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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Two nations at the MRC?

SIR,—Professor Miles Irving (11 January, p 134) seeks an explanation for the apparent lack of understanding by the MRC of the importance of research into surgical problems. I share his concern at the lack of surgical research in the field of trauma, but feel that his criticism may be misdirected as the real causes lie outwith the council. As a member of one of its boards, I can assure Professor Irving that we are only too aware of the need to develop more research in the surgical disciplines. Unfortunately, the council can only be expected to provide support when applications of sufficient scientific merit are submitted. At present this is often not the case, and there is in addition a disappointing lack of interest in the earmarked fellowships and grants for research training in the surgical disciplines. Much of the problem stems from the attitudes generated by the Royal Colleges, their postgraduate training committees, and surgeons themselves who regard basic science research with suspicion as an activity which diverts the trainee surgeon from the real task of learning his craft. Time spent in full time research is only recognised for six months of higher surgical training at senior registrar level. Most registrars at an earlier stage in their training are unwilling to risk time out from the competitive race to get through the senior registrar bottleneck. The health departments also contribute to the problem by their increasing unwillingness to grant appropriate honorary contracts to surgeons working in research because of the perceived need to reduce numbers of junior staff.

Until surgeons themselves regard research as providing a scientific basis for all surgery and not

just occupational therapy for academic departments the situation is unlikely to improve.

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SIR,—As one who has served the MRC in many capacities, first as a laboratory technician, later on project grant committees and then on a board, as well as on several special committees and site visits, and as a one time recipient of long term support in the form of three successive programme grants, I write to support Professors Miles Irving (11 January, p 134) and Hugh Dudley (18 January, p 200) in their anxieties over current MRC policy. At the very least, members of the public and members of parliament expect much more overtly medical research from the MRC, and rightly so.

Sir James Gowans's reply (18 January, p 200) was weak and predictable. Nobody "good enough" in the UK to do research on trauma? Good enough for whom? And Professor Irving was surely not advocating a geographical basis for the allocation of MRC funds, as Sir James's stock reply suggests. Professor Irving seemed to me to be saying only that it was unlikely that talent of the kind society and medical progress required was distributed as unevenly as were MRC funds, and I agree. Sir James's comment that the council does not base its support on "great skill and dedication in patient care," a policy not advocated by Professor Irving, perhaps reveals a little about the MRC's attitude to clinical science and medicine.

And to dress up Professor Irving's very reasonable protest as a "singular disservice to all those who give and have given so much of their time and advice to assist the Council" is an angry, ludicrous, but sadly predictable response from one who either does not, or is not willing to, understand the point.

I would add only that it is not only surgery that is affected adversely. My own work was halted at the same time as the council was parading it before parliament and in its own annual report. High up, basic science, in house fundamental neurobiologists to whom it was referred were not interested and quite ignorant of my longstanding efforts to research the effects of social and nutritional adversity on the development of brain and behaviour. Their secret recommendations, leaked to me by the secretariat, contrasted strangely with my apparent usefulness when it came to parliamentary accountability, and led to my voluntary early retirement rather than spending the last years of my professional life fighting the kind of thing now being complained of by Professors Irving and Dudley.

Personal grievance, however, is a poor substitute for reasoned complaint and will draw an expected response, either in public or secretly. I can only hope that others who might be less suspected of bias will join in the present clamour. No one is denying or wishing to restrict present MRC fundamental research, which at its own level is highly successful. It is the MRC who is denigrating and stifling the rest of us, and both parliament and the public should understand this.

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