call? Or would it delay the diagnosis of a serious condition? Who would staff the emergency rooms?

With calls for contractual renegotiation of the 24-hour commitment from a section of the general practitioner population, together with widespread usage of deputizing services, where available, this subject merits a broad and open discussion if a political split within the profession is to be averted.

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Research and the *Journal:* 30 years on

THIS year we celebrate 30 years of the *Journal of the Royal College of General Practitioners,* volume one of which was published in 1958. Under the editorship of Dr R.M.S. McConaghey it evolved from the *Research Newsletter* which started in 1953 as cyclostyled sheets circulated to members of the research register and later to all members of the College. The *Research Newsletter* set out to comply with object 3(f) of the Memorandum of Association 'to encourage the publication by general medical practitioners of original work on medical or scientific subjects connected with general practice'. In 1988 the *Journal* still pursues the same objective of giving the highest priority to the publication of original papers.

In the *Newsletter* and the early issues of the *Journal* we can see the origins of general practice research as we know it and of projects which have grown and flowered into some of the classic studies of general practice. The recording of morbidity patterns in an individual's practice, in the tradition of William Pickles, developed into small groups of researchers and then to the national morbidity surveys which continue to be coordinated by the Birmingham Research Unit of the College.

Looking back through the volumes of the *Journal,* many themes recur. The first editorial in the *Journal,* entitled 'No heart to poke poor Billy', dealt with accidents in the home and how nurses, health visitors and general practitioners could help to prevent them. Now these personnel are labelled the 'primary care team'. The jargon has changed but the challenge of providing effective preventive care in general practice remains the same. Developmental assessment of children, the care of the elderly, cervical smears and screening for hypertension are other aspects of preventive care which general practitioners have studied and described in papers in the *Journal* during the past 30 years. Another example is how the role of the College and methods of entry to it continue to generate controversy in the pages of the *Journal.* In 1958 Dr Ruth Cammock discussed whether the College should be an elite organization or open to all general practitioners and recommended continuous performance review rather than the introduction of a single 'academic hurdle' as a criterion for membership. Thirty years later the debate whether the College should be academic or political, elite or representative, continues in this issue of the *Journal.* It is a sign of vitality of the young and expanding College that these issues are argued with such vigour.

Thirty years is a whole generation. Few of the pioneers who founded the College are still in active practice. They have seen the renaissance of general practice in the United Kingdom from a position of low status and low morale 30 years ago to what is now the most popular choice of career for most medical graduates. The academic base of general practice has also developed in a remarkable way. In 1956 the first independent university department of general practice was created in Edinburgh and although other medical schools were slow to follow there are now over 20 university departments of general practice and at least one general practitioner with a responsibility for teaching the discipline in every medical school in the United Kingdom. The Mackenzie report of 1986 argued that there is still a considerable way to go in terms of personnel and resources before the departments can be fully productive in research and education and the Government has recently recognized the need for more resources for these departments. Nevertheless, judging by the number of papers they submit to the *Journal,* the academic departments of general practice manage to be active. It is an indication of the strength of general practice that we receive four times more papers than it is possible for us to publish. It is also a strength that there is a balance in the authorship of papers with 63% of our general practitioner authors working in their own practices compared with 37% who are based in the university departments.

As the membership of the College and the circulation of the *Journal* have grown (now standing at over 16 000), so too has the status of the *Journal* as an academic journal. Yet this role is not and has not always been admired and appreciated by all members of the College. In 1969 an editorial declared that 'Unless a journal arouses criticism it hardly achieves the objects for which it is published' and reported a questionnaire to readers

where 'Some called us dignified and learned, some, putting it the other way, say we want humour'. Exactly the same pattern prevailed in a readership survey in 1985 — some readers wanted the *Journal* to continue to emphasize original research while other preferred a less formal style with reviews and opinions at the expense of original articles. From its earliest days the *Journal* has tried to balance these conflicting demands while continuing to be the leading journal of record for general practice research.

How will the style of the *Journal* have changed by the year 2018? Electronic publishing will be available and may be one way in which readers gain access to the contents. The technology for this is already available and some publishers are placing the contents of journals in an electronic data base for readers to view on a video display unit in their home or office. Nevertheless I believe the printed word will still appeal in 30 years time. Newspapers are maintaining their circulation in spite of competition from radio and television. Precision in presentation and flexibility in use give the printed word a unique advantage over other forms of communication.

Will the type of research reported in the *Journal* change? I hope the *Journal* will continue to publish important studies based on the tradition of observation and recording rather than experimentation. Recent papers such as those on effects of job loss on morbidity by Drs Beale and Nethercott and the studies on the link between Coxsackie B infections and myalgic encephalomyelitis by Drs Calder and Warnock and colleagues have been valuable additions to medicine beyond the boundaries of the United Kingdom. I hope too that there will be more longitudinal studies published as general practitioners take advantage of the structure of the National Health Service to observe individuals over many years. In a future issue we will be publishing a study on the offspring of survivors of childhood cancer which was made possible by the ability of general practitioners to provide information on individuals over a period of 25 years.

Yet general practice is still struggling to find a distinctive framework for its research. Clinical medicine has advanced most rapidly during the last century on the basis of a reductionist approach to scientific method. Professor John Howie has described this as the 'cellular' approach, one which attempts to remove all variables except the one of interest and studies the influence of specific interventions. It is not surprising that this scientific method has been accompanied by an increase in specialization in hospital medicine. The growth of interest in recent years in the holistic approach to medicine within general practice and within the population at large can be seen as a reaction to the cellular approach, but many general practitioners remain uncertain about the scientific basis of their clinical work. General practice still needs to establish an integrative scientific method which can subject complex activities to scrutiny and experimental techniques. Howie refers to this aspect of science as 'behavioural'. Perhaps the next 30 years will see a much greater degree of collaboration and mutual understanding between general practitioners and behavioural scientists, such as sociologists and psychologists.

I also hope that we will continue to publish papers which develop our ideas about the qualitative aspects of general practice. We are moving into an era of quantifying performance and there is a danger that the important aspects of medicine which are difficult to quantify may be neglected. Medicine is more than the accumulation of facts and technical skills. The continuing responsibility of the *Journal* is not only to base clinical practice on the most secure scientific basis but also to explore and debate aspects of care for which no scientific basis yet exists.

E.G. BUCKLEY

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