before 31 December 1975, so impairing the consultants' superannuation benefits compared with those available to our younger medical and technical colleagues as of right.

BRYAN ROSS
and 16 other consultants

Royal Hospital,
Sheffield

*** The Secretary writes: "The Compensation and Superannuation Committee has already made representations to the DHSS on the lines suggested by Dr Ross and his colleagues."—ED, *BMJ*.

Non-GP clinical assistants and the hospital practitioner grade

SIR,—As clinical assistants who are not general practitioners we are members of a small group of doctors in the hospital service who lack organised representation. Most doctors in our position are married women who for various reasons do not wish to take whole-time appointments but who often possess specialist qualifications and experience. Hitherto we have enjoyed the same terms and conditions of service as our GP clinical assistant colleagues. However, the latter are now eligible for transfer to the hospital practitioner grade, which carries an enhanced salary scale. Because entry to the new grade is restricted to GPs we shall in future be receiving a substantially lower salary than GPs who are engaged on comparable duties to ourselves. This is both anomalous and unjust. The implication that clinical assistants who are GPs automatically merit a higher salary than those who are not is one which we find grossly offensive. It is a fact that many doctors in our situation are more highly qualified and experienced than GP colleagues and this is particularly so in our own specialty of anaesthetics.

We appreciate that the hospital practitioner grade was specifically designed to attract GPs into part-time work in the hospital service. It would, however, fulfil this purpose no less well if the grade were also open to doctors who are not GPs. What is required is a simple amendment to the regulations so as to allow doctors other than GPs to enter the hospital practitioner grade. We urge that the BMA should reopen negotiations with the Department of Health in order to secure this limited objective.

There can be no doubt that the interests of non-GP clinical assistants have been overlooked and we feel most strongly that the BMA should spare no effort to put right the injustice that has been permitted, albeit unwittingly, by our representatives. We are asking every doctor who shares our view to bring pressure to bear on the BMA and the Department of Health without delay.

ALISON M BENNETT
N CHATTERJEE
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Salaries of medical assistants

SIR,—I notice that the salary scale of the hospital practitioner grade as published in your list of appointments starts at £610 for each weekly notional half day and rises by six increments to its maximum of £826. This latter is equivalent to a whole-time salary of £9086 annually. Once more the unfortunate medical assistant loses out. His maximum is of £7812, achieved after 14 increments, showing a difference of £1274.

At a time when the unity of the profession is more important than ever and when junior doctors are rightly protesting at being exploited, can we have an assurance that this anomaly will be pressed by our negotiators when the next Review Body round is due? As I have indicated before (18 January, p 156), many so graded are approaching retirement and depend on the maximum available for an adequate pension.

I M LIBRACH

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Points from Letters

Mao's China

Dr P E BROWN (Gravesend, Kent) writes: The statement that modern-day China is ruled by a "pitiless dictator" whose genius is on a par with Hitler and Stalin (1 November, p 283) should not be allowed to go unchallenged. While I admit that some superficial likeness might be apparent if one concentrated wholly upon the material achievements of their respective régimes, I am certain that when a careful comparison of the quality of the life of ordinary people comes to be considered we will find no similarity whatever between the subjects of Hitler and Stalin and those of Mao's China. . . . It is not true that "everybody in China obeys"; on the contrary, the people tend to discuss their problems very openly and they usually reach a compromise. . . . They are very aware of what is happening in their own country; they are in fact somewhat disinterested in the affairs of other societies. The claim that they have abolished the "original sin" of acquisitiveness is not as extravagant as it would sound. A three-week visit to the Chinese mainland . . . may appear to be a very short time to anyone who has never been there. It is, however, a most remarkable experience and even this short glimpse is worth a lifetime of reading other people's reports. I admit I have not been in China over the Christmas season, but I have had the opportunity to take Holy Communion on Easter Sunday morning in a tiny Chinese chapel in the centre of Peking from a Chinese priest in the company of a very small Chinese congregation. The régime does not find any need, it would appear, to repress Christianity. Before the coming of Mao Tse Tung there were very few Chinese who had ever tasted "freedom"; they certainly had no freedom from poverty, famine, sickness, drug addiction, prostitution, or venereal disease. I agree that the price of freedom is a costly one and from the experience I have gained from my own visits to China every man and woman in that great country is prepared to work for it under a very inspired leadership.

Disposal of disposable syringes

Dr S W V DAVIES (Harrold, Beds) writes: Dustmen complain that they are at risk to injury from the needles of discarded disposable syringes. The following procedure will obviate this risk. After the needle has been fractured to comply with police requests, it is inserted, butt first, into the barrel of the syringe and the plunger pushed in after it. This secures it in a safe place where it can no longer risk the health of the dustman.

Baby battering and mental retardation

Dr A KUSHLICK and Mr J PALMER (Health Care Evaluation Research Team, Dawn House, Sleepers Hill, Winchester) writes: In his paper (3 May, p 262) and his joint monograph[1] Dr J E Oliver has called attention to the problem of child battering in general and as an important but unrecognised cause of severe mental retardation. . . . However infrequent such cases are, they are certainly tragic and there is a need for sensitive, effective intervention before the damage has been done. Looking for subhyaloid haemorrhages in the children of "abusive parents" is likely to lead only to detection of brain damage after it has occurred.

The evidence of the great stress which the demands of babies in their first year of life place on parents, especially if the parents are young, short of money, have older children, and have poor quality housing which may also be overcrowded[2,3] suggests that in such circumstances the "importunacy" of the baby may well become the last straw. It is essential that parents in this situation should be able to get practical assistance from professional workers who listen to their problems, avoid reacting punitively, and refer them to the colleague, in whatever profession, who is most appropriate to find a solution to their difficulties. Dr Oliver's case 3 might well be a tragic story of a mother who in eight weeks of persistence failed to get a specialist to notice that she and her husband had real problems. The only information provided concerns the physical state of the baby. We would be interested to hear of papers on "child abuse" which describe in systematic detail the methods used by the parents to cope with their children in the day-to-day environment. We would be particularly interested to hear of any papers which describe systematically any attempts to change these practices in the actual situation.

1 Oliver, J E, *et al*, *Severely Ill-treated Young Children in North-east Wiltshire*. Research Report No 4, Oxford University Department of Clinical Epidemiology, 1974.
2 Smith, S M, Hanson, R, and Noble, S, *British Journal of Psychiatry*, 1973, **125**, 568.
3 Smith, S M, Hanson, R, and Noble, S, *British Medical Journal*, 1973, **4**, 388.

Drug interactions with oral contraceptives

Dr JILL DOSSETOR (Newmarket, Suffolk) writes: There is well-documented informa-