employ a member of the junior anaesthetic staff throughout each 24 hours and will justify the continuous presence of the anaesthetist within the maternity unit. Even with the obstetric extradural service, however, units with less than 1000 live births in a year are uneconomic in terms of anaesthetic manpower and may well be uneconomic in terms of other personnel and facilities; yet the wellbeing, and even the survival, of mother or child may depend on the ready availability of a full range of all services, including the services of a competent anaesthetist.

It is hoped that Health Authorities will consider this problem very seriously and adopt as a policy progressive centralization of maternity services and, where possible, close units with substantially fewer than 2000 deliveries a year, especially when these are isolated and under-used. The case for closure of the small maternity unit is doubly strong when it is separated by some miles from the related district hospital. Indeed, if the small maternity unit in a district general hospital is undesirable, and perhaps even unsafe because it has been impossible and simply uneconomic to provide the full range of services, then the isolated small unit is even more unsatisfactory.

It is hoped that when new maternity units are being provided they will be of appropriate size and built within or alongside an appropriate general hospital. It is particularly desirable that political pressures for the opening of small maternity units and splitting of larger ones should be resisted.

A. R. Hunter  
D. D. Moir

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**ERRATUM**

**PHARMACOKINETICS OF ALTHESIN**

(*Br. J. Anaesth.*, 50, 1232)

The fourth and sixth equations towards the bottom of the second column of this page should be amended, respectively, to:

\[ k_{12} = \alpha + \beta - k_{21} - k_{12} \]

\[ Vd_{ss} = \left( \frac{k_{12} + k_{21}}{k_{21}} \right) \cdot V_p \]