It is claimed by the authors that the test is sensitive up to approximately 0.2% (1—500) of blood in faeces, and that it is realiable in 90% of cases. There is, moreover, no need to prepare the patient with an iron free diet.

REFERENCE

Needham, C. D. and Simpson, R. G.—*Q. J. Med.*, 1952, **21** n.s. 123.

Annotations and Abstracts

The Clinical Evaluation of Remedies

THE BRADSHAW lecture for 1954 was delivered before the Royal College of Physicians by Dr. F. H. K. Green of the Medical Research Council. In it he gave an account of the clinical evaluation of remedies with special reference to the recent work of the Medical Research Council. In a most interesting historical survey he mentioned the work of James Lind in 1747 on the preventive value of oranges and lemons against scurvy, as being the earliest published description of a clinical trial with carefully matched controls. He reviewed the criteria which had been used throughout the ages to evaluate methods of treatment. The broad division into Observation, Authority and Experiment were he thought an over-simplification, but the classification was nevertheless convenient. Observation and experiment have much in common. Though the effect of castor oil is potent to all who swallow it, in the primitive culture of ancient Egypt it was always given with incantation. "We might perhaps argue that the unknown person who first administered a vegetable aperient medicinally, without incantation, and the unknown person who swallowed it, were the active and passive participants in a pioneer clinical research." Dr. Green thought it worth-while to emphasize that a remedy is not necessarily bad just because it is old and has been evaluated by common experience rather than by critical trial. As he said, empirical observation has still a very important role to play in modern research. This is, of course, realised by all general practitioners and is, perhaps, the greatest argument in favour of freedom in the choice of remedies.

On the other hand, Dr. Green could find little to say in favour of Authority. "Nowadays we still have the voice of Authority to complicate our assessment of remedies; it takes the form of the Press Conference, of premature newspaper publicity, and of advertisements of the testimonial type."

Early examples of Experiment were those of the military surgeon, Ambrose Paré (1537) on gunshot wounds; the naval

surgeon, James Lind (1753) on scurvy; and the general practitioner, William Withering, on foxglove.

After tracing the work of the Medical Research Council on clinical trials, Dr. Green turned to the ethical problems involved. He thought that when a doctor is testing, in a serious disease, a new remedy which may possibly make a difference between life and death, or between prolonged illness and swift recovery, the ethical problem had two components; firstly, the doctor must never give his patient any treatment which he would not be willing to take himself in similar circumstances; secondly, he must be genuinely agnostic about the value of any remedy of which he contemplates making a controlled test. Dr. Green continues—" If he frankly does not know whether a treatment will be beneficial or not, he is entitled to withhold it for test purposes if by so doing he can clarify the issue, and he may even on occasion embark upon a blind trial without the patient's knowledge, provided that the patient also gets the benefit of the best orthodox treatment for his disease and can be removed from the trial or control series if his condition demands it. Once, however, a doctor is convinced, in his scientific conscience, that a new treatment which is freely available not only represents a substantial advance upon earlier methods but is unlikely to cause harmful side-effects, he cannot in justice refuse to give it to any patient he believes to need it."

" On the other hand, where the value of a treatment, new or old, is doubtful, there may be a higher moral obligation to test it critically than to continue to prescribe it year-in-year-out with the support merely of custom or of wishful thinking. It is gratifying to learn, in this connection, that the College of General Practitioners is considering the possibility of arranging controlled tests of some of the ' symptomatic ' remedies for common ailments that have been used—on rather slender grounds—for generations. The more our therapeutic armamentarium is tested by such critical standards the better, and it is fitting that the practising doctor, who is likely to be most familiar with the natural history of the diseases for which such drugs are used, should himself take a leading part in the assessment."

Dr. Green points out that " even the best planned clinical trial can hardly be of sufficient scope to disclose the risk and incidence of those long-term toxic effects—such as aplastic anaemia—which occasionally follows the prolonged use of some of the powerful medicaments of the present day. . . . ." It is in carefully noting and publishing his observations on this kind of hazard that the doctor, using these drugs in routine treatment, can render important service to the medical profession and the public—and be it added—to the pharmaceutical profession and industry. The

reports of Dr. G. W. Lewis on anaphylaxis following penicillin injections published elsewhere in this issue, are an example of such a service and it is hoped that others experiencing similar occurrences will communicate with him so that the extent of the dangers may be evaluated.

We are grateful to Dr. Green for the encouragement he has given to us in our work. Relations between the Research Committee of the College and the Medical Research Council have always been most cordial.

REFERENCE

Green, F. H. K.—*Lancet*, 1954, **2**, 1085.

Registration of Chronic Diseases

CHRONIC DISEASES are by definition always with us; the problem is to decide what more can be done to investigate them in general practice. Two precise suggestions have already been made by members of the College. Dr. J. Fry, of Beckenham, Kent, already keeps a register of his patients with chronic bronchitis and has suggested to those taking part in the Respiratory Diseases Study Group, that they should each compile a similar register themselves. Dr. E. Scott of Ashford, Kent, has proposed to the South East England Faculty that certain chronic diseases might be registered and their distribution then mapped to see whether anything more can be learnt by studying larger areas than a single practice.

The possibilities which arise from the compilation of such a Register of Chronic Diseases are considerable, particularly of those diseases of which any one doctor sees only a few. Not only might more be learnt about the geographical distribution or seasonal incidence of the onset of such diseases; it might also be found that patients suffering from particular chronic diseases were more apt to suffer from certain other apparently unrelated diseases than those not so affected.

Among the diseases which lend themselves to this form of registration are chronic bronchitis, disseminated sclerosis, macrocytic anaemia, thyrotoxicosis; the list could be lengthened considerably. The Hon. Secretary of the Research Committee of the Council would like to hear from any Members of the College who might be interested to take part in the formation of a " Registration Unit " for the purpose of studying chronic diseases in this way and to receive any further comments they may care to make on this idea.

The Measurement of Morbidity

IN NO. 8 of the series " Studies on Medical and Population Subjects," published by the General Register Office, a courageous attempt has been made to provide medical and medicosocial research workers with the yardsticks of measurement they so badly need.

In this report, by the Statistics Sub-Committee of the Registrar General's Advisory Committee on Medical Nomenclature and Statistics, an illness is regarded as a " spell " of sickness, and this word recurs throughout the monograph as in an old work of necromancy or witchcraft. Definitions are given of the episodes of illnesses so described, and using these definitions " rates " are proposed which would be statistically comparable if calculated for different groups or populations.

Those who have carried out analytical studies of the clinical material in their practices, may have found difficulty in deciding how to classify their material and individuals have developed their own methods which are only fortuitously comparable. The use of the " rates " suggested in this report is recommended to all who contemplate any future statistical evaluation of their practice material.

In the third part of the Report consideration is given to fields of research in which the suggested " rates " might be used. The difficulties in determining the populations at risk in general practices are acknowledged, and a special " consultation-rate " is suggested. This rate corresponds to the analysis by " items of service " which has been carried out in some practices. In assessing the accuracy of this rate, the many consultations in the surgery which are the direct result of legislation or administrative action, and which do not necessarily arise from the disability or disease written on the medical certificate, must be borne in mind.

It is clear that in the future much value will be placed upon accurately maintained records derived from general practice, and that most of the work on the observations of morbidity will be carried out in the field of medicine in which most morbidity is encountered and continuously watched. The fundamental importance of the practitioner as opposed to the hospital worker is epitomised by the two quotations that follow.

"The main use of routine morbidity information derived from general practitioners' records is to help in determining the distribution of disease and to indicate action which might prevent sickness."

" The main use of hospital morbidity statistics is for investigating the provision and use of hospital services."

(R.J.F.H.P.)

A Study of Two Years' Work in Northern Ireland General Practice

J. C. C. CRAWFORD, M.D.

(*British Journal of Preventive and Social Medicine*, 1954. **8**, 81-90.)

THE AUTHOR here gives a careful statistical analysis of many aspects of the work of his own practice. The figures represent two consecutive years in a practice of approximately 1,350.

In many respects his figures compare with others recently published. He gives details of the number of surgery and home visits with reference to sex and age groups. He finds, as do others, that demands on service are greater in young children and in the elderly.

He shows the morbidity occasioned by different disease and classifies the cases which need hospital or consultant opinion. Others, who are interested to compare his figures with their own, will find here a very full analysis.

(A. T. K.)

A Year in Paediatric General Practice

NORMAN J. COOK, M.B., D.C.H.

(*Medical World*, May 1954)

IN THIS paper Dr. Cook gives an analysis of a complete year's work as a paediatric general practitioner.

The author is a pioneer in this field and, while not all of his views may be generally accepted, he is conducting a most interesting experiment with obvious enthusiasm. Much of interest to paediatricans and general practitioners alike should emerge from his work.

In the paper under review a notable finding is that the interview rate per patient per annum in Dr. Cook's practice is over twice that of any previous survey of paediatric work when taken as part of an ordinary general practice. Part of this increase is due to routine examinations, but Dr. Cook also infers that parents are more ready to take their children to a doctor known to specialise in children's practice.

He strongly advocates the widespread use of general practitioner paediatricans caring only for children and undertaking a considerable amount of preventive work, in addition to actual treatment. He suggests that the financial drawback under the National Health Service (he himself has had to cut his list before reaching the 1,200 mark) could be overcome by a higher capitation fee, in return for which the doctor would take over much work now done by the local health authorities.

In his analysis of disease incidence in the year under review

an interesting fact is that no less than 43.2% of his patients under one year of age developed otitis media.

His vaccination figures (17 out of 54 babies vaccinated by the age of one year) are hardly outstanding for a practice in which preventive medicine is supposed to play a major role. To be fair, Dr. Cook himself expresses dissatisfaction with them.

(W. G. K.)

Undergraduate Course in General Practice—Preliminary Observations

E. A. W. MARIEN, M.B., B.S., D.I.H., AND A. P. ARDOUIN

(*B.M.J. Supplement*, 1954, **1**, 217)

THIS REPORT, the combined work of an instructing general practitioner and a student from Charing Cross Hospital, reviews the experience of a three-week general practice "firm," and also describes in some detail the method of teaching adopted.

Dr. Marien introduces the student to the patient as a "student doctor," which term he says is "both truthful and ethical and at the same time maintaining professional dignity." The student examines all patients seen and "on no occasion has a patient raised any objection." He estimates that with proper organisation this need not prolong the doctor's working day by more than one-fifth.

All those interested in the teaching of general practice to undergraduates should certainly read this article in full. Indeed, the syllabus proposed by Dr. Marien provides a useful yardstick for all general practitioners. (W. G. K.)

A Week with a General Practitioner

F. D. C. FORD

(*St. Bartholomew's Hospital Journal, LVIII*, No. 11, 1954)

THIS IS a well-written essay by an undergraduate describing a week in a country practice. It is not as detailed a paper as that of Marien and Ardouin (reviewed above), with whose figures he makes some comparisons, but contains many interesting observations from the students' viewpoint. We learn, for instance, that the writer first saw an inflamed eardrum during his week in general practice and has "now learned to appreciate the use of an auroscope." He was most impressed by the importance of continuity of care in general practice and he ends with a plea that such a course be made part of the final year curriculum. As he says, "Even those who intend to specialise ought to know."

(W. G. K.)

The Chronic Mental Patient in General Practice

C. A. H. WATTS, M.D., D.R.C.O.G.

(*Lancet*, 1954. **2**, 85)

DR. WATTS reviews the fate of 133 patients with serious mental illness seen by him in general practice over a period of eight years. 65 of these were admitted to a mental hospital and most of the remainder referred to a psychiatrist. Of the total only nine are still in hospital, 23 have died, and 99 are at home, most of the latter group not requiring treatment from their doctor.

He makes a strong plea for the domiciliary care of the chronic mental patient wherever possible, and points out that the mental hospital should be viewed primarily as a treatment centre, and only as a last resort " as a place to send unwanted, aged, or difficult psychotics ".

Much of the success of this domiciliary treatment depends on the co-operation of the patients' relatives, and here he points out that the general practitioner can do much to help. " It is surprising how much a family can do, and will do, for the mentally sick if given adequate moral support and advice by their own doctor." He quotes several case-histories which well illustrate this point.

The amount of work required from the general practitioner is not greater than for any other section of the chronic sick. Support and encouragement, especially during the initial period following discharge from hospital, are the main requirements and detailed psychiatric treatment is not necessary. (W. G. K.)

Sylvest's Disease (Bornholm Disease)

WILLIAM N. PICKLES, M.D.

(*New England Journal of Medicine*, 1954. **250**, 1033-1036)

IN THIS lucid article the author reviews the history of early papers and illustrates the striking clinical picture of this interesting disease, both in its epidemic and sporadic form, by reference to his own cases. He would prefer that what is generally known as Bornholm disease be called Sylvest's disease in acknowledgment of the early work of his Danish colleague.

It seems that we may expect to encounter quite large epidemics. Cases seen early in an epidemic or isolated cases may, on account of the alarming early abdominal or chest symptoms, simulate serious disease. Emergency measures, such as laparotomy, mistakenly employed, will prejudice recovery from a disease which is normally of short duration and without sequelae.

Dr. Pickles' precise description of this condition is now well known as part of his valuable contribution to epidemiology. How refreshing it is to know that so keen an observer can possess the humbling sincerity which lets him admit of a patient that he " had not the slightest idea what had been the matter ! " (A. T. K.)

On the Infertile Marriage in General Practice

JOHN C. T. SANCTUARY, M.D., D.Obst., R.C.O.G.

(*Proceedings of the Royal Society of Medicine*, 1954. **47**, 705-708)

IN THIS excellent paper a general practitioner gives the results of a specific piece of work on a specialised subject yet carried out in the course of general practice. His aim is to show how the practitioner, by virtue of his position as family doctor, can be more easily approached by the patient and can in a large proportion of cases advise, investigate and treat, leaving only a selected few to go on to the specialist.

This is a subject about which every practitioner is consulted and on which many are unable to advise from lack of knowledge of the correct approach. The author outlines his methods.

Many successes follow simple advice on fertility dates, frequency of intercourse and routine general treatment. He finds the keeping of temperature charts of ovulation of great value and considers the interpretation of post-coital tests within the realms of general practice. He also believes that hysterosalpingography can be undertaken by the practitioner. Seminology and more specialised investigations he leaves to the expert.

Of his 203 cases he completed the investigations of 89 without specialist help and of these 60 conceived.

In a further 65 he used his own observations and obtained the results of fuller investigation before giving treatment. Of these, 32 conceived and 33 remained infertile. The remaining 49 were referred to the specialist with 11 successes and 38 failures.

He finally gives an interesting and instructive analysis of the successes and failures in his series. (A. T. K.)

Polyarthritis in Rubella

G. W. LEWIS, M.B., Ch.B.

(*Rheumatism*, 1954. **10**, No. 3)

IN THIS paper the author reviews the literture on the rheumatic complications of rubella, chiefly polyarthritis, and describes five cases of his own occurring in one epidemic.

This complication affects adult females in epidemics which may be mild in children and adult males. The joints most commonly involved are the small joints of the hands and wrists. Most clear entirely in fourteen days but occasionally residual stiffness is seen. The response to salicylates is not dramatic.

The author suggests that such cases may occur only in certain epidemics, especially those where a high proportion of adults is affected. (A. T. K.).

Acute Psychiatric Illness. Treatment by Vitamin B Complex

C. A. H. WATTS, M.D., D.R.C.O.G.

(*Med. World*, December 1953)

IN THIS communication Dr. Watts recommends the use of vitamins of the B group as an easy and safe treatment for acute psychiatric cases in general practice, sometimes avoiding both certification and hospitalisation.

He found aneurin and nicotinic acid of particular value in acute confusional states in the aged; used them with success on a patient with delirium tremens and quotes two instances when they had " a beneficial effect on the nocturnal wanderings of the light-headed child ".

(W. G. K.)

Announcements

1. Treatment of Herpes Zoster

RESEARCH MEMBERS of the East Anglian Faculty have begun work on this subject. The aim here is to assess the value of ergotamine tartrate or dihydro-ergotamine in cutting short attacks or relieving pain of shingles. Some isolated cases treated with these have done extremely well, but the picture is not yet definite.

Participation is invited from all members *whether they use these drugs or others* in their treatment of herpes. Fortunately this can be done with the very minimum of form filling. The records are to be kept on ordinary EC7 or EC8 continuation cards, with slight modifications. Details of this research can be obtained from Dr. A. S. Playfair, 25 Mill Road, Cambridge.

2. Notification of Infectious Disease

Members are reminded that Medical Officers of Health are always interested to receive reports concerning non-notifiable infectious disease, and, in particular, cases of unusual interest.

3. Individual Research

The Central Research Committee would be interested to hear from members undertaking research work. Information should be sent to the Registrar, Dr. C. H. Watts, " The Limes," Ibstock, Leicester, in the first instance, and will be considered as confidential if so desired.

4. Research Register

In order that the Research Register may be kept up-to-date, it is essential that members notify the Registrar of any change of address.