INTRODUCTION

We hope you will find our 'Handbook' for the M.Sc. Social Medicine useful. It should be read in conjunction with the Registrar's Notes, and further background material is available in the School's policy statement on the Training of Community Medicine Specialists and in recent Annual Reports which are available in the Classroom. We would like to publish the Handbook annually during the summer vacation and will be grateful for any suggestions by July 1976 at latest. Meanwhile, I look forward to meeting you all in October.

Best wishes!

J.N. Morris

July, 1975
Department of Community Health

CONTENTS

STAFF OF THE COMMUNITY HEALTH DEPARTMENT

Professor of Community Health Director of Department	:	J.N. MORRIS, CBE, MD(Hon), DSc, FRCP*
Professor of Organisation of Medical Care	:	R.F.L. LOGAN, MD, FRCP, DIH*
Professor of Social Psychiatry jointly with Institute of Psychiatry	:	J.K. WING, MD, PhD, DPM MRC Social Psychiatry Unit
Visiting Professor in Health Services Administration	:	J.J.A. REID, CB,TD,MD,FRCP,FFCM Deputy Chief Medical Officer, Department of Health and Social Security
Visiting Lecturer in Health Service Economics	:	Professor B. ABEL-SMITH, PhD London School of Economics
Visiting Lecturer in Sociology	:	Professor P.S. COHEN, PhD London School of Economics
Reader in Human Genetics and Population Teratology	:	J.H. RENWICK, DSc, PhD, MB, FRCP, FRCPG, MFCM
Reader in Child Health	:	Mrs. EVA D. ALBERMAN, MD, DPH, MFCM*
Senior Lecturers	:	S.P.W. CHAVE, PhD (M.Sc. Course Tutor)† P.O.D. PHAROAH, MD, MSc(Soc.Med.)*†
Lecturers in Behavioural Sciences at The London School of Hygiene and Tropical Medicine and The London School of Economics	:	J.W. CARRIER, BSc(Soc.), M.Phil P.E. ROCK, BSc(Soc.), D.Phil Miss MURIEL BROWN, PhD
Hon. Senior Lecturer in Social Psychiatry	:	J.P. LEFF, MB, MRCP, DPM MRC Social Psychiatry Unit
Statistician	:	Miss JANE COOPER, MIS

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Professorial Fellow	:	R. KOHN, Dr.Juris
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Research Fellows	:	Miss PAULINE PASKER, MSc(Econ.) BSc(Soc.), SRN D.A.T. GRIFFITHS, BSc(Econ.) Hon. Lecturer †
Research Workers	:	Miss JULIA COLLINGWOOD, BSc(Soc.), HV Miss MARGARET COOKE, MS(Management), BSc(Econ.)
Programmer	:	L.J. DAVIS
Attached Worker	:	Mrs. MARY SIBELLAS, MD

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Research Worker : Mrs. PENELOPE A. STANWAY, MB, MRCS, LRCP

Chronic Disease Control Study Unit (Bedford Square)

Director : C. HODES, MB, DRCOG, FRCGP
Hon. Senior Lecturer†

Statistician : Mrs. PAULINE A. ROGERS, MSc

Systems Programmer : M.G. EVERITT, BSc

Research Workers : Mrs. SHULAMITH SYKES, SRN, BTTA
Miss MARGARET COSENS, SRN

Punch Operator : Miss LESLEY PETERS

Secretarial Staff:

Miss HUSKY REES	(Room 35)
Mrs. MEI ONG	(Room 31)
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Miss CAROL McCARTHY	(Room 36)
Miss MARIANNE INKPEN	(Room 36)
Miss CHRISTINA KIFF	(Bedford Square)

Visiting Lecturers to M.Sc. Social Medicine Course include:

Professor E.M. BACKETT, BSc, MB, FRCP : Accidents
University of Nottingham

A. BARR, MSc (Econ.), PhD : Information Services
Oxford Regional Health Authority

J.P. BULL, CBE, MD, FRCP : Accidents
MRC Industrial Injuries Unit

D.H.D. BURBRIDGE, OBE, MRCS, DPH : Health Service Management
Department of Health & Social Security

Mrs. JOCELYN CHAMBERLAIN, MB, MFCM, DCH : Screening
UCHMS and RFHSM, London

G. CUST, MB, MFCM, DPH : Information Services
North West Thames Regional Health Authority

Professor Rev. Canon G.R. DUNSTAN, MA : Ethics
King's College, London

F.A. FAIRWEATHER, MB : Environment
Department of Health & Social Security

T. McL GALLOWAY, MD, FRCP, DPH : Health Service Management
Hampshire Area Health Authority

A. GATHERER, MD, DPH, DIH : Health Service Management
Oxford Area Health Authority

R.E. KLEIN, MA : Politics
Centre for Studies in Social Policy

P.M. LAMBERT, MB, DPH : Morbidity
Office of Population Censuses & Surveys

A.G. McDONALD, BSc, ARCS : Operational Research
Department of Health & Social Security

I.G. YULE, MB, DCH, DPH : Local Health Services
Buckinghamshire Area Health Authority

The External Examiners for the M.Sc. Social Medicine are:

A.M. ADELSTEIN, MD, DPH
Chief Medical Statistician,
Office of Population Censuses & Surveys

Professor M.D. WARREN, MD, FRCP, FFCM
Director,
Health Services Research Unit,
University of Kent

• Holding Hon. Consultant Contract, N.E. Thames Regional Health Authority. Staff are also connected with the NHS in numerous other ways.

† Recognised teachers of the University

M.Sc. SOCIAL MEDICINE 1975/77

First Year Students

C.L.R. BARTLETT, MB	U.K.
Susan K. COLE, MD, MRCOG	U.K.
H. FRIZA, MD	Austria
A. KALACHE, MD	Brazil
Gillian R. LEVER, MB	U.K.
D.S. MILLER, MB, MRCP	U.K.
J.B. PITTARD, BSc, BM	U.K.
C. ROMANO, MC	Venezuela
M.H. RUIZ DE CHAVEZ, MC	Mexico
Jane C. WILDE, MB	U.K.
G.H.E. WOODBINE, MA, MB, MRCGP	U.K.

M.Sc. SOCIAL MEDICINE 1974/76

Second Year Students

D.J. ACRES, MB, DObst, DCH	U.K.
H.R. ANDERSON, MD	U.K.
I.A. BAKER, MB, MRCP	U.K.
Berenice R. BEAUMONT, MB, DCH	U.K.
Susan F.O. DOWLING, BSc, MB	U.K.
N. ISHIKAWA, MD	Japan
Zarrina KURTZ, MB	U.K.
J.D. MARTIN, MB	U.K.
A.R. MARYON-DAVIS, MA, MB, MRCP	U.K.
A.M. McBEAN, MD	U.S.A.
R.E. MIETTINEN, MD	Finland
R. MUHLEMANN, MD	Switzerland
C.J. NIXON, MB, MRCP	U.K.
J.E. PEDLEY. MB, DTM&H, DTPH	U.K.
J.P. SAUNDERS, MB	U.K.
Fiona J. STANLEY, MB	Australia
V.P. SWEENEY, MB	Canada
A.D. THOMSON, MB	U.K.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Historical note

In 1921, Dr. Christopher Addison, the first UK Minister of Health, appointed the Athlone Committee to enquire into postgraduate medical education in London. The Committee recommended the creation of an Institute of Hygiene in the University of London to provide instruction in public health and related subjects. At the same time, the London School of Tropical Medicine, which had been founded at the Albert Dock Hospital in 1899 at the instigation of Patrick Manson, had moved to a new site in Bloomsbury close to an area which was to be developed by the University. Discussions took place which led to the decision to combine the two institutions and in 1924 the London School of Hygiene and Tropical Medicine was established by Royal Charter. The Rockefeller Foundation provided two million dollars for the building while the British Government assumed the responsibility for its annual running costs.

The foundation stone of the present building was laid by the Minister of Health on 7th July, 1926 and the School was formally opened by the Prince of Wales on 18th July, 1929. Two years later it was recognised as a School of the University of London in Faculties of Medicine and Science.

The first Director, Sir Andrew Balfour, a major figure in tropical medicine, was succeeded in 1931 by the first Dean, Prof. Wilson Jameson, who developed the department of Public Health and later, as the Chief Medical Officer of the Ministry of Health, was one of the planners of the National Health Service. In 1934, the Ross Institute, which had been established in 1923 by private subscription to further the work of Ronald Ross the discoverer of the transmission of malaria by mosquitoes, was amalgamated with the School. The Institute now forms the Department of Tropical Hygiene of the School.

In 1956, the Rockefeller Foundation made a grant to the School which started a new Department of Occupational Health and in 1968 the British Trades Union Congress, to celebrate its centenary, provided substantial additional funds to expand the Department into an Institute providing also an advisory service for all sections of industry.

In 1967, a professorial Unit for teaching and research in the Organisation of Medical Care was set up in the Department of Public (now Community) Health with funds provided by the Department of Health and Social Security, and latterly also by the University Grants Committee. Subsequently, research units were similarly established in Human Genetics and in Chronic Disease Control.

The teaching activities of the School form the basis of its work. In addition to providing instruction in such subjects as medical statistics and epidemiology, bacteriology, parasitology, nutrition and clinical tropical medicine, the School at its outset established a course for the Diploma in Public Health, which for nearly forty years attracted doctors entering careers as health officers in Britain and overseas. With changing needs, this course was replaced in 1969 by one leading to the M.Sc. in Social Medicine, the main purpose of which is the training of community medicine specialists for the National Health Service and similar positions in other countries; hopefully, also some graduates will become teachers and research workers in community medicine particularly in undergraduate schools.

In 1972, the School established a Centre for Extension Training in Community Medicine whose main task is to work with community physicians. Teaching principally takes the form of short residential courses; seminars on a day-release basis are also held.

There are 10 departments in the School: Clinical Tropical Medicine, Human Nutrition, Medical Entomology, Medical Helminthology, Medical Protozoology, Medical Statistics and Epidemiology (including medical Demography), Microbiology and Immunology, Occupational Health, Tropical Hygiene and ourselves, Community Health. In addition the School accommodates the Bureau of Hygiene and Tropical Diseases and the Medical Research Council Unit in Environmental Physiology. The Hospital for Tropical Diseases remains the teaching centre for clinical tropical medicine and is now administered as part of the University College Hospital Group at St. Pancras Hospital. An outstation at Winches Farm, near St. Albans, provides special facilities for experimental research in helminthology and parasitology.

The Library of the School, which plays an important part in its teaching and research work, now contains some 60,000 bound volumes and as many unbound publications; the sets of over 3,000 periodicals (more than 1,000 of which are current) form more than half of the stock covering all aspects of community health and tropical medicine.

On the stone front of the building of the School are the names of 23 pioneers of public and tropical health. The balconies are adorned with gilt bronze castings of rats, snakes, mosquitoes, ticks, fleas, lice, mites and tse-tse flies - all animals dangerous to human health. Over the front door a stone medallion shows Artemis, the Greek goddess, whose care extended over the young of every species and who, at Ephesus, was worshipped as universal mother. She is shown guiding a chariot, while her twin brother Apollo, the sun-god, also venerated as god of healing, discharges arrows from his bow. The arrows are the healing rays of the sun which disperse the disease-laden mists. The date palm in the background symbolizes the tropics.

The design of this medallion, which is also the seal of the School, (and the motif on the School's tie) was based on an old Sicilian coin believed to have been struck to celebrate the deliverance of one of the cities from pestilence caused by the stagnation of the waters of the river.

M. Sc. SOCIAL MEDICINE

Seventh Course 1975 - 77

Dates for first year 1975 - 76

TERM I (12 weeks)

Monday September 29 - Friday December 19

Christmas vacation (2 weeks)

TERM II (11½ weeks)

Monday January 5 - Wednesday March 24

Easter vacation (4 weeks)

TERM III (10½ weeks)

Wednesday April 21 - Friday July 2

Spring Bank Holiday: May 31

PART I EXAMINATION

Friday	August 27	Paper II to be handed in
Tuesday	September 14	Paper III (Essay) to be written
Monday	September 20	Paper I (Statistics and Epidemiology) to be written

Community Medicine and the Community Medicine Specialist (CMS)

Community Medicine is the study of the health of populations and of the factors affecting this, in general and locally. On the practical side, it is concerned with social policies and services for the protection and improvement of the people's health and the care and rehabilitation of the sick. Throughout, the approach has to be dynamic: society and medicine are changing rapidly; it is essential to think ahead; historically, community medicine and the CMS are change-agents of society.

The M.Sc. course aims to develop knowledge, understanding and capability in this field, at higher-degree standard. In the first year, students are helped to acquire the information and methods-base, analytic and problem-solving, which are prerequisites for the assumption of specialist, public-service and, hopefully, leadership roles in the community. "Numeracy" has to be emphasised because of the lack of previous training of many medical graduates. Equally, the syllabus in behavioural (social) sciences assumes that students will often be fresh to these.

There are three main areas of activity for community medicine and the CMS: health-services administration, teaching, and research. Increasingly, CMS will be engaged in all three, the proportion varying with the circumstances, and the M.Sc. is intended to provide basic training for all of them. Two further years of vocational "registrarship", however, are regarded as desirable for CMS-in-training before full specialist responsibility is undertaken.

For practical reasons the M.Sc. class is "medical", but the teaching staff is "multidisciplinary", and this reflects the situation in which CMS will be working.

The emphasis of the course is on the condition of Britain, and on its health and social services; but we seek to learn also from comparative international experience, and in accordance with School policy a number of overseas students are welcomed each year.

The first "academic" year of the M.Sc. comprises the disciplines of:

(1) Epidemiology,

(2) Statistics,

(3) Behavioural sciences: sociology, organisation, social administration.

(4) The "Organisation of Medical Care", which includes information, health-economics and management, is a central feature throughout the year.

(5) In addition, there are miscellaneous topics, drawing often on the above, and at present including genetics, "environment", nutrition, social psychiatry, "health and prevention".

All of these contribute to the theory and practice of Community Medicine, and to integrate them, in learning and teaching, is the abiding aim of the course.

The M.Sc. is a 2-year course and has to be seen as such. Thus, there is little "elective" in the first year, but the second should reflect the student's personal interests and career-intentions. If there is a lot of "theory" in the first year, the second-year project is "application", and in some depth of concepts as well as skills, as experience shows.

Whatever his work, the CMS will need to communicate in a variety of public and professional situations. The course offers much opportunity for practice among friends.

THE FIRST YEAR

The main subjects in the first year have been indicated above, and in the booklet 'Syllabus of Courses' which you should already have.

1. EPIDEMIOLOGY

Epidemiology is the basic science of community medicine and, therefore, in the training of community medicine specialists - whatever their field of work. Throughout the M.Sc., a particular effort is made to help the student understand this way of thinking about and looking at society, to appreciate the potential epidemiological methods, to acquire the necessary practical skills - and to relate epidemiology to the other parts of the M.Sc. course. By now there are considerable epidemiological resources for the study of population health and the factors affecting this.

The "combined course", organised by the Department of Medical Statistics and Epidemiology, is taken by all students in the School. Epidemiology on this course is concerned with the measurement of human attributes, biological and social, with the problems of repeatability and validity, subject and observer variation and error, and what can be done about these. The "instruments" of epidemiology include incidence, prevalence and mortality rates; case-control, cross sectional, and cohort (longitudinal) studies; group and international comparison; and such concepts as relative risk. There is a good deal about medical and social surveys in the course, and about data-processing and analysis. Other subjects overlap the teaching in vital statistics, e.g. on standardisation of rates for comparative purposes and on life tables. All these are as important to the practising community doctor as to the research worker studying the natural history or aetiology of disease.

The uses of epidemiology in Health Services and the organisation of medical care can be considered under several heads: study of population needs and demand and of the delivery of services; monitoring of the standards of services; and evaluation of outcomes in benefit (and harm) to the health of the population. Increasingly, an experimental approach to services - action research - is becoming feasible, drawing on experience of the randomised clinical trial and experimental models in the prevention of disease. One of the immediate tasks of community medicine today is the development of appropriate information systems on local health and health services. These will draw heavily on epidemiological experience and methodology, and they are much in mind throughout the M.Sc.

Epidemiology also makes important contributions to clinical medicine, by the more complete picture of disease that becomes possible from studying it as it occurs in total populations, and by placing clinical problems and experience in community perspective. These contributions are a proven bridge between workers in community medicine and their clinical colleagues.

Epidemiology, thus, "pure" and "applied", is the core of the M.Sc. as it is of the theory and practice of community medicine.

2. STATISTICS

The essential difference between the community medicine specialist and his clinical colleagues is that the former is thinking in terms of populations rather than of individuals. He can only do this by thinking in quantitative as well as qualitative terms, and must therefore be numerate and competent in statistical methods. The depth of knowledge necessary will vary according to the specialist's chosen career. Every CMS must possess the tools of statistical analysis necessary for a critical review of the literature on new developments, though the medical administrator is unlikely to require the

same expertise in statistical techniques as the full-time research worker. Whatever his chosen career the CMS must have some understanding of the methods and techniques used by people working with and under him. For example, a knowledge of the technical details of data collection and data processing is essential, and this implies a basic understanding of computers and their uses, though not an expert knowledge of programming. A short course in computer methodology is therefore provided in the second term.

In addition to a basic knowledge of methods and techniques in the collection and analysis of statistics, the CMS also needs an information base of vital statistics for understanding of the current problems of need, demand, and use. The methodology of statistics is taught as a tool for analysing epidemiological data and for manipulating existing routinely collected data. Indeed at a certain point in the course, statistics and epidemiology teaching virtually merge. Some of the basic statistical techniques taught are: the measurement and comparison of frequency distributions, tests of significance, regression and correlation, straight line data, and an appreciation of analysis of variance. The bridges with epidemiology include survey techniques, observer variation, data analysis, design of experiments and intervention trials. Every community medicine specialist should be at least superficially familiar with these techniques and indeed the latter group are the tools of the trade of the academic and research type of CMS.

3. BEHAVIOURAL SCIENCES

The Behavioural Science component of the Course appears in the timetable under the headings of Sociology/Social Structure, Medical Sociology, Social Administration and the Study of Organisations. The teaching in this group of subjects contributes to both the theoretical and practical aspects of

Community Medicine and to an understanding of the processes of social change. It also relates to other parts of the curriculum and specifically to epidemiology, the organisation of medical care, social psychiatry and the programme on health and prevention.

The broad objectives of this part of the Course are to help the student with an understanding of (1) the relevance of the concepts and methods of the behavioural sciences to the study of the health problems of a community; (2) the influence of social factors on morbidity, mortality and on the use of social services; (3) contemporary issues of importance in the field of social policy; (4) significant aspects of the structure and functioning of administrative systems and organisations.

The programme in Sociology begins with an outline of the social structure of modern Britain, thus providing a background for the Course as a whole. It deals particularly with change, and the effects of change, e.g. in demographic structure, social stratification and social values.

Medical Sociology develops out of this and introduces the student to such concepts as attitude, stigma, role and status showing their relevance to an understanding of behaviour in health and illness and providing insights into the behavioural aspects of the health problems of contemporary society. Other topics which relate to the mainstream of the Course include doctor-patient relationships; medico-social problems (e.g. addiction, deviance) and methods of social control; professionalism and the health professions; and the Health Service viewed as an institution within a social context.

The teaching in Social Administration also is concerned with the identification and assessment of social problems (e.g. poverty, homelessness), discusses issues concerned with policy making, and considers and appraises the services and programmes set up to deal with such problems. The structure and working of Social Service Departments and their relationships with the health authorities are given particular attention.

Finally, the series on Organisation theory systematically examines significant features of various types of organisations, and their units, having regard to systems of control and the exercise and distribution of authority in practice - a subject of importance to the would-be administrator and bridge to the organisation of medical care.

Methods of social investigation - population sampling, data collection and analysis - are taught as part of the Combined Course in Medical Statistics and Epidemiology. The application of the behavioural sciences to prevention through health education is included in the programme on Health and Prevention.

4. ORGANISATION OF MEDICAL CARE (including Health Economics and Management)

Our working definition of Medical Care is: the optimal application of the knowledge and technology of medical sciences to meet the health needs of populations. Clinical medicine defines those measures and procedures which are efficacious in prevention, treatment or control of disease; it is the aim of Medical Care to see that these are brought to bear effectively and efficiently on the population to be served.

The teaching objective then is to help the postgraduate doctor understand how his basic skills and the components of the various disciplines to which he is exposed on the M.Sc. programme can be best applied towards the more effective delivery of medical expertise to defined populations. Medical Care is seen as a synthesizing rather than a basic discipline (though it may have some unique features), integrating the other disciplines and components of the Course, to demonstrate their relevance to the CMS and in particular how to apply them. This synthesis and application is built up term by term: the theme of Term I is orientation. A factual introduction to health services raises questions and issues and generally sets the scene for the rest of the year. It deals with the evolution of health services, socially, economically and politically in developed countries in general and in the U.K. in particular,

and with the health service structures, resources in manpower and facilities and their cost. Also relevant is the changing pattern of disease as seen in the changing need and use of services.

The data base of vital statistics and epidemiology is developed for quantifying the need, use and outcomes of services as such information is translated into "intelligence". The goal for the end of the term is an understanding of the problems and issues in Medical Care today and the application of simple methods for the evaluation of a maternity service.

The theme of Term II is methods in evaluation of the effectiveness and efficiency of individual services. This is developed to correlate resources and costs with the medical and social outcomes of the services. The techniques of O.R. are applied for demonstrating inter-relationships and alternative balances of care, and by the end of the term the problems of decision making and priority setting are developed to cover the monitoring and evaluation of more complex services.

The theme of Term III is effective management for change. It brings together the theory of organisation, health economics and the management sciences for the monitoring of current services, particularly in major problem-areas such as chronic disease, mental illness and the multiple problems arising with ageing. Systems concepts and their analysis with theoretical models will be exercised in their application to Medical Care. The use of case studies and of management games are appropriate at this stage of problem solving. The development of social policy, and the relations of the provider, the professions and the public in coming to decisions on the allocation of limited resources, are demonstrated concretely through meetings with senior administrators and visits to the services.

TEACHING METHODS

Teaching methods are largely informal as befits such a postgraduate course with a major vocational content. The principal element of didactic teaching is in the methodology of statistics. For other subjects, didactic teaching is used mainly to provide a frame of reference which is then filled in by more active learning, with emphasis on student participation. A substantial part of the timetable is scheduled for project work or private study.

Seminars, discussions, projects and symposia are used extensively. All these methods encourage members of the class to participate actively, contributing to social medicine their own previous clinical experiences and special skills.

The seminars and discussions provide a structured opportunity for active and critical learning of the present state of knowledge in different fields, while at the same time obliging the student to re-examine any views he might previously hold.

Project work allows individuals or groups to take the initiative and follow up particular interests, old and new, in greater depth. It should involve not only rigorous preparation, but effective presentation to the rest of the class and, in the case of group projects, the ability to work as a team.

Projects take a variety of forms, some require the preparation of a short situation paper or report on a particular subject, others are posed as problems of different kinds to be analysed, and yet others are organised as case studies or games simulating real life situations. Some require decisions for action in 3 days others within 3 hours. They are all focused on a practical, applied and integrated approach to it.

Symposia are used to cover selected topics of current interest (e.g. population policies, screening for disease, coronary care), giving the students the opportunity not only to hear the views of leading experts in these fields but also to join in discussion with them and to take the initiative in pursuing subjects in depth.

Particular importance is attached to communication, whether in discussion, verbal presentations, or written work, because by its very nature the work of the community physician depends critically on effective communication with both users and providers of health services. In addition to preparation for class presentations, a monthly essay is set and reviewed in tutorial sessions as an additional part of the process of continuous assessment and as a feedback to teachers on the effectiveness of teaching.

EXAMINATION

The first year ends with a written examination, Part I of the requirements for the M.Sc. degree, consisting of three papers. One combines social science with the organisation of medical care. It is an 'open' paper in which the candidates are given about two months to write their answers. Candidates can make use of any sources of information they wish. A maximum length is prescribed to encourage crisp writing.

Then there is a three hour essay. The subjects are given out several weeks in advance so that the candidates can make their choice and marshal their material, which again requires the synthesis of several parts of the course before coming to the examination room to write the essay.

There is also a conventional 'unseen' paper on statistics and the theory and practice of epidemiology.

Copies of previous examination papers are available in the Community Health Department.

THE SECOND YEAR

During the second year the student undertakes the planning, execution and writing up of a practical project. It is on the Report of the project, together with a viva voce based on it, that the Examiners assess the candidate's competence and award the degree of Master of Science.

The object of the second year is two-fold. Firstly, to provide the student with the opportunity of integrating the several disciplines and applying theory and knowledge acquired during the first year. The second purpose is to enable the student to carry out a study in depth in a field of his own choice, preferably relating to his future career and, hopefully indeed, contributing to it both professionally and academically.

It is not expected that the student coming to the course will have decided already on his second year project. New fields of interest will develop as the course proceeds and as the student is introduced to new disciplines in epidemiology, the social sciences, operational research, etc. However, an experienced postgraduate coming to the course might already have decided on his second year project.

About half-way through the spring term, when some feeling for the inter-relationships of the subjects of the course has developed, the class is briefed on the general outline of the second year and encouraged to begin thinking of possible areas of enquiry. There are no rules laid down as to what constitutes a 'good' subject, but it would be expected that it would be essentially medical in content, would require the application of the methods of epidemiology, and admit of sociological insights. It should have defined objectives and be practicable within the limits of the time and resources available. Above all, the subject should be one in which the student has a personal interest.

In the first instance the student should discuss his ideas with his personal tutor or Dr. Pharoah who may put him in touch with some other teacher or member of the School staff. The student will naturally undertake some exploratory and preparatory reading relevant to his proposed field of study.

Once the subject of the enquiry has been broadly determined, a Preceptor, who will guide the student in carrying out his project, is chosen. The preceptor is normally either a senior member of a university department or research unit, or of a service department with appropriate facilities and special interests for pursuing the enquiry, where the student will be based during the period of study.

A student is encouraged to put forward the name of a possible preceptor, but is not expected to be able to do so. Arrangements will be made for the student to meet his/her preceptor to discuss plans. If this meeting proves to be mutually satisfactory, the arrangement receives the formal approval of the School. These arrangements often are completed by the end of the summer term.

The second year commences nominally on October 1st when the student moves to his new base. The next two months are spent in preparing a detailed plan for the project and in framing and testing the necessary instruments for the enquiry, with the advice of the preceptor. The plan is then submitted to Professor Morris for approval - usually by the end of November - and should incorporate the following main headings:

Title

Background information which initiated the study

Objective of the proposed study - a clear and concise statement of objective(s) is the most important feature in the formulation of the plan

Population to be studied

Sources of information

SUMMARY: Outline of the study which should be readable on its own.

ACKNOWLEDGMENTS:

REFERENCES: (World list)

NOTE: The text of the Report should be 10,000 - 15,000 words, excluding summary, tables, figures and references.

The following papers may be helpful in the preparation of the Report:

1.	Lancet	Writing for the Lancet (no date)
2.	Apted, F.I.C.	Notes on the Preparation and Writing of Scientific Papers (mimeo, no date)
3.	Garven, H.S.D.	On the Writing of the M.D. Thesis: Scot. Med. J. (1959) 4, 386
4.	Calnan, J. and Barabas, A.	Writing Medical Papers - A Practical Guide, Heinemann, (1973)

Copies of 1 and 2 can be obtained from the Course Tutor. Bound copies of 3 and 4 are available for overnight loan from the Library.

The Report should be typed, preferably on A4 size paper, in double spacing, with a one and a half-inch margin on the left side. It should be adequately headed and sub-headed. Tables and Figures, each on a separate page, together with the references, should be collected at the end of the Report. The summary should appear immediately after the title page. The top copy should be bound.

Candidates should submit the top copy and first carbon copy for the examination. The carbon copy will be returned to the candidate after the examination.

In addition to the Report, the candidate will submit an article based on the whole or part of the project which is suitable for publication in a specified journal. This should also be typed on A4 size paper.

A list of second year project reports prepared by previous students is given at the end of this handbook. These reports may be borrowed from Room 35.

THE CLASSROOM

The classroom is No.256 on the second floor, overlooking Keppel Street. All teaching sessions take place there except when otherwise indicated on the weekly timetable. Each student is provided with desk accommodation.

The room is equipped with an overhead projector, a slide projector and panels for the display of visual aids and other teaching material.

Electronic calculating machines are supplied for practical work in statistics.

The timetable for the term, notices giving further details on the course, and announcements about special lectures given in the School and elsewhere are posted in the classroom.

Literature

Copies of some of the standard text books referred to in the course are available in the classroom, and a further selection is held in Room 35. The following publications are also supplied:

Annual Abstracts of Statistics
Annual Digest of Health Statistics
Registrar General's Annual Statistical Review: Part I
Registrar General's Quarterly Returns
Annual Report HIPE
Annual Report DHSS
Annual Report CMO, DHSS
Social Trends-Annual

Copies of Health Trends (DHSS) and the Scottish Health Bulletin are provided for each student.

Every week a portrait and a short biography of one of the pioneers whose names are carved on the outside of the building is displayed in the classroom.

PERSONAL TUTORS

Each student will be allocated to a member of the teaching staff who acts as his or her personal tutor throughout the first year of the course. The main function of the tutor is to act as the person of 'first resort' with whom the student can discuss personal matters and learning problems that may arise as the course proceeds.

The tutor does not normally provide personal tuition on the subject matter of the course, although he may do so, or arrange to put the student in touch with another teacher when such help is required.

Students are encouraged to discuss their plans for their second year with their tutors.

THE COURSE TUTOR

Dr. Chave, Senior Lecturer in the Community Health Department, is Course Tutor. His responsibilities include the organisation of the timetable and the day to day running of the course. He is available to meet the class to discuss the teaching programme or any other matters concerning the class as a whole.

Requests for leave of absence or notification of absence should be made to Dr. Chave (Room 144; first floor). He should also be notified of changes of address, particularly in the second year when contact is more difficult to maintain.

CLASS REPRESENTATIVE

Each term the class is asked to elect a representative who will act as chairman at class meetings and maintain liaison with the staff. In particular, the class representative is expected to keep in regular touch with the Course Tutor and Professor Morris. He also represents the class on the Dean's Consultative Committee which includes representatives of all the courses in the School and provides an opportunity for the discussion of matters of concern to the student body as a whole.

READING

Lists are provided throughout the course. These include books, reports, and other publications for general and background reading, for study in depth and for use in preparation for particular teaching sessions. Chapters, papers or articles of importance - essential reading - will be indicated by an asterisk. Most reading lists include relatively inexpensive paperbacks; a judicious selection of these, together with a few of the standard textbooks, will provide a good working library for the student.

The following books are relevant as "general reading", even before entry to the course:

BRADFORD HILL, A.	Principles of Medical Statistics
CHIEF MEDICAL OFFICER, DHSS	Annual Report, 1973
COCHRANE, A.	Effectiveness and Efficiency
ETZIONI, A.	Modern Organisations
KLEIN, J.	Samples from English Cultures, Vol.I
LANGLEY, R.	Practical Statistics
LOGAN, R.F.L. et al	Dynamics of Medical Care
MECHANIC, D.	Medical Sociology - a selected view
MORRIS, J.N.	Use of Epidemiology
ROBINSON, D.	Patients, Practitioners and Medical Care
TITMUSS, R.M.	Commitment to Welfare
For browsing and reference:	Social Trends, 1974 General Household Survey 1972
A good companion:	The Complete Plain Words, GOWERS/FRASER
And for a holiday "thriller":	Florence Nightingale, C. WOODHAM SMITH

Students are expected to keep an eye on a ("quality") daily newspaper and on the Lancet and B.M.J. The International Journals of Epidemiology and Health Services will be brought to the students' attention.

MISCELLANEOUS

Prizes

The Chadwick Trust Medal and Prize: Value £5:00 for the purchase of books may be awarded annually, at the discretion of the examiners, to the best student in the first year of the course.

The Sir Allen Daley Memorial Prize: Value £25:00 may be awarded annually by the Chadwick Trust, on the recommendation of the examiners, to the best student in the second year of the course.

Faculty of Community Medicine of the Royal Colleges of Physicians

An M.Sc. Social Medicine graduate is exempt from Part I of the examination for Membership of the Faculty; the Report of the second year may be presented in lieu of Part II of the Faculty examination. It is necessary to take the final viva voce for Membership.

Heath Clark Lectures

The Heath Clark Lectures rank among the most important of the many special University lectures, from the point of view of students in social medicine. They are given annually in the School, during the autumn term, by an invited speaker, the subject falling within the context of either Community Health or Tropical Medicine. The lectures are afterwards published as a book. Among the many eminent men who have delivered these lectures in the past thirty years are M. Greenwood, J. Mackintosh, H. Sigerist, Theodore Fox, Karl Evang, G.S. Wilson and P. Garnham.

The 1975 Heath Clark Lecturer will be Dr. J. Cravioto of the Mexican Institute of Child Welfare.

The Library

The School Library is open from 9.00 a.m. to 8.00 p.m. on Mondays to Fridays and from 9.30 a.m. to noon on Saturdays.

The Library contains copies of all the books and journals required for the course. Most of these can be borrowed for a week at a time, a few are restricted to overnight or weekend loan. Reference books, abstract journals, census and statistical reports may not be borrowed.

The Librarian (Mr. V. Glanville) and his staff are anxious to help students to make full use of the facilities provided by this fine library, and are available for consultation during library hours.

Mr. Glanville meets the class on the first day of the course to give an introductory talk and a tour of the library. This is followed about two weeks later with a second talk on bibliographies and sources of information.

Students will often come across articles of which they would like to have copies for their own use. A Xerox machine is available for making photostats, the cost of which (2p per page) is met by the student.

The extensive University of London Library in Senate House opposite the School is also available to students. This is a general library covering nearly all subjects studied in the University with particular emphasis on the humanities.

THE SCHOOL NEIGHBOURHOOD

Places of interest in the immediate neighbourhood include:

British Museum: Enter by the King Edward VII Galleries, Montague Place, the 'back door', but see also the fine portico at the front. The Museum houses the Elgin marbles, the Sutton Hoo treasure, Magna Carta, the Rosetta Stone, Codex Sinaiaticus and much more. Open from 10 a.m. to 5 p.m. on weekdays.

Royal Academy of Dramatic Art: 62 Gower Street. The students of RADA present a wide repertoire of plays in the Vanbrugh Theatre in Malet Street. Admission is through membership of the V.T. Club (£1:05p a year). Seat prices range from 10p to 40p. A good opportunity to see the rising generation of actors.

Dillon's (University) Bookshop: Malet Street, is always good for a browse and coffee in the snack bar downstairs. All paperbacks in print are available. There is a small medical section in the basement, but for medical books go to: H.K. Lewis (Medical and Scientific Bookshop and Library): 156 Gower Street, just north of University College.

The University has its own art collection, housed in the Courtauld Gallery, Woburn Square (adjacent to the Warburg Institute). The collection is small but a gem: the Impressionists, Manet, Monet, Cezanne, Gauguin, Van Gogh, Modigliani are particularly well represented.

For the connoisseur, the Percival David Collection of Chinese Porcelain, which also belongs to the University, is on display at 53 Gordon Square.

Russell Square: The gardens provide the opportunity for a snatch of the open air at lunch time all the year round - a (vigorous) walk round the circuit in winter, a stroll to hear the birds in the spring and a deck-chair in the sun by the fountains in summer. Quite delightful.

The garden opposite the front door of the School is also open to students in the summer; when it is locked the key may be obtained from the reception desk at Senate House.

Bedford Square can be admired as one of the few examples of 18th century town planning still remaining unspoilt in London. Note the original torch-snuffer and lantern bracket on No.17.

Finally, the Gower Street Vine thrives and even produces grapes on No.8 within a few yards of the School - a testimony to the clean air and sunshine now to be found in the heart of London.

There are numerous restaurants within short walking distance; several are inexpensive.

M. Sc. SOCIAL MEDICINE SECOND YEAR REPORTS

AUTHOR	TITLE
1970 - 71	
ADAM, C.	Risk factors and coronary heart disease
AGUALIMPIA, C.H.M.	Study of the determinants of personal health services use in Colombia
BEWLEY, Beulah R.	Children's smoking
BOYER, M.E.	The emergence of the present pattern of organisation and financing of medical care in Argentina
BROWN, A.G.	A survey of married female nurses
FORSYTHE, J.M.	Report on the gynaecology service in the Wessex Regional Hospital Board
GLEISNER, J.W.	Why admit to hospital? (A study of factors determining the admission of patients to a psychiatric hospital, 1970)
KEATING, D.M.O.	A study of the location of hospital services and their accessibility for patients' visitors
LEECE, J.G.	An outcome study of the repair of inguinal hernia
MELIA, N.P.	Trends in hospital admission (A study of four hospitals in the St. Mary's Hospital Group)
ROBINSON, R.B.	General practitioner medical beds in the area of the South East Metropolitan Regional Hospital Board
SIEGRUHN, G.C.	Some aspects of the efficiency of care of respiratory tuberculosis in a hospital region

1971 - 72

ALEMI, A.A.	The dilemma of medical care and health personnel training in Iran
ESSEX, B.J.	The social and economic aspects of schistosomiasis with reference to health planning in developing countries
GARRAWAY, W.M.	A follow-up study of a screening programme to detect unreported disability in the elderly
GENTLE, P.H.	The resource consequences of different patterns of provision of accident and emergency services
KEARNS, W.E.	The distribution of medical graduates between specialties
KITCHENER, P.	Health Accounting: A method of assessing and improving the quality of medical care delivered in primary care clinics using paramedical personnel
MARTINI, C.J.A.	Health indices sensitive to medical care variation (A step towards understanding the relationship between health services and health in Nottinghamshire and 3 adjacent urban areas)
ROBINSON, Judith	Infant cardiac catheterisation in London 1969-1971
SCHLICHT, J.	Dossers (A study of the St. Mungo community)
SPIES, J.A.	Spina bifida - The cost of survival
RUOCCO, Gloria	Obesity and respiratory disease in children

1972 - 73

BEAGLEHOLE, R.	Left ventricular hypertrophy and hypertensive heart disease in Evans County, Georgia
GRIEW, A.R.	Information systems in the health services: A study of operating needs in hospital management
HEISS, G.	Effect of social class on family aggregation of serum cholesterol values
MACFADYEN, D.M.	Health indicators
McDONNELL, H.	Some aspects of the experience of people migrating between Scotland and England and Wales
McNEILLY, R.H.	Blood usage - A medical audit: A study of the efficiency of the use of blood and a preliminary approach to the study of the effectiveness of blood transfusions
WHITE, F.M.M.	Epidemiological studies of respiratory disease
WOODCOCK, K.R.	A study of V.D. statistics
WILKIE, J.R	A study of day care in Essex

1973 - 74

CROWN, June M.	The health of school-leavers in Brent
DANTAS, U.P.	A study of the social and professional characteristics of doctors in Bahia, Brazil over the past two decades
DEAKIN, Christina M.L.	The use of casualty services by the population of North-East Adelaide
FORSTER, D.P.	A study of the General Household Survey and its application in explaining the relationships between morbidity, general practitioner use and social factors
GOLDACRE, M.J.	Bacterial meningitis in infancy and childhood in the North-West Metropolitan Region, 1969-72: A study of incidence and fatality rates, reliability of data sources, and medical care related to outcome
ISMAIL, Hazra	A study of children attending Inner London Education Authority Day Special Schools for the partially-sighted
LITTLEPAGE, B.N.C.	An investigation into isolated General Practitioner Maternity Units in the South West of England
MADELEY, R.J.	Information systems for general practice
McCARTHY, M.J.	Medical care of childhood leukaemia
PHAROAH, P.O.D.	An investigation into some factors affecting prematurity and its sequelae
WADE, Jennifer	Inclination to use birth control among unmarried girls - An exploratory study