REPORT OF THE SIXTH INTERNATIONAL CONGRESS OF GENERAL PRACTICE, HELD IN SALZBURG, AUSTRIA

9—13 September 1964

The Conference was preceded by a seminar on Record Keeping in General Practice and many interesting facets of record keeping difficulties were presented in the day-long discussion.

One problem seems to be universal and most decidedly obstinate: To find a solution which would satisfy the clinician and administrator alike. There is a state-assisted medical care system in one form or another all over Europe, with which all practitioners find themselves in difficulties. How much should their clinical records be used also for administrative purposes? Some countries suggest the solution of two systems of records, one for clinical purposes only, and one for administration only. Others had various degrees of combinations augmented at times with indices of patients and the purely financial matters, and some ingenious total integrations incorporating self-copying strips, which can be torn off and sent to the financial administrators. It was said that the main stationery printers in Germany and Austria, for instance, offered a choice of some seven dozen different record cards (and we grumble about the difference between the Scottish and English Record Envelope).

It was interesting that, just as in our College of General Practitioners, coding problems and coding systems are being worked on. A Belgian representative of the newly founded Belgian College of General Practitioners was particularly interesting, as was, of course, the practical demonstration of what could be done with Dr Döhrn's system of linear representation of symptomatology and treatment. This was most convincingly described in a factual application for comparative studies of the wheezy or bronchitic child.

The special opportunity for research which the British health service provides with its more or less ' fixed lists ' was the envy of some of the research workers at the conference, because quantitative studies and studies in depth could more readily be organized.

The various systems of medical care showed up both good and bad sides, but no doubt the most dramatic statement came from one general practitioner speaker, who asserted that he had ceased to ask his patients about their ' complaints ' but simply began to examine them systematically from top to toe, and he presented results of his screening method. However, later on it transpired that his particular method was the direct answer to an item-of-service of payment by the medical care reimbursement, prevalent where he worked. Had he treated the symptom or complaint, the opportunity to earn four times the amount for a full medical examination might not have arisen.

The need for university medical curriculum reform was the topic of several speakers, and nearly all the 20 speakers over the four days touched on it, irrespective of whether their place of practice was Switzerland,

Austria, Germany or Yugoslavia. Yugoslavia seemed to have the most interesting experiment, the description of which would deserve a separate paper. The basic request underlying all demands for reform was to allow for more practical training specifically for general practice, more bedside teaching, more teaching by taking graduates, or those about to graduate, into the patient's homes. The need to consider the training of the general practitioner under three headings—Undergraduate study, Postgraduate training, Continuing education—was agreed upon by all. There was a firm advocacy of the apprentice system as essential post-graduate training following graduation, for all future general practitioners, particularly from the Austrian colleagues at this congress.

The urgent need to establish and widen the existing social medicine instruction, came from a large variety of sources, and it soon became apparent that medical students in the Anglo-Saxon countries had a far wider and more extensive training in this subject.

There were active discussions on rehabilitation, on eugenics and genetics, on resuscitation and on such mundane items as ' special equipment—aids for the general practitioner '.

Psychological medicine and the plea for special seminars for general practitioner groups, under leadership of a psychiatrist was also established as an essential need to keep the practitioner fully informed in this field. Dr Balint's work at the Tavistock Clinic appeared to be well known on the Continent, though very few places reported developments on the same lines. The Vienna School of Psychoanalytical Dynamics made a special contribution. In the very able lecture on the impact of the increasing knowledge of genetics, the president of the host medical practitioner association, made the plea that this increasing knowledge gave those in general practice a new responsibility, and that we had to begin to think seriously about applied genetics, ' eugenics '. Yet his demand for instruction of the young and marriageable sounded a bit dangerous, and perhaps in advance of our present knowledge and social structure, which is only at the beginning of genetic counselling.

An interesting view was gained of the purpose, and seriousness, with which the Austrians, the Germans, and the Swiss regard the place of sport in rehabilitation and general well-being, quite apart from the special consideration and study of injuries peculiar to various sports. In fact, a professor of ' sports medicine ' addressed the conference. Organized classes of gymnastics by special gym teachers, seems one way to cope with the shortage of physiotherapists. This serious, scientific, philosophical attitude towards sport induced a complex guilt feeling in most Anglo-Saxon representatives. (Why sit on these lecture hall chairs when there where so many lakes and mountains and sunshine around us for four glorious days?)

All together, this meeting was a great step forward on last year's congress, both in content and organization, and it was quite apparent that everybody's horizons had been considerably widened by the international exchange of problems and results.

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