

Paramenstrual Baby Battering

SIR,—I am deeply concerned at the current emphasis on the idea that women who batter their babies may be recognized at antenatal examinations, clinics, and elsewhere as mothers with unwanted children whom they neither love nor care for and in whom they take little interest.

Since 1966, when I first drew attention to the possibility of mothers battering their children during the premenstruum,¹ I have seen a steady stream of women, some referred directly because they battered their child during or just before menstruation and others suffering from premenstrual tension, who, during the interview, admit to having hit and injured one or more of their children. My experience of the characteristics of this group is diametrically opposed to the current teaching. These are characteristically women with a strong maternal urge, genuinely fond of their children, but who in a sudden fit of premenstrual irritability lose their control and injure their much-loved offspring. They are model mothers for the other days of the menstrual cycle.

The size of this group of menstrually related baby batterers is unknown, for my practice is biased. They may merely represent an insignificant proportion of the whole or they could represent up to 50% of all battering mothers. The importance of recognizing the group lies in the simplicity and ease of diagnosis and its satisfactory response to progesterone therapy, which eliminates the premenstrual irritability and aggression responsible for the battering and therefore maintains the loving relationship between parents and children without impairing the unity of the family.

Further research will determine the true incidence of menstrually related batterers. It then remains for the education of all concerned with battered babies to bear this possibility always in mind and provide the necessary treatment with progesterone. Social workers must not be too embarrassed to ask the mother at the first interview when her next menstruation is expected. This vital question cannot be delayed while the social worker builds up a meaningful relationship with the mother, because retrospective recall of menstrual dates is unreliable.—I am, etc.,

K. DALTON

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¹ Dalton, K., *Proceedings of the Royal Society of Medicine*, 1966, 59, 1014.

Warning from Saskatchewan

SIR,—I would like to bring to the notice of doctors considering emigrating to Saskatchewan, certain radical changes in medical licensure presently being considered by the Saskatchewan Provincial Government.

An advisory committee report has recently been published which advocates that medical licensing shall in future be split into a number of categories: family practice, defined or specialist, educational, teaching and research, temporary, and non-clinical. It is further proposed that all those who are currently engaged in family practice or who plan to enter it must obtain the Licentiate of the Medical Council of Canada qualification within two years. Those who are engaged in specialist practice or who plan to enter

such practice will be required to obtain the F.R.C.S.(C.) within a similar period. A further radical suggestion is that all clinical licences will be issued for a limited duration and that holders will be required to demonstrate repeated proof of their continuing competence to practise. The practical details of this last proposal have not yet been worked out.

Any doctor who is negotiating acceptance of a post in Saskatchewan would be unwise not to study these proposals in detail before making any binding decision.—I am, etc.,

DAVID R. AMIES

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Training in Contraception

SIR,—The Joint Committee on Contraception of the Royal College of Obstetricians and Gynaecologists and of the Royal College of General Practitioners was established over two years ago. Since September 1973, when it published its intentions in your journal (22 September 1973, pp. xv and 647), the committee has been recognizing courses of theoretical instruction in contraception and also approving training clinics and instructing doctors. Trainees who complete the training syllabus for doctors can obtain the joint committee's certificate.

In the meantime the Family Planning

Association has continued training activities within its own clinics and has been granting its own certificate. The F.P.A. is now in the process of handing over most of its clinic activities to the health authorities. The F.P.A. intends to continue training doctors until April 1976 and possibly longer. However, it is obviously uneconomical for two parallel supervisory organizations to be carrying out almost identical functions. It has therefore been agreed that the activities of the joint committee and the training department of the F.P.A. will merge during the coming year. As a first step all certificates issued by both organizations will be in identical form with effect from 1 May 1975 and will cost £7.50.

To maintain the high standard of training in family planning the now tripartite Joint Committee on Contraception believes that doctors teaching family planning should possess this joint certificate or equivalent training. The approval of the joint certificate is in no way aligned to the N.H.S. item-of-service payment for contraceptive services, but we believe that general practitioners and doctors working in family planning clinics will find that courses recognized by the joint committee provide appropriate training.—I am, etc.,

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Chairman,
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Consultant Negotiations

SIR,—Several consultants have recently expressed to me their concern over the recent work-to-contract. Some are understandably distressed by this significant change in the profession's attitude and behaviour. Another group appears now to be equally concerned about the recent advice of the Central Committee for Hospital Medical Services to suspend the work-to-contract and to return to the negotiating table. I would be most grateful, therefore, if I may be allowed to outline the position as I see it in my role as chairman of the Negotiating Subcommittee of the C.C.H.M.S.

During recent years it had become increasingly difficult to achieve any significant improvement in our terms and conditions of service through the mechanism of the Joint Negotiating Committee—in spite of the most strenuous efforts by the negotiators. At the same time, and for a variety of reasons, the basic salary of the ordinary consultant had become increasingly inadequate. There was a widespread feeling that neither the J.N.C. nor the Review Body machinery was being successful in protecting the interests of consultants, and understandably there developed considerable disenchantment with, and loss of confidence in, both bodies.

In our negotiations appeals to logic, fairness, and reason were almost invariably unsuccessful. It also became obvious that a tough and determined approach by the negotiators themselves was equally unrewarding. It therefore became inevitable that the profession itself (as opposed to its negotiators) would have to demonstrate its toughness and determination. It was against this background of dissatisfaction and frustration that the profession rejected Mrs. Castle's unhappy contract (together with its apparent grave threat to the option agreement). Subsequently both whole-time and

part-time consultants throughout the country gave widespread support to the work-to-contract.

The recent meeting with the Secretary of State and her letter to the Secretary of the B.M.A. (26 April, p. 202) provide a clarification and a redefinition of the existing option agreement which more than protected the present position of those taking a maximum part-time contract, and this in turn protects the independence of the profession. The further letter, to Dr. C. E. Astley (26 April, p. 202), contains a series of assurances to the profession which should lead to major improvements in the existing contracts (both full-time and part-time). I hope that consultants will study the correspondence very carefully and that they will note in particular the agreements in principle to reward additional work (emergency recall fees, payment for voluntary extra sessions, family planning, and administrative work). The long incremental scale has been shortened and London weighting allowances are to be introduced. Recognition of "on call" is to be re-examined, as are the allowances for cars and telephones. In the important field of superannuation the Secretary of State has promised to make proposals to recognize war service. These two letters, then, following a short period of determined action, have not only provided protection for the option agreement but should also lead to major improvements in the existing contract for all consultants.

Some consultants did not support the work-to-contract, but, while their attitude was quite understandable, I believe it is quite clear that without this display of firmness the recent agreements would not have been achieved. To the other group, who feel that sanctions should have continued or even been intensified, I must point out that