

financial independence less than formerly, I question whether the change has been as great as either of us would wish.

Indeed, the very existence of social class is, to most of us, an unwelcome fact of life. Although it may well be more comfortable to restrict discussion to the Registrar General's statistical comparison of occupational groups, it is surely wrong to pretend that more fundamental issues do not exist or cannot even be discussed until they somehow become "objective, definable and, if possible, measurable".

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1. *J. roy. Coll. gen. Practit.* (1968) **15**, 301.
2. *J. roy. Coll. gen. Practit.* (1967) **14**, 249.

Book Reviews

Custom and practice in medical care. J. SIMPSON, A. MAIR, R. G. THOMAS, H. N. WILLARD, H. J. BAKST. Published for Nuffield Provincial Hospital Trust. London, New York, Toronto. Oxford University Press. 1968. Pp. 120. Price 12s. 6d.

The increasingly escalating costs of medical treatment make it not only impossible for the patient to provide for his own medical care under all circumstances, but also makes it more difficult and costly for the doctor to undertake advanced medical care (including diagnosis) in his typical surgery or consulting rooms. Similarly, the shortage of doctors makes it increasingly more difficult for two or more doctors to care for one patient when one doctor could do the lot, provided he was given the facilities.

In the National Health Service, the first problem has been solved more satisfactorily though possibly not ideally, whilst the second one is aggravated by our present administrative procedure, where the clinical responsibility for the care of a patient is transferred backwards and forwards between various doctors, often impeded by inadequate communications.

In the medical set up in the U.S.A. the first problem of cost in relation to the availability of medical care remains but the second problem has been taken care of by the accredited doctor to the hospital who can continue to look after his patient throughout the whole course of the majority of illnesses. How this works out has been imaginatively illustrated by a concise crisp study, published for the Nuffield Provincial Hospital Trust in 120 pages. It will be necessary some day for someone to assess the tremendous value towards progress stimulated by the Nuffield Provincial Hospital Trust and its sister foundation. Here, in a succinct way, the polemics of the antagonists and protagonists of the N.H.S. are put in the proper perspective by taking two communities, one in the U.K. and one in the U.S.A., and comparing their hospital admission and hospital discharges. The two communities under examination are Arbroath in Scotland and Waterville, Maine, U.S.A. Both have sufficient in common to be demographically and sociologically comparable. Of course there are many imperfections inherent in such a study, but the team seem to have been very conscious of the many pitfalls, and have avoided glib generalizations.

Such a medical audit is desirable and necessary if we are to base our planning

on facts. By comparing these two hospitals with their different practices and results many apparent incongruities draw attention to inherent structural and administratively-conditioned results. For instance when we find on both sides of the Atlantic that the 'isolates'—widows, widowers and the single adults—are responsible for the larger percentage of the long-stay patients in both hospitals, it does become more obvious that prolonged hospital stay is often the price paid for inadequacies in the total social environment.

On superficial examination of the total hospital 'duration of stay' figures, one would point an accusing finger against the Scottish hospital, yet on further examination many interesting observations make one wonder where the real advantage is lying. In Arbroath as in most N.H.S. hospitals admission is through the outpatient department. In Waterville the total outpatient figures for a year add up to that for one month in Arbroath.

The study examines lucidly the various factors at work: the 81 per cent of patients in Waterville who under a hospital pre-payment plan (insurance scheme) are entitled to reimbursement of their hospital costs, but not to their diagnostic investigations or treatment costs in the doctor's office; the patients who have a ceiling set to their total drawing benefit and are thus unwilling to risk exhausting this by staying unnecessary days in hospital, these and many other factors seem to make for revealing explanations.

It has been shown that both Arbroath and Waterville have some considerable measure of comparability with respect to population size and distribution by age and sex. The mortality rates in the two communities are roughly comparable being 12.7 per 1,000 in Arbroath and 11.6 per 1,000 in Waterville. The difference perhaps accounted for by a slightly higher proportion of aged in Arbroath. Cardiovascular diseases were top of the list in both communities as causes of death. In Arbroath malignant neoplasm came second and cerebrovascular disease third. In Waterville this order was reversed yet the three diseases combined accounted for 85 per cent of all deaths in Arbroath and 72 per cent in Waterville.

An important point made in this study is that an ill individual seeks such aid as its society can offer, and thus a sick person is not synonymous with patients in such a statistical study. To examine the social and psychological forces, as well as the medical causes, is getting nearer the behaviour patterns in relation to sickness reporting. The fascinating interplay of education, cost of medical care to the patient, marital status, housing and social factors, bed supply, bed occupancy policies, availability of outpatient departments are only sketched here, but offer enormous horizons for future studies. After examining all the evidence available, in this preliminary study it seems that in Scotland we admit the patient when more ill, we do not use our beds with the same administrative expertise as they do in Waterville. The distance of 25 miles between Arbroath hospital and its bacteriology services and the departmentalization of allocated beds, were administrative bottlenecks which in Waterville were overcome.

Early ambulation seems to be more frequent in Waterville. It was interesting to note that the waiting time for operation of tonsils and female genito-urinary complaints was a similar problem for both hospitals, though to a greater extent in Arbroath.

In this slim volume is contained a thrilling first instalment of medical care comparison which plays ducks and drakes with many of the frequently accepted shiboleths. It is a pity we are not given the number of doctors or para medicals involved in the care of each patient on either side of the Atlantic. However it is as good reading as any green back, but, of course, eminently authoritative.