COLLEGE OF GENERAL PRACTITIONERS

RESEARCH NEWSLETTER No. 2.

The Pendulum Swings

The processes of evolution affect every aspect of our affairs. Evolution of new patterns of medical practice is taking place all the time, influencing our work, and being influenced by it, as we learn more and more of the processes which detract from health. Progress is not smooth, periods of stagnation are followed by periods of rapid advance, which may be quite characteristic in the manner of their beginning.

It is a curious quality of humanity that similar thoughts, ideas and beliefs may spring up at one time in the minds of several different people; these new ideas may initiate a period of progress and set the pattern which it may follow. Perhaps the research work of the College of General Practitioners is an expression of the contemporary reawakening of interest in research and enquiry which has taken place in the last few years. The members of the Research Committee would like to think that this was so, and that their work, which began in January, 1952, may act as an outlet for the quiet, steady work which they now know to have been carried out by their practitioner colleagues. They feel that a new phase in medical research has begun.

As the College Research Register has grown, month by month, evidence has come to light that a great deal of research work is being done by General Practitioners, whose interest in their work has enabled them to overcome their difficulties of isolation and lack of training in research methods. One doctor modestly confesses that he has collected practice records in statistical form for many years, while another has been undertaking haematological research in his practice on an advanced level, and that many others have - as one member of the Register put it - 'a drawer full of theories, and quite a collection of facts about disease which I have been unable to put together for lack of encouragement and advice'.

In many letters received by the Research Committee there is evidence of current work, designed by the practitioner himself, often without guidance or expert advice; in some letters there has come a record of achievement, a reprint of a paper read to a medical society, or published in a medical journal; in every letter there has been an indication of willingness on the part of the practitioner to apply himself to new tasks if he can be given a lead.

In the past, when the hospitals came into being, the pendulum swung away from the general practitioner's field; from the hospital ward there grew the hospital departments, each extending further into limited specialism, and a tradition of formal research was born of a different nature from that of the general practitioner. In the departments and laboratories was carried out research that was for the most part fractionating and analytical of the body-processes of man, and of the effects of disease upon them. These developments led to advances which have contributed greatly to the service which medicine can give to humanity. Hospital research endeavour, and work by the Public Health Authority, came to depend on the collaboration of individuals in groups or teams, while the pattern of medical practice was such that general practitioners worked singly - or in small groups ir economic rivalry - and were unable to add to their work tasks which might have placed them at an economic disadvantage. Now and then, however, a Mackenzie or a Pickles would be found to throw up from general practice an individual contribution which commanded universal respect. The clinical material from which knowledge of value could be derived was there, but few only made use of it and observed and recorded in the way their predecessors in practice had done.

The organised team of research workers in the other world of the hospital and the university came to overshadow the general practitioner, to make him feel that there was no room for the work which he was able to do, and that the observations of one man were of little merit when compared with those of a group or a department. A sense of modesty, perhaps blinkered modesty, came to pervade general practice, and its practitioners were for the most part content to leave research to those who were undertaking it in what had become its accepted form.

There are signs that this phase in the evolution of medical practice is passing, and perhaps the most significant of these signs comes from the hospital world, the world of the departments, the world of the fragmented man. In increasing measure those who undertake institutional research are realising that they see the later stages of diseases which have become established before the patient was referred to their care, and they seek information as to how these diseases began. They wish to learn more of the natural history of the diseases which they can now so fully investigate, and to enquire into the environment in which the disease had its beginning, and perhaps its cause. Investigations are planned, both in this country and elsewhere, in which workers in research units depend for their information on excursions by themselves, or by their almoners or social workers, outside the walls of the hospitals and into the field of the general practitioner. The pendulum has started to swing back to the study of the whole man as the varied stress factors of his life may affect him.

It is thought that of the reported illness which affects the community about eighty per cent is handled from beginning to end by the country's general practitioners, without specialist advice or institutional treatment. This eighty per cent includes minor disease and apparently minor episodes which may in fact be the beginnings of more serious disease, not yet diagnosable and which may for the time being 'recover'. It includes also disease patterns which, because of their self-limiting nature, have never received serious study. Of the twenty per cent of illness recognised as requiring hospital care, the general practitioner will have also seen the early stages, for it is he who arranges the patient's entry to the diagnostic sphere of the hospital. The general practitioner thus observes the whole course of the greater part of all disease; and of the remainder, the disease seen in the hospitals, he sees the early stages about which so much still remains to be learnt.

It may be that the next advances in medicine will come from a fuller understanding of the field in which 20,000 general practitioners are daily at work and means must be found for exploring this field of clinical material. This is the challenge that medicine as a whole must meet. Neither the hospital worker nor the general practitioner can carry out this work alone. The hospital worker, trained in a more impersonal world, lacks the experience of handling people in their own surroundings, and will not easily adjust himself to the different processes of estimation and assessment which he will find necessary in dealing with unselected human material. The general practitioner may lack training in the scientific method and approach, for he has had no opportunity to acquire it, and he must for the first time begin to look at cases as well as at patients. He must learn to record accurately and quickly and to draw conclusions from his records which are uninfluenced by personal bias, and which will stand up to objective scrutiny and criticism by workers in any scientific field.

These are qualities which are not necessarily brought out by the general practice of medicine, and their development must be encouraged if the work is to be done. Neither the general practitioner alone, nor the hospital worker alone, has the equipment to extract from the wide range of illness in the country the knowledge which must be gained; each must help the other if the venture is to succeed. A pendulum does not swing to the full extent of its original traverse, and in the future we must not return to the days when advances depended on the observations of general practitioners alone. The techniques of record-keeping, mechanical analysis and sorting, group study, and all other useful methods developed by other research workers must be applied to the problems of general practice.

The Research Organisation of the College may in future come to act as a catalyst in accelerating these evolutionary processes, of which the beginnings have come to light in the past year, and it may be that the newly formed Clinical Research Board will make it possible for a research worker to make a career in general practice equal in opportunity to that in any institutional field and lead to the permeation of general practice by men who will devote their lives to the solution of its many problems.

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PROGRESS REPORT

(1) The Measles Investigation

Members of the Research Register have by now all received the letter inviting them to join the first piece of group research by the College. The response has been most encouraging; 38 replies came in during the first four days from doctors expecting to see among them not less than 1,400 cases per annum. Designing the card has been interesting and many people have co-operated. The first draft was submitted to the Research Committee, and when the general outline of the investigation was approved, this draft card was sent to a few early members of the Research Register who had indicated their interest in epidemiology, respiratory diseases, or diseases of children, namely, Drs. P.S. Barclay, R.J. Lason, H.H.A. Elder, J. Horder, C.J.H. Starey, P.A. Walford, R.G. Yager and D. Yuille. Their suggestions and criticisms were most helpful and were all incorporated in the next two drafts. A draft card, revised in this way, was then sent to Professor Gardner, Regius Professor of Medicine at Oxford and a member of the Research Advisory Panel of the College. He enlisted the co-operation of Dr. Finney and Dr. Sampford of the Department of Design and Analysis of Scientific Experiments; certain further additions to the card were made as a result of their suggestions. At this stage Dr. Sampford make a draft of the card suitable for analysis by a hole-punching system; the COPE CHAT punch cards, of a size to fit the N.H.S. envelope, will be used.

At this stage the Research Committee were again consulted and they submitted further criticisms and suggestions which have been incorporated in a second draft COPE CHAT card which Dr. Sampford has drawn up. This will probably require a few final adjustments in wording and space, and if then agreed by the Committee it will go to the printers. At this rate of progress, the final card should be in the hands of those taking part by