

Table 1. An example of an activity analysis showing method of counting.

Age	0-4 years					5-14 years					15-64 years					65 + years				
Erythromycins	1 6	2 7	3 8	4 9	5 10	1 6	2 7	3 8	4 9	5 10	1 6	2 7	3 8	4 9	5 10	1 6	2 7	3 8	4 9	5 10

5, 12, 3 and 0 prescriptions for erythromycins in appropriate age-group boxes.

It is not, of course, necessary for all readers to undertake each individual analysis in this series, but we hope that the readers of this *Journal* will join in as many of the different analyses as possible.

Additional copies of the pro formas can be obtained from the Birmingham Research Unit of the Royal College of General Practitioners, at 54 Lordwood Road, Birmingham B17 9DB. These can be used for colleagues, partners, or trainees who do not at present receive the *Journal*, and for other follow-up analyses in the practice. Once the Birmingham Research Unit has received the results they will be analyzed and the collective scores published in later issues of the *Journal*.

This series is intended to be an educational project rather than a research project. We believe that the greatest value will come if those doctors who have

participated, after comparing their results with colleagues, discuss them in peer groups inside the practices or in postgraduate centres.

The other titles in this series will be: the Choice of Antibiotics, Investigation Procedures, the Use of Psychotropic Drugs, Referrals to Specialists, and a Visiting Profile.

We hope that a great many practitioners from general practices of all sizes will respond. The bigger the response, the better the results will be.

Acknowledgement

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Trends in national morbidity

MUCH of the information about the kinds of sickness experienced by people is based on analyses of patients admitted to hospital. For some conditions and procedures hospital-based information is ideal, and reports such as the *Hospital Inpatient Activity Analysis* are important sources of data for those interested in the organization of health services.

However, of equal importance are the conditions which take people to the point of entry to the health services, in Britain, to general practice. In 1955-56 the Records and Statistics Unit of the Royal College of General Practitioners and the General Register Office pioneered in the First National Morbidity Survey one of the most important pieces of collective research in general practice ever carried out in the world. Exploiting the unique advantage in Britain of precisely defined practice population, the Morbidity Survey organized a team of general practitioners and recorded every episode of illness presented to these general practitioners during a year.

Inevitably, such a study had to face tremendous problems of definition, classification and recording, and considerable advances were made in the whole science of collective investigations in general practice through the experience and skill developed by the

Birmingham Research Unit in that study.

Having completed it, however, not only were the results of considerable interest, but they formed a natural baseline against which future changes in the use of general practice and in the patterns of illness as perceived by patients and by doctors could be judged.

The Second National Morbidity Survey was organized by the Birmingham Research Unit, in conjunction with the Office of Population Censuses and Surveys and the Department of Health and Social Security. Whereas the first study took place in the years 1955 to 1956, the Second National Morbidity Survey covered the years 1970 to 1971, and the results have been published (Royal College of General Practitioners, Office of Population Censuses and Surveys, and the Department of Health and Social Security, 1974).

What is now of special interest are the differences which have emerged in those 20 years, and especially the trends which are emerging, which may be guidelines to future patterns in general practice.

We are therefore pleased to publish *Trends in National Morbidity* as *Occasional Paper Number 3* in our new *Journal* publication series. This 41-page booklet analyzes in detail the trends that have emerged from a comparison of these two morbidity surveys, and

identifies some important developments. It is most encouraging, for example, to have factual evidence that general practice really is absorbing preventive medical procedures, and to note that "in particular, in vaccination, immunization and prophylactic procedures in general there has been a marked increase in rates".

This survey shows that the episode rate per patient at risk rose from 1.33 to 1.62 and that the consultation rate per person at risk fell from 3.75 to 3.01 in these highly selected practices, a fall which is consistent with the decline that has been reported elsewhere (Royal College of General Practitioners, 1973).

One disturbing question emerges from this report. Is it true that a growing number of patients are bypassing general practice altogether to receive hospital care directly? These and other questions await the result of

further studies, but in the meanwhile *Trends in National Morbidity* is a useful document and can be obtained now from 14 Princes Gate, Hyde Park, London SW7 1PU or from the *Journal* office, 9 Marlborough Road, Exeter EX2 4TJ, or from the Birmingham Research Unit, The Royal College of General Practitioners, Lordswood House, 54 Lordswood Road, Harborne, Birmingham B17 9DB, price £2.25 post free.

References

- Royal College of General Practitioners, Office of Population Studies and Censuses, and the Department of Health and Social Security (1974). *Morbidity Statistics from General Practice*. London: HMSO.
- Royal College of General Practitioners (1973). *Present State and Future Needs of General Practice. Reports from General Practice No. 16*. London: *Journal of the Royal College of General Practitioners*.

Medical sociology and general practice

AMONG the more important changes which have gradually been taking place in the undergraduate medical curriculum has been the increasing emphasis placed on the discipline which is now coming to be known as medical sociology.

However, most of the doctors now in the hospital service and in general practice did not, at least in their undergraduate training, receive much teaching on this subject. It was, in fact, only about ten years ago (General Medical Council, 1967; Royal Commission on Medical Education, 1968), that official bodies began to recommend the study of this subject for all future doctors.

In parallel with this acceptance has been a rapid expansion of departments of sociology, and especially of medical sociology in different parts of the British Isles. Among the centres most well known to general practitioners are those at Bedford, Aberdeen, Swansea, and the Institute for Social Studies in Medical Care, in London.

It is, however, sadly true that some doctors not only still confuse the academic discipline of sociology with local social services departments, but consider that both spend far too much time 'doctor bashing'. It is certainly true that many of the research findings of sociologists have been sharply critical of the quality of care provided by the health services, and perhaps general practice in particular. But general practice itself is undergoing rapid change and is now more than ever before concerned to identify its own deficiencies, and turning increasingly to objective analyses and audit precisely for the purpose of finding out where improvements are most needed.

Tired and angry doctors gibe that medical sociologists are doctors *manqué*. This may be true of a few, but it is unfair to most; it is comparable to the gibe that general practitioners themselves are specialists *manqué*.

Importance of medical sociology

Medical sociologists share many of the traditional techniques of epidemiology. Patterns of behaviour and problems brought to doctors concern governments, administrators, and doctors all over the world. Organization of health services is one of the subjects on which they have made considerable contributions, both in analyzing the process of becoming a patient and the doctor/patient interaction, as well as the more traditional topics such as the significance of family, marriage, and social class. Medical sociology today is one of the core branches of the behavioural sciences directly relevant to general practitioners. It is fortunate that many general practitioners in recent years have educated themselves on these topics by conferences, courses, and particularly from the growing literature.

We believe general practitioners and social scientists will in the future increasingly work together to examine problems which are the legitimate interest of both. Such a partnership has hardly begun and may prove exceptionally fruitful.

References

- General Medical Council (1967). Report. London: GMC.
- Royal Commission on Medical Education (1968). Report. London: HMSO.
- See *Book Reviews*.