rate. In the USA, the introduction of federal car exhaust emission standards in 1968 did lead to a reduction in deaths from exhaust poisoning (Clarke & Lester, 1987). EC legislation regarding exhaust emissions has now been introduced into the UK, and the use of catalytic converters (which reduce exhaust carbon monoxide content by 80–90%) is becoming more widespread. The case of a failed suicide attributable to the car being fitted with a catalytic converter has been reported (O'Brien & Tarbuck, 1992).

Although *The Health of the Nation* rightly stresses the importance of developing comprehensive services and good practice, environmental manipulation may also be helpful. Despite the fact that exhaust emission regulations have been developed primarily for ecological reasons, tighter controls, perhaps combined with an alteration to the design of car exhausts so that it is harder to attach tubing (Hawton, 1992), could result in a major reduction in suicides by this method.

ANDREW F. TARBUCK

St Andrew's Hospital
Norwich NR7 0SS

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Compensation and symptomatology

DEAR SIRS

We wish to bring to your attention a phenomenon that seems to have been increasing over the past few months. We have noted an apparent rise in the number of claims for allowances and compensation being submitted to the DSS and Criminal Injuries Compensation Board by the parents of children attending our Unit for treatment of psychological disturbance. Six cases of particular concern have been identified. All have the common features of admission of the child to a psychiatric unit, claims for allowances and compensation based on the child's psychiatric symptoms, and poor cooperation with treatment and programmes. One mother has indicated that she is in receipt of a considerable amount of benefit, based upon her 8-year-old child requiring treatment by a psychiatrist.

Our concern is not that parents are able to supplement their income, rather that this supplementation requires their child to be maintained as a psychiatric patient. Lishman (1987) described the link between litigation following accidental injury and the subsequent prolongation of symptomatology. Resolution is often at the time that compensation is awarded. While a wish to manufacture symptoms is not consciously motivated there may be strong influences leading to the desire for financial gain. With the phenomenon described ('Compensation or Benefit Neurosis by proxy') such social and financial influences are evident. However, resolution may not be possible until financial gain ceases to be linked to symptomatology. Further research into this area is indicated and we would be interested to hear from other clinicians who share our concerns.

S. A. GRACIAS
S. MEARS

Pollards Well Children's Unit
Lodge Road, Caerleon
Gwent NP6 1XQ

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Are patient notes sexist?

DEAR SIRS

Having been a registrar at the Maudsley Hospital for a year and a half, I was surprised to learn that a gender-based colour coding system exists for patient files, with one colour file for men and another for women. Very few of the ward staff with whom I currently work are aware of the system, although it is apparently long-standing.

Presumably the system was initiated in order to provide a simple means of coding of some of the demographic information of patients. It could also be of use in the subsequent screening of notes for suitable candidates for research studies.

The system seems rather sexist and I wonder if it exists in other hospitals? I am certainly aware that colour coding of files is sometimes reserved for the identification of the year of first admission of the patient concerned.

Surely, however, the point of the colour coding system is lost if staff, and registrars in training in particular, remain completely unaware of its existence!

M. L. PHILLIPS

The Maudsley Hospital
Denmark Hill
London SE5 8AZ