study and they were followed up to obtain data on place of birth and date of migration. Eighteen of them had died and four could not be traced through hospital records, electoral registers, telephone directories, or other means. From the remaining 26 cases the required information was obtained, and 78 sex- and age-matched controls (three British migrants without Paget's disease for each case) were likewise followed up. Data were obtained from 54 of these controls.

The average age of the patients at migration was 31.0 years compared with 32.1 years for the controls, and the proportions of cases and controls migrating under any stated age were similar. Among the patients 27% emigrated from the north of England (an area of high prevalence of Paget's disease), 65% from the south, and a small proportion (8%) from Scotland, Wales, or Ireland. Among the controls the corresponding percentages were 28, 59, and 13.

These results give no support to the suggestion that British migrants to Australia who develop Paget's disease originate from areas of higher prevalence within Britain or leave at a later age in comparison with migrants who do not develop the disease.

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Spinal cord transection in utero

SIR,—(28 October, p 1231) Dr Gillian P Chapman has made a presumption which is not borne out by the facts of the case to which I referred (16 September, p 835). The antenatal history of the case in question was very suggestive of spinal cord damage which occurred before birth and the neurological findings are not necessarily incompatible with a spinal cord transection sustained shortly before birth.

I BLUMENTHAL

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Royal College of Surgeons of Edinburgh: reform of fellowship examinations

SIR,—As a teacher deeply concerned with postgraduate surgical education I was horrified to read in Professor A W Wilkinson's letter (4 November, p 1301) that the Royal College of Surgeons of Edinburgh proposes to impose yet another examination on surgeons in training—this time towards the end of their senior registrar appointment. To do so would be to inflict serious damage on a training programme which, with the help of the Joint Committee on Higher Surgical Training, is producing young surgical consultants of considerable distinction.

If a senior registrar will have to spend most of his period of higher surgical training in preparation for a terminal examination how can we also encourage him to engage in research leading to a Master of Surgery thesis? How can he be prevailed upon to spend a year abroad—perhaps in the USA or in a developing country—or spend a period of training in depth in some particular aspect of

his chosen specialty, in microsurgery for example?

By all means let us supervise our surgeons in specialist training, as most of us do already, by regular, meticulous, and critical counselling sessions, but—please—no more examinations!

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The Safety Net and preregistration posts

SIR,—The Safety Net system for allocation of preregistration posts (21 October, p 1136) is to be applauded as an advance in efficient staffing. The table of expected medical school outputs compared with preregistration posts is particularly useful in highlighting the London area as an overproducer of doctors. It was a pity that data about influx of doctors from outside England and Wales could not also be incorporated. It could certainly be argued that overseas graduates and those from Eire and Northern Ireland should not expect to find posts in England and Wales, though figures for migration would be interesting.

The position in Scotland is different: 620 doctors are expected to graduate from Glasgow, Edinburgh, Aberdeen, and Dundee in 1978 compared with 2595 in England and Wales. This gives a graduation rate of doctors per head of population twice as high in Scotland as in England and Wales even if a wastage rate of 9% is allowed on these Scottish figures. Despite the rather more lavish provision of medical facilities in Scotland there is still a considerable excess of graduates who must expect to seek posts in England. In Dundee, for example, there should be more than 100 graduates this year with 63 approved preregistration posts in the area. Furthermore, many graduates from Scottish medical schools are English students who intend to practise south of the border, having moved north for training purposes only.

Surely Scotland, which is an integral part of the NHS, should feature in all statistics about distribution of posts and resources if meaningful assessments are to be made.

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Remuneration of NHS occupational health physicians

SIR,—Early this year I was appointed occupational health physician to build up an occupational health service for the York Health District. The remuneration offered was, pro rata for three sessions per week, that for the clinical assistant grade, and though this is considerably below the BMA's recommendations for doctors working in this specialty I accepted because I required only a part-time job and it was the type of work, with the right challenge, that I wished to do.

On inquiring from the BMA about these low levels of remuneration paid by the NHS I was informed that the BMA "have been pressing the Government for the past five or six years to do something about this unsatisfactory state of affairs, but at present the progress we

have achieved is limited to commenting on a draft circular purporting to lay out certain guide lines for the establishment of an occupational health service." But since the Tunbridge Report was published in 1968 the Department of Health and Social Security has given encouragement to the NHS to set up occupational health departments. Many health districts have done so and more are starting a service, so that matters have gone well beyond "laying out certain guide lines for establishment of" a service.

Surely occupational health requires the same standards of knowledge and medical care whether it be undertaken in industry, shops and offices, or in the NHS, and the remuneration should be the same. Why should the DHSS set a level of remuneration for occupational health doctors in the NHS so much lower than is paid in other ministries—for example, the Ministry of Defence? If industry or commerce advertised occupational health posts below the BMA recommended scale of salaries action would be taken and the advertisements possibly banned. Why is not the same done for NHS occupational health posts? Surely a ban on such advertisements might be a lever with which to press the DHSS to start thinking realistically and take action to bring such salaries into line with those paid outside the NHS.

The BMA seems to have spent five or six years getting nowhere in this matter and it is time more positive action was taken.

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Clinical medical officers

SIR,—Dr Shelagh Tyrrell (28 October, p 1233) is far from being the only clinical medical officer who is concerned by your recent report (7 October, p 1038) on the Working Party on Community Health Doctors with its suggestion that we should revert to being "Jacks of all trades."

What appears to have been lost in the present discussion about our future is its origin, which was the response to the Court Report. The Court Report was about improving services for children. The Secretary of State's reply recommends the development of an integrated service for children within available resources. One of the recommendations of the Court Report that has received unanimous acceptance is that those doctors who work in the future child health service should all be adequately trained and experienced. If time and money are to be spent on reaching the required level of expertise, then it is wasteful to expect the doctor at the end of it to spend a proportion of her time in totally unrelated activities, such as geriatrics or occupational or port health.

In arguing for an adequately trained and staffed child health service I do not deny that there are other areas of community health work which merit similar consideration. But these also need their own expertise and training and neither one will benefit from dilution with the other, with the possible exception of the child health/family planning combination.

I for one would like those negotiating on our behalf, however selected, to bear in mind that we are not all solely concerned with our future career structure, important though this