acetate appears to be the only available oral contraceptive which does not produce rises in blood clotting factors and increased platelet aggregation.[1 2] Abnormal levels of clotting factors and platelet aggregation arising from the taking of combined preparations do in fact return to normal when chlormadinone acetate is substituted. The harmful element in all the other oral contraceptives appears to be oestrogen, and we found no difference in clotting response between the high and low dose oestrogen combinations. Inman and Vessey[4] showed a mortality of 3·4 women in the 35 to 44 year and 1·3 per 100,000 in the 20 to 34 year age groups resulted from conventional oestrogen–progestogen contraception. To this must be added the much greater numbers of non-fatal thromboembolisms.

Though chlormadinone acetate in some respects may not be ideal, it does appear to represent a considerable advance. The correct procedure, surely, for the manufacturers should have been to report the experimental findings to the Committee on Safety of Drugs. Doctors could then have been made aware of a possible hazard and the ultimate decision on the advisability of withdrawal could then have been left in the hands of Professor Scowen's committee.

By wishing to be seen to do "the right thing" the manufacturers may, from the clinical standpoint, be making a tragic mistake, as it must of necessity be a considerable time before other progestogen preparations are developed for clinical use.—I am, etc.,

L. POLLER.

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REFERENCES

1 Poller, L., Thomson, J. M., Tabiowo, A., and Priest, C. M., *British Medical Journal*, 1969, **1**, 554.
2 Poller, L., Priest, C. M., and Thomson, J. M., *British Medical Journal*, 1969, **4**, 2
3 Poller, L., Tabiowo, A., Thomson J. M., *British Medical Journal*, 1968, **3**, 218.
4 Inman, W. H., and Vessey, M. P., *British Medical Journal*, 1968, **2**, 193.

Consultant—By Any Other Name

SIR,—I would request the use of your columns to reply to the letter of Dr. I. M. Librach (10 January, p. 113), which takes me to task concerning the so-called "sub-consultant grade."

This letter so astonished me that I for the first time read the report of the last meeting of the C.C.H.M.S. (*Supplement*, 27 December, p. 79) and found that, no doubt owing to the inevitable element of précis in this report, my remarks on this subject have been misreported.

I did not, in fact, suggest a grade for "drops outs" but for those who, some at a quite early stage of their career, chose to opt out of the race for consultant appointment. I think I made it clear that I was referring to those doctors who, though deciding that a consultant career was not for them, would nevertheless, prefer to work in hospital rather than in general practice or the public health service. I suggested, and now repeat, that I believe that such doctors can perform a useful role in the hospital service, and I therefore consider that there should be an appropriate career for them.

These doctors would not have taken degrees qualifying them for a post in the consultant grade and would not therefore, as with the S.H.M.O.s of the past and many of our present medical assistants, regard themselves as "failed consultants."—I am, etc.,

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SIR,—I am sorry that Dr. I. M. Librach (10 January, p. 113) should take exception to my remarks on the sub-consultant grade at the meeting of the Central Committee for Hospital Medical Services (*Supplement*, 27 December, p. 79). It is not that I am maintaining that it should be regarded as "Junior," but despite its permanence it is classified as "Junior." The medical assistant grade is represented through Hospital Junior Staff machinery by constitution. Only consultants and senior hospital medical officers are directly represented through the senior committee. Therefore an incumbent of whatever vintage would appear to be permanently "Junior" by reason of the fact that he is unable to assume full clinical responsibility and is thus debarred from falling into the senior category. The Platt Report instituted this grade of medical assistant purely to fulfil service needs and to be clearly distinguishable from the consultant grade in responsibility, status, and name.[1] I fail to see, in view of the foregoing, how my comments can be construed as naive or unrealistic. They are simply factual.

As a past secretary, Birmingham Hospital Junior Staffs Group, I have ensured that an invitation is extended to all medical assistants in this area to attend the frequent group meetings and that the interests of these doctors are safeguarded. Dr. Librach has every right and indeed must ensure that his regional H.J.S. Group adequately represents medical assistants in his area. I welcome paragraphs 5 (b) and 12 of the progress report on discussions between representatives of the Health Department and the Joint Consultants Committee (*Supplement*, 6 December, p. 53). Medical assistants who are already carrying out consultant duties should be regraded to consultant status; those that are not are covered in the report. It is most important that a just and humane solution should be found, and I recently spoke to this effect in the H.J.S.G. council meeting of Friday 16 January.

I cannot speak for Mr. H. M. Bennett, but by "drop-outs" I took him to mean those doctors who for one reason and another fell off the training ladder but who wish to continue to practise their skills under full supervision in the hospital service. As to the desirability of applying for a medical assistant post it is entirely up to the individual concerned. In view of the lack of responsibility and status, to say nothing of the financial incentive, it would seem difficult to advise a trained doctor to apply for such a post.

It is timely for Dr. I. McD. G. Stewart (3 January, p. 52) to remind the profession that it is not just the Joint Consultants Committee which is firmly opposed to the medical assistant grade but the Representative Body as well. These wise people have not reached their decision hastily and no doubt bear in mind the historical disaster of the senior hospital medical officer grade.

Finally, it is not helpful, however, to introduce surmise and inaccuracy concerning hospital junior staff representations. Examination of the minute book of the Birmingham H.J.S.G. over a period of a decade shows categorically that almost without exception all the past officers are now of consultant status. I am sure that Dr. Stewart would like to join me in congratulating Dr. J. F. G. Pigott, to whom the hospital junior staf fowe a real debt of gratitude, on his recent consultant appointment.—I am, etc.,

I. MCKIM THOMPSON.

Birmingham 13.

REFERENCE

1 Ministry of Health and Department of Health for Scotland *Report on the Medical Staffing Structure in the Hospital Service*. London, H.M.S.O., 1961.

Chairman's Resignation

SIR,—At its meeting last December, (*Supplement*, 10 January, p. 9), the Hospital Junior Staffs Group Council reaffirmed by 30 votes to one its determination to achieve the status of a standing committee within the British Medical Association. When I accepted the honour of being the chairman, I was thus committed to make a final attempt to secure the agreement of the executive committee of the Central Committee for Hospital Medical Services. This was not forthcoming, and as there is thus no prospect of achieving our policy within the foreseeable future I had to resign. *Supplement*, p. 36.

I could not continue as Chairman while the B.M.A. remained unwilling to allow the hospital junior staff a full and equal part in formulating the policies of the Association and seems content to play lip service to its "juniors" by appointing a few to selected committees and negotiating teams. Without the actual (or promised) secure political platform within the Association that a standing committee would provide the juniors' views can easily be out-voted, suppressed, or lost within the complex committee system. At this critical time, when the control of the profession is at stake and the future planning of postgraduate education and careers in the National Health Service are being decided, it is vital that the hospital junior doctors are allowed to play their full part.

The recent events which have overtaken the leaders of the Association reveal with what contempt the "junior" views and even those of the Representative Body are held. The official B.M.A. policy towards the annual retention fee is that "While appreciating the necessity for instituting an annual retention fee by the General Medical Council it is felt that those doctors who have paid a life registration fee should not be asked to pay an annual fee in addition." (*Supplement*, 19 July 1969, p. 73).

On 18 October the Council of the B.M.A. resolved (*Supplement*, 18 October 1969, p.