

care of handicapped children. As doctors specialising in certain aspects of the clinical health care of children it seems logical that they be affiliated with other doctors in the district who specialise in other aspects of child health care.

It has been argued that the loss of operational control of CMOs and their participation in a district rather than an area child health service would undermine the function and executive responsibility of the specialists in community medicine vis à vis local education authorities. Regrettably, the Government has chosen not to review the responsibilities of these specialists because there are significant anomalies in their present task.¹⁶ But even as currently defined a district child health service would enhance rather than diminish their function. In addition, an experienced community paediatrician could effectively maintain liaison between the district and the area specialist (child health) without the need for creating yet another management post in child health services at district level.¹⁴

Some CMOs have wondered whether instead of a national pattern the organisation of child health services in different areas should be flexible; after all, the Department favours a varying pattern for integration. The danger in this laissez-faire approach is a continuing drift towards more fragmentation of child health services and increasing discontinuity in the provision of health care during the preschool and school years, to which a boost has unfortunately been given by the Department's encouragement to GPs only to play an increasing part in the preschool preventive health services. National guidelines are essential in the form of decisions at national level on the crucial issues to which we have referred if a rational training is to be designed for CMOs and if, as Professor Court has urged, the preschool and school health services are to be strengthened.

While we believe that in future all CMOs must specialise we realise that not all will want to do so in child health care. The future of most CMOs, however, is inextricably bound up with the future of the child health services and they could become

members of a district service. Nevertheless, the pattern is appropriate for those who opt for other specialties. The obstetric and gynaecological services, for example, need to have doctors providing the community element in an integrated district service and so do the geriatric services.

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A Modern Epidemic

Road accidents and legal sanctions

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Willett tells of a motorist who on being stopped by a policeman after nearly hitting a pedestrian on a crossing reacted with "Mind your own bloody business" and "I'll show you," repeatedly regretting that the police had nothing better to do.¹ He was fined £3 with 28 days to pay for this offence. The unpleasantness and the meagre end-result of so many cases combine to give the police a discouraging job, and inconsistencies in the outcome of cases is helpful neither to the police nor to the public. Although accidents clearly are not always associated with traffic offences, penalties for offences may play an important part in road safety.

Penalties and their credibility

Penalties for traffic offences, like any others, should both discourage the individual concerned from repeating the offence

and deter the community in general. To be effective they need to be prompt, inevitable, consistent, and appropriate to the individual case.² Too often they are none of these things.

An immediate fine, however minor, may have more meaning for the offender and therefore more educative effect than one that follows weeks later; should not Britain, like several other countries, introduce on-the-spot fines by the police for the lesser offences,² which would also simplify administrative and legal procedures? Common complaints about the existing system of penalties, which range from endorsement of the driving licence and fines to disqualification and imprisonment, are that they are inconsistent—between different courts and different offenders—and often too mild to be truly deterrent. A driver, for instance, may be quite prepared to risk a fine of up to £10³ for the convenience of parking in a dangerous place. Of the fines for driving after drinking and speed limit offences in 1976, the largest numbers were of £51-£100 and £11-£20 respectively, but many were less.

The Magistrates' Association has recently issued new guidance on penalties for road traffic offences—both maximum figures

and suggested penalties for average offences committed by first offenders of average means—as “starting points for discussion” in the courts’ assessments.⁴ Each case must be judged on its merits, says the association, but within a similar framework, though local variations in fines for similar cases might be justified by differences in the level of pay between one area and another. One danger with traffic offences, however, is that both magistrates and the juries at Crown court proceedings may be influenced by the feeling that “there, but for the grace of God, go I.”¹¹

An argument against very severe penalties is that these may in practice be neutralised by fewer prosecutions and fewer sentences: the serpent that is held tightly by one coil may wriggle more energetically elsewhere.⁵ For example, the longer maximum prison sentences for drunk drivers introduced in Finland in 1950 not only failed to reduce accident and death rates but apparently meant fewer long sentences and fewer prosecutions. Penalties thus become less credible and may be less deterrent.

In Britain the system of endorsing driving licences is a greater threat than fines since three endorsements in three years may lead to disqualification. Some countries, in Europe and elsewhere,² have a more refined “points” system, the number of points depending on the offence. The Council of Europe has recommended a system for depriving repeated offenders of the right to drive based on a points system.⁶ Offences would be allotted points ranging from 1 to 4, and when a driver had 5 points in three years he would receive a written or oral warning about his case; at 8 points his fitness to possess a driving licence and his personal situation would be investigated, and at 10 points (if not before) he would usually be disqualified.

Examples of the offences that would carry 4 points are driving while under the influence of alcohol or other drugs (unless this led to immediate disqualification), or while excessively fatigued or in a state of “serious physical or psychological deficiency.” Three-point offences include the more serious speeding violations and breaking pedestrian crossing and traffic light regulations; 2-point offences the lesser speed limit violations and

driving a defective vehicle; and 1-point offences breaking parking restrictions. The appropriate scoring of offences is, however, open to argument.

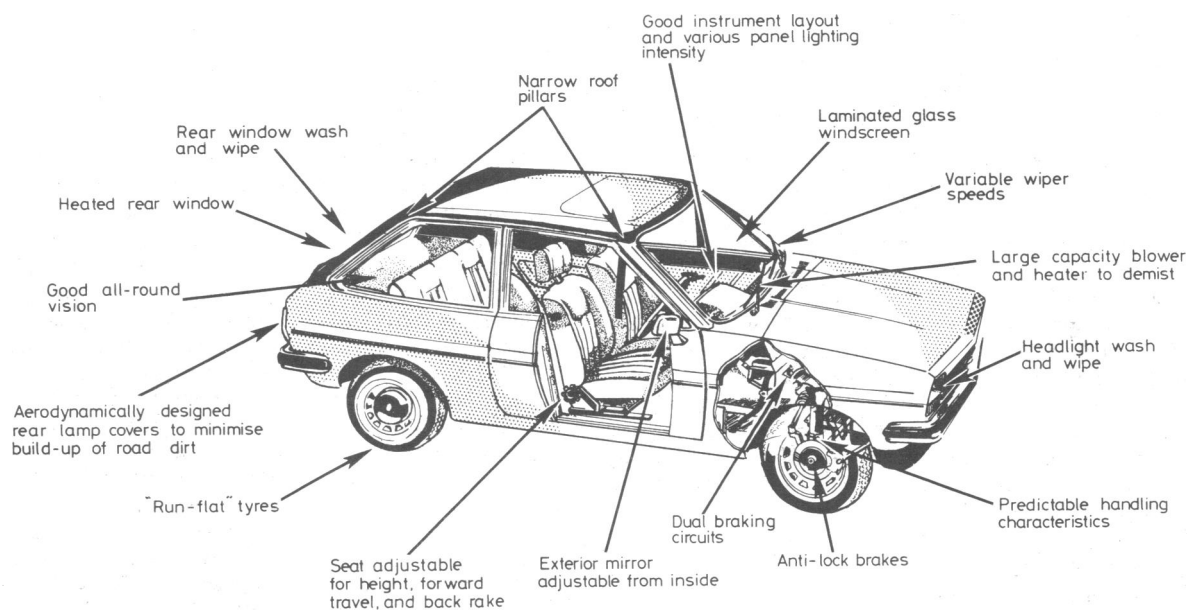
In a group of drivers who rated a series of offences for their seriousness the rank order differed from that proposed by the Council of Europe (which largely reflects national practices).⁷ They underrated, for instance, failing to give right of way to pedestrians at traffic lights and driving without a licence for a particular type of vehicle, and overrated driving while uninsured against third-party risk. Brown and Copeman⁷ point out that sanctions, which provide feedback on society’s views to the offender, should ideally accord with the attitudes of most road users for penalties to have the maximum impact. This reinforces the case for educating the public about the true seriousness of particular offences. The younger men in the study tended to rate most offences less seriously than did the younger women and older men.

Non-punitive measures

The Council of Europe recommendations also call for positive measures to improve the driver, his personality and circumstances being taken into account: as a condition of not having a disqualification enforced he might undergo educational or psychological treatment or take a driving improvement course. The subject of compulsory retraining of drivers is under consideration by the police. “Traffic schools,” on the American and Canadian model, should be tried more widely—with proper evaluations—and perhaps even special clinics, as in the United States, for some who have committed serious or repeated offences.¹ * As it is, a penalty may change little for some people, unless it is disqualification or the threat of it; and disqualification on its own is a negative and non-supportive measure.

For the lesser offences some countries have tried advisory or warning letters with evidence of benefit,² * an approach that seems to have been cost-effective. An experiment in Sussex found that both written and verbal cautions could have a long-

If preventable why not prevented?



The safe car—1: Features for accident avoidance.

Trends in road accident casualties: numbers of deaths and injuries (with percentage changes from previous year) 1967-77*

	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977
Pedestrians:											
Killed	2964 (-5)	2762 (-6)	2955 (+6)	2925 (-1)	2939	3083 (+4)	2806 (-8)	2642 (-5)	2344 (-11)	2335	2313 (-1)
Injured	81 315 (-1)	80 889 (-1)	80 753	82 445 (+2)	78 272 (-5)	80 919 (+3)	77 254 (-5)	71 891 (-7)	66 978 (-7)	66 174 (-1)	68 983 (+4)
Pedal cyclists:											
Killed	463 (-9)	391 (-16)	402 (+3)	373 (-7)	411 (+10)	367 (-11)	336 (-8)	281 (-16)	278 (-1)	300 (+8)	301 (+1)
Injured	27 373 (-8)	25 839 (-6)	23 897 (-7)	22 733 (-5)	22 382 (-2)	21 515 (-4)	19 631 (-9)	18 604 (-5)	20 707 (+11)	22 927 (+11)	23 152 (+1)
Two-wheeled motor vehicle users:											
Killed	920 (-19)	877 (-5)	791 (-10)	761 (-4)	800 (+5)	729 (-9)	750 (+3)	796 (+6)	838 (+5)	990 (+18)	1182 (+19)
Injured	62 695 (-13)	57 302 (-9)	50 718 (-11)	48 886 (-4)	46 929 (-4)	42 905 (-9)	44 518 (+4)	46 038 (+3)	55 257 (+20)	66 636 (+21)	70 507 (+6)
Car and taxi users:											
Killed	2472 (-4)	2294 (-7)	2618 (+14)	2877 (+10)	3000 (+4)	3095 (+3)	3049 (-1)	2704 (-11)	2444 (-10)	2520 (+3)	2441 (-3)
Injured	NA	NA	146 160 (NA)	159 663 (+9)	158 713 (-1)	168 552 (+6)	166 751 (-1)	147 424 (-12)	142 709 (-3)	146 333 (+3)	149 069 (+2)
Public service vehicle users:											
Killed	70 (-8)	65 (-7)	125 (+92)	74 (-41)	64 (-14)	69 (+8)	57 (-17)	69 (+21)	115 (+67)	69 (-40)	64 (-7)
Injured	NA	NA	17 726 (NA)	15 824 (-11)	14 281 (-10)	14 449 (+1)	14 570 (+1)	13 894 (-5)	14 363 (+3)	12 736 (-11)	12 311 (-3)
Goods vehicle users:											
Killed	371 (-21)	378 (+2)	405 (+7)	411 (+1)	429 (+4)	364 (-15)	358 (-2)	335 (-6)	311 (-7)	308 (-1)	261 (-16)
Injured	NA	NA	23 643	23 749	21 705 (-9)	21 354 (-2)	21 346	17 975 (-16)	16 674 (-7)	16 259 (-2)	15 599 (-4)
All road users†:											
Killed	7319 (-8)	6810 (-7)	7365 (+8)	7499 (+2)	7699 (+3)	7763 (+1)	7406 (-5)	6876 (-7)	6366 (-7)	6570 (+3)	6614 (+1)
Injured	362 659 (-6)	342 398 (-6)	345 529 (+1)	355 869 (+3)	344 328 (-3)	351 964 (+2)	346 374 (-2)	317 726 (-8)	318 584	333 103 (+4)	341 447 (+2)

*Data taken from *Road Accidents Great Britain 1977* (HMSO, 1978) and other figures kindly supplied by the Department of Transport.†The miscellaneous group has been omitted from this table.
NA = Not available.

term effect on drivers who had been exceeding the speed limit, though they were less reliable deterrents than prosecutions.⁹ An interesting study in Israel observed the effect of advisory letters on the rate of errors made by motorists.¹⁰ The letters gave details of a particular offence or example of unsafe driving that had been observed and either warned the driver of the dangerous consequences of such driving (with a photograph of a crash) or sought his co-operation in an attempt to raise driving standards in Israel, asking for his views. Drivers receiving either type of letter (there was nothing to choose between the two groups) subsequently made significantly fewer errors than those who had no letter.

Possibly it was simply the news that an observer was recording unsafe driving that made these motorists drive more carefully, and the authors suggest that a large-scale scheme of this kind could greatly improve driving behaviour. But such a "Big Brother" approach could be resented. If it did seem to be acceptable, however, would it be far-fetched to suggest that certain of those who have committed driving offences might be invited to help as observers or clerical helpers as an alternative to paying a fine? This should at least have more educative effect than a fine that bears no logical relation to the offence.

"Decriminalisation" of traffic offences

"Decriminalisation" of all but the most serious traffic offences is sometimes proposed, to simplify proceedings and lessen the load on the courts—and also to acknowledge that many violations result from momentary aberrations rather than criminal behaviour. But there may be more overlap between motoring offenders, especially persistent ones, and other groups of offenders than has been assumed.¹¹ In one study even those who had committed serious offences (many of whom in fact had "criminal" characteristics) did not see their driving violations as criminal or a cause for contrition.¹ The law helps to create attitudes: do we really want breaking a speed limit or dangerous parking, say, to seem more trivial than they already do to many drivers? The social pressures to flout the law, which as Willett points out are largely absent in other spheres, are already too strong for much of the driving population.

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What is a grommet? Where is it inserted, and how does it work?

A grommet is a ventilating tube, usually either eyelet shaped or in the form of a small bobbin. The most commonly used materials are Teflon, Silastic, or stainless steel. After a myringotomy has been performed, usually in the anteroinferior segment of the drum head, and the middle-ear effusion has been aspirated, the grommet is inserted in the myringotomy incision. The tube acts as an artificial Eustachian tube and ventilates the whole middle-ear cleft and, it is hoped, reverses the pathological changes in its mucosal lining. Insertion usually results in improved hearing, provided the hearing loss is conductive.

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