implemented the Mayston recommendations with appropriate administrative nursing hierarchies. These five hierarchies and a further Salmon hierarchy from a large psychiatric hospital were all taken over by the A.H.A. on 1 April and their senior nurses confirmed as district nursing officers and other new high-flown titles. In addition to this, we have acquired an area nursing officer and she is happily acquiring four second-line administrative nurses to help her administer the former chief nursing officers who are now district nursing officers, etc. It seems to my untutored mind that an area nursing officer and four trained nurses as her assistants represent five nurses who could be employed on a ward. If they were employed as ward sisters the saving in salaries could be used to pay seven further ward sisters or, translated into another of our shortages, two consultant anaesthetists or four surgical registrars. We could even re-deploy their salaries as capital and perhaps upgrade 12 wards.

I understand that Drucker¹ suggests that when a professional becomes a manager he should subordinate his professional objectives to those of managerial efficiency within the organization he serves. It seems unfortunate that, at a time when professional nursing skills are in such short supply, more and more highly skilled nurses are being encouraged to give up nursing in order to embark upon highly irrelevant second-line administrative posts which appear to have been created only to give credibility to the status of their superior.—I am, etc.,

H. BRENDAN DEVLIN

North Tees General Hospital,
Hardwick, Stockton-on-Tees

¹ Drucker, P. F., *The Practice of Management*. London, Heinemann, 1969.

G.P.s and Family Planning

SIR,—I was greatly disturbed to read in the General Medical Services Committee's report to the Annual Conference of Representatives of Local Medical Committees, 1974, that "no training requirements will be specified for doctors who apply to go on the contraceptive list." This implies that to provide a family planning service in the context of general practice no qualification or experience is deemed to be necessary other than the rudimentary clinical instruction provided in medical schools and the ability to read the promised "memorandum on good modern contraceptive practice." If this is so we need hardly be surprised if our patients, the larger proportion of whom had previously preferred to consult their family doctor in the belief that he would be knowledgeable and experienced in this area, up sticks and hasten to the nearest Family Planning Association clinic. Furthermore, we shall presumably have small grounds for complaint should we find that the appropriate item-of-service fee currently under negotiation turns out to be derisory. In short, I feel that this declaration has done general practitioners with special training in this field a grave disservice and will deter others who had intended to seek further instruction.

It will certainly perpetuate the belief that G.P.s can be expected to provide only a

second-rate service and will be rewarded accordingly.—I am, etc.,

M. J. V. BULL

Oxford

Jamaica Meeting

SIR,—After reading the report (11 May, p. 313) of the Association's Clinical Meeting held in Jamaica in conjunction with its local equivalent I still do not know, aside from some trivia, what was available *medically* in Jamaica that could not have been much more readily made available in the U.K. In other words, were the journeys of some 600 doctors really necessary? Jet plane journeys are not, after all, inexpensive. And who would blame a Minister of the Government or a member of the electorate who thought that if even 600 British doctors can afford to fly to Jamaica for something they could have obtained as easily at home, then the doctors' current complaints about pay need not be taken too seriously?

There are two further and graver points to be made. According to the report of the Jamaican meeting a good deal of time was devoted to coronary heart disease, for which lack of exercise and obesity are sometimes considered risk factors. Are the general public going to take much notice of us in this regard when we travel around so readily by jet plane; and when, of the only two "en masse" Jamaican photographs, one (p. 323) shows doctors helping themselves to food at what look to be groaning tables and the other (*Supplement*, p. 70) shows a group of doctors, many of whom appear to be of more than their ideal weight? It hardly helps that another topic of discussion at the congress was "Malnutrition in Children," and in particular malnutrition in Jamaican children. Your report indicates that the Chinese claim to have eliminated malnutrition, and yet I do not hear of the Chinese having to cross oceans to spend a week brushing up their medicine.

Secondly, your leading article (p. 291) states that in Jamaica "the amount of money available for health care is severely limited. . . . Qualified doctors themselves are too few . . . and there is a substantial medical brain drain to the developed countries." There was certainly one session at the meeting devoted to primary health care teams; but will the meeting as a whole, with its discussions of intensive care units (two sessions), coronary bypass surgery, radio-isotopes, etc., have helped to stem that brain drain or to increase it? To put the whole matter more succinctly, who exactly profited from the meeting medically and in what ways?—I am, etc.,

S. BRADSHAW

How Caple

Private Beds in N.H.S. Hospitals

SIR,—Mr. R. J. H. Smith (4 May, p. 280) suggests that queue-jumping by private patients could be avoided by having waiting lists, available for inspection, containing the names of both private and public patients. Admission would take place when the patient's name reaches the top of the list. Alas, this is too simple a solution to succeed. The present waiting list system rightly allows for priorities, for we cannot allow a

patient with carcinoma of the colon to wait patiently behind the normal varicose vein patient. Sudden deterioration rightly warrants urgent admission on occasions. In areas where queue-jumping exists there would be a continuous spate of private patients who deteriorated or who were admitted directly from domiciliary consultations as urgent. When one thinks of the notorious tonsillectomy queue-jumping, it is obvious that an independent medical audit would be necessary to make such a system work.

There are dozens of dodges for private patients (or rather their consultants), though one hopes they are not widespread. This leaves me all in favour of private practice, but outside N.H.S. hospitals, please.—I am, etc.,

R. W. HOWELL

Reading, Berks

Payment for Teaching

SIR,—I could not agree more with Dr. R. S. Morton's brief but pointed remarks (27 April, p. 228) about clinical consultants with teaching commitments. I was most interested, also, in your special correspondent's visit to St. Justin's (11 May, p. 326), especially to learn that Dr. Itchen received only £240 for teaching. As a whole-time officer I do not have private practice to take me away from my hospitals. I do, however, have 11 sessions of clinical work and into this I have to squeeze two hours each week to take final-year students on a teaching round in thoracic surgery. For this I receive the munificent sum of £19.50 for 36 teaching rounds. Before Broadgreen became a teaching hospital two years ago my efforts were worth £50 per annum. The reason offered for this reduction is that the money available is static in amount and has to be divided among the increased number of teachers needed for the greater influx of students. I could do just as well financially were I to give four lectures at £5 each, but to my mind we can arouse much more interest and teach better by taking the students to the bedside. As Dr. Morton says, payment for teaching is indeed niggardly.—I am, etc.,

J. K. B. WADDINGTON

Liverpool

Practice Expenses

SIR,—We are appalled at the ludicrous estimate for increase in practice expenses for 1973/74 made by the General Medical Services Committee in their report to the Annual Conference of Representatives of Local Medical Committees. The estimate of 13% for repairs, fuel, light, telephone, etc., is patently ridiculous in view of the increase in price of electricity, plus V.A.T., and telephone bills, etc. The figure of 15% quoted in regard to car expenses, which includes petrol, would be laughable if it were not so tragic. Car expenses for 1971/72, based on income tax returns, were calculated at £430. A new car is now depreciating by £400 per annum, the price of petrol has almost doubled and that of tyres has increased by 75%, and V.A.T. appears on repair bills.

We wonder how our representatives can