

and the future much thought; we sincerely believe that the NHS needs and will gain great value from a significant increase in the number of consultants, and we are well aware of the consequences. The article by Mr Drife posed the question "Who cares about 'juniors'?" If juniors were asked whether they cared about consultants and their future, I believe they could fairly answer "yes." Perhaps, if the article is widely read, there will be fewer consultants who see the juniors as NHS anarchists and more who recognise that consultant expansion will be good, not only for the NHS, but also for consultants.

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Coalworkers' pneumoconiosis in Britain today and tomorrow

SIR,—No doubt your prosaic and erudite pages are, from time to time, enlivened by characters like Dr R S Ross (19 June, p 1876), who came out of his corner firing from both hips. What a pity he failed to hit even one target. Despite his 30 years' experience in the Scottish coalfields he has little knowledge of the situation as it is today. I will deal with his statements *seriatim*. (1) It is simply not true to say that "the diagnosis rests at present on radiological and not clinical features." Like most conditions dealt with by doctors the diagnosis rests on the history, clinical examination, and chest radiograph. (2) I do not know what statistics concerning miners' smoking habits Dr Ross refers to (he gives no references). Unlike him we have some hard facts on smoking habits. (3) The grounds on which miners in the four countries of the European Coal and Steel Community are granted disability pensions vary greatly and depend on a number of considerations far removed from the simplistic view Dr Ross holds. (4) Three well-considered research projects on the relationship between coal dust and chronic bronchitis are currently under way at the Institute of Occupational Medicine in Edinburgh, of which Dr Seaton is director. (5) The relationship between the failings of we occupational physicians and the evils of nationalisation is a logical tour de force which altogether escapes me. (6) There is virtually no "high-speed drilling" at the coal face today and our dust suppression record is one of steady improvement, as the NCB's annual reports for 1981 and the previous years show. I have never heard of a vacuum extractor underground and cannot imagine such an instrument in the context of dust suppression. (7) I really would like to meet "the men [who] claim that dust is a much greater problem than it used to be." We have an unrivalled system of consultation in this industry from colliery to area to headquarters and back again. I have not heard a statement like that from a miner for years. (8) Those who know Dr Seaton will know how unworthy is the snide comment about him. He does not need me to defend him; his reputation in the field of respiratory medicine will take care of that. Certainly the organisation of the industry which flowed from nationalisation made such advances possible. (9) Really Sir, the last paragraph is such a farrago of nonsense that I would be wasting your precious space refuting it in detail. The Board's annual reports, and the annual reports of the

medical service are freely available. They tell, in sober detail, what is happening.

We are proud to be the safest mining industry in the world; we are proud of our efforts to care for and improve the health of miners. We are not, and never have been, indifferent.

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Chiropody and podiatry

SIR,—My council at its meeting on 5 June noted the report of the Joint Consultants Committee (8 May, p 1421) endorsing the statement issued by the British Orthopaedic Association. My council is concerned that another organisation should attempt to define the scope of practice of members of this society, and I have been asked to point out that it is for this society to define the scope of practice of its members, as in the same way it is the responsibility of the Chiropodists Board of the Council for Professions Supplementary to Medicine to define the scope of practice of State-registered chiropodists. It is unfortunate that the definition proposed by the BOA could be interpreted to exclude treatments traditionally carried out by chiropodists for many years. This field of work, which includes the prescription and fabrication of orthoses for the correction of minor defects of the feet, has been accepted as falling within chiropody, as has the function of foot health education and advice concerning modifications to footwear. The three-year full-time course of training leading to membership of the society and State registration currently includes instruction in the use of local analgesia. Consultants conducting these courses and examining in this subject have to be approved by the Faculty of Anaesthetists. Many State-registered chiropodists have also been taught on courses monitored or validated by the society in minor nail surgery techniques and are covered by third party insurance to undertake this work.

In February 1980 my society submitted a statement to the Royal College of Surgeons for the information of its working party on the scope of practice of chiropodists. This statement said that the society wished to see the gradual expansion of the scope of practice carried out by chiropodists; also that the society did not wish to see any itemised scope of practice for properly trained chiropodists since it believes that any responsible profession should be allowed to develop by natural evolution. It emphasised that the society would like to have the co-operation of the royal college in the training and examination of chiropodists who may wish to extend their practice. The Society of Chiropodists would wish to continue its happy relationship with the medical profession.

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Distinction awards system in England and Wales 1980

SIR,—The award system effectively suppresses the salaries of many consultants, particularly at the beginning or end of their careers. With rising standards there is no longer the disparity

between consultants which existed at the start of the NHS. Every large district general hospital is now a centre of excellence, and distinction is a condition of appointment. It is unfair to expect small, remote award committees, however well meaning, to bear the responsibility of making these allocations. Many committee members freely acknowledge that fairness is no longer possible. The total amount of money available for awards is by right the property of all consultants. The Senior Hospital Staffs Conference in 1979 recommended radical changes.¹ We would welcome a more positive stand on the subject by the CCHMS than has so far been apparent (15 May, p 1503).

We are all aware of many fine colleagues who have died or retired without recognition. The fact that many of us benefit from these awards is not in itself a good enough reason for their continuation. Perhaps it is time for reason and dignity to prevail and for the system to be given a decent burial.

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¹ Anonymous. *Br Med J* 1979;i:1733-4.

Medical unemployment

SIR,—Under the Partnerships Wanted section of the classified advertisements (5 June, p v) a doctor seeking a partnership asked, "Do you believe in life after 35?" For those of us general practitioners who are unemployed or "resting" life appears to stop in the early 30s. Last year I made over 50 applications for general practice posts: roughly half said I was too old at 37, one too young (for a part-time post), and the rest failed even to acknowledge my applications.

Who gets the jobs? White men under 32 years; the rest of us, old, female, or non-white, need not apply, or, as I was advised, waste money advertising our unwanted talents. At least your advertiser is two years younger than I. I wish him luck.

W H MITCHELL

Cirencester, Glos.

Pernicious jargonorrhoea

SIR,—It is a mark of true friendship when an acquaintance draws your attention to early evidence of socially undesirable afflictions such as body odour or alcohol abuse. I am therefore truly grateful to Professor Miles Irving (19 June, p 1871) for drawing to my attention the early manifestations of pernicious jargonorrhoea resulting from abuse of the English language. In my own defence I can only claim that I have fallen into bad company as a result of too close an association with the behavioural scientists from whom I must have caught the disease. I hope that this early diagnosis will allow prompt cure either by avoiding future contagion or by the prophylactic use of Gowers's mixture, as prescribed by Professor Irving, before all unavoidable future contacts with social scientists.

I trust that this exchange of letters will in no way impair the ongoing mutual admiration interpersonal relationship between Professor Irving and myself.

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