Editorials

THE COLLEGE APPEAL—SECOND PHASE

DURING the first ten years of the life of the College the first duty of the Council was to establish it as a recognized authority on academic general practice. This has been achieved. The early expansion in College membership in this and other countries of the commonwealth cast an enormous and unexpected burden of work on the officers of these early Councils. How well they succeeded may be read in the annual reports. The aims of the College as laid down by the Steering Committee have been pursued steadily throughout these formative years. A permanent home has been acquired and furnished; the library, the photocopying service and the medical recording service are working to capacity. We are now ready to embark on further developments.

Fresh plans for research and for education have already been made but these are greatly handicapped by lack of money. More funds must be raised. Council at its meeting on 26 July authorized the launching of the second phase of the appeal. This will start in September and a campaign director will be at the College to guide and advise on all matters pertaining to the campaign. He will not himself make any direct approach and it is imperative that when they are asked all members and associates play their part. The life of the College depends on their help.

ONE FLAME, MANY TORCHES

AN OLYMPIAN flame was lit by those who founded the College a dozen years ago and has already been passed on by many hands. That flame has given us a glimpse of many neglected corners in the Temple of Aesculapius. General practice can never be quite the same again.

Inspired by dedicated leaders with a variety of talents, the College has already made notable contributions to medical education, graduate training, and research technique. Because of the work started under Geoffrey Barber and Richard Scott, the education of medical students need never again be quite so narrow or lopsided

as it was. Those who now build on plans laid by Annis Gillie, Robert Harkness and George Swift, have so enlarged the early training of doctors, that no one need ever again be quite so ill-equipped for general practice as was the hospital graduate before 1952. Since Robin Pinsent and Ian Watson built up their team of family doctors, dedicated to the idea that good observations deserve to be well and usefully recorded, the long middle years of endeavour and achievement need never again be so barren as they were. Because of the Research Foundation and this *Journal*, starting and finishing an investigation need never be quite so frustrating again.

About our own special field, namely, " the other half of medicine " which is not seen in hospitals, the College has now acquired a unique fund of knowledge and an expertise which is being put more and more often at the disposal of both the profession and the community. If we have erred through caution or modesty by not putting forward our own views uninvited, this should not in the long run be counted against us or tarnish the public image of the College. In the short run, however, in this competitive world, we may thereby have done ourselves less than justice. Consequently we must not be taken aback if some of the praise we hear for these early achievements of our college is mingled occasionally with criticism about alleged shortcomings or suggestions that our flame is dim and our bolt shot. By the light of our torch, others too have peered into some of those neglected corners of the Temple.

A long vista of work, still not begun, stretches out for all to see. For example, little has yet been done to enlist the teaching capacity of men matured in general practice. True, one professor now sits where none sat before. Is this enough? Are there not born teachers to be found up and down the country, speaking to small audiences in surgeries or local medical societies or, at best, to a wider but still restricted public on tape and disc? Medical students cannot afford much longer to remain so cut off from these reluctantly silent tutors.

The educational content of research by family doctors has received even less attention outside than within the College. Dedicated amateurs up and down the country, who follow Mackenzie and Pickles, are gently praised, but left to fend for themselves. No one can yet achieve (let alone set out upon) a full career of research in family medicine. No practice is yet equipped with housemen or registrars so that the " chief " has time and opportunity to school them in the things he had to learn the hard way. Until students and specialists alike are regularly exposed to the stimulus of these

new sources of inspiration, part of their talents as well as those of their potential teachers will lie idle.

Through our associateship, open to all doctors even before they leave the shelter of hospital and wherever their future may carry them, we welcome all whose aim it is to foster and promote the fullest development of general practice. In turn we expect and look for academic co-operation from those specialists or family doctors who, from choice or necessity, base their work elsewhere.

The College has no monopoly of this desire to quicken the pace of research or to extend the range of medical education in general practice. It does, however, happen to have the lion's share of family doctors who would be doing most of the work in such new ventures. One such venture, namely, to develop a research and educational " institute " within the College (*Annual Report*, 1954, p. 15) is now being canvassed by others as their own panacea. It would surely be unfortunate if separate departments or institutes of general practice, financed independently or with public funds, were set up in rivalry with our College. The Olympic spirit will best be served, not by many flames of different hue, but by many torches carrying light from the one torch.

RESEARCH INTO GENERAL PRACTICE

GENERAL practice is undergoing one of those periodic eruptions which seem, in these democratic days, to be common to all trades and most professions. The present unrest has been occasioned largely by the realization that good medicine can only be practised in a good professional environment. The College is an academic body and has refrained from entering the lists with those other organizations which tirelessly strive to obtain better financial rewards for their members. But from its inception the College has realized that good medicine can only be practised in good functional surroundings, and much thought and experiment have been given to practice organization and method. The only part of the Gillie report which we have found difficult to accept is the paragraph which states that there was little factual evidence of what goes on in general practice. We have followed with great interest the steady flow of reports from general practitioners about many aspects of their practices and of the operation of the kindred social services. Never before has so much effort been expended in attempting to