exuberance of style, over consumerism, the professionalisation of lower status care workers and the co-incident unionisation of members of the professional old guard, doctors and nurses. The NHS, as he rightly says, can no longer remain above the battle, as the question of 'who gets what' daily becomes more pertinent and painful. It is assuredly a question which applies as much to the dispersal of limited medical research funds as it does to the provision of medical care.

UNA MACLEAN

Old People in Hospital

King Edward's Hospital Fund for London, 1979, 52pp, £2.50.

This report represents the findings of an investigation carried out by Winifred Raphael and Jean Mandeville. The former sadly died soon after completing the report.

The study received the advice of a powerful Steering Committee of eminent geriatricians, nurses, a psychiatrist and sociologists.

Information was sought upon many important items relating to comforts dignity and well being from patients and staff in six geriatric hospitals. In addition, opinions were sought from patients' visitors.

The six geriatric hospitals were visited during 1977 and patients, staff and patients' visitors were interviewed.

It is interesting (but not surprising) that patients were in general more satisfied with conditions than were members of staff - will this situation continue in the future as future old people come to expect more and more from statutory services?

As regards wards, day rooms and furniture/equipment, patients had remarkably few complaints. There was evidence of the familiar dilemma in which patients prefer small rooms and staff prefer larger patient areas. On the one hand patients value privacy and on the other staff like to feel that they have adequate observation and 'control'. This is an irreconcilable conflict of interests.

It is interesting that patients found two unacceptable sources of noise. One was uncontrolled television and

it ought not to be too difficult to deal with this by provision of head 'phones, etc. Another was the noise engendered by mentally disturbed patients who shouted and created noise. Could we not provide better sound proofing for this problem?

Patients commented that medical care by doctors was generally very good but there were examples of shortage of medical staff and frequent changes of personnel. Not unexpectedly, however, patients and their relatives often felt that they had insufficient contact with doctors and therefore lacked medical information about their cases.

In general patients and their visitors were very highly appreciative of nursing care, but nurses often felt that the quality of care was inadequate because of pressure of work.

Many members of staff felt that they would have benefited from special training in work with the elderly and they also felt that their views should be given more attention.

When patients and staff were asked what they liked best and liked least it was found that staff had more criticisms than patients. Staff were more critical of the inadequacy of the physical environment while patients tended to be more aware of the staffing shortages.

This Report includes very useful check lists which may be used in long stay units to determine how adequately patients' needs are being met.

This is a publication in the best tradition of the King's Fund. It ought to be read by doctors, nurses, administrators and bodies concerned with patients in long term care.

J WILLIAMSON

Dying: considerations concerning the passage from life to death

Edited by: Lawrence Whytehead and Paul Chidwick, Anglican Book Centre, Toronto, Canada, 1980, 96pp, £3.95.

This excellent book has been compiled by a group of doctors, nurses, clergy and a lawyer in association with the Anglican Church of Canada, and is sub-titled 'Considerations concerning the passage

from life to death'. Throughout the pages, there is an authentic and unemotionally realistic presentation of the dilemmas of this vast subject, and in addition to the three chapters there is a useful bibliography, study guide and list of relevant audio-visual aids.

The first chapter discusses the problem of dying and man's response to it and clarifies the subject of brain death. Life it is suggested, is a divine loan and man should have concern and care for his neighbor as for himself and shares a co-responsibility with God. Those in a caring role with dying people are exhorted not merely to listen, but to hear and not only to respond but to feel. 'We must neither over-estimate our ability nor underrate our responsibility.'

In the second chapter we are asked to look at some of the difficult decisions which have to be made and the interpretation of action taken under the headings of voluntary and involuntary active and passive euthanasia. These terms are clearly elucidated, as are also ordinary and extraordinary treatment. It is suggested that the three important guide-lines in decision making are respect for life, love of neighbor and guidance of the Holy Spirit.

Attention is drawn to the difficulty for the doctor who may be seen as 'playing God', and his responsibility in involving other care givers, the family and the patient in making difficult decisions on the basis of 'informed consent'. Legal considerations are also discussed and the 'living will' as used in California is described: financial aspects of care are also mentioned.

The final chapter on the Christian response to death makes a plea for the highest possible standards of care including efficient symptom control, attention to emotional, social and spiritual needs of dying people and emphasises the responsibility of the Church in preparing a person for impending death.

This book is packed with important guidance on medical, ethical and spiritual issues of dying and should certainly be included in the libraries of medical and nursing schools as well as theological colleges.

D H SUMMERS