

prevent repeated rolling on down a hillside, have shown their value time and time again under experimental conditions. Farmers who drive under fruit trees, etc., could have an easily detachable frame fitted.

7. Accidents happen very suddenly. If they are to be avoided individual instruction must be given and the operator encouraged to think ahead.

8. The term "experienced driver" is misleading. A driver of many years' tractor-driving experience commonly is expected to master a new tool with the minimum of tuition, a situation not uncommon in the rapidly changing agricultural industry.

I submit that the case for safety frames is overwhelming. However, it would appear that powerful action must be taken before farmers make the necessary change of habit.—I am, etc.,

College Hall,
Charterhouse Square,
London E.C.1.

A. K. BACON.

SIR,—The device of a pointer hanging on a dial marked with the limits of safe tilt, suggested by Dr. P. C. M. Sparrow (1 October, p. 830), when applied to cars is much more useful than might at first sight appear. So long as the car travels along an uncambered road the pointer will exactly conform to any lateral tilt of the road. But all roads are cambered for drainage, and at a right-hand turn centrifugal force increases the risk of overturning, that force depending on the shortness of the radius of the curve followed and the *square* of the speed of travel, and this additional risk is clearly shown by the device in question. I used one for many years and speak from experience; to take a tight right-hand corner fast, using this device, is to learn a lesson that is never forgotten.

The dial should also show smaller angles of tilt to deal with wet or greasy roads. It might be an improvement to have a window in the dial and to replace the pointer with a semi-circle pivoted at its centre of curvature, hung behind the window and painted green in the middle, orange at a moderate tilt, and bright red at all dangerous angles of tilt.—I am, etc.,

Edinburgh 5. G. STRUAN MARSHALL.

Diets for Peptic Ulcer

SIR,—The advice to control the appetite in cases of peptic ulcer attributed to me (5 March, p. 612) by Dr. S. L. Malhotra (24 September, p. 769) is the very last thing I have ever suggested. The whole point of my work is that the appetite should be free from any control whatever, but employed on unrefined foods. These include milk, the value of which when taken in this way is at once revealed.—I am, etc.,

Fareham, Hants.

T. L. CLEAVE.

Cystic Fibrosis

SIR,—There was an arithmetical slip in your report last week (8 October, p. 882) of my contribution to the cystic fibrosis conference. Where the incidence of the condition is about 1 in 2,500 live births, the gene frequency will be about 1 in 50; but the gene will be present in 1 in 25 of the population.—I am, etc.,

Institute of Child Health,
London W.C.1. C. O. CARTER.

Distribution of Seniority Awards

SIR,—At this time when variously constituted practices as well as local medical committees are beginning to consider the application of the seniority award system to general practice, I would like to put forward a few points of interest.

Seniority award would almost appear a misnomer, with its implied association with qualities of experience and judgement. I am sure the term "advancing years' award" would be much more in keeping with the original concept. After all the principle is to offset loss of earning capacity due to increasing years without the doctor suffering a marked drop in salary.

With this in mind three methods of distribution appear reasonable:

1. Retention completely by the individual recipient—for example, in those cases where doctors opt to carry out their full duties as before.

2. Pooled into practice earnings. This would appear the method of choice in cases where the doctor has already opted out, by agreement, from onerous duties such as evenings and week-ends.

3. Paid over in part or whole to the other partners. This would be appropriate in cases where a doctor was frequently away from the practice attending meetings, etc., or who now felt justified in cutting down on his surgeries or out-of-hours duties but continuing to draw his full partnership share.

Various other permutations are possible, but it is obvious from discussion with other general practitioners that each practice will present its own problems and that even with the guidance of local medical committees the final solution will lie with the individual partnerships.—I am, etc.,

Peterculter,
Aberdeenshire.

F. L. P. FOUIN.

Consultants at the Periphery

SIR,—We would like to support our colleagues at Middlesbrough (11 June, p. 1483) in their protest against the Review Body's award for intermediate and senior grades of hospital staff. It appears from the seventh report of the Review Body that insufficient stress was laid on the situation in peripheral hospitals. However, the following points are apparent from this report:

(1) Approximately 34% increase was asked for all grades of National Health doctors but was given only to the two fractions with organized action groups, the general practitioner and house-officer.

(2) Emigration: more than 75% of those emigrating are hospital staff.

(3) Shortage of hospital staff is acute in all grades—for example: (a) reliance on overseas doctors for many years; (b) unfilled consultant appointments; and (c) inability to implement the Platt Report (1961). This shortage is of longer standing and of greater importance than the recent small decrease in general practitioners.

It is also clear that there has been complete reversal of the opinion of the Review Body in their fifth report of just over a year previously, wherein they did not consider general practitioners to be underpaid but nevertheless made a 10% award. They further stated that any greater increase would disturb the balance between the two main branches of the Health Service. There is already evidence in this area of loss of hospital staff by emigration and to general practice as a direct result of the seventh report. Even if a young man feels drawn to a career in hospital work his wife will soon bring the realities of the economic situation to his notice. Since it takes 7 to 15 years to train a consultant, whereas general practice can be entered after one year in hospital, any drift away from the hospital service causes greater damage because of the time-lag of training, even if the trend can be reversed.

In view of the ineffectual nature of the case put on behalf of the hospital staff we feel that we have been let down by our negotiators. All that has been said at B.M.A. House by the chairman of the Cen-

tral Consultants and Specialists Committee, and by the Secretary since the publication of the report, convinces us that those who have spoken for us hitherto must be replaced by others more able or more knowledgeable, or that we should break away and form our own negotiating body. It is plain that neither those who have spoken for us in the past nor the leaders of the B.M.A. have any real idea of conditions in the non-teaching hospitals or the earnings of consultants working in them. They appear to share the public belief that all consultants have their basic salaries inflated by private practice and merit awards; but this is not true in many cases.

The blunderbuss nature of the Brown Prices and Incomes Act calls into question the good faith of the present Government, and also causes us to ask why those whose incomes have been increasing by 9% per annum have not been singled out for attack rather than those who have been restricted to the minimum "norm" of 3 to 3½%. Apart from protest there is little action the profession can take without harm to their patients, a fact which has been exploited by every Government since 1948.

We feel that action is needed now to avert a breakdown of the hospital service, and ultimately the teaching and practice of medicine in this country. Since the Government has seen fit to vary the terms of the seventh report of the Review Body, the British Medical Association must seek an urgent review of the hospital staff remuneration to secure an increase to 9% per annum for the three-year period ending 31 March 1966.—We are, etc.,

J. A. M. AGER.
J. H. BERGIN.
J. F. CAM.
K. D. CROW.
E. E. DENMAN.
P. H. DENTON.
A. G. FREEMAN.
G. C. HICKIE.
P. E. HUDDY.
C. M. JOHNSTON.
LILLIAN FRANCES JONES.
G. F. JOLLY.
V. KAHAN.
B. LODGE.

R. MARBLEW.
J. K. MONRO.
W. J. O. PAGE.
R. PORTEOUS.
R. B. ROE.
F. C. RODGER.
G. ROWORTH.
K. I. SHIMMINGS.
E. B. O. SMITH.
J. B. STEWART.
J. D. STRONG.
R. THEXTON.
E. J. C. WYNNE.

Princess Margaret Hospital,
Swindon, Wilts.