

# Correspondence

## Industrial benefits and respiratory diseases

SIR—I read with interest Dr FG Ward's recent editorial (April 1986;41:257-60). Two points concerning the adjudication of benefit claims do, however, require clarification.

Firstly, Dr Ward states (p259) that in cases of fatal disease appeals are made to a Social Security Appeal Tribunal (SSAT), which "consists of a lawyer, an employee's representative, and an employer's representative." This is not strictly correct. National insurance local tribunals, which used to hear such cases before the advent of SSATs, were constituted in this manner. Since 1984, however, the wing members of SSATs have been "persons appearing to the President to have knowledge or experience of conditions in the area and to be representative of persons living or working in the area" (Social Security Act 1975, Schedule 10, para 1 (2), as amended). It may be that in practice some SSATs are still made up in the same way as the former NILTs, although this is not what the legislation now says. This change was purportedly made in order to achieve a broader representation of society on such tribunals.

Secondly, Dr Ward states that "either the claimant or the Secretary of State can appeal to the Social Security Commissioner on a point of law" from the SSAT. In fact, in such cases it is the adjudication officer (albeit a civil servant in another guise) and not the Secretary of State who enjoys such a right of appeal, along with the claimant. Furthermore, appeals may be brought on a point of law or of fact, or both, although the DHSS is currently seeking (via the Social Security Bill 1986) to restrict this right of appeal to matters of law alone.

NJ WIKELEY  
Faculty of Law  
Chancellor's Court  
University of Birmingham  
PO Box 363  
Birmingham B15 2TT

\*.\*This letter was sent to Dr Ward, who replies below.

SIR—I accept both of Mr Wikeley's points and I am grateful for his comments.

My editorial was intended, of course, as something of a layman's guide to the Industrial Injuries Scheme and my general explanation undoubtedly skipped over many of the finer points of the adjudication system.

Firstly, the rules for Social Security Appeal Tribunal members did change in 1984 as described by Mr Wikeley. Secondly, on appeals to the Commissioners I over-generalised. My original intention was to describe appeals from Medical Appeal Tribunal decisions but unfortunately the final draft did not reflect this.

For those interested in the subject I recommend the following further reading:

*Social Security Appeal Tribunals—a guide to procedure.* London: HMSO, 1985.

*The annual report of the Chief Adjudication Officer for 1984/85 on adjudication standards.* London: HMSO, 1985.

Ogus AI, Barendt EM. *The law of social security.* 2nd ed and supplement. London: Butterworths, 1982.

FG WARD  
Department of Health and Social Security  
157-168 Blackfriars Road  
London SE1 8EU

## Thoracic medicine in the regions: study of sleep and breathing disorders

SIR—I hope it was only accidental that the investigation and treatment of sleep and breathing disorders was omitted from the list of functions of subregional, regional and supra-regional thoracic medicine units 1986;41(June):496. It is already effectively a supraregional service with at least ten centres to my knowledge actively involved in the care of patients with mainly obstructive sleep apnoea. This service requires expertise and specialist equipment rarely paid for by the NHS, but usually out of research monies.

Failure by even the BTS to recognise this growing speciality within respiratory medicine when preparing "authoritative documents" will only hamper the chances of acquiring proper funding for it in the future.

JOHN R STRADLING  
Osler Chest Unit  
Churchill Hospital  
Oxford OX3 7LJ

\*.\*Inquiries resulting from Dr Stradling's letter revealed that the omission was indeed accidental. A correction appears below.—Ed.

## Correction

### Thoracic medicine in the regions: study of sleep and breathing disorders

In the list of special functions of thoracic medicine (non-district based) which was prepared by the Regional Representatives Subcommittee of the British Thoracic Society and published in the June issue of Thorax (p496), "the investigation of sleep and breathing disorders" should be included among the functions that should be provided at regional level. Its omission arose through an oversight in the course of preparation of the document.

## Book notices

*Surgery of the Oesophagus.* TPJ Hennessy, A Cushieri. (Pp 363; figs; £35, hardback.) London: Baillière Tindall, 1986. (ISBN 0-7020-1095-2.)

This multiauthor book is intended for surgeons who want to develop an interest in oesophageal surgery. In writing such a book, there are two possible courses to follow: either to give dogmatic statements based on personal clinical experience or to cover all possible methods of treatment that have appeared in the literature. This book tends to follow the second course, and a trainee who lacks experience has a rather bewildering choice. There are 11 chapters, covering anatomy, physiology, diagnostic techniques, and specific