dates Dr Curwen's conclusions that there is no difference in the answers of the three time groups. Moreover, it is significant in that it illustrates one important way in which general practice has suffered a loss of status and of attraction at least in some areas (comparable to a similar loss should cottage hospitals disappear). It must be recorded that prior to 1939, a good-class general practice with a hospital association where one could follow a specialist interest, was a very real and very attractive alternative to consultant practice.

2. In the matter of apprenticeship, I consider the position is again over-stated. There is great room for improvement in training for general practice—but surely consultant status should be compared with full and equal status in a partnership rather than with the moment of entering practice as a principal (this is often expedited in order to claim loading factors!).

3. I find it difficult to accept the view that the financial advantages of consultant status play little or no part in its attraction as a career. The ' image ' of the big surgeon, his Bentley, his Harley Street rooms and of his place in society may well be as much concerned with status as with money—but how can the two be separated? Life earnings in the R.A.M.C. are now probably greater than in any other branch of the profession. Time alone will show whether this materially improves the status and attraction of that service. I believe it will.

4. Finally, Dr Curwen gives himself away by asking "Is there a ladder and if there is, *where* did the general practitioners fall off it? " Surely, Sir, he should have asked *whether* general practitioners are those who fall off?

My interpretation of Dr Curwen's evidence is that one-third of general practitioners do not consider ' the ladder ' at all, and the majority of the remaining two-thirds, though much tempted by the prizes of consultant status, do not seriously attempt to climb the ladder—and for the reasons which Dr Curwen describes so fully and so well.

Of course Lord Moran was right in his contention that most of the able men become consultants (and regrettably that seems to be even more true today). But I believe, and I think Dr Curwen's investigation confirms, that he was wrong and did a disservice to medicine to suggest that "there was no other aim ".

Stratford-on-Avon E. O. EVANS

Migraine Symposium

Sir,

One of your correspondents writes (January): " I was astonished to find no reference to the basic role of psychotherapy in the treatment of this condition which responds to this approach just as readily as *any other psychosomatic disease* " [*my italics*].

Migraine is a syndrome of multifactorial causation mediated by reversible vascular changes within and without the cranium. Though the causative factors may include psychological ones, it is emphatically not

simply a ' psychosomatic disease ' though this view seems to be widely held. It is probable that unrecognized biochemical changes underlie even some of the ' psychosomatic ' cases.

Nakuru, Kenya A. L. CRADDOCK

Epidemiology of Collisions on the Road

Sir,

One can only applaud the fact that you should write your March editorial on the subject of road accidents. Any step which will help to cut the damage done is welcome: one such step is your statement " So long as the spread of diseases and death by vehicles on the road is thought and talked of as due to ' accidents ' rather than to avoidable collisions little headway will be made . . . "

After that I fear that you fall foul of your own criticisms. You draw an analogy between the motor car and various infectious diseases: motor cars are not autonomous bodies like bacteria; they are controlled by human beings. The classical methods of epidemiology are bound to fail miserably because we are concerned with human actions and the motives for them—a subject which is clearly as distasteful to you as it is to many doctors.

We have to explain, for instance, why recently one make of car which had proved itself mechanically sound on the race-tracks of the world became statistically the most dangerous make of car in use when in the hands of English motorists. To come nearer to ourselves, Sir, we have to explain why sober, honest, conscientious people like doctors are often seen to ignore even the two most rudimentary safety measures—the red lights at cross roads and the speed limit. Answer this type of question and you will answer the question of why people put themselves in positions in which ' accidents ' can happen.

A few of these ' accidents ' are entirely caused by errors of judgment. One has only to watch road behaviour, however, to see that the vast majority are caused by errors of intention: it is greatly to the credit of the engineers that cars are good enough to allow foolish drivers to escape the consequences of their actions as often as they do. The techniques for the study of behaviour have already been developed in three fields—in psychology, particularly industrial psychology, in market research, and in criminology. Apply these techniques to behaviour on the road and we shall see the way to relief from the present burden.

One thing they have already shown and will continue to show is that some people are not suitable as drivers. Another is that certain types of car bring out the worst in their drivers. The Broad Street pump was chained up by John Snow to protect the public: doctors have applauded this action ever since. How loud will the applause be when some people, including a few doctors, find their cars (or themselves) chained up for the same reason?

Southampton. JOHN L. STRUTHERS.