

Editorials

CLUSTERS

THE phenomenon of clustering occurs when illnesses of identical or similar character occur in relationship with one another. Epidemics of infectious disease exemplify the principle and an outbreak of measles produces a cluster of cases in both space and time.

The definition of clustering is now becoming wider and may be extended to the occurrence of a number of cases of a disease related to a common cause rather than to another case. Much less is known about this. This aspect of spatial clustering occurs when those living in a localized environment are exposed, simultaneously, to a hazard factor and an outbreak takes place. This may be infective, as in the classic instance of Snow's parish pump, or toxic as when workers in an industrial chemical process may be simultaneously affected from faulty apparatus.

When temporal clustering occurs a series of occurrences takes place at a greater frequency than would be expected were the occurrences truly random. Such a series would have a spatial quality as well and a hypothetical example might be that of a village in which seven cases of leukaemia were found in a decade whilst three neighbouring villages produced two cases only over the same period.

Irregular occurrence of the major infectious diseases is, on the whole, well documented. Generations of public health workers have seen to this, but less work has been done on conditions of lesser severity and where evidence to suggest periodicity is less obvious. Such conditions may be those of middle and later life and the hazard factors which may contribute to their cause may be completely unrecognized. Rheumatoid arthritis, diabetes, multiple sclerosis, cancer and a number of other conditions have been suspected as showing abnormalities of incidence and prevalence.

In investigating such occurrences recognition is the first essential. There are no hard and fast rules and an 'epidemic' cannot readily be defined. As good a criterion as any is that the phenomenon seems unusual, unexpected or in some way odd, to a responsible observer at some stage in its occurrence. This is where general practitioners come in for there are no trained observers better placed to note the suspicious or the unusual.

Modern scientific investigation of natural phenomena is becoming increasingly effective and accurate measurements of different aspects of, say, environmental pollution by human activities, are now possible. Human response to human contamination of the environment may well show the cluster phenomenon and if we are alert we may observe it. There may be many false starts and apparently related irrelevancies, but from consideration of clusters we may move towards earlier recognition, and, logically, towards true prevention.

The Research Unit would like to hear from any practitioner who comes to suspect unusual patterning of illness which he meets. In the first instance little more than the

bare bones of the story may suffice—‘three houses out of four in a row where patients have diabetes’; ‘since I have been in the practice we have had four patients with multiple sclerosis and three worked at the sawmill’. It is from such observations, which smack of folklore as much as of responsible epidemiology, that larger and more coherent patterns may be built up. Those reporting occurrences, no matter how bizarre, may later be asked to follow up their first report by providing more detailed information. It may well be that certain features will recur in reports on a given condition and from these a questionnaire may be derived which can be applied to future instances of suspected clustering, and modern computer technology, just round the corner, may lead us to recognition of causes of which we are now quite unsuspecting.

PRACTICE ORGANIZATION EXHIBITION

Any doctor who has half an hour to spare in London should visit the Royal College of General Practitioners at 14 Princes Gate. The Practice Organization Committee have recently re-organized the exhibits, and have a display of some of the achievements of modern general practice, particularly the ‘Practice Book’.

One of the main shortcomings of general practice for the practitioner is his inability to compare his experience with that of his colleagues on buildings, organizational methods, and deployment of staff. Some manage to visit other practices, but this is a time consuming occupation demanding much effort even if they should know whom to visit. To remedy this, the committee have endeavoured to paint a word picture of a number of general practices, illustrated if possible by photographs and plans. The description is of the practitioners, their organization and method, their work-load and the general pattern of their week with off duty and rotas outlined. The internal organization of the staff and attached staff is described, their equipment and the physical environment in which they work. This has been done by the co-operation of a number of highly-organized doctors in filling in questionnaires, and the committee are most grateful for their help. It is proposed to update it each year, and any offers or suggestions for further practices to be included in the Practices Book would be most welcome. The purpose of the Practices Book is to hold a mirror up to general practice, so that all interested doctors can see the style of current practice.

Also in the room is a small exhibition, changing about every two months which highlights various aspects of general practice, with particular emphasis on its organization.

The Practice Organization Committee rely heavily on the goodwill and continued interest of all doctors, and would be delighted to welcome you to the exhibition, and even more pleased to hear your suggestions for its improvement. General practice is in a state of development at the moment, and this type of exhibition preserves the best of the traditional approach to general practice as well as showing the newest facets in its progress.