patients have been included in these studies, no conclusions could possibly be reached because of the inadequate follow-up time. I believe that other studies on the international front will be in a similar position.

We do know, however, that the neurotoxicity of misonidazole has major dose-limiting implications which were not originally anticipated. However, improved drugs are in an advanced stage of development in various laboratories. In view of this it would be a pity if the entry of patients into current studies and interest in the field generally were to be prejudiced by premature value judgments on efficacy. Radiosensitisation remains a promising field of inquiry, and even with misonidazole the neurotoxicity complications do not mean that at the tolerated doses some therapeutic benefit may not be forthcoming.

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The dark future for child health

SIR,—"Meanwhile the GMSC is busy trying to negotiate a fee 'payable to the general practitioner who provides relevant information concerning a child requested by the school health authorities,'" according to the letter by Dr Rosemary Graham (14 February, p 567). Is this correct and, if so, does it apply to a doctor-to-doctor approach?

If GPs want a fee for a doctor-to-doctor approach, which is almost entirely for the good of the child, their patient, I am utterly disgusted. If on the other hand the quote should read ". . . requested by the education authority" then I am all in favour.

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Design for a school computer module

SIR,—I read with concern the seven proposals adopted by the General Medical Services Committee that were reported in your article "Child Health Computing Committee: design for a school module" (31 January, p 412). These proposals appear to be inconsistent both internally and with current practice.

Proposal (5) recommends that the results of tests and examinations carried out by school health authorities should be sent routinely to the child's general practitioner. Yet proposal (2) states, "Informed consent by parent or guardian is essential before clinical information concerning a child is passed to any other person or authority." Does this mean that school medical officers are going to gain routinely informed consent by parents and guardians to pass information to the child's general practitioner? What would happen if the parent or guardian did not give informed consent?

At present in school health services, preschool health services, and hospitals, the files containing the clinical information on patients are shared between medical officers. Furthermore, these are filed and retrieved from the filing system by clerks, and sent by clerks to wherever they are required. It is my belief that not all of the patients and their parents or guardians have given informed consent that this clinical information can be passed to another person.

I am concerned than an ethical standard of medical information be agreed. This will provide a reference point for all people (both medical and non-medical) concerned with the delivery of health care. It should be applicable not only to computer systems but also to manual systems, since these are also open to abuse. It will need to be more closely argued and more consistent than the proposals reported in your article, so that they can withstand critical examination and not merely overcome trivial incompatibilities similar to those I have outlined above.

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Using computerised lists of doctors

SIR,—With reference to Professor J Williamson's letter (3 January, p 77) about the abuse of computerised lists of doctors and the denials by "the Secretary" (3 January and 14 February, p 570) that this constituted a breach of confidence, perhaps the chairman of the Central Ethical Committee and the BMA's Scottish lawyers should be consulted.

Professor Williamson complains of his privacy being invaded by authorised misuse of computerised information. This is precisely the issue over which the BMA's Central Ethical Committee and the Child Health Computing Committee are now battling with regard to computerised information about child health. Now under Scottish law (Professor Williamson complains about the activity of the Scottish BMA and AHAs) privacy is viewed as part of the law of breach of confidence, as evidenced by the use of the phrase "with a view to the protection of privacy. . . ," which prefaces the terms of reference of the Scottish Law Commission's inquiry into the law of the breach of confidence. In fact, the recommendations of the commission—in paragraph 87 of its memorandum (No 40) on confidential information—are quite explicit.

It seems that the Hippocratic oath, particularly the section of privacy of information, needs to be read by *all* the elected officers of the BMA and not just the Central Ethical Committee, unless of course the BMA's copy has been altered to read "I swear by Janus. . . ."

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Bed requirements for undergraduate teaching

SIR,—Dr P R Fleming's article (7 February, p 496) gives 50 "children's beds" as the bed requirement for paediatric teaching for 100 students and implies that a number of different types of children's beds might be encompassed within this total. It is surprising to find the assistant dean of a medical school defining the bed requirement for paediatric teaching so loosely and so inappropriately. If 100 medical students are to be taught adequately, at least 50 acute medical paediatric beds are necessary. Beds of other types—for example, surgical—additional to this would also be used but cannot take the place of the essential core of acute medical paediatric beds.

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City centres and general practice

SIR,—Once again the problems of NHS general practice in city centres are under scrutiny. The BMA has been made aware of these problems and its response is the same as for all trade unions—more pay for our members.

That is no solution. The fundamental variable in the provision of responsible health care in city centres or anywhere else is the personal philosophy of the doctor. The NHS not only fails to stimulate that: it stifles it. The standardised regulations mitigate against individual enterprise and particularly against innovation. The blanket assumption that the NHS should work because it is somehow morally right obscures the fact that we should indeed question the morality of a system that does not work in practice. "To stop the falling quality of care" is a phrase that others have quoted and not one that I have invented.

If the BMA believes that more money for medical staff will improve the quality of care, then let it initiate a prospective study and in due course assess not only whether there has been any improvement but also whether the principle of "more pay for me" is ever either appropriate or successful in medical care.

The problems of city centres can only ever be helped when doctors and other health workers work for themselves and for their own reasons. Corporate philosophy cannot be applied to individual need. Let the NHS be restricted to hospitals where those in greatest need can receive the help that a compassionate society dictates. But let general practice be dropped from the NHS altogether. There is no evidence that NHS general practice produces much of clinical value for all that is spent on it and on medical training. Social value there may be but general medical practice is an extremely expensive and ineffective method of providing it.

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Giving all registrars a fair chance of becoming consultants

SIR,—A major problem exists today regarding the attainment of different grades of registrar post to achieve consultant rank in the major specialties. The hold-up is in the entry to the senior registrar grade, the achievement of which depends on particular factors.

The criteria are difficult to define and may include the following: having trained or been employed in a particular undergraduate hospital; demonstrating skill at producing clinical or research papers; having spent time abroad; and other assets difficult to define—in fact, attributes that may be impossible for every young surgeon to muster.

In an unfair way all the senior registrar posts are controlled by the professors and consultants of the undergraduate and post-