

I write to inquire, firstly, whether the above information is accurate and correct; secondly, to ask the Association to publicise this more to the profession; and, thirdly, to inquire whether the BMA intends to arrange for any concessional prices for eligible doctors to purchase one of these flashing green lights, if they are Association members.

I would also like to inquire what the Association is doing about educating the public about the significance of a flashing green light on the top of a car. Has the Department of Transport been consulted on this matter with a view to a publicity campaign, so that when a flashing green light is seen on a car the public is educated to give way to a green light in the same way as to a blue light?

JOHN D W WHITNEY

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\*.\*The Secretary writes: The new rules governing the use of rotating green flashing lights by doctors (not just general practitioners) in emergency are a result of negotiations between the BMA's Private Practice Committee and the Department of Transport. Much publicity about this new facility has already appeared in the medical press and the BMA has arranged with the Department of Transport for a public campaign to make clear what the green beacon means. The Association is making arrangements to supply these lights, which will be limited to a maximum of 36 watts, to its members at concessional rates.—ED, *BMJ*.

### Working harder in general practice

SIR,—We have thought for some time that as a practice we were busier than, say, three years ago; so we have compared our visits and surgery consultations for November 1975 and November 1978. The figures are:

	Nov 1975	Nov 1978
New visits .. .. .	171	209
Repeat visits .. . .	196	240
Total visits .. . . .	367	449
Surgery consultations ..	2166	2568
Total consultations .. .	2533	3017

Thus we are undertaking 18.6% more surgery consultations and 22% more visits than three years ago without an increase in the number of patients.

This trend is attributable, we think, to patients' making more demands for treatment and also to the gradually increasing age of the population we serve. This area was built up in the 1930s, by both private and council housing, and we retain a large number of original tenants and owners. We wonder if other practices share our opinion that we are working harder.

J D GODDARD  
LYDIA SMYTHE  
D W SIM  
T P F RHIND

Morden, Surrey

### Too many precautions for pathology laboratories?

SIR,—It is too soon fully to appreciate the repercussions likely to follow the revelation of the contents of the Shooter report but it is important that doctors and the public alike should be aware of the world of difference between hospital district pathology laboratories

and those special laboratories (Birmingham University, the London School of Hygiene, and the Microbiological Research Establishment, Porton) which have, in recent years, been associated with cases of exotic laboratory-acquired infection. Hospital laboratories already suffer under the twin yokes of the Howie Report<sup>1</sup> and the Health and Safety at Work Act. The former, by a committee that was lamentably short of working hospital pathologists, has produced a dogmatic, mandatory, and comprehensive list of precautions to be taken against risks that have hardly been identified, far less quantified; the latter has provided, among other things, that a medical laboratory scientific officer less than half way towards qualification may be appointed laboratory safety representative. Both these instruments serve only to divert money and manpower from their proper use in the laboratory. If any backlash resulting from the publication of the Shooter report were to place further obstacles in the way of running an already undermanned and underfinanced pathology service, then pathology will be forced to align itself with the other medical disciplines and institute waiting lists for pathological investigations.

R PILSWORTH

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<sup>1</sup> *Report of Working Party to Formulate a Code of Practice for the Prevention of Infection in Clinical Laboratories.* London, Department of Health and Social Security, 1978. (Howie Report.)

### Short listing for senior house officer posts

SIR,—We have been distressed by the number of doctors who do not notify us that they will not attend for interview when they have been short listed. Clearly, the wise junior doctor will apply for a number of posts to keep himself in continuing employment. However, we have been forced to increase the size of our short lists to ensure an adequate attendance. On one recent occasion 10 competent juniors were interviewed for one post. On another, 10 were short listed for two posts: three told us that they were not coming, five did not attend or reply to the invitation, and the two who came were appointed.

It is bad manners when short-listed candidates fail to indicate their intention not to attend. A brief note or telephone call would be enough. There would usually be time for us to contact another candidate and invite him to the interview. We intend to notify the referees of all short-listed candidates who do not reply or attend for interview of such discourteous behaviour.

C H CHEETHAM  
D H GARROW

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### Consultant milage allowances

SIR,—Fifty per cent of my disposable salary in 1978, after mortgage repayments, went on running a seven-year-old car for about 10 000 miles of "peripheral" full-time psychiatric practice. In recompense I was offered a minuscule travelling allowance based on regular user rates of about 7p per mile, in contrast to the figures of 22.6-49p per mile given recently by Marcus (14 October, p 1101).

This severe drain on my funds means I am poorer now than when a senior house officer. I am in a financial straitjacket which in many ways prevents me from fulfilling a consultant role.

In the last decade our region's university department of psychiatry, one of the best in the country, has produced many fine psychiatrists. In a decade, less than half a dozen of them have taken non-teaching posts in our region, which is known to have problems in staffing consultant psychiatrist posts.

Could there be a link? When, oh when are the profession's negotiators going to get fair travel allowances which do not force consultants to subsidise very substantially the provision of specialist medical services?

MALCOLM GREEN

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Lancaster

### Royal College of Surgeons of Edinburgh: reform of fellowship examinations

SIR,—The Association of Surgeons in Training considered the proposals of the Royal College of Surgeons of Edinburgh for a new examination both at their AGM in Aberdeen in September and at a committee meeting in November. At both meetings the proposals were unanimously rejected. The members (who represent the senior registrars and lecturers in general surgery and plastic surgery, urology, and paediatric surgery) felt that the imposition of a third examination during the period of higher surgical training would be of no benefit either to themselves or in the long term to the general public, their patients. Many of the arguments against the examination have already been discussed in your columns (8 July, p 124; 4 November, p 1301; 18 November, p 1437). Our main objections centre on the fact that we regard the interview for the senior registrar job and the period of higher surgical training as comprising a third examination. The senior registrar interview, which is the final hurdle before entering higher surgical training, is in some way a further examination. Competition is fierce and the presence of a neutral assessor and referees' reports should ensure that a suitable candidate is appointed. Higher surgical training itself, if properly organised, with frequent and thorough inspections of the course, will ensure that after a period of three to five years a competent, well-read surgeon is ready for a consultant's job.

Initially, many of our members who belong to the other royal colleges did not think that the proposals would be relevant to them. However, they have come to realise that as fellows of the other three royal colleges will, of course, be able to take the examination, it then will only be a matter of time before consultant appointing committees use the attainment of the certificate of diploma as a means of separating two equal candidates. We therefore approved a motion at our last committee meeting suggesting that our members do not take the exam.

The orthopaedic and neurosurgical senior registrars of course, whom we do not represent, may have other views on these proposals and it would be extremely interesting to hear from them.

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President,  
Association of Surgeons in Training

Aberdeen