

limit to the time one can spare in reading long articles. By the same token the reports of meetings in the different regions are unnecessarily verbose.

So please consider becoming quarterly. The impact would be greater.

Wells.

J. SHED.

Community hospitals

Sir,

We thought it might be of interest to your readers to know that the Oxford Regional Hospital Board have recently opened a ward of 15 beds for the use of this group practice in this hospital. The purpose of the experiment is to determine the possible future pattern

of peripheral hospital units and the part that general practitioners and their community health team should play in these units. The ward takes acute medical cases, geriatrics and pre-convalescent transfers from the surgical wards of the acute district general hospital. It is unique in that the nursing team is the same as that providing the district nursing care and is headed by the senior district nurse for the group practice.

If any of your readers would be interested in seeing the ward please write to or telephone the Ward Secretary, Mrs J. Seegers, Norman White Ward, Peppard Hospital, Nr. Henley on Thames, telephone Rotherfield Greys 371, extension 45.

Sonning Common.

J. C. HASLER.

Book reviews

The multiple health screening clinic, Rotherham 1966: A social and economic assessment. A report prepared by the Social Science Research Unit. London. Her Majesty's Stationery Office. 1969. Pp. vii + 110. Price 10s. 6d. (52½p).

The clinic analysed took place over a period of nine days and was attended by some five to six per cent of the population of Rotherham. Previously a field-sample had been taken to discover the attitude of the population to screening tests. Fifty per cent of those interviewed were willing to attend, but only seven per cent of the total actually took part. Eleven tests were offered; anaemia, breast cancer, cervical cancer, chest radiography, diabetes, glaucoma, hearing, vision, heart, lung function and mental health. Few persons took all the tests for which they were eligible, and in aggregate, clinic clients took only 63 per cent of their total eligibility. It follows from this that there may be undiagnosed disease among those attending the clinic. Analysis of the clients attending shows that they were not typical of the population of Rotherham in the following respects; approximately one third did not live in the borough, and twice as many women as men attended; they tended to consult their general practitioner less, and were more worried about their health; they were of slightly higher social class rating and tended to be nearer middle age. One fifth of the sample were worried about an existing symptom and should in fact have been seeking consultation and not screening. Clients were significantly selective in the tests that they

took, having previously made their decision on this, and there was not a great deal of 'opportunity' testing. The clinic was popular with both patients and staff, and it was generally agreed that it would be best to hold such clinics annually and not at shorter intervals.

A staff of 131 was employed in the exercise, consisting of medical, nursing and professional, clinical and voluntary workers; the number on duty at any one time being sixty six. This naturally resulted in some disruption of the normal activities of the health department, and in considerable extra work for some members of the staff. It was found that non-medical personnel could be rapidly trained in the performance of some of the tests, which they carried out skilfully and accurately. Voluntary workers manned the reception desks, and were keen and efficient.

The operation was costed as accurately as possible, and the cost for a full attender worked out at £3 per head. Extrapolated to cover the total eligible population of Rotherham this figure would approach a total of £180,000—nearly 70 per cent of the annual budget for the local health department. The cost of positive detection varied from £2 for a case of bad vision, to nearly £1,000 for cervical pre-cancer, and it is assumed that post-referral costs would be not inconsiderable, varying from the relatively cheap treatment of poor vision to the long years of control required by diabetes and glaucoma.

It is recommended that further study should be made of the categories of people who are attracted to screening arrangements, and of those