RES MEDICA
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Abstract
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Change for the sake of change is almost certain to be worthless, it is only justified if there is a good reason. Change is taking place throughout the Royal Medical Society, and the new laws mentioned on this page of our last issue are now in effect for a trial period. So far they have proved that streamlining of society procedure does not mean that business is neglected, but on the contrary, they have shown that greater efficiency leaves more time for the real business of the society, the discussion of medical topics.

There is only one tradition in the Royal Medical Society, that tradition is high quality. Such a tradition is vital, and without it we would have faded out of existence long ago. Medicine is the constant search to aid the vital force. It is only by similar constant effort that the vital force of R.M.S. can be maintained. As the Society, so the journal is created in a holistic manner. We rely on all who write, and all who read, to make of this something more than the sum of the parts.

"AMERICA"

Although most medical students return from the U.S.A. thanking God (and the late Mr. Bevin) for the National Health Service, one has to admit to the many attractions of practising medicine in that country. Not all of them are merely financial. To many newly qualified Americans general practice still presents itself as an attractive career. This can hardly be said in our own country, and the difference lies mainly in the G.P's position in the hospitals—a position which is almost non-existent in Britain. Here our G.Ps. have traditionally lost control of their patients as soon as they need hospital care. This worked well in the old days when admission to hospital was virtually a death sentence, but at the present time G.Ps. are increasingly frustrated and humiliated by surrendering patients whom they could well treat themselves under hospital conditions. For example, experience in the U.S.A. has shown that most patients with C.V.A. or coronaries—a sizeable proportion of admissions—are ideally cared for by their own doctors in hospitals. In the U.S.A., G.Ps. do a round of these patients once or twice daily, if necessary carrying out minor diagnostic and surgical procedures under the auspices of the hospital. They also meet regularly for discussions which do much to keep them up to date—and make malpractice almost impossible.

General practice has always been the heart of British medicine, and this heart is beating with less and less enthusiasm. The present day G.P. would argue that a sure way to kill general practice would be to increase the already excessive work load with hospital attendances. However the increasing scarcity of G.Ps. is mainly due to the failure of this branch of medicine to increase as rapidly as the others—and a consequent failure to attract new men. If general practice is to survive, something must be done to save it. Such a system as is practised in the U.S.A. would attract many new men who would otherwise specialize or even emigrate.

If G.Ps. are to be saved from the fate of minor diagnosticians, form-fillers and general dogsbodies, and can again be allowed the satisfaction of practising good medicine, then general practice will survive. The American system provides some of the answers.