Asthma

Sir,

I read with interest your editorial on the management of asthma in general practice (June *Journal,* pp. 323-324).

Those practices considering having a nebulizer system may be advised to look at a manual provided free by Allen and Hanbury Ltd called *Nebulizer Systems and the Domiciliary Administration of Bronchial Active Drugs* (Wilson *et al,* 1981). This provides a brief introduction to the subject and contains details of types and makes of nebulizers and compressors.

A nebulizer for primary care can be made for under ten pounds. Thus a car tyre foot pump with adaptor can drive a nebulizer satisfactorily (Shann, 1981). I have tested this apparatus using a Cameron-Price polypropylene foot pump, virtually greaseless (use a little Vaseline) and coupled with an Acorn nebulizer. Two ml of fluid containing a sympathomimetic agent, e.g. salbutamol, can be driven off in a fine mist within six minutes of pumping. A bacterial filter could easily be added to the system, but I doubt it is necessary. The system is cheap, robust, maintenance-free and if used by the patient's family (child's parents) avoids the problem of drug overdosage caused by over-use of an electric powered compressor.

Perhaps a new dawn in the primary care of most severe asthmatic attacks has now arrived. No longer will young asthmatic children wait in fear of the needle of intravenous theophyllines but eagerly call for the psychological reassurance of a nebulizer mist, which is almost as effective.

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References

Acorn Nebuliser. Available from Medicaid Ltd.

"Easy Air" foot pump with adaptor. Available from Cameron Price.

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Wilson, R. S., Stevenson, R. D. & Phillips, L. A. (1981). *Nebulizer Systems and the Domiciliary Administration of Bronchial Active Drugs.* Available from Allen & Hanburys.

HISTORY

The College Archives

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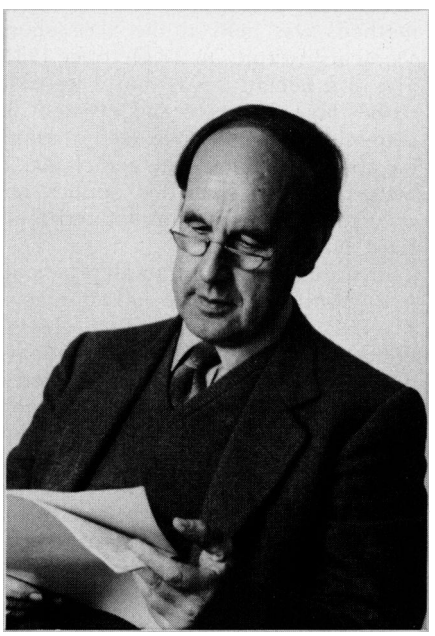

The title 'archivist' may summon up a picture of an elderly antiquarian with his nose buried in dusty documents so ancient that they can have no relevance to the preoccupations of today or plans for tomorrow. The falsity of that picture lies in the fact that the archives of any institution such as the RCGP stretch continuously from the earliest plans for its foundation to the minutes of last week's committee meeting; they are the complete past history of the College, recent and distant, and they are essential for an understanding of College affairs. The relevance of history—that you cannot know where you are going if you do not know where you came from—may have the appearance of a tired cliché, but it is mentioned here only to emphasize that the archives of the College are, or should be, the concern of everyone connected with the business of the College.

For his part, the archivist must be concerned not just with the records at the bottom of the pile, but with those that are added to the top as the pile grows inexorably. The main problems are those of organization, cataloguing and storage, and in dealing with those problems the archivist should put himself in the position of a future historian undertaking research into any aspect of the College. This historian, for example, might wish to study the history of the membership examination and the views and membership of the Education Committee at a certain time. Not only must the records be preserved that can answer his questions, but he should be able to locate them with as much certainty and ease as possible. Only those who have undertaken research into the history of institutions can fully appreciate the sense of frustrated fury when records are disordered, uncatalogued, undated, and unidentifiable as to authorship; or, worst of all, destroyed, because someone of narrow vision decided they were "old stuff", no longer relevant.

This does not mean that all records are of equal value and that every scrap of paper must be preserved. Dinner menus, for example, are frequently preserved, although it is a matter of only limited historical interest whether the Inner Hebridean Faculty at their tenth anniversary dinner had trout or haggis or both. Original correspondence on important controversial matters, on the other hand, especially when marked "personal and confidential" or, better still, "destroy after reading", are apt to be very important documents indeed. The organization of College records includes selection as well as the avoidance of unnecessary duplication.

Cataloguing, the second problem, is mainly a time-taking mechanical process in which it is vital to use an index system that marries in with that in use for current documents. The third problem, that of storage, is immensely difficult in a College already so crowded that space is more valuable than gold. The ideal—that the archives are granted a separate room with ample space and equipment—cannot be realized at present, and the archives are now stored in a dark narrow corridor in five filing cabinets, with some overflow onto the top and dustiest shelves of the College strong room. Some of the exist-

ing records have already been well organized and filed in sequence, but many are in a chaotic state and have yet to be sorted and catalogued. But there is no doubt at all of the great historical importance of many of the documents in those cabinets, particularly those preserved from the 'fifties concerning the birth of the College.

Beyond the first and immediate problem of the archives of the College itself there are others, of which the most important are the archives of the faculties. Should an attempt be made to collect and catalogue at Princes Gate the records of all faculties? Even if this was desirable (and a personal opinion is that it is not desirable) shortage of space would probably rule it out. The Secretaries of faculties will be consulted about this problem. In the meantime the archivist would welcome suggestions about the archives or the duties of the archivist.

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PARTY REPORT

Evaluation of practice methods

A seminar on evaluation of practice methods was held at the Shrewsbury Medical Institute on 31 October 1981. The idea behind it was that if we wish to be more effective and efficient as general practitioners, we need to examine critically what we do, and change if necessary, and that this applies not only to academically orientated practices, but to us all.

Invitations were sent to all principals in the West Midlands to submit reviews of activities in their practices. To encourage this, Syntex Pharmaceuticals, who sponsored the meeting, offered a prize of £100 for the doctor who most critically analysed his or her work and implemented changes. Dr John Bennison, Professor Michael Drury and Dr Jack Norell were the principal speakers. However, the main work of the day was the study of the participants' reviews, which were mounted on display boards, and small group discussion of the problems involved in evaluating one's own work.

Twelve reviews were submitted on the following topics: anaemia in rural Scotland; neonatal care in a new town; side effects of diuretics; a controlled trial of neck manipulation; screening elderly patients for asymptomatic disease; treating hypertension effectively; outcome of minor surgery; converting to A4 records; a portable office; the age/sex register as a management tool; management protocols for obstetric care and hypertension; comparing records held with FPC registrations.

Dr John Bennison opened the seminar with a talk entitled "Learning from Myself". The experienced doctor, he said, could continue working from habit rather than by reason, and should therefore examine his behaviour from time to time. He had reviewed his prescribing of antibiotics for one month. He then asked himself, "Why did I prescribe those medicines for those patients, and could I have done otherwise?". He noted that a process could be changed merely by observing it, but observation and, if necessary, further changes were required to maintain effectiveness.

Professor Drury's theme was that any evaluation of practice methods must be "practical, relevant, fun and effective." The work involved must be acceptable to patients, doctors and staff, and not disturb the day-to-day running of the practice. It called for considerable commitment from all concerned, though some delegation was possible and members of the practice might vary in their degrees of compliance. Merely getting information was no good; it must be useful, and that use was to plan and implement improvements which must then be measured.

In the afternoon the meeting split into small groups to discuss prepared questions. These covered areas such as suitable subjects for evaluation; incentives and benefits; facilities and methods; cost and staff implications; pitfalls and disadvantages; and ways to disseminate ideas and achieve support. There were many lively discussions and ideas, amongst which were: that any area of practice can be examined, some more easily than others; that enlightened self interest was the best incentive, though financial and professional recognition would help; that patients and doctors stand to benefit, but ancillary staff may have more work; that we may also lose if we are not careful; that we need mutual support and communication; and that above all we must ask ourselves, "What do the results mean?", "Do we need to change and, if so, how?" and, if we change, "What effect has the change had?"

Summing up the day, Dr Jack Norell said that it reflected the evolution of thought in the profession as a whole. The excellent reviews on display were mostly descriptive rather than analytical and were mainly about structure and process with little to say about outcome. This was always a problem because long-term measures are difficult to assess and we seem not to have much confidence in doing them. It was necessary always to ask the right questions, not only "What are we doing?", but "How? Why? So What?". Behind all these issues lay considerations about doctors' value systems and their professional obligations to society, and the need to agree standards of competence and quality. Improvements would come by education and stimulation, not coercion.

Drs Bennison, Drury and Norell were asked to judge the reviews and award the Syntex Prize. Mr Mike Chalk, for Syntex, said that his Company were proud to be associated with an award scheme for general practice trainees, which this year involved 83 schemes. This was the first time such a prize had been given to principals and he hoped it would herald a new development in graduate education. Professor Drury said the judges were impressed by all the exhibits but thought the best were those that set up a standard and attempted to meet it in everyday work. This could and should be done in anyone's practice. They could not decide on an outright winner and awarded the prize jointly to Dr N. K. Gostick of Rugby (on increasing the effectiveness of the management of hypertension) and Drs A. and E. Rathbone of Telford (on neonatal care; an audit of practice records).

The day was full of activity and challenge and not a little laughter. It showed that learning from oneself need not be threatening, and can be fun. Moreover, it proved that general practitioners can, and should, be in charge of their own continuing education.

R. M. A. MOORE

The organizers wish to record their appreciation of the support, both practical and financial, given by Syntex Pharmaceuticals to this seminar.