THE AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Coat of Arms

The Australian College has now received the Patent of Arms which are blazoned as follows:

> " Argent on a cross gules a forked staff entwined with a serpent or between four mullets of six points gold, and for the crest on a wreath azure and gules a golden wattle tree flowered and leaved proper, mantled azure and gules, doubled argent. For supporters on the dexter side a kangaroo proper and on the sinister side a unicorn argent armed unguled crined and tufted or."

The Arms have some allegorical significance in that the red cross is a well recognized medical emblem as are the staff and serpent of Aesculapius. The four stars represent the Southern Cross and the six points of these stars indicate the six faculties of the College. The wattle tree is typically Australian and it has some medical significance in that gum acacia is still used in pharmacy. The supporters are the Australian kangaroo and the unicorn, which has mythical healing powers.

The College of General Practitioners has permitted its motto " CUM SCIENTA CARITAS " to be used by its Australian off-spring and so strengthen the link between the two Colleges.

The Australian College of General Practitioners

Dr R. G. D. Turnbull of the Tasmanian Faculty has been elected a member of the Senate in the Australian Parliament at Canberra and is to take office in July 1962.

The Australian College of General Practitioners

At the annual general meeting of the Australian College on 28 October 1961 Mr G. S. McDonald, President of the South Australian Institute of Technology, gave an oration entitled " Patients are People ". He drew attention to the great increase in population which was occurring in Australia, especially among the young and emphasized the need to provide additional training facilities for doctors to serve them. Apart from population increase, more family doctors would be needed as new and more effective techniques made it possible to do more for each patient, and therefore fewer patients could be properly managed by each doctor. He finished with a strong plea for the retention of the family doctor as first diagnostician and adviser whenever some odd symptom appeared. The family doctor of tomorrow must cope with the tremendous acceleration of streams of new knowledge, drugs, and techniques. Specialization was not the complete answer.

The *Queensland Faculty Newsletter* reports that the asthma survey has had to be modified because of recording difficulties, and a much simpler version has now been initiated in which the daily incidence of attacks is being related to the season of the year. The original survey broke down because of several problems—differences between observers as to what " asthma " was, differences in the aetiology of differerent cases, differences in clinical type, differences in treatment and difficulties in measuring improvement.

A seminar on group practice was held at Adelaide last October. The meeting lasted four days, and was associated with a social programme. The members split up into groups for discussions, and then met together to draw up a report. The final day was devoted to revising the draft report which had been circulated, and the result is to be published.

THE COLLEGE OF GENERAL PRACTICE OF CANADA

The Sixth Annual Report of the Canadian College was published in June 1961, and gives evidence of its healthy growth. Its membership has now reached 2,100, about 25 per cent of the available general-practitioner strength, and it continues to increase in spite of an annual loss of over 100 members who do not maintain the study requirements of the Canadian College. These requirements

involve doing 100 hours of approved postgraduate study in every two-year period, and a return has to be made to the College which acts as auditor. This system makes the Canadian College unique.

The Canadian College also has plans for a Fellowship grade, and has circulated its members with a questionnaire designed to find out their views on this. Of those circulated, 967 replies were received (46 per cent), and these showed that the younger doctors favoured the new grade by a two-to-one majority, and the older doctors by a three-to-one majority. In large population centres the majority in favour was small. Over 60 per cent of the members who replied said that they would apply for fellowship if it were instituted. A by-product of the questionnaire was the information that 82 per cent of the members of the Canadian College are on active hospital staffs, a further 16 per cent have courtesy or honorary membership of hospital staffs, and less than 2 per cent have no hospital privileges.

Research in general practice is active in Canada, and present projects include a study to determine the incidence and ensure early diagnosis of phenylketonuria, a double blind study of measles complications rates with and without antibiotics, a tuberculin skin testing programme designed to determine whether routine office tuberculin tests are feasible and worthwhile, and studies of histoplasmosis, of blood cholesterol levels, and of diabetes.

Another active committee deals with tape recordings, and has arranged for about 300 requests for these to be met. Other committees deal with activities of a varied nature similar to those of the British College.

One point of view more Canadian than British is put forward by the past president, Dr F. M. Fraser, who is quoted as follows:

" Let's face the fact that the ' doctor-patient ' relationship, of which we speak so glibly, is on the way to extinction. Let's stop talking about its preservation. It dates us! The advent of prepaid medical care plans, of government-sponsored health care, of labour-inspired medical clinics, of provincial hospital plans, have all but destroyed that traditional war-cry of medicine. We, ourselves, with our development of ' group ' practice have hastened the destruction. The patient of today, on the plea that even his doctor needs ' some time off ' is taught to accept ' the man on duty '."

But this view is not held uniformly by Dr Fraser's colleagues, as the College Executive Director, Dr W. V. Johnston, is at pains to say:

" A good family physician must know a lot about modern medicine and, the more complex medicine becomes, the greater becomes the reason why the public should have personal physicians to keep it in proportion for them. So great is this need that, if the family doctor should disappear tomorrow, he would have to be invented."

Dr Johnston is supported by the Canadian College's retiring

public relations officer, Ray Silver, who writes: " Whatever plans are proposed or implemented, Canada's patient-public will continue to be reliant on the family doctor for a large proportion of its need for service."

The Journal of the Canadian College of General Practice

The Journal of the Canadian College of General Practice is now appearing every two months and is circulated as from the September 1961 issue to all general practitioners in Canada whether they are College members or not. The total is 10,100 of which 2,250 are college members. The attitude of the College is summed up by the final paragraph of an editorial:

" Although we have taken the liberty of sending the *Journal* of the College to you—simply because we have worked hard to make it both valuable and interesting to every general physician—we are also aware that there is something private about a doctor's own desk. If you choose not to receive the *Journal*—even though it is free and imposes no obligation on your part—simply notify us."

The Canadian College is holding a convention cruise this year aboard the *Empress of England.* More than 550 places have been booked, and the 50 to 75 remaining cabins are being offered to any general physicians in Canada on a first-come, first-served basis. There will be daily scientific sessions led by eminent medical authorities, exhibits, and films. During the afternoons and evenings a variety of social functions will be held.

In an article entitled " A GP Looks at Hospitals " a general practitioner makes a plea for more co-ordination between the two types of practice. He points out that the general practitioner needs the hospital, the hospital needs the general practitioner, and the patient must always have his free choice of his attending physician. The primary function of hospitals is to treat patients, next it should educate its personnel, and thirdly it should conduct research. All these activities are aimed at the welfare of the patient. The author concludes that the general practitioner must be inside the hospital to treat his patients up to the limit of his capacity and with the aid of the specialists around him. There follows a need for a Department of General Practice which is not a number of beds, but an organization of general practitioners with privileges in the various specialist departments according to their experience and training upon recommendation from a credentials committee. Such a department would have a chief who would act to " get things straightened on any problem that might arise, such as in the treatment of a patient or the organization of a scientific programme ".

The September issue of the *Journal* of the Canadian College also contains scientific articles on the use of xylocaine viscous after tonsillectomy, obesity in children, and hypercholesteraemia, and these are of the usual high standard.

THE INTERNATIONAL COLLEGE OF GENERAL PRACTICE

This organization publishes a bilingual pamphlet, and *Informationen*, No. 1/1962, comments that the college's main target, after four years of existence, is to define the scope of the general practitioner and to ascertain his proper place in medicine. The generalist should not be merely a combination of a little of each specialty, and needs a training suitable to his own functions. An excerpt from the "Summary of 1961 State Officers Conference" of the American Academy of General Practice points out the tendency in the United States for the generalist to die out owing to the many restrictions placed upon his activities by hospital boards. To some extent his place is being taken by the internist (medical specialist) who can deal with about 80 per cent of a generalist's patients, but who needs to refer paediatrics and obstetrics to others and who does not necessarily give continuity of care, house visits, or night calls. A plea is made for the generalist and his functions.

KENYA FACULTY

The Kenya Faculty held its fifth annual conference on 14 October 1961 at Nairobi. Over fifty members and guests were present to hear Dr E. P. Rigby, Chief Medical Officer, Ministry of Health and Professor J. A. Tulloch of Makerere College, the latter reading a paper on Diabetes Mellitus. An informal dinner followed.

The faculty board considered the suggestion of the Council of the College that an East African College of General Practitioners might be formed, but concluded that there was little merit in the idea at the present time.

Newsletter of the Kenya Faculty. Series II, No. 1, August 1961

This represents a revival of an earlier newsletter, and is intended to keep those members and associates who are not on the board of the faculty in touch with what is going on. Local members and associates are asked to contribute to its pages any college or clinical news of interest.

The current issue gives news of meetings, an abstract on bretylium toselate, a list of recent interesting publications, notes on the medical recording service, and personal announcements.