GLASGOW BUREAU OF HEALTH AND SICKNESS RECORDS.

We are glad to publish the following note by Mr. W. B. Fletcher, Records Officer to the Bureau, on this activity of the Nuffield Provincial Hospital Trust.

The Bureau is located at 2, The University. Professor T. Ferguson, of the Institute of Hygiene, is chairman of the advisory committee controlling the Bureau's activities.

The first experiment by the Bureau is the collection of hospital records relating to treatment of patients resident within the county of Stirlingshire. The county covers an area of some 450 square miles, and although not as urban in character as Scotland as a whole, it includes within its boundaries the heavy industries in the Falkirk area and generally possesses most of the features to be found in the country. Its population in 1938 was estimated to be 174,000, i.e., approximately 4% of Scotland's total. Two medium-sized voluntary hospitals are found in the burghs of Falkirk and Stirling. Two cottage hospitals are also included within the county. Nine local authority establishments, mainly for the treatment of infectious disease and the accommodation of maternity cases, together with one E.M.S. hospital, complete the picture of the hospital accommodation actually located within the county boundaries. It was realised at the outset that many Stirlingshire residents look to Glasgow and Edinburgh for hospital treatment (frequently of a specialised character) and in our pursuit of Stirlingshire-treated cases we have been fortunate enough to obtain the most willing co-operation of some 40 hospitals. Whether our list is complete is difficult to say, but we believe that it is reasonably comprehensive and that any important omissions will be brought to our notice before the end of the investigation.

Special transcription sheets have been prepared and distributed to hospitals. On the discharge of a Stirlingshire patient the hospital will record such facts as diagnosis, age, occupation, civil state, accident details and the number of days the patient has been under treatment. The record will also show how the patient came to be referred for treatment, whether any operative measures were performed, and his condition on final discharge from the hospital. It is expected that this survey will be of a year's duration and we anticipate dealing with between 30,000 and 40,000 records of which approximately one-third will relate to in-patients.
In designing the transcription forms, regard was paid to the information normally available from the numerous hospitals concerned. Many hospitals could, if asked, give much more information than we are proposing to use, whilst the record systems of other hospitals contain little beyond the barest identification data. We believe, however, that we can expect reliable information on the selected headings and are grateful to those hospitals which, though not normally recording all the chosen items, have agreed to amend their future records so as to fill the gaps. We shall, therefore, have a steady flow of valuable information which, although prepared from different record systems, will be identical in form and therefore capable of comparison.

Although each 'event' (a term we use for treatment followed by discharge or death) is separately recorded, we are able to integrate the records of different events relating to the same person, irrespective of the hospitals in which the treatments are given.

All the items contained on the transcription sheet are coded, so that each fact is represented by a number or series of numbers. The patients are numbered, as also are the localities in which they live, the age groups into which they fall, their occupations—in short, every item of information of which we receive a record. For the coding of diagnoses we are using the Medical Research Council's Special Report Series No. 248—'A Provisional Classification of Diseases and Injuries for use in Compiling Morbidity Statistics' (H.M. Stationery Office, 3/-).

As most investigators know from bitter experience, the analysis of gathered data can be laborious, frequently resolving itself into long periods of monotonous and unrelieved clerical work. To solve this problem the Bureau is using Powers 65 column punched card equipment. Automatic key punches and verifiers translate the written records on to cards 7½” × 3½”, stacking 140 to the inch of drawer space. The punched cards can be sorted and analysed to produce any combination of facts with amazing speed and accuracy. For example, the age distribution of cancer of selected sites as between males and females could be ascertained in a few minutes, and the addition of other variables to the table need not materially increase the time required to prepare it. To undertake this work the Bureau has a small staff of clerical workers and machine operators. The clerkesses who code the various diseases are trained in medical terminology, and their knowledge in this direction (including synonyms and eponyms) increases week by week as they deal with the incoming transcription sheets.

We realise that we can extract from our collection of information only that which has been put into it, and it is encouraging to find from a study of the early transcriptions that so much care is being taken by the hospitals in their completion of the sheets. As our collection of
data grows, we propose to prepare statistical summaries embodying our tabulations and copies of these documents will be gladly forwarded to interested enquirers. We shall approach the analysis of our data with open minds but it may be expected that several significant trends will emerge from such a close examination of 30,000 records. It may well be that the plotting of such trends will lead to even more detailed investigation.

The future programme of the Bureau will probably put greater emphasis on investigations into single diseases or groups of diseases. The Committee realise that investigations of this type are usually undertaken or contemplated by clinicians single-handed, and feel that the Bureau may be able to assist those engaged in ad hoc studies by placing at their disposal the technical resources of the Bureau to facilitate the rapid and accurate analysis of collected data. It is, however, important that the information to be analysed should be so arranged that it can be coded, and advice on this and related matters will be willingly given to all who may contemplate using the Bureau’s services. Consultation with the Bureau, when a study or survey is being planned, will enable many difficulties of tabulation and interpretation to be eliminated in advance.

THE BRUNTON MEMORIAL.

Mrs. Marion S. Pollock who as a child knew the unfortunate Dr. D. M. Brunton, has contributed this note of his life and career.

‘I wonder how many of the winners of that most coveted prize, The Brunton Memorial, have any knowledge of the man whose name will ever be associated with the Medical Faculty of our great University of Glasgow. It seems, then, peculiarly fitting that on this seventieth anniversary of his death, some tribute should be made to the memory of one of Glasgow’s most distinguished students. It was on the 14th November, 1876, that his many friends in Paisley, the west of Scotland and indeed the medical profession of the whole country, were shocked by the news of such a tragedy—a happening that should never have been possible.

Born in 1852, Duncan MacNaughton was the fourth surviving son of William Brunton, LL.D., rector of Paisley Grammar School and of Catherine MacNaughton, his wife. Duncan was a clever boy at school where he gained the Barrie Medal for Greek and Latin, and the Coats Medal for Composition and English. Passing on to the University, he graduated M.A. and later, in the medical classes, gained many prizes and bursaries. After qualifying he became a house physician in the Royal Infirmary and from there went to be house surgeon in the Paisley Infirmary of those days, a building on the west bank of the River Cart.
No isolation hospitals existed in those days and trained nurses were few so that when the young doctor contracted typhus fever circumstances were all against him. On the night of the 14th November, at the height of the fever, his attendant having fallen asleep, Duncan slipped out of bed and made his way to the river, saying to the only person he met that he was going 'for a swim.' When he was later found on the bank of the river life was extinct.

I was only a child of twelve at the time, but I remember so well my father, the late Dr. John Brunton, coming into the dining room of our London home, pulling down the blinds not only for the loss of a beloved younger brother but also for the loss of that future partnership on which he set such store.

And now for the man himself. Duncan Brunton was of a bright and sunny disposition, warm hearted and full of the joy of living, a practising Christian (it was said there was never a rough word heard in a ward where Brunton was). His strong well-knit frame was that of the athlete and his broad jump of 21ft. 11 inches gained him a silver tankard at the West of Scotland's Cricket Club Athletic Sports in 1873. At football and cricket he had few equals and he was as much at home on the sea as on land. In those days town children who had the good fortune to spend summer holidays on the shores of our lovely Scottish lochs learnt to sail, paddle a canoe, swim and fish. So, on the waters of Campbeltown loch—his Mother's home town—Duncan learnt to be an adept in the management of all sorts of small sea-craft.

And so Duncan Brunton fell himself a victim in the great fight against disease and death.

_A very, parfait, gentil knight._'