Attending by the day

IT is now many years since hospitals began to admit patients for one day only, and surgeons in particular have repeatedly written papers (for example, Morris *et al.*, 1963 and Russell *et al.*, 1977) to show what a good idea it is to do so. General practitioners may think that the numbers of their patients dealt with in this way have not been increasing particularly fast over the last few years, but figures are now available to give us something more certain than an impression. That permanent and continuous form of medical audit called the Hospital In-patient Enquiry has since 1974 been collecting figures from a one in 10 sample of day cases in England and Wales, and the OPCS (1982) has published them for the years 1975 to 1978. The data are a little patchy for two reasons: not all hospitals collect the necessary figures, and the overall incidence and the incidence by specialty of day cases vary significantly by region. The results have therefore been extrapolated and are presented in the OPCS monitor as national rates.

How much is day care practised? In 1978 there were 536,300 admissions, or roughly one for every 100 people in England and Wales. Day-case operations accounted for almost one in five of all operations in 1978, with cystoscopy the commonest (12.5 per cent of the day cases), followed by excisions of skin and nail lesions at 12.2 per cent, gastric intubation 8.7 per cent, vasectomy 7.5 per cent and uterine curettage 4.4 per cent. Nine out of 10 of the 40,500 vasectomy operations were day cases, but only 3.3 per cent (411 people) of all patients having operations for inguinal hernia are said to have been treated this way, in spite of the very clear results shown by Devlin and colleagues (1977).

Some clear trends are apparent in the four years covered by this report. The total number of day cases rose by 41 per cent and the rate per thousand population from 77.4 to 109.2. Within this overall figure lie some very high rates. For example, men aged 65–74 years had a rate (largely determined by cystoscopy cases) of 177.5 in 1978. The lowest rates are in girls aged 5–14, the male rate at that age being boosted by circumcision; over 7,000 of these operations were performed each year without an overnight admission, but many more boys than this were admitted, to have separation from home added to the trauma of separation from their foreskin. Almost no kind of procedure was being done less frequently, and many a great deal more often at the end of the four-year period. Gastric intubations increased from 14,000 to nearly 42,000, cystoscopies to 52,600 and all orthopaedic day cases from 35,000 to 46,700.

The reasons why day-case surgery is increasing are obvious: for one thing there are now more surgeons at work, and it has been demonstrated (Vayda, 1973; Moore, 1976) that the more surgeons there are, the more operations are performed. Public attitudes are changing: all of us know, for instance, frightened elderly men who drag the burden of a massive inguinal hernia with them to the grave, but it is highly unlikely, and surely this is very much to be applauded, that the present generation will put up with such discomfort for so long. Day-case procedures are cheaper per case, not least because the patients can be nursed on wards which can be closed at night and at the weekend. A state-funded health service can be expected to turn to economical ways of providing care at a time when money is especially tight.

On the other hand there are forces tending to keep day-case rates down. Doctors, like other professionals, are conservative and change their habits slowly. An unscientific reluctance to alter the practice of years is often enforced by the unpleasant experience of something going wrong in a patient discharged the same day as the operation. Serious complications are unusual, but their effect must be powerful on the surgeon. Even though the Shouldice Clinic in Toronto has existed since 1945 to do nothing but hernia repairs (Iles, 1965), the comparatively rigid structure of the NHS in Britain, amongst other factors, tends to prevent the development of innovations as radical as this. It cannot be denied also that surgeons who are paid piece work—as in the USA—will see strong advantages, not all of them solely financial, in doing as many operations as they can in every working week. Is this evidence that those on a salary prefer to work less hard?

Finally, some patients are kept away from hospital by the unknown number of general practitioners who do some of the procedures themselves. That these numbers, both of general practitioners and patients, could be considerable is shown by Wall's paper on pages 480-482 of the present issue. Although he was helped by having

access to a cottage hospital, it has been shown by Brown (1979) that a great many more minor operations can be done on surgery premises. Brown and Wall agree that there are several advantages to doing their own operating, not the least being the better service they can offer their patients.

Is it asking too much that the new District Health Authorities, with their wide local representation, make it a priority to look at their waiting lists and ways of reducing them? Is it not time that the barriers and difficulties raised by the profession and the DHSS were breached? Is this not a matter where all of us—patients, doctors and administrators—can only gain by change (Owen, 1976)?

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Rules of evidence

THE editor of the *Drug and Therapeutics Bulletin* has asked us to draw our readers' attention to an article in his issue of 11 September 1981 (pages 75-76) about the danger of giving sugar-containing medicines to children. We are very glad to emphasize this important message, although we must also be allowed to voice our doubts about the admonition, expressed with characteristically terse sternness, that bodies such as "the ABPI, the Pharmaceutical Society and the Royal Colleges of General Practitioners and Physicians should tell their members that sugary liquid medicines do harm".

Our doubts are about the method of telling. We believe that simply to tell a person something may be useful, or it may be utterly useless; if the person is to behave differently, something more than mere telling is usually needed. If this were not true, health education could be reduced to a series of punchy slogans—'Eat Less', 'Don't Smoke', 'Run More'—and the millenium would be upon us. Thus we are unwilling simply to print the *Bulletin*'s advice alone, because we do not think the *Journal* can give College members information and expect them to act on it unless we give them evidence so that they can decide for themselves. Fortunately, and again with its customary thoroughness, the article does supply the evidence.

Sucrose consumption increases dental caries (Andlaw, 1977) and the more frequently sugar is consumed, the greater the amount of caries (Gustaffson *et al.*, 1954). Children with chronic illnesses like asthma, epilepsy or cystic fibrosis suffer much more dental decay than other children (Roberts and Roberts, 1979). Nearly all paediatric medicines are sweetened with sucrose, and the *Drug and Therapeutics Bulletin* suggests that a list of these should be available from the chief Drug Information Centre in each Regional Health Authority.

Paediatric medicines and presence of sugar

Preparation	Contains sugar
Antibiotics	
Penbritin (ampicillin) syrup	yes
Vidopen (ampicillin) syrup	yes
Amoxil (amoxycillin) syrup	yes
Crystapen V (penicillin V) syrup	yes
Distaquaine V-K (penicillin V) syrup	yes
Erythroped (erythromycin) suspension	yes
Erythrocin (erythromycin) suspension	yes
Bactrim (co-trimoxazole) syrup	yes
Septrin (co-trimoxazole) syrup	yes
Anticonvulsants	
Epanutin (phenytoin) suspension	yes
Epilim (valproate) syrup	yes
Zarontin (ethosuximide) syrup	yes
Tegretol (carbamazepine) syrup	no
Phenobarbitone elixir	no

In the hope that providing more information will make out telling more effective, we print above, by way of example, part of a list from the Northern Regional Health Authority's *Drug Newsletter* (April 1981, page 27).

Journal *policy*

The need to pass on the *Drug and Therapeutics Bulletin*'s advice gives us the chance to air an important point