Why must we flounder in an unknown world of common ailments, bottles of medicine, chronic patients, certificates, financial crises, and so on, just at the time when we most needed all our wits to get to know our patients and their homes and habits?

The arguments were persistent, and bore fruit. If, as was suggested, there was something that a general practitioner could teach the students, let him try, always assuming that the students were willing to add yet one more subject to their overcrowded curriculum. So in 1935 the first course of lectures was advertised and personally introduced by Lord Moran, who was then dean of the school. He prophesied gloomily that the lecturer must not expect an attendance of much over a bare dozen, and handsomely ate his words when 80 turned up. There were six lectures: on buying a practice, on common ailments, on equipment, on paper work, on preventive medicine, and on ethics. But these titles were very elastic, and the lecturer tended to introduce a good deal of personal experience of difficulties encountered, of advice by his more experienced colleagues, of unsolved problems, and particularly of advice on how to spend the remaining time in hospital to the greatest advantage. The audience was so appreciative that the course was made an annual one. During the war it was given in alternate years. After the war the lecturer felt that more was required, so it was arranged that the class should visit his practice one afternoon by bus. This is a glorified Sunday-school treat, ending with tea and buns, but the students meet the neighbouring G.P.s, their wives, dispensers, secretaries, the local district nurses, health visitor, and medical officer of health; they poke their noses into every corner of the consulting-rooms and dispensary, and their questions are endless.

A Week with a G.P.

Dr. Denis Brinton, who was then dean, felt that this was not giving a wide enough picture of the young G.P.'s future work, so he arranged to give each St. Mary's student, during his last three months, the chance of spending a week with one of a group of selected G.P.s. Twelve doctors are now taking three or four students each, for one week at a time, spacing them over the year. During his week the student lives on the spot in "digs" or a local pub, if not in the doctor's house. He tags around with the G.P., sits in during the surgery, goes on the rounds, and really gets his nose well rubbed on the grindstone. On the whole the patients seem to like it. It is a new face and a new interest. The teacher makes a point of showing the students as many chronic cases as he can. He finds that he himself derives considerable benefit from these students to counterbalance the extra work involved, for it freshens up his ideas and he learns quite a bit of postgraduate "recent advances." It also smartly checks any slovenly habits into which he may be sliding.

The dean and secretary usually arrange these students' visits during the last months before examination or just afterwards. They take into account the student's preference for what kind of practice he is most likely to settle down in, and there is a definite place allowed for this in the curriculum. The student is also given a small allowance to cover his expenses.

It is planned that at stated intervals the dean of the medical school, the general practitioners who teach, and the students who have attended their practices shall meet together to discuss any way of making the scheme more practical and useful. One such meeting has already been held.

Other medical schools are at work along the same lines. As time goes on we shall pool the best ideas, so that every doctor will have a wider outlook on medicine. If he plans to be a family doctor his training in hospital will stand him in better stead; if he favours specialism or research, then he will have closer sympathy with the G.P.s' problems; and if he prefers teaching he will have a better idea of what kind of finished product it is his aim to produce.

TRAINING OF MEDICAL STUDENTS IN GENERAL PRACTICE IN SHEFFIELD

BY

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A scheme for the attachment of medical students to general practitioners in Sheffield has now been in operation for two years. This is part of a general plan to introduce students to branches of medicine practised outside the teaching hospital and to enable the student to see for himself the beginnings of ill-health as seen in the family. He is able to see the commoner types of illness and disability not generally seen in hospital and to learn of the many agencies which are available for the prevention and management of illness within the community. In the words of one general practitioner, "Whatever the course of the student's subsequent career, his training is incomplete if it does not include an opportunity to observe, at first hand and under guidance, the patient as a person in relation to home, family, and occupation, and the various stresses and desires which beset him."

The Scheme

The recruitment of general practitioners to help in the scheme was carried out with the help of the local branch of the British Medical Association, and all arrangements were made in consultation with them. In the first place volunteers were asked for to undertake this work, for which there was no financial remuneration. We have been fortunate in getting 23 doctors to take part in the scheme within a few miles radius of the university. In addition, we have always had a few reserves on call if necessary. Most of the doctors were known personally to us before the inauguration of the scheme, and many of them are old Sheffield graduates.

It was decided that the months of April and May would be the best time, not only from the point of view of the majority of general practitioners but also from the student's point of view, as the appointment could then be fitted to the last three months of the final year, during which time every effort is made to keep the student free from lectures and appointments. Each student is attached to one practitioner at a time, for a period of two weeks; the scheme operates for a total of eight weeks during the months of April and May, excluding the Easter week-end. A practitioner may co-operate by taking two, three, or four different students for two weeks each, or by taking one student for a single period of two weeks.

The student reports from 9 a.m. for the whole of the morning from Monday to Saturday in each week, the idea being that he should attend the morning surgery and accompany the doctor on his visits. The doctors are asked not to make any special arrangements because of the presence of the student, and the scheme does not interfere in any way with the routine of the practice. The student can, of course, assist the doctor in any way he thinks fit, and the doctor is quite free to ask the student not to be present during the examination of patients who might resent the attendance of a second party. In practice, however, there have been no difficulties and the scheme has been of mutual benefit to both doctor and student. In some cases the student has been invited to attend evening surgery, or, in the case of a busy practice, to accompany the doctor in the afternoon.

The scheme forms a useful link between the university and general practice. It is not without its compensation from

the doctors' point of view. To quote one doctor: "I find it a stimulating experience to have someone to teach, and I am sure that the presence of a potential critic must have a salutary effect upon the standard of one's work. The mere fact of discussion will operate to eliminate acts of omission which tend to creep in when handling frequent attenders at the surgery." The scheme is purely voluntary so far as the students are concerned. In 1951 55% of the final-year students took part, and in 1952 77%. Most of the students who did not take part could not do so because of other commitments.

Introductory Lectures

Before the scheme begins the students have a lecture telling them of the purpose of the scheme and giving them details of their attachment; at the same time any questions relating to the appointment can be answered. In addition, they receive three lectures on the ethics and conduct of general practice by a general practitioner. All the doctors participating in the scheme are invited to a meeting to discuss the details of its operation.

An opportunity is afforded to find out what the students think of the appointment at the luncheon given by the local branch of the British Medical Association to those who have recently qualified.

The course has been welcomed most enthusiastically by both students and doctors; the only criticisms have been the following: the course is probably too near the final examinations, when most of the students are preoccupied with reading, and many of the doctors consider that a fortnight is too short. It would also be of benefit if each student could see something of the different types of practice—for example, in poor, well-to-do, and rural areas—although this would be difficult to arrange. I think that the inclusion of general-practitioner training in the preregistration curriculum should be seriously considered.

Important Differences

The following points made by doctors and students indicate some of the important features of general practice as distinct from hospital practice.

1. The facility with which the practitioner must switch from one "branch" of medical practice to another, after the increasing compartmentalism of hospital work.
2. The necessity to rely upon one's senses in arriving at a diagnosis instead of upon the wholesale routine investigations by ancillary departments which constitute the hospital diagnostic method.
3. The vast amount of minor yet real disease which must all be labelled and treated, and which is largely outside the ken of the consultant.
4. The minor infectious ailments, which may be the subject of examination questions and which are rarely seen in hospital. "Koplik's spots were a real winner in this respect."
5. The experience required in predicting the natural history of a malady, particularly with reference to the spacing of one's visits.
6. The necessity to treat trivialities with dispatch yet without hurting the patient's feelings.
7. The importance, to all parties, of honest certification, and its difficulty when one's living depends upon good will.
8. The value of attending to the organization of the practice, so that time may be available for the "long case" and leisure for the practitioner.
9. The fact that the G.P. does indeed treat organic disease, despite opinions to the contrary held and disseminated by inexperienced hospital workers. "I was not guiltless in this respect myself during my resident days!"

The undoubted success of this scheme has been due to the general practitioners who have taken on this extra work, and I should personally like to take this opportunity of thanking them on behalf of the university.

THE PUBLIC HEALTH SERVICE

BY

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Despite the prophets who have foretold the winding-up of the public health service or the transfer of its remnants to other branches of the National Health Service, the number of whole-time posts in the medical services of local authorities appears to stay constant at about 2,000. The Chief Medical Officers of both the Ministry of Health and the Department of Health for Scotland have expressed the need for adequate recruitment of high-quality medical graduates to this branch. There has undoubtedly been a lack of suitable candidates for public health posts during recent years, but this was largely due to the prolonged delay in bringing remuneration of medical officers of health and their colleagues into some relation with those of specialists and general practitioners. Since the Industrial Court made its awards, after the failure to agree of the Management and Staff sides of Whitley Medical Council Committee C, the scales awarded for public health medical officers have been almost universally implemented. They are identical for England and Scotland and Wales, and similar salaries are paid in Northern Ireland. Although these are a considerable improvement on previous rates, there is still some doubt whether they represent a reasonable comparison with the remuneration of other classes of doctors, particularly in respect of departmental or assistant medical officers, who form the largest section of the public health service, and that from which promotion to higher ranks is taken. However, the assistant's scale of £850, rising by £50 annually to £1,150, is often improved upon by local authorities who wish to obtain medical officers with some additional experience. Such posts are usually designated as "senior assistant M.O.H." The larger local health authorities usually appoint senior medical officers in charge of departments (maternity and child welfare, school medical service, mental health, port health) under the medical officer of health and school medical officer: the senior M.O. scale is laid down as £1,250, rising by £100 annually to £1,650, but higher scales are paid by some of the largest authorities.

One of the largest sections of the public health service is that of doctors holding mixed appointments as M.O.H. of one or more county districts and also as area or divisional medical officers for county councils with responsibilities for local day-to-day administration of personal health services, or as assistant county medical officers carrying out duties at maternity and child welfare centres or at school clinics. The Industrial Court laid down rules for arriving at appropriate scales for such posts. Broadly speaking, the commencing figures for these "mixed" posts range between £1,050 and £1,500 and the maxima between £1,300 and £1,900, according to circumstances and responsibilities.

There are a limited number of whole-time divisional medical officer posts (mainly in London and adjoining counties) for which the salaries have commencing figures between £1,300 and £1,500 and maxima between £1,700 and £1,900 (or higher where the population of the division is over 400,000).

Lastly, whole-time medical officers of health were awarded a series of scales and ranges, varying with the populations of their authorities and allowing for an additional £100 where the M.O.H. serves more than one authority. The minimum commencing figure for an M.O.H. can lie between £1,450 and £2,300 and the maximum between £1,650 and £2,700 or