

Book Reviews

offers a choice of *The Royal Alexandria Infirmary* (1988)—instead of Alexandria—or *The Royal Medico* etc., inaccurately dated as 1991 instead of 1989. The Glasgow Society's entry also points the reader towards Walker Downie (1907), for whom the reader will search the bibliography in vain; his 1923 volume on the Western Infirmary is there, but not his earlier history of the Society. T. B. Henderson, author of the Glasgow Dental Hospital history, is cited in the Dental Students' Association entry as Brown (1960), while the founder of Glasgow's Victoria Infirmary was neither Ebenezer (p. 168) nor Ebenezzer (p. 232) but Ebenezer Duncan. These failings are compounded by a less than helpful index, which offers no assistance in classifying societies by geographical location or by type—a reader interested in phrenology, for example, must painstakingly search from Aberdeen to Kilmarnock to find the names of the “Nine . . . phrenological societies” tantalizingly referred to on p. 73. While Part One offers a useful starting point for fuller appraisal and suggests a number of lines of enquiry, the overall slipshod approach does little credit to author or publisher.

Derek A. Dow, University of Auckland

HAMISH MAXWELL-STEWART, ALISTAIR TOUGH, JOHN HOPE MCCOLL and JOHANNA GEYER-KORDESCH, *Selecting clinical records for long-term preservation: problems and procedures*, Publication No. 5, Wellcome Unit for the History of Medicine, University of Glasgow, 1993, pp. 61, £3.50 (0-9511765-3-6).

Issues surrounding clinical records have concerned historians of medicine for some time now, and the Wellcome Trust recently supported a project to study possible selection procedures. This publication is a summary of its findings, and whilst based on Scottish records, sections I and II contain many useful observations of wider interest.

Section I covering clinical records and medical history is an excellent resumé of the development of modern patient record keeping. It analyses the current difficulties in managing these records, problems also faced with electronic summary data. Ironically, although the computer saves data more efficiently in a fraction of the space, it creates other problems, even more complex. For example, when data are converted into machine readable form, there is usually a subtle, but significant alteration, particularly in the case of diagnostic data, aggravated by inadequate standardization and classification. Thus electronic survey data cannot simply replace the hard copy record.

Section II covers the various options for preserving data, by depositing them in repositories, condensing them (i.e. by microfilming or optical disc technology), or weeding, selecting or sampling them. All of these have limitations, but sampling is inevitable. Hence the differing methods of sampling are clearly set out.

The GGHB opted for a “systematic sampling”, that is, taking records from the whole series at particular intervals, a process that can be speedily done if, as in Glasgow, the files are well arranged. The weaknesses of this approach (for example it will poorly represent rare disease categories or early cases of AIDS), are outlined. Thus a “backup” or series of “buttress” categories were also targeted for certain diagnostic groups. In addition, the available electronic summary data will be used to index a systematically derived sample back to 1961, which will allow complex searches combining variables, and this will be of value to epidemiologists also. Access to the computer data will be by pass word and it will be extended to cover future record creations.

Appendix I summarizes the recommendations for sampling and this might be a basis for a more general advisory guide for hospital administrators and archivists, which is badly needed. Some of the conclusions are perhaps less universally applicable by hospital administrators and archivists than they might expect. This is, to some extent inevitable, given that each hospital will have kept its patient records using different systems, varying amounts will have survived, and there may be other priorities facing those who need to select for preservation. The 5 per cent sample which may be appropriate for the Greater Glasgow Health Board may be considered grossly inadequate elsewhere. However, this publication shows how one health board has tried to find solutions. It will be good to have an update on progress, but in the meantime, others could well study these suggestions. Unfortunately the bibliography was omitted, but footnotes reveal a wide range of useful sources.

Julia G. A. Sheppard, Wellcome Institute