

evidence that his idea is incomplete (Tuckett, 1976); perhaps doctors are not quite so good at seeing life as they think they are. Balint said that too!

JOHN D. WILLIAMSON

12 Westville Road
Barnsley
Yorks S75 2TR.

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INDEPENDENT CONTRACTOR STATUS

Sir,

It is not only how, or even how much, we are paid, as Tudor Hart suggests (April *Journal*, p.237), but for how long. We can bemoan the loss to our NHS patients of years of experience when great consultants are pensioned off at 65: we also sigh with relief that we

can carry on. What to do with our status is a question of political attitude, for revolution or evolution.

The introduction of the NHS 30 years ago was a revolution. Evolutionary modifications have followed (although the 1966 Charter might be described as part of a continuing revolution).

Evolutionary changes in the independent contractor status have, as Tudor Hart rightly says, increased our dependence on the DHSS. On the salaried side, some 45 per cent of consultants have chosen to be whole-time salaried employees. In Exeter these consultants may be impersonal and lackluster; in Central London most, in my experience, are the reverse.

No, the main difference at present between salaried and independent contractor status is the possibility of the independent contractor continuing to earn a full income past 65. Even here, however, increasing misgivings are felt, especially in local medical committees where cases are heard against elderly general practitioners in breach of their terms of services. The General Medical Council is toying with annual review of registration of those over 65 involving some form of audit.

My argument is that the two kinds of status are moving so close together that they vary only in detail. The details are important but if we chose, or were forced to choose, to be salaried, our negotiators should be able to protect our needs in the new contracts. I have

no doubt that we would continue to practise past 65, but I suspect that there would be some form of assurance of competence, and this would not be such a terrible thing.

Dr Pereira Gray is to be congratulated on opening this discussion (December *Journal*, p.746). The clarification of issues that is following can only help to question dogma, and this is vital to that very British form of revolution—evolution.

RICHARD STONE

50 St Petersburg Place
London W2 4LD.

PRACTICE ACTIVITY ANALYSIS

Sir,

We have enjoyed taking part in the Practice Activity Analysis published in the *Journal* in the past few months. However, the published results do not take account of consultation rates, size of practice, type of practice or age-sex distribution which are obviously relevant to the results, and we wonder if there are any other practices which would be interested in pursuing these variable factors.

D. K. FAIRWEATHER
J. E. SCRIVEN

19 Jerdan Place
London SW6 1BG.

BOOK REVIEWS

THE SI FOR THE HEALTH PROFESSIONS

World Health Organization
75 pages. Price £1.20

SI units are not exactly popular! Indeed they can be said to inspire bewilderment, contempt, or anger among most practising doctors who in any case are usually rather shaky about exactly how they are derived.

Nevertheless SI units are here to stay and they are being used increasingly in medical journals and books throughout the world. The 'I' stands for international and this is their first main advantage. If eventually they do become universal it will greatly aid communication between doctors in different continents.

Secondly, and perhaps more important in the long run, is that they do provide a rational basis for calculating units which is logical and consistent at the very least. Almost any uniform system was bound to be better than the hotch-potch of units which has grown up over the years.

Fundamentally there are seven base units which are precisely defined and include, for example, a unit of length (the metre), a unit of mass (the kilogram), a unit of time (the second), and a unit of substance (the mole). From these there are a series of derived units such as the square metre or cubic metre.

This little booklet, in only 75 pages, makes a fair attempt at explaining in simple language what SI units are all about. As they will soon be adopted as the standard unit in this *Journal*, this would be a useful book to buy.

D. J. PEREIRA GRAY

OBESITY AND ITS MANAGEMENT 3RD EDITION

Denis Craddock

Churchill Livingstone
London (1978)

194 pages. Price £5.50

Shame on those of us who have not read this book! By a generalist, for generalists, and written, perhaps, on the most general topic one could find, it is one of the few volumes that can be unreservedly recommended for, if not every consulting room bookshelf, then certainly every practice library.

Like a good deal of important literature, its message is not new. We already know much about the causes of obesity, of its hazards and its implications, and no one who did not have a fair grasp of the principles of its