

needed a home visit. Many of these patients were already well-known to the doctor either because of previous disease or because of a chronic disease such as hypertension, asthma, chronic bronchitis, diabetes or depression. I was allowed to make the necessary diagnostic examinations, as far as I was able, such as examination of the cardiac function, respiratory system, reflexes and whatever else was required. We discussed the differential diagnosis and this discussion—when doctor and student talked on the same professional level—encouraged my confidence. The general practitioner knew by heart and from his records the history, the social and family difficulties of almost every patient, and could tell me at once the important features. He emphasized especially the personal contact with the patient and showed all the time a positive empathy, probably because of his rich experience in family medicine. We discussed the treatment of the disease and the necessary prophylactic advice. I thus gained a good insight into the condition of the patient.

I think that this kind of clerkship is a good way for a student to acquire fresh knowledge and to observe the clinical methods of an experienced practitioner.

Based on my experiences, which I gained in several general practices, I feel there should be a certain modification in the vast field of general-practitioner work and this would be desirable; namely—stop the trend towards the mechanical treatment of disease, which has unfortunately become necessary due to the overloading of the doctor in single practice, and concentrate again on the personal care of each individual, based on a positive doctor-patient relationship.

This requires a deep interest in and understanding of human beings, rather than of disease process, on the part of the newly-qualified doctor.

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With grateful thanks to Dr Marjory C. Hogg and Dr R. A. B. Rorie, Dundee, for their kind hospitality and their profound interest in my clinical clerkship in Scotland.

Correspondence

The educational needs of the future general practitioner

Sir,

Council published a statement on this subject in this *Journal* in December last (*Journal of the Royal College of General Practitioners*, 1969, 18, 358). This contained a short summary of the content of general practice for educational purposes.

The working party which produced this short report is writing a more detailed report on the content of general practice (and other aspects of vocational training) for the use of trainees, trainers and organizers of schemes of training.

It is already clear that some details need altering.

It would help greatly in this work if members and associates would send in criticisms of last December's short statement to the secretary of the working party, Dr Conrad Harris, at 14 Princes Gate, Hyde Park, London, S.W.7.

Here is the part of the report on which we need your comments:

The content of the general practitioner's educational needs falls into five areas. Clinical

medicine is the largest and most important.

AREA I—Clinical medicine

Appropriate expertise in traditional specialties, emphasizing general medicine, and with special reference to:

- (a) The range of the 'normal'.
- (b) The patterns of illness.
- (c) The natural history of diseases.
- (d) Prevention.
- (e) Early diagnosis.
- (f) Diagnostic methods and techniques.
- (g) Management and treatment.

In the next three areas older doctors had little or no grounding as undergraduates. They do form part of undergraduate medical education today but their relevance to general practice warrants further study.

AREA II—Human development

- (a) Genetics.
- (b) Foetal development.
- (c) Physical development in childhood, maturity and ageing.
- (d) Intellectual development in childhood, maturity and ageing.
- (e) Emotional development in childhood, mat-

urity and ageing.

- (f) The range of the 'normal'.

AREA III—Human behaviour

- (a) Social relationships—between individuals, within families, in school, at work, in other groups, and in the wider community.
 (b) The individual or family vulnerable because of medical or social situations, acute or chronic.
 (c) The meaning to the patient of his relationship and consultations with his general practitioner.
 (d) The general practitioner's rôle in accepting, understanding and advising on deviant behaviour patterns.

AREA IV—Society and medicine

- (a) The meaning of 'health' and 'illness'.
 (b) The relationship of medical services to other institutions of society.
 (c) The application of sociological and epidemiological principles to individuals and the practice community.
 (d) Interprofessional relationships in teamwork and consultation, delegation and referral.
 (e) The organization of medical services in the United Kingdom, and comparison with those of other countries.

AREA V—The practice

- (a) Organization.
 (b) Premises, staffing and equipment.
 (c) Recording and communications.
 (d) Practice management.
 (e) Research methods.

These five areas also serve to indicate the needs of the individual for continuing education, and the opportunities for research either individual or co-operative.

JOHN HORDER,
 Chairman, Working Party.

London.

Rubella and pregnancy

Sir,

A Public Health Laboratory Service Working Party has recently completed a study of the effect of human normal immunoglobulin given to rubella contacts who were in the early stage of pregnancy. This entailed the examination of sera from over 6,000 women who were in contact with cases of rubella. The results which have now been published in the *British Medical Journal*, 1970, 2, 497 unfortunately showed the immunoglobulin to have little if any protective value.

We would, however, like to take this opportunity to express our appreciation of the help given by those general practitioners from many parts of the United Kingdom who undertook to send the

samples and to provide the requests for epidemiological information including details of any babies born subsequently.

We are additionally indebted to the undernoted doctors who provided throat and nasal swabs from index cases of rubella in households and serum samples from women who though in contact were not pregnant at the time and therefore not given immunoglobulin. This group of women provided a valuable control group which could not have been obtained without the co-operation of the doctors concerned.

A. D. MACRAE
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D. REID,
 Secretary,

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