

## *Review*

### **Research in General Practice. The Matheson Shaw Lecture.**

The first Matheson Shaw Lecture was delivered by Professor James M. Mackintosh before the Royal College of Physicians of Edinburgh on the 19th November, 1954. Professor Mackintosh is one of the specialists who helped us on the steering committee which made the birth of our College possible. Members will be interested and flattered to learn that the subject chosen by the lecturer was Research in General Practice. The lecture has now been published in booklet form.

Professor Mackintosh has many wise things to say about general practitioner research. After tracing briefly the rise of the general practitioner during the last hundred years, he stresses the continuing need for clinical research in medicine. For the general practitioner wishing to undertake research, the public health laboratory service, the medical statistician and the College of General Practitioners are all able and willing to help. It would be a pity, he thinks, if the student intending to enter general practice were put off by the stress which is laid on the importance of controlled experiment and he quotes Professor Adrian.

“Although patients may be constructed of the same stuff as lumps of coal and drops of water, it is difficult to think quite dispassionately of these simple origins when they are in trouble. For much the same reasons our social feelings and our social organisation prevent us from undertaking the kind of experiment which would make one patient worse even though it might tell us how to make another better.” This attitude, as Professor Mackintosh points out, is approved by the research committee of the College.

The results obtained from less than fifty or even a dozen cases can be significant if they are combined in the skilled hands of statisticians with similar results obtained from other members of the general practitioner team. To meet this need he suggests a consultant advisory service in statistics. The College has recognised this and has been fortunate in obtaining the help of leading medical statisticians.

Professor Mackintosh considers that the College has shown great wisdom and foresight in establishing as one of its central activities a committee for research in general practice; he emphasizes “that there is a responsibility on general practitioners to undertake research not only in terms of field observations on sickness or epidemiological studies but also into the obscure problems inherent in general practice and medicine.” The College is aware of this responsibility and the memorandum on general practitioner records in this issue is the first fruit of this policy.

Of group research by questionnaire he says, "this kind of research may be particularly valuable in epidemiology but there are certain limitations to be remembered; the questions must be brief, minimum in number, unequivocal in sense: the answers given should be complete and accurate and unbiased."

He makes a survey of those subjects most suitable for general practitioner research and points out some of the existing obstacles to research which could be removed by administration and other means. Of the incentives, the ideal "is active co-operation between medical practitioners either individually or in the group, and the College of General Practitioners. Through an organisation of this kind the general practitioner is no longer isolated and his knowledge survives his own experiences."

We have quoted enough to show what importance Professor Mackintosh attaches to the College as a stimulation towards research. The whole lecture is a valuable addition to the literature of its subject and is worthy of the attention of all those interested. The bibliography at the end is useful.

#### REFERENCE

Mackintosh, James M.—*Research in General Practice. The Royal College of Physicians, Edin., 1955. Price 3s. 6d.*

## Correspondence

### Classification of Minor Maladies

SIR,—I was most interested in your editorial note, in the February Bulletin, on nosology in medicine. As you say, a nosology based on morbid anatomy or pathology has little value in general practice. A classification by aetiology would be best, but we are still a long way from knowing enough about aetiology to make this practical.

One aspect of this theme which has interested me is the recognition and handling of stress disorder in practice. Provisional lists of stress disorders have this one feature in common, that the disorders accompany emotional tension, so that in terms of aetiology they belong to a single category. The disorder mentioned in your note 'fibrositis' is (I believe) the name often given to tension pain, and the pain is easier to understand and to manage if its origin in stress is recognised.

I feel quite strongly that the traditional classification in our medical textbooks is out of date, and I entirely agree with your call for clear thinking. There are many sides to the nosology question, and it would be most interesting if the College would put together a symposium on the subject.

DESMOND O'NEILL.

London.