

Editorials

THE PETER PRINCIPLE

SOCIOLOGISTS are still undecided whether hierarchiology is a science and whether it should be admitted as a branch of the social sciences. If it is so admitted it should be subjected to the same statistical analysis based on the results of elaborate questionnaires on case work and folklore as is any other branch of this growing science. Those of professorial standing are not willing to admit the force of the new ideas. The younger academics, including those—and there are many—who have espoused gerontology as their specialty, have embraced the principle on which the new science is based without reservations; those of the middle grades alone ask time to think it over; they see the personal dangers of publicly acknowledging its validity. Hierarchiology, is based on the same principle as that propounded by Lord Moran in his famous dictum—made when he had risen to the highest point of his career—that ladders are difficult to climb and that some must fall in the process. Dr Peter's principle is even more explicit: "In a hierarchy every employee tends to rise to his level of incompetence."

That every one has his own level of incompetence is tacitly assumed in the Peter principle. With this practising doctors will agree. How often after the promotion of an employee into a higher grade, be it to foreman or supervisor or director, does he collapse with either psychosomatic or depressive symptoms? And the doctor in the interests of his patient is constrained to patch him up so that he can carry on. Successful treatment may mean that the patient is again promoted, again to collapse—he has reached beyond his level of incompetence. It is kinder sometimes to point out to the sufferer that familiar drudgery is preferable to the excitement of a competitive life with its inevitable strains; strains which affect the family and social life of the individual more than those at his place of work.

Dr Hugh L'Etang has brought together into one volume, his essays on the medical histories of some of the statesmen and generals who have been entrusted with the fate of nations during this century. Though these pieces were written before the principle was propounded, his conclusions bear out the Peter principle. What we learn of the health of our leaders and statesmen is, for the most part, not reassuring. The Yalta conference, for instance, must have been a clinician's nightmare. After discussing the pathology of leadership as exemplified by the generals and admirals in Hitler's war, Dr L'Etang remarks that "it is neither efficient nor economic to run the human mind and body to avoidable and irremediable destruction". The difficulty is that when that human mind is in the skull of a dictator, a president or a prime minister, it becomes well nigh impossible to prevent its self-destruction.

A great responsibility rests on the doctors. To assess the capabilities of those at the top and advise on the findings of the assessment is difficult and may even, on occasion, bring professional suicide. During Hitler's war, commanders of the lesser echelons were subjected to medical examinations, and the psychiatrists, most of whom had espoused their specialty in the early years of hostility, acquired greater power than many thought they should have been given. The doctor's position as an assessor of the capabilities of the officer and executive grades is not enviable; sometimes a decision becomes inevitable,

usually however it is best to adopt a neutral station. There is an analogy in the case of the epileptic bus driver where the doctor's duties to the individual patient may clash with those due to the state. It is reassuring to know that when the health and efficiency of those at the apex of the hierarchy are under consideration, this assessment will usually be undertaken by physicians of a similar stature within their own hierarchy.

REFERENCES

L'Etang, Hugh. 1969. *The pathology of leadership*. London. William Heinemann Medical Books Ltd. *Sunday Times*, 21 August 1969. P. 11.

GASTROENTERITIS AND MATERNITY HOSPITALS

A RECENT report on gastroenteritis in Manchester due to *E. Coli* 0.114¹ showed that 15 children not originally admitted with gastroenteritis developed the disease in Booth Hall Children's Hospital. Ten were newborn infants admitted to the neurosurgical ward and seven of these died. The way in which infection was introduced was not established. The distance from the general wards made direct environmental contamination unlikely; transference by a member of the staff or by equipment accidentally contaminated was regarded as the most likely cause.

If infection was introduced into the neurosurgical wards at Booth Hall Hospital in this way, similar transference is possible to any specialist or general-practitioner maternity hospital which is part of a general hospital to which infectious cases are intentionally or accidentally admitted. Many maternity hospital patients, especially those in general-practitioner units, are normal cases delivered in hospital because delivery there is safer than in their homes, but this may not be so if its staff or equipment intermix with that of a general hospital and infection is spread.

A policy which provides general-practitioner maternity beds at district hospitals only has its disadvantages. Patients may be unwilling to go to a far away hospital; general practitioners and attached midwives may live too far from the nearest district hospital to be responsible for deliveries there. To these and other disadvantages must be added, on the evidence of Booth Hall, the difficulty of preventing spread of infection from general wards; a danger concealed by the use of antibiotics and becoming apparent only when there is a resistant causal organism such as *E. Coli* 0.114.

The advantages and disadvantages of centralization must be carefully weighed. In retrospect most maternity cases are seen to be so normal that delivery at home would have been as safe as in hospital, and as safe in an isolated hospital as in the obstetric department of a district hospital. In these cases the difficulty of recognizing or predicting abnormality may not seem to be a sound reason for having advised delivery in a district hospital if the baby is lost from infection with the like of *E. Coli* 0.114.

REFERENCE

Report on gastroenteritis, December 1968–April 1969, by the Senior Administrative Medical Officer of the Manchester Regional Hospital Board, published by the Department of Health and Social Security. London. 1969.