

A MEETING OF OFFICERS OF FACULTY RESEARCH COMMITTEES

The chairmen and secretaries of Faculty Research Committees met on Sunday 7th October, 1956, at the Withington Hospital, Manchester. The opportunity was taken for a free exchange of information and advice on the organization of research within the faculties. There were present:—

Dr. J. F. Baker (North Midland), Dr. R. C. Burton (Provost, North Midland), Dr. F. J. Catto (Provost, N.W. England), Dr. D. L. Crombie (Midland Faculty), Dr. S. Freeman (N.W. England), Dr. J. P. Horder (North London), Dr. R. Hunt Cooke (North London), Dr. E. P. Leavy (East of Ireland), Dr. R. M. McGregor (S.E. Scotland), Dr. Murray Scott (Yorkshire), Dr. W. A. Simpson (N.W. England), Dr. C. Starey (Thames Valley), Dr. Pinsent (Chairman, Research Committee of Council), Dr. J. R. Robertson (S.E. England), Dr. W. G. Tait (Thames Valley), Dr. C. A. H. Watts (Midland), Dr. D. P. Wheatley (Northern Home Counties), and Dr. C. T. Wyse (East Scotland).

The chair was taken by DR. SIMPSON and members were welcomed by DR. CATTO, provost of the N.W. Faculty. A representative from each faculty presented a report on the activities within his area and each report was freely discussed.

North London Faculty

DR. HUNT-COOKE of North London described projects which his faculty had in progress. DR. J. WHITBY had surveyed the incidence of organic disease in patients who had come to him in the first place with neurotic symptoms, or in whom these symptoms were manifest. He compared the organic disease that they had with people who did not have these neurotic symptoms, and found a considerable difference in incidence. For example, osteoarthritis of the spine and degeneration or prolapse of the disc was present in 10% of the neurotic group and only in 1.6% of the non-neurotic group. Fibrositis of the back and shoulders was present in 6% of neurotics and in 1.6% of the non-neurotics. Operations for menorrhagia, cervical infections and polypi were carried out in 12% of the neurotic and in 4% of the non-neurotic group. Dr. Whitby had asked for help from members of the faculty so that a more complete picture might be obtained.

Members of the faculty were helping Dr. Toohey of the New End Hospital, Hampstead, in an assessment of long term anticoagulant therapy. The work was being done on cases of proved coronary thrombosis and, more particularly, on subjects to angina who had not had any coronary thrombosis, in an endeavour to find out whether the mortality rate might be reduced by prolonged treatment.

In discussion, it was mentioned that the S.E. England Faculty were considering a long term investigation into the ultimate diagnosis of

patients suffering from neurosis and it was stressed that the definition of neurosis should be the same in both faculties, and the difficulty of formulating a satisfactory definition was mentioned by several speakers.

South-east England Faculty

In presenting the report of the S.E. England Faculty, DR. ROBERTSON mentioned the splendid reception given to the electrical apparatus exhibited at the College stand in the Scientific Exhibition at the Annual Meeting of the B.M.A. at Brighton. A series of coloured lights were timed to illuminate places on a large scale map of England in such a way as to illustrate the spread of epidemic winter vomiting during 1955. This apparatus was being loaned to the Royal College of Surgeons for their meeting on December 12th.

The faculty have had in hand a survey of glands in children, to discover the incidence of enlargement of the glands in the posterior triangle and tonsillar areas, by age and by diagnosis. A survey on abortion and threatened abortion with the object of determining not only their incidence, but the effect of the latter on the foetus, had been started.

Next summer, the faculty hope to investigate a syndrome of sore throat, pyrexial malaise, stiffening and intense frontal or occipital headache. These conditions they have clinically labelled "posterior virus pharyngitis" or "summer sore throat". The fever lasts for four or five days and though the fossae are infected, there is no tonsillitis. The lymph nodes on the posterior pharyngeal wall are dense and look like small pink nodes. Where the tonsils have been removed, occasionally two or three nodules may be seen in the tonsillar fossae. The posterior cervical lymph glands are enlarged and tender. The incubation period is about three days, and glands sometimes persist after pyrexia has subsided. Mental depression may last for a week or more, particularly in adults. The condition ran parallel with the polio and rubella season this year, but whether there is any relationship is not known. The only antibiotic which appears to have any influence on its course is achromycin.

In the discussion of the report, Dr. A. P. LEAVY of Dublin mentioned that they had had a condition with severe headache, photophobia meningeal symptoms and that a number of these cases had been admitted to hospital. It was thought that they were associated with poliomyelitis. Other speakers mentioned the Royal Free Hospital syndrome and glandular fever as having a similar presentation.

The South-east Scotland Faculty

The activities of S.E. Scotland Faculty were reported by DR. MCGREGOR. Five different types of investigation were being undertaken.

- (1.) The emergency bag. (2.) Cerebrovascular accidents.
- (3.) Angina of effort. (4.) A therapeutic trial on chilblains.
- (5.) Vaginal smears.

The idea of the emergency bag was the most popular one, because it gave immediate foreseeable results and no great effort to complete. It was hoped to show teachers the type of emergency the family doctor is called upon to attend and what he might conceivably carry in his bag. Incidental information was obtained as to what days emergencies were most likely to occur, what age groups were chiefly responsible and which sex was most troublesome. This investigation ended on the 1st January, 1956 and preliminary figures have been prepared for the first thousand cards to be submitted and will be published shortly. The final analysis will take many months and should be of great interest. The cerebrovascular accidents investigation was designed to show the frequency and prognosis of conditions which the family doctor is called upon to take sole charge. Investigations 2 and 3 were clinical trials into the value of certain drugs—Dibethylene in chilblains, and nitrates in angina of effort. The vaginal smears investigation was an attempt on the part of the family doctor and the professor of midwifery and gynaecology in the University of Edinburgh (Professor R. J. Kellar) to detect early cancer by taking swabs at the postnatal examination and during the menopause. The co-operation of a specially trained pathologist is essential for this type of work, and the faculty were fortunate in being able to secure this.

Dr. McGregor's report was followed by a discussion on the ethics of therapeutic trials.

The North Midland Faculty

DR. BAKER reported on the activities of the North Midland Faculty. He said that in his area they had found that research work was the hardest thing that they had to organise, and that it received the least support from the faculty as a whole. He mentioned the length of time (twenty months) that it had taken to bring the tonsillitis investigation to the stage of the production of a card. The objectives of the investigation were finally clarified as follows:—

1. to determine the age, sex and seasonal incidence of tonsillitis;
2. to determine the common presenting symptoms ; and
3. to study the relationship of complications to the presenting symptoms.

His committee were now discussing the value of what might be termed "quickies" in research. Broadly speaking the "quickie" would make use of a series of observations carried out by general practitioners in their consulting rooms, or some quite simply routine

such as the urine testing of all patients over the age of fifty, to detect symptomless diabetes, or the rough confrontation test of the visual fields in all patients over fifty to detect early pituitary enlargement. His faculty were attempting liaison with the S.E. England faculty in the abortion project. Members of the faculty in Lincolnshire were studying daffodil dermatitis. In the course of his report, Dr. Baker mentioned that one member of his faculty had referred to the comments of the Research Committee of Council on the tonsillitis investigation as "supercilious warnings". Dr. Horder pointed out during the discussion that, whilst he agreed that the Research Committee of Council laid themselves open to such criticism, they were in fact only trying to be helpful in endeavouring to find all the difficulties and to point them out from their own experience of other projects. Their criticism though searching was not intended to be destructive.

DR. PINSENT drew attention to the work of Dr. Staines of Calington which has been published in Newsletter No. 13, and stressed the importance of the right hand knowing what the left hand was doing, and Dr. McGregor welcomed the fact that the faculty was investigating the effect of local industry on health.

East of Ireland Faculty

DR. E. P. LEAVY of the East of Ireland Faculty presented the report of his faculty. An investigation of acute respiratory infections had failed to produce any conclusive result. Dr. Leavy attributed the failure of their investigation to the small number of cases of respiratory disease encountered during the time of the investigation, and an unfortunate misunderstanding with the pathologist, and to the small number of doctors participating. He felt there was a lack of interest in research, and asked the meeting for advice on how to stimulate enthusiasm amongst members. Considerable sympathy was expressed. Dr. Robertson thought that a similar diffidence existed elsewhere. Dr. McGregor said that if one successful project was achieved, the interest in other work would probably be aroused.

Overseas Faculties

DR. TAIT next presented a report of the activities of some of the overseas faculties. New South Wales had already published the results of their survey of eclampsia and had two projects in the planning stage. One, an investigation into the type of anaemia occurring in general practice, has been made possible by an offer of help from the Red Cross Blood Bank, who are supplying all the material. The other was on the incidence and type of penicillin reactions. The investigation into infective hepatitis has already yielded 130 cases.

Queensland reported on their projected survey of goitre in

school-children (*Research Newsletter* 1956, 3, 189). The difficulties under which the Australian doctors were working was stressed by Dr. Hopkins, secretary of the research committee of the faculty, in a letter to Dr. Pinsent. His practice stretches about 600 miles, and he himself is about 600 miles north of Brisbane and 1,000 miles from Sydney, and he is only about half way up the coast.

In Kenya they are proposing an investigation into virus disease.

The Northern Home Counties Faculty

DR. WHEATLEY (Northern Home Counties) said that his faculty was considering two investigations, into threadworms, and into the incidence and treatment of hypertension in general practice. The threadworm investigation was as yet in a very early stage. The hypertension investigation had reached the pilot stage and participants had been asked to say:—

1. What their criteria in diagnosing hypertension were,
2. The number of cases old and new, seen in a thirty-day period, divided into age groups 0-20, 21-40, 40-60 and 60 and over,
3. What drugs they use, if any, and
4. The indications relied on for their use.

In the discussion, Dr. McGregor raised the point of having a standard of age grouping. He himself prefers 0-4, which is the pre-school years, 5-15 the school years, 15-45, 45-65 and 65 and over. Unless there is standardization, it is difficult to make comparisons between one area and another. Dr. Wheatley, whilst agreeing in general with Dr. McGregor, said that different diseases required different grouping. It would not, he said, be much use having an age group 5-15 in investigating hypertension.

The East of Scotland Faculty

DR. WYSE of the East of Scotland Faculty said that, though small in number, his faculty had three projects under review. They were planning an enquiry into psoriasis—the family history, occupation, age of onset, seasonal activity of the disease and its relationship to other diseases. They were also interested to find the incidence of disseminated sclerosis, which was thought by some to be on the way out. Their third interest was in domiciliary confinements.

The Yorkshire Faculty

DR. MURRAY SCOTT, Yorkshire Faculty, described the investigation into unreported cancer (which has now been published in *Newsletter* 1956, 3, 183) as having been in the nature of a “quickie”. He said it would be very interesting to go on and find out whether

the results of no treatment were any better than the results of those attending the radiotherapy centres.

Afternoon Session

The afternoon session opened with a discussion on the Morbidity Survey. DR. PINSENT described the work which had gone into the planning of this survey, the selection of the 108 practices involved, the coding technique and the study of the classification of the results, which was still fluid, and which it was hoped to relate to the World Health Organisation classification. The long list would be of 250 headings, the next list would be about 80, and below that there would be a list of about 20. Publication was to take place in three volumes. Volume I would be a "grey book", published by the Registrar General's Department, containing tables and written mainly for the statisticians and administrators. It was hoped the second volume would be written as a clinical interpretation of the figures by members of the College. Sixteen clerks were at present engaged in coding and checking the work, and would be coding and checking for the next six months. This enterprise, in which so many people had collaborated and worked very hard, was going to be a very real success; something which no other country could have produced, and something of which the College would be very proud indeed.

DR. STAREY of the Thames Valley Faculty, described his experience in taking part in the survey, and a visit to the Registrar General's Department to see the actual process of coding. He considered that Dr. Pinsent, the Research Committee of Council and the General Register Office had conceived this infant, and those who took part had delivered the baby in prolonged labour! He judged that the preparing of the cases for a practice of 2,000 patients took his wife and himself $2\frac{1}{2}$ hours on two evenings a week, and the recording itself took half an hour a day at the end of evening surgery.

In the discussion that followed, DR. MURRAY SCOTT emphasized the invaluable aid in this type of survey of a secretary, and the hard work put into it by single-handed practitioners.

Dr. Pinsent pointed out that the survey had been limited to England and Wales, and that from it had already developed the planning of the College Records Unit which was the next stage, the object of which was to continue the Morbidity Survey in perpetuity. Dr. Leavy said that the Central Statistics Office of Ireland had shown great interest in the survey, and was anxious to carry one out in Ireland, through the College of General Practitioners.

A discussion on "Liaison in Research" was then opened by DR. TAIT, who said this was an idea of his to find out whether anything else remained to be done to improve the liaison between the

Research Committee of Council and the members and officers of faculty research committees. He pointed out that there were four main lines of co-ordination:—

1. A scheme, initiated by Dr. Horder, whereby a file was kept by him for each faculty and kept up-to-date as far as possible. This depended on co-operation from faculty research committee secretaries.
2. Quarterly reports, which the research committee sends to members of the College council, are distributed to faculty research committee chairmen and secretaries for their information.
3. The *Research Newsletter* publishes original articles and reports from the faculties, and Dr. McConaghey circularises all faculty secretaries asking for information, in time for each newsletter.
4. A new periodical, *Between Ourselves*, a completely informal publication for the information of those on the Research Register, has been inaugurated.

DR. CROMBIE stressed the fact that the Research Committee of Council must be considered an advisory body, and that it tried to submit comments and advice on projects, which would be helpful and instructive. He described the machinery by which the research committee tried to provide this advice, and, with examples, followed a typical research project on its passage from the faculty to the research committee members, and back again to the faculty with the consolidated comments of the research committee.

A vigorous discussion followed and, it was apparent that the present system, although it had its drawbacks and disadvantages was generally considered to be adequate.

The afternoon session was completed by a short Brains Trust, in which members of the meeting submitted questions which led to a lively discussion. Amongst the questions considered were:—

1. What part should be played by the ethical drug houses in providing for faculty research.
2. A suggestion that in circularising a research project, the degree of practice record organisation should be clearly stated.
3. A suggestion for a survey of domiciliary confinements, to find out the percentage attended by (a) a midwife only, or a midwife and a doctor, (b) a consultant also, but the confinement still carried out at home, and (c) a consultant and the patient transferred to hospital.

The meeting closed with a warm expression of thanks to Dr. Simpson for his conduct of the meeting, and to the Hospital Management Committee and their chairman, Mrs. Hill, M.P., for their outstanding hospitality to the conference.