obviously desirable state of affairs). In man, with the longest growing-up period of all animals, the development of a stable parental bond is even more important. I firmly believe that evolution has provided sex, together with its closely related emotion of love, as a mechanism for maintaining a stable family background. So we can see that sex has two biological roles: (1) reproduction and (2) the formation and maintenance of a stable pair-bond.

It is ignorance of this second biological role of sex that causes problems when sex takes place outside the context of its biologically defined role. I would like to enlarge on this with just two examples. As a result of the intense emotions associated with sexual activity one or both of the partners may begin to get emotionally attached when no such bond is either intended or desired. (How often do we see this happening in extramarital affairs?) If this is so how much more important it is when these bonds develop in still emotionally immature adolescents as a result of their sexual activity. The inevitable outcome of this is that society becomes littered with "broken hearts," "hang-ups," and "abandoned lovers" who subsequently find it extremely difficult to form a new stable pair-bond with a fresh partner (witness the ever-increasing divorce rate).

Secondly, if sex is to work as an effective pair-maintenance mechanism, then exclusivity of the partners is an inherent necessity. We don't need to look far to find examples of intense jealousies resulting from multiple sexual partnerships.

I realise that in such a short letter these views may appear too simplistic and naive, but I urge all liberal-minded progressives to re-examine how biology has intended us to use our sexuality. Let us learn from the ecologists, who have shown that even intelligent humans cannot disregard natural laws. So before it is too late let us educate our children to use sex within its biologically defined role before we do untold harm to the stability of our society.

It is surprising how rapidly a statement like "Adolescent sex is a reality, so let us at least make it 'safe' by providing contraception" becomes accepted by society and then slowly becomes modified in people's minds so that in no time it reads, "Adolescent sex is natural, good, and should be encouraged." Let us for once take notice of the religious and moralists, because unwittingly they have arrived at the correct answer.

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*.*This correspondence is now closed.—ED, BMJ.

Hospital equipment "Which?"

SIR,—The supplies officer of the Bromsgrove and Redditch District has had a reply to the query mentioned by Dr P V Scott in his letter (26 August, p 632). Because of the interest which his letter may have stimulated, may I supplement the letter from my colleague Dr W Wintersgill (16 September, p 828)?

Dr Scott is unsure about the Department's policy regarding the provision of circuit diagrams for medical equipment. It is our policy that circuit diagrams and other information necessary for the maintenance of medical

equipment should be provided to those hospitals which have the staff and facilities to make proper use of them. We have obtained the agreement of those manufacturers represented in the United Kingdom Medical Equipment Industries Group to the provision of such information as well as to the provision of training for NHS maintenance staff.

Of course such a policy only becomes "mandatory" when embodied in a contract. Contracts administered by the Department—for example, for x-ray equipment—enforce the provision of maintenance information. However, the majority of contracts for the purchase of medical equipment are issued by health authorities and in this context the Department issued a specimen form (EMQ-1) to health authorities in 1976 with a recommendation that it should be used for all purchases of electromedical equipment. This is a pre-tender inquiry form which, among other questions, asks specifically about the provision of maintenance manuals and circuit diagrams. Any authority which follows the Department's advice can learn the position about the supply of circuit diagrams before buying any equipment and, in dealing with reluctant manufacturers, can seek the Department's help, which we are giving in the particular case quoted by Dr Scott.

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Comparison of the tine and Mantoux tuberculin tests

SIR,—We wish to reply to the letters from Dr J Houghton and Dr M Caplin and others (1 July, p 54), Dr V M Hawthorne (22 July, p 280), and Dr A A Cunningham (12 August, p 503) commenting on our comparison of the tine and Mantoux tuberculin tests (3 June, p 1451).

The letters from Dr Houghton, suggesting a return to the use of Mantoux testing for epidemiological purposes, and from Dr Caplin and others, supporting the continued use of the tine test, base their conclusions on experience rather than comparative trials. The experiences expressed in the letters lead to opposing views.

Dr Hawthorne supports the tine test because it is widely used, safe, and a convenient form of tuberculin testing. These qualities are accepted, but the accuracy of the unit is also relevant and the purpose of the study of the Tuberculin Subcommittee of the Research Committee of the British Thoracic Association was to observe the comparability of the tine and Mantoux tests. Dr Hawthorne objects that our population was neither demographically nor immunologically characteristic of the general population of Britain. The prevalence of a condition surely does not influence the reliability of a test used for detecting it. The references he quotes relate essentially to the epidemiology of tuberculosis and give no evidence to refute or diminish our findings, which show that, compared with the Mantoux test, the tine produces a high percentage of false-negatives and cannot be regarded as a reliable tuberculin test.

Dr Cunningham does not correlate his results with established methods of assessing tuberculin reactivity. His final paragraph emphasises the disparity of results obtained

by different researchers. Until clarification is available the well-validated Mantoux and Heaf tuberculin tests should remain the standard tests for clinical and epidemiological use.

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Health Service planning and medical education

SIR,—I would support the plea of Professor D R Wood and Sir Douglas Ranger (12 August, p 498) for urgent action to defend staffing levels in teaching hospitals if we are to fulfil our commitments to medical students.

Freeman Hospital has recently been commissioned in Newcastle as a part of the teaching group of hospitals. There are no senior registrars and only one registrar in medicine. The middle-grade staff consist of senior house officers and a single "first assistant in medicine" of senior registrar status, and this post was endowed by a charity. This shortage of middle-grade staff has two adverse effects on teaching. The number of experienced clinicians available for teaching is, of course, reduced, but in addition consultants have a greater clinical work load because of the absence of registrar and senior registrar support and therefore have less time to devote to teaching.

This situation, incidentally, has arisen in an area which would be benefiting from the recommendations of the Resource Allocation Working Party (RAWP).

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Confidentiality of medical records

SIR,—I was interested to read Dr O Troughton's letter (26 August, p 642), because my own "well-known medical defence organisation" gave a rather different opinion in December 1976. I was advised to "write to the paediatrician asking him to refrain from circulating confidential information except when requested to do so by the patient's parents."

Thus my initial query as to whether anyone other than the parents or legal guardians has the right to disclose medical information about a child remains unanswered.

A O STAINES

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Postoperative morbidity and mortality after bleomycin treatment

SIR,—I read the article by Dr P L Goldiner and others (24 June, p 1664) with growing confusion and disbelief.

If I may summarise, it seems these workers performed retroperitoneal node dissection after orchidectomy and bleomycin therapy for testicular tumour. The first five patients who underwent this procedure died. They then rethought their treatment schedule, identified