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