Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 300 words and should be typed double spaced

Career challenges for consultants

How good to see Norman Matheson challenging the view of the medical establishment that hospital doctors should be divided into only two ranks—trainees (who in fact do much of the day-to-day work on their own direct responsibility) and consultants (who ought to be trainees throughout their career). If only to square the circle in trying to more or less equate the number of so-called trainees with the numbers of consultant posts, but also for all the reasons set out in his editorial (February 1999 *JRSM*, pp. 55–57), the National Health Service needs to establish a proper hierarchy as obtains, for instance, in the Army. What is required in a professional lifetime of about forty-five years is a transition every ten years or so to a different grade taking on rather different tasks: for example, ten years as a trainee resident, ten as a junior specialist, ten as a senior specialist and ten as a consultant with the rank of *chef de service* or deputy—promotion to be based on experience, competence and achievement. At the same time the way that distinction awards are made should be changed, with equal awards going to those giving excellent local services, those who have won national recognition and those who have won international recognition; those who are distinguished and operational in all three spheres, like the present Regius Professor in Oxford, to hold three awards in parallel. Pensions should be calculated as a fraction of lifetime earnings rather than depending on emoluments on retirement; thus allowing for awards to be scaled down according to activity at the end of a career. It is probably time also for academics to be paid at university rates for academic work, NHS rates for clinical work; the former to count as the latter in relation to apprenticeship teaching. Such reforms might make it possible for the profession at the eleventh hour to retain self-regulation as the only equitable way of weeding out the incompetent—whose incompetence may in fact only be manifest when they extend their activities into fields that require skills they have not acquired.

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Endocarditis after blood transfusion?

I question the conclusion of Dr Venugopalan and Dr Joshi (February 1999 *JRSM*, p. 83) that blood transfusion resulted in endocarditis. Only a single blood culture was done and the echocardiogram was normal. In children with suspected endocarditis the recommended approach is to obtain 3–5 blood cultures from different sites within the first 24 hours[1]. Of the Duke criteria for diagnosing endocarditis[1], none of the major criteria were met (>2 positive blood cultures and evidence of endocardial involvement). The deterioration in cardiac function might well have been due to the underlying idiopathic dilated cardiomyopathy. In conclusion, it is inappropriate to draw a cause and effect relation between the blood transfusion and the endocarditis.

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REFERENCE

1 Starke JE. Infective endocarditis. In: Feigin RD, Cherry JD, eds. *Textbook of Pediatric Infectious Diseases*. Philadelphia: WB Saunders, 1998:315–38

Tropical medicine

Discussing the *British Medical Bulletin*'s issue on tropical medicine (March 1999 *JRSM*, p. 148), your reviewer attributes the early success of the London School of Tropical Medicine to Sir Ronald Ross. In fact, Ross had nothing to do with the establishment of this school: it was Sir Patrick Manson who, together with the Rt Hon Joseph Chamberlain, Secretary of State for the Colonies from 1895 to 1903, who masterminded this foundation—which opened its doors a hundred years ago this October.

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Hospital consultants' views on homoeopathy

David Reilly and Stella Bawden (April 1999 *JRSM*, p. 215) quote with straight faces the statistic that 56% of hospital consultants answered 'Yes' to the question 'Would you like your GP or attached staff to offer [homoeopathy], when appropriate, as a treatment choice?' Given the words 'when appropriate', the only surprise is that the answer was not unanimously 'Yes'. It might have been helpful to know the circumstances in which the 56% thought that homoeopathy *was* appropriate.

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