the Central Manpower Committee and the Joint Committees on Higher Medical and Surgical Training of the royal colleges. These have prepared schedules of training in the various specialties which, of course, include an important "service" component, recognizing that participation in the routine clinical care of patients with increasing responsibility under the tutelage of an experienced clinician is an essential element. But it is unrealistic to suppose that to spread this "service" contribution of trainees evenly over all hospitals would solve the staffing problems of the hospital service.—I am, etc.,

J. G. SCADDING

London N.W.11

SIR,—Your excellent leading article (17 November, p. 369) makes reference to some of the possible longer-term effects of transfer of registrars on the work patterns of consultants, and more especially on the prospects of those future consultants who are at the present time working as junior hospital staff.

The proposed redistribution will certainly do little to improve actual "doctor availability" since it will coincide with significantly shorter working hours. Increased off-duty for junior staff is long overdue, but though this will improve their life-style—but not their incomes—it is important to appreciate that this may have a significant effect on the future consultant staffing of our hospitals.

Your suggestion that "it seems inevitable that more emergency work will be done by consultants" is realistic. It is, however, a prospect which appears to be causing considerable alarm among a significant number of the present junior hospital staff, who see for themselves a future rather different from that which they envisaged when they began their long and arduous training. These men and women do not relish the thought of becoming "consultant registrars," albeit at a rate of pay which may (sic) include a recognition of extra night work.

It seems that the conjoint impact of registrar redistribution, reduced working hours, mandatory vocational training for general practice, and pay differentials between consultants and G.P.s is causing many of our potential consultants to rethink their personal futures. Many will no doubt become excellent general practitioners, and this we welcome since the N.H.S. needs them, but many others will—for the second time within a generation—seek their hospital careers away from our shores and this we cannot afford if our hospital services are to be maintained by men and women whose skills are used effectively and whose job satisfaction promotes a good and happy service.—I am, etc.,

J. MCNAUGHT INGLIS

General Hospital,
Birmingham

SIR,—As an older member of the profession I have been surprised many times over the years by the ingenuous acquiescence of the profession in management decisions by the Department (or Ministry) of Health that have been shown to be wrong by the course of events. The intended curtailment of the

number of registrars in training and the redistribution of posts between teaching and regional hospitals are the latest examples of misunderstanding of how to develop the medical service.

Registrar appointments in the specialties of medicine, surgery, obstetrics and gynaecology, geriatrics, casualty and orthopaedics, ophthalmology, and otolaryngology should provide the experience and training required for both the budding consultant and for the general practitioner of the future. The latter should, I think, be a generalist with a special interest if he or she is to be a member of a modern group practice. The common experience in training would abolish the gap between consultant and general practitioner. In a few specialties, such as pathology, radiology, and physical medicine, the registrar would be a committed trainee in the subject and only rarely would enter general practice.

The consequences of what is now proposed will be many. In the teaching hospitals the actual level of patient care is likely to be lower and the day-to-day load on the remaining junior staff will be increased, as will that on the consultant staff. The opportunity for the remaining registrars to study and to engage in research projects will be diminished. The number of overseas doctors applying for posts is pretty certain to fall as the relative attraction of other countries for training, notably the U.S.A., will be increased. In the regional hospitals, bearing in mind their vastly greater bed preponderance, the added number of transferred registrar posts is unlikely to have any significant effect on the level of patient care even if all the posts are filled. The posts themselves are unlikely to be attractive unless they are linked to a teaching hospital and provide real opportunity for study and training.

In my view this is not the time to curtail the number of registrar posts but it is the time to rethink what their objects ought to be. I think that rotation between teaching and regional hospitals should be arranged in registrar posts as well as at the senior registrar stage. The experience of both would give a sound basis for later consultant or general practice. If it is accepted that this is desirable the curtailment of the number of registrar posts overall is seen to be a most unwise step which will affect the patient and the service over many years.

The profession must not acquiesce; it must, together with the Department of Health undertake a very serious reconsideration of the aim of registrar appointments. Only by doing so can the gloomy forebodings of your leading article (17 November, p. 369) be prevented from materializing.—I am, etc.,

F. PYGOTT

Willoughby, Warwicks

SIR,—The gloomy writer of your leading article (17 November, p. 369) requires the therapy of the word. Happily it can be supplied. If instead of the words "teaching hospital" and "non-teaching hospital" he uses the terms "undergraduate teaching hospital" and "postgraduate teaching hospital" (and the latter is what district hospitals have become), his spirits will rise with a new vista. Ahead lie encouraged consultants,

prestigious departments, active teaching programmes, district hospitals affiliated with universities, research facilities, and a wealth of clinical material undreamed of by the specialist trainee of undergraduate teaching hospitals.—I am, etc.,

JOHN G. HOWELLS

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Fertility Drugs and the Media

SIR,—There have recently been two television programmes on the topics of infertility and multiple pregnancy. The contributors to both made statements which could be easily misinterpreted by the public in general, and especially by the infertile patient. In the course of the first programme, directed solely towards infertility, one felt that the programme and the contributors were giving the impression that fertility drugs were almost a panacea in the treatment of infertility. This feeling was borne out at our next infertility clinic when almost all of the new patients inquired how soon they could commence taking the fertility drug. They were both disappointed and a little incredulous to be told that fertility drugs (in this case clomiphene and the gonadotrophins) were indicated in a comparatively small number of carefully selected, thoroughly investigated patients. This legacy has, to an extent, remained with us in our infertility clinics.

In the second programme, mainly concerned with Mrs. Rosemary Letts and her multiple pregnancy, a statement was made by one of the contributors that a sextuplet pregnancy had been achieved on clomiphene; this was not qualified by any firm statement that multiple pregnancy in the hands of experienced clinicians dealing with large numbers of infertile patients is now very much the exception rather than the rule, especially with clomiphene. Indeed, multiple pregnancy in excess of twins is now something of a rarity and in the present climate of treatment, while a twin pregnancy is acceptable and a triplet pregnancy barely acceptable, anything in excess of this should be a matter not for self-congratulation but for self-criticism and a careful re-examination of one's methods. This latter programme resulted in several anxious telephone calls from patients pregnant on clomiphene, or under treatment with clomiphene, genuinely distressed at the possibility of a large multiple pregnancy.

I appreciate from past experience the unsettling effect of speaking before television cameras, but there must surely be a major rule for use in any communication with the press media: avoid comments which may promote false hopes or give rise to unnecessary anxiety.—I am, etc.,

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Sudden Death in Infancy and Vitamin E Deficiency

SIR,—Increased attention has been recently given to dietary factors in the aetiology of the sudden infant death syndrome. A prominent suggestion is due to Money,¹