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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Inequalities in health

SIR,—In a release from the Conservative Central Office, the Rt Hon Patrick Jenkin is reported as having stated, on the basis of "a whole lot more evidence," that "people with lower incomes, more of whom are likely to be elderly, tend to receive proportionately more services than the average for the population as a whole." This statement is formally correct, and indeed the evidence for it is quite clearly set out in Chapter 4 of the report *Inequalities in Health*.[1] Nevertheless, it is misleading in two important respects, also stated in the report. When use of the services is related to indices of need, the apparent greater utilisation disappears. More important, there is good evidence that preventive services are differentially underused by those with lower incomes. This particularly applies to the services available for mothers and children.

In the same speech, Mr Jenkin criticised the report for failure to "explain the fundamental causes of why some people, some groups, some regions, seem to suffer much worse health than others." While it would be presumptuous to claim success, chapter 6 (pp 153-98) at least shows that we tried. The problem is admittedly complex, but we do give solid reasons for attributing persisting inequalities in health in the main to the very structure of our society. We too would have liked to find a cheap and easy solution to the problem which we were asked to consider. Complete abolition of inequalities in health would indeed be costly and would take time; but that is no reason for not making a start in the right direction—and, of course, the majority of our recommendations could be implemented at low cost.

These matters have been discussed with my colleagues in the working party. I would like to add a further point, with which I believe they would agree, but it has not been formally discussed with them. The material in our report has been interpreted as evidence of "failure of the NHS." This ignores the general improvement in the health of the nation which has occurred since the NHS began. This is only in part attributable to the NHS itself, and grave social inequalities persist; but the NHS has certainly not "failed," and it is the responsibility of the nation as a whole to improve it further.

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[1] Research Working Group on Inequalities in Health. *Inequalities in health*. London: Department of Health and Social Security, 1980. (Black Report.)

Orthopaedic waiting lists

SIR,—A brief synopsis of the recent DHSS report on orthopaedic services appeared in Medical News (21 March, p 1001). The flavour of the report cannot truly be savoured