

Editorials

The Morbidity Survey—and After

Isolation from professional colleagues has often been quoted as characteristic of general practice, though with diminishing justification as the years go by. Even today, isolation still exists, and in several different ways influences the whole range of medical practice. There is the isolation of the country doctor whose practice is geographically remote from large hospitals and centres of learning, of the single-handed doctor who is unable to leave his practice to attend postgraduate courses, and of he whose patients' demands on his time make him 'too busy' to maintain outside contacts. Isolation can be of the spirit—a state of mind—as easily as it can be physical or geographical, and if it denies the doctor the continued stimulus of critical colleagues his standard of practice may set at a level upon which he does not improve.

The conduct of general practice in Britain does not lend itself easily to the kind of group work with which the student became familiar in hospital. There, the student was a member of a firm, and the firm itself was part of a team extending from the wise, experienced chief to the newly conjointed houseman. The team was a unit of the teaching hospital whose high standards and reputation each member was jealous to preserve; in it there was continued mutual criticism, friendly yet stern, and the doctors, both senior and junior, knew that their lapses would not go unnoticed. It is when he enters general practice that the doctor finds a lack of responsible criticism, a lack which the patient cannot possibly replace. Yet some discipline must take the place of the judgment of the doctor's peers, and it must, of necessity come from within.

Many doctors in the past, and more than ever today, are looking to research to meet this need. The design of even a simple piece of research to be carried out in one's own practice, and the effort required to accumulate conscientiously the material and information for this, are powerful incentives to closer study of the problems presented by each patient. Thus good work becomes better. Similarly, participation in a study designed by others, in which the observer is contributing to a greater whole, is a valuable discipline from without, approaching more closely the experience of hospital days.

Many of those who took part in the collection of material during the National Morbidity Survey, volume one of which has recently been published,¹ have said that the simple requirements of that exercise had a disproportionately good effect on their work because

¹*Morbidity Statistics from General Practice*, Vol. 1 (General), 1958, H.M.S.O., Price 15s. 6d.

of the fraction of extra attention required to record brief details of each attendance. Also a deep sense of satisfaction followed the year during which the practitioner knew that notes on every item of service had to be conscientiously made. It is so easy to forget to record extra visits made out of hours, or doorstep consultations so often introduced by the while-you're-here-Doctor formula. To the practitioners who took part in the survey the prospect of recording every single item of service must have seemed appalling, and it is to their everlasting credit that they accepted the challenge eagerly. The habit of recording soon grew upon them and a curious sense of incompleteness was felt when the extra records were no longer needed. The habit had become so firmly established in some practices that recording was kept up, using the same methods, long after the survey year came to an end.

This first volume of the report of the survey has been prepared by the Registrar General and his staff. The College is deeply indebted to Dr W. P. D. Logan and Mr A. A. Cushion for the immense amount of work that they have expended on this venture. Their advice and help have been invaluable, and unsparingly given at all stages of the project.

The report of the survey, which covers a population of 382,829 persons comprising the National Health Service lists of 171 doctors practising from 106 general practices, has been well received by the medical press. The information it contains is of interest to all sections of the profession. As the *Medical Officer* points out: "The negotiators at BMA House, for example, will be interested to learn that when the practice populations were compared with the corresponding Executive Council figures, it appears that the general practitioners were caring for some 9 per cent more patients than they were being paid for!" The *Medical Officer* is interested in the preventive aspects of the information provided. For instance, the seasonal incidence of non-notifiable infectious disease has never before been worked out on so large a scale, and we find that Bornholm disease was more prevalent in the summer and erythema nodosa in the winter months. Asthma was twice as common amongst boys as amongst girls, and the prevalence in childhood was higher than in any adult group. In these and in many other ways the report is a help towards the understanding of the natural history of many common diseases. The *Medical Officer* concludes its annotation by saying:

"We are tempted to think that the significance of this report lies not in the figures it has produced, valuable and unique though they undoubtedly are, but in the fact that it has been shown that there are many doctors in general practice prepared to undertake research at a personal cost in time and trouble. Given the requisite guidance and help, what fruitful investigations may not be undertaken in the future."

The principals in the observer practices and the statisticians of

the General Register Office, though they were unaware of it as they worked, were establishing a new method of observational research which has undoubtedly come to stay. Knowledge of the natural history of disease will continue to be derived from observations made by general practitioners all over the world. Methods will need to be developed, modified, and improved, but the principle will remain the same—the statistical interpretation of data collected by numerous, dispersed observers in general practice.

Perhaps the most obvious development of this first large-scale trial of group study will be the College Records Unit. This will be to the National Survey what the 'movie' was to the still magic-lantern slide. Progress in planning is slow, but it goes on steadily. Although the Records Unit's primary function is to be the continued study of total morbidity, its structure will be flexible and its capacity sufficient to allow experiments in method. Special studies may be carried out by those on the research register, and in these the unit's analytical capabilities will be brought into play; assistance, also, may be given to some outside the College whose research problems extend within the range of our observers.

Participation in the National Morbidity Survey was an act of faith fully justified by the course of events. To take part in the foundation of a Records Unit will be another adventure in medical research, a discipline which will help us to maintain high standards in our practices.

The Perinatal Mortality Survey

A Note on Progress

On November 12th, at a meeting of the steering committee of the Perinatal Mortality Survey carried out this year in England, Wales and Scotland under the auspices of the National Birthday Trust Fund, Dr Neville Butler, Director, reported on the progress of the survey. Co-operation had been on a national scale, and all teaching hospitals, all hospital management committees (with one exception) and all local health authorities (with one exception) had participated. Returns of completed questionnaires received at the survey headquarters up to 31st October had reached 95 per cent of the 18,005 notified live-births from 3rd–9th March and 91.3 per cent of the 8,316 notified perinatal deaths in March, April and May. Special arrangements made for detailed autopsy of all perinatal deaths during March resulted in centralization in one or more major centres in sixteen out of nineteen regional hospital board areas, the remainder being done locally. It was known that at least 85 per cent of the 2,700 notified perinatal deaths in the month of March received autopsy at special centres: a remarkable result in view of the distances involved (in some cases up to 60 miles) and the unusually severe weather experienced in that month. Transport arrangements ceased at the end of March, but nearly 2,000