

References

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Research in general practice

THIS *Journal* is devoted primarily to publishing the results of research in general practice. The amount of research in general practice is growing quickly, partly because there is much more interest and activity among general practitioners themselves, partly because an increasing number of vocational trainees are carrying out research projects of various kinds, but also because scientists in other disciplines, notably the medical sociologists, are taking a keen interest in the different aspects of primary health care, especially the work of the general practitioner.

The promotion of research has always been one of the principal activities of the Royal College of General Practitioners, and the Research Committee was one of the earliest parts of the College to get going. The challenge and struggle to develop research was all the greater because general practice had no long tradition in this activity, and many practitioners quite needlessly felt guilty and ill-equipped for the task.

The Birmingham Research Unit pioneered the idea, and its development of the simple tools such as age/sex registers, diagnostic indexes, with a profusion of simple, practical advice, has done much to spread ideas, not just in the United Kingdom but around the world. Many of the much more elaborate research studies mounted by the College's other units at Dundee, Manchester, Surrey, and Swansea, have followed from the early steps trodden at Birmingham.

Eimerl and Laidlaw's (1969) *Handbook for Research in General Practice* has for some time been the best known of the books on research in general practice and was a valuable introduction to the subject. Inevitably, time has moved on and the growing wealth of research

experience and changing technology makes it appropriate for a new book to be published on this important subject. It is therefore a pleasure to welcome the publication of *Research in General Practice* by Professor J. G. R. Howie who has recently been appointed to the James Mackenzie Chair of General Practice at the University of Edinburgh. Professor Howie has himself made a particularly distinguished contribution to general practice research, and is known for the painstaking thoroughness of his work carried out at Aberdeen and for tackling some particularly difficult subjects, such as the approach to and management of some upper respiratory tract infections in general practice.

His book is in four parts: "Thinking about Research", "Doing Research", "Looking at Results", and "Telling about Research". It is written in a clear and entertaining style with a minimum of jargon, and covers the ground well in under 200 pages.

Research in General Practice can be warmly recommended for general practitioners and trainees interested in research and projects in general practice. Its only problem is its price, and it is to be hoped that demand for this new book will be such that future editions will become possible at a more reasonable price.

Reference

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Education for Co-operation in Health and Social Work

IT is generally agreed that the focus of care should, if possible, move away from institutions towards the community, away from bureaucratic buildings, whenever possible, and into the home.

The impact, however, on those professionals who work primarily in the community has not yet been measured and the skills and resources needed to help

patients and clients with their problems is gradually being investigated.

For many years there have been a number of professions concerned with aspects of this work, and four of them through their training bodies have now come together for the first time to explore the difficulties and the dangers, the hopes and possibilities, of working

together in the future.

The Symposium held at the University of Nottingham in July 1979 is of great importance because it does represent one of the first major co-operative ventures by key community professions. This conference was designed and planned by a steering committee at which four professions were equally represented: the Central Council for Education and Training in Social Work; the Council for the Education and Training of Health Visitors; the Panel of Assessors for District Nurse Training; and the Royal College of General Practitioners.

We publish today as *Occasional Paper 14* papers taken from the Symposium which include among the topics some of the problems seen by patients, including the view from the Health Commissioner, Sir Alan Marre.

Section 2 underlines the educational principles in interprofessional learning, with contributions from several professionals to underline just how great many of the problems are.

In Section 3 on interprofessional courses there are accounts of several successful courses in a variety of different centres showing that early and important attempts have been made which can now be used as blocks on which to build.

The section on resources is important and Mr Hugh England has written a concluding section underlining the continuing problem of power and status between the professions.

Reading through this document one is struck by the

constantly reiterated theme that those who wish to work together as colleagues in the field must, sooner or later, learn to train together. General practice has often preached this but so far it has little to show through the half-day release courses from colleagues in the nursing, health visiting or social work professions.

The training practices are particularly important with a growing acceptance of a need to look critically at what they do, and with their specific and paid responsibility to teach.

Education for Co-operation in Health and Social Work is not a cheerful document: it does not raise false hopes and does not minimize the difficulties. It does, however, mark a watershed in interprofessional communication and it is particularly pleasing to see the three traditional professions in the primary health care team—medicine, health visiting, and nursing—joined on equal terms by social work.

It is to be hoped that future conferences and perhaps a future organization continue to develop these ideas. Meanwhile, general practice, as one of these professions with the most highly developed postgraduate training programme, should open the doors of its training courses and training practices rather more widely than in the past and welcome as teaching colleagues health visitors, nurses and social workers.

Education for Co-operation in Health and Social Work, Occasional Paper 14, is available now, price £3.00 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Comparison of aerosols in allergic asthma

A double-blind cross-over technique was used to compare the ventilatory and cardiovascular changes following single doses of inhaled fenoterol (Berotec) and isoprenaline in 20 allergic asthmatics.

Increases in FEV₁ and FVC after inhalation of fenoterol were significantly greater than after isoprenaline. Fenoterol also exhibited a greater duration of effect. Fewer patients required supplementary doses of other bronchodilators following fenoterol.

There were no significant differences between the effects of both preparations on blood gases or blood pressure. Mean pulse rates showed a steady decline with both.

Reference

Chatterjee, S. S. & Ross, A. E. (1980). Comparison of fenoterol (Berotec) and isoprenaline aerosols in allergic asthma. *Clinical Trials Journal*, 17, 7-12.

Aspirin and secondary mortality after myocardial infarction

A randomized controlled double-blind trial of aspirin in the prevention of death was conducted in 1,682 patients (including 248 women) who had had a confirmed myocardial infarct (MI). Twenty-five per cent of the patients were admitted to the trial within three days of the infarction and 50 per cent within seven days. Aspirin, 300 mg three times a day, was given for one year. Total mortality was 12.3 per cent in patients given aspirin and 14.8 per cent in those given placebo, a reduction by aspirin of 17 per cent, which was not statistically significant at $p < 0.05$. The reduction in specific ischaemic heart disease (IHD) mortality was 22 per cent and in total mortality plus IHD morbidity (readmission to hospital for MI in survivors) was 28 per cent.

Reference

Elwood, P. C. & Sweetnam, P. M. (1979). Aspirin and secondary mortality after myocardial infarction. *Lancet*, 2, 1313-1315.