THE RECORDS AND STATISTICAL UNIT
(Research Committee of Council)

Many of the activities of the College are carried out by the units of which its active departments are composed, set up in response to recognized need by one or other of the main standing committees of the College. From time to time advances are made by these units about which members of the College, and others, may wish to learn.

The research committee of council has set up a number of units for special purposes, and the records and statistical unit shares with the epidemic observation unit seniority dating back to the foundation of the College. Its work follows logically on that begun by the College jointly with the Registrar General's Department, in the conduct of the National Morbidity Survey in 1955-56.

After preliminary exercises by a group of members of the Research Register had shown that the continued study of morbidity in general practice was a feasible proposition, and that the diseases which family doctors meet could be reduced to statistically analysable terms, the unit as we know it now came into being with the aid of a grant from the Nuffield Provincial Hospitals Trust.

The unit, under the honorary directorship of Dr D. L. Crombie, is situated at the headquarters of the Midland Regional Hospital Board in Birmingham. It has as its statistical adviser Dr K. W. Cross of Birmingham University and on its full-time staff are Mr G. A. Myers, statistician and Mrs P. J. Jones, statistical assistant.

The functions of the unit are two-fold, to carry out studies of methods of measuring morbidity in continuity, and to offer an advisory service to practitioners and others who wish to carry out observational research in general practice. The demands made upon the unit, with its supporting working party of members of the Research Register are considerable and increasing, but there are plans for further development to meet them.

The presentation of some of the unit's work on the study of morbidity falls naturally into two parts, one looking forward to

prospective studies, the other backward into good clinical records through the practice index machinery devised by Dr P. A. Walford. The Retrospective Survey Group gives the key to the past, complementing the prospective planning side of the unit's activity. The means differ according to the ends to be achieved and a single method will not necessarily serve for both prospective and retrospective work. It is for this reason that two disease-classifications have been produced, each appropriate to its task and each presented below to those interested in the evaluation of the illnesses which are part of their daily life and work in general practice.

THE AGE-SEX REGISTER

For both prospective and retrospective studies in practice knowledge of the population against which differences in incidence and prevalence of disease occurs is invaluable, and something which can at present be achieved with little difficulty, at least in this country. One of the advantages conferred on the science of epidemiology by the National Health Service is the " list " of patients for which a practitioner holds clinical responsibility. In no other country, we believe, can age-sex registers be prepared and maintained with the accuracy that is possible here, and no apology is made for the following account of the preparation of an age-sex register. It is based on that first used by Dr C. A. H. Watts, of Ibstock.

For a practice of over 8,000 patients a " UTILE " loose-leaf binder of foolscap size is used. The first page is for 1870 and earlier, and after that a page or more is added as required for every year. The N.H.S. cards are entered into the register. Males are recorded on the left half of the page and females on the right. Block capitals for the surname gets over the snag of the John JAMES type of man.

William Smith was born on 20 January 1920 and his wife on 6 June the same year. These would then be entered on the 1920 page as follows:

Males	*Females*
SMITH, William Jan. 20	SMITH, Mary June 6

After each entry, the N.H.S. card is marked with a small cypher to show that it has been dealt with. As new patients come to the practice their names are entered onto the register as their cards are received. In the same way as cards are withdrawn for those who leave the practice or who die, a line is drawn through the

entry and the date of the erasure is added.

Once such a register has been completed it is easy to keep up to date and a census of the practice can be worked out in an hour or so.

PROSPECTIVE STUDIES

I

" DISEASE LABELS "

Where a clinical situation is described by a disease label there are two distinct aspects of the description which can be measured. There is first the current knowledge of the aetiology, pathology, and morphology of the disease process or syndrome described or implied by the label. Secondly there is the accuracy with which this label with all its aetiological, pathological, and morphological implications is applied in any given clinical situation. This paper is concerned with an estimate of the current knowledge of the aetiology, pathology, and morphology implied by disease labels in common use.

Method

Members of the Records Unit Working Party of the Research Committee of the College of General Practitioners and others who were known to be interested in the measurement of morbidity were invited to complete a questionnaire carrying a revised Classification of Disease. This is a short list of the *International Classification of Disease* (1957). They were asked to estimate the currently accepted knowledge of the aetiology, pathology, and morphology of each of the disease processes in the College Classification of Disease using the following rating scale. Aetiology, pathology, and morphology are scored separately.

0 = No knowledge of the appropriate aetiology, pathology or morphology;

2 = So far as one can tell in the present state of knowledge, the appropriate aetiology, pathology or morphology is fully or nearly fully established and is implied in the label.

1 = A state somewhere between 0 and 2.

The examples in table I illustrate the application of this rating.

Results

In the analysis the above ratings have been given the arbitrary