Correspondence

Function and Design

Sir,—In his "Personal View" (20 September, p. 713) Dr. Bernard Towers mentions an important area of architectural planning which is relatively neglected in this country: the experimental approach to the psychological and sociological aspects. Many of us have strong personal views about the sort of buildings in which we wish to live and to work, and the buildings in which our patients should be treated. There is relatively little experimental work to reinforce or refute our personal impressions; most of it has been carried out in the United States. The Society of Clinical Psychiatrists has set up a working party to examine the architectural requirements for the care of the psychiatric patient. In the first instance we are collecting individual views on this topic and would welcome the experience of anyone who would care to contribute. I would be glad to send a copy of our questionnaire. In particular, I would be glad to have information from anyone who has worked in a new psychiatric unit and to hear about any problems or difficulties arising from inappropriate design.

At a later stage it may be possible to formulate some of the important questions which need to be studied experimentally.—I am, etc.,

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Career Prospects for Medically Qualified Dentists

Sir,—I was most interested in your leading article entitled "Better Surgical Training" (23 August, p. 429) and in Mr. P. F. Jones's paper on postgraduate training of hospital surgical staff (p. 464).

In the field of dental surgery it has become a great asset in obtaining a consultant post to be medically qualified in addition to having acquired the F.D.S. This necessitates a nine-year undergraduate training, to be followed by at least six years' clinical experience.

A recent survey has shown that 86 dental graduates are currently undertaking a medical training, of whom 75% wish to become consultant dental surgeons. This means that 60 medically-qualified dentists intend to seek registrar posts within the next four years. This figure does not include those already occupying such positions who will wish to move on, or those who are not medically qualified. In 1967 there were only 260 full-time and part-time consultant posts in dental surgery in England and Wales, and it is well known that in the last decade many young consultants have been appointed. It would appear that the field is becoming over-subscribed, although the universities will absorb a number of these graduates.

Clearly more planning and correlation between supply and demand are required if the Health or the individual is to get the best possible service. The number of dental and career are not to be wasted.—I am, etc.,

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REFERENCES


Was it a Drug?

Sir,—Those who have sat upon local medical committees know only too well how opinion may be divided upon such issues. (Supplement, p. 105) the fact is that a doctor prescribing conscientiously for the needs of his patient may find himself caught between the horns of this semantic dilemma, and because he may fail to anticipate correctly the fall of voting divided contrary to the wishes of possible he may never have met and whose individual views are unknown to him he may find himself subject to the indignity and injustice of what amounts to a "fine." He is not even invited to pay this fine; in case he might demur taking the matter to appeal, it is stopped out of his salary. The real question which a doctor needs to ask as he ponders the issue of an N.H.S. prescription is one of liability; is this a cost which should be met by the Department of Health or by the patient? In respect he is very much in the same position as a judge pondering any other matter of liability; and of course the decision of a judge in such a matter may be upset by some later court of