like to correct the statement made about Mr Steve Biko that the University of Natal expelled him after becoming politically active. In truth, the university gave him every opportunity to pass his examinations, and when he failed it excluded him in terms of rules which are common to most medical schools and which set a limit to the number of times that a student may fail. In order to refute this statement, it is necessary for me to publish his record.

Mr Biko failed his first year and repeated it. He then failed his second year and the supplementary examinations which he was granted. He was allowed to repeat the second year and at the third attempt passed very narrowly. He then failed his third year of studies, which he was allowed to repeat and again failed. He was then excluded. At no time did his politics enter into consideration of whether he should pass or fail. I would add that his failure was not due to lack of ability but rather that his interests lay elsewhere.

I feel it is important to refute this incorrect statement, as the medical school of the University of Natal strenuously opposes the philosophy of apartheid and any form of discrimination based on race or creed and itself often labours under difficulties in defending its ideals against the circumstances in which it finds itself. At the same time, I would point out that untrue, inaccurate, and unscientific statements of this type are more and more frequently being made against South Africa, which presents her in a light which is quite different to what occurs here.

THEODORE SARKIN
Dean

Faculty of Medicine,
University of Natal,
Durban

SIR,—The relationship between the British Medical Association and its official journal and the Medical Association of South Africa has through the years been characterised by concern for our mutual interests and ready consultation on such matters. It is therefore with considerable surprise that I have noted your publication of a letter under the title "Medicine and apartheid" (4 February, p 306) without obtaining comment from the Medical Association of South Africa.

This letter appears to imply that the individuals mentioned while in the process of carrying out their lawful practice of medicine or dentistry or who were involved in lawful undergraduate studies have by virtue of their professional activities been victimised by the South African government. This is, of course, unmitigated nonsense. The Medical Association of South Africa has within its membership people of all colours, races, religious persuasion, and political affiliations and I can make the categorical statement that not a single member of my profession has been victimised in this country for acts arising out of his or her professional activities.

The possession of a medical or dental degree or membership of the medical student body does not place an individual beyond the statutes and law of his country and if he or she chooses to contravene such laws for motivations other than his professional medical or dental responsibilities then one must assume that he is also aware of the penalties which may be involved. This whole matter I believe falls outside the ambit of professional medical practice and as such outside the ambit of a

journal which should publish on and concern itself with such matters alone.

J N DE KLERK
Chairman of Federal Council,
Medical Association of
South Africa

Pretoria

Sickness benefit forms

SIR,—On 4 October 1976 general practitioners were issued with new blocks of "Form Med 3" and instructed to use these immediately, destroying all old certificates remaining unused. On investigation I discovered a very large stock of the old certificates in my cupboard, and it occurred to me that as there was no real difference between the two it would be sheer waste of money to conform to the Department's requirement and I continued to use the old certificates. Today, some nineteen months later, despite repeated protest by the manager of the local DHSS office pointing out the error of my ways (to whom I countered that his constant reminders were dissipating my savings) and despite the matter being raised during a visit of the regional medical officer, I have finally reached the last block of the old-stock certificates.

One cannot but help wondering how much money has been thrown away with the wanton destruction of stocks held by doctors and the Department of this one item alone. Should it be thought that my stocks lasted so long because they were little used, I can assure you that I have a full list in an industrial practice with all the work and certification which this entails.

H I HOWARD

Bristol

Junior Doctors Forum

SIR,—On behalf of those who attended the recent Junior Forum of the BMA in York, I should like to record our appreciation of the planning and the smooth running of this meeting. The preparation by the forum executive and by the BMA secretariat was well rewarded by the success of the symposium on communication and the high standard of the debates. Communication in all its aspects is of great importance to the profession. The report of the proceedings, sponsored by Ciba-Geigy, should be of value and interest to many doctors.

The forum is just one aspect of the increasing involvement of the BMA in the affairs of doctors in the training grades. Unfortunately there is a lack of response from juniors to this initiative. Too few are playing any role in the various levels of the Association, or indeed becoming members. As chairman of one of the regional staff committees, I am very aware of this lack of involvement shown by so many. Of course this is not peculiar to medicine, and is exacerbated by long hours and job mobility. Nevertheless, if we care about our profession and the standard of care to be given to our patients, now is the time to become involved. The BMA has provided the infrastructure; more is needed at a local level, but that will depend on our membership and participation.

DAVID B JEFFERYS
Chairman,
South-east Thames Junior Staff Committee

London SE6

Points from Letters

Traumatic tenosynovitis of the wrist

Dr E S HODGSON (Birmingham) writes: I was interested in Dr H O Paton's experience (25 March, p 789) with tenosynovitis. During two years . . . in Zambia I treated about 400 cases of tenosynovitis in cane cutters, mostly young men who had previously not worked at this occupation. . . . They tended to swing their wrists using a cane knife, whereas older workers had discovered that the weight of the knife alone, using the elbow as a fulcrum, was more efficient. . . . Patients preferred to stay at work, and with Elastoplast strapping they improved rapidly. . . . Relapses were rare.

Otosclerosis and the operating microscope

Mr R S LEWIS (London W9) writes: I think Mr A Brownlie Smith (1 April, p 858) is not correct in assuming that the operating microscope he developed was the first microscope to be used in clinical practice. Sir Terence Cawthorne wrote in the *Journal of Laryngology and Otology* (1943, 58, 363) that he had been using a Leitz binocular dissecting microscope, giving a magnification of 10 diameters, since 1938 . . . and he named other surgeons who were already using a microscope for operating upon the temporal bone. . . . I can confirm that, though compared with the superb instruments of today the Leitz dissecting microscope would seem a poor thing, it did give a good field and illumination, and, provided a small drill was used, the working distance of 22 cm was adequate.

Fire escapes in hospitals

Dr C A K BIRD (Macclesfield Hospital, Macclesfield) writes: How many fire escapes in hospitals are easy of tread and well illuminated with the edges picked out in white, so that an emergency at night would not result in people falling? Many fire escapes in different parts of the country are the sort that I myself would not care to go down with a dozen or so other people having been woken up at night, ill, and attempting to escape.

Patients' all-in medical card

Dr MARY BLISS (St Francis's Hospital, London SE22) writes: Dr J Jacobs (8 April, p 925) asks whether it would be possible to require practitioners to provide their patients with cards containing a record of their current medication to assist other doctors treating them. . . . Prescription record cards are, in fact, already in fairly widespread use, but in practice it has been found difficult to ensure that they are sufficiently comprehensive and are kept up-to-date. I would be interested to know what Dr Jacobs would think of my proposal, for, not a record card, but a universal prescription card, in the form of a booklet to be carried by the patient and used by all doctors treating him in general practice or in outpatients. The booklet would be presented to the pharmacist for dispensing instead of the present prescription leaflets or hospital outpatient prescription cards, and returned to the patient with his drugs. . . .