only five of the 23 cases of bruising and soft-tissue injury. The weight of the pilot was not related to injury.

TABLE V—No of accidents related to the wind speed, shown grouped according to the grade of injury

Grade of injury to pilot	Wind speed (kph)							
	0–	5–	10–	15–	20–	25–	30–	35–40
0	0	0	1	3	6	3	2	5
1	1	0	1	5	5	4	1	2
2	2	2	4	3	2	9	1	2
Total	3	2	6	11	13	16	4	9

FATALITIES

Two fatal accidents were recorded. One was attributed to structural failure in the kite, and the other to the entanglement of the pilot's boot hook in a strut, resulting in weight shift and an irrecoverable dive.

Comments

The complete absence of skull injury and rarity of brain damage are presumably due to the universal use of crash

helmets. I think that the mild but definite predominance of arm fractures is due to impact with the A-frame during a heavy landing or a crash, as the legs are well below the level of the A-frame. The human frame cannot be appreciably armoured, and the A-frame has to be strong enough to be rigid; it is hard to see any way of reducing the consequences of mutual impact.

The message spelt out by these figures is obvious—prevention, rather than cure. The hazards facing the beginner are all too obvious and clearly constitute an unacceptable risk. I think that it is a sad reflection that many of the above accidents could have been prevented by a little ground-briefing. There is a clear necessity for recognised instruction, similar to that required by the Civil Aviation Authority for pilots of gliders. In particular, there is a need for dual instruction during flight; otherwise the present harvest of injury and suffering will surely continue to be reaped.

Finally, I believe that this sport is no more dangerous than horse riding, rock climbing, potholing, or motor cycle racing, and with training may probably be rendered less hazardous than any of these sports. Let those who disagree produce comparable accident statistics with which to back their assertions.

I am most grateful to the British Hang Gliding Association—of which I am a member—for kindly providing me with the *BHGA Accident Analysis Report for 1975*, from which all the data in this article were obtained and summarised.

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Letter from . . . South Australia

Woombering and Medibank

PHILIP RHODES

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I have been to Toowoomba, and not many people can say that. I was able to do this as a result of the generosity of my hosts at the Postgraduate Weekend, organised by the local branch of the Australian Medical Association, which was the ostensible reason for me being in the delightful small city of Toowoomba.

Toowoomba is in Queensland, about 100 miles inland from Brisbane. It must be about 1500 miles from Adelaide, but such is this phenomenal country that I was asked to go there and give four lectures, all at the expense of the local AMA. It is as if one were invited from London to go and talk to doctors in Rome or Marseilles just for the weekend. Distances here just have to be annihilated so that communication outside one's small circle may be established. Communication means real effort and much expenditure of time and money. Both are given unstintingly in the cause.

Like Professor Hugh Dudley, an erstwhile Australian, I have my doubts about the value of massive international congresses of various kinds, which increasingly seem to be for purposes of

tax relief for many of the enrollers. It is noteworthy that the speakers are often academics who have smaller incomes than their audience, and who are often out of pocket on the deal, despite the fact that their expenses and travel tickets are paid for. I "woomber" (a neologism coined for the weekend—the activity of idly daydreaming) about the apparent fact of life that primary producers receive less reward from their labours than those who use what they have to sell. Those middlemen in direct contact with the public always fare better than the suppliers of their wares whether those are wool, food, fuel, or ideas.

The Toowoomba Postgraduate Weekend was different in that with such a relatively small community, doctors of all disciplines attended, for it was an occasion. They all knew each other, or about each other, though several came from miles away. It was very much more stimulating than meetings of specialists who have a community of their own and keep up with the literature. What was said by the obstetrician, the paediatric surgeon, and the paediatrician at Toowoomba was fairly fresh to many of the audience. They were interested, and interesting and stimulating in discussion. The speakers knew of the variegated nature of the members of the weekend, and so tailored their themes appropriately. All were thereby brought in, and it was probably a valuable educational exercise for us all. The experience makes me woomber whether we should not break down the specialties a little more by such meetings. Of course, there must be a theme, but such is the interdisciplinary nature of medicine that we ought

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to have more such meetings across the boundaries and in small groups.

I woomb if the mothers and babies of Toowoomba and surrounding district, nicely called the Darling Downs, will fare better than they otherwise might have done as a result of this educational weekend? It really is hard to say, but it cannot be gainsaid that for a time attention and interest were heightened, and in the future, when some isolated family practitioner looks at the "funny face" of a baby, his memory may be stirred by what he was told about funny faces in a well-illustrated lecture. And he may recall too some of the difficulties in making a diagnosis when a child has abdominal pain. A colleague of mine once asked me to tell him of someone to give him advice. What he wanted was not someone who knew the answer but someone who had thought about the problem. That, perhaps, is what education is about. It has been defined by I A Richards as the growth and control of ideas, though I also like the notion that it is the modification of behaviour. The weekend might have been a success if anybody who attended has grown and controlled an idea, or if in action his behaviour has been modified, however slightly.

* * *

Argument still revolves round Medibank and the system of delivery of medical care and how much the doctors get paid for it. Mr Fraser's government has introduced a 2.5% levy on incomes, which, in effect, is a special health tax. The ceiling amount to be paid, whatever the income, is about \$300 a year. But it is possible to opt out of Medibank, the government-run insurance, and join a private fund. That is compulsory if the Medibank levy is not paid. This has led to a price-cutting war between the private and public sector insurance, in terms of general practitioner care, specialist consultation, hospital fees, and dental and ophthalmological services. Some of this is somewhat unseemly, and a few doctors are so fanatical about private practice as against "socialised" medicine, as it is emotively designated, that there have been unsavoury allegations against some surgeons that they have refused to operate on patients who have actually reached the anaesthetic room, when it has been apparent that they were Medibank patients. It has been alleged that such patients have been forced to sign on with private

insurance funds if they wished to retain the surgeon of their choice.

Meantime, a few doctors seem to have had a bonanza with Medibank, whose officials have instituted some inquiries. One doctor is alleged to have made half a million dollars out of Medibank fees in one year, and another has been said to have charged for suturing wounds in several patients who had no wounds of any kind. And yet another is said to have claimed for 600 major nerve operations in a three-month period. There are rumours of doctors treating members of their immediate families for trivial ailments and then claiming for consultation from Medibank. These are the hair-raising stories, but they show how open the system is to abuse and that a very few may be abusing it. The Medibank system is open-ended for both patients and doctors, and as has been found in Britain, this cannot be economically tolerated. The message is slowly being received here, but no one yet wishes to grasp the nettle. But there are some rumblings from the politicians, and some doctors are getting anxious about the situation. They feel that unless the medical profession puts its own house in order, then it may have order imposed from outside its ranks. The time may be short.

Coupled with these problems about the economics of health care are those of medical audit and peer review and how they might be implemented, if at all. The quieter ones are working for solutions, and it is unfortunate that the general press highlights the aberrant. Why do the media carry such weight when it is so widely known that they must distort because of the constraints of selection and compression, and time?

This may well be the last of my Letters from South Australia, since I am returning to the United Kingdom to take up a post in Newcastle upon Tyne. I have enjoyed writing them in trying to give a picture of life in Australia. They can have given only one person's view and I make no apology for that. I suppose that they may have made me some friends and some enemies, and to the latter I can say only that I am sorry to have offended them. If the letters have amused or instructed then I am content, for I have tried to sketch a picture in a lighthearted way. Life is what you make it, and that is no less true of Australia than elsewhere. It has been good to me and I have enjoyed it, and so will many others who are willing to undergo the apparent, though not real, perils of migration here.

ONE HUNDRED YEARS AGO Nothing could be more unfortunate than the manner in which the alkaline hypophosphites were introduced to the notice of the medical profession as remedies for pulmonary consumption. An unreasoning, untrustworthy, and injudicious advocacy, provoked a hasty, impatient, and somewhat unjust antagonism. The absurd and extravagant claim for them that they were specific remedies for phthisis, was met by the equally unfounded statement that they were worthless and inert. I hope we are now in a position, disregarding alike their original quackish advocacy, on the one hand, and their hasty rejection, on the other, to form a calm and unbiased opinion as to their real merits. For my own part, knowing how difficult it is in treating cases of phthisis to judge accurately of the influence of the remedies we administer, because of the many counteracting agencies to which such patients are exposed, especially when they are out-door hospital patients, I determined, in forming my own estimate of the value of the hypophosphites to give them perseveringly in a great number of cases, and extend their trial over a long period of time. During the last five years, at the Brompton Hospital alone, I have given the hypophosphites in one form or another to nearly a thousand patients selected out of more than fifteen thousand cases that have been under my care in that institution.

Any one who cares to look at the records of these cases will be forced to admit that these remedies have had a most patient and persevering trial. From this extended experience of these remedies I have been able to arrive at the following conclusions.

In the first place, they have *no claim whatever* to be regarded as specific remedies for tubercular disease; but they are of considerable value in a certain limited class of cases.

In advanced phthisis, with both lungs involved—a very prevalent condition amongst the out-patients at Brompton—I have never been able to discover that the hypophosphites are of any use. Nor are

they of use in less advanced cases which are obviously running a rapid course, and are attended with much fever and cachexia. I have given them in such cases again and again, and I have been compelled to abandon their use, often at the solicitation of the patients themselves. In short, in those cases which we have always been accustomed to regard as hopeless and beyond the reach of all remedies, the hypophosphites are of no avail. I have noticed that they are less successful with dark persons of sanguine or bilious temperament, than with fair persons of phlegmatic temperament. They are much more useful in young than in older persons. I have seen the greatest benefit arise from their use, in the first place, in children in all forms of chronic lung-disease; and, in the second place, in young adults of fair complexion, not very cachectic or emaciated, and with disease limited to the upper part of one lung. In the cases in which they do good, their beneficial effect is generally noticed almost immediately. The patients usually say they feel very much better "in themselves"; they feel stronger, in better spirits, are more active, eat better, and sleep better. The night-sweats disappear, the cough sometimes disappears also; but it will often be observed that, while there is this general amelioration and a subjective feeling of improvement, the cough will continue unrelieved, and even occasionally become more troublesome. Notwithstanding the evident improvement in general health, the physical signs often remain the same, and I have known them actually increase in extent, while the patient has been feeling so much better that he has resumed his occupation, and declared that he felt "as well as ever he did in his life." The improvement which follows the use of the hypophosphites is frequently only of temporary duration; this is especially the case with hospital out-patients. It is much less so with private patients, who can be more carefully watched and more thoroughly protected from adverse circumstances. (*British Medical Journal*, 1877.)