support the view that their chances of promotion to senior registrar are poor, except in specialties which are unattractive to their white colleagues; and that even in these specialties the prospects of promotion to consultant are worse than those of the white senior registrar.¹ Even the royal colleges could be subjected to scrutiny, as the coloured doctor performs relatively badly in their examinations.

All of these facts can be explained on grounds other than those of racial discrimination, and it is important that the Race Relations Board be made aware of the main cause of the problem, lest it produce a report lacking the insight one might expect. The nub of the matter is that the hierarchical pyramid leading from house officer to consultant is too wide at registrar and senior registrar levels. As a result, competition is excessive at registrar level and in most specialties remains too great even at senior registrar level. In such a situation the weak go to the wall—be they female doctors, doctors who interview badly, doctors with speech impediments, effeminate doctors, etc, as well as those with coloured skins.

As the criteria for deciding appointees are multiple, selection committees may not be guilty of racial discrimination, even when seeming to be so; and if they are guilty, this would be a difficult thing to prove.

The Race Relations Board, therefore, would be wise to lend its weight to those who seek improvement in the staffing structures in our hospitals, as well as investigating the general case and those individual examples of racial discrimination which come to its attention.

TOM MCFARLANE

Manchester

¹ *Health Trends*, 1978, 10, 61.

Militancy in ambulance service

SIR,—The intrusion of union militancy into the ambulance services must be of concern to all those who believe in a caring society. Until recently these services and the men who serve in them have had the respect and admiration of all.

It now appears that the National Union of Public Employees has issued, as official policy, instructions to their members that they should discriminate against any member of the public who is conveyed to a private nursing home. A few militant ambulancemen have interpreted this instruction as a clarion call to carry the banner of class warfare. The irony of the situation is that the poor souls who suffer are, in the main, frail and elderly NHS patients for whom room cannot be found in NHS hospitals. There have been recent instances, of which Mr David Ennals has been made aware, in which such people have been treated with callous disregard for their physical and mental welfare. From correspondence with his department, it is evident that he is aware of the situation but is prepared to accept it. Apparently, an edict of NUPE is sacrosanct, inviolable, and unchallengeable.

I suggest that this is an instance of the blatant misuse of union power by those who care nothing for their fellows, and to whom militancy is an end in itself. I hope that the executive of NUPE will honestly be able to refute this suggestion. It would be interesting to hear from doctors in other areas whose patients have been similarly distressed and so

to assess the extent of this disturbing development in an admirable public service.

A S OGDEN

Bournemouth

Clinical medical officers

SIR,—May I bring to your attention some important issues in your report of the Central Committee for Community Medicine meeting (7 October, p 1038)? In referring to clinical medical officers, Dr Preston states that these doctors "spent up to 80% of their time on child health... [They] had many other commitments besides..." This is a distortion of facts to make a "generic" service look reasonable.

Our survey, with 700 replies, shows that 54% of doctors do nothing but child health; 26% do more than half-time child health (half of these do nine sessions of child health and one of family planning). Only 6% do no child health, and almost all of these are "purists" and do all geriatrics, all family planning, etc. The only "generic" combination appears to be child health and family planning.

Your report is interesting when compared with that of the community medicine conference (29 July, p 376). At that meeting some of us tried to insert the phrase "acceptable to the doctors at present working in the clinical services of the community" (which seemed a reasonable enough request) in a motion on career structure of clinical medical officers. Dr J S Horner "advised rejection." There was the strong implication that an offer from the DHSS was imminent.

The report of 7 October makes it clear that we were misled, and no such offer is, fortunately, about to be made. Once more the clinical medical officers are being treated as second-class doctors, pawns in a powerful political game. I quote from your issue of 29 July: Dr Horner, who is our self-chosen spokesman, said that "if we do not set our minds to the problem of how we organise and maintain an effective group of community health doctors concerned with a wide variety of clinical interests... we shall find we have handed over our future for someone else to determine." Whose future? Not ours.

Finally, in case the last sentence in your report of 7 October encourages people to believe that democracy has returned and we are being represented in discussions on our future, let me assure them that, much as we value Dr Anne Jepson's support and help, she is a community physician and not, as stated, a member of the Association of Clinical Medical Officers. If your readers are becoming wearied with the mention of clinical medical officers, may I suggest that they remember that the country spent as much money on our medical education as on theirs, and that therefore there should not be a second-class group of doctors who are "managed" by others, especially alien administrators? (Doctors in the Forces presumably chose a subordinate role.)

So we ask the medical profession to help us get a satisfactory career, with an independent status, within our chosen specialties. Hospital medicine surely needs to look outwards into the community as we approach the 1980s.

SHELAGH M TYRRELL

Chairman,
Association of Clinical Medical Officers

Sutton,
Surrey

Points

Communicating with patients

Mr A G BUTTERS (Cawthorne, South Yorks) writes: Few papers stress the importance of adequate communication with the patient; it was good to read the late Miss Sydney Foott's stimulating Personal View (30 September, p 950). During my active surgical life I urged the staff never to forget to put themselves in their patients' position. Explanation and reassurance to a patient, the majority of whom are apprehensive, should be considered an essential part of any form of therapy. There is nothing new in the approach, but in the present era of change in medical outlook it is well to have a rethink on this vital subject. Perhaps our medical schools could place more emphasis on the importance of learning to become a practising personal doctor, for understanding and compassion, as in all skills, require thoughtful study.

Co-operation between GPs and pharmacists

Dr S A HALL (Exeter) writes: When GPs are constantly complaining that they are overwhelmed by trivia which are equally well treated by a proprietary remedy and pharmacists, more recently, that they have under-used capacity for the management of more serious illness, then the scene is set for greater co-operation between these two providers of primary care. But... a GP may be dealing with 10 chemists and a chemist with 10 GPs. For useful co-operation and mutual professional satisfaction GP and chemist must operate from the same building... The regulations should be amended to allow an interested pharmacist to ply his trade from the premises of a co-operating group practice. There is already a precedent for the mixture of NHS and private enterprise with ophthalmic medical practitioners prescribing in shops which sell magnifying glasses in addition to dispensing lenses...

Toilet paper and spread of infection

Dr R E W FISHER (London N5) writes: Dr I Taylor (7 October, p 1024) sees a connection between the changeover from hard to soft toilet paper and the decline in notifications of dysentery in England and Wales. But in 1950 or thereabouts the width of a standard sheet of toilet paper was 130 mm; the width of a sheet of toilet paper bought a few weeks ago is 114 mm and of a sheet bought this week 105 mm. I offer the hypothesis that these tiny sheets are apt to result in obvious soiling of the fingers, which compels immediate hand washing. Of course, both hypotheses are improbable. What is quite certain is that these tiny sheets of toilet paper are disgusting and insanitary.

Farm ecology?

Professor J T AITKEN (University College, London) writes: Surely one of the choicest homophones is reported in the press to have headed an Oxford University pass list. Candidates in pharmacology were listed under farm ecology.