

an official blessing. This has now been provided by a memorandum published by the Department of Health and Social Security entitled *Community Hospitals: their role and development in the National Health Service*.⁶ Issued mainly for the guidance of Regional and Area Health Authorities it is "issued in a form aimed to secure a wider readership", which presumably means that it is easier to read and understand than most of the Department of Health and Social Security circulars in the past two years. The concept of the Community Hospital, as it was developed by the Oxford Regional Hospital Board, forms the basis of the memorandum.

It has, of course, been published at a particularly unfortunate time financially, but it deserves a wide readership. It should be possible in the future to look back at its publication as an important milestone in the development of medical care.

REFERENCES

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A NEW REFERENCE LIST FROM GENERAL PRACTICE

PUBLISHED work reflects the attention which a sphere of research receives. The story is usually consistent. New knowledge in a particular field attracts research workers who at once feel the need for a medium through which they can exchange observations and ideas. The first papers appear in the major journals whose editors span the whole range of medical progress and which can accommodate only a limited amount of material from each specialty.

Then the specialist journals are born, some of them devoted to quite limited fields, often the house journals of some society or association of members who share a common research interest. There are almost as many specialised journals as there are specialties, some old and some new, some with large circulations, others with small. They do not, of course, have the monopoly of published work in their field for there will always be new facets of wider interest which are placed with the 'general' journals.

Has this happened to general practice? Yes, in mighty measure. The publications of the pioneers, from Mackenzie to Pickles were in the general interest journals and with the foundation of the College these began to feel the pressure of new work. The *Journal of the College of General Practitioners* came into being with others hard on its heels. The controlled circulation journal was introduced and the publication explosion in general practice gathered momentum. Monthlies were followed by weeklies, partly concerned with politics and medical news; these also drew strength from published research work.

We can form some idea of the extent of this now world-wide phenomenon from the bibliographies produced from time to time by Miss Hammond, the College Librarian. These bibliographies now cover a definite period, and include not only research by general practitioners themselves but also work done in general practice by others. Every issue is larger than the last, the current list requiring two volumes, for the third edition, covering

the period 1968–1973, has an author index of over 100 pages and a subject index almost twice as large (Royal College of General Practitioners, 1974).

A quick count shows that the work of just under 500 doctors in general practice is catalogued with maybe as many papers from others who draw on the resources general practice can offer. The list illustrates another characteristic of the College and its faculties for 58 papers have been published in its name, many without a named author. There is something essentially right about this and it is interesting to see that the same pattern has been taken up by the Royal Colleges in Australia and New Zealand. Work by doctors in many countries on both sides of the Atlantic, is included, steadily increasing in volume as university departments of family medicine come to active life.

We wonder if any other field of medicine, however long it has been established, could produce comparable evidence of its research activity in the last five years. Not every paper recorded is of the highest quality, since many of those contributing admit to their amateur status and lack formal research training. Long may this be so, for however academic departments may grow and prosper the inspiration and observation of the independent research scientist in practice will always find its place. Many papers, however, can be matched against those of the professionals in other fields of science anywhere.

Miss Hammond and her colleagues on the staff of the College Library do us, and medicine, a great service in monitoring the surge of work which is now going on and this selected bibliography will be in great demand from research-minded doctors and academic institutions all over the world.

REFERENCE

Royal College of General Practitioners (1974). *Research Projects by General Practitioners 1968–1973*, Volume 2. Available from 14 Princes Gate, Hyde Park, London SW7 1PU, price £2·30p including postage.

ETHICS OF EXPERIMENTAL THERAPEUTICS

... No experimental method of treatment may be ethically employed except under such conditions that valid conclusions may be drawn. 'Informed consent' of the patient is not enough and committees on human experimentation should carefully consider experimental design as well as risk. This stricture applies regardless of whether the study involves the latest remedy to prevent sunburn, to alleviate 'acid indigestion,' or to cure paraplegia by transplanting a segment of spinal cord.

The Committee on Editorial Policy of the Council of Biology Editors has prepared a strong statement on the editor's responsibility for the maintenance of high ethical standards in research and treatment in man, but apparently did not consider the questions raised in this editorial.

If all editors of established medical journals refused to publish articles concerning new methods of treatment from which valid conclusion cannot be drawn, therapeutics might advance more rapidly, the time of many investigators would be spared, printer's ink would be saved, and most importantly, patients would not be subjected to costs or risks in futile experiments.

REFERENCE

Strauss, M.B. (1973). Editorial, *New England Journal of Medicine*, **288**, 1183-1184.