

days. Each Megaunit, four years, is then given a number starting from the year of Our Lord. This means that the Megaunit for 1920-23 is No. 480, and that for 1924-27 is 481, etc.

Tables of conversion are used to find the exact number of each date within the four-year period, so as to number them from 000.7 (day 1) to 1000.0 (day 1,461).

Each unit is 35 hours 10.34 minutes long, or about a day and a half. Either by using the conversion tables manually, or by using them to programme a computer, any dates may be used as mathematical units for calculation. It is then possible to produce quarterly statistics for the practice which cover details such as the average age difference between spouses on the list, joining the list, leaving etc., or the average age range of children of families on the list,¹ or average age of patients in any category.

For desk use the new Olympia calculator with an "N" key is useful for donkey work with averages.

M. J. JAMESON.

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REFERENCE

¹ Jameson, M. J. *Journal of the College of General Practitioners* (1966), 9, 336.

Rising sickness absence

Sir,

I would not dream of suggesting that "Scottish RMO (*Journal* May 1971) should be done out of a job. My point was that it is not necessary to create more elaborate 'control' procedures because the existing system is quite adequate. Dr David Morrell's recent paper (*British Medical Journal* 1971, 2, 454) where 2,008 NHS certificates were issued in a year, i.e. under 40 a week, in a practice of 4,455 patients shows that sickness certification by the general practitioner is not especially onerous.

I agree entirely with Scottish RMO's point that married women looking after a home and doing a job are especially vulnerable in sickness absence terms. Most employers are, or ought to be, aware of their vulnerability and I think their higher sickness absence rates ought to be accepted with good grace. They are seldom doing anyone else out of a job—in fact the part-timers, the office cleaners and so on, are working hours that no one else would think of doing—and if the community needs their labour it should be prepared to pay the price for it, including that of increased sickness absence.

Finally, as he points out, the fact that 42 per cent of 536,000 cases referred to the RMO ceased to claim benefit after being referred does not prove anything about the effect of the medical referee system. Only the Department of Health and Social Security could provide an answer.

A. M. SEMMENCE.

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The Horder centres for arthritics

Sir,

The Horder Centres for Arthritics is a National Registered Charity founded in 1954 by an arthritic sufferer.

The first centre, at Crowborough, Sussex, has been purpose-built with the needs of the badly disabled arthritic always in mind. It is not a holiday home, but a place to which arthritic patients are admitted for a minimum stay of three months with the idea of increasing their independence. At present, it can take no more than 22 patients but will shortly expand. The object of this letter is to bring the centre to the notice of consultants and general practitioners who may wish to send patients there. Every patient is approached individually and helped to come to terms with problems arising out of this illness and to face the responsibility which comes with increased independence. A system of special exercises is used, designed to bring about mental and physical co-ordination. Every day patients are fully occupied having treatment and pursuing creative work or training for a new career.

Since the opening in 1966, over 100 patients have passed through the centre. The results are most encouraging. All patients gain something and most of them learn at least to take a more positive view of their illness and to try to get the utmost out of the range of movement they have. Some return to work and others go home able once again to undertake household duties which they may not have done for many years.

Patients between the ages of 16 and 60 are accepted. Those in the lower age groups derive the greatest benefit. The younger arthritics, looked after by their parents, often lose their incentive to do anything for themselves or to work. They manage on social security grants and sickness benefit and eventually, while still quite young, they may have to be admitted to a home for the elderly, or even a geriatric ward. These are the patients who should be referred to the Horder Centre before it is too late.

The response to treatment in the centre depends not only upon age as measured in years but on youthfulness of outlook and receptiveness to new ideas. Some middle-aged people make good progress at the centre; they will do anything to regain some of their independence.

The South-East Metropolitan Regional Hospital Board has five rooms in the centre for patients whose homes are in the board's area. Patients come from all parts of the British Isles as the centre is the only one of its kind in the country. For most of these, special financial arrangements have to be made with their local welfare departments. Almost without exception these authorities are willing to pay for part III accommodation. These grants do not cover the cost of treatment. The Charity's general fund is used to make up this deficit amounting to over £6,000 a year. At present only about one-fifth part of the centre has been built but further building will begin