addition, resident medical staff are (intentionally) immediately available to make minor decisions on problems which may be beyond the competence of the nursing staff on "their" wards, many of which decisions may not require a visit to the ward, as well as having to be prepared to take instant action, when necessary, to cope with emergencies. Non-resident staff are usually not involved with the making of minor decisions, nor are they generally, when on call, required to act with the same sort of immediacy as their resident colleagues.

The present system of extra-duty payments, making no distinction between time spent actually working and time on call, has been criticized on the grounds that junior staff in certain specialties (chiefly the "minor" surgical specialties), which involve heavy on-call commitments but disproportionately little actual extra work, are comparatively overpaid, and it was to be expected that the new contract would be designed to correct the apparent anomaly. However, any contract which does not pay for periods of compulsory residence on call at least the same rate as for the basic 40 hours should be rejected. Being on immediate call but away from the hospital (that is, able to get to the hospital within 15 minutes) might attract a somewhat lower hourly rate, and a less immediate commitment a still lower one, though there would, of course, be no objection to all on-call duty being paid at the highest rate!

I have great sympathy with the view that discussing hourly rates of pay is a negation of a doctor's professional status It appears, however, that it may be the only way to bring home to the Government and to the public the stresses to which doctors in the N.H.S. are subjected.—I am, etc.,

P. R. FLETCHER

Amersham, Bucks

Consultant Negotiations

SIR,—Further to your leading article (3 May, p. 240) and the subsequent correspondence on this subject I would like permission to summarize what I consider to be the three fundamental criticisms of the Central Committee for Hospital Medical Services' handling of the current situation.

Firstly, there can be very little doubt in the minds of many consultants that the unilateral breaking of a partnership at such a critical time, however justifiable it appeared to the participants, was both unwise and undesirable. However, there is no doubt that only time will eventually tell what consultants really think of this particular manoeuvre.

Secondly, if we consider certain specific items, such as the lowering of the consultant scale, London weighting, and family planning, as being properly under the remit of the Review Body and not directly concerned with the negotiations on a new or modified contract, then it becomes extremely difficult to find any item in the so-called "substantial concessions" which had not already been included in the Secretary of State's two letters of 28 January and 11 February this year which, as you know, were rejected by both B.M.A. and Hospital Consultants and Specialists Association negotiators as being unacceptable. Perhaps you would care to elaborate further if you find yourself in disagreement with this particular statement, bearing in mind, of course, that in the final analysis of any set of negotiations it is the written statement that is far more important than the long hours of talks that lead up to this culminating point.

Thirdly and lastly, the vital danger of any negotiator accepting the Secretary of State's recent interpretation of our present contract as a basis for further negotiations is that it not only jeopardizes future attempts to negotiate payment for extra work but, far more important, by virtue of the fact that it now firmly links our contractual and ethical obligations, it ensures our employers that we will now accept total responsibility for all N.H.S. work, regardless of whether we are whole-timers or maximum part-timers. The full import of this particular statement may become apparent only when it is associated with the ultimate aim of the Secretary of State to establish a full-time salaried service in our hospitals, as evidenced by her attempts now to secure added powers of licensing of private nursing homes in the future.—I am, etc.,

G. I. B. DA COSTA

Shotley Bridge,
Consett, Co. Durham

Points from Letters

Safer Cigarettes

Mr. L. F. TINCKLER (Maelor General Hospital, Wrexham) writes: Your leading article (17 May, p. 354) is, to my mind, unduly pessimistic and indeed defeatist in referring to the "impossible goal of stopping smoking." Notwithstanding the placing of restraints on advertising tobacco in recent years and the short-lived anti-smoking campaign in the media a year or two ago there has never been any serious attempt to eradicate smoking in the community. . . . It is a sad reflection on the state of affairs that in all but 50 of the 2784 hospitals in England, Scotland, and Wales cigarettes are allowed to be sold at a profit on the premises and in the wards despite official estimates that the smoking habit costs the Health Service at least £50m. a year. . . . The principle involved is clear. The medical profession has a duty and responsibility to acquaint the public at large and their patients in particular of the health hazards of consuming tobacco, and to countenance making available tobacco on hospital premises destroys the impact and credibility of this worthy health propaganda.

Thyroxine and Contact Lenses

Dr. R. MARSH (Hedge End, near Southampton) writes: . . . A female patient aged 38 years had worn contact lenses for several years before developing Hashimoto's disease. After starting thyroxine therapy she noticed that when she increased the dose up to 0·1 mg daily (0·05-mg increments) she became unable to tolerate the contact lenses because the eyes felt sore when wearing them. Her eyes settled when she removed the lenses but she has not been able to wear them since. . . . I should be interested to know of other instances of this reaction.

Car Driving after Abdominal Operations

Dr. R. ELSDON-DEW (Horsham, West Sussex) writes: "You may go home, but do not drive your car for six weeks" is common advice to patients who have had an abdominal operation. . . . I am often asked . . . the reason for this, and though I reaffirm the advice by explaining that getting in and out of the car might strain the abdominal musculature or that sudden braking may do the same, I personally remain perplexed. For instance, should patients not travel in cars at all, even as a passenger? Is there a difference between driving a Rolls Royce and a Mini? Is there a difference between automatic gears and hand gears? . . .

Salaries and Inflation

Dr. R. S. MORTON (Royal Infirmary, Sheffield) writes: Could I draw the attention of our negotiators to a piece in the *Sunday Times Business News* of 25 May (p. 41). It shows that those of us paid monthly in arrears of service are having our spending power seriously eroded. With inflation running at 3·9% per month, every £10 earned on the first day of the month is worth only £9·61 when received. The diminishing loss as the month advances offers little comfort; indeed by my calculations a whole-time consultant at the middle of the basic incremental scale is losing in gross terms nearly £200 per annum. Could I suggest that a move be made immediately to secure payment of our salaries mid-monthly? . . .

Abortion (Amendment) Bill

Dr. WILHELMINA LOCKWOOD (Upton-upon-Severn, Worcester) writes: . . . The sharp rise in the number of pregnancies in young girls is ample evidence where the tolerant Abortion Act has led us. Girls have now been brain-washed since childhood to believe that free intercourse is a must and a desire, that the resulting pregnancy is the fault of "them," and that they have the legal right to demand of "them" to undo the harm. And I can, alas, entirely agree with the Lane Committee's finding that in most cases the refusal of a request to abortion is ineffectual. . . . The hackneyed assertion that "a woman has a right to her own body" is true, in so far it is limited to her own body and not to the body of the child she is temporarily harbouring, having willingly consented to (or provoked) an act of unprotected intercourse. She has absolutely no right to kill that child's body. Up to 1967, to act otherwise was quite rightly known as criminal abortion, a phrase which has disappeared from our enlightened vocabulary. . . . Certainly women have the right to control their own fertility, as your correspondents from the Student's Union at The London Hospital (10 May, p. 337) properly proclaim; indeed they have far more than the right, they have the duty to prevent an unwanted conception. . . .