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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors. As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

A4 records in general practice

SIR,—It is hard to think of anything in widespread daily use in the National Health Service as outdated and inefficient as the medical record envelope, which is—to our shame—still the official medical record for use in general practice. That is why, eleven years ago, four of us started a project, with the backing of the Ministry of Health, to produce a better record, based on international paper size A4.¹ When we started the project there were a few who argued that it was not worth changing to a new type of conventional record because "computerisation was just round the corner," but we sought expert advice on this and were told that computerised records for general practice were not a practical proposition—"within the foreseeable future." Now the same suggestion about computerised records for general practice and the same advice not to change to A4 because of the "next step, which *will* [my italics] be a computerised system solving all the storage problems created by A4 records" has been published in your correspondence columns (14 October, p 1092) in a letter from Dr K J Bolden of Exeter.

Any new record system has to be simple as well as efficient in order to be adaptable to the wide variety of general practices that exist, ranging from the single-handed rural practices to the large group practices in cities; it also has to be a system that is easily used on visits and at weekends and at night, when health

centres and surgeries are closed; it should be easily available for use by nurses and health visitors, and it must be a system that can be used in conjunction with the medical record envelope during a time (which may be prolonged) in which there is a change from the present system to a new one. All of these demands are met by an A4 system; can they also be met by the computerised system that Dr Bolden has in mind? The most important question, however, concerns the cost of a computerised system. Unless it can be installed and maintained at the same cost, or lower cost, as an A4 system it is—whatever its advantages—not going to be made available for a very long time. Our A4 project ended six years ago and there is now a basic A4 system designed and ready to use. Those of us who have been fortunate enough to use an A4 system for a number of years are convinced of its enormous advantage, and the problems of storage are not insuperable, particularly with the new rotary systems of storage. The only reason that A4 folders have not yet been made generally available in England and Wales is cost; and a computerised system, if more expensive, will be ruled out of court. I freely admit to a prejudice in favour of an A4 system, of which I have considerable experience, while I know nothing of a computerised system. I therefore do not know the answers to the questions I have asked, but I am sure they must be answered convincingly

and urgently. A new record system for use in NHS general practice is long overdue and a decision on the type of record to introduce must be made soon.

I S L LOUDON

Wantage,
Oxon

¹ Hawkey, J K, *et al*, *British Medical Journal*, 1971, 4, 667.

Radiology work load

SIR,—Now that the correspondence relating to my letter (2 September, p 706) on the above subject appears to have ended (or at least I hope it has) may I be permitted to make short further comments on the matter? I do not intend to refer to individual letters and I certainly would not wish to repeat the manifest ill manners of some of your correspondents.

The most depressing thing about the letters as a whole is that they do not contain a single constructive suggestion. Largely they consist of platitudes about the interest and importance of radiology, ignoring completely the simple fact that to a very large extent the radiological services in Great Britain have already broken down because of the grave shortage of radiologists generally and properly trained ones in particular.

Because of this, we cannot deny patients the use of these imaging techniques and therefore the only ethical thing to do is to disperse the procedures among people who do have the time and skills to carry them out. I in no way applaud this situation, and my own personal view is that all radiological procedures should be carried out by a radiologist in a radiology department. Regrettably this is becoming increasingly difficult to achieve.

So often when radiologists talk about close