

provision of medical care and the maintenance of health of the community. Studies of practice itself, in relation to varying social and other needs, should be accepted as a normal function.

3. *Practice organization.* The department must develop its own methods of organization in its own practice. Consideration should be given to matters such as the layout of consulting rooms and premises. All aspects of practice organization, business and equipment should be studied and demonstrated.

The department should encourage visits by undergraduates to practitioners who have built new premises or who have other features of interest in their practices.

Conclusion

We believe and recommend that university departments of general practice should be set up by carefully considered stages.

1. The universities must accept the idea of teaching general practice.
2. General practitioner teaching units must be formed with concord and goodwill.
3. Directors must be appointed to plan and organize the teaching programmes.
4. Practices and general practitioners must be selected to co-operate in teaching.
5. The staffing of the units must be worked out.
6. The teaching programmes must be carefully devised, and should be sufficiently flexible to allow the development of both clinical research and operational research in the work of the units.

We know that the inspiration and administrative capacity upon which universities and teaching hospitals may call is to be found in general practice of the present day. The College's task must be to help every department which seeks its aid to make the best use of the knowledge and experience of general practitioners in teaching their future colleagues.

INTRODUCTION TO GENERAL PRACTICE

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It is the first step which counts: certainly this applies to the general practitioner when he is confronted with a class of students. He will be introduced as someone who is going to tell them about that mysterious form of medicine which goes on outside the hospital, and they will look at him in a scientific way as an interesting specimen of something that they have heard of, quite often in rather a derogatory sense. He is the sort of person about whom house officers grumble when patients are sent up in the middle of the night with odd little notes, and to whom the consultants may possibly

refer as something which they would have become if they had not succeeded in going up the ladder in the way they had.

So it is all the more important to arrest their attention at the very first moment, but the difficulty is to convey to them exactly what it is that one is going to talk about. It would be so nice if one could give a snappy definition of what general practice is, but this is one of the very hardest things to define for most of the College have had a shot at different times in putting it into a few words without success.

I have tried to solve this difficulty by using this diagram which shows the position of the general practitioner in the scheme of things, with the illness of the patient on the one hand and all the functions of medicine on the other. This year the lectures on general practice at St. Mary's Hospital have been taken out of the preparatory clinical course, and put into the course on social and preventive medicine. I think it is to their advantage to be given in this sequence for the student is being taught about disease in the community and in the human being in relation to his environment; and one can go straight on from there. On the left hand side the diagram begins with the ecological factors in the human as an animal, and they lead to the possible causes of disease, until finally there is the awareness in the patient that something is not right. This is the critical moment, the first contact with medicine, when he goes to see his family doctor, the one man with knowledge of his family and way of life, his background which is lacking to the consultant except by hearsay. A point that can be put over to the student is that when he is asking a patient about his family life and general set-up, he is getting a very subjective account of it, which may differ fundamentally from the impression given by a relation, a husband or a wife or a child. The family doctor alone has the immense advantage of his firsthand knowledge although even he may also be involved to a certain extent in his impression which can therefore be biased.

So one essential of general practice is that it is the patient's first contact with medicine. Under his family doctor's direction it may diverge into all the various departments which are shown on the right hand side of the diagram, but it can also be emphasized to the student what a very great deal of medical treatment does go on without there ever being reference to the hospital, and an account can be given of the ancillary services about which the hospital is not concerned, the district nurse, the midwives, the health visitors, and all the work which is bound up with the local authority and the medical officers of health.

I have sent this diagram to the editor of the *Journal* in the hope that it will be a blueprint which can be improved on by all the others who are doing the same work, and I shall look forward to their comments and help.

