Medical Centre for Combined Research

C. L. GREENBURY,* M.D.

Brit. med. J., 1964, 2, 626

Stoke Mandeville, like many other hospitals similarly placed, has advantages not shared by university teaching hospitals in great cities. It serves a fairly well circumscribed area and caters for a more or less stable population. General practitioners in the area are friends as well as colleagues of members of the hospital staff, and as clinical assistants may themselves be members of it; several are former registrars or housemen. The public health authorities work closely with the hospital, even sharing in the appointment of the geriatrician. The county M.O.H. has always been an active and valued member of the Hospital Management Committee. Thus there is not only a firm basis for collaborative effort but an ideal field in which to study problems of community care and hospital usage as well as the incidence, natural history, and management of conditions which are of great interest in general practice but receive less attention from teaching hospitals than their importance to the community deserves.

It is in the spirit of the times to foster a unity of interest within the medical community. In some places grants made by the Nuffield Provincial Hospitals Trust to further post-graduate education have contributed towards the building of medical centres which act as a meeting-ground as well as a focus of teaching for the doctors of the area. So far, however, there has been no centre where the main purpose is combined research. On the understanding that one of its prime aims would be to encourage and provide facilities for research jointly undertaken by two or more arms of the medical service—general practice, public health, and hospital medicine—the Nuffield Provincial Hospitals Trust gave £35,000 to the Oxford Regional Hospital Board for the provision of a Research Centre at Stoke Mandeville Hospital, Buckinghamshire. The Centre was formally opened on 22 May.¹

In planning the Centre it was not imagined that general practitioners, however welcome, would have much time to spend at the bench but that they would need a considerable amount of office space, since many of the projects they would initiate or in which they would take part would involve statistical analysis and secretarial assistance. A meeting-room and reference library were essential. So was a secretary/librarian, but no other permanent staff. As at present workers would have to find their own financial sponsors. This should become easier as research allocations to Regional Boards increase.

The Centre, which is in the heart of the hospital, consists of two stories and has 12 work-rooms, 15 ft. by 12 ft., eight of which are fitted as laboratories, and a library-common-room,

36 ft. by 24 ft. Its management is in the hands of the Group Hospital Management Committee, assisted by a subcommittee on which general practice (including the College of General Practitioners), hospital staff, and the Department of Public Health are each represented by their members. Having, with the aid of the architects, planned the building, the subcommittee has the task of encouraging the submission of suitable projects, or vetting them, and of making recommendations on the allocation of work-rooms.

Every doctor in the area was invited to apply for space in the Centre by submitting, jointly or alone, a research project. It was hoped to achieve a balance between the broad categories of work likely to be undertaken—operational, clinical, and fundamental laboratory, research. The last, though seldom likely to provide combined projects, forms a stimulating nucleus of academic work. In fact the balance achieved itself; it was possible to accommodate all the projects submitted, since some of those involving mostly field work could share office room. The Table shows the schemes for which rooms have initially been allocated. It should be added that a room has been placed at the disposal of the physician organizing postgraduate research. Many of the schemes are already under way and all should be flourishing before the end of the year.

Title of Project	Main Aspects for Study	Chief Participants
The demand for out-patient services In-patients' opinion survey	Logistics. Facilities needed for optimal use	Regional Board medical officers and statistician As above plus M.O.H. and supervisor of health visitors
Immunological processes in connective tissue disorders Cancer of cervix	Antibodies to tissue antigens Practicability of a permanent cytological screening service. Effectiveness of screening	Rheumatism Research Unit Cytologist, gynaecologist G.P.s and M.O.H.
'Recurrent cystitis' in women Medical and social needs of the elderly Rheumatoid factor	Cause and natural history of the syndrome Survey of the problem in the area <i>In vitro</i> study of R.F. and the antigen-antibody complexes which bind it	Surgeon, G.P.s, and pathologist G.P.s, geriatrician, and M.O.H. Pathologist
Cancer of the breast	Natural history of metastasis. Cause of delay in treatment	Surgeon and G.P.s

The Research Centre is an ambitious experiment and has got off to a good start. We hope that it may set a pattern of co-operative endeavour which other hospitals will want to adopt and improve upon. Perhaps many of the benefits which the venture will bestow on medicine in this area will not be manifest to the outside world; other signs of its success may grace the pages of this journal.

* Consultant Pathologist, Stoke Mandeville Hospital, Buckinghamshire.

¹ See *Brit. med. J.*, 1964, 1, 1448.