naires or surveys which could have been done by secretaries or sociologists. The now ritual genuflection to the statistician does not make this 'research' more valuable or generally applicable.

'Research' of this type was pilloried 60 years ago by that great educationalist Abraham Flexner in his Rhodes lecture of 1928. His book published in paperback in 1967[1] is well worth reading even today, especially the hilarious part on the papers which were presented as theses in American universities in the 1920s. Their titles remind me all too readily of those I read in the *Journal.*

Years ago an earlier editor remarked on the lower quality of papers which landed on his desk compared with those submitted to other medical journals, and more recently Conrad Harris had a few caustic words on the same subject in his lecture at the Spring meeting of the Royal College of General Practitioners in Brighton. It may be that what is presently published is the best that can be got from general practice. If so, I suggest that the *Journal* be closed down and the savings applied to reducing the appalling level of the annual subscription to the College.

Before this happens, Dr Pitts might do a final valuable piece of research by re-surveying the *Journal* papers of the last 10 years with particular attention to the boredom factor. He would only be required to read the title and summary; more would be too awful. His reaction would be recorded in the best research tradition on a scale from 10 to 0. Ten would mean that he was awake at the end of the summary; nine would equate to a 25% closure of the eyes and so on down the scale to narcolepsy at zero.

I look forward with interest (for once) to reading the *Journal* in which his 'research' is published.

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Reference

1. Flexner A. *Universities American, English, German.* Oxford University Press, 1967.

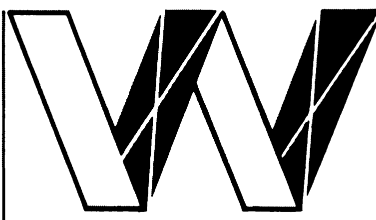
***Editor's note:** Dr Rankin may like to know that closing down the* Journal *will not save very much from his annual subscription. For the year ending March 1990 the main* Journal *cost only 5.6% of the total College income (or 8.5% if* Connection *magazine is included). This represents just £10 per annum from the current subscription fee of £180.*

Sir,

Dr Bichard's article which purports to be a defence of editorial policy (January *Journal,* p.4) prompted by Dr Pitts' correspondence in the same edition of the *Journal,* seems to me to confirm the very point he was making: that the *Journal* is becoming unrepresentative of professional activity overall. Dr Pitts urges a change from strict quantitative methods so that the ordinary general practitioner would see more relevance in the *Journal.* He offers a number of reasons why the broad mass of members are unrepresented. He probably felt it unnecessary to remind you that the College motto is *cum scientia caritas,* or that the *Journal* is part of the public face of our profession.

The defensive tone of the editorial will, I fear, please and fortify the geologists but further alienate the miners. It reinforces the status of the one while reducing that of the other. It did not explore ways of dealing with Dr Pitts' proffered reasons why general practitioners *per se* were less represented. Finally it mentioned only in passing significant aspects of the search for progress which urgently require exploration and reassessment.

The fears expressed in the editorial that the publication of more general practice based and less science based material would lead to 'a two-tiered *Journal*' are



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remarkable. More so as this was followed very shortly by a declaration of the *Journal's* current policy. This puts articles expressing ideas and views, pilot studies, case reports and small number studies into a section headed, 'Letters to the Editor' claiming that this 'ensures that the status of quality research papers is not eroded'. In view of Dr Bichard's skills in the clear use of the English language, there can be no doubt of the meaning of this piece.

The claim that general practice research has moved on from the first simple stages of describing and counting to the second more complicated stage of understanding and evaluation has not, unfortunately, been revealed through the *Journal* to the miners yet. I believe that this apparent lack of progress towards understanding and evaluation and the even more difficult stages of synthesis and hypothesis formation (which are not mentioned), may well be the major source of discontent among the miners.

Research activity in a science based profession must be more than a series of scientific enquiries. Such enquiries have been productive and are comfortable, even alluring paths, to follow. It is easily forgotten that the fundamental requirement for these enquiries is that 'the design of any scientific enquiry should enable an answer to be given to one or more specific questions, the fewer the questions and the sharper the definition, the better chance of completing the task'.[1] Keeping this in mind will prevent methodology from subsuming professional activity and enable the *British Journal of General Practice* to return to its vital role, not merely as recorder of scientific enquiry, but as a forum for discussion and general advancement of its profession.

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Reference

1. Watson GI. *Epidemiology and research in general practice.* London: Royal College of General Practitioners, 1982.

MD theses from general practice

Sir,
It is a matter for regret that the number of MD theses from general practice has declined in recent years, as reported by Williams (December *Journal,* p.491-494). There are many bright, young doctors in vocational training schemes, some of whom encouraged by the Syntex award scheme, undertake project work. This work can be of a very high standard and can serve as a valuable introduction to the methodology of general practice research. Clearly, few of these doctors go on to the more demanding task of writing an MD thesis; pressures of finding a practice and raising a young family probably take precedence at this stage of their careers. The new contract cannot be blamed for the reduction in the number of MD submissions — the trend was apparent some years previously. However, the complete omission of research in general practice from the deliberations regarding the new contract is astonishing. A discipline can only make real advances on the basis of sound research findings.

I do not believe that competition from the MRCGP examination explains why fewer MDs are being produced. Many practitioners have managed to do both in the past. There is a need for a research infrastructure that will encourage young principals to write MD theses. I have in the past advocated a network of research advisers to whom doctors interested in writing an MD could turn.[1] These would be individuals who had successfully obtained the degree while principals or within an academic department of general practice. I believe that many of those who have completed MD theses would be only too willing to help others considering the same venture.

Greater emphasis on the research potential of general practice needs to be made by vocational training scheme course organizers and regional advisers. Many trainees may not be aware that it is possible to write an MD thesis from general practice. Research should be encouraged as a worthwhile activity in its own right, and not simply as part of an audit exercise. As protected time is required for the teaching of vocational trainees, so protected time should be available for those wishing to write an MD thesis. Administrative and financial provision needs to be made so that young principals may take time out from the practice in order to complete the task of writing up the thesis. The Scientific Foundation Board of the Royal College of General Practitioners makes grants available for research projects, and other sources of funds such as the RCGP/Schering scholarships for trainers are also available. Present arrangements will need to be expanded considerably to achieve the aim of 12 research fellowships per region each year, as envisaged by the RCGP.[2]

When these changes have been made, we should see an increase in the number of successful MD theses from general practice, with lasting benefit to the individuals who undertake them and to the profession as a whole.

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References

1. Martys CR. Encouraging more MDs from general practice. *Update* 1983; **26:** 663-665.
2. Annual report of Council 1989/90. In: Royal College of General Practitioners. *Members' reference book 1990.* London: Sabrecrown, 1990.

Corrigendum

In Dr William's article in the December 1990 *Journal* (p.493) there were two errors in the number of MDs reported on Table 1. These should have been 1 (1.6%) for Dundee instead of 0 (0.0%) and 5 (5.3%) instead of 6 (6.5%) for Aberdeen.

Videos in the waiting room

Sir,
I read with interest the letter by Schwartz and Edelmann (November *Journal,* p.477), entitled 'Health education: using a video in general practice'. The authors asked a number of interesting questions at the end of their letter and the answers to some of these are contained in an article previously published in the *Journal.*[1]

In this study 87% of patients expressed positive views about having regular video health education sessions in a general practice waiting area, and 50% of patients who watched could recall specific facts. We found that it was important to give patients a choice about whether to watch or not and consequently we divided our waiting area into two sections with a heavy curtain. We also found that it was important for the receptionists to have overall control of the video, including the volume. It is best to wall mount the television out of reach of children's fingers, and the recorder should ideally be situated behind the reception desk. Programme length should be linked to the average waiting time so that patients do not miss large parts of the programmes, and we found that programmes should not exceed 10 minutes in length.

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Reference

1. Koperski M. Health education using video recordings in a general practice waiting area: an evaluation. *J R Coll Gen Pract* 1989; **39:** 382-330.