Social Medicine Research Unit,
Research Laboratories,
Ashfield Street,
London, E.1.

10th May 1960.

Dear Henry,

Reliability of Clinical Procedures.

Thanks for your letter. I am very interested in this subject and am going to work with ~~Hyfer~~ Fletcher in W.H.O. in a few weeks time with this and its components comparability and significance very much in view.

An article worth looking at, if you havent done so, is Fletcher's on Respiratory Symptoms in the Brit. J. of Prev. & Soc. Med. 1959 vol. 13 p.175)

Just now I am getting down to write about the busmen and one of the aspects that is much in mind is Cardiac Pain.

In the data it appears to be significant because 30% of the New Incidents give a pre incident history compared with 1% of the rest.

This if continued will to some extent reflect reliability but I dont think this is the short way of estimating reliability although it is the only way of estimating significance.

The sort of test I am pressing in relation to comparability is as follows:- Take 2,000 middle aged males in W.Europe or U.S.A. Observer A puts to them the sort of indirect questions I have been using and identifies about 40 subjects with "Cardiac Pain", The group is now split into 1960 "symptom free" and 40"symptom with" subjects. A sample of 160 out of the 1960 is chosen and all the 40 "symptom with". This is divided into groups (2) each containing 80 "symptom free" and 20 "symptom with" subjects.

6/52 after the original investigation by Observer A he requestions one of these groups and Observer B the other, using a similar method.

In each case the diagnosis on this basis is recorded and then further questions may be put and a change of diagnosis recorded.

This should give some measure of comparability and effectiveness in eliciting symptoms.

Significance will have to "wait upon events".

Professor D.D.Reid at the London School of Hygiene is concerned with a U.S.A and U.K. combined group in tackling some of these problems.