

from four situations, (a) the accidental discovery of aortic diastolic murmurs, (b) the presence of angina, (c) the signs of cardiac failure and (d) the signs of an aneurysm of the thoracic aorta—these being pain, occasionally the presence of a pulsating tumour and the pressure effects on the surrounding structures.

Sudden death is well known in this condition, and it appears that this patient was able to cheat death by a remarkable adaptation to adversity.

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### OVERSEAS NEWS

#### RECENT DEVELOPMENTS IN GERMANY AND AUSTRIA

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THE PROBLEMS OF ARRANGING training facilities for general practice in Germany and Austria are very much on the agenda of conferences, congresses and less formal meetings between leading practitioners, chiefs of policlinics and university departments of medicine.

Dr Engelmeier, secretary of the International College of Medical Practice, reports the result of his visit to a policlinic in a small German university town. These clinics, where representatives of the specialities are found with the facilities corresponding to those found in a British outpatient clinic, had been put forward as suitable training centres for the future general practitioner. In spite of the open access of the general population to these clinics Engelmeier found, and in this he was confirmed by replies to a questionnaire received from 50 general practitioners, that the majority of cases seen at a policlinic had already been sieved off from the mass of unselected material seen in general practice. The patient with the ill-defined symptoms which sometimes herald serious illness (Braun's potentially dangerous conditions), but more usually run their short course without a diagnosis having been established, does not present himself at the policlinic.

In addition there is a fundamental difference in the approach to the patient. Lack of time prevents the general practitioner from carrying out the exhaustive diagnostic routine of the clinic doctor, but he has, on the other hand, the advantage of usually knowing the personal background of his patients. In spite of these differences a number of policlinics in western Germany, in particular in Hanover and Giessen, are starting departments of general practice.

Another discussion between heads of clinics and members of the

“Working Party for the Study of General Practice” (A.E.A.) led by Robert N. Braun, took place in Heidelberg in June 1964, with Professor Mitscherlich, head of the department of psychosomatic medicine, in the chair. Similar conclusions were reached. A proposed Institute of General Practice could only be expected to yield useful results if it were based on actual practices, preferably both in town and country, using the facilities available in general practice and working under similar economic conditions. The university should come in by providing staff and facilities for the evaluation of the work of the practice, developing the theoretical working methods of the general practitioner at present only acquired individually through years of experience, and studying the possible application of advances in the specialities to the conditions of general practice.

In Austria definite developments appear to be limited to the University of Innsbruck, where general practitioners have been taking part in the formal presentation of cases in the medical and surgical departments since 1962.

In East Germany, where the medical care of the population, especially in the country areas, is carried out from state-run health centres, five of these have been designated as research centres. They are to concern themselves with basic research on problems not seen by the specialists, morbidity studies of identifiable local populations, operational research, and developments in environmental preventive medicine. These centres will be collaborating with the newly created university department for medical practice at the German Postgraduate Medical Academy in east Berlin. It is here that students will be brought face to face with the specific problems of general practice.

One consequence of the organization of general practice from state-run clinics in eastern Germany is the recognition of ‘specialists in general practice’—apparently a contradiction in terms—as of equal status to consultants in the specialities. These consultants in general practice will be found as heads of the larger clinics.

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