but rather upon the situation which has evoked it.

Laconic though the council minutes often are, there is ample evidence in them that, especially between the Medical Acts of 1858 and 1886, direct professional representation has repeatedly been a burning issue *outside* the council. Though I hope the Brynmor Jones proposals on increased representation will soon become law, the really unfortunate feature of this and other issues is the, apparently, long lag between outside professional feeling and internal council response to it. I say "apparently" because, apart from brief *B.M.J.* accounts of its meetings, the council has kept its public light well turned down—until the spotlights were turned up a few months ago.

Whatever the outcome of the present unfortunate tension one simple step could be taken which might prevent recurrence of the undoubted damage done to all concerned. An annual report by the General Medical Council, sent to every registered doctor, would at least enable the council to claim that it tells those willing to read what it is about, and might even stir the silent majority to take more interest in a body to which for well over a century the profession has been truly indebted. I do not care for the intemperate use of words like "establishment," "autocracy," and "diehards"; I cannot believe that all those who serve, by selection or election, on the G.M.C. are selfish power-lovers; and I deprecate the unfounded, indeed now refuted, charges of extravagance and inefficient administration. Anyone who takes the trouble to read the history of the G.M.C. (did not Aristotle say, He who sees things from the beginning will have the finest view of them?) must become aware that, imperfect though this institution may have been and still is, there is much in its past and present to be thankful for.—I am, etc.,

I. M. RICHARDSON

Department of General Practice,
University of Aberdeen,
Aberdeen

SIR,—It is my opinion that the present dispute has been largely caused by lack of information. I must place most of the blame on the Association as the G.M.C. had no funds to spend on publicizing its activities.

The profession has, for long, been quite ignorant of developments in the work now required of the G.M.C. This was well brought out the other night during an interview on the television. The young hospital doctor insisted on a public inquiry before agreeing to the principle of retention fees. I am sure he did not know that following the Brynmor Jones report there were to be five lay representatives on the council appointed by the Crown. Neither did he know that Lord Cohen of Birkenhead had nothing against a public inquiry. The other general practitioner being interviewed complained of the ineffectiveness of the G.M.C. over drug offences in London. He evidently was unaware that the G.M.C. has no power to move on hearsay evidence only. It must wait for a conviction in the civil or criminal court to be reported to it by the clerk of the Court.

These examples convince me that the B.M.A. has not given the lead to its members that it should have done. Surely mem-

bers are entitled to know why the cost of running the G.M.C. has escalated to such an alarming extent. Why not tell members that the rent at Hallam Street has been raised enormously, that a computer has become necessary, or of the vast increase in postal charges? This is only mentioning a few items and I know there are many others which would show adequately why the retention fee has had to be increased so steeply.

I fail to see that erasures from the *Register* of non-payers should have any bearing on current negotiations on the functions of the G.M.C. The size of the retention fee in the future will naturally depend on the outcome of these discussions. It is obvious that the G.M.C. has made this threat purely because it needs desperately the money from these unpaid fees.

Finally, many of us in the North will be resenting the remarks made in your leader (18 November, p. 377) about Lord Cohen of Birkenhead. One need only mention the confidence placed in this man from the provinces by his colleagues on the G.M.C. by repeatedly re-electing him as their president. His vast experience in medical education alone qualifies him for this post.—I am, etc.,

A. H. HOLMES

St. Asaph,
Flints

** In the last year alone there have been published in the *B.M.J.* the full report of an independent investigation into the G.M.C.'s finances (*Supplement*, 1972, 3, 41), a statement on the G.M.C. in the B.M.A. Council's annual report (*Supplement*, 1972, 2, 77), reports of debates on the G.M.C.'s functions in the Council (*Supplement*, 1971, 4, 61; 1972, 1, 29, 61; 2, 73; 3, 14, 65; 4, 3, 29), and at the A.R.M. (*Supplement*, 1972, 3, 75, 88, 105), reports of the G.M.C.'s own proceedings including its president's addresses and a statement from its registrar (*Supplement*, 1971, 4, 70; 1972, 1, 70, 77; 2, 141; 4, 51), and accounts of other matters on which the G.M.C. has made recommendations such as the registration of overseas doctors (*Supplement*, 1972, 1, 67). The findings of the Brynmor Jones working party were reported in full and the Council's debate on them (*Supplement*, 1971, 1, 55, 67) and the interim report of the Tunbridge working party last month (*Supplement*, 1972, 4, 33). There have also been five leading articles on the G.M.C. in the last 12 months (*B.M.J.*, 1971, 4, 637; 1972, 1, 330; 3, 253; 4, 315, 377); and in 1966 we printed a lengthy summary of the memorandum by the G.M.C. on the reasons for its proposal to charge an annual retention fee (1966, 1, 1164). We cannot agree, therefore, that there has been lack of information for those prepared to read it.—Ed., *B.M.J.*

SIR,—All doctors who belong to, or contract to work for, publicly organized services are already subject to in-service discipline. This applies to the whole N.H.S., the public health services, and the Armed forces. These are the doctors who are expressing grave objections to the recent action by the General Medical Council.

An annual retention fee is a reasonable requirement from those who are engaged in private practice. A small annual fee is also reasonable for doctors whose registration is temporary. For those doctors who are in full-time employment in government or

municipal services an initial registration fee should be adequate. Those who have already paid should not be expected to pay more.

For those in private practice £5 seems a reasonable fee for a G.P. whose principle income is from the N.H.S., a consultant after retirement from hospital work, or the first two years after initial appointment. All others, including those in industrial and medicolegal practice, could be expected to pay substantially more.

This is the outline of a scheme which others may like to amplify.—I am, etc.

NORA WILKINSON

Preston,
Lancs

SIR,—May I draw attention to the cautionary tale by Hilaire Belloc which ends:

"And always keep a hold on nurse
For fear of finding something worse."

—I am, etc.,

P. N. COLEMAN

Northallerton, Yorks

Head Injuries in Children

SIR,—I agree entirely with the statement in the paper by Dr. A. W. Craft and others (28 October, p. 200) that in the majority of cases recovery after head injury in childhood is rapid and complete.

This is supported by our investigations¹ on 963 children with head injuries in the acute, early, and late stages. After clinical and electroencephalographic follow-up for 2-6 years, we concluded that the clinical course in children is usually benign; 60% of the children presented no problems at any time, although only serious cases were admitted to hospital and included in our series, and only 4% of the children died within the first few days after admission. Neuropsychological sequelae were found in 5% of the children in the later stages.

But "the majority" does not mean "all." For this reason we would emphasize that it is possible to assess the child's prognosis with certainty only after two years of continuous follow-up, that a normal electroencephalogram after two years means complete recovery, and that all children should receive phenobarbitone for 1-3 years.—I am, etc.,

LILIANA DECIU

Bucharest, Romania

¹ Horvath, L., and Deciu, L., *Pediatrics* (Bucharest), 1971, 20, 141.

Australia Antigen in Rheumatoid Arthritis

SIR,—Dr. C. J. Burrell and others (7 October, p. 23) were unable to demonstrate the presence of the Australia antigen in 29 patients with rheumatoid arthritis by counterimmunoelectrophoresis, even after treatment of the serum with heat and mercaptoethanol.

We recently demonstrated Australia antigen, sub-group ay, in a 39-year-old Algerian patient suffering from rheumatoid arthritis with a positive serodiagnosis, confirmed histologically, by electroimmunodiffusion without pretreatment. The antigen has persisted for six months in this patient. The role of the Australian antigen in provoking and maintaining rheumatoid arthritis is still