

## *Editorials*

### THE GRAND TOUR

1/a THERE was a time when the hallmark of a man of learning was that he had travelled abroad in search of new knowledge. It was no uncommon thing for a mediaeval servant to move from Leiden to Padua and return to his homeland by Paris or Copenhagen. In later years the man of culture joined the peripatetic academic in making the grand tour, in search of what was new or beautiful or good in other lands. v

Today the cities of Europe and the Mediterranean are but a package tour away, reached in a matter of hours and distorted by the holiday industry which has its own ways of polluting the environment with half-hearted transplants of national cultures, commercialization and noise. Countries once visited and admired for their contribution to civilization now measure success by their rating in the sunshine scale and the acreage of sand which they can spread at the tourists' feet.

The seeker after truth must go further. Growing points of medical art and science are now to be found on other continents and in other hemispheres and it is in farther places that the quest now leads. What do we know of the new approach to undergraduate medical education being developed in St. John's, Newfoundland or of post-graduate and intern teaching in Ontario? How, without seeing for ourselves, can we really appreciate the remarkable progress in both research and education which our Australian colleagues have made? Journal papers are all very well, they give the kernel of the nut without its shell and to appreciate both we should see where the work goes on ourselves. Icebergs in the bay, incandescent autumn maples, a blue haze of gums sharp against the sunset; these are the backdrop to the growing points of medicine now.

Next year we should face the challenge, for the Royal Australian College of General Practitioners, of whom our own College is proud to be the parent, is holding the Fifth World Conference on General Practice, at Melbourne. Its theme is the world of tomorrow, how we should be caring for our patients from now to 2030 AD. This conference will draw our contemporaries in practice from all the countries who are members of the World Organization of National Colleges and Academies of General Practice and it could be the starting point for a latter-day grand tour for some years.

It is much to be regretted that the income level of the practitioner today is relatively less than that of the English milord of two generations ago and that the fiscal system precludes us from setting expenses arising from travel of this kind against tax. Perhaps there is an initiative here that we might usefully take. Were we to convince the Inland Revenue that the example set by so many other countries is a good one, medicine would be much indebted to us, but that is another matter. Meanwhile we could look ahead a bit, save where we can, and make up our minds that following the Melbourne Confer-

ence a tour of the other centres of excellence in Australia and New Zealand would be grand indeed. We would find, too, that the sun that stands in the north at mid-day and the sands on which the surf crashes dwarf their European equivalents into insignificance.

### CURRENT RESEARCH

**T**HOUGH August is a month for diversions from research, as from other practice matters, September has brought recognition of certain encouraging signs. The Oral Contraception Study managed by Dr Clifford Kay in Manchester has passed the critical point which divides failure from success. Its steady progress, bringing in data which is of consistently high quality and standing up well to strict internal checks, is a real achievement. Plans are afoot to extend the study for a further five years. Publication of a report will be deferred, deliberately, until the half-way mark as much of the merit in the present study lies in the lack of bias among observing doctors which the chosen method introduces.

The National Morbidity Survey is in a similar position. Analyses of the first quarter and the second quarter's returns have shown consistency among the 57 practices which makes for high quality results when these come out. The Department of Health and Social Security has approved finance for continuation of the study for a second year. Methods will be modified. They will be more flexible. New studies will be introduced and the machinery now working so well in many practices will be kept in running order.

The Research Committee of Council arranged a conference on 'Airs, Waters and Places' during July. This will be reported fully elsewhere, but it indicates that we are advancing into the field of research in environmental science which as a College we are uniquely well placed to explore. Collaborative studies which we have initiated or in which members of the College are taking part are bearing fruit. Professor H. V. Warren, of the University of British Columbia, using vegetable samples obtained with our help has shown that the environment of British industrial cities is more heavily contaminated with lead, copper and zinc than we expected and we must now take a closer look at health factors in urban environments as well as country localities where special hazards may be known to exist.

The data recording methods used in the College have been reviewed and more up-to-date accounts are in the publication pipeline. The Diagnostic Index was introduced by Dr David Metcalfe at a conference in Kansas and the Americans were delighted to find a data recording system which was easy to work and above all did *not* require to be interpreted by a computer. There is likely to be a considerable transatlantic demand for Indexes and if copyright problems can be resolved the Research Unit may arrange for them to be produced under licence in the USA. Metcalfe has shown that problem oriented recording, introduced by Weed, can be incorporated into the diagnostic index method without difficulty.

By an interesting turn of the wheel it is being realized that data comparable to that which can now be obtained from general practices in this country, and overseas, cannot be readily obtained from district hospitals. Some broad evidence can be obtained from the Hospital Activity Analysis undertaken by the DHSS. but information on the combined practice of, for example, the paediatricians at hospital X can seldom be come by. It may be that simple data recording techniques devised in practice could be extended into the hospital sphere and exploratory discussions have begun. The importance of the matter is that hospitals see many patients with rare conditions of which practices contain too few for realistic observational study.