child has just been placed in a family—a seven-month old mongol baby.

We hope that the medical profession will be aware of the wider possibilities for care now available to handicapped children and of the need for families to come forward. Adoption is no longer merely a service linking healthy infants with childless couples, but more and more a service to plan the future of any child deprived of the care of his own family.

ANNE M. JEPSON
Medical Adviser
PHILLIDA SAWBRIDGE
Director

Parents for Children
222 Camden High Street
London NW1.

COLLEGE SUBSCRIPTIONS

Sir,
Last year I paid the £10 allowed to doctors who have been registered for under five years, but this year comes the £35 crunch! I have not worked since last summer and am not likely to do so for some time yet, as I have recently had a baby.

Is there any chance of concessionary rates being extended for non-practising members?

PATRICIA SANTER

Sunnyhurst
Worleston Road
Reaseheath
Nantwich
Cheshire.

This letter has been shown to the Honorary Treasurer of the College, who replies below - Ed.

Sir,
It is clear there may be a number of young practitioners like Dr Santer who, for very good reasons, have temporarily retired from general practice. They will be pleased to know that the Finance Committee has considered their situation and has authorized me to tell Dr Santer, and anybody who makes such a request, that they will be allowed to continue to pay the same annual subscription, as though they were still registered less than five years, as long as they are not in any form of practice. We will be asking them to submit a declaration to this effect each year when the subscription is due.

The by-laws of the College make clear that those who have given up general practice but are in some other form of medical work are not eligible for this concession.

STUART CARNE
Honorary Treasurer

14 Princes Gate
London SW7 1PU.

DOCTORS' DESPAIR

Sir,
I was interested in the article by Drs Bourne and Lewis (January *Journal*, p. 37-39). However, they state: "the diseases we appear to generate from inside ourselves are almost untouched by our advances". I can sympathize with their comment on poor medicine but wish to point out that as family doctors our goals are to attempt to help our patients to be as healthy as possible so that they can enjoy and live their lives as well as possible.

I believe much more is done to help people live with chronic illness than Drs Bourne and Lewis recognize. Because we alone have long-term continuity of medical care, what is achieved with chronic handicap may not always be appreciated by doctors in other branches of medicine.

Thus, as a family doctor, I do not feel "clinically ineffective" but increasingly clinically effective as I help patients help themselves with these problems.

Similarly, I cannot agree that "making a diagnosis" is the be-all and end-all of medicine. When people come to see me they are not really concerned with what is wrong with them, they just want to get better. If I am unable to help the patient get better, it is my job to explain why this is so and help him to function as best he can.

I believe that general practitioners are ahead of many hospital doctors in understanding the topic to which they refer.

JAMES A. COLLYER

310 Piccadilly Street
London
Ontario
Canada.

COLLEGE CREST

Sir,
Fortunately, heraldic creatures are not restrained by zoological classification or anatomical description, but only by their blazon and the imagination of the artist depicting them. C. R. Humphery-Smith states in *Heraldry* that "A lion rampant gules can be fat or thin, hairy or bald, happy or angry, calm or aggressive, but it must be a lion and it must ramp; the red can be vermillion or deep carmine—though there is some taste in this matter—but it must be red."

I would like to congratulate the artist responsible for the version of the College arms reproduced on your stationery. The owl's avuncular appearance exudes wisdom, wit, and benevolence. Furthermore, I would speculate that the relationship between the owl and the serpent is most idyllic, reminiscent of Eden during the pre-apple era.

D. W. RAE

600 Queen Avenue
Portage La Prairie
Manitoba R1N OW6
Canada.

NEW FORMAT OF THE JOURNAL

Sir,
The college *Journal* used to be well worthy of binding and keeping for reference. It is less so now and it is sad to see deterioration nearing throw-away level when the editorial content is so good.

Advertising is handled badly. When the College published the *Journal* itself it was planned so that all advertising matter could be removed before the remainder was bound. In my bound copies of Volumes 7 and 8 (1964) there is no advertising whatsoever; in Volumes 14 and 15 (1968) there are three pages, all on the backs of title pages not normally retained in bound copies and clearly included by mistake at the bindery.

Deterioration began when outside publishers were employed. By 1976 there were 112 pages of advertising of which 60 were on the back of editorial matter and therefore could not be extracted and had to be bound.

This year there has been a further massive deterioration. If the style of the first four months is retained there will be 216 pages of advertising of which only 93 can be extracted and the remaining 123 must inevitably be included in a bound copy. Your second editorial in March cannot be bound without advertisements of the Royal Navy and an antibiotic; the same applies to the April editorial with a full-page advertisement of a purgative. A paper by Moore and Garraway in April included a full-page colour picture of a London bus, and the same picture was even more firmly attached to Briscoe's paper in January. If this goes on, that bus will occupy six pages of every bound copy of the 1977 *Journal*.

This is a ridiculous arrangement. Members paying an annual subscription of £35 ought to be provided with a *Journal* worthy of the College's status and of the efforts of those who contri-

bute to it. You publish many useful and valuable papers which deserve to be bound and kept for reference and they should not be presented in so unattractive a style. As it is, authors of the future will examine the bound copies of today, if the librarians continue to give them shelf space, only to find that they are littered with frustrating and irritating advertisements of out-dated products. Many will not search for or quote papers so presented and may wisely decide to offer their own efforts to journals in which they will be preserved in a style more likely to attract future reference.

At present, each copy of the *Journal* contains 64 numbered pages printed on 16 sheets of paper. Approximately 20 pages are advertisements which could without difficulty be arranged on five of the 16 sheets—separate from and yet opposite to editorial matter but easily removable—not only improving the appearance of the bound *Journal* but also reducing the shelf space required by nearly 20 per cent. The publishers can do it if they wish. If they do not, their contract should be terminated before they fill the libraries (if librarians do not revolt) with journals which, if they are taken off the shelf at all, will quickly be returned when the researcher is confronted with a surfeit of London buses.

IVOR COOKSON
196 Hucclecote Road
Hucclecote
Gloucester.

BOOK REVIEWS

COST-EFFECTIVENESS ANALYSIS OF THE OXFORD COMMUNITY HOSPITAL PROGRAMME

J. H. Rickard

Oxford Regional Health Authority, Oxford (1976)
Price £5

The NHS has many problems. Relating cost to benefit conferred when a procedure is assessed or changed is one of them.

In medicine, more than most disciplines, the benefits may be difficult to measure accurately, as they depend on subjective rather than objective information. How can loneliness in hospitals due to difficult visiting be measured? How do you balance the intimidation felt by many in large modern hospitals against the confidence engendered by the availability of technical resources?

These questions are relevant to the detailed report made by the Oxford Study on Community Hospitals. This study was undertaken "as an academic exercise to examine the contribution which an economist can make to the appraisal of health care delivery and the relationship between analysis and policy formation."

Comparison was made between two small experimental community hospital units, Peppard and Wallingford, with the district general hospital which serves them (the Royal Berkshire Hospital, Reading). Comparisons of cost were made, including capital costs, the cost of inpatient services, and the cost of short-stay, day ward services for the chronic sick. It proved impossible to measure the "benefits" of health care in all its many aspects, so "effectiveness" was substituted. When medical effectiveness is defined in terms of the same end result, such as, the cure of the patient or his discharge from hospital, the cost of making this point was calculated by adding together the various costs involved. These included medical nursing costs, servicing costs (catering, cleaning, and general running costs), and transport costs.

The broad conclusion reached has been well publicized: that the cost of treating medical patients in the community hospitals was greater than the cost in the district general hospital. The authors themselves are well aware of all the 'ifs' and 'buts' which are involved in reaching this conclusion. In ten out of the 12 papers comprising the first section many difficulties are enumerated. The author accepts that in analysing the benefits from health cost much of the information needed for proper evaluation is missing. In her summary of conclusions she states that "it has not been possible to come to a final conclusion that the Oxford Community Hospital programme is or is not effective."

Some of the data which were used, however, can be criticized. For instance, nursing costs are compared, but not staffing costs (or establishments). Furthermore, nurses in general-practitioner hospitals often do jobs, such as taking blood, which in district general hospitals are done by other staff whose cost is not apparently included. Also, when the cost of domiciliary care of the elderly is considered, the general practitioner is credited with receiving £11 per patient per annum, which if it were true would bring my retirement appreciably nearer!

However, the conclusion drawn will be that community hospitals are expensive, which is a pity because this is a study in which great pains have been taken to explain to the reader the number of difficulties experienced and the tentative nature of the conclusions reached. It is thorough and well documented. For those involved in planning or running community hospitals it provides a mass of information on which to base discussion.

R. V. H. JONES

EDUCATIONAL OBJECTIVES FOR CERTIFICATION IN FAMILY MEDICINE

College of Family Physicians of Canada, Toronto (1973)
104 pages. Price $6, £3.20

All over the world the academic bodies of general practice/family medicine are beginning to move in the same direction. Slowly but surely the generalists are incorporating the ideas of educational theory in planning new training programmes for general practice/family medicine.

This *Journal* has already commented ("World of WONCA", January 1977) on the triangle of the English-speaking nations, Australia, Canada, and the UK, and how each is currently engaged in a very similar exercise, although thousands of miles apart.

The first essential step is to try to define the body of knowledge that is the discipline of general practice and to begin to express it in terms of educational objectives for trainees.

All three Colleges have, within four years, now published important books which seek to do just this.

The first to appear was the British