brain damage and continued excessive drinking represents a particularly serious threat to the lives of other road users, and if we are to take this threat seriously the assessment of convicted drunken drivers with the Halstead-Reitan test battery and the EMI-Scanner deserves our careful consideration not only as a possible index of current disability but also as a possible prognostic guide.

I hope shortly to produce a six-year follow-up of our series of 33 alcoholics which may tell us whether the likelihood of relapse is related to objective indices of the extent of brain damage.

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¹ Brewer, C. and Perrett, L., *British Journal of Addiction*, 1971, **66**, 170.

² Filskov, S. B. and Goldstein, S. G., *Journal of Consulting and Clinical Psychology*, 1974, **42**, 382.

³ Huckman, M. S., Fox, J., and Topel, J., *Radiology*, 1975, **116**, 85.

Drinking drivers and the law

SIR,—I am prompted to write to you by reading again your leading articles (8 May, p 1103) concerning drinking drivers and the law and alcohol and the brain (15 May, p 1168).

If we are honest with ourselves, is it not true to say that alcohol is really a drug far more dangerous even than heroin? The heroin addict, whatever risks he runs for himself, is very little danger to others. If we are truly concerned for the damage done by alcohol, should we not demand that any public advertising of alcoholic drinks should be forbidden by law? The experience of the United States of America and, I believe, of India proved that prohibition is counterproductive essentially because it creates a situation advantageous to Mafia-type pusher groups. For this reason would we not be wiser to make hard drugs fairly readily available for those foolish enough to use them but punish any advertising of them severely? I visualise a situation in which drugs and alcohol could be purchased at moderate costs discreetly, rather like hard-core pornography. They would be in containers labelled "Drugs for Dopes."

Needless to say, penalties for driving under the influence of such drugs would be draconian. Because of the importance of our example drinking by doctors is even more disgraceful than is smoking.

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Childhood accidents

SIR,—It is welcome to see in the review by Dr R. H. Jackson and Professor A. W. Wilkinson on the prevention of childhood accidents (22 May, p 1258) reference to the particular implications for the eye and vision in these. It is germane to this matter that during a visit of members of the Faculty of Ophthalmology to Russia in 1963 one of the matters which excited considerable favourable comment was the presence in every school that we visited (and those who have participated in such tours will know that the Russians are fond of showing off their schools) of a large rotating illuminated picture-postcard type of photograph holder. This demonstrated the

wide variety of methods and instruments with which a child could injure its eyes, including, for example, scissors in the hand, eating fork, bows and arrows, and so forth. We were told that considerable attention was paid to seeing that the children had these dangers brought well to their attention.

Ophthalmic surgeons would agree that the majority of childhood accidents to the eye are in a degree avoidable. If educational authorities could be persuaded to follow this example we might at least be making a beginning in the reduction, if not the elimination, of such accidents.

There is no doubt that ophthalmology, through the Ocular Safety Committee of the faculty and other appropriate bodies, would very much wish to play its part in determined efforts in this field of accident prevention. It is perhaps also appropriate to remember that this is the World Health Organisation's Ocular Injury Year.

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SIR,—At the BMA Clinical Meeting at Exeter recently we were shown a slide of children on holiday (presumably) riding on a farm tractor and trailer, which the speaker on the subject of farm accidents pointed out was illegal and the cause of many accidents to children. When it was asked why the local official children's playgrounds provided old farm tractors for children to climb on, and so breed the contempt of familiarity, the only reply given was that the playground tractors were stationary. When it was asked if the authorities concerned with safety would act in the matter the reply was that this was the responsibility of "another department."

A similar observation was forthcoming from officials on an exhibit on "Safety" at the Devon County Show... "they wouldn't say 'thank you' if we poked our noses into the affairs of another local authority department, and anyway we don't know under which department council-provided playgrounds are equipped."

At least let us have sufficient sense not to encourage children to play with potential dangers.

"Never, never, let your gun pointed be at anyone; That it may unloaded be, matters not the least to me."

JOHN B TRACEY

Pinhoe,
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What do community physicians do?

SIR,—Having read your recent leading article on "The community physician of the future" (24 April, p 976) I was intrigued to notice that there was no mention of what such a doctor would actually do. It is clear that his training is immaculate, that he is highly qualified, and that he has a considerable knowledge of epidemiology and statistics together with "social policy and social sciences" (he probably would be able to define what sociology actually means). To cap it all he is also fully versed in the principles of administration and management. Not only all this but he has also passed exams and it clearly would be helpful to him in his career if he had higher medical qualifications.

Such a highly qualified person is obviously of extreme potential value to "the community." But what does he do and what is "the community"? If a drain is seen to be seeping foul-smelling green liquid is the community physician notified, summoned, and questioned, or does he delegate one of his staff to look into the matter, or is it nothing whatsoever to do with him at all?

For some years now the importance of community physicians has been emphasised in the *BMJ* and elsewhere and for a lesser length of time many doctors have been wondering what their role is. I imagine that I have overlooked, like others, a clear exposition of their function, but it is odd to read your leading article and to find no mention of this. It is of course an understood and accepted maxim of the Western world that voids should be filled with working parties, subcommittees, and "long, hard looks" at trivia. Administrative expansion and "quality control" are probably cheaper than quality achieved.

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Intermittent claudication complicating beta-blockade

SIR,—The conclusion of Dr J. Christine Rodger and her colleagues (8 May, p 1125) that "claudication is an important and possible reversible side effect of cardioselective and non-selective beta-blockade" is a sweeping statement based on anecdotal and not on controlled evidence.

Since short reports are limited to five references, it is regrettable that these authors should choose to refer to unqualified review statements while omitting any mention of recent and important original work. The controlled trial of propranolol in intermittent claudication by Reichert *et al.*¹ provided no evidence of deterioration of occlusive peripheral arterial disease that could be attributed to propranolol, in spite of the high daily doses used (240-1600 mg). The careful discussion by these authors and their plea for more extensive, carefully controlled trials should be heeded.

Your leading article (15 May, p 1165) refers to the benign nature of claudication but emphasises the seriousness of the underlying disease, as disclosed by the mortality from coronary thrombosis. It is important, therefore, that the highlighting of dubious relationships to therapy should not prejudice the use of beta-blockade in situations where its value seems to have been established.

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¹ Reichert, N., *et al*, *Clinical Pharmacology and Therapeutics*, 1975, **17**, 612.

Older smokers

SIR,—In your leading article on this subject (10 April, p 859) the proportions of men and women in the United Kingdom who are cigarette smokers are quoted as 65% and 42%, respectively. It is stated that these figures came from the WHO Survey on Smoking and Health in the European Region 1974-75. No such