

# BRITISH MEDICAL JOURNAL

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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the *BMJ*.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

## Who pays for distinction awards?

SIR,—Your readers may be aware that the budget for consultants' salaries was devolved to districts in 1983-4 but they may not have realised that money for distinction awards was devolved at the same time. This means that the district treasurer is responsible for meeting all variances which may occur.

A draft budget has now been drawn up for our regional centre for radiotherapy and oncology to prepare for local budgetary control. In the section concerned with medical salaries it contains an item marked "distinction awards." My inquiries have confirmed that this further devolution follows logically from that which has already occurred to district.

Over a period of years a centre such as ours, where the total number of consultants, including honorary consultants, is just 11, would be responsible for a very variable budget for distinction awards. When a consultant with an award retires and is replaced by a new appointee funds will be released but when another consultant's merit is recognised money will need to be found within the budget to pay for it.

If we are fortunate in being staffed by keen, progressive consultants we will be at a financial disadvantage because such men and women are likely to perform more, rather than less, work and so likely to spend more, rather than less, money. If such efforts are rewarded by distinction awards then we will again be penalised. Particularly when the award is a higher one, which is given for distinction in the region or in the country as a

whole,<sup>1</sup> this new system seems to be particularly inappropriate.

With the increasing emphasis on "balancing the budget" this devolution of the payment of distinction awards may discourage the employment of potential leaders and possibly discourage their recommendation for an award to spare the financial penalties to the budget. This change, therefore, may encourage mediocrity within the service. Surely the budget for distinction awards should not be devolved lower than the regional level.

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1 Clayton S. Distinction awards. *Health Trends* 1979;11:72-6.

## Association between liberalisation of Scotland's liquor licensing laws and admissions for self poisoning

SIR,—Dr D B Northridge and others (6 December, p 1466) report that the liberalisation of Scotland's liquor licensing laws in 1976 was followed by a significant increase in the proportion of patients taking alcohol at the time of self poisoning, from 29% in men (14% in women) in 1971-6 to 52% (35%) in 1977-82.

Post hoc non ergo propter hoc. The proportion

of our patients admitted for self poisoning who had taken alcohol rose significantly from 18% (18/100) in 1971-2 to 32% (30/94) in 1983-4 ( $\chi^2=43$ ;  $p<0.05$ ),<sup>1</sup> and, in spite of frantic lobbying, our English licensing laws have not yet been liberalised. Although alcohol may well be important as a cause of self poisoning, recent changes in Scotland cannot be attributed solely to alterations in the licensing laws.

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1 Lockhart SP, Baron JH. Changing ethnic and social characteristics of patients admitted for self-poisoning in West London 1971-2 to 1983-4. *J R Soc Med* (in press).

SIR,—Dr D B Northridge and colleagues (6 December, p 1466) claim that their findings constitute firm evidence suggesting that the liberalisation of the licensing law had a deleterious effect.

It is impossible to assess the validity of this claim on the basis of the evidence in the paper. The study was uncontrolled, with no comparable information from either a second city in Scotland or a city in England and Wales (where there was no change in the licensing law). Unfortunately, to my knowledge, there are no data on the use of alcohol among self poisoners in an English city over the study period (1971-82). However, an examination of trends in parasuicide (non-fatal deliberate self harm, over 90% of which is by self poisoning) in Oxford and Edinburgh is instructive. The findings for Edinburgh do not replicate those reported for