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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Medical manpower

SIR,—The working papers by Mr J R Butler (17 January, p 134) and Dr W J Appleyard (p 136) for the third part of your Canterbury conference and the related paper on medical manpower policies by Dr J M Forsythe (p 174) are interesting but illustrate the difficulty of establishing now either the historical or the statistical base in the early years. Dr Appleyard uses figures which are not for persons but for whole-time equivalents. In the early years many part-time consultants gave less than 9/11ths of their time to hospital work and many senior hospital medical officers were in general practice, giving only a few sessions to hospital work. The number of consultants in 1949 was about 50%, greater than Dr Appleyard's figure—the earliest figure I have found is 5781, including 236 dentists, in 1950. The number of SHMOs must have been about double the figure he uses. He also assumes that doctors born outside the British Isles are foreign medical graduates, whereas about a quarter of them are graduates of British schools and most of these were probably born of British parents. The total of medical assistants must also include some recruits from the junior hospital medical officer grade. When the number of career places are under discussion individuals and not "whole-time equivalents" must be considered.

The calculations will also be affected by failure to allow for premature retirement or death. Such allowance was always made in the DHSS attempts to forecast potential opportunities in different fields of practice. Mr F S A Doran (p 137) believed

that no data were available, but this is incorrect; his figure for the number of recruits required for general practice is therefore far astray. The number of admissions to executive council lists is not now given in the DHSS annual report, but in 1972 for England and Wales it was 1246.

Dr Appleyard cites the "initial mistake" as the reduction in the number of senior registrars. The senior registrar grade was being expanded rapidly as if it were essentially a staffing grade, whereas it is justifiable only as an advanced training grade. Too often a senior registrar was appointed when the real need was for an additional consultant. The great excess of numbers was in specialties where a continuing growth in the consultant grade was least required—mainly in general medicine, general surgery, and some of the smaller specialties like neurosurgery and thoracic surgery. This excess of trainees not merely blocked places which should often have been made available for consultants but also encouraged a far larger number of graduates to seek a future in those specialties than could ever be accommodated in them. At one stage there were nearly 30 young men in senior registrar posts in thoracic surgery with no prospect of more than three or four new posts a year at consultant level. It was at that time and at the profession's instance that the period of a senior registrarship was extended from the three years recommended in the Spens Report to four.

Dr Forsythe brings out the underlying failure to which both the NHS and the profession have contributed when he shows that in only one year since 1966 did the percentage increase in consultants exceed four, and in that year there was a bonus in the large number of new posts in accident and emergency departments—57 in all. The shortage of funds may well now impede the rate of growth which

might have been achieved six years ago if the recommendations of the working party on the consultant grade had been accepted, but Mr P McNally's remarks (p 138) about the sharing of medical work would have been in accordance with them and must be heeded if we are ever to secure fair treatment for those seeking specialist careers. We talked about "specialists" in 1948; it was a few years later that the supposedly more prestigious title of "consultant" became the mode. Between 1969 and 1973 the number of consultants in England increased by 1279 and the number in grades from house officer to senior registrar by 2743, a ratio of less than 1:2. The same total increase with Mr Doran's ratio of 1:1.3 would have been divided 1749 and 2273 and this could have been achieved had the profession accepted the report in 1969.

This letter is not written in a critical spirit but only to provide some corrective footnotes on matters of detail which are not now readily ascertained. The *BMJ* is to be congratulated on finding the time, the effort, and the people to discuss issues which are too much obscured by current controversy. Even if one does not accept the conclusions one can applaud the attempt.

GEORGE GODBER

Cambridge

Parathyroid hormone assay

SIR,—We would like to comment on the article by Drs Posen and others (3 January, p 16) as we feel that they have, on the evidence presented, overemphasised the role of parathyroid hormone (PTH) assays in the investigation of disorders of calcium metabolism.