ratio of 0.5:1 and only 6% promyelocytes. It was considered that the patient was undergoing a spontaneous remission of marrow hypoplasia and that no treatment was necessary. A month later both peripheral blood and marrow were normal.

These cases emphasize the importance of differentiating between acute leukaemia and marrow hypoplasia. If there is any doubt, cytotoxic therapy should be delayed.—We are, etc.,

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Autoimmune Reactions in Chronic Liver Disease

SIR,—The report by Dr. Senga Whittingham and others (1 December, p. 517) agrees with our own observations. Though we have found antimitochondrial antibody in all of seven cases of primary biliary cirrhosis, other autoimmune markers are very seldom found

in chronic liver disease in Spain. In our series, recently reported,¹ of 41 cases of chronic persistent and aggressive hepatitis, only one patient showed smooth muscle antibody and none had antinuclear or antimitochondrial antibodies, while Australia antigen was present in 18. These figures are not changed if we include 52 further cases not yet reported.

Our findings support the theory of Dr. Whittingham and her colleagues that there may be some differences in the racial prevalence of the autoimmune type of active chronic hepatitis, which seems to be very rare in our country.—We are, etc.,

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¹ Torruella, M., et al., *Medicina Clinica*, 1973, **61**, 373.

B.M.A. and R.H.C.S.A.

SIR,—I understand from the juniors' observers on the Central Committee for Hospital Medical Services that that committee does not wish to stand firm in the face of the Regional Hospitals' Consultants and Specialists Association's declared intention to go to the Industrial Relations Court but is again inviting the "other" association to talk with a view to finding some sort of compromise.

What does the C.C.H.M.S. fear? I have heard mutterings about the indignity of the profession's washing its dirty linen in public—but surely the B.M.A.'s linen is clean? The Association has nothing of which to be ashamed; distasteful though involvement in industrial court action may be, if the R.H.C.S.A. initiates it we must not shrink in horror. Is the B.M.A. afraid of losing members—those 800-plus resignations which presumably will materialize in the near future? All the more reason, surely, to remain adamant. One of the cogent arguments at present to persuade the regional consultant to continue to pay the larger B.M.A. subscription is that the smaller sum to the R.H.C.S.A. gives no direct access to the negotiating table. (The many other personal services which the B.M.A. offers are unlikely to sway large numbers in the present economic circumstances.) In the long run the B.M.A. stands to lose many more members if it gives way.

The sorry state of the working regional consultant is being blamed on the B.M.A. Why then are the general practitioners (and even the juniors), whose negotiations are also performed through the B.M.A., relatively so much better served? All that the B.M.A.—or any other association—can do is provide the *machinery* for negotiations; the outcome depends on the individuals operating the machine. The Department of Health and Social Security must know the C.C.H.M.S. had so little confidence in its representative machinery that it felt obliged to allow every consultant in every region to comment on, and seriously delay, it proposed new contract for consultants, despite the obvious advantages it contained for the

majority, especially of consultants of the future. The resultant chaotic disagreement was apparent to all, and one must expect that at least some of those in positions of power as employers would have recognized the opportunity to "divide and rule." The consultants of the nation will obviously not pull together and fight; why then should the Department yield to their negotiators, who have no strong, united backing? Would the R.H.C.S.A. do any better, representing the same constituents?

If individual members of the C.C.H.M.S. honestly have no confidence in their ability to represent their constituents, they ought to resign and publicize regional meetings to elect replacements. More particularly, those who hold active dual membership *must* at this time resign from the R.H.C.S.A. if they pretend allegiance to the B.M.A. If they do not, one must seriously question their loyalty.

No doubt many C.C.H.M.S. members will now be asking indignantly what concern this is of the juniors, who are now autonomous and have no membership of the C.C.H.M.S. But (apart from the fact that juniors are, one hopes, future consultants) this is *not* an internal C.C.H.M.S. matter; the future of the entire Association and its representation of every sector is at stake. I "happened" into medical politics quite by chance, but over the past four years have acquired a great respect for the B.M.A. machine, as I have been in a position to observe the volume and range of work with which it copes. But it seems to me that those who are not in its "corps de ballet" have, like the ballerina's audience, no idea of the vast and unremitting effort behind its apparently effortless public movements.

Let us have some fighting talk from the leaders of the B.M.A. If the R.H.C.S.A. is determined to dissipate in battle energies and talents which could be used through the standard B.M.A. machinery to put united pressure on the Department, then this is a battle which we can and must win, and it is in the long-term interest of the Association and the profession to show

that we are confident of doing so.—I am, etc.,

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Transfer of Registrars

SIR,—It is clear from statements made at a recent conference at the Royal College of Physicians that there are dangers that the redeployment of trainees will not now take place. This would be disastrous, for it is an educational exercise in which there is a unique opportunity to enhance both postgraduate education and patient care.

As things stand at present, training arrangements concentrated on university hospitals often result in a newly appointed regional consultant suddenly being confronted with individual responsibility for a much larger number of patients than he has ever encountered before. Moreover, the staff:patient ratio in the regional hospital is so different from that in the university hospital (where there are many more staff per patient) that it cannot be claimed that the present pattern of training is a sound one for future regional hospital consultants. The university hospital is deficient in two main essentials for postgraduate medical education—namely, readily available patients and a broad representative spectrum of illness in sufficient quantity. These, however, are present in abundance in regional hospitals, and the proposed redeployment will provide a greater opportunity for the trainee to acquire confidence and experience in clinically based techniques, as medical students have discovered. Training programmes will therefore become more realistic.

University hospital staff need to recognize that by a joint exercise with the regional consultant in assessing and taking part in training programmes a new dimension in medical education will be introduced, resulting in the university having a much wider and more realistic involvement in postgraduate education. An increase in consultant establishment in both university and regional hospital will be necessary. With redeployment the medical students in the university hospital will fare much better, for access to the patients will be easier. Any adjustment in university hospital staff in so far as medical student training is concerned is a matter for the University Grants Committee. It will be some time before all university hospitals have a full district community commitment. Furthermore, as redeployment can be justified only on educational grounds it is indefensible to exclude any specialty, particularly those which have been less supported by universities and medical schools for so long.

For redeployment to be possible adequate funds for housing, educational facilities, and research must be available, so that paragraph 122 of the National Health Service Reorganisation Plan¹ must apply to both the area health authority and the area health authority (teaching).—I am, etc.,

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¹ National Health Service Reorganisation, England, Cmnd. 5055. London, H.M.S.O., 1972.