the British Cardiac Society should encourage the setting up of a multicentre study.

KENNETH G GREEN

Stepping Hill Hospital,
Stockport, Cheshire

¹ Anturan Reinfarction Trial Research Group, *New England Journal of Medicine*, 1978, **298**, 289.

² Multicentre International Study, *British Medical Journal*, 1977, **2**, 419.

Basal cell carcinoma in identical twins

SIR,—The case report by Dr K Liddell (8 July, p 97) on basal cell carcinoma in identical twins with a high degree of concordance for earlier medical history, anatomical site, and time of diagnosis was very illuminating. We would bring to your attention four twin pairs concordant for basal cell carcinoma in Finland. These were observed after computer-assisted record linkage between the Finnish Twin Registry (containing 17 357 like-sexed twin pairs born before 1958 belonging to unbroken (living) pairs in 1967) and the Finnish Cancer Registry (tumours diagnosed before 1975). Twin zygosity had been determined by questionnaire in 1975.¹ All cases of basal cell carcinoma (BCC) had been histologically verified. The following are brief reports of the four concordant twin pairs.

Identical male pair, born 1894. Lived together for 30 years. First twin had a BCC on the trunk in 1968; died from atherosclerotic nephropathy in 1970. Second twin had BCC on the nose in 1970.

Male pair of unknown zygosity, born 1901. First twin had BCCs in 1961 (ear), 1967 (face), and 1970 (forehead); died of cancer of the prostate in 1973. Second twin had BCC of the forehead in 1967.

Identical male pair, born 1912. Lived together 32 years. First twin had BCC on forehead diagnosed in 1961. Second twin had BCC on face in 1968.

Male pair of unknown zygosity, born 1931. First twin had BCC on shoulder in 1970. Second twin had a mid-back BCC in 1974.

In addition 65 discordant pairs were identified whose zygosity distribution (17 identical, 39 fraternal, and 9 unknown) corresponds to that of the whole twin series. The crude proband concordance rate in identical twins (2/19) is certainly much greater than the risk in the general population, but the common familial environment is a confounding factor which should be considered. Family studies should prove useful in clarifying its role.

JAAKKO KAPRIO

Department of Public Health Science,
University of Helsinki

LYLY TEPPÖ

Finnish Cancer Registry

¹ Sarna, S, *et al*, *Human Heredity*, 1978, **28**, 241.

Lord Mayor Treloar Hospital, Alton

SIR,—We, the undersigned consultant orthopaedic surgeons of the Wessex Region, wish to make public our total opposition to the decision of the Hampshire Area Health Authority to close the Lord Mayor Treloar Hospital at Alton.

This decision, which we are told is irrevocable, was announced to a meeting of the surgical staff on 16 June 1978 but had apparently actually been taken by the authority as long ago as last July, without consultation with or notification to any orthopaedic surgeons on the staff of the hospital or region.

Alternative arrangements are being offered to the districts in the form of additional beds and operating theatres in the mistaken belief that this will suffice to replace the comprehensive facilities of the Regional Orthopaedic Centre. It is evident that these proffered schemes will do nothing to lessen the waiting lists in any district, while a successful regional orthopaedic centre which is working well with a dedicated staff and happy atmosphere, a school of orthopaedic nurse training, and magnificent rehabilitation facilities, and which has enjoyed complete freedom from industrial strife, is to be shut down.

It is our considered opinion that a wrong decision has been made. Taken in haste to meet the present financial crisis, its consequences will be incalculable and this area authority will stand condemned for being the only one in the country to shut down a large and successful regional orthopaedic centre. This hospital has served a large area of southern England since 1907. It has a national reputation and has earned the devotion of its patients. It has also maintained an international reputation since Sir Henry Gauvain's pioneer work on bone tuberculosis in the earlier decades of this century. Over the years the hospital has adapted successfully to the changing scene, and it is our wish that the Lord Mayor Treloar Hospital be allowed to continue as an active regional orthopaedic centre.

We deplore this ill-judged decision and ask the Hampshire Area Authority to think again. We appeal to the Wessex Region and to the Minister of Health to re-examine this issue. We hold the ultimate clinical responsibility for providing the orthopaedic needs of our patients.

K R J DE BELDER
EDWARD SMYTH
JOHN WILKINSON
ROBERT JACKSON
J W FITZGERALD
J A ROBERTSON

MICHAEL HUNTER
ROBIN DENHAM
M ELIZABETH SHELSWELL
JOHN ALLISON
W E G GRIFFITHS

Negotiating rights for junior hospital doctors

SIR,—Mr Tom McFarlane's charges (22 July, p 282) of preplanned filibustering to prevent debate on Motion 104 at the Hospital Junior Staff Conference are unjust.

Motion 104 was the third resolution in the section on "Representation of Hospital Junior Staff," to which a time limit of 30 minutes had been allocated under the guillotine arrangement. The first two resolutions in this section dealt with very important matters—representation of junior doctors on Council and BMA facilities for Regional HJSCs—and used up all the time allocated. An average of 15 minutes per debate is hardly filibustering.

Mr McFarlane might more appropriately have asked, however, why the conference Agenda Committee had not placed Motion 104 at the beginning of the section, thus ensuring that it would be debated, if it was indeed of the importance suggested by the representatives of MPU/ASTMS. He might have gone further and asked why the members of MPU/ASTMS present at the conference did not oppose the report of the Agenda Committee at the appropriate time.

While I am not in a position to answer the latter question, I can perhaps give an explanation on behalf of the Agenda Committee. The Junior Staff Conference exists to formu-

late broad outlines of policy for the Hospital Junior Staff Committee to pursue during the following year. It has no powers to alter either the constitution or the composition of the HJSC itself, which is an autonomous standing committee of the BMA. As far as the Hospital Junior Staff Conference is concerned, therefore, Motion 104 was not one which fell directly within the remit of the conference and the Agenda Committee could not therefore give it precedence over motions which did so fall. This year 126 motions appeared for debate on the conference agenda and of these time allowed for only 32 to be dealt with. The Agenda Committee endeavours to perform the difficult task of ensuring that full consideration is given to the maximum number of resolutions which fall within the remit of the conference and cannot, now or in the future, give priority to resolutions which fall outside this remit.

JAMES N JOHNSON
Chairman,
Hospital Junior Staff
Conference

BMA Merseyside Regional Office,
Liverpool

Private day cases and outpatient diagnostic services

SIR,—You kindly published (1 July, p 60) a letter from me stressing the importance of consultants informing the Health Services Board if they have evidence of the use of diagnostic services for private patients in the hospitals listed in the Health Services Board circular of 6 June 1978. In that circular the board asked health authorities to provide written confirmation of the accuracy of the SH3 nil returns for 1976 and 1977. It has been pointed out to the board that there is, in fact, no space on form SH3 on which information may be given about the use of diagnostic facilities for private patients, and in view of this the board has agreed that whenever a health authority submits a nil return the board will ask for further specific confirmation that there has been no use, under the authorisation as distinct from under "open access" arrangements, of these services for private non-resident patients. No proposals will be made without such confirmation, although this may mean the board having to delay their submission to the Secretary of State.

It is still important, however, for any evidence of the use of such facilities to be brought to the notice of the board.

D E BOLT
Chairman,
Joint CCHMS/JCC Subcommittee
on Independent Medical Practice

BMA House,
London WC1

New consultant contract

SIR,—Since it became plain that rather fewer than half of those eligible to vote in the recent ballot had actually approved the new contract in principle I supposed that such a radical change in our terms of service would not be enacted without further consultation. Unfortunately, such a course of events is now far from certain.

If the new contract proposals should be implemented despite the inadequacy of the mandate, the effect on the significant minority who favour an "open" contract, largely on the lines of the present one, would be oppres-