research summaries

The Research Summary section affords a means of communication and coordination of research activities in Family Practice in North America. These summaries have been developed through the efforts of the North American Primary Care Research Group. The Journal of Family Practice *encourages the reporting of active research projects to the two coordinators for this section — Robert Westbury, M.D., 4012 Comanche Road, Calgary, Alberta T2L0N8 (for Canada) and Maurice Wood, M.D., Department of Family Practice, Medical College of Virginia, MCV Station, Richmond, Virginia, 23298 (for the United States).*

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
United States Test of the International Classification of Health Problems in Primary Care	15 Family Medicine sites throughout the United States	Operational beginning Sept. 1, 1973. Funding — local. Rochester Family Medicine Program and MCV — VCU Dept. of Family Practice	An International Classification of Health Problems in Primary Care has been produced by an International Working Party of the World Organization of National Colleges and Academies of General Practice. This working party consists of Dr. R. C. Westbury — Canada (Coordinator), Dr. C. Bridges-Webb — Australia, Dr. D. Crombie — England, Dr. J. Froom — U.S.A., Dr. D. Gallagher — New Zealand. The tests of this classification began Sept. 1, 1973. The classification is currently being tested at multiple sites in Canada, Australia, England, United States, New Zealand, Israel and Norway. Results of the classification tests will be presented to the World Organization of National Colleges and Academies of General Practice in November, 1974. The purpose of the test is to validate the usefulness of the classification in the primary care setting, with a view to its acceptance as a basic classification in primary care by the World Health Organization. The classification can be used to generate morbidity data which would be useful for the practicing physician for self-audit, postgraduate education, outreach, and office management. If data is pooled from multiple practices, important morbidity data on a regional and national basis are possible. Finally, the classification allows for cooperative international morbidity studies.
Defined Practice Population	Dr. I. R. McWhinney, Dr. J. P. Newell, Teaching practices of Dept. of Family Medicine, University of Western Ontario, London, Ont.	Underway. Ontario Ministry Of Health	This project is intended to develop a computerized information system for family practice. It includes procedures for registering patient populations and for collecting and storing data concerning encounters between patients and health care professionals.
Research Evaluation of Community Health Centre	Dr. I. R. McWhinney, Dr. J. P. Newell, Southwest Middlesex Health Centre	Underway. Ontario Ministry Of Health	This project is devoted to the demonstration of the content and the process of health care delivery at a new community health center in a rural area, with a well-defined practice population.

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
The Incidence of Unsuspected Gonorrhea in Females	John M. Heyer Family Practice Center Good Samaritan Hospital Phoenix, Arizona	Survey completed. Local funding.	In light of the well-known clinical entity of asymptomatic gonorrhea in females, we attempted to delineate the incidence of unsuspected female carriers in a private office population. Cultures of the cervix were taken from all patients having a Papanicolaou smear and/or pelvic exam performed at the Family Practice Center over a 16-month period. The age range of patients cultured was from 16 years to 68 years, with only 93 of the total sample being outside the age range of 17 to 30. Of a total of 500 cultures taken between January 1, 1973, and May 4, 1974, only five were reported as positive. Interestingly, all five of these women were strongly suspected either by reason of symptoms or by history of contact with known venereal disease. It would appear that in a private office patient population, it is not a worthwhile venture to culture and/or treat for gonorrhea those women who have neither a history of sexual contact with a person known to be infected with gonorrhea nor symptoms suggestive of gonorrhea.