with other general medical disorders such as coronary thrombosis and occurs also in the nails of a paralysed limb. In nail biters the nails grow appreciably faster than the average.

Bean's observations have been confined to a single nail of one individual and must not therefore be taken as a true record of nail growth. To obtain population statistics measurements of nails from many persons of different ages are needed, when wide variations are found in otherwise normal people. Hillman's figures from 300 individuals show a range in growth rate from 0.07 to 0.17 mm a day. Dawber has shown that there is a small difference in the rate of growth of individual fingers. In general the middle finger nails grow faster than the index and ring finger nails, and these in turn grow faster than those of the thumb and little finger—in other words the longer the finger the faster the growth of the nail. Dawber's results confirmed earlier observations by Le Gros Clark and Buxton. Toe nails undoubtedly grow more slowly than finger nails, but no accurate readings have been made, largely because the shape of toe nails makes accurate measurements difficult to obtain. It is usually said that toe nails grow at one third to one half the rate of the finger nails.

1 Bean, W. B., Archives of Internal Medicine, 1974, 134, 497.
2 Sibinga, M. S., Pediatrics, 1959, 24, 225.
3 Hillman, R. W., Human Biology, 1955, 27, 274.

Discussions Extended

Consultants have dislodged the Government from its opening positions in the contract negotiations. The sharp reaction by senior hospital staff (23 November, p. 482) to the Health Departments' November proposals for a new consultant pay structure (16 November, p. 421) has persuaded Dr. David Owen, chairman of the Joint Working Party, to think again. The Government must now realize that its intention to weight new contracts heavily in favour of whole-time N.H.S. practice is unacceptable to most doctors (16 November, p. 363).

By 5 December, after the profession's three-week deadline had expired (16 November, p. 416), the Government had not put any formal revised proposals to the staff side of the working party. Nevertheless, a detailed interim report from its representatives (see p. 667) convinced the Central Committee for Hospital Medical Services that sufficient progress had been made to extend to mid-January the discussions for agreeing in principle an acceptable contract (p. 669). The tenor of the committee's debate showed that this decision to give more time stemmed from the confidence members had in their case and in the determined support they were receiving from the House as a whole. So the B.M.A.'s sanctions plan (9 November, p. 357)—about which N.H.S. doctors had their first "warning circular" last week—will be put on ice for the time being.

The working party's discussions have centred almost entirely on contracts. The C.C.H.M.S. supported its negotiators' plea to keep the contract discussions—in their view the vital issue—separate from the future of pay beds, which in any case is only one aspect of independent practice. Any idea of a package deal is a non-starter. Members wanted private practice facilities in the N.H.S. retained and were prepared to defend them within the bounds of the law.

Existing holders of whole-time contracts may have been attracted by prospects of immediate financial benefit implicit in the Government's original offer—as no doubt Mrs. Barbara Castle had hoped. If, however, every consultant were paid "a decent, living wage," as one speaker succinctly put it, then what he does outside his contracted hours should be his own affair. Fortunately, the Government has now accepted that all consultants should be offered the opportunity to sign a 10-session contract. The C.C.H.M.S.'s determined backing of their representatives on this major principle has been reinforced by the results of a recent B.M.A. questionnaire to senior hospital staff (7 December, p. 608). This showed that nearly half the respondents (and the response rate was gratifyingly high) wanted a 10-session defined contract. This contrasted with a fifth of senior staff who wanted the present whole-time contract, and slightly fewer who supported the present part-time one. An item-of-service contract, about which the Government has now agreed to set up an independent inquiry, attracted support from only 14%.

There are still outstanding differences between the two sides. The Government seems still to be wedded to the idea of some form of "complete commitment" allowance for the future "whole-time" and it wants part of any transmuted merit award scheme to be available to that group alone. The staff side members—the B.M.A. and the Hospital Consultants and Specialists Association together with representatives of the British Dental Association and Joint Consultants Committee have acted together throughout these exhaustive discussions—are equally determined that any pay should be for work done and not in recognition of some ill-defined whole-time commitment to the Service.

What is essential is a well-paid basic contract for all consultants. Dr. Brian Lewis, now acting chairman of the C.C.H.M.S.'s negotiating subcommittee, aptly summed up the negotiators' objective by calling for a "Christmas tree of a contract which has a good solid trunk." The decorations, while attractive, should not, he argued, overbalance it. Let us wish the negotiators a merry Christmas cultivating this tree.

1 British Medical Journal, 1974, 2, 513.