Annual symposium 1974

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The annual symposium of the College was held on Sunday 17 November 1974 in the Wellcome Foundation Building, London. On this occasion it was the turn of the Research Committee to organise the meeting and the title of *Research in general practice—a clinical stimulus* was chosen. The presentations of all the speakers indicated that clinical research of the highest quality is not only possible in general practice, but provides a stimulus to the doctor which in turn benefits his patients.

Dr E. Hope-Simpson

Dr Edgar Hope-Simpson (Cirencester) spoke on *The nature of acute respiratory infections.* Each of us suffers, an annual average of seven respiratory infections commonly caused by rhinoviruses, enteroviruses (coxsackie A & B), adenoviruses, " myxoviruses " (influenza A & B, parainfluenza 1, 2 & 3, respiratory syncytial), and beta-streptococci. Most pathogens have a preferred anatomical location.

The sick increase and decrease in number inversely as the seasonal temperature, one per cent change difference for one degree (Fahrenheit). " Myxovirus " infections alone favour the colder months—perhaps the seasonal influence alters their molecular structure.

Influenza A virus survives long " virus-free " inter-epidemic intervals, the age of those attacks is almost indiscriminate, intra-household spread of viruses is feeble—findings suggesting virus latency with reactivation by the seasonal influence.

The year-long journeys of the earth round the sun cause the regular cycle of changes in plants and perhaps the cycle of Influenza A and of other " myxoviruses ".

Dr J. Howie

Dr John Howie (Aberdeen) discussed *The treatment* of *respiratory illness.* Developing a quotation from *The Future General Practitioner—learning and teaching.* " The decision whether or not to give an antibiotic is a daily problem ", this contribution examined three faces of antibiotic prescribing in respiratory illness, each with a wider general application.

The first question was whether the present wide variation of prescribing behaviour represented an acceptable image for general practice and asked at what point clinical freedom becomes an embarrassment.

Secondly, the hypothesis that decisions on management may be independent of decisions on diagnosis was shown to allow fresh analysis of prescribing with identification of several agreed indications for the use of antibiotics.

Finally, a comparison of the effectiveness of " consensus " and research-based teaching—the first appears more effective—was presented and discussed.

Dr D. Brooks

Dr David Brooks (Manchester) presented a paper in which he discussed some of the ways in which the recent history of urinary tract infection has illustrated the real difference between hospital medicine and general-practice medicine, brought about by different diagnostic services and the study of different populations. He presented the results of a four-year study of symptomatic urinary tract infection in childhood in general practice emphasising presentation, significance, and outcome. He reported an incidence of 7·7 per 1,000 girls at risk per year and 3·8 per 1,000 boys at risk per year. Proteus infection was commoner in boys than girls. Initial assessment seemed to indicate a lower incidence of underlying abnormality such as pyelonephritic scarring and vesico-ureteric reflux than has been reported in hospital studies.

Dr Dewi Rees

Dr Dewi Rees (Llanidloes) discussed *Bereavement and its management* based on a study in his own practice. He identified the significant aetiological factors, the clinical symptoms (including the development of hallucinations which on the whole are a comforting manifestation), and the sympathetic management of this often neglected subject.

Dr G. Lloyd

Dr Gareth Lloyd (Manchester) opened the afternoon session on the subject of *Uncollected prescriptions*. Many patients who suffer chronic illness need to take medication on a continuous basis for long periods. Such medication is obtained by the patient by means of a regular prescription from their National Health Service general practitioner. It is customary for each repeat prescription to be issued for quantities of drugs adequate for one month of treatment. This system lends itself to an evaluation of the acceptance of medication by patients by a simple count of prescriptions collected.

Comparisons can be made of variations in prescription collection according to patient's sex, age, illness, number of drug items, number of drug doses per day and other measurements. The method is cheap and, with careful recording, accurate.

An observation of almost 500 patients, in a single National Health Service practice over a 12 months, showed that 48 per cent of monthly prescriptions were not collected. There was no significant difference according to sex, or social status. Women in the age group 25–40 showed a substantially increased failure to collect prescriptions. With the exception of single-dose drugs taken at night (mainly hypnotics), there was no significant difference between patients taking one, two, three or four doses a day. The number of drug items did not affect collection. The pattern of failure to collect prescriptions during a twelve-month period varied between patients, but had characteristics which suggested that patients 'self-titrate' their medication. Minor seasonal variation in prescription collection was not adequately explained.

A group of patients in the study subjected to considerable increase in clinical intervention fared no better with regard to prescriptions collected than a control group. In the results of the study it is shown that observation of a large group of patients needs to continue for not less than nine months, if reasonable evidence of failure is to be achieved. The method used could readily be used by other practitioners with the evaluation of differences between practices or varying parts of the country. There are also implications in terms of interpreting patient response to treatment.

Dr I. Williams

Dr Idris Williams (Bolton) presented the findings of *A survey of old people in general practice*. His paper described a research project in general practice and showed how the results had modified the primary health care offered to patients. The initial project involved screening 297 patients of 75 years of age and over. A large number of unreported needs, both social and medical, were found in this group. A follow-up study undertaken a year later showed that the screening had been worthwhile in about 20 per cent of the cases. In some instances, however, the rate of improvement was much higher. Most old people when asked said that the project had helped them. It was concluded that such screening exercises are probably worthwhile and therefore it was considered that screening clinics for the elderly should be incorporated into the practice organisation.

Dr W. O. Williams

Dr W. O. Williams (Swansea) concluded the formal presentations with a description of his study on the *Opportunities for an M.D. thesis from general practice*. He was despondent that such a small number of general practitioners (about 15 per annum) proceed to the M.D. degree. He made an impassioned plea that many more general practitioners should face up to this admittedly stiff challenge as the discipline learned and the sense of achievement enjoyed on successful completion of an M.D. thesis was a rewarding human and professional experience.

It is interesting to note that the presentations of most of the speakers were based on their own M.D. thesis. It is also interesting, if not a little surprising, that this was the first year that all the contributors to the annual symposium of the Royal College of General Practitioners were general practitioners!

Dr J. Fry

Dr John Fry contributed greatly by his penetrating summary of the proceedings.

Ample time was allowed for discussion which proved to be vigorous and of high quality. It needed skill on the part of the President of the College, Professor Byrne, and Chairman of Council Dr Lawson, chairmen of the morning and afternoon sessions respectively, to maintain the punctuality of the meeting, a factor which is so often sadly lacking.

The success of the symposium was shown by the fact that almost all the 160 doctors who were present at the beginning of the morning session were still in their seats at the end of the day!

Acknowledgement

It is a pleasure to acknowledge the generous support given by the Wellcome Foundation to this Symposium, and by Mrs Joan Mant and her cheerful and efficient band of volunteer helpers from the headquarters staff of the College.

THE TREATMENT OF DRUG OVERDOSAGE WITH NALOXONE, A SPECIFIC NARCOTIC ANTAGONIST

Naloxone is a potent narcotic antagonist which is devoid of agonist activity. Nine patients with narcotic analgesic overdosage recovered consciousness immediately after the injection of 0·4 to 1·2 mgm of naloxone given in divided doses over three minutes. There was a striking increase in respiratory rate and volume accompanied by a rise in systolic blood pressure, and dilatation of the pupils. In contrast, naloxone did not produce any change in the level of consciousness, respiration, blood pressure, pulse rate or pupil size, in 13 deeply unconscious patients poisoned with a variety of non-narcotic central nervous system depressants. Unlike nalorphone, naloxone utterly reverses the effects of pentazocine and has no intrinsic respiratory depressant activity.

REFERENCE

Evans, L. E. J. *et al.* (1973). *Lancet*, **1**, 452–455.

ASSOCIATION BETWEEN ATHEROSCLEROTIC DISEASES AND CARBOXYHAEMOGLOBIN LEVELS IN TOBACCO SMOKERS

In a cross-sectional study carboxhyaemoglobin (COHb) levels in tobacco smokers were found to provide a better indication of a person's risk of having developed certain atherosclerotic diseases, including ischaemic heart disease, than the smoking history.

In the age group 30–69 years a person with a COHb level of five per cent or more was found to be 21 times more likely (lower 95 per cent confidence limit 3·3 times) as likely to be affected by these diseases as another person of the same age and sex with similar smoking history and current smoking habits but with a COHb level of less than three per cent.

REFERENCE

Wald, N., Howard, Susannah, Smith, P. G. & Kjeldsen, K. (1973). *British Medical Journal*, **1**, 761–765.