the problem of resources and that the real answer is to make the structure work better, whatever it is. Unfortunately, this functional approach has not been popular in the past few years because few in senior levels in the health services have studied in depth the functions and the interrelationship necessary for the development of health care and the prevention of illness.

Although there is still trauma for some to come, there will be much food for thought about why the present restructuring was necessary. To my surprise I have today received a regional health authority document which states that the management costs in multi-district areas are proportionately lower than those in single-district areas. Although we have been told that reduction in management costs was not the primary aim in the current spate of reorganisation, there must be some lesson to be learned from this observation.

It may eventually become clear that "knocking" the tier above, although perhaps an enjoyable pastime for some, does not resolve local problems when the tier above happens to have limited resources with many clamouring and differing demands. As the multi-district area health authorities are now in their last throes and will be mourned by few who have clamoured for the present structure, it might be noted that many area authorities have made solid progress in the advancement of services for deprived groups such as the elderly, the mentally ill, and the mentally handicapped. It should also perhaps be noted that with the present loss of experienced and senior managers due to early retirements, etc, it will take some time to build up again the expertise which can promote the best interests of a district.

It is to be hoped that Professor Alwyn Smith's words will be heeded and more attention will be paid in future to function rather than structure and that evolution will occur rather than periodic revolutions.

H P FERRER

Hereford and Worcester Area
Health Authority,
Worcester WR1 3BZ

Job descriptions for DMOs

SIR,—With the reorganisation of the NHS now taking place, job descriptions are now being drawn up for district medical officers. I understand that some of these are attempting to include supervision of the investigative and imaging services in a district. As the chairman of the Consulting Pathologists Group is also doing, I would ask all radiologists, nuclear medicine consultants, ultrasonographers, etc, to look into the situation in their own district and to ensure that these services remain under their own control.

F W WRIGHT
Chairman, BMA Radiologists
Group Committee

London WC1H 9JP

**We would refer readers to the footnote by the Secretary of the BMA that follows a letter on a similar theme in the last *BMJ* (6 February, pp 423-4).—ED, *BMJ*.

SIR,—The job description for district medical officers prepared by the Central Committee for Community Medicine (9 January, p 137) makes reference under the heading "Co-ordinating and managing district health services" to the DMO's responsibility for "(*a*) District scientific and related services (*pharmacy*, . . .)."

The pharmaceutical service is an independent profession and pharmacists are currently managed by a chief officer, the area pharmaceutical officer, who is directly accountable to the area health authority. Furthermore, the Minister of State for Health has already confirmed to the Pharmaceutical Society of Great Britain that the existing guidance on the relationship between officers of different disciplines will continue to apply after NHS reorganisation. Hence the reference in the DMO job description to responsibility for pharmacy is clearly inappropriate, since the management of the pharmaceutical services must rest with the new district pharmaceutical officer, who should be directly accountable to the district health authority.

R M TIMSON
President,
Guild of Hospital Pharmacists

Association of Scientific,
Technical, and
Managerial Staffs,
London E9 6JT

Doctors' pay

SIR,—I read with sadness of our profession's claim for a 12% pay rise (or increase in remuneration, to sound more respectable). At a time when many patients are undeservedly out of work, or under the threat of unjustified redundancy, most doctors cannot consider themselves under undue financial strain. Rather than aping some of the more unsavoury aspects of trade unionism could we not as a body settle for no increase at all for the next year? This action of restraint would certainly not lead to as much hardship as there is at present in most "redundancy" families, and, who knows, our surprising example might start a fashion in moderation. These sentiments have all been voiced so many times previously that I write with no anger and but little hope.

RICHARD DREAPER

Winchester, Hants

Hereford inquiry

SIR,—The Medical Defence Union has been blamed by the Hereford and Worcester Area Health Authority for refusing to co-operate in an inquiry. It is alleged that the union has prevented the authority from determining the cause of an accident involving the use of a particular anaesthetic machine in the operating theatre at the County Hospital, Hereford, on 15 May 1981 and from being able to take steps to prevent a recurrence. It was for the area health authority to correct this erroneous impression, but, as it has failed to do so, the Medical Defence Union—which has been forbearing up to now in the face of unjustified criticism—proposes to publish the facts.

The truth is that the anaesthetic machine had been immediately withdrawn from service and a full investigation had been carried out by the consultant staff. The area health authority completed a fact-finding investigation within 14 days of the incident. The doctors, along with the other staff who were involved, gave statements of the facts to the district administrator. The authority also had the benefit of expert advisers to assess the facts and to examine the equipment.

The Area Health Authority then tried to set up another inquiry, which was the one the union objected to. The reasons for the objections were: (1) There was inadequate notice (less than 48 hours). (2) There were no terms of reference. (3) The purpose of this inquiry was apparently not to establish the facts, which had already been done, but to afford the patient's solicitor and his expert an opportunity to cross-question the doctors involved. This would have amounted to subjecting the doctors to "double jeopardy," as by that time a claim had been made and they faced court proceedings. (4) This inquiry was against the advice of the solicitor to the regional health authority.

The suggestion has also been made that the Medical Defence Union, by advising its members not to take part in the second inquiry, was delaying the handling of the claim. There is no truth in that. The speed with which the legal claim proceeds is in the hands of the plaintiff and his legal advisers, not in the hands of the Medical Defence Union.

J W BROOKE BARNETT
Secretary

Medical Defence Union,
London W1N 2EA

**An article on this case by our legal correspondent appears on page 519.—ED, *BMJ*.

Thank you

SIR,—Please may I use your columns to thank the hundreds of doctors who have written me letters of sympathy since my precipitate departure from *World Medicine*. All have said such kind and flattering things that I've felt I've been reading my obituary without having to go through the tedious business of dying. I would dearly have liked to reply to each letter individually but the number is now so great that I can't really manage it.

I would also like to apologise to doctors with whom I was in correspondence from *World Medicine*. The new proprietors gave me just six hours to "clear my desk" and, what with having to sort through the detritus of 15 years, I had no time to "wrap up" uncompleted correspondence.

MICHAEL O'DONNELL

Weybridge, Surrey

Corrections

Glycosylated fetal haemoglobin

We regret that in the letter by Drs M N Cauchi and A Balloch (23 January, p 273) the references were omitted. They are: (1) Fitzgerald MD, Cauchi MN. *Am J Hematol* 1980;**9**:311-7; (2) Fadel HE, Reynolds A, Stallings M, Abraham EC. *Am J Obstet Gynec* 1981;**139**:397-402.

Patent ductus arteriosus in premature babies

In the letter by Dr H Barrie (30 January, p 345) paragraph 2, line 10 from the end of the column, 180 should be 150. In the same paragraph we regret that a transposition occurred in lines 6 and 5 from the end of the column: the arterial oxygen tensions should be 6·7-8 kPa (50-60 mm/Hg) and 10·7 kPa (80 mm/Hg).

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