

to surgical measures or frank magic and, perhaps, for these reasons they have collected around them a wealth of folk-lore. Much of this has been previously recorded. There is the wiping of a wart with saliva first thing in the morning before the patient has spoken to anyone; wiping it with the juice of a snail at regular stated intervals of time; the placing of the same number of pebbles on a milestone as there are warts—he who picks up the pebbles will get warts; the stealing of a piece of meat from a butcher's shop and burying it—as the meat rots so will the wart fade away. There are many more examples in different parts of the country, some archaic, some still practised; try suggesting a local custom to your patient; you may be surprised to be told that it has already been tried before you were consulted. Others will display incredulity that the doctor should suggest such a measure but even they will admit they know of the cure.

In our pilot survey we want, then, to discover the prevalence of folk treatment for warts and skin blemishes only. The fact that a procedure is well known or one of those which have been mentioned above does not mean that we do not want to hear about it. We want to find out how widely each particular procedure is practised, and to study the geographical distribution of particular customs. It is curious that many of these methods are common knowledge in areas far apart.

MEDICOSOCIAL RESEARCH

During the past ten years the volume of research done in general practice has greatly increased and it is still increasing. The last number of this *Journal* (pages 195–232) described many of the new techniques which have been devised to lay a firm foundation on which inquiries into general-practice morbidity and method may be based. Drs Lees and Cooper (pages 233–241) described and tabulated the content of the 37 papers devoted to general-practitioner surveys which they had studied. Dr Kuenssberg (pages 242–247) described a few of the pitfalls of research in general practice. In this *Journal* Drs Lees and Cooper continue their analysis of general practice as portrayed in these 37 papers. Their findings will be of

a lasting interest to planners and to all who have an interest in the good name of general practice. Nevertheless, their task was made more difficult by the lack of uniformity in the standards and definitions adopted by these various workers. This is regrettable but inevitable, for the work has been largely pioneering. The booklet *A Guide to Research in General Practice* (Supplement No. 3 volume 5, 1963, *J. Coll. gen. Practit.*) described the research organization of the College and how to plan research into clinical practice—how to make the best use of medical records and how to maintain an age/sex register. This is a useful handbook for all who have ideas they wish to follow up. What is still lacking is a clear statement of standards so that the work of one author may be compared with that of another. For instance, how should the size of a practice list over the period of a survey be measured? What is a night call? What is a late call? What an emergency? These questions have been left to the whim of the investigator, who answers them according to the standard adopted in his practice. For instance some doctors start their first round of visits at a time when others would consider such an interruption of their sleep as a night emergency. Some doctors visit late into the night in the normal course of their daily round. It is probably true to say that no two practitioners do their work in exactly the same way; yet to make useful comparisons the number of variables must be kept down to the minimum. Even when all standards have been agreed, it is doubtful whether the results will ever present a fair picture of the work of the family doctor, for there is something of the sublime in those who undertake this kind of research and to piece together from their work a composite whole and pretend it is representative of all general practice is as unrealistic as the State's attempt to describe "the average general practitioner".

There is danger that this kind of medicosocial research will go the same way as research into other forms of social work. What exactly is implied by "social work" is difficult to say. There are twentyseven (or is it thirtythree?) different classes of people who can enter the home and advise on social matters. How they apportion their work amongst themselves and in what way they, individually, augment the work of the others is difficult to say. Many enquiries are at present going on to find out all about this. Perhaps the research itself is getting out of hand. The Home Secretary has recently appointed a committee "to review the research at present being done in the field of social studies in government departments,

universities, and other institutions, and to advise whether changes are needed in the arrangements for supporting and co-ordinating this research". A committee to inquire into the enquirers. There may be a moral here.

EDUCATIONAL ACTIVITIES AT COLLEGE HEADQUARTERS, 1963-64

Members and associates will be glad to hear that the major decorations and furnishings of College headquarters have been completed and the premises are being increasingly used for medical meetings and film shows, and also receptions.

The College library is now open for use by members and a full-time librarian is in attendance.

Plans are now being made to develop the College headquarters as a postgraduate educational centre and as a first step, meetings are to be held on the second Tuesday and fourth Thursday of each month from October 1963 to March 1964 at 14 Princes Gate, London, S.W.7. The meetings will begin at 8.45 p.m. and will be preceded by light refreshments.

Subjects and speakers are not yet finally decided but details will be published in the Postgraduate Information Diary and in the *Journal* of the College as soon as the plans have been completed. The meetings in this first session will be a "pilot scheme" which it is hoped will be well supported and enable the College to plan more ambitiously for the future.
