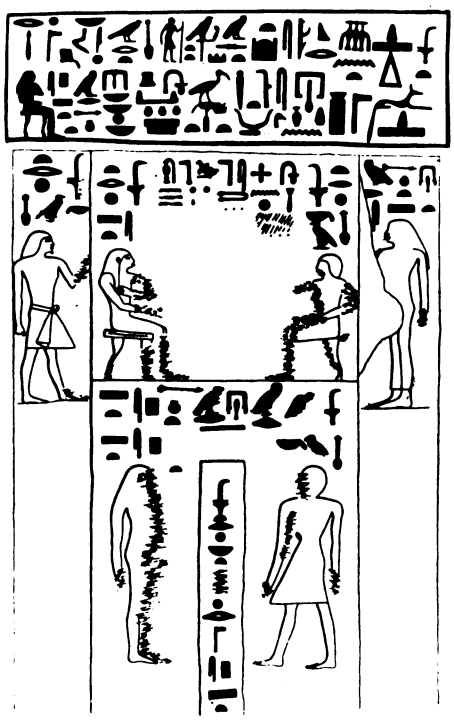

Stele of Peseshet, IVth dynasty, Giza. The feminine sign ▭ "t" is shown following "Sinw" (physician)

husband, Ka-nefer, were high ranking officers of the IVth dynasty.

The only other named woman doctor in ancient Egypt is Tawe, who lived and practised around 300 BC.

AHMES L PAHOR

Department of Otorhinolaryngology and Head and Neck Oncology,
Dudley Road Hospital,
Birmingham B18 7QH

1 Grace P. First among women. *BMJ* 1991;**303**:1582-3. (21-28 December.)
2 Binne J. First among women. *BMJ* 1992;**304**:257. (25 January.)
3 Ghaliongui P. *The physicians of Pharaonic Egypt.* Cairo: Al-Ahram Center for Scientific Translations, 1983.

Sex bias in the *BMJ*

SIR,—Tim Usherwood's study[1] might have a place in an internal audit of the *BMJ*'s editorial practice. I fail to see why it should appear in the section of original papers. The inadequacies and imperfections of the English language in overcoming the problem of discriminating genders are well known. Making a fuss about commonly used expressions like "manpower" and "man in the street" is little more than nitpicking. Conventions such as using the male gender for doctors and patients and the female gender for nurses,[2] in the correct context, can be offensive only to those with chips on their shoulders. Professional people should be mature enough to accept such conventions without becoming obsessed with desexed language.

ANTHONY PAPAGIANNIS

Department of Respiratory Medicine,
Llandough Hospital,
Penarth,
South Glamorgan CF6 1XX

1 Usherwood T. Sex bias in the *BMJ*: an audit. *BMJ* 1992;**304**: 880-1. (4 April.)
2 Horne EM. Sexism and the plural in medical writing. *BMJ* 1988;**296**:431.

SIR,—As a female reader and professional linguist, I realise that sexist language can be offensive,[1] but how does one define sexist language? To be absolutely consistent can result in mutilation of the idiom. Take the word "manpower," for instance. I personally do not feel offended when I read it. "Womanpower" and "personpower" are not (yet) in the dictionary. So are we to avoid using the word at all costs? The phrase "harmful to man" does not make my female hackles rise. *Collins English Dictionary* assures me that one meaning of the word "man" is "human being, person." Must every self respecting feminist take umbrage when the masculine pronoun is used to refer to people of either sex? It is, after all, a convenient solution to a recurrent linguistic problem.

If authors and editors have to be constantly on their guard against androcentric expressions they (at least the men among them) may end up resenting the women whom this pettifoggery is supposed to placate. For the men who are so keen to rid the English language of all its sexist vocabulary, I suggest that there may be more practical ways to advance the cause of feminism. All that this linguistic casuistry achieves is to draw attention away from the problems of sexual bias faced by women in the real world.

Language isn't sexist: people are. If we do something about the reality of sexual discrimination the English language will probably adapt as a matter of course. But does it really matter if it doesn't? The notion that tinkering with the language is going to change people's attitudes is fallacious. Frankly, women still have more important things to worry about.

MARY VERDULT

Marketing and Product Information,
Ciba-Geigy,
Basle,
Switzerland

1 Usherwood T. Sex bias in the *BMJ*: an audit. *BMJ* 1992;**304**: 880-1. (4 April.)

SIR,—Tim Usherwood found sex bias in only 3% of the *BMJ*'s correspondence.[1] Surely it is 100%. Fifteen of the 23 people in the list of editorial staff are women, including the correspondence editor, but all letters are written as if to a man. A quick run through the journals in my unit showed that most British and international journals have letters beginning "Sir" but at least one of the *BMJ*'s sister journals, the *Journal of Epidemiology and Community Health*, has no salutation and the *New England Journal of Medicine* has "To the Editor." I can accept that the term "chairman" may include women, but no one would accept that "Sir" embraces "Madam." Womenfolk are excluded by implication.

Dear editor, is it not time we stopped calling you "Sir"?

HUGH TUNSTALL-PEDOE

Cardiovascular Epidemiology Unit,
Dundee University,
Ninewells Hospital and Medical School,
Dundee DD1 9SY

1 Usherwood T. Sex bias in the *BMJ*: an audit. *BMJ* 1992;**304**: 880-1. (4 April.)

PS. Alternatively:
SIR,—Sir?

HUGH TUNSTALL-PEDOE

SIR,—Last year I was honoured when the journal asked me to write an editorial.[1] My pleasure abated somewhat, however, when subsequent correspondence in the journal referred to me as "his" and "him."[2 3] I can confirm that I remain a "she." Surprise was added to irritation when the authors of this correspondence confirmed that their original letters had used the correct gender.

I trust that the *BMJ*'s future policy on avoiding sex biased writing[4] will extend to the editing of the letters pages.

GEORGIA J DUCKWORTH

Department of Public Health,
Tower Hamlets Health Authority,
Royal London Hospital,
London E1 1BB

1 Duckworth GJ. Consultants in communicable disease control. *BMJ* 1991;**303**:483-4.
2 Wiratunga EPB. Consultants in communicable disease control. *BMJ* 1991;**303**:926-7.
3 Hamilton GR, Joseph CA, Marshall R. Consultants in communicable disease control. *BMJ* 1991;**303**:927.
4 Usherwood T. Sex bias in the *BMJ*: an audit. *BMJ* 1992;**304**: 880-1. (4 April.)

Election result not a mandate for NHS reforms

SIR,—The recent election was not "a referendum on the NHS,"[1] nor was it even "as near as we are likely to get to one."[2] As the campaign intensified, concern for the NHS was displaced by economic considerations. Even if it had been a referendum, more votes were cast for the two parties opposed to the changes than for the party supporting them. Political power is not the same as a national mandate.

John Warden's assumption that "the NHS reforms are here to stay"[3] may be accurate for the next few years. But to extrapolate it to a longer term implies that governments cannot be changed, that their members cannot change their views, and that the reforms will prove successful—a matter on which the present evidence is that they are costing a great deal of money and effort which could better be devoted to direct health care, preventive or curative.

I see in this context two matters of conscience or duty, one concerning doctors and nurses, the other concerning MPs. As regards health service professionals, duty lies in candour about what is really happening. There is perhaps a special obligation on those like me who have long experience of clinical work, have thought about health services in Britain and other countries, but are not at obvious risk of warnings to be discreet. Of course, the easy road is to accept that "the people have spoken" and let things take their course; but those of us who see the waste and the divisiveness of an internal market (imported from the United States, which has the most wasteful and uneven health care in the world) cannot take that road. Those still in the NHS must of course do whatever can be done to protect patients, and that includes cooperating with good management; our profession has a good record in that respect, for worry about the Bevanite NHS at its inception did not inhibit cooperation and even enthusiasm at that time.

As for politicians, I see it as their duty to keep an open mind on whether these changes in the NHS are really good. Closed ranks may be inevitable in an election atmosphere; but I believe that our present prime minister has a real commitment to the NHS and is, in a silly current phrase, "his own man." The community charge was the most obvious blunder of his predecessor's rampant third term, and he got rid of that without obvious hesitation. The internal market in health, though less obviously so, is just as great a blunder. As mounting expense on this unnecessary artefact becomes more obvious I am cautiously optimistic that some rethinking may take place—as indeed happened over the reorganisation of 1974.

DOUGLAS BLACK

Whitchurch on Thames,
Reading RG8 7EN

1 Lefever R. Mandate for NHS reforms. *BMJ* 1992;**304**:1174. (2 May.)
2 Jenkins S. Mandate for NHS reforms. *BMJ* 1992;**304**:1174. (2 May.)
3 Warden J. From Bevan to Bottomley. *BMJ* 1992;**304**:1004. (18 April.)

Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing