

(1) The Minister of Health on General Practitioner Research.

Brit. Med. J., 1954, 867.

The following is an extract of a speech by the Minister of Health at the opening of St. George's Hospital Medical School on October 1st. He spoke of the contribution that the general practitioner could make to clinical research.

"Medicine, said the Minister, was still happily largely an art, but it was an art wedded to science, and, as science was dynamic, medicine could not stand still. Research in medicine was of two main kinds: it could be carried out in specially equipped laboratories, or it could be carried out at the bedside by doctors using their own powers of observation. The first was the province of a few, but clinical research was within the scope of every doctor. It was possible, of course, for the two types of research to overlap to the point of complete coalescence. Sir James Mackenzie was an outstanding example of a doctor who carried out first-class clinical research; as a general practitioner he had evolved his own bedside equipment, the polygraph."

"Those who could devote their lives to research would be in the minority, Mr. Macleod continued, but every physician had a wealth of material for study, provided that, from the beginning, he kept adequate records. As a general practitioner's son he recognised the importance of maintaining the links of the general practitioner not only with hospitals but to some extent with academic work. The growth of group practices was bound to stimulate interest in particular fields. He hoped that, arising out of the Clinical Research Board, interest would be encouraged in research in the smaller hospitals and in general practitioners' surgeries as well. A man should not feel that because he was going into general practice he had, in some obscure way, "failed," but that he had a contribution to make not only to healing but to research."

(2) Shere Fever.

The report on Shere Fever in the Supplement to Newsletter No. 4 has given rise to the following comment in an annotation in "The Medical Officer" (1st October

1954, page 171). This interest from a journal so influential in local government circles will be read with satisfaction by all those on the Research Register.

"This memorandum is a clinical supplement to their Research Newsletter No. 4, edited by Dr. G. I. Watson, director of the Epidemic Observation Unit, published in June 1954. It is neatly cyclostyled and plainly but attractively bound. We gather that it is not issued for general circulation.

"The receipt of this interesting account of general practitioner research gives us joy. Medical officers of health have for many years been more than anxious to co-operate fully with general practitioners in their preventive work, realising that the family doctor is in a better position than anyone else to observe the trend of illness and to note its variation. Dr. William Pickles of Aysgarth blazed the trail for this and we have always been proud that he was medical officer of health as well as a general practitioner. The College of Practitioners with their forward and progressive policy are endeavouring to follow Dr. Pickle's excellent example and to do as much research work as possible with the enormous amount of material at their disposal. Those of us who have had the good fortune to meet members of the Council of the College have been impressed by this willingness and indeed eagerness to consult and co-operate with the medical officer of health and we can see a great future in a combination of the work of medical officers of health and general practitioners in the research work of the College."

"This piece of research is admittedly a modest one and has brought to light no new facts of national importance, but nevertheless it shows an awareness amongst large numbers of practitioners of the value of co-operation in the ascertainment and spread of infectious disease and of measures to be taken for their prevention. The College has not a substantial clerical staff and no professional statistician and therefore they are obliged to go more slowly than their enthusiasm would be likely to lead them. It is to be hoped that medical officers of health will be as keen and anxious as members of the College to assist in and co-operate with further investigations of this nature and that they will afford to the family doctors all assistance within their power both from their medical

officers, sanitary inspectors, health visitors and so forth. The Public Health Laboratory Service can also be relied upon to assist as they have done in these cases."

"We note in this outbreak the interest of Dr. J.F. Warin, M.O.H., Oxford, who also took part in local inquiries at the same time."

"We congratulate the College of General Practitioners on their Epidemic Observation Unit and wish it success."

(3) Does Influenza Spread Within The Household.

R. E. Hope Simpson, M.R.C.S. and Ian Sutherland, M.A. Camb., D. Phil. Oxfd. Lancet 1954, 1, 721.

The Director of the Epidemiological Research Unit, working on material obtained in his practice during the influenza epidemic of 1951, has endeavoured, with the aid of the most modern statistical methods, to solve the vexed question of the mode and spread of influenza. This same question exercised the minds of doctors in the early years of the nineteenth century; and has since as frequently been resolved in favour of non-communicability, as it has been declared to be contagious. Dr. Simpson studied the behaviour of the disease in a hundred households which experienced at least one case of the disease. The households contained three hundred and eightyfive persons. The behaviour of the epidemic was compared with that of measles. No definite evidence pointing to spread of influenza from person to person was adduced whereas in measles such evidence was quite conclusive. "The problem" writes Dr. Simpson, "cannot be settled with the material that we have studied here." We look forward to further reports from this interesting experiment in epidemiological research.

(4) Domiciliary Obstetrics. A Survey and Commentary.

Ivor Cookson, M.B., D. Obst. R. C. O. G., D. C. H., M. M. S. A., Brit. Med. J., 1954, 1, 841.

This paper is a revised version of the Sir Charles Hastings Clinical Prize essay for 1953. It comprises an

inquiry into the practice of obstetrics (1) in general practice over a period of six years; (2) in a community of 67,000 inhabitants over a period of three years; and (3) in a further 1,000 domiciliary deliveries. This paper which is an important one should be read in its entirety. Some of the conclusions reached by Dr. Cookson are:-

- (a) premature delivery, breech delivery, and multiple birth carry a still-birth or neonatal death rate too high to be acceptable for domiciliary delivery. The rates for first births do not suggest that normal primiparae should be delivered in hospital.
 - (b) more frequent use of episiotomy in domiciliary work would reduce the forceps rate and the incidence of severe tears, and would avoid many long second stages of labour.
 - (c) intravenous ergometrine at the end of the second stage can be used with advantage in domiciliary practice, particularly in forceps deliveries.
 - (d) interest in obstetrics and adequate instruction as a student are the only essential qualifications for the family doctor who wishes to practise obstetrics in an area where consultant support is available.
- (5) An Experiment In Family Practice Within The National Health Service.

F. Charlotte Naish, M.A., M.D. Camb.,
Lancet 1954, 1, 1342.

Dr. Naish describes what she calls "extras" which she has been adding to her practice in an attempt to make it truly a family practice. These include ante-natal clinics, relaxation classes, special clinics for mothers and children, a mothers' club and a fathers' club. At these latter "an attempt at health-education in its broadest sense is made and the talks and discussions have covered a wide range from infant care to juvenile delinquency. Here also the mothers are taught the early signs of illness, when to send for the doctor, how to

nurse a sick child at home, how to prepare a child for admission to hospital, what a child-guidance clinic is for and much else which improves the mother-child-doctor relationship. The fathers discuss many topics arising out of their particular home problems and wider issues of good citizenship. In doing so they get a better view of the mother's difficulties and learn how they can enjoy giving help with the family problems."

Dr. Naish gives figures which show a decreasing number of admissions to hospital in support of her claim that this enlargement of the scope of the service she provides has given results.

This experiment in positive health education is well worth studying.

(6) Incidence of Allergic Diseases in General Practice.

N. J. T. Hamilton, M. B., M. Ch., R. A. O.
and B. Bendkowski, M. B., Ch. B., Brit.
Med. J., 1954, 1, 1069.

Observations were made for a period of twelve months on the incidence of five allergic conditions:- asthma, urticaria, allergic rhinitis, atopic eczema and drug allergy in a general practice comprising about 4,000 patients in an industrial area. There were sixtyeight cases of asthma seventytwo of urticaria, thirty of allergic rhinitis, twentyseven of atopic eczema and twelve of drug allergy. The number of cases of drug allergy is remarked on and the authors give special warning of the dangers inherent in the exhibition of drugs known to be allergenic without clear indication for their use in preference to other drugs. This specially is important with regard to penicillin creams and ointments.

(7) Stellate Ganglion Block in General Practice.

R. Crosbie Walsh, M. R. C. S., L. R. C. P.,
Brit. Med. J., 1954, 2, 684.

The stellate ganglion was injected three hundred and fortytwo times in one hundred and thirtynine patients. These patients were seen in a general practice in South London and the injections took place in the patient's own home, the consulting-room, nursing-homes, an L. C. C. welfare

home and the out-patient department of a general practitioner hospital.

Of the one hundred and thirtynine patients, one hundred and twentyfour were cases of cerebral thrombosis. In the twentythree injected within twentyfour hours of onset, seventeen showed improvement, of those twentytwo with a six to twelve month history, four showed improvement. These figures are satisfactory and it is interesting to learn of good work of this nature being done in practice. It is probable that only general practitioners are in a position to be able to assess the benefit accruing from stellate ganglion block early in cases of cerebral thrombosis and a controlled experiment here might yield interesting results.

(8) Exfoliative Dermatitis After Acetarsol Vaginal Pessaries.

Bernard J. Peck, M.R.C.S., L.R.C.P.,
Brit. Med. J., 1954, 2, 850.

A woman aged fortyseven who had used two acetarsol pessaries for fourteen days before a menstrual period lasting a week and for one week after, developed an exfoliative dermatitis of sufficient severity to warrant her admission to hospital where she was treated with dimercaprol ("B.A.L."), after which she made an uninterrupted recovery.

"Discussion with several gynaecologists, venereologists and dermatologists would suggest that although few cases of dermatitis following acetarsol vaginal treatment have actually been reported, the condition is not as rare as the few descriptions in this literature would have one believe. It is possible that increased specialization of medicine into almost water-tight compartments prevents adequate collaboration between the practitioners involved." Dr. Peck draws attention to a potential danger which may arise from the fact that a patient may receive treatment from gynaecologists or venereologists without the general practitioner or the dermatologist becoming aware of it. Acetarsol tablets are very frequently prescribed; the danger of skin complications arising should be watched for. It would be interesting to hear from general practitioners of further cases.

(9) Technique In General Practice.

To obtain satisfactory illumination for microscopy

without expensive or additional apparatus.

The performance of a microscope depends to a great extent on correct illumination. The following description of the control of intensity, alignment, and focussing of the source of illumination will be found to give very good results for most oil-immersion work.

A convenient source of illumination is an angle-poise lamp fitted with a forty watt pearl bulb. But only a fraction of the light from such a source is required and used. Much of the remainder produces scatter and dazzle, and should be cut out by the use of a "field stop". This may be simply a 5" x 8" card, propped up on one of its narrow edges, and having a hole, about 1" above the centre, large enough to admit an ordinary pencil.

The sequence to be followed, to obtain correct illumination is:-

1. Set up the microscope in the required position and at the required inclination.
2. Prop up the field stop about a foot in front of the microscope, and bring the source of light behind the aperture in it.
3. Bring the $2/3$ objective lens into use on the microscope, and rack it up well out of focus. Remove the eye-piece.
4. Look down the tube of the microscope, and adjust the mirror until the bright spot caused by the hole in the card appears to be in the centre of the objective lens.
5. Replace the eye-piece and focus the preparation to be examined (blood film, etc.,). At this magnification only a very small circle in the centre of the field will be brightly illuminated. Adjust the substage condenser until the edge of this bright circle is sharply defined.
6. Change over to the oil-immersion objective. It may be found necessary to move the lamp slightly behind the field stop, in order to obtain brighter illumination but this will not upset the

alignment or focussing. If the aperture in the field stop is too small, there will be an evident cut-off of the brightness of the field at the periphery.

ANNOUNCEMENTS

(1) The Research Committee.

At its meeting on 6th October, 1964, the Council of the College approved recommendations from the Research Committee for a reorganisation of its constitution.

1. The committee has now been enlarged to ten members.
2. The officers of the committee will be:-

Chairman	Dr. R. J. F. H. Pincent.
Vice Chairman	Dr. G. I. Watson.
Honorary Secretary	Dr. B. L. Crombie.
Honorary Assistant Secretary	Dr. J. P. Morder.
Honorary Treasurer	Dr. A. R. Laurence
Honorary Registrar	Not yet appointed.
Director of Epidemic Observation Unit	Dr. G. I. Watson.
Editor of Research Publications	Dr. R. M. S. McConaghey.

Members and associates should address any correspondence concerning research, to the Secretary, Dr. B. L. Crombie at 88 Oakhorn Road, Birmingham, or to the College Offices at 54 Glean Street, London W.1.

Communications for insertion in the Newsletter should be sent to The Editor, Research Newsletter, Prospect Hse: 38 Newcomen Road, Dartmouth, Devon.

(2) A College Records Unit.

It has been suggested that the College considers, as a long-term objective, the establishment of a Unit for the continued study of morbidity. It is believed that it will be possible to devise an accurate and simple method of recording morbidity which could be used by