

participating, central coding will offer economy of time and resources.

Central coding gives two additional advantages. Familiarity with the index substantially increases the speed with which coding can be achieved. Of greater importance, however, is the fact that the occupational data can be classified according to more than one social scale if comparisons with studies classified by different methods is desired. Where automatic data processing is employed this may be achieved by simply coding the occupational data and leaving to the computer the task of classifying them.

This trial has also shown that a description of a subject's occupation and employment status is sufficient to permit unambiguous social classification in almost every case.

#### Summary

Ten general practitioners collaborated in a trial to compare their own assessment of the social classification of a randomly selected group of married women patients with the results of central coding of the same patients.

The central coding was based on a description provided by the doctors of the occupation and employment status of the husbands of the patients and was achieved in 97 out of a total of 99 cases without ambiguity by reference to the Registrar-General's Classification of Occupations. The doctor's coding was based on a very limited description of the same social scale, and was inaccurate in half the cases.

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The working party wishes to thank those doctors who kindly took part in this study.

#### REFERENCE

General Register Office (1966). *Classification of occupations*. London. Her Majesty's Stationery Office.

## MEDICAL NEWS

### NOTES ON A HEALTH CONGRESS

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THE ROYAL SOCIETY OF HEALTH is 92 years old. This was its 75th Health Congress and the third running at Eastbourne. There was a strong atmosphere of 'knowing the ropes'. Opening papers are printed, made up into

a 180-page magazine or programme and circulated beforehand to attenders. Openers should, and generally do, 'speak to' their papers, not read them, and for listeners who have done their homework this works well. 'Meeting discipline' is excellent. Sessions begin on and end before time; leaders seldom exceed their 15 or 20 minutes nor speakers from the floor their five or three and a half (though this last—perfect for egg boiling—is short for contributing to an argument).

Besides an inaugural meeting, addressed by the Minister of Housing, there were—Monday to Friday—13 section meetings and five very similar 'conferences', e.g. of health visitors, social workers, medical officers of health and of municipal engineers with surveyors, architects and town planners. All meetings are for discussion, not for formal debate or passing resolutions, though the pro's and con's of 'area boards' were presented and argued at one meeting and those of 'screening' and of 'health checks' at two others.

Of 52 opening papers only two were by general practitioners speaking as such and both concerned periodic examinations. It seemed rather to be assumed that practising doctors must be concerned almost entirely with the diagnosis and treatment of disease, hardly at all—compared, for instance with medical officers of health—even with the prevention of illness, let alone the promotion of health. This surely is not true of very many family doctors, who have the positive health of their patients very much at heart, but it is a view which seems to need dispelling. May it not be that the R.S.H. itself sees health more as a state to be preserved and protected than as something to be enjoyed, augmented, used, exploited, sometimes even risked for the enlargement of life? May not the doctor's duty to his patients include protecting them individually from the excesses of presymptomatic diagnosis and prophylaxis and collectively against the insidious growth of a doctor-ridden society? Should we not be thinking more about the promotion—and even protection—of that positive good health for which our mechanized civilization has so few uses and which, in fact, it does so much to discourage?

Be that as it may, there is to be found at these congresses a wealth of expert knowledge and experience drawn from every region, urban and rural, and from every social and occupational class; they are instructive and stimulating occasions to which general practice—and perhaps the Royal College—might make a greater contribution.

Outside the conference rooms is an exhibition. Among much else the latest things in ambulances and what were once called dust carts provide a remarkable display of well applied ingenuity. A great deal is being done, and very successfully, at least for the protection of static health.

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