extrapolated that tuberculosis would be eradicated by the year 2005, but now the disease has made a comeback, especially in young blacks, older hispanics, nursing home inmates, and people with AIDS. Being foreign born confers a 13-fold risk—especially for newcomers from Asia. I learnt about new nucleic acid probes, diagnostic tests that have already become cheaper and less time consuming than cultures. Also how six months' treatment is effective provided both isoniazid and rifampicin are used, nine months' if you include pyrazinamide. I even asked a question at the end—the visitor replied he could not be certain.

After the lecture I espied a rheumatologist in the audience. He took one look and said it was an inflamed olecranon bursa, with a "hole" on top, probably infected with staphylococcus. He agreed with the antibiotics and said that the bursa should be aspirated in four days if it was not better by then. There was a

chance that there might not be any infection but I should take the antibiotic anyway.

This time the patient was satisfied. But though I was sympathetic to the complaint about too much uncertainty in medicine, I was still disinclined to propose a universal, government funded, nine opinion programme. The rheumatologist had certainly sounded the most convincing. He was probably also right in saying that it did not matter very much what I did. This I confirmed by stopping the expensive cephalosporin the next day. Presumably another "toss up," as decision analysts have referred to what at first sight are perceived as big differences in specialists' recommendations.

That night I reported to my wife that my olecranon bursitis had been examined by nine specialists. "Looks horrible," came the tenth opinion, "Don't you think you should have an x ray examination?"

How To Do It

Cope in office

Tom Solomon

"How on earth did you cope with it all?" asked my successor, as I handed over the reins of office. Twelve months previously, when I had started as president of Osler House Club, Oxford's Medical Student Union, I had been similarly daunted. Of course all the relevant files had been passed on to me, but I soon realised that there was so much more to it than that. Even a flick through some articles in this series, helpful though they were, did not teach me some of the basics that seem vital for someone taking on this sort of responsibility for the first time. Much of what I have learnt will, I am sure, prove to be of value to the many medical students and junior doctors who will find themselves in increasingly managerial roles in the future.

Time management

Whatever the particular management role you have taken on it will soon become apparent that your own degree of organisation will make a big difference in determining how well you cope. Crucial to this is how effectively you manage your time. However plush your Filofax, there will still never be enough hours in the day for everything you would like to do. But one way in which you can ease this difficulty is by limiting the constant interruptions which seem to be part of the job. Initially you like to feel that you are always available for people to pop in, "My door is always open," you say. But you will soon realise how much of a time waster this can be: for not only is there the delay while you talk to your visitor but there is the additional inefficiency of having to keep stopping and starting. Far better to set aside a period—perhaps five till six every evening in the bar—when people know that they can catch you. Similarly, though being offered a hospital bleep may be a tremendous boost to the ego of an aspiring medical student, the scope it allows for unnecessary interruptions means that you are far better off without it. You can be too readily available for your own good.

Never ending post, though initially flattering, soon becomes a source of headache. At first I tended to open the day's post in a spare five minutes, just to see if any of it appealed, then I would look at it again later. Over the next few days some letters would be read a third or fourth time as I answered them. Others would lurk at

the bottom of my bag for weeks before I would finally get around to answering them or throwing them away. This rereading of the correspondence was obviously highly inefficient. In a mood of ruthless efficiency I developed a "handle it once" policy. The post would remain untouched in my pigeonhole until I had sufficient time to deal with it all in one go. If this meant I had to ignore it for a day or two, then so be it. Once opened, however, it would be answered straight away so that each letter would be handled just once and dealt with there and then.

Replying to letters is also a potential time waster if you are not careful. It amuses me to see how my successor—just as I did at first—diligently types out beautiful replies for all his correspondence, however trivial or unimportant it may be. You soon learn that for most of it a reply scrawled on notepaper or even across the bottom of the received letter will do. Why waste half an hour carefully explaining to Hackmann Stethoscopes that you do not think students will be interested in a "special one pound reduction" offer on the new cardiology scope, when a simple "not interested, thank you" will suffice.

Committee life

To ensure smooth running of committee meetings a great deal of tact and skill is needed. It is worth first considering how the meetings will work. Will someone chair the debate, with the issues being formally voted on, or will there be more free ranging discussion to arrive at mutually agreed solutions? In my experience the discursive approach works far better, and on the few occasions when our committee had to resort to formal voting it was a sign that things were not going well. Surprisingly, even when there was discord, voting could not always be relied on to produce the most sensible conclusion. For example, at one of our first meetings there was great disagreement about bar opening nights. To try to resolve this we finally voted on the various alternatives. The result, however, was an unhappy and nonsensical compromise (the bar to be open every night except Thursday) which pleased nobody. It took a few tactful late night 'phone calls to retrieve us from the mess we had created.

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Bear in mind too that most "committee" people enjoy a good argument. The meetings provide a chance for them to show off their eloquence or display how doggedly determined they can be if they choose. For some the fierce discussion in an argumentative committee meeting is like a tough game of squash—it allows them to let off steam at the end of a hard week. So you may find yourself wondering, as a meeting drags on, whether there is a real disagreement over the issues or whether people are simply enjoying the repartee. A skilful chairman, though not wishing to deprive members of their fun, will curtail unnecessarily protracted banter, so that there is sufficient time for all the items. The discussion of a controversial subject needs strategic placing on the agenda. If it is kept towards the end, when people are itching to get off home, then unnecessary discussion will be kept to a minimum. Alternatively, it has been suggested to me that at the start of a meeting, if antagonistic members are late, the contentious issue should be quickly rushed through, but I do not think I could recommend such devious manoeuvres.

It sometimes happens that despite your best efforts the committee does reach an impasse; the discussion goes round in circles and no agreement can be reached. If you think that voting would not help for the reasons set out above, it may be worth while simply postponing the decision so that people have a chance to cool down. To my amazement I sometimes found that within a couple of days after the most heated debate the participants would have forgotten exactly what it was they had been so vehemently fighting for; it would not then be hard to get agreement.

Delegation and motivation

The ability to delegate is one of the most crucial skills for any management role. Unfortunately it can also be one of the most difficult. Done well and the job becomes a pleasure, but done poorly and you simply create extra work for yourself. One often hears it said that if you want something doing properly, it is no good asking others, you have to do it yourself. This, I believe, is due to a lack of understanding about what makes good delegation. It is not fair simply to expect others to do the boring aspects of a task, which you cannot be bothered to do yourself; with little interest in it, they will not care how well it is done or whether it is completed on time. Good delegation means that people are encouraged to take upon themselves things that they will be good at and will enjoy. It is important that you entrust them with the task in hand. How they go about it is up to them, and, though you might have a chat before they begin, interference from you should be minimal. This is what can make delegation so hard. It inevitably means your handing over control of the project, and, even if things are not being done how you would have liked or up to your meticulous standards, you must resist the destructive temptation to interfere, otherwise you may well end up being told to do it yourself.

One role of the president that is not often realised is that of "motivator." To get the best out of your team you must ensure that they feel appreciated and, very importantly, that they are actually enjoying being on the committee. It is surprising how effective home-made chocolate cake can be in encouraging people to attend meetings on time. And even for the tasks which have been given over to others, an encouraging 'phone call will never go amiss. Similarly, the odd box of

chocolates or bunch of flowers to say thanks for doing a good job is money well spent.

Tactical manoeuvres

With the committee up and running what other advice is there to ensure a smooth year in office for the first timer? On many occasions simple, seemingly small, requests will be made of you: Can we borrow the disco equipment? Can the rugby club buy a new set of shirts? Can we have £300 for new computer software? Some people have a knack of catching you at inopportune moments, but the temptation to give an answer there and then should be avoided, especially if the answer would be no. Most people do not like being turned down, and in such circumstances "the diplomatic delay" is called for. You proclaim that the suggestion, however bizarre or outrageous, seems to be eminently reasonable but will have to be thought about and discussed by the committee. This takes the heat off. Then two weeks later, the committee having given it full consideration, the request is regretfully turned down. For some reason people find this procedure more acceptable than a straightforward "no" first time round.

"Administrative ping-pong" is another manoeuvre to take the pressure off. It is brought into play when you are being pressed for something, such as a report, which you intend dealing with eventually but not with the speed requested. To stall for time you request further information or another document or a different report, anything in fact, to put the ball back in the other party's court so that they think that the delay is now down to them rather than you. Those who have ever tried to claim housing benefit or rent rebate will appreciate that this technique is performed par excellence by the Department of Social Services. You may feel that this is all rather a waste of time; however, for those occasions when it is not politic to inform the others that they will simply have to wait, the illusion that you are getting on with the job may prove rather useful.

Conclusion

During such a year in office life will often be hectic, and at times the workload may seem overwhelming; no doubt your medical work suffers too. However, with a good team the commitment should also be enjoyable, and I would recommend anyone given a similar opportunity to take it up: the education received will be tremendous.

Useful reading

Whitfield AGW. Chair a committee. In: *How to do it: 1*. 2nd ed. London: BMJ, 1987:43-5.
Jay A. *Management and Machiavelli*. London: Bantam, 1974.

Correction

ABC of Major Trauma

Head injuries—II

An editorial error occurred in this article by Mr Ross Bullock and Professor Graham Teasdale (16 June, p 1576). The histogram at the bottom of p 1576 shows the absolute risk of intracranial haematoma in patients with head injury and not the absolute risk of death as published.