at this time a differential diagnosis as follows: chiropractic is of no value, is of limited value or is of extreme value. Each of these diagnoses requires a different approach to management. As in other day-to-day problems facing medical doctors, the solution to the chiropractic problem lies in proper diagnosis, which, in turn, is dependent on a complete investigation of and direct contact with the problem. It is this contact with chiropractors that I have been advocating.

SCOTT HALDEMAN, DC, M SC, PH D, MD
Medical intern
Vancouver General Hospital
Vancouver, BC

## Treatment for travelling athletes

*To the editor:* The sports medicine interest group of the Canadian Physiotherapy Association is attempting to compile a booklet listing doctors, therapists and clinics specifically interested in sports medicine and willing to treat athletes travelling in Canada. We hope to make the booklet available to provincial and national sports federations for use by athletes who may need treatment while travelling in this country.

Would any readers who are interested please send their names, addresses and telephone numbers to us at the address below?

LINDA MASON, DIP PT
PEGGY WOYTIUK, DIP PT
Sports medicine interest group
Canadian Physiotherapy Association
13020 - 113th Ave.
Edmonton, Alta.
T5M 2X1

## Warfare denied

*To the editor:* We bring your attention to a serious error in your association news column of Oct. 9, 1976, which contains the following unfortunate assertion:

One of the complicating factors in the decision as to whether to cooperate or not with Statistics Canada is that a power struggle is taking place within the federal government bureaucracy. The health division of Statistics Canada and the statistics division of the health department are engaged in internecine warfare to control some health statistics . . . .

We, who are in an excellent position to know what relationship prevails between the two departments, deny the existence of any "power struggle" or "internecine warfare" over the control of some health statistics. Such a misrepresentation is completely irresponsible and does a serious injustice to our respective personnel who have conducted themselves in a spirit of harmonious cooperation. May we point out also that we co-chair an active interdepartmental committee on health statistics which serves as a medium for close collaboration between our two departments.

With reference to the issue of a medical manpower data bank that stimulated the remarks in your association news column, we would like to stress the importance for the future, not only of close cooperation between our own two agencies, but also of the need for active collaboration and cooperation with the provinces, provincial licensing authorities and with the Canadian Medical Association and other professional organizations.

J. HAUSER
Director
Health division
Statistics Canada

W.A. MENNIE
Director
Health economics and statistics
Health and Welfare Canada

## British legislation affecting returning physicians

*To the editor:* I would like to draw the attention of your readers to important legislation that has recently been enacted in the British House of Commons. This could seriously affect British graduates now in Canada who, in the long-term future, are considering a return to Britain.

Except for those at present in practice and those who have only recently left general practice, applicants for principal positions in National Health Service general practice will have to satisfy the provisions of the National Health (1976) Vocational Training Bill. This bill stipulates that such applicants will have suitable experience or training or equivalent experience, presumably equal to a 3-year training course now being introduced into British hospitals to prepare new graduates for family practice. It appears that, although the bill has been passed, the regulations have yet to be drawn up. It also appears that British graduates who have not completed 3 years' formal training beyond their 1-year internship will find themselves obliged, if they wish to take up general practice again, to occupy very lowly paid posts at senior house officer level at a salary of between $130 and $150 per week; these posts would be garnished with such fringe benefits as compulsory single residence.

May I urge such intending repatriates to write to the British Medical Association in London to remind them of their responsibilities toward those of us overseas? It is frustrating to leave home without your key, but it is even worse to get back and find the locks have been changed.

MYLES F. HARRIS, MD
La Cuculière, Roullours
Vire
Normandie
France