Unemployed junior doctors

Sir,—The Hospital Junior Staff Committee is becoming increasingly concerned at the prospect of junior doctors who are actively seeking a career in the hospital service becoming unemployed. In order to obtain information on the unemployment position the appointment box in the classified advertisements section of the BMJ now includes a request to junior doctors who are unemployed to write to the HJSC secretariat giving full details. I hope that affected doctors will do this as accurate information is important if my committee is to act effectively on their behalf.

MICHAEL R REES
Chairman, Hospital Junior Staff Committee
London W8 9JB

Points

Training and employment of immigrant doctors

Dr N EKE (Department of Accident and Emergency, Royal Infirmary, Edinburgh EH3 9YW) writes: It was interesting to read Dr H W Ashworth’s suggested solution to the “dissatisfaction expressed by immigrant doctors at the lack of training and the treatment they receive in the National Health Service” (3 January, p 77). These problems apply to non-immigrants as well. However, the suggested policy for the “immigrants” in the future is unrealistic and completely avoids the present. What specific map does he devise for the “immigrant” entrant to a British medical school? Individual curriculum? Should dissatisfied “immigrant” doctors with permanent residence in Britain be encouraged if they prefer to stay? Unlike the “immigrant” it appears the non-immigrant can “fall off the ladder and be caught in the net of general practice” with applause. It all smells of crass “colour, race or creed” prejudice.

The Reith lectures

Mr K G JOHNSON (Broadway, Worcesters) writes: Your correspondent Dr H M Buckland asks (24 January, p 312) if next year’s Reith lectures could be given by a doctor—subject: the legal profession. No doubt they could, provided that the medical profession could find someone able and willing to give them and make them acceptable to the organisers. But why bother? Surely it was quite fortuitous that this year’s lecturer was a lawyer. The lectures could just as easily have been given by anyone with the necessary know-how and lecturing ability. Anyway, the legal profession has just been subjected to a prolonged, expensive, and exhaustive investigation by a Royal Commission. It has come through with flying colours and, subject only to some relatively minor recommendations about “life style,” an excellent prognosis. So, again, why bother? But maybe your correspondent was merely giving vent to his sense of humour rather than his spleen?

Black spots for road accidents

Dr D H JUDSON (Isle of Wewtray, Orkney KW17 2DL) writes: Some young friends of ours recently had a motor accident at a crossroad which the ambulance men were apparently very familiar with. If this is true, then the question arises why some steps have not been taken to alter the position. . . . I wondered if community physicians might arrange that ambulance departments reported to them the accidents they attend, and also the police, and that they then take steps to see that things are put right. Perhaps there is some plan to do this, but it seems that certain road junctions can go on and on claiming their victims . . . . A well-engineered roundabout should make the drivers’ actions self-evident whether or not conditions are suitable.

Simple computerised disease register

Dr F K MINWALLA (Birmingham B29 4HH) writes: Dr David Meldrum deserves congratulations for his paper “Simple computerised disease register” (17 January, p 191). . . . He has given an excellent indication of the great help that microcomputers can provide in general practice for a very modest outlay. It is important to note that he has since transferred the data files to floppy discs, which obviously have far greater memory capacity and are also a great boon as regards speed and convenience. It is already possible to purchase a 64K unit incorporating two disc drives, providing CP/M facility, which is in the price range of £1500–£2500, depending on whether double-sided, double-density discs are used. Within the very near future there should be some extremely useful programs available at very reasonable cost, and it seems eminently desirable that CPs use this new technology.

Hunting rare adverse drug reactions

Dr H LIPTON (Royal Infirmary, Bradford, W Yorks) writes: In reply to your leading article (31 January, p 242) “Hunting rare adverse drug reactions,” it seems that yellow cards could be more effective if we found a means readily accessible when patients mentioned their adverse reactions. I find that this is most often in outpatient departments and I would be pleased to have the yellow cards next to my prescription cards—and equally so on the wards. Perhaps pharmacists or the stationary supplier for our hospital departments could arrange this.

Urban hypothermia

Dr W S PARKER (Brighton BN1 8TD) writes: As a bald-headed geriatric I was much impressed by the suggested bedroom schnorkel (7 February, p 474). My approach to the same problem is to cocoon myself in my double-size duvet with a woolly cap, though the bobble is somewhat difficult to control. All heat loss is at once halted. It is aided by the blistering remarks from my wife, which so raise the ambient temperature that there is no risk of hypothermia for the rest of the night.

Explaining death to children

Dr EVELYN FISHER (London SW13 0NN) writes: I was much interested in the article about explaining death to children (14 February, p 540). A 6-year-old boy, a keen TV viewer, on being told by his mother that Granny had died during the night looked up at her and inquired with excited interest, ‘Oh, who shot her?’

Correction

Impaired glucose tolerance and diabetes—WHO criteria

We regret that in the letter by Professor J V Zammit Maempel (7 February, p 481) there were two printing errors. In paragraph 3, line 7, ‘5.3’ should precede ‘11.05 mmol/l’; and in reference 6 the date should be 1966.

Reciprocal treatment for Britons in Greece

Sir,—I must protest at the inaccurate comments of the DHSS (7 February, p 500) concerning Greek hospitals.

Meals appropriate to the patient’s condition and clean bed linen are both provided as a matter of course to all patients in Greek hospitals. I have seen young mothers, aged puerperae, and elderly patients in stretchers, their clothes and bedding disarrayed. It is not only important that all patients should have appropriate food, but it is equally necessary that they should be met with decent accommodation. I have been present in hospital wards where the food has been of the poorest quality and the accommodation has been unsatisfactory.

Furthermore, I have often seen in Greece tourists of all nationalities receiving free treatment, both as inpatients and outpatients, even though the hospital was entitled to charge.

A E PHILATHIS
London W9 5HH

Staffing crisis in pathology

Sir,—Most clinicians will be in sympathy with the plea expressed by Drs C S Foster and D G Spence (14 February, p 569) for improvement in the establishment of departments of pathology, though one would prefer it to be taught in parallel rather than in series with training in clinical medicine as part of the preclinical course because medical students tend to discard like a spent rocket knowledge acquired out of the clinical context. I believe that it is common experience that the way to distinguish well-trained from ill-trained foreign graduates is to ask about the necropsy rate in their teaching hospital; but my occasion for writing is to make a plea for more specialisation within pathology to complement that in clinical medicine—and in particular for an increase in the establishment of paediatric and particularly neonatal pathologists. There are precariously few of these despite the present concern about perinatal mortality, the causes of which only they can properly illuminate. Unreliable statistics based on uninformed pathology have already been misused in planning our obstetric services; and, if further perinatal mortality surveys are to be as useful as the first one, we need as a start to ensure that there is at least one perinatal pathologist per region, which is not the case at present.

J A DAVIS
University Department of Paediatrics, Addenbrooke’s Hospital, Cambridge CB2 2QZ

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