sion in saying that I really do think it unfair that when our patients think they need a thorough health check-up they ask their *doctor* to *vet* them, but when they want their cats castrated they ask the *vet* to *doctor* them. No doubt there is an obvious Freudian explanation which has escaped me.

Is it unrealistic to hope that the *BMJ* will lead the profession back to a dignified world where it is the patients who are doctored and the moggies who are vetted and not vice versa?

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"Outwith my competence"

SIR,—As an honours graduate in English, with more than a passing interest in the development of our native tongue, I was most interested to read Mr Karl Sabbagh's letter on the use of the word "outwith" (31 March, p 894). In fact, only days earlier I had been discussing this word with a colleague who has recently joined the BMA staff and who, like myself, had not encountered it (dare I say) outwith the medicopolitical field.

I do not entirely agree with the Editor's footnote regarding the wide usage in educated speech in Scotland and Northern Ireland as this implies it has not yet penetrated the rest of the UK. Surely he cannot have failed to hear the favourite recourse of the harassed at BMA House: "This is outwith my remit" (the latter word also, perhaps, being fodder for further debate). It sounds so much more educated than saying: "It's not my job," which, these days, smacks of demarcation lines; it looks better on paper and it completely baffles the uninitiated.

Mr Sabbagh, I share the fear which induced you to pen your letter. What unnecessary and meaningless *inroads* are being made on our language *at this point in time.*

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SIR,—I am amazed at your editorial comment (31 March, p 894) that the word "outwith" is widely used in Northern Ireland. During the whole of my life there I have never heard it spoken, except occasionally by an immigrant Scot. I trust that you will speedily remove your imprimatur.

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Bicycle accidents

SIR,—I bought a bicycle at Christmas and have become very much addicted to it. I therefore read the letter of Mr H Milnes Walker (10 February, p 413) with considerable interest. I too have been very apprehensive of following traffic and entirely confirm the difficulties he mentions.

Unfortunately, when I have tried to look backwards I have found I tend to swerve into the road. I tried a bicycle mirror but have found it very difficult to obtain a fitting, particularly because the position of the supporting arm from the handlebars is quickly jerked out of alignment when the bicycle goes over a pothole. I tried therefore carrying a mirror on the back of my right hand. I have used simple Velcro straps, fastened for the time being with Araldite to the back of the mirror, to hold this to the back of my hand. I find I can use this pretty well to check the position behind me, though a little practice is required and inspection has to be rather deliberate. The mirror I have used is a two-plane panoramic one, though a simple plain mirror may in fact be better and I will experiment with this.

I wonder if other cyclists among your readers might be interested in the idea and whether some commercial firm would think that it were worth while to put such a device into production, perhaps with a rather improved hand grip.

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Judging safe distances

SIR,—Your special correspondent on road accidents correctly refers to the difficulty of judging safe distance for drivers (2 December, p 1551). This difficulty derives from the fact that safe distances vary with different speeds. Perceptual errors associated with this task are well known.

A preferable solution is to teach drivers to keep an interval measured in time rather than seconds from the vehicle in front of their vehicle. The two-second interval ("one thousand one, one thousand two") eliminates the need for a relatively complex split-second calculation of desired *distance* and gives the driver a simple rule for training and monitoring his distance from cars ahead of him.

Education involves knowledge, attitude, and practice. The two-second interval rule simplifies the complexity of the driver's task in relation to two of these three elements: knowledge and practice. It would be helpful to know if there have been controlled trials of the effect of teaching the two-second rule on driver behaviour with regard to headway.

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Use of car headlamps

SIR,—Mr John Primrose (31 March, p 891) is critical of the need for the more widespread use of car headlamps in conditions of poor visibility and in urban areas after dark. He stresses the problem of dazzle to other car users because of reflection and the masking of direction indicator lights by headlamp glare. While I accept both these points neither is an adequate argument against the use of correctly aligned and dipped headlamps, but they perhaps suggest that the design of headlamps and direction indicator lamps could be improved.

The legal requirements for headlamp and fog lamp use in fog, snow, and heavy rain are clearly given in *The Highway Code*; and we are also advised to use dipped headlamps in urban areas at night where the street lighting is inadequate, as it often is. A glance at the table of factors contributing to road accidents,[1] compiled from data obtained by the Transport and Road Research Laboratory, will show that "looked but failed to see" and "failed to look" are both common contributory factors in accidents involving cars and pedestrians. Mr Primrose's comment "It is not so much requiring to be seen as being able to see anything else" typifies the selfish attitude of many drivers who think that if they can see the road ahead without using headlamps then other road users can see their approaching car. "I just did not see him" is a common statement after an accident. If we use our headlamps more readily when driving in rain, fog, and snow and at night we must be more easily seen—and this must reduce the number of accidents.

Mr Primrose's "rally drivers" cannot be condoned for acting illegally. Low-slung fog lamps can be used only in fog or snow; spotlamps, which operate on main beam, must be fitted in pairs or in conjunction with a fog lamp and must be wired in such a way as to be operational only when headlamp main beam is on.

Finally, I must strongly disagree with the suggestion that flashing headlamps as a warning at crossings or other danger spots is to be recommended. Headlamp flashing is an often misinterpreted signal and could lead to accidents at junctions. Distraction is also a common contributory factor to accidents,[1] and flashing headlamps could distract. As most instantaneous headlamp flashers operate only on main beam the chances of temporarily blinding drivers of oncoming cars and thus increasing the risk of an accident is surely greater than if we merely used dipped headlamps.

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[1] *British Medical Journal*, 1978, **2,** 1272.

Why blame the obstetrician?

SIR,—Professor Ronald Illingworth (24 March, p 797) deplores the "sale of goods act" attitude that a parent who orders a baby through the health service should be entitled to claim compensation from his obstetrician (as retailer) if the product proves of "unmerchantable quality." The message from his review is that blame in most cases should more properly be laid at the door of the manufacturer. In the field of man-made consumer products this is of course a well-known area of dispute. In reproductive medicine it is one on which the pathologist, as a quality control specialist, may be expected to comment.

The two major forms of pathology which are commonly accepted to have preventable aspects are birth trauma and perinatal asphyxia. Severe birth trauma is, however, believed to be rare.[1] It is not widely appreciated that it may be almost as difficult to recognise trauma at post-mortem examination of the newborn as in life. The difficulty of examining the soft unmyelinated brain, particularly that of the preterm infant, means that trauma is only commonly diagnosed if associated with massive haemorrhage or disruption of cranial structures. Although tentorial tears would be recognised by most pathologists, the common and potentially fatal (or damaging) lesion of separation of the squamous and lateral parts of the occipital bone appears to have been consistently overlooked for many

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