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The Consultant's Job

SIR,—The medical staff of the Kettering and District General Hospital record their disagreement with the report of the working party on the responsibilities of the consultant grade¹ (7 June, p. 588).

We realize that the general practitioner's first call is to his list patients and not to the hospital, and therefore his services cannot be the solution to the present manpower deficiency in the hospital service. We insist that the report is not accepted as it stands, and that full discussion with widely representative elements of the profession must take place before the report is acted upon.

We feel that the working party's composition was biased in favour of teaching hospitals, and therefore the report does not assess the problem of the staffing structure within district general hospitals. We realize that discontent exists among junior staff in many of the teaching hospitals, but regret that few senior registrars are in rotating posts between the teaching hospitals and the district general hospitals, in which the bulk of the N.H.S. hospital work is carried out; therefore they have no experience of the sort of work they will be called upon to perform when appointed as consultants. Should the report be acted upon, these men will find that their jobs as consultants will consist of the work they are at present doing and no more. To us it is a pointless waste of vocational training to encourage men to obtain higher qualifications so that they may do the work of juniors during the greater part of their working life, from the age of 32 to 65 years. We expect the Royal Colleges will resent this debasement of the consultant's role, and see to it that the standard of the recruits is maintained and the duties of consultants not restricted to mere hackwork. There is a

great benefit in being fully stretched by the exercise of the highest skills and talents, but none in being ground down by an ever-increasing load of routine chores.

We insist that in district general hospitals the proper functioning of departments depends upon team-work, and that the team consists of housemen, registrars, and consultants. We dispute the statement in paragraph 14 that there has been a more than "commensurate" increase in the number of juniors since "Platt"² was implemented. During these years the junior staff rightly has been allowed more time to study and their hours of duty made realistic and less penal, at least in this part of the country. A redistribution of consultants and junior staff to correspond more evenly and closely with the population served throughout the country would be beneficial to doctors and patients. We feel that by achieving a free rotation of junior staff between teaching and district general hospitals constant cross-fertilization of ideas and experience can be realized, with great benefits to both types of institution and the engendering of a genuine partnership, which we feel to be the way ahead for our National Health Service, which at present is the best of its kind in the world. We would welcome a reshaping of the work-load, but do not wish this to be done hastily.

Finally, lest it be thought that we seek housemen and registrars to do the service work only, we wish to record the achievements of our registrars in obtaining higher qualifications, and their record is as good as that of most teaching hospitals. Moreover, they return and tell us that their experience here has made all the difference to their professional lives. We do not therefore wish to be forced to lower our standards as a

result of this recently published report.—We are, etc.,

G. A. MEDHURST,
Chairman,
Medical Advisory Committee.
P. S. ANDREWS,
Chairman,
Medical Staff Committee.

Kettering General Hospital,
Northamptonshire.

REFERENCES

- ¹ *The Responsibilities of the Consultant Grade*, Department of Health and Social Security, Department of Health for Scotland, 1969. H.M.S.O.
- ² *Medical Staffing Structure in the Hospital Service*, Report of the Joint Working Party, 1961. London, H.M.S.O.

Imported Malaria

SIR,—The comprehensive paper by Mr. P. G. Shute and Miss Marjorie Maryon (28 June, p. 781) is most timely in recalling the past and present records of imported malaria in the United Kingdom, where the reported number of 1,036 cases over the past 10 years is probably an underestimate (29 March, p. 844).

The problem is of importance to many other countries and forms one of the aspects of the increased speed and volume of international travel. As a result of malaria eradication operations the indigenous disease has disappeared from Europe, from the U.S.A., from most of the U.S.S.R., from South Africa, northern Australia, most of the islands in the Caribbean, from Chile, Cyprus, Israel, Japan, Lebanon, Mauritius, Singapore, and Taiwan. However, the whole of tropical Africa, much of Central America, many countries of South America (with the exception of large areas of Venezuela), most of the countries of southern Asia and of south-