should be given to medical education committees to increase registrar establishment as necessary in one or other specialty. The overall picture of establishment should be constantly under review. Better liaison should be established between general surgery, medicine, and the "special" subjects, so that there would be no difficulty in the registrar obtaining his basic training.

4. The teachers of the "special" subjects should consider whether their teaching methods could not be improved to make the "special" subjects more attractive, and whether rotating house officer appointments of two months' duration could not be instituted so that the graduate could gain knowledge of three of the special subjects during a six months' term of office. Such a post should prove of great value to the general practitioner. This latter suggestion could apply just as well in larger peripheral hospitals as in a teaching hospital.

5. All posts should be regarded as instructional, and junior staff posts should not be considered as appointments to relieve the consultant of routine and frustrating aspects of his work.—I am, etc.,

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E. G. COLLINS.

Consultant Status

SIR,—I am sure that the time has come when the status of the consultant should be regularized and his position made quite clear, both to the profession and to the public at large. There seem to me to be two essential features of consultant status.

The first is that except in cases of acute emergency a consultant will only see those who have been referred to him by a general practitioner or occasionally from another consultant with the consent of the family doctor or in hospital practice by the junior medical staff.

The second essential feature is that the consultant is employed by the patients. It makes no difference whether, as in private practice, payment comes from the patient himself or from some medical insurance agency, or, as in hospital practice, payment is on a contractual basis and not on an item-of-service system. This in no way transgresses the reasonable rights of the private insurance agency to dictate the facilities for which it is prepared to pay, or of the Ministry of Health to dictate what facilities it is prepared to make available under the National Health Service.

I would like to see consultants registered with the General Medical Council, and for the General Medical Council to lay down a discipline as strict as that which applies to the barristers-at-law. Failure to comply with that discipline should lead to offenders being liable to action by the General Medical Council. The penalty could range from erasure of the consultant's name from the consultants register to, in cases of repeated offences, removal from the general *Medical Register*.

In this way we could both safeguard the position of the general practitioner, who in many countries of the world is already involved in a "rat race" with the specialist, and also give protection to the consultant from the increasing tendency, particularly among the lay members of boards of management, to regard consultants in the hospital service as being primarily employees of the board, and not, as all doctors must be, employees of their patients.—I am, etc.,

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GUY RIGBY-JONES.

Married Quarters in Hospital

SIR,—In a letter to the *Oxford Medical School Gazette*¹ R. G. Macbeth has written admirably on the advantages to a newly qualified doctor of full-time residence. To this premise no one would seriously object, but his conclusion that "for the period of their resident appointments married housemen should be willing to accept a reversion to collegiate monasticism" is surely totally false—and perhaps dangerous.

This conclusion is, however, heartily endorsed editorially in *The Practitioner*,² which carries no correspondence section. May I seek publication of at least one reaction with you, therefore?

"Whether or not early marriage is compatible with efficiency as a house-officer may be arguable"²; it is an unarguable fact, however, that medical students and doctors are now very happily marrying early. Recent pay increases and tax reductions will only encourage this tendency. Marriage is surely less of a barrier to whole-time application to work than time-devouring courtship. Is not the solution to the problem of married housemen to provide facilities for their wives and children to be resident also? The extremely unsatisfactory alternative at present being popularized is the provision of more and more "off duty"—the very negation of all Macbeth and his supporters advocate.

The difficulties involved in provision of married quarters are not so great as are often supposed. In the majority of cases a slight amendment in the Whitley Council recommendations concerning residential accommodation regarding size of beds would be very adequate, wives being charged for meals which would be taken with the other residents *and their wives*. Provision of unfurnished accommodation of no matter what size or shape, decoration, or accessibility, at an economic rental, would be both adequate and very welcome to those few with children. The ingenuity of hospital architects and carpenters could be of more assistance than financial aids.

There is not, I understand, entire satisfaction at present with the recruiting of resident staff in all hospitals, especially in the more senior grades. Might I suggest that more ingenuity on the part of such hospitals in providing facilities for husband and wife to live together would greatly improve this situation?

In conclusion, the problem of married residents would surely be far more suitably approached by active encouragement of the houseman and his family to live whole-time within the hospital rather than by giving him more off-duty? That doctors should have to share at any stage of their career in the imposed celibacy of Catholic priests and H.M. prisoners must surely be totally indefensible as a ruling policy.—I am, etc.,

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WILLIAM R. HAIN.

REFERENCES

- ¹ Macbeth, R. G., *Oxford med. Sch. Gaz.*, 1962, **14**, 175.
- ² *Practitioner*, 1963, **190**, 438.
- ³ Ministry of Health Circular H.M. (58) 68. (See *The Hospital Gazette*, 1962, p. ix. B.M.A., London.)

Side-effects of Phenindione

SIR,—Dr. I. McLean Baird (March 9, p. 681) described a patient on phenindione therapy who developed brown-orange discoloration of the fingers. A patient receiving phenindione, who is currently attending my anticoagulant clinic, has had a similar discoloration