

The physicist can identify those minerals whose absorption carries the extra hazard of radioactivity. The general practitioner, who shares more closely than any other observer the environment of his patients, can—with the help of the veterinary surgeon—find out whether differences in the environment surrounding the individual are reflected in diseases of man or animals. Here medicine and geography meet, and with the support of the biochemist a field of research is opening up in which the family doctor may become a prospector, modern methods of morbidity evaluation serving as his pickaxe, shovel, and pan. New discoveries may await this work which could mean more in human terms than all the gold of Ontario and the silver of Broken Hill.

GENERAL PRACTICE TEACHING IN EDINBURGH

Part of the course of study of those who took their medical degree at Edinburgh University in the twenties and thirties was attendance at one of the dispensaries in the poorer and more crowded parts of the city. There the student in his fourth and fifth year found himself seeing patients not only in the dispensary clinic but in their homes. He would collect a few calls in an afternoon and go out alone to see these people. He was “covered” by the doctors attached to the dispensary but his alone was the first decision—to treat and follow up the cases himself, to ask the doctor in charge to see the patient with him or to recommend removal to hospital. Not many patients were thus visited, for there were many other things to do, but in the days after qualification, during the first locum tenens or assistantship, many a young doctor has been grateful for the experience so gained.

When the National Health Service assured even the poorest of a doctor's attention, it was out of these dispensary practices that the General Practice Teaching Unit of the university was created. Under the careful administration of Dr Richard Scott this unit has now two centres and looks after some 40,000 patients. There are six full-time and seven part-time doctors all members of the university staff and every Edinburgh medical student receives first-hand

instruction and experience of general medical practice. The university has recognized the increasing dignity and influence of this unit in raising it to full professional status and has appointed Dr Richard Scott as professor. Dr Scott thus becomes the first professor of general practice in these islands. This is a just reward for the work that he has been doing during the last 16 years as director of the unit, and those who know him will expect great things to come in the future. But even a professor cannot run a unit without finance. It is grand news that the Sembal Trust have generously donated to the university £100,000 to the furtherance of this work. This is also a telling reply to those who declare that general practice is outmoded.

THE GILLIE REPORT

In June 1961 the Standing Medical Advisory Committee of the Central Health Services Council set up a subcommittee under the chairmanship of Dr Annis Gillie to study the future scope of general practice. The Minister had already in the course of publication ten year plans for the hospital services and the local health authorities, but the work of the family doctor does not lend itself to such treatment. Unlike the other two services general practice is still largely administered by the doctors themselves. Positive planning and direction from without are, therefore, impossible. As has so often happened in the past, the subcommittee had first to look at the present content of general practice and study those trends which had been developing over the last ten years, before they were able to make suggestions how those trends which they considered good should be encouraged and how those which seemed bad could be curbed.

The subcommittee has now reported.* Members of the College will be gratified that so much which they have been striving for in education and research is supported by the subcommittee.

The report is an important document which must be studied in detail by all concerned in the health services. We trust that both the profession and the Ministry will bring forward proposals and that agreement on methods for implementing, where practicable, those parts of the report which call for action will not be long delayed.

**The field of work of the family doctor.* Lond. H.M.S.O. 1963.

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