

Points

Poor vision and driving

Dr A ERIC WILSON (Taunton, Somerset) writes: There is evidence that between a third of a million and half a million people are driving motorcars around the roads of Britain with visual acuity below the legal number-plate standard. Certainly I have regularly been seeing patients who have been doing this. Motorists are not monitoring their own vision as they are supposed to with the "until 70" driving licence. Under the new Transport Bill, two penalty points are to be awarded for failing or refusing a sight test by the police while 12 points in three years are needed for disqualification from driving. I believe that the yearly convictions have been about 300, so the chance of any illegal driver being caught once in one year is less than one in 1000. No one is likely to get caught six times in three years. This amounts to non-enforcement of the law. I know that it is argued that statistics suggest that poor vision is not a major cause of road traffic accidents. Carried to its logical conclusion, this argument for the lack of effective law enforcement would lead to the abolition of the legal standard, which would be absurd. I do not think that it is reasonable to say that it is a good idea to have a minimum legal standard, but not a good idea to enforce it. And surely drivers should be able to read road signs, which they cannot do if they cannot read a number plate. Are there any suggestions for improving the position? . . .

Paediatricians and the law

Dr Bernard Sandler (Manchester M3 4DQ) writes: The supporters of Life who wish to force all parents to preserve the lives of their children born with congenital defects, no matter what the quality of that subsequent life may be, seem incapable of understanding that these parents are not all heartless and uncaring. I suggest that since Life is so concerned to force others to do what they do not wish to do, Life itself should arrange among its members to adopt or foster these children, or alternatively provide other homes for them.

"What matters is an individual . . ."

Dr PEGGY NORRIS (British section, World Federation of Doctors Who Respect Human Life, Huyton, Merseyside L36 5SR) writes: Dr Richard Hardy's excellent "Personal View" (21 November, p 1396) is a timely reminder of the priority of our duty to patients under our care. The BMA should now reaffirm its support for the Declaration of Geneva, 1948, which states that "the health of my patient will be my first consideration." This would help to restore confidence in the integrity of the profession.

Health education and pregnancy

Mrs JOAN RICHARDSON (Hereford and Worcester Area Health Authority (Health Education), Worcester WR1 3BZ) writes: Minerva's comments (21 November, p 1410) about advice to pregnant women on drinking alcohol touch on the old sore point of whether it is ethical to put out health education messages in case they may make people feel guilty. Ideally, we should be educating young people about health in pregnancy long before they are parents, but in the meantime public

education about health must include avoidable hazards, particularly the effect of drugs on the fetus. Saying to a woman afterwards, "Well, we didn't really want to alarm you—we're not really sure, you see" is not much consolation if she is one of the unlucky ones who have a handicapped child.

Who will buy?

Professor JOHN DOBBING (Department of Child Health, Medical School, Manchester M13 9PT) writes: Dr R E Goodman's excellent piece "Who will buy?" (31 October, p 1174) is marred only by his belief that Bakewell is in Cheshire. I have noted a certain insularity in Mancunians, but not as close as this.

Familial colorectal cancer and hereditary brachydactyly

Dr NAOMI FITCH (Lady Davis Institute for Medical Research, Jewish General Hospital, Montreal, Quebec H3T 1E2) writes: The hereditary brachydactyly described by Dr F A MacRae and others (2 May, p 1431) is an excellent example of brachydactyly C,¹ as originally described by Vidal.² The family of Brailsford³ cited in the *BMJ* paper does not have brachydactyly C. Up to now the only association of brachydactyly C and cancer has been in two patients who developed leukaemia.¹

¹ Fitch N. *J Med Genet* 1979;16:36-44.

² Vidal E. *Bull Acad Med* 1910;63 (ser 3):632.

³ Brailsford JF. *Br J Radiol* 1945;18:167-72.

Effects of sodium valproate with special reference to weight

Dr K N HAQUE (Department of Paediatrics, Riyadh University, Riyadh, Saudi Arabia) writes: With reference to the excellent paper by Drs J Egger and E M Brett (29 August, p 577), . . . we have a large number of patients taking sodium valproate, of whom 48 are both mentally and physically handicapped. In 18 (37.5%) of these children we had to withdraw this drug owing to the excessive gain in weight, which created immense difficulties for the parents in lifting the children for changing and toilet purposes. Thus one has to consider this side effect of sodium valproate seriously before prescribing it for handicapped children.

Unit management and doctors' participation

Professor R D BRITAIN (Manchester AHA(T), Manchester M8 6RL) writes: Dr W J McQuillan, in his paper on unit management and doctors' participation (19 September, p 802), raises a number of very important points regarding the reorganisation of the National Health Service. In light of the complaints from the medical profession about the previous structure, it is important for doctors not only to be involved in the new structure but also to participate in its creation. I should like to emphasise one point made by Dr McQuillan. He refers to the fact that the team managing the unit will comprise an administrator, a nurse, and an unspecified number of doctors. The guidance in England on the number of doctors has been ambivalent. The answer suggested by Dr McQuillan—that is, one permanent medical representative—is likely to

produce the strongest representation for the medical profession. The adage "United we stand, divided we fall" is likely to be highly relevant to the new structure. There may be a few instances where it would be best to have more than one medical member of the team, but in most cases representation of medicine by one doctor "permanently" on the unit team will be in the best interest both of the profession and of the patient.

Complaints to the Ombudsman

Dr M G REVILL (St Lawrence's Hospital, Bodmin, Cornwall) writes: Minerva gives as her source for the statement that the Ombudsman has to deal with "many complaints" by the relatives of elderly patients who have died in hospital the *Bulletin of the Royal College of Psychiatrists*¹ (21 November, p 1410). This may be—I am sure unintentionally—slightly misleading because although these complaints were often pursued very persistently, and, as Minerva notes, the Ombudsman often perceived in them a strong element of guilt, in fact he also stated that of all the complaints he received last year as Health Services Commissioner "less than 5% related to any aspect of psychiatric medicine."

¹ Anonymous. *Bull R Coll Psychiatrists* 1981;5:198-202.

Medicine and the bomb

Mr M PICKIN (Lord Mayor Treloar Hospital, Alton, Hampshire) writes: I have read with interest the articles on nuclear war, but I was surprised that the article on civil defence (10 October, p 963) did not point to the obvious fallacy of effective evacuation and shelter for all. In the aftermath of a nuclear war this country could not possibly support any large number of survivors for the year or more until food supplies could be assured, and hence it must be an integral part of any civil defence programme that the nuclear event itself should reduce the population to long-term salvable numbers.

Drs MALCOLM KERR, BRIAN GOOD, and C BHARUCHA (Killinchy, Co Down) write: In recent months the medical profession in Northern Ireland has watched the increasing concern throughout Europe at the prospect of a "limited" nuclear war, and has silently read the growing literature on the medical implications of nuclear weapons. Doctors, however, seem like the general public to have accepted one or more of three erroneous assumptions: that nuclear war is not an issue of legitimate professional concern; that Northern Ireland will be exempt from nuclear strike; or that nuclear conflict cannot be averted. So far there has been no serious discussion in health circles of the effects of nuclear war. We hold that, by our silence, we in the medical profession may encourage the belief that society here can survive a nuclear war—perhaps altered, but in a recognisable form. We wish to join other concerned doctors in forming a Northern Ireland group as part of the national Medical Campaign against Nuclear Weapons (MCANW, 23a Tenison Road, Cambridge). Those interested are invited to write to us at 16 Ballymacashen Road, Killinchy, Co Down BT23 6SM.

* * * This correspondence is now closed.—ED, *BMJ*.