

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.

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## 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 expen-

sive, 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

College's *The Future General Practitioner—Learning and Teaching* (1972), and the book under review, by the Canadian College, appeared soon afterwards in 1973. It is a major work and contains much in a mere 100 pages. It can be compared usefully with the British College's *Future General Practitioner* and the Australian College's *Focus on Learning* which was published in 1976 and reviewed in this *Journal* (December, 1976).

*Educational Objectives for Certification in Family Medicine* is not likely to be widely read in Britain but it should be read by vocational scheme organizers and by those trainers and trainees who wish to understand the way general-practice education is going.

The Canadian College has produced a valuable document, although it will, of course, need to be modified from time to time.

D. J. PEREIRA GRAY

#### References

- Royal Australian College of General Practitioners (1976). *Focus on Learning in Family Practice*. Melbourne: RACGP.  
 Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

#### A TEXTBOOK OF MEDICAL PRACTICE

J. Fry, P. S. Byrne & S. Johnson

*Medical and Technical*,  
 Lancaster (1977)

665 pages. Price £9.95

The renaissance of general practice in the 1960s has been closely followed by a considerable volume of literature emanating directly from the discipline. Rightly doctors in primary care have recognized the inadequacies of the standard textbooks of medicine when applied to general practice.

Accordingly Professor Byrne, Dr John Fry and Miss S. Johnson have collected a distinguished team of general-practitioner authors to produce this book, and although I believe these authors have truly been motivated to share their experience, knowledge, and skills in order to promote better care of patients, it is clear that multi-authorship has its pitfalls. Several sections are excellent, others scholarly but not very helpful in practical terms, and some are mundane.

The early section by Byrne on clinical methods is short but packed with good advice. The chapters by Ian Gregg on pulmonary function, chronic bronchitis and asthma, are models of clarity.

Professor Wilkes's chapters on the care of the chronic sick and vulnerable and care of the dying should be compulsory reading for all trainees and new entrants into general practice, and many senior doctors too.

Dr Carne has nobly attempted to cover the care of children in general practice in 63 pages. However, allowing for the constraints of space, his coverage of heart disease is too short and too sketchy, and badly lacks advice on distinguishing between the innocent and significant heart murmur.

The parts of the book which are truly alive are those where the author's actual clinical experience shines through. Disappointingly this is sometimes followed by what is no more than the cataloguing of diseases.

Watts, in his contribution "Emotional Disorders", writes from his experiences in practice, cleverly inserting actual cases where appropriate, and the result is an outstanding contribution.

The editors stress in the preface that not all would agree with the views put forward in the book, and this will certainly be so. For example, I remain unhappy about the use of pethidine as an analgesic in gastroenteritis. Poly-myalgia rheumatica merits steroids; aspirin will not prevent the potential visual loss from an associated arteritis of the temporal vessels; not all doctors will eschew the use of steam in croup. Upper respiratory tract infections, bacterial or viral, are always a problem and Ian Watson's dictum of the symmetry of the signs in viral illness is missing. Methysergide, to me at any rate, has no place in the treatment of migraine, in view of its serious side-effects, and status epilepticus now deserves 'Valium', not phenobarbitone.

Such disagreements are not necessarily damaging, for they can stimulate a thoughtful reappraisal of one's own views.

It is difficult to determine just what audience the book is primarily aimed at—the vocational trainee or the established principal. To be fair, it has its value for both, but for the trainee, guidance on that valuable way of thinking which can accept the commonplace but must always be alert for the rare and life-threatening, is not fully developed.

Another disappointing omission is a section on records, an area of general practice which is so often done badly.

It is interesting that this *Textbook of Medical Practice* follows closely on the heels of another major book, *Practice. A Handbook of Primary Medical Care*. After studying them both I feel that each has its own individual approach and they should not be regarded as mutually exclusive. Both deserve a wide audience. There can be few doctors who

will not benefit by a study of this volume.

C. WAINE

#### A VISUAL AID TO THE EXAMINATION OF NERVE ROOTS

S. Hernandez Conesa &  
 M. L. Argote

*Baillière Tindall*,  
 London (1976)

24 pages. Price £2.50

I do not know how many other general practitioners find it difficult to remember which nerve roots supply which parts of the body and which simple tests in the consulting room can be used to test each dermatome?

I was intrigued with this little 24-page book, which covers a nerve root per page, gives clear, simple diagrams, and which has helped me to visualize the distribution.

It has instantly become one of only a dozen books that I like to have within reach in my consulting room, and even at 10p a page, it is well worth it.

D. J. PEREIRA GRAY

#### DRESSING FOR DISABLED PEOPLE

Rosemary Ruston

*The Disabled Living*  
 Foundation, London (1977)

166 pages. Price £2

The Disabled Living Foundation is rapidly establishing itself as one of the most important sources of information for patients living at home and their advisers. One of the tremendous problems for those working in general practice, whether doctors or nurses, is to understand fully the effect of different forms of handicap on everyday life at home.

The Disabled Living Foundation has now begun to issue a series of books and booklets which systematically examine the practical problems of getting dressed, eating, and moving, when different parts of the body are crippled.

The information is now too detailed for all of us to know all the tricks and devices, but I have found recommending these books and booklets to patients to buy for themselves, or lending copies directly to patients, has been much appreciated.

*Dressing for Disabled People* is the latest in this series and can be warmly recommended.

D. J. PEREIRA GRAY