

the nursing staff with their 40-hour contract, time-and-a-quarter for work over this period, time-and-a-half on Saturdays, and double-time on Sundays or public holidays. I represent a group of professional people whose skills exceed those of the nursing profession. Yet even though the doctor makes the important decision and has to carry the responsibility, he gets paid less than a staff nurse. The nursing staff deserve the pay they receive but the houseman deserves more.

Just for comparison look at the advertisement pages of the *B.M.J.* (2 August, p. xxxiii) to see the sort of contract junior

hospital doctors have obtained in Western Australia and, believe it or not, they do not have to clock in or out. Your European counterparts had exactly the same struggle with their governments to obtain better working conditions and standards.

This is your fight, but as a medical practitioner from the old colony I could not help but take up your cause.—I am, etc.,

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stantial increases in strength. With reference to Mr. T. Khosla's letter (19 July, p. 158) a 15% increase in performance with only a 3-kg rise in body weight would hardly constitute "bulking up" and since it is entirely lean tissue a lifter could easily dehydrate in order to compete in his old weight class. It is believed with a high degree of suspicion that sprinters and jumpers, as well as throwers, male and female, now take anabolic steroids, with their attendant risks. . . . In view of the youth and vulnerability of many young hopefuls I suggest that the time has come for legislation rather than moralizing.

Points from Letters

G.P.s' Increment

Dr. L. C. WRIGHT (Caister-on-Sea, Norfolk) writes: I have done my calculations regarding the increments given this year to G.P.s. According to the T.V. and radio we were to get up to 38% increases. My increments check out at an average of 16%. The increase for ordinary patients is 30%, the increase for elderly patients is 16%, and the increase for temporary residents is nil.

Seat-belt Mastitis

Dr. K. E. JOLLES (Birmingham) writes: Dr. E. L. ELLIS (2 August, p. 310) is quite correct in stating that constant pressure and friction on the nipple is liable to cause inflammation, whether from a school satchel, trouser braces, or a seat belt. If a seat belt lies over the nipple it must be said quite categorically that it is either incorrectly installed, incorrectly adjusted, or both. All types of seat belt approved for installation in new cars must be designed for single-handed operation and, if correctly positioned, will lie in the cleavage between the breasts. Older types, especially if maladjusted, could be uncomfortable if they came to run across the breast. . . .

Abortion (Amendment) Bill

Dr. PETER DOHERTY (London) writes: Surely we must all agree that the genetic make up of the cells of the fetus takes elements from both parents which combine into an altogether unique pattern that is characteristically its own and distinguishes it from either parent. There is a direct and unbroken continuity of life from the fertilization of the ovum to the reception of its fully developed version into a geriatric hospital. Furthermore, if, as Dr. Isabel G. Smith (19 July, p. 160) implies, the milestone of one independent existence must be reached before the fetus loses its maternal biosis then, to be logical, the grounds for termination, or one might say liquidation, could be extended perhaps until the time of weaning.

Injudicious First-aid

Dr. J. A. H. WILLIAMSON (Cardiff) writes: May I share with Dr. D. M. Mackay (14 June, p. 614) and Dr. M. F. Green (19 July, p. 162) some Australian experiences in

teaching, training, and performing lay cardiopulmonary (heart-lung) resuscitation? Heart-lung resuscitation and expired air resuscitation are manual arts which can be acquired only by practice on properly designed mannikins under trained supervision by someone who can do it himself. We have found that the best resuscitators in the real life situation (for example, surf life-savers) are physically fit people who have practised regularly on manikins and been made to pass practical examinations. Doctors in general—excepting those who have made a special effort—make incompetent resuscitators when no equipment is to hand (as is usually the case). They are often physically unfit and simply have not practised the necessary skills. . . . The maintenance of adequate personal standards requires repeated regular practice on manikins at least once a month. Harm resulting from inappropriately or incorrectly applied external cardiac compression and expired air resuscitation is a neglected area of study at present. Australian information is being collected. . . .

Annual Immunization Hysteria

Dr. JOHN FRY (Beckenham, Kent) writes: Each year at this time a wave of mass hysteria over immunization by holidaymakers travelling overseas hits general practice. If the experience in this practice is representative then perhaps as many as $\frac{1}{2}$ m. persons may have been subjected to immunization against typhoid, cholera, and/or smallpox this season. Their discomforts alone must have been appreciable and a few may have suffered more serious reactions. The usefulness or need for these mass immunizations is highly dubious. The cost to the N.H.S. must be considerable. . . . The Department of Health has a responsibility. Each year the D.H.S.S. should pronounce quite clearly on what is and what is not necessary for holidaymakers overseas. Such authoritative advice would save the travellers discomfort and suffering, it would save general practitioners' time, and it would save some national expenditure.

Anabolic Steroids in Sport

Mr. D. MARR (Glasgow) writes: Dr. D. L. J. Freed and others (31 May, p. 471) have given us the facts to back our suspicion that anabolic steroids plus motivation, a high-protein diet, and training can give sub-

Nutrition Education in Developing Countries

Dr. SHANTI GHOSH (Department of Paediatrics, Safdarjang Hospital, New Delhi) writes: I was interested to read the paper by Dr. Anne Barnes on "Reorganization of a Nutrition Unit in Papua-New Guinea (3 May, p. 265) and its emphasis on nutrition rehabilitation by using the locally available food. My experience over several years has shown that we can serve the cause of nutrition better by making use of the prevalent food pattern rather than waste time and energy on various multimix recipes. In India the traditional food pattern in most parts of the country is a mixture of cereals and legumes like idli and dosai (cakes of rice flour) and black gram (chick pea) in the south and a meal of rice and dal (legume) or roti (pancake-type bread) and dal in the rest of the country. . . . Many villagers eat roti made of a mixture of gram and wheat flour. . . . The problem mostly is not the type of food but the quantity of food that the child needs. In our nutrition clinic, where we see children who are 60% or more below the Harvard 50th percentile for weight . . . the emphasis is on the ordinary household diet and not on special recipes which consume time and fuel. Even for an infant a piece of roti or boiled rice mashed up in a little milk or gravy can serve as the first weaning food. The most important message of nutrition education should be to make the parents realize that their child will grow and thrive on the ordinary household diet provided they give enough of it. Only too often does one hear the parents' lament, "What can we poor people give our child, when we can afford only dal and roti?" The time has come to tell them that that is exactly what the child needs rather than cluttering up their minds with new complex recipes however well balanced and scientific.

Seat Belts and Negligence

Dr. J. A. L. GORRINGE (Trostrey, near Usk, Mon.) writes: Your medicolegal article on the above subject (2 August, p. 315) re-emphasizes that legislation to make the wearing of seat belts compulsory is likely before the end of the year. I offer no comment regarding the desirability of compulsion in principle, but there is a practical consideration that seems in danger of being overlooked. No one seat belt as fitted to a particular car is suitable for all individuals who may drive it or travel in it as front-seat passengers. . . . This problem should be allowed for, along with obesity and pregnancy that are mentioned in your article, in any legislation on the subject.