

p. 696), to which my reply was specifically directed.

The figures I quoted related to all specialties for the period 1970-71, not obstetrics for the period 1968-71. Mr. Booth and others's comparison of these figures is meaningless. Nevertheless, their figure of 3.4% for the expansion of the registrar grade agrees almost precisely with mine. This is further evidence that a registrar freeze does not exist. It is clear from their comments that the 3.4% expansion has not occurred in those hospitals where it is most needed. Therefore it must be confined to the undergraduate and postgraduate teaching hospitals.

One solution to the inadequate staffing at registrar level in some regional hospitals is to expand the registrar grade, as advocated by the R.H.C.S.A. However, in obstetrics and gynaecology only one-fifth of registrars in training will obtain a senior registrar appointment. This solution ignores the career prospects of registrars and throws modern ideas of career guidance to the wind.

The Hospital Junior Staffs Group Council advocates a redistribution of registrars and senior registrars between the teaching and regional hospitals, to coincide with the expansion of the consultant grade. This would alleviate staffing problems in regional hospitals without damaging the interests of the training grades. The forthcoming debut of the hospital practitioner grade will be an added help. The H.J.S.G.C. has repeatedly offered to support regional consultants in an urgent approach to the D.H.S.S. to urge an acceleration of redistribution of registrars and senior registrars. Unfortunately, the R.H.C.S.A. seems determined on a thoughtless expansion of the registrar grade which can only lead to calamity.

I beg Mr. Booth and his colleagues to consider our solution and perhaps advance it within the R.H.C.S.A.—I am, etc.,

F. J. BRAMBLE

London N.10

SIR,—A month's absence abroad has meant that until now I have been unable to follow this correspondence (16 September, p. 696). Mr. F. J. Bramble (23 September, p. 770), whose eloquence as a speaker I admire, produces a less favourable response on this occasion as he does less than justice to many of the signatories of the original Regional Hospitals' Consultants and Specialists Association's letter, and in particular to those of us working in this clinical area (North Gloucestershire), who all signed this letter in complete good faith, knowing as we did that the facts as set out in the R.H.C.S.A. letter accurately represented the situation as it exists here and now in North Gloucestershire. Speaking for myself and I believe for the nine other local consultants who signed the letter, I can assure Mr. Bramble that a quite definite and highly effective embargo has been operated by the South Western Regional Hospital Board and the D.H.S.S. in this area. Only one new registrar appointment has been allowed and that was in dentistry and this quite clearly on the technicality that "dentistry" was not "medicine."

So I am in no doubt, despite Mr. Bramble's figures, that an embargo exists, at any rate against registrar expansion in this part of the country. Quite clearly if one accepts, as Mr. Bramble does, the D.H.S.S.

figure he has quoted then the embargo is selective, but to say, as he does, that it does not exist makes me wonder how far Mr. Bramble's head is buried in the sands of the great metropolis. Perhaps a trip of less than 100 miles to the West would convince him of the facts.—I am, etc.,

R. D. G. CREERY

Cheltenham Postgraduate Medical Centre,
Cheltenham, Glos

Consultants and Registrars

SIR,—It is surely high time that more consultant posts were created in the various specialties. Analysis of the advertisements in the *B.M.J.* of 23 September reveals that, excluding all locum appointments, the vacancies advertised for all specialties were 28 consultant and 120 registrars. This means that a registrar, whatever his qualifications, has approximately a 5 to 1 chance of getting a consultants' appointment. This must lead to frustration and discontent and a great wastage of specialist training.—I am, etc.,

ROBERT STRANG

Penn, Bucks

Medical Teachers' Salary Awards

SIR,—The second report of the Halsbury Review Body was published in June. In early August the University Grants Committee announced details of the method of assimilating university staff with clinical contracts on to new scales. Bearing in mind the time of the month in which it is usual to make up monthly salaries it would have been unreasonable to expect new scales to have been brought into effect from the end of August, but in this school the new scales have not been brought into effect even for September.

Several areas of delay can be identified. In the first place, the publication of the Review Body's report in June for an award to run from the preceding April was regrettable but was no doubt due to the extra work involved in the Review Body's first complete review. However, it is the subsequent cumulative delays brought about by the need for consultations in the university system at successively lower levels starting at the U.G.C., which means that university staff have to wait an excessively long time for the implementation of an award.

In 1970 the profession nearly went to the barricades to force publication and implementation of a Review Body report. Is it too much to expect the B.M.A. to look after the interests of a small section of its membership by ensuring that the implementation of Review Body awards for university staff is considerably speeded up?—I am, etc.,

M. D. BUCKLEY-SHARP

Middlesex Hospital Medical School,
London W.1

Future of the B.M.A.

SIR,—I am instructed by the North Devon Division of the B.M.A. to say that we wholeheartedly support the Sir Paul Chambers report with the minor exceptions of age discrimination, length of service, and communications, as detailed below.

The Division feels that the age watershed

of 35 years is too low and would exclude many good men of proved maturity and ability. We feel that the length of service of members of committees should be three periods each of three years, with an exceptional further three years as chairman of a committee. Finally, we feel that the inclusion of domestic issues in the *B.M.J.* is correct, and to relegate them to the *B.M.A. News*, a rather weak magazine, would be most unsatisfactory.

I hope that all divisions up and down the country will support us in supporting the Chambers report. This report is a great step forward in the right direction and one which should lead to a strong and united British Medical Association.—I am, etc.,

R. D. ABERNETHY

Barnstaple, Devon

Christmas Gifts Appeal

SIR,—You have been good enough in the past to publish an appeal from the Royal Medical Benevolent Fund in aid of our Christmas gifts appeal.

While the Fund is giving help to many people throughout the year, it is at Christmas time that a special gift can mean so much to those of our colleagues and their dependants who have met with misfortune and are in real need.

I invite members of the profession to give their generous support to this appeal, as they have always done. Contributions may be passed direct to the treasurers of local guilds of the Royal Medical Benevolent Fund or sent marked "Christmas Gifts" to the Director, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN.—I am, etc.,

T. HOLMES SELLORS

President,
Royal Medical Benevolent Fund

Points from Letters

Title for Anaesthetists

Dr. J. GILLIES (Edinburgh) writes: Dr. D. Blatchley (16 September, p. 703) recalled the coining of the word "anaesthesia" by the American Wendell Holmes. This has been long accepted, but during the second world war I found in a Red Cross bookshop in Wigmore Street a second edition copy of Bailey's *English Dictionary* published around 1750. Browsing through it I was surprised to find the very word credited to Holmes 100 years later. I presented the well-preserved volume to Professor Henry K. Beecher, or Harvard Medical School, and it now rests in the Anaesthesiology Library of the Massachusetts General Hospital, Boston. So far as I remember, Bailey's definition of "anaesthesia" was "numbness, as in a blasted person." Some years ago Professor Beecher published a graceful notice of this revelation.¹

¹ Beecher, H. K., *Anesthesiology*, 1968, 29, 1068.

Dr. J. STRATON (Edinburgh) writes: . . . Dr. John Gillies pointed out many years ago that "anaesthesia" is to be found in *Bailey's Dictionary* (my edition is 1751). "Anaesthesia is also to be found (with the alternative spelling) in *James's Medicinal Dictionary* (1743). No doubt it can be traced even further back. . . .