

## Crucial correspondence

*The Lancet and British Medical Journal,*  
13 October, 1951

### College of General Practice

*There is a College of Physicians, a College of Surgeons, a College of Obstetricians and Gynaecologists, a College of Nursing, a College of Midwives, and a College of Veterinary Surgeons, all of them Royal Colleges; there is a College of Speech Therapists and a College of Physical Education, but there is no college or academic body to represent primarily the interests of the largest group of medical personnel in this country—the 20,000 general practitioners. Many practitioners sadly felt the lack of such a body when negotiations about the National Health Service were taking place.*

*Preliminary discussions are now being held in the General Practice Review Committee of the British Medical Association about the possible development of such a College of General Practice, to help practitioners in the same ways that the Royal Colleges have helped their own Fellows. Such a proposal must not interfere at all with the present qualifying examinations or with the many other activities of the Royal Colleges. It should be able to help practitioners in a great many ways—by supervising their education and postgraduate work, by improving the standard and status of general practice, and by acting as a repository for its traditions—all at little or no cost to the taxpayer.*

*We are anxious to collect evidence upon this subject of a possible College of General Practice. If any of your readers have suggestions or comments to make, for or against this proposal, will they please communicate with us?*

F. M. ROSE

99 Fylde Road,  
Preston,  
Lancashire.

J. H. HUNT

54 Sloane Street,  
London SW1.

*The Lancet, 20 October, 1951.*

... I have long felt that too little was being done in the universities to give the medical student a true appreciation of the opportunities and satisfactions of general practice, nor even enough to prepare him to the best advantage for a career in this special branch of medicine.

This last half century has been one of unprecedented social and scientific change. Not least

among the changes it has brought are many which increase the range of service that medicine can offer. The proper application of these new methods often demands specialised study, expensive equipment, and the recruitment, training, and employment of ever-increasing ancillary staff. In the public health and hospital services it has rightly been recognised that the provision of this training, equipment, and help is a proper charge on the public purse. But there has been no such public concern to train and equip the general practitioner.

Up till now almost all the sustained efforts made to help the general practitioner have been designed to obtain for him enhanced remuneration and improved terms of service. But no similar effort is being, or has ever been, made to ensure that the undergraduate and postgraduate training of the general practitioner keeps pace with changes in medical practice or that his equipment and facilities in practice are such that he can use this training to the best advantage. It is true that committees, such as those under the chairmanship of Sir William Goodenough and Sir Henry Cohen, have heard evidence and have published recommendations; but much that was said to and by them has always gone unheeded.

It has, for instance, long been advocated that medical schools might with advantage include one or more general practitioners in the membership of their medical school committees, where they might advise upon the curriculum; that experienced general practitioners might share in the teaching of social and environmental medicine; even that chairs and lectureships in general practice might be established. Early experiment along these lines in a few schools have had considerable success. Had there been an academic body watching over and encouraging these beginnings, perhaps the scheme could have been extended to other schools who were hesitating to take action.

In the same way that the senior colleges profit by lectures, discussions of advances, and the exchange of visits with colleagues overseas, so could the new college sponsor communications of value by and for general practitioners. The promising start that has already been made in London by the general practice section of the Royal Society of Medicine shows how profitable such meetings can be, and justifies their imitation in other centres.

If a college were formed, inevitably the question

would arise whether it should—like its fellow colleges—institute postgraduate examinations and grant diplomas of membership or fellowship. Although this should probably never be the chief concern of the new college, any academic body, setting out to maintain high standards in its own special section of medicine, must needs be able to establish criteria of efficiency and give recognition to those whom it believes have attained them. Just what combination of experience, seniority, original work, and academic attainment would justify such an award, or what privileges it would be expected to carry are problems that must be faced by the sponsors of the college, who will have to consider, too, how such a venture should be financed, where it could most profitably be situated, and how much or how little help it should seek from other academic bodies.

I hope that Dr Rose and Dr Hunt receive a good response to their invitation for suggestions, and that from the consideration of these suggestions positive proposals will emerge for the foundation of a college, which I respectfully submit should be called not a College of General Practice but a College of General Practitioners.

A. TALBOT ROGERS

Bromley,  
Kent.

... The Cohen report suggests that the training of a general practitioner shall be in the hands of deans of postgraduate medical schools. In the absence of a college of general practitioners this is perhaps sensible; but what recent experience of general practice can they claim, or how many have experienced the workings of the National Health Service in that capacity? Surely it is more logical for the training of an embryo general practitioner to be supervised by experienced general practitioners. This alone constitutes an indisputable argument for the establishment of a college of general practitioners.

Can one imagine the Royal College of Obstetricians and Gynaecologists approving a training scheme for obstetricians to be supervised by neurologists or dermatologists on the pretext that some may on some occasion have delivered a child?

K DALTON

London, N18.

... I would strongly urge that such a college, if founded, should be in some sense eclectic and that, in order to qualify for membership or at any rate for fellowship, a general practitioner should be required to furnish some convincing evidence of his quality as a general practitioner. No doubt this would raise a host of difficulties, but if every practitioner were entitled *ipso facto* to become an M. or F.(R?)C.G.P. no distinction would attach

to those who joined and the college might become just another club.

There is also, I suggest, a strong case for making such a college strictly non-political.

L. N. JACKSON

Crediton,  
Devon.

*British Medical Journal*, 27 October, 1952.

... It may be asked, what could this college do? I think it could do a great deal. Its mere presence would enhance prestige, and it could be a centre round which general practitioners could rally their standards and ideals. The rehabilitation of general practice essentially is not a matter for recommendations or regulations—although the removal of some would help—but is a matter for the whole body of general practice to put right within itself. The college could give a lead.

... Broadly, I would say that a College of General Practice should have as its guiding charter the task of seeing to it that general practice becomes, and continues to be, a branch of medicine which will be entered eagerly, practised with satisfaction, and retired from with regret.

JOHN THWAITES

Brighton.

... Some think worse than others of the present state of general practice and the prospects before it, but very few can feel happy or confident about it. It is at least a common opinion that our freedom is curtailed, the range of our professional activity contracted, and our standing, whether in the profession or the community, lower than it has been or ought to be. It is notorious that the abler students neither choose nor are encouraged to choose general practice as a career.

To visit the Valley of Humiliation is doubtless good for us all, but to live there is not good for men who, if they are to give good service, must be proud of themselves and of the work they do. In that valley, it seems to me, we are. We hear dwellers on the Delectable Mountains praising us as 'spear-heads,' 'back-bones,' or 'lynch-pins,' but it does not help much. We must find our own way out or stay where we are. I own I find it a little hard to bring the proposed college down to earth, and I doubt if I want it modelled too closely on the existing Royal Colleges, but that some such body is needed I feel quite sure. It would stand, I take it, less for general practitioners than for general practice, aiming to mainstay its standards, restore and enlarge its prestige, and speak for it, when necessary, within the profession and without. Perhaps its most important function would be to restore our pride. I hope this brave conception will be pursued.

LINDSEY W. BATTEN

London, NW3.

. . . I have hastened to direct the attention of the authors of your admirable letter to earlier writings urging attention in medical reform to "General Practice: the Gateway to National Health" (*British Medical Journal, Supplement*, 1942, 2, 21).

. . . As with the attainment of fine growth in many a plant, so the renowned family doctor—the flower of our civilization—depends on right conditions for his cultivation. Society needs reminding that the soil of practice can become impoverished. The patient likes to speak of 'my doctor' and so does the latter of 'my patient.' But is there not a danger that they are ceasing to feel it?

A. WILFRID ADAMS

Bristol.

I have felt for a long time that the education and postgraduate work of general practitioners cannot adequately be dealt with by bodies mainly composed of specialists and consultants.

None but thoughtful general practitioners know the shortcomings (and their remedies) of general practice in standard, status, and relationship to consultants, and a College of General Practice . . . would be the ideal tool to elevate general medical practice to its rightful place in the realm of the science and art of healing. May I suggest that such a College of General Practice should not be a negotiating but an academic, educational, and status-raising body? As we general practitioners see medicine in our daily work in its broadest aspects and in its relationship to all human activities, so would such a College of General Practice, in contrast with the specialised outlook of the older Colleagues, unify medicine again, and also be able to study and present the part we play in our society and civilization.

M. B. CLYNE

Southall,  
Middlesex.

For far too long has the general practitioner meekly accepted the dictum of the hospital specialist that Father Knows Best. Father knows how to train him, teaching him much about Sjögren's disease, nothing about influenza. Father conducts a refresher course, showing off his knowledge of the latest ECG lead, while ignoring Mrs Jones's wind round the 'eart. Father thinks the general practitioner cannot diagnose early cancer, and is sure it would be disastrous for him to have direct access to an x-ray machine. Father is so darned superior, and the general practitioner is a dogsbody.

It is refreshing beyond measure to read the letter of the rebels, Drs F. M. Rose and J. H. Hunt, who advocate a College of General Practice. The suggestion is not new. Mr T. B. Layton once proposed it in *The Lancet*, I even suggested it myself (*Modern Trends in Public Health*, 1949, p. 132). But no one hitherto took it as anything

but a bad joke. It was ahead of public opinion then, but the denigration of the general practitioner over the last few years may at last make it a practical proposition.

There is no doubt that a college would be of inestimable value. The N.H.S. does not seem to have improved our ethics or standards of courtesy to one another. The influence of general practitioners on both undergraduate and postgraduate training is negligible. The general practitioner receives no encouragement to become a good general practitioner and no recognition if he is. Merit awards are exclusively for Father.

The general practitioner is the only person who is able to see the patient and his environment as a whole; he is our only defence against those who, knowing more and more about less and less, subdivide patients with more than the Chinese thousand cuts. It is high time he asserted himself, for his own good and for the good of medicine.

W. EDWARDS

Ashted,  
Surrey.

*The Lancet*, 3 November, 1951

May the voice of a relatively junior general practitioner be raised in support of the plea . . . to establish a College of General Practice?

It is time that the oldest and largest branch of medical practice had its own distinct association and representation. At present general practice is represented by small isolated groups, scattered amongst the specialties of the Royal Colleges and the B.M.A. It would surely add to the dignity and power of general practitioners if a College of General Practice were to be established as an independent body, whose principal functions would be to improve and advance the standards of general practice and to deal with the medical politics which are peculiar to this type of practice.

JOHN FRY

Beckenham,  
Kent.

. . . The only specific preparation given in the medical schools—at least in my day—for the discharge of this function began and ended with a few remarks about the value of a good bedside manner. Of course much more was taught by example, but only at the level of unconscious empiricism. We were told to inspire our patients with faith in the Art (and in ourselves), but no one enquired what faith was, nor how we could act as sources of the needed inspiration, whose nature also was not discussed.

To raise the art and science of healing from the level of an unconscious, rule-of-thumb empiricism (which easily degenerates into charlatanry) is, I suggest, the primary object of any college or fellowship. What is needed is a deliberate and conscious employment of the experimental method

as applied to the art of healing—and also its science. . . .

HOWARD E. COLLIER

Worcester.

*Editorial, British Medical Journal, 3 November, 1951*

. . . Since July, 1948, the discontent of general practitioners over their remuneration has been so widely publicised as to mislead the public into believing that this is the principal, or even the sole, grievance practitioners have about their work in the National Health Service. The eagerness with which the idea of a college has been pursued shows, on the contrary, that the fundamental concern of general practitioners is lest the quality of their work should deteriorate along with their prestige and professional status. As our correspondence columns show, general practitioners above all want to have the fullest opportunity for practising medicine in such a way as will enable them to give of their best to their patients. In this, as in other things, what matters is the setting of high standards and seeking to maintain them. That the existence of a college of general practice would further this end is clearly in the minds of our correspondents.

. . . Today, over 100 years later, the idea of a college is once more mooted. It may be, as Dr Batten puts it, "a little hard to bring the proposed college down to earth." But, if one is to judge by the volume of support the suggestion has received, it should be examined with the idea of finding reasons for, rather than against, its establishment. If general practitioners are to regain ground they believe they have lost, and if the general practitioner is to become the focal point for the care of the sick, conditions must be changed to make these desirable things possible.

*British Medical Journal, 3 November, 1951*

. . . Coming as it does at a time when one reads and hears so many complaints about the lowered status and loss of prestige in general practice since the coming of the Health Scheme, this project deserves every encouragement and support from the branch of the medical profession most concerned. Of course some people will describe it as impractical idealism, but I think this same criticism among others was levelled at the Royal College of Obstetricians and Gynaecologists when it was founded by the late Dr Blair Bell, of Liverpool, nearly a quarter of a century ago. Who would dare to bring forward that criticism about it today?

In America, where they are not now even threatened with the introduction of a health scheme, there has been for some time a strongly functioning Academy of General Practice. This body has similar functions to those proposed for the possible corporation in this country.

J. DESMOND O'NEILL

Skegness.

I should like to give active support to the proposal . . . that a College of General Practice should be formed.

Apart from its political activities (which might so easily become predominant), there are several others by the proper discharge of which such a College could become very valuable to general practitioners and through them to a wide circle of colleagues. For as stated in the original letter such a college will not compete with the Royal Colleges; but it could supplement their work by research, teaching, and publications of a sort outside the scope of any other College.

With every general practitioner, when he dies, there is lost at least one unproved but possibly sound hypothesis unpublished. His intimate knowledge of several 'queer cases,' whose many details he modestly thought were not required by the medical world, dies unrecorded. During his life occasions arose when he yearned for a suitable means of publishing some suggestive line of research on a problem which he had defined but to tackle which he had neither facilities, nor time, nor the necessary training.

By becoming the repository for such hypotheses, records, and suggestions, and by suitable publication or exhibition of them, a College of General Practice would begin to establish itself in a new field. One of its publications might be aimed at enabling a general practitioner to make direct personal contact with those interested and able to help him with his research problems.

Such a College might become the most suitable body to encourage research and receive reports about non-notifiable illness and minor ailments in the home, about defects of the family health as opposed to those of the public health. Its primary field of study would be the individual and the family at home, not in hospital or the operating theatre, suffering the beginning, not the end, of ill-health.

Teaching would grow up with other activities, and at first would be largely voluntary both for the giver and receiver. But an ultimate aim would be to ensure that eventually every medical school had at least one general practitioner on its staff, giving not only lectures and tuition but also bias to the whole course. Another aim might be to improve family health by public lectures and to minimise the self-inflicted ill-health among individuals caused by ignorance. Who knows? There might even later be a demand for lectures on general practice for consultants!

During any further discussions on the subject of such a foundation it would be wise if one thought were to predominate—namely, that a College which was founded merely 'to raise the status and prestige of the general practitioner' would itself surely soon founder. But a College which gave good measure to its own members through the services of a strong and efficiently organised clerical, technical, library, and medical

secretariat would fulfil a great need and would soon find its own prestige enhanced.

G. I. WATSON

Peaslake,  
Surrey.

*The Lancet*, 10 November, 1951

... When the question is asked whether we should or should not have a College of General Practice, I reply: "Would you, or would you not, have a staff college for the Armed Forces?" Cannot we draw a simile? Is it not a fact that we general practitioners are waging perpetual war against disease? In his fight against the enemy the general officer commanding calls on certain special departments for assistance and advice; but it is he, not they, who have the responsibility of seeing the situation first and giving the orders necessary to deal with it. To fit himself for this position, and keep himself up to date, he goes to courses and has to pass examinations at the Staff College. In civil life it is the general practitioner who is at all time responsible for dealing with the situation first. Once again this general ('the practitioner'), if he thinks it necessary, calls on his technical and special services to help him win the fight. Is it then unreasonable to describe him as the captain of the team—not as the camp-follower, as some would suggest? To keep the practitioner abreast of modern knowledge and methods of attack and defence, surely he too should have his staff college, a College of General Practice, which would be a magnet for all those who wish to succeed in their chosen branch of medicine and whose diploma would stand as high as any other college.

There already exists the ancient medieval guild of the Society of Apothecaries, which has always had a special interest in general practitioners. It is an examining body approved by the General Medical Council and could, without any change in its constitution, establish examinations for general practitioners on the lines proposed and run special courses for them.

... Time rolls on in medicine, and the mills grind slowly, but perhaps this time the planning of years ago may bear some fruit.

HAROLD LEESON

Worthing,  
Sussex.

Such a college could do a lot to raise the status of the general-practitioner service by encouraging the entry into its ranks of newly qualified men and women who are keen to set a high standard of work. I think that it would be a disastrous thing if those in this service were made up mainly of failed aspirants to consultant practice.

L. P. DAVIES

Wealdstorie,  
Harrow,  
Middlesex.

*The Lancet and British Medical Journal*,  
17 November, 1951

*We have had a most encouraging response to our letter of 13 October, and many helpful suggestions have been made about the proposed foundation of a College of General Practice. During the next few months it is possible that this subject will be discussed at meetings of general practitioners throughout the country. Once again may we use the hospitality of your columns to ask the secretaries of such meetings to send us detailed reports of what is said?*

F. M. ROSE

99 Fylde Road,  
Preston,  
Lancashire.

J. H. HUNT

54 Sloane Street,  
London, SW1.

*British Medical Journal*, 17 November, 1951

The history of the Society of Apothecaries is the history of the rise of general practice in this country; and the Court of Assistants are following with sympathetic interest the correspondence now appearing in your *Journal*. As has been pointed out in *The Lancet*, the Society was largely concerned in the discussions which took place in 1847-49, and still maintains an active interest in general practice, the L.M.S.S.A. being broadly designed to meet the requirements in this field.

The Court are fully alive to the importance of establishing a College of General Practice, and—although I cannot at this juncture say to what extent the Society, if called upon to do so, would be able to sponsor so far-reaching a scheme—I can say that they would be willing to help; which, under the terms of their ancient Charter and with their long experience as an examining body, they are well qualified to do.

The correspondence shows that there is difference of opinion about what should qualify for Membership of the College—but I should like to state that, if it were founded under the aegis of this Society, it would not be necessary for Members to take up the Livery, as was suggested by Dr Harold Leeson. The proposals do not appear to impinge upon the functions of the Royal Colleges—and it would seem fitting that the historic home in which General Practice was given birth and nurtured should become the headquarters of its College.

G. ROCHE LYNCH

Worshipful Society of  
Apothecaries of London.

... I feel strongly that medical students are not given a correct approach to general practice. When I was at hospital 30 years ago I formed the opinion that general practitioners were despised by the majority of the teaching staff and, therefore, by the students. There should be a Chair of General

Practice at all universities and readerships in all hospitals. Medical students should, whether they like it or not, have to attend the practice of a general practitioner for a week or a fortnight so as to sweep away the cobwebs of prejudice. It should be the duty of all members and Fellows to take a certain number of students per year for this introduction to the art (for art it certainly is).

The postgraduate education of general practitioners should be in the charge of the College, aided, of course, but not supplanted by the other older Colleges. Quite frankly, the older Colleges are abysmally ignorant of what general practice is like and what it needs.

ST. GEORGE B. DELISLE GRAY

London E17.

Drs F. M. Rose and J. H. Hunt in their letter and individual memoranda of evidence to the General Practice Review Committee have made out an unanswerable case for a College of General Practice. The only possible arguments against such an institution are the difficulties in the way of establishing a foundation. Everything that is worthwhile is worth the struggle and hard work necessary for its attainment. It is up to the general practitioners themselves to start work at once to achieve a College through which they can authoritatively express their views and by which they may be guided on the performance of their work. The need for a body which takes its place in equality with the other great colleges of the profession is self-evident.

Many of us are getting rather tired of the frequent attempts to denigrate us in the eyes of our colleagues and the public. Why should we cry ourselves down? Surely we all realise that the standard of practice today is considerably higher than it was 20 years ago. It is only the standard of the last three years which has not improved. Under pressure of increased work and smaller remuneration we have found it harder to maintain that level of excellence to which we are accustomed. The volume of support for the proposal of Drs Rose and Hunt is an indication of the desire to maintain practice of a high level of efficiency.

One way in which the proposed college could be of help to general practice and to medicine as a whole has not been mentioned. Throughout the country there is a mass of clinical matter as yet unstudied which can only be studied by the general practitioner. A College of General Practitioners could and should encourage and foster research in general practice. Should there not be fellowships in research for general practitioners? Could not research assistants be offered to practitioners desirous of embarking on special lines of study? Surely in such a way the College could make their real contribution to the knowledge of many diseases and syndromes at present little understood. The contribution which could be made is

well emphasised by the letters from the chairman and secretary of the Glamorgan Local Medical Committee and from Drs J. C. R. Morgan, E. G. Jones, and D. R. Morgan. These general practitioners were the observers of an outbreak of tuberculosis which might but for their swift action have been disastrous.

It may be argued that general practitioners have little interest or time for research and that they have not the necessary training. The suggestions I have made would go a long way towards providing the time. From personal knowledge I know that many practitioners would welcome the opportunity of taking part in schemes of research. The average practitioner lives in professional isolation and does not have the opportunity of developing his talents in this direction. When it comes to discussing his clinical material he is a shy bird and rather apt to underestimate his own ability. The membership or fellowship of a College of General Practice would indeed give him that self-assurance which he so often lacks.

R. M. S. MCCONAGHEY

Dartmouth,  
Devon.

*The Lancet*, 1 December, 1951

Only one specialist has, I think, written in your columns to support the proposal for the establishment of a College of General Practice. I hope I will not be considered impertinent in making one or two observations.

No one who has observed the best English general practitioners in the conduct of their practices can fail to recognise them as the finest family doctors in the world; and the loss to the community of the breadth of knowledge, human understanding, and high personal ethic required in the conduct of general practice in its highest form demands support for any measure which will ensure its continued influence and stimulate its extension in our community.

It is natural that fellows of the older colleges should pause to consider whether a College of General Practice would merit recognition among the colleges which are already established in relation to the whole profession of medicine.

In broad terms, I suppose that the aim of the older colleges is the advancement of the science and the art of medicine, surgery, and obstetrics and gynaecology.

A little reflection shows that at least as high an aim is cherished by our best general practitioners with regard to medicine as they practise it. That the science of medicine can be advanced in general practice was clearly shown by Sir James Mackenzie not so very long ago; and in our own time Dr W. N. Pickles, to mention only one name, has shown that the inspired and scientifically educated general practitioner can contribute as a field-worker to human biology in its widest sense.

Evidence of the original research work will no doubt be one of the membership qualifications for founder-membership of such a college as we are considering if one is established, but not all of those of us who are members of the established and Royal colleges necessarily need show this particular attribute. No doubt a higher diploma of one of the established colleges, or training to a high standard in a medical or surgical specialty, would qualify a general practitioner for membership of a College of General Practice. Further, it is not difficult to contemplate an examination which, in breadth rather than depth, would test a general-practitioner's high professional competence. No doubt the general practitioners concerned in the movement for the establishment of a college of their own have contemplated other equally valuable criteria, and the possibility also of election.

The practitioners most active in this movement will no doubt come to their own decision, with the advice of their colleagues, whether a college, a corporation, a faculty or a society would be the most suitable title for their proposed organisation, and whether that organisation should take advantage of some previously established corporation whose hospitality it might use. But if physical educators, speech therapists, nurses and midwives have the opportunity of membership of a college, surely it can be conceded that general practitioners of the highest standing should have this opportunity too. For my part I would like to pay tribute to those who are bent on cherishing a high standard of professional efficiency and ethics and the possibility of real medical and biological research in general practice in this country.

IAN AIRD

Department of Surgery,  
Postgraduate Medical School of London,  
W12.

*British Medical Journal*, 1 December, 1951

... I suggest that a College of General Practice should interest itself in the wider aspects of medical history and philosophy, that it should have close association with the humanities, and that it should concern itself with defining the role that medicine could and should play in maintaining social cohesion and stability in an age of anxiety and change. If higher degrees are important, the thesis should be an essential element, as demonstrating an ability to form coherent systems of thought on current problems...

K. M. HAY

Birmingham.

*Editorial, The Lancet*, 8 December, 1951

#### Fragmentation or integration?

Time after time in the past few years we have insisted on the importance of good general

practice. With science advancing so swiftly, it had become customary to think that the heart and soul of medicine lay in the hospitals, and that general practitioners were no more than ancillaries. On the ground that each of his functions could be better performed by some specialist or other, it was argued that the practitioner ought to be discouraged from performing any but the simplest tasks, and that his eventual role should be that of a subordinate mobile member of the hospital staff. All this we thought quite wrong.

In publishing the Collings report we endorsed its main argument, which was that the conditions of general practice must be such as to enable the practitioner to be a real doctor, practising medicine in his own right, and not a superior orderly as some would have him. Happily this view is now held both deeply and widely, not only by those who are concerned with professional status, but also by those who see the economic need to keep patients out of hospital whenever they can be properly tended at home.

... Dr John Hunt, who with Dr F. M. Rose is the latest sponsor of this project, spoke last month of nine ways in which practitioners could be helped by having a college or academy of their own. It would provide, he said, an academic headquarters 'run by practitioners for practitioners.' It would give them leadership and develop policy, play a part in medical education, encourage research, and serve as a repository for traditions and ethics. In all this it could raise the status and prestige of practitioners; and eventually it might be able to improve the quality of practice, setting a high standard and seeking to maintain it, perhaps through the medium of a higher diploma.

In giving our warm support to the early creation of an academic body to serve these very useful purposes, we must yet express a qualifying doubt as to the wisdom of creating it in the form of a college. In medicine, as in the world at large, two opposing tendencies are evident—towards fragmentation on the one hand and towards integration on the other. The process by which the profession is separating into fragments has, we would say, already gone much too far; the need now is to bring the families together instead of emphasising their differences.

... Both in practice and in principle, we believe, the most promising solution of this problem is the formation of a Faculty (or Academy) of general practitioners attached (unlike existing faculties) to all three Royal Colleges and looking to them all for aid in its development.

The article in the *Supplement* of October 27 on reviewing general practice, and the correspondence on the subject... are timely. A major problem of our modern age is to find the proper role of the general practitioner in modern medicine in a highly organised society.

It is not a new problem—it has been with us for

years—but the need for a solution has grown more and more urgent every year. The advent of the National Health Service has brought it to light and made it more urgent. Moreover, it is not a problem peculiar to Great Britain. All over the world doctors are discussing it and trying to find the answer. It is a constant theme in the medical journals of the U.S.A., Canada, Australia, South Africa, France, Spain, and Switzerland, and doubtless others. Further, it is not only the general practitioner who is concerned about his position but also specialists and the more knowledgeable and far-seeing laymen. It is generally agreed that the general practitioner has a vital role in medicine and in the community, and that at the moment he is not fulfilling it.

I suggest that attention to the following points would go far to remedy the position.

1. Education of the public and the Government: it must be shown that if the best and most economical use is to be made of medical resources, proper use must be made of the family doctor, and he must be the foundation of any scheme of medical care.

2. Education of the practitioner, undergraduate and postgraduate; this is fundamental, and the discussion, as reported, of the Review Committee shows that this is recognised. Here and now a great opportunity presents itself.

... The Review Committee is to be congratulated on what appears may be one of the most constructive reports the B.M.A. has produced.

J. A. PRIDHAM

Weymouth.

*The Lancet*, 29 December, 1951

... It is interesting to recall that, some years ago, the M.D. degree of Durham University could be obtained in one of three ways: (1) by special examination, similar in scope to the M.R.C.P.; (2) by thesis; or (3) by examination, for practitioners of 15 years' standing. This last-mentioned method was a broad-based examination, designed primarily for general practitioners, and was unusual in that it was not restricted to graduates of Durham University. It was a well-conceived degree, which fulfilled a definite purpose, but it was choked out of existence by the overgrowth of specialist diplomas in the period between the two wars. If the sponsors of the new college intend to institute an examination, they might with profit peruse the old regulations relating to this degree...

"The college might direct the efforts of the embryo general practitioner during the year following qualification, which is now spent in hospital as house-surgeon and/or house-physician. It would seem that, if general practice is to be the goal of the new doctor, this first year of post-graduate work could be more usefully placed on a broader base, and not used up entirely in doing two specialised appointments of six months each.

It is unlikely that much research of value will emerge from general practice until health centres have been developed. The college could give advice on the design, method of operation, and scope of such centres, and attempt to speed their development.

Further, we must have our own journal, as those in existence cover far too wide a front for our special purpose. This new journal might reasonably confine itself to the rapid reprinting of articles of special interest to general practitioners, from current literature. Its use as yet another outlet for original articles should not be encouraged.

Finally, in the light of fairly recent events, the new college might be placed in one of the provincial university towns, away from the political influence of the Royal Colleges.

D. G. FRENCH

Kidsgrove,  
Staffordshire.

*British Medical Journal*, 29 December, 1951

Your encouraging leading article of 3 November and the many favourable letters in your Journal have confirmed our belief that an academic headquarters for general practitioners in this country is really needed. Whether this is to be a College, a Faculty, or an Academy has yet to be decided. If the idea of another College does not prove acceptable to the medical profession as a whole an Academy of General Practice connected not only with the three Royal Colleges but also with the Society of Apothecaries and with the Postgraduate Federation might serve our purpose well. We are in close touch with the American Academy of General Practice in the U.S.A., which has recently had to solve many of the problems we are facing now. The interest in this subject shown by the Royal Colleges, by the Society of Apothecaries, and by the Postgraduate Federation, and their offers of help and support have all been most welcome.

The suggestion in the leading article of the *Lancet* of 8 December that the three Royal Colleges, and they alone, should be responsible for the foundation of a Faculty of General Practice will receive most thorough consideration. This might well be the easiest and the quickest way to start; but we are really concerned with what will help practitioners most in the long run. We ourselves know how truly generous the Royal Colleges would be over the development of a new kind of triple faculty such as this; but it must be remembered that the main interest of the Royal Colleges must always be in their own Fellows.

For historical and other good reasons we feel that the Society of Apothecaries should be included, and many practitioners think that their headquarters should be closely connected also with the Postgraduate Federation.

We propose now to bring together a small steering



*committee to guide this project through its next stages—a committee composed of the five general practitioners who have been most active in launching it, and five other members to advise us and to report our views to the Royal Colleges, to the Society of Apothecaries, and to the Postgraduate Federation.*

*The practitioners are: G. O. Barber (Essex), J. H. Hunt (London), J. MacLeod (Aberdeenshire), F. M. Rose (Lancashire), and A. Talbot Rogers (Kent). The five other members are: Professor J. M. Mackintosh (Professor of public health, University of London); Sir Heneage Ogilvie (Editor of the Practitioner); Mr John Beattie; Sir Wilson Jameson (Society of Apothecaries); and Professor Ian Aird (Postgraduate Medical School of London). The Rt. Hon. Henry Willink, K.C. (Master of Magdalene College, Cambridge), has kindly accepted the chairmanship of this committee. If anyone has constructive criticisms to make about this steering committee will he please communicate with us at once?*

*Members of the family of the late Dr Geoffrey Evans have been very generous to us; they have offered us the use of secretarial facilities and committee rooms in 7 Mansfield Street, which will be our temporary home; and they have given us his medical library. This will be the last of our joint letters. From January 1, correspondence should be addressed to the Secretary, The General Practice Steering Committee, 7 Mansfield Street, Portland Place, London.*

F. M. ROSE

99 Fylde Road,  
Preston,  
Lancashire.

J. H. HUNT

54 Sloane Street,  
London, SW1.

*Editorial, The Lancet, 19 January, 1952*

#### Colleges and Faculties

On 8 December in giving our support to the project for establishing an academic body to represent general practitioners, we suggested that it should take the form of a faculty attached to the three Royal Colleges.

... Dr John Hunt and Dr F. M. Rose in announcing the formation of a steering committee to consider the next step, have said that this proposal of a triple link with the Royal Colleges should have thorough study; we ask no more. But the objections expressed by all the other practitioners who have written to us make it necessary to repeat our argument and try to make them plainer.

The objections are expressed strongly. In our present issue Dr K. T. Brown describes our suggestion as "most dangerous" and insists that the new organisation be utterly independent. "I do not mean," he adds, "we should live in a vacuum; we can have plenty of liaison with existing bodies of all kinds, but we must meet them as

equals." Dr D. G. French, on 29 December, expressed even more vigorously the general-practitioner's desire for separate salvation: he wants the new college placed on one of the provincial university towns "away from the political influence of the Royal Colleges." But perhaps the most persuasive contribution is the eloquent but temperate letter of 22 December in which Dr R. J. F. H. Pinsent argued that general practice is entitled to the prestige and consideration of a parent: so far from being a specialty it is the mother of all the specialties.

... We agree with our correspondents that, even to gain a large immediate advantage, general practitioners should not accept any implication that they are a junior or inferior kind of doctor whose affairs should be managed for them by specialists. We accept the view that general practitioners are as much entitled to a college as are physicians or surgeons. ... Our argument rests on the belief that the three Royal Colleges are in the process of becoming colleges of medicine, surgery and obstetrics rather than closed corporations of physicians, surgeons and obstetricians. If that is their tendency, and if this tendency can be continued the profession would surely be ill-advised to create a new college—a new closed corporation—for even the largest of its vocational groups. Granted that it is the senior member of the profession, general practice could surely accept an honoured place in a circle of equals which had a professional and not a vocational centre.

*The Lancet, 19 January, 1952*

A College of General Practice is now proposed and all of us who are today concerned for the future of general practice must surely welcome the proposal and the enterprising spirit of the proposers.

At this early stage, whilst it is still possible to plan a course of action, it is most urgent in my opinion to declare that the new foundation must be utterly and completely *independent*; it must be founded, organised, run, and presided over by general practitioners, and membership open only to general practitioners. Whatever independence costs in terms of money and struggles must be suffered, because in no other way can the new college become the effective voice and organisation of what is after all the greatest part of the profession in these islands. It is curious that for so long there has existed no organisation catering exclusively for us, and I am certain that our weakness lies in that very absence.

The interests of the three Royal Colleges are of their specialties: how can they represent general practice? I want to record my conviction that *The Lancet's* suggestion of 8 December, that the three Royal Colleges, and they alone, should be responsible for the foundation of a Faculty of General Practice is most dangerous; it would eclipse our independence at once.

I suggest that all full-time general practitioners be made automatically members of this new college on payment of a subscription; that we aim to achieve a Royal charter to become an examining and instructing body, that we institute a fellowship diploma to be awarded at the discretion of the college council, and that the new college be called the College of General Practitioners. I suggest, too, a calling of all general practitioners in every area to meet and form local branches and give it strength and support.

I am sure that if we could feel that at last we were really going to create an *effective* organisation, exclusively our own, there would be tremendous enthusiasm. But it must be utterly independent. I do not mean we should live in a vacuum; we can have plenty of liaison with existing bodies of all kinds, but we must meet them as equals. Twenty thousand general practitioners must no longer remain without their organisation, or be made a minor branch of the specialists' organisations.

I wish strength and foresight, enterprise and good fortune to the new college.

K. T. BROWN

Gateshead.

*The Lancet*, 9 February, 1952

When the Royal Colleges of Surgeons and Physicians were founded, their fellows and members were all general practitioners. No other body was necessary. The evolution of medical science has made specialisation inevitable, with the rather surprising result that a man may qualify and practise medicine as a general practitioner, and yet have no contact with these two colleges except for a week or two during the process of being licensed to practise.

There is another side to the question. Dr Todd's article on the treatment of peptic ulcer is a fascinating example of how one particular form of illness can be claimed in turn as the prerogative of different specialties—surgery, medicine, and psychiatry. Dr Todd rather wisely emphasises that each of these *may* be able to help in particular cases, but it is for the general practitioner with his intimate knowledge of the patient's make-up to decide which is the most favourable possibility. In other words, there is a unity in medicine; and the patient should be treated by a team which works closely together—the family doctor and the various specialists—with no wide division between.

I strongly support Sir Ernest Rock Carling's plea that the three Royal Colleges should unite into an Academy of Medicine, and that they should accept a section of general practice on an equal footing in the direction both of medical teaching and the examination of candidates, and of the subsequent care of their academic lives.

G. O. BARBER

Great Dunmow,  
Essex.

I feel that the main function of the proposed 'College' of General Practice must be initially the elevation of the status and standards of the general practitioner from his present level to that of the best of his specialist colleagues, a level commensurate with his wide responsibilities. An instance of these responsibilities is the care of the chronic and aged sick.

Lowe and McKeown (1949) concluded that a fifth of the patients occupying beds in a Birmingham institution for the care of the chronic and aged sick were ill enough to warrant admission to and treatment in a general hospital. The criteria used were that the patients required skilled nursing and/or medical attention once a week or more often. In my practice during the month of December, 1951, there were on an average six patients over 60 years of age who fulfilled these criteria. If my patients were a fair sample of the population of Birmingham, then there were six times as many patients in this group treated at home by their general practitioners as were treated in the infirmaries.

Accepting the necessity for achieving this elevation of status we must then consider how it shall be done. I feel that the basis of any such approach must be, firstly, a clarification of the vast sphere of work which is the natural province of the general practitioner (perhaps on the lines indicated in my example) and, secondly, from these findings to alter the bias in medical education and the allocation of medical resources.

We must then consider the constitution and name of this proposed 'college'. Three main proposals have been made, namely the formation of:

1. A College of General Practice immediately. This would seem to be ideal from the general practitioners' point of view.
2. A Faculty of General Practice in a new body, the Academy of Medicine, as proposed again recently by Sir Ernest Rock Carling. It is unlikely, however, that the Royal Colleges, with their long traditions, will agree to this reconstitution merely to accommodate the general practitioners.
3. A single Faculty of General Practice sponsored by the present three Royal Colleges.

Finally, may I suggest an Academy of General Practice not allied formally to any other body? This academy would feel its way and develop freely. Eventually when its first and main function had been fulfilled it could turn to broader fields. This I think might meet with more ready and general acceptance.

D. L. CROMBIE

Harborne,  
Birmingham.

*The Lancet*, 28 June, 1952

*Members of the General Practice Steering Committee are discussing the ways and means of*

establishing for general practitioners an organisation with broad educational aims, the whole object of which is to maintain a high standard of general practice. These discussions are at an early stage at present; but the members of the Steering Committee are unanimous in thinking that general practice in Great Britain should be strengthened and supported by such a foundation.

Among other suggestions the proposal has been made that this foundation should be in the form of a college with central headquarters and regional branches. Members of the Steering Committee know, from a great volume of correspondence, that there is widespread interest in the formation of such a college; and at the same time they are well aware of the many difficulties which lie in the path of those who undertake a project of this importance. Nevertheless, they believe that the time is opportune and the ultimate prospects hopeful.

The work of the Steering Committee, and of the organisation to follow it, will necessarily involve expense. The committee is confident from the letters received that numbers of general practitioners and others—consultants, medical students, and many of the public—are so keenly interested in the future welfare of general practice that they will be glad to make some practical, financial contributions (as gifts). We hope that the sum received by this means will be sufficient to enable us to complete our pilot inquiry, to issue our first report, and to write to all those doctors who are interested. Contributions for this purpose will be gratefully received by the secretary of the Steering Committee.

J. H. HUNT  
Hon. Secretary

General Practice Steering Committee

7 Mansfield Street,  
London W1.

*The Lancet*, 8 November, 1952

A consultant has said it. Sir Heneage Ogilvie, in his most stimulating address, has clearly shown the dangers inherent in the present system of selecting specialists and the evils of over-specialisation. He

sees the general practitioner as the one remaining member of the health service with enough general medical knowledge to view the patient as a whole.

Thoughtful general practitioners will go a step further. If the present trend in the hospital world continues and the general practitioner allows himself to become, as many fear, a sorting clerk to the hospital departments, will not the sick person be completely submerged in the deep waters of scientific medicine? Those of us who have watched the flow of the tide have been in no doubt as to the outcome, and we have tried to meet it as best we can. Hence the clamour for increased status for the general practitioner; hence the call for a College of General Practitioners.

With the extinction of the great race of general physicians and surgeons—an extinction which seems inevitable—a vacuum will be formed which only the general practitioner can fill. To fill this gap with distinction—nay, even with ordinary competence—the general practitioner must prove his skill; he must have freedom to use some hospital beds, access to pathological and radiological services, and, further a corporate body to encourage and help him with advice and example.

We should all be profoundly grateful to Sir Heneage Ogilvie for putting the case so clearly.

R. M. S. McCONAGHEY

Dartmouth,  
Devon.

19 November, 1952

The College of General Practitioners was founded.

*British Medical Journal*, 20 December, 1952

The Steering Committee's report was published announcing the foundation and inviting members to join.

#### Acknowledgements

We acknowledge with grateful thanks permission to reprint and quote from these editorials and letters.—Ed.

## THE MISSIONARY OF THE PROFESSION

"In fact both in a scientific and a religious point of view it seems to me that a *perfect* specimen of a general practitioner would be the noblest member of the whole medical profession. . . And when we look at the labours and hardships of the general practitioner in some country town, with the long hours and weary rides at all hours and in all weathers, and then his scanty payments, and indeed the greater part of his time employed in relieving his poorer brethren, who can give him nothing in return but their blessing and their prayers; if all this be undergone for the love of *Christ*, surely we may well call him the missionary of the profession. . . ."

*On the duties of the medical profession.* Greenhill, W. A. (1843). *An address to a medical student.*