develop ways in which health and safety performance can be improved.

The HMSO's sectional list 18 (Health and Safety Executive forms and publications) lists many publications, parts of which are now applicable to hospitals and associated areas. Sectional list 18 (Department of Health and Social Security) enumerates many codes, etc. Publications listed under "Health Technical Memoranda" relate to antistatic precautions (rubber, plastics flooring in anaesthetic areas), electrical services, piped gases, and other items, while under "Hospital Technical Memoranda" is the safety code for electromedical apparatus. The electrical safety code for hospital laboratory equipment comes under "Hospitals, Building and Equipment." Other codes and handbooks cover ionising radiations, radioactive isotopes, and radiological protection. All are available from HMSO.

A publication which I have found most helpful is the *Safety Manual* of the University of Manchester Institute of Science and Technology.[1] This excellent work was compiled on behalf of the Safety and Environmental Health Committee, and 78 subjects are covered. These include laboratories—pathological, chemical, and animal; chemical hazards and gases; gas cylinders; explosions; electrical safety; glassware; hand tools; lasers; lifts and lifting; fire prevention and first aid; wastes, water supplies, and welfare; autoclaves; car parks; and other areas. There is a wealth of reference material available at the end of each chapter, and codes of practice, British Standards recommendations, DHSS handbooks, Department of Employment circulars, HMSO publications, and statutory instruments and regulations relating to the subject are listed. Such a work is a fine example of how health authorities could compile a similar manual for use in our hospitals.

I would also recommend to health authorities and safety committees the magazine which was first published in September 1978: *Health and Safety at Work*, edited by David Farmer. It has become one of the leading journals in this subject. Also useful are the TUC's handbook[2] and *A Worker's Educational Manual: Accident Prevention*.[3]

Gone are the days when any health authority could "sit comfortably" in the face of the many hazards possible in our hospitals. I hope I have managed to identify much of the literature available. The National Health Service employs one million workers of all grades in all sorts of working areas. Dr Boucher's article has identified in detail many risk areas. I await with interest the reports of the inspections now legally possible by recognised trade union safety representatives.

GWEN M PRENTICE

London SE28 8LB

[1] *Safety Manual*, UMIST (PO Box 88, Manchester M60 1QD).
[2] *Safety and Health at Work*. London, Trades Union Congress (Great Russell Street, London WC1B 3LS), 1976.
[3] *A Worker's Education Manual: Accident Prevention*. Geneva, International Labour Organisation, 1978.

Service commitment and the training of surgeons

SIR,—There has been a misleading and arbitrary separation of parts of the training of young consultants in so far as a major part of their work is described disparagingly as "service commitment."

In the training of surgeons it is absolutely essential that the trainee actually operates, preferably under supervision for most of the time, and carries out not only a large variety of operations—operations in fact that he has to deal with when consultant level is reached—but also such a number as will cover the various permutations and combinations that can arise and the difficult problems involved in operating for the third or fourth time in such conditions as Crohn's disease, etc.

Far and away the most suitable place for such training is in a busy, thinly staffed district general hospital. Regional consultants attending selection committees may make a point of looking for evidence of such experience among the candidates. There is no point whatsoever in appointing a young surgeon who has had no practical experience as it virtually means that one or more of the acting surgical staff are compelled to do his possible share of the difficult surgery. There is no room in a busy district hospital for a young man who has spent most of his time joining in the training of undergraduates and carrying out theoretical research with the exclusion of practical work. It should be clearly laid down as part of the college advice that doctors seeking surgical consultantship should be obliged to carry out under supervision a large comprehensive list of operations and to be employed by a hospital where this work can be carried out. From the pragmatic point of view the sequestration of young doctors in the undergraduate hospitals where they are described as "senior registrars" is a loss of valuable time—unless, of course, the would-be consultant hopes to stay on at a teaching hospital to carry out research work and teaching.

Let us hope that the criticism of "service commitment" is dropped, and let us insist that practical training is regarded as the sine qua non for the maturation of would-be surgeons. It is far better for young doctors to be apprenticed to busy surgeons for a few years than to chase around from specialty to specialty obtaining fragments of information, mostly of a theoretical nature, by watching and not performing. Surely if effective, practical surgeons are needed practical training is mandatory.

JOHN J SHIPMAN
KEITH W GILES
ROGER H ARMOUR

Lister Hospital,
Stevenage, Herts SG1 4AB

College of Anaesthetists?

SIR,—Dr R S Atkinson and others question the need for an independent college of anaesthetists and express their satisfaction with the present arrangement (3 March, p 624). There are, however, many who do not share their complacency.

They state that "the Faculty acts as an independent body in all important respects." We would question this view. Its board has, as ex-officio members, the president and both vice-presidents of the college, who are eligible to vote on all matters including the election of the dean and vice-dean. The board—and hence the Faculty—is represented on the 30-strong college council by three members. There is no financial independence and subscriptions and examination fees are kept in line with those of the surgical and dental fellows. The fellowship examination is held in the examination halls, which are partly owned by the college, and the examination therefore incurs the high costs of supporting that building. Can this be said to be independence? It is abundantly clear that the academic body for anaesthesia can never have true independence until it is separated from the Royal College of Surgeons.

Dr Atkinson goes on to make a number of points about accommodation and subscriptions which illustrate the comfortable view that anaesthetists are better off firmly tucked under the surgeons' wing, hitching their wagon to a surgical star and basking in the prestigiousness of their splendid building—the Royal College of *Surgeons*. But is such an arrangement really in the interests of the future development of anaesthesia? We submit that it is not.

Anaesthesia is the largest single specialty in the United Kingdom. It is also the only major medical specialty not to be led by its own college. To allow this state of affairs to continue is to accept a subordinate status in both national and international affairs. We believe that an independent college of anaesthetists is an important evolutionary step in the development of the specialty and urge the Association of Anaesthetists and the Board of Faculty of Anaesthetists to unite in working for its establishment.

P J F BASKETT
D F COCHRANE
A W DIAMOND
M B DOBSON
R GREENBAUM
D F JONES
T M O'CARROLL
R M WELLER
D G WILKINS
S M WILLATTS
J S M ZORAB

Department of Anaesthesia,
Frenchay Hospital,
Bristol BS16 1LE

Clinical medical officers in a child health service

SIR,—I crave the hospitality of your columns in order to refute a serious error of fact in Professor Donald Court's letter (3 March, p 611).

In this letter Professor Court refers to "the rapid demise of the Society of Community Medicine." May I please inform him that the Society of Community Medicine is very much alive and kicking. In fact, last week (on 23 March) I chaired a meeting of its council which began at 11 am and did not finish until 5 pm—most of the items discussed relating to the projected future of the society. Furthermore, the society has a large current membership, is financially soundly based, and continues to publish its journal *Public Health*, which has a world-wide distribution.

J H WHITTLES
President, Society of Community Medicine

London W1N 4DE

Pay-beds and the NHS

SIR,—In the face of continuing erosion of private practice in NHS hospitals, we should like to raise some points which we feel have not received sufficient public discussion.

Three of us are in clinical academic work, and the fourth is a full-time NHS consultant. As such, we receive no personal financial reward from work done for private patients in our teaching hospital. Fees charged for investigations on such patients are paid into research funds. In our own department there are technical staff paid or about to be paid from these funds, and some of the diagnostic work for