care, the number of patients who are assigned to generalists is far lower than the number Marsh proposes. It is also important that the patients who should be done can be done in half the number of visits is not supported by the American experience. We have half the number of visits, twice the cost for the same level of care, and far less effective prevention than in the United Kingdom.

General practice in Britain is, with all of its faults, a model of efficient, personalised, accessible care compared with what is available in other industrialised countries. Unless there is a large pot of money in the British economy to pay for the increased numbers of nurses, educators, and other staff who are required to care for 4000 patients near the half the current number of visits to their general practitioners. I suggest sticking with the present ratio of patients to general practitioners or risk the loss of a major asset of the NHS— the good will of patients toward their general practitioners.

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Training in obstetrics

Sir,—I was pleased to see several articles in a recent issue devoted to the inadequacies of postgraduate training in obstetrics and gynaecology. It is a severe indictment of the specialty that a third of those who become members of the Royal College of Obstetricians and Gynaecologists then leave, having completed the worst phase of training, when work for examinations is combined with long hours of clinical duty. I attended the meeting held to investigate problems with the present career structure that Susan M Blunt reports. 1 It was clear that one of the major hurdles facing trainees has not been recognised: it is presently almost impossible to train fully within the NHS to become a consultant.

Progression to senior registrar level is blocked if you do not leave the NHS to spend time in research. Being made only a passing reference to this, and a paper presented at the college meeting suggested erroneously that second degrees were unnecessary as few senior registrars had them. The wrong question had been asked. Almost all successful applicants for recent senior registrar posts have spent time in research posts whether or not they have completed their MD.

Registrars who have obtained their membership face difficulty and uncertainty in competing for charitable funds to support them in research unless they work in infertility or menopausal clinics in the private sector. Most trainers suffer a large cut in salary during this period, which places a heavy financial burden on their families. It is no wonder that graduates of other specialties must pay for extra-curricular activities.

When they compare themselves with their contemporaries at university, comfortably established in general practice, many leave the specialty.

For the college and the NHS management must decide whether they require all consultants in obstetrics to have research experience. If this is genuinely considered to be important, as I believe it is, it should be an integral part of our training properly funded by the NHS, which ultimately benefits. This would allow proper planning of projects, which would enhance both the quality of research undertaken and the benefits to the trainee. Research should not be just another means of weeding out the least tenacious trainees.

Those who are disinheartened enough to leave the specialty deter many more from joining. The current system tends to select for trainees with aggressive ambition and hence loses many with more caring qualities, an emphasis that the women in our care would doubtless reverse. In addressing these problems the college must clarify its attitude to research and ensure that training can be completed within the NHS.

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1 Blunt S. Training in obstetrics. BMJ 1991;303:1416. (7 December.)


3 Smith LEP. GP-trainee’s views on hospital obstetric vocational training. BMJ 1991;303:1447-52. (7 December.)

Junior doctors’ working practices

Sir,—I presume that the main reason for the changed promises in junior doctors’ working practices is to benefit those same junior doctors. Yet when I talk to my colleagues the general impression I get is that shift systems will probably worsen our quality of life. Instead, why could not the government have offered the following, which is what every junior doctor wants?

1. Non-core staff trained to carry out phlebotomy, intravenous drug administration, electrocardiography, portering, and routine clerical work and to find empty beds.

2. Overtime pay equal to daytime rates.

3. A half day off work after a busy night on call.

The government’s failure to implement these demands boldly and swiftly indicates a brutality reminiscent of working practices in the nineteenth century.

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1 Bechem L. Juniors may still reject pay deal. BMJ 1992;304:10. (4 January.)

Dogs that bite

A printer’s error occurred in this letter by Simon N Voss and Hugh F Thomas (11 January, p 116). The final sentence of the second paragraph should have read: “A crude extrapolation...suggests that about four people per million of the population of West Midlands are referred to plastic surgeons with dog bites each year.”

Heart valve records falsified

An editorial error occurred in this letter by Matthew Shau (11 January, p 118). The fourth sentence should have read: “As the risk of valve replacement is currently much higher than that of strut fracture, explantation is not recommended.”