

epidemiological data since the answers being given are worthless for this. One must conclude therefore that this must be a further attempt at restricting abortion by attempting to dissuade doctors from performing abortions for anything other than strict medical conditions. This is against the repeated wishes of Parliament, the medical profession, and opinion polls and is an attempt to limit the clinical freedom of a doctor.

This new form needs to be abandoned and any new one introduced only after consideration of the existing law and the views of people knowledgeable about the subject and with a clear idea of its intentions.

MICHAEL MARESH

Department of Obstetrics and
Gynaecology,
St Mary's Hospital Medical
School,
London W2 1PG

Increase in consultant staffing

SIR,—I view the present attempts to increase the number of consultants with grave anxiety. It is apparent to me that an increase in the consultant number will be beneficial to both the profession and our patients, but before these attempts are made it is obviously necessary to define accurately the required numbers.

A blanket attempt to increase the number of consultants throughout the medical profession is patent nonsense. Not only will this result in dissatisfied consultants, but it will not serve to improve the standards of care. I would suggest the following rational approach to the problem.

Within each specialty, and in every district, the existing consultants should determine the number of additional consultant appointments that will be required over the next 10 to 25 years. Once this figure is known the number of senior registrar posts can then be determined. Following this the number of registrar posts for higher training can then be ascertained. It will then become possible to see how and if a reduction in registrar and senior registrar posts is necessary. If a reduction is in fact required, the additional service posts can then be filled by the appropriate appointment of hospital practitioner grade doctors.

B A LIEBERMAN

St Mary's Hospital,
Manchester M13 0JH

Unsatisfactory representation of regional specialties

SIR,—We write on behalf of the Joint Neurosciences Committee, which represents the specialties of neurology, neurosurgery, neuropathology, neuroradiology, and clinical neurophysiology. After reading the report by the Joint Working Group on regional management arrangements (2 January, p 64), we feel that the proposed composition of the regional medical advisory committees is unsatisfactory in so far as the regional specialties are concerned. We note the statement in chapter one of the report that the regional health authority requires medical advice on the need and arrangements for regional and subregional services, but we do not see that the proposed composition of the regional medical advisory

committee will ensure this. It is our view that regional specialties should be administered more directly by regional health authorities rather than by district health authorities, and we hope that there will be second thoughts about the proposed constitution of regional medical advisory committees to allow a representative of the neurosciences in each region to sit on the regional medical advisory committee.

P R R CLARKE
Chairman

W A KENNEDY
Honorary Secretary

Joint Neurosciences Committee,
London SE18 4LW

Units of management in reorganised NHS: what choice for senior medical staff?

SIR,—Professor Roger Dyson misses many of the essential points concerning management at unit level in the NHS (6 March, p 762). The whole idea of unit management is an absurdity in its present form for it gives no management power whatsoever to the medical profession. He states, "the key measure of effective devolution to units to be the control of unit budgets." But who controls the unit budgets? Certainly not the medical profession. The medical member of the triumvirate is an advisor, nothing more. The policy clearly states that management will not be by consensus, and, therefore, one cannot see the nursing profession in its quest for further management power allowing a medical member to control any part of its budget and the administrator—who will have been recently upgraded to a higher salary for such a purpose—will surely not allow his new budgetary control to be dissipated by an amateur from the medical profession, however distinguished in the clinical field.

Who decides on the units? Not the medical profession. The units are decided by the health authorities on a quasipolitical basis with very little thought to involvement of the hospital consultant in management. In broadly-based units will the family practitioner be acceptable to the community medical staff and to the hospital consultant? Will the hospital consultant as unit medical representative be acceptable to family practice and the community?

What is needed, of course, is a fresh look at the involvement of the hospital consultant in his own "unit," the hospital. Family practice is well managed and becoming further separated from the remainder of the NHS. Community medicine is well managed by its own medical experts. The hospitals are badly managed because there is no medical management involvement. What is needed is a duly elected chairman of the medical board to be actively involved in how money is spent in his own hospital while also carrying out his day-to-day active clinical practice. No expenditure of money within the hospital should be allowed either by the nursing profession or by the administrative staff without direct consultation and agreement with such a chairman. We must make politicians aware that patients come to hospital to see the clinical consultant.

The remainder of us in the supporting services, administration, and nursing are there to support him in giving the correct care to the patient. The medical profession must decide whether or not it wishes to control the

money and therefore control its own destiny or opt out completely from money management and leave such matters to nurses and administrators, who will gladly assume control. Certainly the unit medical representative is a eunuch in a harem and therefore of no use whatsoever.

DONALD M WAYTE

Area Pathology Laboratory,
Bangor, Gwynedd LL57 2HW

Women in general practice

SIR,—May I take to task the Secretary of the BMA for the condescending tone of the last paragraph of his reply to Dr D C Banks's letter (27 February, p 668) and ask him who trained the trainers? Surely the answer is that they trained on the job—as the woman doctor mentioned by Dr Banks has done. Common sense suggests that she is sufficiently competent at her task if she has been employed on a regular basis with a general practice for eight years, and I see no reason to assume she has not learnt as much in that time as any other doctor who graduated 20 years ago.

Dr Banks is to be congratulated for airing the concern of many women that they are being trained to fulfil a secondary role in the NHS.

JULIA LOWE

Queen's Medical Centre,
Nottingham NG7 2UH

Makerere University College Medical School and the "Uganda Medical Journal"

SIR,—Uganda continues to struggle through difficult political and economical times. Despite this Makerere University College Medical School continues to carry through a training programme and produce doctors. During the last two years short-term visits by British doctors have been arranged through the Inter-university Council for Higher Education Overseas¹ and exchange visits by the Nuffield Foundation. This contact with our Ugandan professional colleagues has, we believe, gone some way to maintaining morale and renewing friendship. This is entirely appropriate since the Uganda Medical Association began as a branch of the British Medical Association.

The *Ugandan Medical Journal* could record much of value for Uganda and medicine worldwide. Unfortunately, there is no finance for the paper and materials. Appeals are therefore being made outside Uganda for the first two to three years of publication (four issues per annum). Surely this is something the British Medical Association, perhaps through its charities, might consider.

D A TIBBUTT
A J SEAR

Worcester Royal Infirmary,
Worcester WR1 3AS

J PAGET STANFIELD

Royal Victoria Infirmary,
Newcastle upon Tyne

MICHAEL S R HUTT

St Thomas's Hospital,
London SE1 7EH

Makerere University College Medical
School,
Kampala, Uganda

¹ Bennett JA, Brown IRF, Davidson NM, et al. *Br Med J* 1980;280:1090.