

message. A stamped addressed envelope was enclosed for the reply.

#### Results

There were 84 replies out of 150 forms sent out (56 per cent), 17 knew the colour and the message of the poster (11.3 per cent) whereas 67 did not (44.66 per cent); 66 (44 per cent) did not reply.

#### Discussion

Few visitors to the waiting room noticed the poster which was topical and colourful. Whether the 11 per cent of those who noticed it were influenced by it is problematical.

It is doubtful whether much is achieved by display posters in doctors' waiting rooms. It is hoped that organisations such as the Health Education Council will not waste valuable resources in producing such posters, but will concentrate on more fundamental problems of doctor/patient communication and evaluation of the usefulness of other methods of community health education such as leaflets, films and television.

The cost to the practice of assessing the usefulness of this poster (postage and duplicating) was £21.50 which demonstrates the difficulty of carrying out even simple research in health education in general practice.

#### Acknowledgements

The co-operation of Mrs Rollason, practice secretary, and Mrs Smith, practice Health Visitor is gratefully acknowledged.

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#### REFERENCE;

Pike, L. A. (1973). Health education in general practice. *Community Health*, 4, 179.

#### USE OF COMPUTERS IN RETAIL PHARMACY

Sir,

I am pleased to report a satisfactory result from a feasibility trial of computer support for the retail pharmacist, which was first described in your *Journal* in 1974. The trial took place in an Exeter pharmacy and used prototype equipment which logged the dispensing transactions and kept track of stock which needed to be re-ordered.

The nature of the drug preparation dispensed was mechanically read from a printed code on the container via a sensor. The signal created was recorded on to magnetic tape side by side with the number of units counted. The units were counted automatically by a machine preset from a keyboard to the number required on the prescription. Each day's transactions were transmitted by telephone to a computer which printed out re-order lists for the pharmacist.

This trial has shown that marked improvement can be obtained in the accuracy of the lists of goods which need to be re-ordered from the wholesaler for the retailer and provided strict control of the total stock levels and trends in demand. The automatic tablet counter equipment produced a significant saving in the pharmacist's time and relieved him of an irksome task. The combined machine proved acceptable in use to the pharmacists even though they were asked to maintain dual systems for the purposes of comparison.

This type of equipment in future could reduce drug processing and clerical work, abolish the procedure for re-ordering by telephone, and could improve profitability in many ways.

If in addition pharmacists were prepared to share their recorded data, then most of the wholesaler's clerical activities could be automated, the drug manufacturer's clerical tasks could be greatly helped, and pricing bureau activities and prescribing statistics could be fully automated.

Further proposals would be the formation of a computer-based central national register for dangerous drugs, a monitoring service for the side-effects of drugs linked with the data banked in the computer's memory from prescriptions.

The expense of introducing a system of this kind would be no greater than that involved in analogous systems currently being developed in other forms of retailing. Further design work will be required to produce a machine suitable for general pharmaceutical use.

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#### REFERENCE

Preece, J. F. (1974). *Journal of the Royal College of General Practitioners*, 24, 209-212.

#### X-RAYS FOR WOMEN PATIENTS

Sir,

The Council of the Royal College of Radiologists would like their recommendations about the implementation of the 'Ten-day Rule' to be more widely known and would like to draw them to the attention of the Fellows, Members, and Associates of your College.

The general recommendations incorporated in this leaflet have been approved by the medical defence organisations.

The *Code of Practice for the Protection of Persons against Ionizing Radiations Arising from Medical and Dental Use* should be accepted as a basis for reasonable practice. It states that in *all* female patients of reproductive capacity in order to reduce the likelihood of irradiation of a pregnancy:

(a) The clinician requesting the examination should consider the possibility of an early stage of pregnancy (para. 7.3.1).

(b) The date of the last menstrual period should be entered on the request form and it is the responsibility of the clinician requesting the examination to ask for this (para. 7.3.1).