

The reception staff have their own password, which allows access only to the patient's identification details and to repeat medication details. These passwords can be altered when we wish.

We have the facility to mark a record on the computer to allow access to read (but not to alter) to our nurses and health visitors. There is a facility to suppress information that allows access only to the doctor who records the information. This information can never be printed out or produced on microfilm. The staff of the Exeter Computer Project are all employees of the area health authority and are bound by the same code of ethics as we are. In fact they have no access to our records unless we give them our passwords.

In short, our level of confidentiality is as secure as ever and if it were not for the continued presence of the medical envelope in the filing cabinet we could truthfully state that it had improved.

J F SIDEBOTHAM
G WARD
J H BRADSHAW-SMITH
J G PEGG
J T ACKROYD

Ottery St Mary,
Devon

Clinical or administrative postal addresses?

SIR,—Why is it that health authorities insist on *hospital* notepaper having the name of the authority emblazoned at the top of the sheet?

The banner heading "Loamshire Area Health Authority (Teaching): Central Loamshire Health District" across the top of the page has no relevance whatever to a letter addressed from and requiring an answer to "The Royal Loamshire Infirmary." This practice not infrequently results in those who cannot be expected to know, and foreigners in particular, addressing their letters to "Loamshire Health Authority (Teaching): Central Loamshire Health District" and that letter finding its way to the ivory tower headquarters of one or other of these authorities, with consequent delay and frustration.

I suggest that planners and administrators of the DHSS should think again about this matter.

T B BOULTON
Editor,
Anaesthesia

Association of Anaesthetists of
Great Britain and Ireland,
London WC1

Preventive medicine—House of Commons inquiry

SIR,—The Social Services and Employment Subcommittee of the Expenditure Committee of the House of Commons is conducting an inquiry into preventive medicine and the BMA has been invited to give written evidence.

An ad hoc subcommittee of the Executive of the Central Committee for Community Medicine has been formed to prepare this evidence, which will cover the generality of preventive medicine and its effect on the life and health of the nation. We would, therefore, welcome observations on the subject, which may be incorporated in the Association's evidence: (a) in general; (b) on specific aspects which the House of Commons has particularly

requested. These include diet and nutrition (including alcohol), air pollution, water pollution, and urban planning.

The subcommittee would be pleased to have observations in writing, preferably by 28 February. These should be sent to me: Dr A W McIntosh, c/o Executive Secretary, Central Committee for Community Medicine, BMA House, Tavistock Square, London WC1H 9JP.

A W MCINTOSH
Deputy Chairman,
Central Committee for Community Medicine
London WC1

Consultants' ballot

SIR,—At a recent meeting of the Rochdale Area Health Authority Senior Medical Staff Committee the BMA's "A Ballot of Consultants" was briefly discussed. A strong feeling was expressed that yet again this document evidenced the gulf that existed between the members of the Council and the grassroots of the Association.

It appeared singularly inept to make resignation contingent upon the non-acceptance of the Goodman proposals. It was felt that there would be many consultants throughout the country who would share with the majority in Rochdale in doubting the adequacy of protection of the Goodman proposals but who would hesitate to accept that resignation was an appropriate alternative. Such action should be considered only in support of clear positive proposals which provided adequate safeguards advocated by our own negotiators and not by a third party retained by a fourth!

To have formulated the ballot in this fashion is likely to have weakened rather than strengthened our negotiating position and again raises doubts as to the knowledge and experience of our counsellors in the field of political and industrial dispute. It underlines the lack of sensitivity in the Central Committee for Hospital Medical Services to the needs and feelings of the majority of consultants. Had these been adequately appreciated we would have had leadership to a clear course and the direction of our undoubted strength to a positive end.

D H TEASDALE
Chairman,

DONALD S LYON
Secretary,
Senior Medical Staff Committee
and 19 other signatories

Birch Hill Hospital,
Rochdale, Lancs

Doctors' wives and the Sex Discrimination Act

SIR,—I was interested to see Mrs Mary J Glanvill's letter (7 February, p 343).

On 19 January my husband and his partner submitted forms ANC 1, 2, and 3 to the Nottingham Family Practitioner Committee, with a covering letter saying that both the word and the letter of the Sex Discrimination Act render the exclusion of related ancillary staff obsolete. They also pointed out that it is now an offence to persuade or coerce employers to breach the terms of the Act.

The Administrator of Family Practitioner Services replied on 29 January that the contents of the letter had been carefully considered "but it is not felt that the criteria for the em-

ployment of a doctor's dependants contravenes [sic] the Equal Opportunities (Sexual Discrimination) Act 1975." He went on to say that "a doctor's relatives are not precluded from the [ancillary staff] scheme by reason of their sex or marital status, but because of: (a) financial dependence on the doctor; and (b) live in his residence." He referred us to paragraph 80.1 of the Statement of Fees and Allowances.

Naturally we do not accept either his interpretation of the exclusion clause or of the new Act. I too work in my husband's practice and have done so since before 1966. As I work longer hours than Mrs Glanvill it is possible to compute our deficit to a figure even greater than hers. In my view this is a very strong argument in reply to the DHSS who have stated in correspondence with me that the country cannot afford to meet such "non-essential public expenditure." Should the country's finances be supported by a total lack of integrity?

Kirkby in Ashfield,
Notts

JULIE STAFFORD

Pay-beds in NHS hospitals

SIR,—I would like to congratulate Mr N H Harris (7 February, p 344) on extracting, albeit grudgingly, an admission from the Secretary of State for Social Services that the removal of pay-beds from NHS hospitals will not reduce the waiting lists she complains of so bitterly. That the pay-bed issue has nothing to do with improving the standard of medical care for NHS patients I can demonstrate.

The West Midlands Regional Health Authority, the largest single authority in England and Wales, reported on 31 December 1974 that there were 59 400 patients on the waiting list (the 1975 returns are awaited). Their statistical tables show, however, that out of this total 51 417 were waiting for a surgical operation of one sort or another. Some have to wait two years. In contrast the waiting list for general medicine was 214, and 169 of those belonged to one hospital group; out of the remaining 21 groups, 14 had no general medical waiting lists at all. The waiting list for paediatrics in the whole region was 19. The same report shows that out of the 17 508 beds available to NHS patients the average occupancy was only 12 653 or 72.2%. Therefore to increase the number of beds by adding in the pay-beds will only increase the number standing idle and unoccupied.

From the fact that 86.5% of the waiting list was confined to general surgery, ENT, orthopaedic and ophthalmic surgery, and gynaecology it follows that the waiting list is due to a shortage of operating theatres. It is the Health Departments who are responsible for the waiting list problem and no one else. They have failed to implement their building programmes over the past 20 years. As far as NHS patients are concerned the pay-bed issue is irrelevant.

F S A DORAN

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Bromsgrove, Worcs

Fair allocation of resources

SIR,—The paper by Mr J H Rickard (31 January, p 299) is most welcome. Reorganisation of the Health Service has allowed the dis-