superannuation scheme for sister, nor indeed for other members of our staff, and this has long concerned us. This factor was a major one in Mrs Murray's decision to return to the staff of Great Ormond Street Hospital at the Tadworth Court branch, where her present income is supported by a superannuation scheme. If work of this kind is to be developed in general practice, some means of providing superannuation equivalent to that earned in hospital work needs to be developed, if nurses other than those employed by local authorities are to carry it out.

From the early days in 1950, up to 1965, Mrs Murray has developed a service which none of us would now be without. It is being carried on by her successor, but the difficulties of financing it increase. How long need the profession wait until every general practitioner, whether a member of a group or not, can be given this essential service?

PERSONAL POINTS OF VIEW

IMPRESSIONS OF A YOUNG DOCTOR ENTERING GENERAL PRACTICE

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A GREAT DEAL OF HEART-SEARCHING about general practice has taken place in recent years. This is seen in publications in journals, committees of inquiry, local discussions and in all the negotiations with the Minister of Health, culminating in the production of the 'Charter'. The 'Charter', of course, outlines major improvements in the working conditions of general practice. On the other hand, much less has been said and written on the subject of the preparation required by young doctors for entry into general practice. Experimental training programmes for aspiring general practitioners, at both the undergraduate and postgraduate levels have been suggested, and a few are under trial.

The opinions and suggested remedies for improvement in general practice and of training programmes for general practitioners were—quite properly—expressed by medical practitioners of great experience, but relatively little has come from the trainees themselves.

In this paper I will attempt to describe the initial impressions, the shocks and strange situations encountered on entering general practice by a young, inexperienced doctor. I make no claim to portray a fully comprehensive record of general practice. I aim to publicize the difficulties experienced by young doctors on entering general practice, and to promote productive discussions which in turn may contribute to an improvement in the preparation of young doctors for entry to general practice.

Background data

The practice in which I was working had approximately 4,000 patients,

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the vast majority of whom were working-class, situated in an east coast Scottish city. Roughly half of the patients lived in a well-circumscribed area, the rest being scattered throughout the city. There were two partners, and I was working in the capacity of trainee assistant. Very little midwifery was undertaken by the practice.

After graduation, I had done the usual preregistration posts: six months as house physician in the professorial unit at Aberdeen Royal Infirmary, followed by six months as house surgeon in the casualty department of the Aberdeen Royal Infirmary. This was followed by six months as house physician in the professorial unit at the Royal Aberdeen Hospital for Sick Children, two months of which were spent in the neonatal unit. Throughout this six-month period I shared the paediatric casualty duties along with five other residents. Thus I had no previous experience of general practice.

First impressions of general practice

The greatest difficulties I experienced on entering practice were not of a purely clinical nature but more social and organizational in type. However, I very soon realized how undergraduate teaching is weighted towards hospital practice, with the management and treatment of cases in an academic atmosphere which is far removed from the realities of general practice.

I had always been taught to reach a diagnosis by careful history-taking followed by physical examination, aided if necessary by ancillary investigations. This is, of course, a logical and correct pattern to follow. I was discomfited, however, by the reality of finding a number of patients to whom no definite diagnostic label could be attached, and it took some time to adjust to this new situation. This was because of the much greater proportion of so-called trivial complaints which a general practitioner sees, and from whom his hospital colleague is shielded. Contrary to my undergraduate teaching, I had to learn that not every complaint of abdominal pain betokens serious disease, and that not every chest pain is cardiac. Although this is perhaps an exaggeraton, it shows how a false picture can be created in impressionable young undergraduate minds by academic teachers, who place too much emphasis on the incidence of serious pathological conditions to the exclusion of the medically trivial—even though these may not be trivial to the patients. In other words, I had to rearrange my clinical thoughts into a new perspective.

The great contrast between hospital and general practice was never more noticeable than when visiting patients in their homes. The most shocking feature of this aspect of general practice was the appalling circumstances in which some (admittedly a fairly small proportion) of the patients lived. The filth of the houses and their occupants in overcrowded sub-lets, sometimes with a family of four or more living in one room, never failed to shock me. It was disturbing to witness the indifference of some of these people both to their conditions and to the multitudes of children by whom they seemed always to be surrounded. It was not unusual to be called to a home to discover that the parents had gone off to Bingo, leaving a ten-year-old in charge of the rest of the children, one of whom

may have been quite seriously ill.

Here indeed, was the practice of medicine, far removed from the prim and antiseptic hospital atmosphere. This always made me very conscious of the fact that medicine is concerned not merely with an individual's body, but also his environment, his social, economic and domestic circumstances, to say nothing of a decent educational standard—which would presumably open his eyes to better things in order to counter his squalor—to some extent at any rate.

Modern drugs and treatment may temporarily improve and restore to the patient his physical well-being, but if he has then to return to the type of surroundings which I have described, what is the long-term prognosis of his life going to be? Powerful social and preventive medical measures are urgently required in this direction. Very difficult, too, is the examination of some patients in their homes as compared to a hospital bed. Conditions could not be described as optimum when one has to compete against 'Housewives' choice' or 'Coronation Street' whilst auscultating a chest—often in very poor light. And pity help the bold general practitioner who has the audacity to suggest that Ena Sharples be silenced—even momentarily!

With anxious relatives crowding round, it is often a tricky decision whether to admit the patient to hospital, thus taking up a hospital bed and facing the potential wrath of the ward staff, if the case did not warrant admission on purely clinical grounds, or whether to keep the patient at home and face the potential wrath of the family if something were to go wrong. This type of situation also underlines the occasional unsympathetic attitude of hospital staffs to general practitioners, especially with regard to the problem of the chronic sick.

What I have written so far may seem to paint a very black picture of general practice, but there are many aspects of general practice which I found gratifying. There is no doubt at all, that in the majority of homes, the family doctor is welcome and patients still have respect and even affection for him. A general practitioner, by the very nature of his work, builds up a far more intimate relationship with the patient and his family than is ever possible for hospital doctors, and the value of the general practitioner's knowledge and understanding of a family is inestimable. This was apparent to me over and over again in observing the doctors in the practice to which I was attached. I was impressed by the fact that the doctors were not dealing with a case history but with a family situation, and the two can never be separated. This is never more in evidence than when visiting a household in which someone is dying, e.g. of cancer, where the agony is prolonged—not only for the patient but also for the family. The support which the general practitioner gives to the family, as well as to the patient, is priceless—and usually very much appreciated.

Another aspect of general practice which left a deep impression on me was the problem of the care of the elderly, an important part of the work of a general practitioner. Many of these patients not only suffer ill-health related to their advancing years but are desperately lonely. The way in which their eyes would light up when the doctor popped in for a quick

chat every now and then, just to see how they were getting on, was ample proof of how lonely they were. They were delighted at having some company, as sometimes they had scarcely spoken a word to anyone since his last visit.

For the first week or two of my training, I ' sat in ' with my trainer, which gave me the opportunity and the time to adjust to the pattern of consultations, as I could observe without being in a position of full responsibility. When I began consulting on my own, it was simultaneously humbling and amusing to be asked: " Where is the *real* doctor? "

The greatest shock, however, was in the fact of 50–60 people attending a single consulting-hour. This meant that very little time could be devoted to the individual patient. Admittedly, a proportion of these had come to collect a repeat prescription or a ' panel line ', but this sense of pressure made it difficult to elicit a comprehensive history or perform a thorough physical examination on those who required it, without badly falling behind time—much to the annoyance of the waiting masses. Consequently, it became necessary for some patients, who gave a history of potential significance to be sent home, where a more detailed history and examination were carried out. This also had its drawbacks as I have already pointed out, but with proper selection it worked reasonably well with the vast majority of patients. This sense of pressure could furthermore be partially relieved by the introduction of an appointments system.

As regards the nature of complaints by the patients, I was perturbed at the substantial proportion of patients who suffered from psychosomatic and neurotic disorders, as well as the number who were under treatment with tranquillizing and hypnotic drugs and had developed a powerful dependence on these drugs.

I was also impressed by the great variety of clinical conditions encountered in the course of a single consulting-hour, often spanning almost the entire disease spectrum. Patients appeared very unhappy and unwilling to leave the surgery without a prescription for something or other. They seemed to feel that they had failed in their mission if they had not wheedled *something* from the doctor: occasionally they would demand prescriptions for bottles of aspirins, bandages, cotton-wool and other similar small items—' in case of emergency '.

One also came to recognize the band of ' old faithfuls ', whose appearances at the surgery at given times one could almost predict.

Comment on trainee scheme

It might be useful to record my personal experience of the trainee general practitioner scheme. I was fortunate in being under the direction of a very competent and enlightened trainer. As a result, I was able to attend psychiatric sessions one morning per week and at least two casualty sessions a week. In addition to this, I attended skin and eye outpatient departments several times in the course of my trainee year. I also attended and was given instruction in the organization and functions of a part-time industrial medical service. This still left time for instruction in practice organization and advice on suitable reading material pertinent to general

practice. From a personal standpoint, therefore, I would thoroughly commend the trainee general practitioner scheme, while fully appreciating that I was one of the lucky ones.

Preparation for entry into general practice

A logical and very obvious question would seem to arise from what I have so far stated. How can a young doctor be most suitably prepared for entry into general practice?

A possible answer to this question could briefly be considered in two stages: (1) undergraduate and (2) postgraduate training.

(1) In my own experience—and I am certain that I am not alone in this—there is no doubt that there are large omissions in the teaching of medical students trained in medical schools with regard to general practice. In some, this teaching is non-existent. It is essential that there should be a general practice teaching unit in every medical school to give an insight into the type of case and the special circumstances which are encountered in general practice. It is equally essential, however, that these ' academic ' general practice teaching units do not become too artificial and lose the character of real general practice.

In addition to this, the general practice attachment scheme for students should be encouraged still more, even made obligatory for all students. This has many attractive connotations. It would give all medical students some degree of insight into general practice conditions which could be a real benefit to those who might intend to select general practice as their future career. Indeed, it might critically influence students to select general practice as their first choice of career. It would give an insight to those who intend following a specialist career, thus paving the way for a better understanding of the special difficulties of a general practitioner. The frequent and regular liaison between students and general practitioners would provide a valuable stimulus for the general practitioners themselves, and help to ease the feeling of ostracism from the medical schools, which is often experienced in general practice.

(2) Training at the postgraduate level could consist of a minimum of four months general medicine, four months paediatrics, four months obstetrics and four months psychological medicine. I feel that there is no significant advantage in a six-month period as a house officer over a four-month period, and the shortened period of four months would not only encourage doctors to apply for these posts, but would also make more of these posts available.

This 16-month period of hospital training could be followed by a further six-month period as a trainee general practitioner, the advantage of a shortened traineeship being identical to those mentioned in connection with hospital posts. This proposed scheme represents an ideal, as it could be postulated that as long as this type of training remained optional, the objective may be defeated, as those doctors who would take the trouble to prepare themselves adequately for general practice by embarking on such a scheme would most probably be keener and more competent at the outset than those who would prefer to enter general practice immediately after registration. This is only a presumption, of

course, as young graduates nowadays have easy access to very highly paid posts in general practice because of the shortage of manpower, and economic pressures may prove too overpowering.

Summary

In this paper I have suggested the desirability of making known the difficulties encountered by a young doctor entering general practice. Some of these difficulties have been described. A brief appraisal of my experiences as a trainee assistant has been presented. Finally, a possible vocational training programme for aspiring general practitioners has been outlined.

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OTHER DISCIPLINES

VOICE PRODUCTION FOR SINGERS

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MODERN LIFE IMPOSES STRESSES, both physical and psychological, on the singer that are greater than at any previous period in history. ' Star ' performers are created all over the world by the insatiable demands of mechanical reproduction, and as the financial rewards are great, the dangers are often overlooked. Naturally, young singers, eager to make their mark in what has become a highly competitive world, are exploited and pushed into heavily taxing roles long before they are mentally or vocally mature enough to shoulder the professional responsibilities with which they are presented.

As in so many other occupations and professions, it is considered vital to ' get there ' whilst still young. This often means forcing a young, healthy voice beyond its natural capacity for producing beautiful sound, and can result in a vicious circle in which there is a progressive deterioration of the vocal mechanism to produce sound. This can only be prevented by a thorough understanding of how the voice is produced.

Singing, like speech, is a natural function. It is true to say that everyone has a ' voice ' and if the desire to sing is there, the natural talent can be