

authority in the B.M.A.—namely, the Council and British Medical Guild—to see that medical assistant posts are neither filled nor advertised in the medical press, for the time being.

We are sending copies of this correspondence individually to our Members of Parliament.—We are, etc.,

W. J. APPLEYARD.  
P. R. H. BARBOR.  
M. A. BARRACLOUGH.  
A. G. BEEDEN.  
P. BERGER.  
A. J. BLACK.  
R. W. BLAXILL.  
R. P. BOGGO.  
M. J. BUTLER.  
A. S. CHILVERS.  
ARMOREL B. CHURCH.  
P. J. COBB.  
A. M. G. COCHRANE.  
P. I. CONDON.  
J. R. COVE-SMITH.  
J. J. CREAM.  
D. N. CROFT.  
M. D. P. CRICK.  
N. MCD. DAVIDSON.  
D. R. DAVIES.  
R. J. DAVIES.  
H. B. DEVLIN.  
N. M. DUTTON.  
G. M. EAMES.  
A. J. EISINGER.  
P. EUSTACE.  
D. S. EVANS.  
J. M. G. EVANS.  
R. EVANS.  
C. D. G. EVANS-PROSSER.  
SUSANNAH J. EYKYN.  
B. M. FAWCETT.  
T. H. FOLEY.  
R. C. FOLLOWS.  
D. J. FROMMER.  
N. H. GARDNER.  
A. E. GENT.  
G. L. D. GIBBENS.  
D. P. B. GOLDBERG.  
R. H. GRACE.  
J. M. GRAHAM.  
R. C. F. GRAY.  
M. GREEN.  
R. M. GREENHALGH.  
T. C. GREGORY.  
W. A. D. GRIFFITHS.  
D. M. GRUBBEL LEE.  
J. H. HALL.  
J. K. C. HAMMOND.  
P. A. HAAS.  
L. HERZBERG.  
C. HEUGHAN.  
E. P. HICKS.  
E. P. HILARY-JONES.  
R. J. HOPE.  
S. E. INMAN.  
R. K. JACKSON.  
ESME S. JENKINS.  
D. I. JOHNSTON.  
D. J. JONES.

Registrars' Room,  
St. Thomas's Hospital,  
London S.E.1.

\*A leading article on the staffing of hospitals appears at p. 133 of this issue.—ED., B.M.J.

SIR,—As a member of the A.R.M. Agenda Committee I must draw attention to the inaccuracies in the letter on the hospital career structure from Dr. Katharine F. Bradley and others (13 July, p. 119). It is stated in the third paragraph that: "... the A.R.M.'s agenda committee managed to lose the 'teeth' of this motion as contained in its fourth part."

This statement is not in accordance with the facts. The motion submitted in the name of members in the junior grades in the North-west Metropolitan Hospital Region was published as item 172 of the agenda and read as follows:

"That this Representative Body rejects the (medical) assistant grade as currently defined and as defined in the final joint report of the negotiations between the Health Department and the representatives of the National Health Service hospital doctors and dentists, 1966-8, it

deplores the uncontrolled expansion of this grade, and it requires the Advisory Committee on consultant establishments to stop approving any more (medical) assistant posts until the status of this grade has been reconsidered."

The Agenda Committee selected this as the starred motion in the group which also contained items 173-175. The representatives of the constituencies concerned met before the start of the A.R.M. and agreed a common form of motion in the following terms:

"(1) That this Representative Body rejects the (medical) assistant grade as currently defined and as defined in the final Joint Report of the negotiations between the Health Departments and the representatives of the National Health Service Hospital Doctors and Dentists, 1966-8; (2) it deplores the uncontrolled expansion of this grade; (3) it rejects the idea that the medical assistant grade should form any part of a progressive consultant career structure."

It should be noted that this wording was drafted by the representatives concerned, not by the Agenda Committee.

When this motion was reached in the Representative Meeting an amendment to add the following clause was proposed by Dr. J. F. Pigott and seconded by Dr. S. Campbell-Smith: "(4) and asks the advisory committee on consultant establishments to stop approving full-time medical assistant posts until the status of the grade has been reconsidered."

The three parts of the motion together with the amendment were carried by the Meeting.

As to Dr. Bradley's saying she was "forced to sponsor" a motion, in the democratic age in which we live surely no one is forced to sponsor anything.—I am, etc.,

B. L. ALEXANDER.

Manchester 13.

### E.C.G. Facilities for Family Doctors

SIR,—In your report of the Annual Representative Meeting (*Supplement*, 6 July, p. 19) reference was made to an amendment of a motion stating that an E.C.G. service should be available at the hospital for ambulant patients and in their own homes for non-ambulant patients, at the request of the family doctor, with a report on the tracings and without reference to a consultant.

Whatever the pros and cons of the argument about the advisability or otherwise of such a service, and in my view the cons outweigh the pros, the question of the practicality of such a service is a very open one. In many peripheral hospitals, at any rate in the north of England (I cannot speak for Scotland), the difficulty of recruiting would-be E.C.G. technicians grows yearly and E.C.G. departments become more and more depleted of staff. In my own hospital group in the last two years five technicians have resigned at periods varying from two months to 18 months to go into insurance offices, the W.R.E.N.S., or become receptionists, all of which offer much more attractive rates of pay and certainly more prospects than those of an E.C.G. technician. The rates of pay are approximately as follows: junior commences at £260 per annum—at least four "O" levels required. After many years' of training and practice, a maximum of £700 per annum as a cardiographer-in-charge.

Rates of pay are under review by Whitley Council, and apart from a recent 3% increase (cost of living) there has been no significant increase over many years. It would seem that the Ministry and Whitley regard E.C.G. technicians in a like manner to Captain Bligh's regard of his midshipmen, though it is conceivable that the Zuckermann Committee [on scientific and technical services to the Ministry of Health] may improve the situation at some remote future period.

In an out-of-date and undercapitalized Health Service it is not likely that the service could or would be extended to make available such facilities to family doctors, when they are quite insufficient to meet the needs of day-to-day running of the hospital, despite Ministry lip service to the effect that such diagnostic facilities should be freely available. I feel that such representations, while praiseworthy in an ideal world, are not within the realms of practical politics.—I am, etc.,

DONALD MAITLAND DAVIES.

Bury and Rossendale  
Group of Hospitals,  
Manchester Regional  
Hospital Board,  
Bury, Lancs.

SIR,—The North-east London Local Medical Committee is pleased to note that a motion was passed at the Annual Representative Meeting which asked that hospital authorities should provide E.C.G. diagnostic facilities for family doctors (6 July, *Suppl.*, p. 18).

In this area discussions have taken place between representatives of the committee and the regional hospital board, but little progress has been made and it was decided to test the opinions of practitioners by means of a questionnaire. Doctors were asked if they would like to be able to send their patients directly to the E.C.G. department of the local district hospital for an examination and a report on the tracing. One hundred and forty replies were received, of which 134 were in the affirmative. Reinforced by the strength of the local practitioners' interest the local medical committee proposes to reopen its discussions with the regional hospital board.—I am, etc.,

R. G. TROUP,

Ilford, Essex.

Secretary,  
North-east London Local  
Medical Committee.

## Points from Letters

### Staffing the Hospitals

DR. MERLIN MARSHALL (Department of Anaesthetics, Newcastle General Hospital, Newcastle upon Tyne) writes: "... Large numbers of hospital junior doctors, usually of registrar grade, are spending part of their spare time earning money in general practice, or working for emergency treatment services, and general practitioners are spending part of their time working in the hospital service as clinical assistants, often in casualty departments which cannot otherwise be staffed. It seems to me that realism asserted itself and attempts made for inadequacies in hospital staffing to be covered by open payment to hospital staff who wish to take on extra work. In many instances this policy might well result in a better service to patients, since the doctors doing the extra work might be better qualified than many doing it at present and certainly would be better than no doctors at all.