

object lesson to us all. We have no doubt that many will continue freely to give of their experience and ideas towards the progress of medical science.

The Appeal is still open. Very large sums are still needed for research, for the establishment of a permanent home, and for all the other essential educational activities of the College. Many members may have waited before subscribing to see how funds will be used. The establishment of the Research Foundation introduces the plans the College is pursuing to make the daily round of the family doctor even more fascinating than it is already, and to make a useful contribution to medical knowledge.

SOCIAL SURVEYS

The fashion of devising a large number of questions and asking people selected on a pre-arranged plan (a random sample) to answer them is popular just now. None will deny that except in the most skilful hands enquiries of this nature are fraught with considerable danger. Used to elicit facts or to gather opinions very little harm can be done, but when the enquiry is directed to find out events which may have happened some time ago, human memory being fickle, there are dangers. We have before us two examples of social surveys. PEP who were one of the first to popularize this method of enquiry have recently published their second enquiry into the social services.¹ The first appeared in 1937. The present survey reflects the changes which have occurred in the momentous years that have intervened, and is concerned with all those services which are embraced by the term The Welfare State. The other is by an American professor of economics, Dr Paul F. Gemmill who has carried out a personal survey of the British health services.² His observations have the great advantage of coming from a distance, and from an informed layman who is not interested in the political issues.

The PEP survey was carried out on families with dependent children in greater London. About 1,000 families were visited and completed questionnaires were obtained from 734. The report shows that of all the welfare services those of health are the most widely used and the most appreciated. Ninety-nine per cent of the families used the doctor and 82 per cent had had a member in hospital as an in-patient. The planners of the survey deliberately set out to find what the users of the services provided thought about

them. Having found that 86 per cent of the families were satisfied with their family doctor and that in 85 percent no one had changed their doctor through dissatisfaction, they went further and asked whether anyone in the family had ever felt they had wanted to change their doctor and found that 72 per cent had never wished to. That three quarters of the families should have expressed themselves as completely satisfied with their doctor in replying to loaded questions of this nature is gratifying. Doctor Gemmill in his survey found that of the 600 patients whom he interviewed half had changed their doctors but only 15 per cent of those who had changed had done so because they were dissatisfied.

Doctor Gemmill was interested to find out what people thought of the National Health Service and he put to both the patients and the doctors the question, "What changes, if any, do you think should be made in the National Health Service?" and he devotes two interesting chapters to "The Patients' Likes and Dislikes" and "The Doctors' Likes and Dislikes". Long waits were the chief dislike among patients, although he comments:

Waiting in doctor's surgeries, though protested mildly, is usually taken pretty much in stride in Britain; and I have sometimes "waited" with patients who filled the waiting-room, and overflowed into the hall and even outside the building, without my hearing any worse complaint than what sounded like good-natured sallies. I have witnessed, too, genuine anger aroused by the non-arrival of a doctor until some little time after his scheduled office-hour; and the speedy subsidence of that anger once it became known that the delay was caused by an emergency call.

Both these surveys contain much valuable information which planners in the future will be glad to have before them. Both cover not only the general-practitioner services but the hospital services as well and PEP give valuable information on the use and appreciation of maternity and welfare clinics, health visitors and district nurses.

1. *Family Needs and the Social Services*. PEP. Lond. George Allen & Unwin Ltd., 1961, Pp. v + 233. Price 30s.
2. *Britain's Search for Health*. Paul F. Gemmill. Pennsylvania University Press. Lond. Oxford University Press, 1960. Pp. vii + 171. Price 32s.

PSEUDO-PRECISION

Toss a coin three times. Four results are possible—three heads, one tail and two heads, two tails and one head, and three tails. This is simplicity itself. But ask an ordinary medical author to express the result in his own way, and he will write it down as a percentage; for example, he will put "the coin fell head uppermost