to coerce the medical profession as a whole. Thus the situation became increasingly complex as the medical profession, the unions (in majority and minority groups), the insurance companies, and the government all joined the fray.

Political struggles of such magnitude must be reflected in the day-to-day provision of medical care. Professor Garbarino sets out to assess this interaction and has studied the effects of the political manoeuvring on the medical services in the San Francisco Bay area of California. This area was chosen, not because it was typical of the United States as a whole, but because representative examples of all types of medical service are to be found there.

The sharp rise in the cost of medical care in the United States during the past 25 years has brought opprobrium on the medical profession. The American public cannot overlook the fact that, of all the professional men in the country, the doctors now have the highest average income. The study shows that the rise is largely due to the increase in the cost of admission to hospital, which has gone up by 319% in the time taken for the cost of living index to rise by 110%. During the same period physicians' and surgeons' fees have increased by 88% and 66% respectively. Both doctors and patients have played a part in forcing up the hospital costs, mainly by abuse of the insurance schemes. The abuses are inextricably bound up with the quality of medical care and are usually in the field of overmedication. The seriousness of this trend is revealed by the prevalence of unnecessary admission to hospital and even the performance of unnecessary operations.

The reaction of the American medical profession to various political pressures has been the subject of study first, at the level of the American Medical Association, next, at the level of the State or County Medical Society (which is all-powerful in the control of the methods of medical practice) and finally at the level of the individual practitioner. The arguments for Federal and for State medical plans are elaborated and the plans themselves are compared with the group practice pre-payment schemes organized by practitioners, and with the services provided by insurance companies.

The effect of these developments on the movement towards compulsory health insurance on a national basis is evaluated and the book ends with the conclusion that the growth of private health insurance, and in particular of collectively bargained plans, has virtually eliminated the possibility of a governmental monopoly of health insurance in America.

Professor Garbarino is an economist with a special interest in industrial relations. He has presented us with a most topical evaluation of a situation that Mr. Kennedy will find hard to unravel.

C. J. H. MANN


This is the second volume presenting the results of a statistical study of some 280,000 clinical records of over 100 general practitioners in England and Wales from May 1955 to April 1956, carried out jointly by the College of General Practitioners and the General Register Office. The amount of sickness for which patients consulted their doctors and its distribution by sex, age, and area was described in the first volume. This volume deals with its distribution by occupation and is based on the records from 76 practices which had on their lists 85,352 males and 96,727 females aged 15-64, and 58,427 children. Only patients on National Health Service lists were included so that data about occupational groups likely to be private patients must be incomplete.

The measurements of morbidity that have been used are the consultation rate (number of consultations recorded in 12 months/1,000 patients on lists) and the patient consulting rate (number of patients who had one or more consultations in 12 months/1,000 patients on lists) with the emphasis on the more useful latter index.

Because the occupational description of each individual was obtained from only one source (the doctor's record card) the occupational classification in this study does not contain one of the major sources of error of the studies of occupational mortality—the collection of information about occupation from different sources, the numerator from death registration records, and the denominator from the Census. However, information about occupation in this study was obtained by the general practitioners asking the patients the nature of the work performed and the article or commodity made or dealt in or the material worked in. There seem to be risks of considerable inaccuracy here. One-third of the patients included in the survey did not consult their doctors and for these information about their occupation was obtained from any other member of the family who had a consultation during the year. The Classification of Occupations used in the study was the one used for the 1951 Census of Occupations. There were small numbers of patients in some occupational categories which curtailed the amount of tabulation possible, and the reader is warned that many of the figures in the tables may have a large element of uncertainty due to the possibility of chance fluctuation.

The age structure of the population at risk was available from the general practitioners' records but it was not possible to carry out extensive age-standardization. A series of standardized patient consulting ratios for men analogous to standardized mortality ratios is presented but it is not clear how far the age standardization goes within the age-range 15-64.

With the reservations mentioned, and there are reservations with all morbidity data, there is a wealth of interesting material in the 160 pages of tables. There are consultation and patient consulting rates for men aged 15-64 by diagnoses and by occupational groups, social classes, and socio-economic groups for retired men, for men aged 65 and over, for women aged 15-64 (those in whole time and part time occupation and housewives), and for children classified by fathers' occupations. There are some interesting social class gradients in some diagnoses which are commented upon in the text.

The study is complementary to those from individual
industries, from the Ministry of Pensions and National Insurance, hospitals, and the Survey of Sickness. It will be interesting to compare the data with those from the forthcoming sample survey of sickness absence by occupation to be undertaken by the Ministry of Pensions and National Insurance.

P. A. B. Raffle

BOOKS RECEIVED

Review in a later issue is not precluded by notice here of books recently received.


First Aid in the Factory. By Lord Taylor, with the assistance of W. N. Booth, B. S. Laing, and O. Ross, with a Foreword by A. Austin Eagger. (Pp. x + 140; 72 figures. 9s. 6d.) London: Longmans, Green. 1960.

Pneumoniosis in the Mining and Quarrying Industries. Digest of Statistics 1959. (Pp. iv + 19; 15 figures. 3s. 6d.) London: H.M.S.O.


A New Academic Course in Occupational Hygiene

With the aid of a grant of £20,000 from the Nuffield Foundation, the London School of Hygiene and Tropical Medicine is offering a new course in occupational hygiene. It will be whole time for nine months starting on October 2, 1961. The course is open to graduates whose undergraduate studies, or previous experience, provide a suitable preliminary training. In general, graduates in physics, chemistry, engineering, medicine, or allied subjects would have the necessary background. In special circumstances non-graduates would be accepted.

The University of London is being asked to establish an academic diploma in this subject. If this is not done, there will be an alternative method of recognizing proficiency.

The course will include systematic instruction in:

1. The general background to occupational health: outline of industrial law, functions of management, trade unions, and industrial health services.

2. Occupational health engineering: the measurement and control of chemical, physical, and biological hazards of work.

3. Epidemiology and statistics: the purpose and methods of epidemiology used in field and laboratory studies.

4. Physiology, occupational toxicology, and disease: elementary principles of physiology and toxicology and descriptions of occupational injuries and diseases.

5. Information and reports: sources of information and uses of libraries, the presentation of technical reports and scientific papers.

Practical instruction will be a major feature of the course and will comprise demonstrations, exercises in environmental measurements, and visits to factories and other places and institutions.

The grant from the Nuffield Foundation will be used to equip a teaching laboratory and to offer a training fellowship for a graduate to take this course with the prospect of appointment to the staff of the Department of Occupational Health at the London School of Hygiene and Tropical Medicine at the end of the course.

Further particulars on qualifications for admission and fees may be obtained from the Registrar of the London School of Hygiene and Tropical Medicine, London, W.C.1.