

principles as laid down by the Royal College of General Practitioners. He has held high office in the North Scotland Faculty of the College almost continuously for 12 years. He has been the driving force in organizing meetings of practitioners and has encouraged not only good medical practice but a warm camaraderie amongst the practitioners in the north of Scotland. Without him, the North Scotland Faculty would not be in its present good state of health.

As a member of the North Scotland Faculty he held the following appointments:

Provost and Chairman 1963-64; Vice-Chairman 1965-67; Council representative since 1957; Scottish Council representative (*ex off.*) since 1957; Regional General Practitioner

Adviser 1969-70; Member of Board of Censors 1966-69.

YORKSHIRE FACULTY

A meeting under the chairmanship of Dr A. U. Mackinnon for all interested in medical history will be held at the University of York on Saturday 24 October 1970, at 2 p.m.

Speakers:

DR D. A. FURNISS. *Medicine in colonial Virginia.*

PROFESSOR E. SIGSWORTH. *The contagious Diseases Acts in the mid-nineteenth century.*

Further details can be obtained from Dr G. W. C. Johnson, 41 Harlow Oval, Harrogate.

FACULTY REPORT

The Australian Midland visit, 22-24 April 1970

Our stern alarms changed to merry meetings. Richard III i. i. 7.

From the liberality of the sommelier of the University Staff Club on Wednesday evening, to the final curtain call of 'Richard III' at Stratford on Friday, the Royal Australian College's visit to the Midland faculty was an acclaimed success. In the depths of winter two principles were established at the onset of the planning which were handsomely justified in the results. First that the scientific content was on one theme which, not unnaturally in the faculty housing the Records and Statistics Unit of the Mother Royal College, was a research seminar. Secondly, that hospitality was to be on a home basis, rather than centred in hotels or halls of residence to allow informal personal arrangements, rather than one set programme. Even before the Australians left home, hosts had been matched to guests (producing problems similar to finding controls in a trial) to enable contacts to be made. Individual preferences expressed in advance allowed the stay to be more tailored to especial interests, although one doctor farmer, listing 'cattle breeding', necessitated a series of enquiries. At the opening reception, host-guest pairing behaviour resembled adults playing some children's party identification game; overheard snatches of conversation sounded like 'happy families', "Have you seen Doctor X", "No but I've met Mrs Y". The Birmingham University Staff Club situated in an expanding campus confirmed its reputation for excellence so that what little reserve had existed rapidly dissipated as those who had formerly only corresponded became acquainted; one eight-year-old host was heard nonchalantly chatting up a similarly aged Australian girl on kangaroos, whilst elders and betters were still on the safer topic of the weather. Exits from the reception were, like the Ark, in two by twos, as hosts navigated guests through Birmingham and beyond, the husbands alone returning next day for the research meeting leaving behind wives in peace unencumbered by masculine medical conversation.

An honest tale speeds best being plainly told. Richard III iv. 359.

The research seminar was held in the New Birmingham Maternity Hospital; a familiar venue to the home team, but was of interest to some Australians (who had emigrated when the Health Service reached its nadir for general practitioners) to find a brand new teaching hospital

which had a general-practitioner obstetric unit under the same roof as professorial and consultant suites. The programme covering research in general practice gathered together speakers already well known to all, at least in print, but each developing his individual approach to the common theme. DONALD CROMBIE spoke first on "Diagnosis and recording", leading with disarming simplicity from the original initial optimism to the evolution of present well-tryed basic premises with a critical reappraisal of what was definable and what was feasible. How to lead from the ivory tower of academic detached debate into the dusty pathways of Friday evening surgery where the recording has to be done; how to classify the unclassifiable using 'GOK' without recourse to spurious pseudo-academic accuracy or retreat into nihilism. How day-to-day recording on a simple methodical basis united in a disciplined system could plot the development of an influenza epidemic while the medical establishment were still denying its possibility. Dealing with simple but profound principles he traced recording back to ancient tally sticks and cunciform script on tablets of stone reminding us that methods alter little as man continues to change from listing and counting to diagnosing and recording.

The other opener most appropriately was ROBIN PINSENT on "Projects and problems". He developed the theme that the research worker in general practice started from simple sorting of everyday problems and had far greater affinities with workers in other fields outside medicine than the disease-orientated hospital research unit. Problems could be seen from the microcosm of virology to the macrocosm of merology with the chance of co-operating with geologists, soil scientists, ecologists, as well as the more conventional allies in sociology or statistics. Research started with counting the numbers in a morning surgery, and could proceed up to the complexities of multi-observer trials with booklets of instructions. Problems could be viewed through the eyes of others; white muscle disease in New Zealand affects all animals, except man, being caused by absence of selenium; perhaps some similar disease could be masquerading in man under a more conventional title.

Last in the morning was CLIFFORD KAY who spoke on "Why and how to study pill taking". This unfolded as a story of brilliant technocratic research; analysis of systems, pilot studies, working out problems of methodology, definition, distribution, and even work-load tolerance with behind it all the slave computer of little original brain but great memory and appetite for work. The distance from the pioneers of general-practice research seemed as far as from the Wright Brothers and Bleriot to the electronically-monitored, minutely-planned flight of the jumbo jet. Forms familiar to many English practices were explained to the visitors and the ritual of selecting controls, recruiting, and observing was spelt out. The first results revealing the significant difference in smoking habits between takers and controls was an early unexpected encouragement: support and enthusiasm had remained higher than predicted before, and after listening to the painstaking meticulous approach combined with Dr Kay's personal attitude to his 1,500 co-workers the reason for this was plain. The morning speakers joined in a panel with MRS P. JONES of the Records and Statistics Unit, which was a just tribute to how the success of practice research relies on the good humour, interest, and perseverance of ancillary staff. Over lunch a display illustrating research methods and techniques had been mounted by the Records and Statistics Unit.

After lunch DR G. I. WATSON, the chairman of the research committee of Council and director of the College's Epidemic Observation Unit, spoke on "Virological research in Britain". The physician in the community alert to local epidemics could plot their spread and provide the virologists with material rarely available in hospital. At the same time closed communities, coexistence of other diseases such as zoster and varicella, or the chemo-prophylaxis of influenza were all within the scope of practitioners to puzzle out. Before the research project was formulated ideas needed generating to produce hypothesis. Koplik had to observe the first spots before he confirmed their relevance, whilst Pickles had opened new fields without statisticians, epidemiologists or assistance, save that of his wife. Basic thinking on ill health may come more easily to those involved with the full range of all disease, and all ages studying them in their well known background. The chairman of the research committee was followed by the secretary, DR W. O. WILLIAMS, who spoke on "Research and the M.D. thesis". A voice from the principality expanding his original article in the *British Journal of Medical Education*: Less than five per cent of M.D. theses came from general practice and those which did, came 15 years on average after qualification, when the authors were at the age of 40. This was at variance with theses from hospital doctors, but its value was great as few stopped contributing at the M.D. and

continued to investigate and publish; only one general practice M.D. out of 47 studied had emigrated, but even that was to a professorial post in general practice in Canada. It was urged that more encouragement be given to the younger doctor and variations between universities were noted. By precept the point was taken that research is not an activity confined to small-list home counties practices, nor to some rural arcadian practice, but could emerge from the Welsh valleys, as did the work load survey. If the secretary came from Wales, a treasurer from Scotland was a fitting last speaker. DR EKKE KUENSBERG was wearing his secretary-treasurer hat of the Research Foundation Board to speak on "Money for research". The board acted as broker to projects assessed as suitable for funds. From its own resources it could prime the pump to provide funds for pilot studies; collecting support from a variety of sources it also acted in an advisory capacity to the individual project effecting introductions to other grant making bodies, such as the MRC and the charitable trusts, or to the scholarship granting bodies. The Research Foundation Board combined the talents of business and money management with a wide range of general practice, and its strength lay in the wealth of experience available, contacts made and concentration on a single objective to fund worthwhile research. Earlier in the day an Australian visitor had mentioned how problems had arisen in their pill survey, including the degree of involvement of drug companies with their financial support. As the day progressed formality disappeared and the meeting had become like a senior common room discussion. The threat of political negotiations 'down under' caused some Australians to move from questions of funding research to that of funding health services. As in the best galas, as an encore, an expert brief exposition was given on the doctors charter and its financial and organizational implications. Practical and immensely experienced advice was given which could only be given by one who had been intimately involved in the negotiations at the highest level, told with the zeal of a soldier recounting old battles, rather than the factual dryness of the historian. In the discussion speakers merged with the audience, and it was apparent neither hemisphere had a monopoly of problems, nor a dearth of enthusiasm. Small international groups were seen discussing common problems, even after the end of a day of recapitulation and encouragement to stimulate the most travel-weary guest or practice-bound host.

Friday was a leisured day without commitment, till dinner at the Shakespeare Hotel, followed by 'Richard III'. Some spent the day renewing old friendships, some cementing new acquaintanceships: others visited beauty spots, historical sites, or local industries, and several hosts acting as guides realized guiltily how they had neglected what existed locally; some fished, some golfed, others messed about in boats; practices were visited, and postgraduate centres admired, till all roads led to Stratford in the evening. An informal dinner with separate tables: The vote of thanks both elegant and brief, with a post-prandial stroll to the Memorial Theatre. 'Richard III' in its savage brutality with stark simple setting, and discordant music, was a worthy finale, Norman Rodway's psychopathic vigour as mis-shapen Richard led a well balanced cast in a memorable performance. True the medical observer might wonder on the technical explanation of how "Dead Henry's wounds open their congealed mouths and bleed afresh" in the presence of his murderer. The impact was of dramatic excellence of a high quality and a fitting end to three days' entertainment enjoyable to both hosts and guests alike. It was a culmination of the work of many but chiefly of Robin Pinsent; honorary member of the Australian College and pillar of the Midland Faculty who steered events from the first plans to the final farewells in the theatre foyer. Finally, as always, the unobtrusive but magnificent generosity of Messrs Geigy and their imperturbable representative MR RUFF for their organizational and financial support to "... entertain these fair well spoken days . . .".
