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.

B J BROOKS

The Cedar Cone
Scholards Lane
Ramsbury
Marlborough
Wilts SN8 2PL

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.

CEDRICK R MARTYS

Darley Dale Medical Centre
Two Dales
Matlock DE4 2SA

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.

MAREK KOPERSKI

The James Wigg Practice
Kentish Town Health Centre
2 Bartholomew Road
London NW5 2AJ

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.