

then decide how to make the child as safe as possible, as a first-aid measure, and also try to make provision for the long-term support, supervision, and re-education which the family are going to need.

All this is going to be difficult and demanding for someone, probably several people, and the long-term results may be disappointing. But "prompt referral to the nearest hospital," without thought, is not good enough.—I am, etc.,

E. B. GROGONO

Woodford Green,
Essex

Wrinkle Sign

SIR,—Mr. Seamus O'Riain has a patient whose mother is to be congratulated for her observations (22 September, p. 615). The sign described is, however, not new and on this side of the Atlantic it is known as the "wrinkle sign." It is of value in assessing the progress of sensory recovery and in the delineation of incomplete nerve lesions.¹—I am, etc.,

J. HOWARD BINNS

Wayne State University School of Medicine,
Detroit, Michigan

¹ Buncke, J., Jr., *Surgical Clinics of North America*, 1972, 52, 1267

Contracts for Hospital Junior Staff

SIR,—The report of the subcommittee of the Hospital Junior Staffs Group Council on the proposed new contracts for junior hospital medical staff (*Supplement*, 10 November, p. 31) makes depressing reading. The "only things" the junior hospital doctor has to offer, according to the report, are "his skill and his time." These he must trade for money, just like any industrial worker, but how can he possibly reconcile this blatant materialism with a responsible and humane approach to the care of individual patients? It is implied that the terms of the new contracts will bludgeon "management" (a "them and us" word in the true trade union tradition) into greater efficiency, but will not this at the same time provide "management" with an excuse to curtail professional freedom? "Clocking-in," for example, would have to be accepted, but since the authors of the report reveal themselves as enthusiastic clock-watchers, perhaps this does not worry them. The whole tenor of the report conveys the impression that junior hospital doctors regard their work as a pretty irksome business which should occupy as little as possible of their time. "Continuous commitment" to patients, which most young doctors find immensely rewarding, is clearly regarded by the authors as something reprehensible. Is the time approaching when a hospital registrar who stays on duty beyond his "unit of medical time" to care for a patient he is concerned about will have to appear before his shop steward's committee to answer charges of breaking the union rules?

I frankly do not believe that more than a tiny minority of hospital junior staff will be in sympathy with this report. All of them obviously want—and must be given—an adequate salary, comparable with that of their contemporaries in general practice, and attractive career prospects, but I have no doubt that the vast majority willingly accept the present fairly long hours on duty and on call, provided that they are deriving satisfaction from their work and are receiving a proper training. Many indeed express the view that a 40-hour week could not possibly provide them with the experience they require at this stage in their career. Unfortunately, most members of this silent majority are too busy doing their job—and enjoying it—to voice effective opposition to the views of medicopolitical activists whose prime objective is to dominate professional organizations by exploiting the apathy of their colleagues. In this respect the guarded attitude of Mrs. Jean Turner, Chairman of the Group Council, in the matter of a refer-

endum on the proposed new contracts (*Supplement*, 10 November, p. 34) is particularly disturbing. Why does she not welcome a referendum on such a controversial issue? Her evident lack of enthusiasm for this procedure is strangely reminiscent of the reaction of militant trade union leaders to any suggestion that they should ballot their members before calling a strike.

I may say that I am equally out of sympathy with the proposed new consultants' contract, which betrays the same selfish preoccupation with material advancement (though perhaps more subtly disguised) as the contracts now being advocated for their junior colleagues.—I am, etc.,

IAN W. B. GRANT

Northern General Hospital,
Edinburgh

SIR,—Mrs. Jean Turner (*Supplement*, 10 November, p. 34) maintains that the mechanism of election of junior hospital staff to their local representative group "should be sufficiently democratic for the Group Council to consider that it represents the views of most junior staff."

Recently, at the annual general meeting of the local junior hospital staff group in Edinburgh for the election of office-bearers and regional representatives, only 14 junior staff out of a possible 650 doctors attended the meeting. The Edinburgh area may be an exception, but one wonders whether the poor attendance might well be typical of many other regions and that Mrs. Turner's claim that the Group Council represents the views of the majority of junior staff might be a myth.

Before Mrs. Turner refuses to consider a referendum on the proposed contract for junior hospital staff it would be interesting to know if she has information regarding the attendance at junior staff meetings throughout the country. If attendance is as poor as in the Edinburgh area, then the views of the Group Council will not be representative and a referendum would be essential.—I am, etc.,

WILLIAM P. BRADFORD

Simpson Memorial Maternity Pavilion,
Edinburgh

Adaptation Period for Foreign Graduates

SIR,—In the account of the meeting of the Committee on the E.E.C. held on 31 October (*Supplement*, 10 November, p. 41) I am reported as saying that I did not feel that the Hospital Junior Staffs Group wished to have a period of adaptation for overseas graduates.

This quotation is condensed, as it must be, and also taken out of context. This has caused me considerable personal embarrassment.

The representatives of the Department of Health and Social Security asked the Chairman of the E.E.C. Committee two questions.

First, did the Association still wish the Department to press for a period of adaptation? The unanimous answer to this question was "yes." I quite clearly supported this view.

Second, in the event of a period of adaptation being contrary to the Treaty of Rome, what did the committee wish to be done? I believe that such a period of adaptation is, in fact, contrary to the Treaty of Rome, and this view is supported by those who have studied the problem. Being practical, since we are now in Europe, in these circumstances I felt that we must accept the treaty and try to modify the medical directives from within Europe.

I hope this clarifies my position.—I am, etc.,

PAUL R. J. VICKERS

Newcastle upon Tyne

Independence of Review Body

SIR,—The correspondence between Sir Keith Joseph, representing our employers the Government, and Mr. Walpole Lewin, representing the medical profession (*Supplement*, 17 November, p. 44), alarms me.

To my innocent mind the Review Body was designed to act as a financial umpire between doctors and Government, between employees and a monopoly employer. Sir Keith Joseph suggests that the Review Body should clear its "independent" proposals with one and only one side, the employers, and on request make the "independent" proposals fit the employers' predetermined criteria. To do so will destroy the Review Body's independence. It should present its findings to the Prime Minister, who may decide whether or not the national interest allows full or partial implementation.

I suggest that the B.M.A. hold a referendum, asking doctors for a simple "yes" or "no" whether they think the Review Body should modify and clear its proposals with the Pay Board. To save administrative costs, perhaps voting forms could be included with forthcoming B.M.A. subscription notices. A clear verdict by B.M.A. members will represent the wishes of the profession as a whole.—I am, etc.,

DONALD F. HOPKINS

Larkhall, Lanarkshire

Royal Medical Benevolent Fund Christmas Gifts Appeal

SIR,—May I remind your readers who are intending to respond to the president's appeal that we like to distribute gifts to our beneficiaries in good time for Christmas.

I would ask all individuals, societies, and groups who have not yet done so to send their contributions as soon as possible, marked "Christmas Appeal," to the director, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, SW19 8QN.—I am, etc.,

GEOFFREY H. BATEMAN
Honorary Treasurer,
Royal Medical Benevolent Fund

London S.W.19