Sir,—I congratulate you on the way in which you have set out the arguments for and against the establishment of a College of Anaesthetists (Spence and Norman, 1978). This is the first time it has been done clearly and dispassionately. You suggest that the Council of the Royal College of Surgeons should give a clear indication of its intentions and imply that a plan satisfactory to all concerned could be agreed by the end of 1978. I think it would be a pity if a definite date were to be set. It takes time to convince anyone that change is necessary. “Open diplomacy”, typical of the second half of this century, does not help to resolve problems of a delicate nature; people either refuse to move or rush into taking action because they feel they are being coerced. We cannot expect further constitutional changes in the Royal College of Surgeons whilst any doubt remains about our own intentions; in this I sympathize with the Council of the College. If the issue is forced too quickly, a majority of anaesthetists may conclude that separation must take place, but it does not follow that this would be the right decision. Good sense and moderation must prevail if the profession is to remain united. Whatever solution is found, it must be with the co-operation and good-will of our surgical and dental colleagues if there is to be a lasting benefit for medicine in general and our specialty in particular.

D. D. G. HOWAT
London

Sir,—May I congratulate you on your well balanced Editorial (Spence and Norman, 1978)? The issues seem to me to be quite simple—as you correctly imply, whatever is said or written, anaesthetists will not attain true equality within the Royal College of Surgeons of England unless, or until, that College is reorganized on a three-College or three-Faculty basis, with a single, common and truly representative Council.

If this is the aim, let the present Council of the Royal College of Surgeons say so and let all anaesthetists unite behind them—but why wait 10 years? If this is not the intention, let the present Council say so and let anaesthetists work towards an independent College of Anaesthetists—but, again, why wait 10 years? What seems to be intolerable is the present apparent uncertainty—or is there really any uncertainty at all? Should not anaesthetists assume that failure to achieve true equality within the terms of the New Charter is, in itself, the only answer they are likely to receive and opt for independence without further ado?

T. B. BOULTON
London

Sir,—As Treasurer of the Association of Anaesthetists and Chairman of its 1974 Working Party on the financial implications involved in the creation of a College of Anaesthetists, I would like to comment on part of your recent excellent leader. A million pounds, a sum you regard as relatively easy to raise, was our estimate of the sum required to purchase a suitable building, to adapt and furnish it and to provide capital for new investment income. Of this sum it was envisaged that £600 000 would be required just for the purchase of a building of some 8000 square feet. However, far from costs increasing since that estimate, the collapse in property values and certain restrictions on usage of property in the relevant parts of London render that sum now a gross over-estimate. There is on the market today a suitably dignified building containing just the amount of space that the working party estimated would be required for a College. The purchase of the lease and complete modernization and refurbishing of this building can in fact all be undertaken for £300 000! A figure of half a million is now a more realistic target. This means that £25.00 a year covenanted for 7 years by all the practising F.F.A.R.C.S. holders in the U.K. could more than meet this new target.

As to remaining costs, a critical look at the total income from all sources and the expenditure of the organizations now serving anaesthesia suggests that the subscription to the Association (£20.00 including Anaesthesia) and that to the College of Surgeons (£20.00 from October 1978) both tax allowable, would be more than enough to run our affairs in these surroundings. It is my firm opinion, therefore, that there is no sound financial reason why anaesthetists should not enjoy the benefit of running their own academic affairs quite independently if they should so choose.

S. A. MASON
Treasurer, Appeals Committee, Association of Anaesthetists of Great Britain and Ireland

REFERENCE