Letter from . . . Dunedin

Driving down under

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When seeking a New Zealand driving licence, the official who dealt with my application explained that, provided I knew the theory of the local rules, I would not need a practical test. "If you can drive in England, you can drive anywhere," was the sardonic explanation. That flattered me. I considered that my experience—transitorily in Europe, and residentially in Malaya and Chicago, had been put to good use, and that my emergence from the United Kingdom made me a survivor to Elysium. How wrong we both were, that official and I. The southern South Islander is a guileless, good-natured, and helpful character. Dunedin owes its attraction to its small size, and rural centre characteristics. I think it is these two factors that make Dunedin one of the most novel, exciting, amusing, but rarely dangerous, places in which to drive.

At wheel and bar

We have no identification on the road of the novice, let alone the learner, driver. Driving schools are few, and not well reputed. In any case, no Kiwi is going to pay someone else to do a job that he could do himself. Provided he can end the day with that famous aphorism "she'll be right," there is not much he will not tackle—including teaching his family to drive. It's not surprising then that, with this in-bred oral tradition, fashions in behaviour have not changed since the horse and cart. Guessing what the chap in front, on either side, moving or stationary, will do next is an adventure. Will he synchronise his move with his signal, or will he dispense with such exhibitionism since his whip is now discarded?

In 1975 New Zealand had one motor car for every 2.7 people. A driving licence to conduct a private motor car on the public highway is granted at the age of 15. The Kiwi drinks alcohol (permissibly) at the age of 20, (but permissively much younger); he votes at 18; gets married, when he bothers, at 16; but may conduct this lethal weapon at the age of 15. Of drivers in accidents causing death or injury in 1974, 17% were under 19—that does not include the 59 individuals *under* 15. From our national population of three million, 22 400 drivers were concerned, sometimes contributing to both sets of statistics, in a death toll that has averaged 740 a year for the last three years. These figures are not peculiar—they rank New Zealand but third in a comparison with Australia, the United States, and the United Kingdom.

Despite this melancholic tale, the annual death rate does seem to be declining slowly, for which seat belts, compulsorily legislated for (when worn), and the 50-mile-an-hour open road

speed limit (when observed) receive credit. But why, oh why, are children under the age of 15 excused the need to wear seat belts in the front seat? Why are they *allowed* in the front? What is worse than to see the mewling infant in grandma's arms, with its face three inches (7.62 cm) from the dashboard, in imminent danger of puking from intracranial trauma.

In 1972, 22% of all accidents treated as hospital inpatients were caused by traffic accidents. Apart from minor traffic offences, in 1974 6.2% of convictions in the magistrate's court were for drunkenness, and another 11.4% were for driving with a blood alcohol concentration greater than 100 mg/100 ml.

One might argue that liquor, like the poor, or indeed possibly concomitantly with Dickens's gin-sodden poor, has always been with us. In 1938 New Zealanders consumed 51 litres of beer a head, even though they were still proud to measure it in anglophilic gallons. By 1974, the rate had risen to 126 litres. In 1938 each Kiwi drank one litre of wine; today it is nine. Some very rude remarks, especially from competition-conscious Australians fighting to keep their end up against the slopes of the Rhône and the Rhine, have been made about New Zealand wines. Their greatest distinction is their inconsistency from year to year and, indeed, from bottle to bottle; the reds are rough, and the whites unpretentious, but palatable—usually. Something as old as 1974 is "crusty." The fact remains that confining oneself to a few houses, one can imbibe reasonably palatably from New Zealand vineyards. Their economy contributes an attractive element to the sales campaigns domestically, against the twice-priced European competitor, whose quality, on the other hand, is not strained. Even as New Zealand is not alone in its problem of the increasing incidence of alcoholism, so it is also plagued by horrific road slaughter to compound it.

In Dunedin in 1977—in a conclusion to his study of factors affecting road mortality—the coroner's pathologist wrote: "the study confirms the importance of alcohol, low seat-belt usage, speed, and youth as significant factors." He found that of 61 dead drivers in Otago, 47% were in the 15-25 age group. He found a less obvious peak in 36-45 year age group, the description of which as "middle-aged" males found a sensitive spot with me. Of those individuals from the survey who were analysed, only 33% had no alcohol in their blood, but 38% were described as seriously intoxicated, their blood concentrations being over 151 mg/100 ml. It was a pleasant surprise to me that among the motor-cyclists alcohol is not an appreciable factor in mortality—it is difficult apparently to kick-start a motor-cycle if one is inco-ordinate. Of the car occupants 70% were not belted (we are not told whether they were in the front seat) but, of them, 39% were not using the fitted seat belts, an inaction that is illegal here.

So, at a time when medicine is looking critically at itself, and wondering if it really does always do a useful job, is always cost-effective, and can always be proud of the lives it saves, we have an enormous community health problem virtually untackled. A problem that kills 700 able-bodied Kiwis per annum, 40% of whom are aged between 15 and 24; injures another 22 000 each year, of whom 35% are in the same age group. How many

of them are delimbed, decerebrate, despite the compulsory crash helmets? There is nothing peculiar to New Zealand in all this—my slight reference to other countries shows this—but it does not lessen our problem (or theirs). But has anyone seriously taken this task in hand?

Double standards

Over the last few years Morgan Fahey, who works on the long straight racetracks that serve as the rectilinear road system of Christchurch on the Canterbury Plain, has established through an energetic educational and propaganda programme a skilled and rewarding roadside accident service, along the same lines of common sense and urgent attention to simple matters as those established in East and North Yorkshire a few years ago. Fahey has taken it in hand, but he is the first to preach that he is at the wrong end of the business.

The other day for the first time I saw advocated what must be almost heresy (and do not laugh, there has been a formal trial for *that* crime in Dunedin within the last ten years, too): the suggestion in a newspaper editorial that 15 was too young to hold a driver's licence. In part justification, it is true that granting driving permission must be looked at within the context of the isolated rural communities in New Zealand which need communication and transport. The editorial went so far as to suggest the age of 20 before a full driving licence was granted, after a probation. There was no response in the correspondence columns in the following days, which I presume reflects the apathy with which the public regards this problem—indeed, does it recognise a problem? Every insurance company in every nation recognises that youth is a bad risk on the roads and loads accordingly against financial loss; would it be unrealistic to load comparably against the loss of life and limb?

The problem of the incongruous attitudes, not to say double standards, to alcohol is probably even worse. Conflict of business and profits, national income from taxes, social acceptance and demand, the risibility of the harmless drunk, all are against common sense. The peak of the incongruity occurred a few months ago in Dunedin, when a licence granted to a new tavern (taverns are not known by their detractors as booze barns for nothing) depended—in order to avoid congestion on the public highway—on providing 400 parking places for cars at that urban establishment, which is within walking distance of a population of 4000.

It may be difficult to stop the rising incidence of fatty livers and alcoholic pancreatitis in teenagers, but at least their prognosis is not as black as that of the mutilated pedestrian, rolled by an inebriate driver who couldn't keep his car off the footpath. Ultimately, crash helmets for motor-cyclists became compulsory in Britain, but the same type of "liberals" who resent seat belts there are resisting random breath testing here. After a recent Supreme Court judgment the nation now suspects that, although

"random testing" is not on the statute books, it can effectively be practised. The present law on alcohol and driving is notorious for its loopholes; the other day a person who had had 358 mg/100 ml of alcohol was dismissed from court, because the wrong police officer had collected the blood sample from the hospital where it was taken.

It is election year and that flagellator of recalcitrant Japanese traders, the Mouth That Roars (who is not afraid to call a peanut farmer a peanut farmer) declines to advocate random breath tests—which we all know would be a damn nuisance—on the grounds of their being distressing to lady drivers at night. Women have the vote—New Zealand is justly proud of this social innovation of the 1890s—and perhaps he is right that they should not be distressed, because some of us are not quite sure that New Zealand may not share the trait of matriarchism, with the Americans, as well as Colonel Sanders.

Problems of the modern world

When one realises that after the whalers, sealers, pirates, and vagabonds of the eighteenth century, the first Governor came to the Bay of Islands as short a while ago as 1840; that the first parcels of immigrants were in Wellington in 1840 and Otago in 1848, then 57 000 miles of road by 1976 is some achievement. Nearly half of this distance is "sealed," the rest is generally good quality dirt road. Recall that this was the land, particularly in Otago, where bullocks and sleds were used for intercommunity transport—horses and wheels could not cope with the terrain.

Today the road system is excellent, and improving year by year. So, even though we have a low ratio of people to cars, and only 1.5 million motor vehicles of all sorts on that 57 000 miles of road, roads are very important to New Zealand; parts of them could serve as a tourist attraction. Driving in Otago is a pleasure and, although it is less pleasurable in Wellington and Auckland, there is no leaving home at 7 to be at work at 9 am in order to avoid the immobility of Manchester at 0830; no walking down Tottenham Court Road faster than the buses at almost any time of day. The commonest commercial factor is the sheep truck, conveying portions of the sixty million head of primary product to "the works." But with rail services diminishing, and road commercial radius increasing, New Zealand roads seem to be at risk of sharing the fearful fate that has overtaken British roads.

My own solution to the first of the triumvirate of problems of motor replication, youth, and alcohol would be to abolish the private motor car except for a few necessary ones; build an adequate public transport system of road and rail—thereby providing employment for its structure, and maintenance. This would remove the instruments of trauma, deflate the oil-conscious economy, decongest the towns, depollute the atmosphere and reinvest in physical health by using bicycles and horses. A pipedream? Well, tobacco is another problem of our age. . . .

WORDS AMBI- and AMPHI- are Latin and Greek for around and about, on both sides; and L AMBO and G AMPHO mean "both."

Ambi- gives us ambient, surrounding (air, temperature).

Ambivalence (L *valens*, having strength or worth), the coexistence of antithetical attitudes or emotions.

Ambidextrous (L *dexter*, right), having the skill of a right hand on both sides.

Ambitious (L *eo*, pp *itum*, go), to go around, to canvass for votes; hence having the desire for self-advancement.

"Rep ambo" is used for "repeat both" by those who still prescribe drugs in Latin.

Amphi- gives us amphitheatre, a semi-circular auditorium extending on both sides of the stage or podium.

Amphoteric (G *amphoterōs*, on both sides) having both of opposite characteristics, such as reacting as either acid or base.

Amphibious (G *bios*, life), living both on land and in water.

Amphora (G *phoreus*, water carrier) a flask or jar with handles on

opposite sides. Amphora gave L *ampulla*, whence probably ampoule. Amphoric breathing, breath sounds whose quality resembles that of the sound emitted by blowing across the mouth of a jar. Two handles are not necessary for this manoeuvre, but they make it easier to hold the jar.

Ambulance is a special case. To ambulate, to amble is to walk around and about. F "*hôpital ambulant*" (1762) was an ambulant—that is, mobile—hospital, and the term came into general use in the Crimean War. As often happens, the noun was discarded and the adjective became the noun, as ambulance. It is no longer a hospital, ambulant or otherwise, now denoting a vehicle for conveying the sick or injured to hospital. Ambulant, in a medical context, means able to walk. We thus have a near-paradox that an ambulance is specifically for conveying patients who are not ambulant. A similar relationship exists for the pram, contracted from perambulator (1857); but here the nursemaid did the perambulating of the non-ambulant infant.