Junior hospital staff contract

SIR,—I wholeheartedly support the move by Dr P R S Tasker and others (3 January, p 45) to return to an open salary for junior hospital doctors and I believe that this feeling is held by the majority of them, in every specialty, whether in the NHS or universities. While overwhelmingly supporting the recent industrial action, and at the height of their political fervour, the same doctors at his hospital also voted, by 45 to 7 (with 8 abstentions), to return to an open contract. They voted "yes" in the ballot to accept the principle of a 40-hour basic week; but it was just that—*acceptance* of it, being the best alternative offered and to which they were logically committed by the industrial action they were already taking. What they *want* is an open contract, and if the BMA doubts that then it has a responsibility to find out, and soon.

It may indeed require courage now to turn about on the recent emotionally driven course, but—subject to a majority—it must be done. Let us not be dissuaded by the stock political and fiscal arguments. We now have unqualified recognition that we are worth our current basic salaries for the first 40 hours each week and this will allow rational pricing of the rest when the national pay code is ended. Meanwhile there exists a pool of extra duty payments—soon "overtime"—which can be evenly divided. The introduction of extra duty payments never did restrict excessive hours, merely made them grudgingly acceptable. Excessive hours can be reduced only by reorganising duties, and failure to do this has in some cases been the fault of consultants. Juniors have at last organised their collective strength and, I believe, have advanced in wisdom and responsibility, which they should now use to the purpose of securing a better

future for the coming generation that it might not be distracted by watching the clock, envying colleagues, or fearing for patronage.

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Non-GP clinical assistants and the hospital practitioner grade

Sir,—I have read with interest the correspondence dealing with the limitation of the new hospital practitioner grade to general practitioners.

I am one of three doctors providing a comprehensive occupational health service to an area health authority. I hold four sessions in the grade of clinical assistant, the rest of my time being spent in industry. While awaiting the outcome of negotiations with the DHSS regarding the implementation of the BMA's industrial medical officer scale for those of us carrying out similar duties, I requested as an interim measure a regrading as hospital practitioner.

I have been advised that I am ineligible as I am no longer in general practice. I have several years' experience in occupational medicine and a postgraduate diploma in the subject. My employing authorities are sympathetic and would like to be helpful, but the regulations apparently do not allow this. Thus as an occupational health practitioner I am to be penalised for having taken a decision to specialise in my own subject. It is difficult to see how this could have been intended by our negotiators.

M S GATLEY

Cheadle, Cheshire

riage, etc, are inculcated at a very early stage in development, depending to a great extent on family attitudes and school indoctrination. The administration of a simple questionnaire developed by them may help to assess more accurately those women who are likely to give service to medicine as well as to their families. Potential doctors having been selected, adequate career guidance at a very early stage in medical school may help further to alleviate some of the serious employment problems being experienced at the present time. Finally, may I point out that the term "medical manpower" is hardly appropriate to the subject of "Women in medicine." Perhaps this could now be replaced by something more in keeping with the spirit of so-called equality.

¹ Ulyatt, K A, and Ulyatt, F M, *British Journal of Medical Education*, 1971, 5, 242; 1973, 7, 152.

Dr NINI ETTLINGER (London W14) writes: . . . While self-styled experts debate the merits of x versus y months of maternity leave for more experts, those of us who have quietly remained in touch with reality are aware that the indispensable species of "good enough" mother-aides, by whose ready availability any blueprint for even part-time work must stand or fall, is fast facing extinction precisely because the sickening clarion call of sectarian thinking sounding across our stricken land is systematically expropriating the very children whose precious but unobtrusive gifts could lend themselves to such rewarding ends in the all but exclusive favour of so-called "university material." . . . When I had juggled with children, general practice, contraceptive clinics, nannies, au pairs who often came and went faster than the seasons—in Zorba's words "the full catastrophe"—for long enough to be driven to down medical tools for some years I found on my quavering return to medicine and the shouldering of a new specialty that the riches acquired during that interim had in no way left me behind my undeviating colleagues of both sexes in the journey towards becoming a whole and hopefully wise person. By all means let groups within groups pool their experience and plan. But let us ultimately apply our joint resources to laying realistic foundations for the privileges we seek for ourselves on a nationwide scale so that crèches, playgroups, mother's helps, tax concessions for out-of-pocket expenses, not to mention the provision of schools that no longer lock up their precious facilities at six-week intervals for a total quarter of each year but are staffed throughout that time by student-teachers and senior citizens for a wealth of extracurricular activities, become a *sine qua non* for all "the weary mothers of this earth."

Dr C F SCURR (London N20) writes: . . . While all would agree with Dr Tom Arie (10 January, p 79) that contraceptive clinics constitute a soul-destroying routine, I do confirm your suggestion (p 56) that psychiatry (with at least four branches) and anaesthetics (so wide in its variety of patient care) certainly provide a satisfying career for women or men who seek an adequate though less than maximum commitment.

Rabies: the biting dog

Mr L B HAYLES (Central Veterinary Research Station, Mazabuka, Zambia) writes: In

Points from Letters**Women in medicine**

Dr CHARLOTTE F PATERSON (Peterborough District Hospital) writes: . . . Your leading article (10 January, p 56) states, "It would be quite wrong for any modification to be made to the existing system to encourage part-time training in such demanding branches of medicine [neurology and cardiothoracic surgery], for standards would inevitably fall." There is no evidence that standards would fall and yet such fallacies underlie this and other articles on the subject. Provision must be made in all specialties for part-time training and consultant posts. The human species must reproduce itself and this precludes most women from devoting 100% of themselves to medicine throughout their life. However, this should in no way stop them from being able to choose, in the same way as men, which branch of medicine they enter. The NHS should be administered for, and not against, half of its medical personnel.

Just as important as flexibility of working hours is the provision of facilities such as crèches, play groups, and nursery schools. All working women need these in order to fulfil their double role as mothers and workers. Doctors, nurses, and other NHS employees could give many more hours to their chosen profession if adequate facilities were provided. Women doctors must fight, together with

other women workers, for equality and reject the concept of women's work as put forward in your article.

Dr FRADA ESKIN (Department of Community Medicine, University of Manchester) writes: With reference to your recent leading articles and contemporary theme features (3 January, pp 1 and 25, and 10 January, pp 56 and 78). . . . It must be recognised that there are more than a few medical women who have abnegated their responsibilities to medicine in order to pursue the more domesticated pursuits of marriage and child rearing. Few of these seem able to continue their careers despite the relatively large salaries they could attract with the concomitant buying power of efficient home help and child care assistance. These women should never have been accepted to medical schools in the first instance and it is not entirely their fault that they now contribute in no small part to the medical "person-power" shortage. Being of the firm opinion that prevention is better than cure, may I venture to propose that consideration be given to a more effective screening procedure when selection for medical school places is in progress? I would refer those who are actively concerned in selection to the articles by Ulyatt and Ulyatt,¹ who have shown that attitudes towards work and mar-