Further reading

Hart E, Bond M. *Action research for health and social care. A guide to practice*. Buckingham: Open University Press, 1995.

Susman GI, Evered RD. An assessment of the scientific merits of action research. *Administrative Science Quarterly* 1978;23:582-603.

working closely with practitioners to explore issues in a practical context, the researcher gained more insight into how the rhetoric of policy might be better translated into reality.

Conclusions

Action research does not focus exclusively on user and carer involvement, though clearly its participatory principles makes it an obvious choice to explore these issues. It can be used more widely—to foster better practice across interprofessional boundaries and between different healthcare settings, for example.^{14 23} It can also be used by clinicians to research their own practice.¹⁰ It is an eclectic approach to research and draws on a variety of data collection methods. The focus on the process as well as the outcomes of change helps to explain the frequent use of qualitative methods by action researchers.

Competing interests: None declared.

- 1 Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based medicine: how to practise and teach EBM*. Edinburgh: Churchill Livingstone, 1997.

- 2 Hicks C, Hennessy D. Mixed messages in nursing research: their contribution to the persisting hiatus between evidence and practice. *J Adv Nurs* 1997;25:595-601.
- 3 Hart E, Bond M. *Action research for health and social care: a guide to practice*. Buckingham: Open University Press, 1995.
- 4 Reason P, Rowan J. *Human inquiry: a sourcebook of new paradigm research*. Chichester: Wiley, 1981.
- 5 Carr W, Kemmis S. *Becoming critical: education, knowledge and action research*. London: Falmer, 1986.
- 6 Meyer JE. New paradigm research in practice: the trials and tribulations of action research. *J Adv Nurs* 1993;18:1066-72.
- 7 Webb C. Action research: philosophy, method and personal experiences. *J Adv Nurs* 1989;14:403-10.
- 8 Titchen A, Binnie A. Changing power relationships between nurses: a case study of early changes towards patient-centred nursing. *J Clin Nurs* 1993;2:219-29.
- 9 Secretary of State for Health. *The new NHS*. London: Stationery Office, 1997. (Cm 3807.)
- 10 Carey LM, Matyas TA, Oke LE. Sensory loss in stroke patients: effective training of tactile and proprioceptive discrimination. *Arch Phys Med Rehab* 1993;74:602-11.
- 11 Stark S. A nurse tutor's experience of personal and professional growth through action research. *J Adv Nurs* 1994;19:579-84.
- 12 Titchen A, Binnie A. What am I meant to be doing? Putting practice into theory and back again in new nursing roles. *J Adv Nurs* 1993;18:1054-65.
- 13 Rolfe G. *Expanding nursing knowledge: understanding and researching your own practice*. Oxford: Butterworth Heineman, 1998.
- 14 Meyer J, Bridges J. *An action research study into the organisation of care of older people in the accident and emergency department*. London: City University, 1998.
- 15 Lyon J. Applying Hart and Bond's typology: implementing clinical supervision in an acute setting. *Nurse Researcher* 1999;6:39-53.
- 16 Walshe K, Ham C, Appleby J. Given in evidence. *Health Serv J* 1995;105:28-9.
- 17 East L, Robinson J. Change in process: bringing about change in health care through action research. *J Clin Nurs* 1994;3:57-61.
- 18 Berger A. Why doesn't audit work? *BMJ* 1998;316:875-6.
- 19 Ong BN. *Rapid appraisal and health policy*. London: Chapman Hall, 1996.
- 20 Meyer JE. Lay participation in care: a challenge for multi-disciplinary teamwork. *J Interprofess Care* 1993;7:57-66.
- 21 Meyer JE. Lay participation in care: threat to the status quo. In: Wilson-Barnett J, Macleod Clark J, eds. *Research in health promotion and nursing*. London: Macmillan, 1993:86-100.
- 22 Brooking J. Patient and family participation in nursing care: the development of a nursing process measuring scale [PhD dissertation]. London: University of London, 1986.
- 23 Street A, Robinson A. Advanced clinical roles: investigating dilemmas and changing practice through action research. *J Clin Nurs* 1995;4:343-57.

This article is taken from the second edition of *Qualitative Research in Health Care*, edited by Catherine Pope and Nicholas Mays, published by BMJ Books

An unusual treatment Feeding the fish

The revival of the use of living organisms to help in treating illnesses has grabbed the attention of the media recently. Reports of the use of leeches in plastic surgery and maggots in dermatology raise the question of which other animals may be of benefit, a concept some call "biotherapy." While there are promising studies of the use of maggots to help the healing of necrotic and infected wounds, those wounds with high moisture content defy even the larvae. Rumours of healing fish had reached Professor John Church, chairman of the International Biotherapy Society. Perhaps organisms which live in an aquatic environment could help to heal "wet wounds," he mused. We received anecdotes of the widespread use of such fish in southern India, and so, while travelling through the region, I decided to hunt down the practice in order to see if it worked. To my surprise, the practice was well known, particularly in rural areas. Locals with skin infections, infestations, and wounds would bathe the affected limb in the pond, while certain fish would be drawn to the lesion and nibble at it, thereby removing diseased tissue. After some searching I discovered Rishimangalam Tank, a local "holy pond" in the centre of Trivandrum, Kerala State. Through the services of an interpreter, some local boys were happy to collect some fish they recognised, using their dhotis as fishing nets. My intention had been to pickle them in a jar of gin for later identification. However, by coincidence, that very evening I met Professor Padmanabham of the fish biology department at the University of Kerala. He was familiar with *Macropodus cupanus*, the fish which he identified for me, as he had written a thesis on it. He

told me that the practice of bathing limbs in pools for fish to help healing was widespread; in particular, mothers brought their children to be cured of scabies. The fish live in polluted water where they survive by both aerial and gill respiration, possessing accessory labyrinthine organs. Their preferred food is mosquito larvae, and as they eat constantly they do not need starving before use, unlike some species of maggots. Once drawn to the limb by substances which diffuse from the wound into the water, they eat, enjoying living and dead tissue equally. Although they nibble at the necrotic tissue faster, the eating of the living tissue can be quite painful. Perhaps we are not all ready to have our British wounds nibbled away, but with the use of local anaesthetic cream before treatment, the day may yet come where dermatology departments offer maggot treatment for the drier lesions, and the "biopool" for the wetter ones.

Jonathan Cohen, senior house officer, Enfield

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.