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Future of Public Health Doctors

SIR,—At the annual meeting of the Public Health Medical Officers in the Oxford Region, held in February, it was resolved that we, the undersigned, express our growing dismay at the failure of the Department of Health and Social Security to clarify its intentions concerning the future of some 2,000 doctors in the public health service. The final report of the Hunter committee on medical administrators is awaited, but for the rest of the public health doctors there has been no indication as to what their future will be, or whether they will have a future. The indecisions concerning the school health service are also anything but reassuring to the doctors employed therein.

The Government's recent communications on retraining programmes in both multi-disciplinary and medical administrative courses would appear to be offering places only to a fraction of those eligible for retraining. Moreover, criteria for the selection of applicants have not been specified. Our concern is further heightened lest this low figure may reflect the number of permanent posts that will be ultimately available. The prospect of redundancy for some is very real.

The record of the past 100 years shows the effective manner in which the public health service has improved standards of personal and community health and successfully maintained the statutory safeguards to the health of the public. More recently the service has initiated many successful schemes of integration, and has supported wholeheartedly the proposals for the combining of the three branches of the Health Service, knowing full well that this endorsement would affect all of those in this discipline. We are dedicated to the organization of medical care as well as to the practice of preventive medicine, and we have assumed that both would be essential features in an integrated service. However, two years be-

fore reorganization takes place we would have hoped to have had some reassurances. We feel these have not been forthcoming and the well-ordered corps of public health doctors needs the support that it deserves. The Government should give a clear indication that it intends all doctors at present in the public health service to be employed in the reorganized service in a manner which will give full scope to their particular skills.

"We trained hard—but it seemed that every time we were beginning to form up into teams we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization."

Petronius Arbiter, *Satyricon*, A.D.66.

We have often initiated reorganization and still support integration, but what we now need are specific assurances or our present confusion will indeed lead to demoralization.—We are, etc.,

B. H. BURNER
M. A. CHARRETT
P. H. CIMA
J. COHEN
I. J. COPE
JOAN ST. V.
DAWKINS
J. V. L. FARQUHAR
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STEWART
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A. D. WEDDERSPOON

Hospital Staffing

SIR,—I welcome the letter of Dr. Mary M. Anderson and others (19 February, p. 511). It is surely obvious that where a new de-

partment has been set up a registrar establishment will be required, and equally so if a department has expanded. I am aware of one new obstetric department in my own area which is still short of registrar establishment after two years, but my object for writing is in my own specialty, ophthalmology.

In spite of a great increase of work in this area and a promised third consultant, the only intermediate staff increase which we appear to be allowed is for S.H.O. or clinical assistant. In this specialty, where much training is certainly required, the need for trained assistants in a subconsultant grade has always been accepted. They used to be known as S.H.M.O.s and there is still a need for these, call them what one will. We also need one extra resident assistant and would like this to be not at the untrained end of the ladder, as that would be more of a liability than a help to us, but at registrar or even senior registrar level. Needless to say, we have made representation to our board but are told there is nothing they can do because of this wretched moratorium. It is high time that the district hospitals received adequate medical staff at all levels.—I am, etc.,

JOHN PRIMROSE

Oldchurch Hospital,
Romford, Essex

SIR,—The somewhat naive letter of special pleading from a group of obstetricians (19 February, p. 511) emphasizes the urgent problem that has yet to be faced up to by the profession, in particular the hospital hierarchy. Obstetrics belongs to a number of specialties, which include geriatrics and psychiatry, that have a large social element within them. It is a failure to consider this factor that bedevils any rational approach to hospital medical staffing.

Having a baby and growing old are both normal physiological processes, while