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CORRESPONDENCE

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.

Resuscitation ambulances

SIR,—The excellent article from Brighton concerning resuscitation ambulances (13 November, p 1161) is in sharp contract to the recent DHSS circular HN(76)204,[1] which has effectively put an embargo on further extension of advanced training for ambulancemen. The experts at the DHSS have calmly overturned the considerations of the Royal College of Physicians report[2] and the experience gained in Belfast as well as in Brighton, Gloucester, and elsewhere.

If it was clear that the circular was based on good, sound medical evidence, then it would be understandable, but it may well be that the problems of coping with an élitist ambulance corps have proved beyond the Department's powers of personnel management. We are, alas, in the age of cost-benefit analysis and its disincentives to experiment and enterprise. The circular highlights this method of thinking in that only the pilot research schemes have been approved. As continuing superficial application of cost-benefit has now infused the whole medical field any clinical advance will be stifled in the gas chamber of the management experts with limited knowledge of what constitutes cost, benefit, and effectiveness. The circular confirms this by its phraseology. Many medical techniques would never have been born if these criteria had always been applied, but, although critical appraisal of techniques in practice may be admirable, there is a great deal to be said for the "act of faith" entrepreneur.

Unfortunately the circulars from the Department avalanche on health authorities and are often uncritically accepted as tablets of stone from on high. Such is the control now centrally operated in the reorganised service that local initiative and enterprise can have little place in the future unless true devolution of decision making is possible. If circulars from the Department can overturn the advice of a distinguished working party of the Royal College of Physicians and the British Cardiac Society with virtually no explanation, what will be next? Will the next stage of advice against advances in other fields of clinical medicine because they have not been proved to make "a significant contribution to saving life."[1]

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[1] Department of Health and Social Security, *Health Services Development. Ambulance Service: Advanced Training for Ambulancemen* (HN(76)204). London, DHSS, 1976.
[2] Joint Working Party, *Journal of the Royal College of Physicians of London*, 1975, **10**, 5.

SIR,—The report by Dr R S Briggs and others (13 November, p 1161) on the Brighton resuscitation ambulances, which I created, is ungenerous in its comments on the original equipment. I had to start from scratch with the then available resuscitation apparatus, which was clumsy and heavy. There was considerable opposition to the original project and I had to achieve what was possible on a very small budget.

My concept of using trained ambulancemen as resuscitators was a second stage in an ongoing belief that it is feasible to train people of relatively low technical education for individual medical procedures. I had demonstrated this previously by training intelligent women to read cervical cytology slides to a standard equal to that achieved by certificated technicians. Unfortunately, this earlier project was destroyed by a narrow-minded Ludditeism among the general body of laboratory technicians.

By melancholy coincidence you published the Brighton article in the same week that I received a discouraging circular from the DHSS on advanced training for ambulancemen (HN(76)204). It so happens that in last night's darkness I found myself on my knees in a remote Sussex village endeavouring to resuscitate a cardiac patient. When the ambulance arrived it was not from the Brighton area and so did not carry any cardiac equipment. Fortunately, intubation equipment was available and some attempt at resuscitation could be made. If I had had a Brighton vehicle alongside with staff trained to my original standards the result could well have been different.

If there is to be criticism from the DHSS or anyone else it should not be directed against advances in technique but should resist any suggestion that lower standards of recruitment and training should be acceptable. If we can