EDITORIAL

The interface

'INTERFACE' is an inelegant word, but it is fashionable. It is used, perhaps a little pretentiously, by the medically orientated press to describe the contact between doctors and their patients. It has been used for longer by the biogeochemists to describe the area of contact between living creatures, man included, and the environment in which they live. Physicists, however, have used the word for longer still and are accustomed to describe changes which may or may not occur where two substances or elements meet.

General practitioners do indeed operate at the level at which people bring evidence of some mental or physical maladjustment, perhaps a symptom, or at least something that is at once recognizable as a clinical entity. Whether it is an indefinable headache or established measles, the clinical presentation is the result of the patient's presence at what is to him a very important interface.

Were life possible in isolation, deprived of light or dark, it might be that individuals could be insulated against their surroundings. Life requires nutrition and respiration, only two of the means by which the environment is actually consumed by man. Changes in his surroundings enter man's awareness through his sensory receptors—eyes, ears, skin surface, and labyrinth, during every waking moment. He is exposed to the group environment from crowded pavements to television. The flow of impulses is never ending and of almost infinite variety. His response to the total input of external stimuli indicates that he is alive; the manner of his response displays his individuality.

General practice is about individuals and the ways in which they react to what goes on at this interface. They are the first professionals who can watch and record the things they see. No one is as well placed as the family doctor to sort out interrelated environmental, social, and nutritional factors. Doctors see the consequences of these interactions first and indeed since many live and work among their patients they may be exposed to similar influences themselves, while clinical scientists in hospitals see natural history only at a distance. Research workers in social medicine, or what used to be 'public health', often work on selected samples or routinely collected data from such large populations as to deprive it of any local significance.

General practitioners cannot be reminded too often that they are the field naturalists of medical science today, and that their special opportunities require of them their own approach to their particular kind of epidemiology. This, they will find, is a matter to be shared less with others in medicine but more with the non-medical scientists who have made environment science, physics, chemistry, sociology, geography, and many other disciplines their particular research interest.

Paradoxically, it is easier for generalists in practice to make contact with specialists in non-medical science than for those whose medical interests are circumscribed. Every day the mind of the doctor in practice is continually refocussing. Problems of industrial health may follow acute infection or psychological disturbance. A doctor may have to think and talk his way into a dozen disciplines of medico-social relevance in one morning's session. He is at home among the experts in medicine, and the experts in science with whom he will work increasingly on the problems of this particular interface are equally approachable. Whether the expert is an American biogeochemist or an academic in a British university at work on behavioural psychology matters little. There is enough common ground.

If medical science is to advance as it should it will be by harnessing the advances in technology to the elucidation of new problems derived from new approaches to source material. The source material is in our practices and it is for us to recognize this and help our colleagues in science with information and access that they can obtain in no other way. We in general practice hold the key to much new knowledge at this interface and we must not keep it to ourselves.

Dr R. J. F. H. Pinsent

IN NOVEMBER 1977 Dr R. J. F. H. Pinsent retired as a member of the Council of the College. In this way the Council lost its last direct link with the original Foundation Council, as he had served throughout those 25 tumultuous years.

With the benefit of hindsight it is now clear that a