N. A. Gough, Salisbury.
R. L. Griffiths, Winchester.
Stephanie A. Heywood, Farnborough, Hants.
Martha C. Langdon-Down, Southampton.
C. H. Lewis, Portsmouth.
M. O. Linehan, Basingstoke.
A. A. Nessim, Havant.
D. J. Oliver, Swindon.
D. G. R. Pearson, Eastbourne.
Pauline Prichard, Fareham.
Janice A. Renwick, Southampton.
Claire E. M. Rushton, Southbourne.
A. L. H. Sharp, Aldershot.
P. McL. Short, Southampton.
C. J. Wallis, Portsmouth.

West of Ireland

Eileen P. Caulfield, Old Cartron.
J. J. Flaherty, Galway.

West of Scotland

John Atkinson, Bellshill.
David Baillie, Glasgow.
A. G. Barclay, Lenzie.
G. W. Barr, Paisley.
L. A. McI. Bidwell, Stirling.
Gillian A. Blair, Glasgow.
M. Ann Boyd, Kirkintilloch.
Linda V. Brown, Greenock.
Sheena R. Buchanan, Glasgow.
*L. M. Campbell, Kirkintilloch.
G. MacD. Crawford, Glasgow.
J. N. Darroch, Milton of Campsie.
Elaine, M. Fraser, Glasgow.
Alison C. E. Garvie, Renfrew.
D. H. Gillespie, Falkirk.
Jane A. Gordon, Glasgow.
J. M. R. Herd, Dumfries.
R. M. Howarth, Glasgow.
G. A. Jackson, Glasgow.
D. G. Jamieson, Glasgow.
Janet H. Land, Glasgow.
A. R. MacGregor, Kilwinning.
Helen P. Matthews, Glasgow.
Marise-Anne P. McQueen, Glasgow.
John Milligan, Ardrossan.
Anne B. Moncrieff, Glasgow.
G. B. Morrison, Glasgow.
William Murray, Dumbarton.
T. W. Nimmo, Falkirk.
D. T. Reilly, Glasgow.
Freya M. Riddet, Kilmarnock.
J. D. Ross, Glasgow.
Stewart Russell, Glasgow.
J. McK. Sandilands, Hamilton.
A. M. Saywood, Dumbarton.
D. J. Taylor, Dumfries.
P. M. Trust, Dumbarton.
M. H. W. Tse, Glasgow.
Freddie Westbrook, Shotts, Lanarkshire.

Yorkshire

Hilary M. Allen, Leeds.
D. A. H. Birley, Halifax.
T. A. Conaty, Wakefield.
Janet E. Cooke, Leeds.
A. N. Crawford, Northallerton.
A. A. Farrell, York.
I. H. Glencross, York.
Neil Hughes, Keighley.
Wendy J. Keefe, Leeds.
A. J. Keith, Leeds.
I. P. Kerr, Dewsbury.
E. F. McGrath, Pontefract.
Gillian N. North, Leeds.
J. F. W. Priestman, Huddersfield.
J. P. Richold, Keighley.
Anne P. Sides, Leeds.
Jonathan Tams, York.
Ruth Winterburn, Keighley.
R. M. Wylie, Huddersfield.

MEDICAL NEWS

Comments, Suggestions and Complaints about a DHSS Leaflet

The DHSS has produced a new leaflet about hospital complaints procedures (*Comments, Suggestions and Complaints about Your Stay in Hospital*—May 1982). Although the language of the leaflet is clear enough, its style is very far from that of the average tabloid newspaper—long sentences, long words and a crowded format. It is a pity that this important leaflet has not been given the kind of treatment used in most of the National Insurance leaflets now being issued. However, if one copy is given to every patient about to enter hospital, the numbers issued will be very great, and the chance to alter it and make it clearer should come around very soon.

Inequalities in health

In his 1981 Christie Lecture, Sir Douglas Black returned to the theme of inequality in health care, the subject of the committee which he chaired and which reported in 1980 to a government which launched it with, in Sir Douglas's words "a perceptible lack of momentum or éclat". He reviewed the work of his committee, which came to "conclusions which still seem to me reasonable and to which I am committed". The table which perhaps best sums up the report is this one:

Ratio of death-rates in men in classes IV and V to those men in classes I and II, expressed as a percentage.

	Period		
Age group	1949–53	1959–63	1970–72
25–34	*145*	*177*	*196*
35–44	*146*	*171*	*180*
45–54	*126*	*155*	*161*
55–64	*112*	*135*	*141*

Sir Douglas ended by repeating his general statement of objectives for health for the 1980s:

1. To give children a better start in life.
2. To encourage good health among a larger proportion of the population by preventive and educational action.
3. For disabled people, to reduce the risks of early death, to improve the quality of life whether in the community or in institutions, and as far as possible to reduce the need for the latter.

Source: Black, Sir Douglas (1981). *Inequalities in Health.* Christie Gordon Lecture 1981. Birmingham: University of Birmingham Press.

Organizations

What is *The Arthritis and Rheumatism Council?*

The ARC has financed research and education in rheumatic disease out of funds raised through its voluntary branches or from legacies for 20 years. Last year this fund reached £3 million. Its Education Committee consists of consultants appointed from centres throughout Britain and a representative of the RCGP. It advises the Council on allocation of funds.

The ARC has endowed chairs of rheumatology at Manchester, London and Birmingham as well as senior lectureships, research fellowships and travelling fellowships. Through appointments and grants it finances each year 100 research projects in hospital and university departments. It supports three major units, the Kennedy Institute in West London, which looks at the multidisciplinary care, The Bone and Joint Research Unit at The London Hospital and the Epidemiology Research Unit in Manchester.

College representative: Dr G. A. Griffin, 42 Poverest Road, Orpington, Kent BR5 2DQ.

What is the *Community Resuscitation Advisory Council?*

This Council was formed in 1981 and is composed of representatives of several societies in the field of immediate and intensive care. Its subjects embrace many aspects of resuscitation and its

teaching, but the main purpose of the council is to get far more people in Britain knowledgeable about what to do when someone collapses apparently dead.

Faculty Boards and their officers may like to note the address (Department of Anaesthetics, Royal Postgraduate Medical School, Hammersmith Hospital, Ducane Road, London W12 0HS) if they want any help in teaching their members how to teach the public.

What is *Relaxation for Living?*

This registered charity was set up to promote the teaching of physical relaxation to combat the stress and strain, anxiety and tension of modern life and to reduce fatigue. There are day and evening classes at weekly intervals. The numbers are kept down to about eight in a class. For pupils unable to reach a teacher, a correspondence course is available. Seminars are designed specially for businesses and colleges. The organization is expanding as it trains more teachers, and regular open study days are held for teachers, professional and social workers on a wide range of subjects connected with physical relaxation. There is a quarterly newsletter.

One of the vice presidents is Dr K. M. Hay, FRCGP, of 2 Greswold Park Road, Acocks Green, Birmingham B27 6QD.

LETTERS

Computers

Sir,

I have been reading with interest about the growing involvement of general practitioners in Britain in the use of computers and microcomputers. In the United States, computer systems have been widely used for some years in multispecialty and large group practices, mostly for billing and accounting services. The systems have included demographic, insurance, diagnostic, and item of service information, as well as laboratory data. Increasingly, as the hardware becomes cheaper, these systems are run as an in-house operation and more physicians are participating in programming planning.

The stage has now been reached in terms of interest, technology, and financial acceptability, for small groups of doctors to run in-house computer systems, and many family physicians have developed microcomputer systems which do the following: automatied billing; automated reminders for immunization, pap smears and routine health checks; diagnostic/age/sex profiles, laboratory test ordering profiles; automated labelling and addressing; and patient education materials (word processing). These systems (hardware and software) now cost between $600 to $10,000.

In the US there is the additional potential of using telephone lines (through a modem) to access national data systems, particularly medical information systems.

Microcomputers are also excellent tools for education and, possibly, continuing education. Computer assisted instruction, simulations and patient management problems are being developed in primary care training programmes.

Several problems are putting a damper on the astounding growth of these systems. Firstly, physicians often have difficulty in accepting this technology, and computer 'literacy' is an important aspect of the acceptance of these machines by the profession. Fortunately, many doctors here are being helped and taught by their teenage (and younger) children, who seem to have no qualms about the future.

Secondly, innovation and upgrading of hardware (particularly increased computer memory) are occurring so rapidly that it is almost a full-time job to keep up with them.

Thirdly, there has been an explosion in medical microcomputer software, with which it is again difficult to keep up. Furthermore, these software programs cannot be evaluated without being purchased.

One of the more useful attributes of this microcomputer trend is that, like long-playing records, the software is for the most part usable on both sides of the Atlantic. There also appear to be committees of family doctors in both North America and Britain who represent their organizations' interest in computers.

Would it not be helpful to develop some interchange between the two groups, to share knowledge, applications, and even software programs?

I would be pleased to hear from any *Journal* readers about the above ideas.

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University of North Carolina
Trailer 15 269 H
Chapel Hill NC 275 14, USA.

Parasuicide

Sir,

I was most interested to read Dr Turner's conclusions (May *Journal*, pp. 273-281) about the characteristic features of female parasuicide repeaters, as their clinical profiles appear to overlap significantly with female problem drinkers in my own practice. Dr Turner reported that 12 out of 15 male parasuicide repeaters had a drinking problem; I suggest that there may be a similar high incidence of drinking problems amongst female repeaters.

I have identified and classified 15 known female problem drinkers in my practice (Fairley, 1981). Analysis of these cases revealed that the trigger for a drinking bout (which was often realized by the family doctor only in retrospect) was threatened, or recent, separation from her spouse or current co-habitee—who may well have a drinking problem too. Most of these patients also demonstrated significant psychiatric morbidity (personality disorder, depression, anxiety and repeated parasuicide). Thirteen of these women presented complaining of anxiety and/or depression.

Some had discussed their current domestic problems during the consultation. The general practitioner sometimes prescribed a psychotropic drug and was often unaware of any alcohol-related problems at this stage, although he may have already noted evidence of a frequently erratic lifestyle. But the extent of the woman's drinking problem was usually uncovered by an impending (and sometimes spectacular) episode of non-accidental acute self-poisoning, using drugs and alcohol, which led to emergency admission to a hospital ward for management.

Of the 10 parasuicide cases in my practice, all but one were aged under 40 at the time of the first episode.

Despite the subsequent involvement of psychiatrists, social workers and other welfare agencies, as well as the family doctor, these 10 patients took further drug overdoses, perhaps with other associated parasuicide features, e.g. superficial lacerations.

In my observation, when a woman with difficulties such as these becomes divorced, or separated, and forms a new relationship with another man, he