the designation entitles the holder to have access to academic facilities, medical and social functions, etc. It does not, however, enable the retired consultant to continue to utilise the clinical facilities he formerly enjoyed and which, in most cases, will have passed to his successor. This seems to me to be a reasonable arrangement and it is certainly not unique in Wales.

The position of a retired consultant temporarily re-employed as a locum to cover holiday or sickness absence is, of course, quite different. During the period of employment as a locum the person concerned is a full member of the consultant staff and enjoys the facilities normally available to the consultant he is replacing as well as the appropriate salary.

I hope these points clarify the matter.

D J C DAVIES
Area Medical Officer,
Gwynedd Health Authority

Bangor, Gwynedd

General practice records

SIR,—In his interesting letter Dr Ian Tait (26 August, p 641) supports Dr J Tudor Hart (15 July, p 207) in appealing for action to implement the introduction of A4 records.

As a representative of the General Medical Services Committee on the Joint Working Party on the Redesign of Medical Records in General Practice I think we can remain guardedly optimistic about the way ahead. The recent Second Interim Report drew attention to the resolution approved at the 1976 Conference of Local Medical Committees "that this Conference accepts that the A4 type of record folder is an approved method of record keeping with significant benefits in patient care." The GMSC has agreed to negotiate with the Department of Health and Social Security so that the scheme may be implemented without delay, with of course the important proviso that reimbursement of costs will be fully met (25 February, p 522).

The working party accepted the changeover to A4 size records as a major and important advance. Attention was also drawn to the usefulness of phased introduction on which Dr Tait comments in his letter. We have found it quite acceptable in our own group practice to use A4 files for selected patients and new babies. The transfer of records using a nurse-receptionist has not been a costly exercise and it should be remembered that good records are an economy in time—an indirect financial benefit. These records are being introduced much more fully in Scotland and they are greatly preferred by trainees in general practice, who will carry their view forward as principals.

I think the Department could be persuaded to issue more than the present 300 000 sets offered to a small number of interested practices, especially as the working party recommended that progress towards full introduction of A4 records should be accorded a high priority of NHS resources. It is up to general practitioners—perhaps on a regional basis where there is sufficient interest—to press for adequate supplies on the understanding that no doctor is coerced into using them. Meanwhile the GMSC will press for the required assurance that doctors will not be out of pocket, particularly where extensions to premises are

necessary. The game is not over. It is, I believe, a question of "next move, please" rather than stalemate.

GORDON W TAYLOR

Reading, Berks

Points

Consultants work to rule

Dr D F REES (Isle of Wight) writes: I wish to refute most emphatically a statement reported by *Scrutator* (12 August, p 511). The Government's spokesman is quoted as saying that the consultants worked to rule for eight months in 1976. As a consultant anaesthetist in the Isle of Wight I would most emphatically state that at no time has any action been taken to delay treatment in any way to any patient. . . .

Breathing other people's smoke

Mr M F WINTLE (Bedhampton, Havant, Hants) writes: Would the *BMJ* please also attack the lack of non-smoking areas where food is served and consumed? This is particularly necessary now that public houses mostly serve food and the public are densely packed into a small space. In my experience it is common, even in well-appointed hotels, for people to sit smoking cigarettes or pipes all round the food display. The atmosphere spoils the meal, the smoke is dense enough to be highly irritating, and the food is exposed to the fumes for the whole period of service. The BMA would do all non-smokers a great service by taking this up with, for example, the Automobile Association in time for their next survey of restaurants.

Head injury and kidney donation

Dr C D BACH (Department of Nephrology, Chaim Sheba Medical Center, Tel-Hashomer, Israel) writes: Professor Bryan Jennett in "If my son had a head injury" (17 June, p 1601) marred a good review by an unnecessary omission. When towards the end of the article he is faced with the decision to have life support systems withdrawn he does not mention the possibility of kidney donation. As the surgical/neurosurgical department has the unfortunate honour to be the biggest potential pool of organs for transplantation it is exactly in such units (and in such review articles) that the possibility of the patients as donors should be debated. Because without doctors themselves discussing and understanding the issues involved the public will never be well informed and the chronic shortage of cadaver kidneys will persist.

Nature of schizophrenia

Dr T J HOLDEN (Edendale Hospital, Pietermaritzburg, Natal) writes: I was mildly perturbed while reading your leading article "Is schizophrenia a psychosis or a neurosis?" (8 July, p 76) to note that the relevance of neurotic symptoms in schizophrenia had been wrongly stressed. The study by Cheadle *et al* showing that neurotic symptoms worry the schizophrenic more than the so-called psychotic symptoms is no doubt pertinent. However, this study was conducted on a group of patients

treated in the community. If these patients no longer needed hospital treatment, if indeed they had ever been admitted to hospital at all then it seems reasonable to suppose that they had regained sufficient personality integrity to manifest perfectly normal anxiety responses, reactionary to their insight into their primary schizophrenic process and the problems likely to arise therefrom. . . .

Blood pressure and kilopascals

Dr JOHN KNIGHT (Melbourne, Australia) writes: Dr John Price sings the praises of SI and kPa (4 March, p 554). He states that 1 kPa is one Newton per square metre. Actually it is 1000 Newtons per square metre. Such are the problems of conversion.

Spinal cord transection in utero

Dr I BLUMENTHAL (Bradford Children's Hospital) writes: The report by Dr G P Chapman and others (5 August, p 398) was not the first report of spinal cord transection in utero. A similar case has recently been reported from Japan.¹

¹ Maekawa, K, Masaki, T, and Kokubun, Y, *Developmental Medicine and Child Neurology*, 1976, **18**, 229.

Pigeon fanciers and disease

Dr W T BERRILL (Freeman Hospital, Newcastle upon Tyne) writes: Mr C A Osman in attempting a commentary on the difference between pigeon-fanciers' lung and budgerigar fanciers' lung (19 August, p 571), admittedly as a layman, emphasises "the selection pressure on racing birds presented by the suppression of weaklings, which would usually include any with chronic symptoms, and the fact that pigeons move from one hygiene-conscious loft to another direct, bypassing the pet shops." It should be pointed out that these factors, of course, are not relevant to the condition of bird-fanciers' lung to which he refers, which is an allergy, not an infection.

Otitis externa and the jaw

Dr N M GOBLE (Accident and Emergency Department, Sheffield Royal Infirmary) writes: . . . One cause of trismus and pain on mastication that is frequently overlooked is severe otitis externa (syn malignant otitis externa), there often being no symptoms referred to the ear (or if there are they are usually only elucidated on direct questioning) since the patient is primarily concerned with his or her inability to eat or talk without pain. Patients with this disease and symptomatology are hence frequently shepherded from one medical specialty to another. This is disappointing since with correct diagnosis and treatment otitis externa is quickly cured and the patient's gratitude unbounded. . . .

Correction

Misuse of hypnosis

In the third line of the paragraph numbered (9) in the letter from Dr D Waxman (19 August, p 571) the word "hypnotics" should read "hypnosis."