THE following comments by Doctor Charles Gass on The College of General Practice are deserving of the earnest study and consideration of all general practitioners.

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THE COLLEGE OF GENERAL PRACTICE

THE great and rapid broadening of man's field of knowledge has brought a consequent and necessary growth of specialism. Nowhere are these changes more evident, especially to physicians, than in the field of medicine.

One of the great forward steps in Canadian medicine in the past twenty years has been the establishment of The Royal College of Physicians and Surgeons for the training and certification of competent specialists in various restricted categories. But there has been some opposite reaction to this forward action. Time is needed to find and eliminate some weaknesses. We are not concerned here, although perhaps we should be, with the adverse effect on the modern specialist who sacrifices breadth for depth. In some respects at least he suffers in comparison with the older type of specialist who worked his way to specialism through general practice. But the Canadian Medical Association has been concerned for some years with the effect which our modern advances with growth of specialism have had on the spirit and status of the general practitioner.

It is often stated that no man can keep up to date with all the new things in medicine. With the general advance the keen and hard working doctor has been struggling to keep pace and has been succeeding to a remarkable degree. He has developed in both breadth and depth in the past two or three decades, and perhaps that fact has not been sufficiently recognized. Increase in knowledge and efficiency has not been confined to the specialists' ranks in medicine. Yet there is a feeling in some quarters that the general practitioner is losing his status, not only in society but also in the ranks of the profession. One keen and forceful doctor from the West expressed this feeling rather succinctly when he said that he was tired of being told that he was the backbone of medicine and being treated as the coccyx. How well founded these ideas are is not clear, yet it is true that difficulties have arisen in some places which interfere with the practical pursuit of his calling by the general practitioner, especially in respect to hospital and teaching appointments. One reason for this is that there is no means of accrediting with high standing those general practitioners who by study and post-graduate work strive to keep up to date. They have no certificate of excellence in General Practice such as The Royal College of Physicians and Surgeons grants to qualified specialists, to recommend their appointment. Whatever we may think of the real value of extra certificates, we must face the fact that to-day they seem to be highly desirable, and, in some situations necessary. Certainly, many general practitioners deserve some mark of distinction.

Is the general practitioner—the family doctor—losing his status in society? We live in an age which is not only materialistic but unbelieving. Perhaps the family doctor is not credited with the omniscience which his predecessor enjoyed. Perhaps his halo is getting a bit thin, but the growth of specialism

is not to blame. The fault dear Brutus lies elsewhere. What the people are asking for—almost pleading for—is more well trained, progressive, ethical family doctors, not more specialists. The demand for specialists, I believe, should, and does come from the general practitioners who need and appreciate their help. The general practitioner had better face the fact that the security of his status rests with himself.

There has been a great swing towards specialism since the war. The specialist rather than the family doctor has caught the fancy of many keen young medical students. Immediately post-war the facilities for their training were strained to the limits. One hears the criticism that the medical schools and teaching hospitals are more interested in producing specialists then general practitioners, due to the influence and zeal of The Royal College of Physicians and Surgeons. In so far as this solution is real it is harmful to the profession. Certainly Canadian medicine would be much better if the general practitioner would exercise some of the influence and zeal which he undoubtedly possesses. There is evidence that the swing toward specialism has reached its peak and is in reverse. More young graduates are turning to general practice where they are needed and one of the problems of organized medicine is how can we provide incentives that these young men may grow and develop in the profession.

These are just some of the problems which the advance of our profession in a changing world has brought. Two years ago, at Banff, the Canadian Medical Association appointed a committee to study the subject and make recommendations for a solution of some difficulties. After a careful study, that committee reported to the Association at Winnipeg last year and advised the establishment of a College of General Practice within Canadian organized Medicine, with the following aims and objects:

1. To establish an academic body with broad educational aims.
2. To arrange for under-graduate teaching by and for General Practitioners.
3. To arrange for the presentation of post-graduate education for general practitioners.
4. To arrange for research in general practice.
5. To arrange for publication of original articles by general practitioners.
6. To arrange for hospital staff appointments for general practitioners.
7. To provide suitable recognition to members in the field of general practice.
8. To do all things necessary to maintain a high standard in general practice.

The report with its recommendation was adopted and an organizing committee was appointed to proceed at once with the establishment of the proposed College. The work has been going forward as indicated by a brief report by Doctor Glenn Sawyer, secretary of the founding committee in the December number of the Journal. It is expected that a constitution will be ready for publication along with details in the January issue of the Journal and that the College will be ready by March to receive applications for membership. The College will be officially started on its career at the June Meeting of the Canadian Medical Association in Vancouver.

It is early recognized that the organization must have a full time secretary if it is to succeed. An outstanding man has been secured and will begin his work in March.

When the details are published it will be seen that the qualifications for membership are modest to start with. It is hoped and expected that the infant will grow in vigor as well as in wisdom and stature with the years.

The item of finance is causing some anxiety. The cost will be about $25,000 per year. The first two years will be the most difficult until the College gets firmly established. For this reason, a Foundation Fund will be set up early in 1954, and the success of the venture will largely depend upon our financial response to the appeal. One can hardly doubt that there are many who will gladly subscribe $50 or $100 to this project which can and will mean so much to our profession.

This is a new venture in Canadian medicine. It was stated at the outset that the establishment of The Royal College of Physicians and Suregons was a great forward step. This is a second and complementary one. It is intended more particularly for the younger members of the profession. It points to the future. It reaffirms our belief that the family doctor *is* the backbone of medicine and that that backbone must grow straight and strong and not shrink and twist with the years. Let the younger men support the venture enthusiastically. Theirs is the future. As for us older ones, let us not ask "What is there in it for us?" Rather, let us see our opportunity. Years ago our profession did us the honour of numbering us among its members. What have we done in return for that great honour? Here is our opportunity! Le us support with our interest and our money The College of General Practice of Canada!

C. L. GASS.

SPECIAL FEATURES

THE FIRST

W. VICTOR JOHNSTON ORATION (PFIZER)*

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Tatamagouche, N.S.

I approach this assignment in all humility. I can bring you no erudite oration, worthy of the great occasion. I can offer you no words of wisdom, no technical or scientific ideas to throw fresh light upon your medical problems. I can only try to remind you of things you already know, and in the quiet of this place, away from the sounds and sights and the feverish haste of our busy lives, try to orient ourselves in the changing patterns of life and times in which we live and work. "Our virtues lie in the interpretation of the time". We are in the main stream of modern medicine — a part of all that we have met and partly a product of our times. If we are wise, we will see that we are not something apart, but a part of contemporary society.

The development of medicine should not be viewed as an isolated subject. Its concepts and practices grow out of the intellectual, social and cultural soil in which it finds itself. In every land and in every age, it has advanced or regressed with man's thinking, not passively, but influenced by and influencing the intellectual, social and spiritual environment of the time and place. In the earliest written records, medicine comes to us out of the misty east of antiquity, laden with all the superstition and mystery of that early culture, but having the saving grace of bodily cleanliness and tinctured at least with human pity, which is the real origin of medicine. The record next appears in early Greece and here again reflects the workings of that marvellous thinking apparatus — the Greek mind — which is itself a greater mystery than Egypt ever knew. The Greek mind was the first "to lift the veil of mysterious nature", and "gaze on nature's naked loveliness", unafraid and unashamed, and set in action the forces which have made our modern civilization. Here in the golden age of Pericles, medicine threw off its shackles of superstition, and seemed to stand at the threshold of its modern temple. We are told that in every field of Greek thought of the time, one finds a clear common sense for the welfare of humanity. Gilbert Murray tells us that the idea of service to the community was more deeply rooted in the early Greeks than even in our day. The question they asked about each teacher and writer was "Does he help to make better men — to make life better". The aim was to be helpful. He quotes a writer of the fifth century B.C. "That which benefits human life is God".

Hippocrates who represents the medicine of that period speaks with the same intellectual, social and spiritual accent. "Where there is love of humanity, there will be love of the healing art". "The welfare of the patient comes first". Disease is not a caprice of the gods, but a process of nature, and nature is true to its laws. Observation and experience, and the collection of facts, took the place of wild speculation. The result of this outlook was a reasonable pathology later superseded, but whose echoes are still with us, and a common sense treatment which has a familiar sound — bathing, cleanliness, fresh air, diet, rest and exercise. The natural healing power of the body, first recognized by Hippocrates, gave rise to the expectant form of treatment, which we moderns tend to forget. The moral code which bears his name — the Hippocratic Oath, reflects the spirit of the time and has been called a monument of highest rank in the history of civilization. It is still our credo and here we date the beginning of Modern Medicine. Medicine reflected the soil in which it grew. It continued true to its nature when Alexander the Great set out to conquer the world and the school at Alexandria became heir to the Greek mind. Then the Romans took over where Alexander left off — and the glory that was Greece faded. Because of the change of soil in which it grew, medicine gained some, but lost much in the Roman period. The Roman mind had a genius for organization rather than for scientific investigation and ethics, but the note of humanity of the earlier Greeks was lacking until later restored by Christianity. Cleanliness, sanitation, and good drainage was enforced by law. Underground sewers and wonderful aqueducts which gave plenty of good water were built. Hospitals were set up in connection with the army and in a few places, a state medical service was provided for the civilian population, and although Roman physicians added little to clinical medicine, yet great advances were made in Public Health. In looking back, it would seem that medicine reflecting the genius and culture of early Greece and Rome had over 2000 years ago built a solid foundation, and was proceeding to erect the first story of its temple, then suddenly knocked off work and lived in the cellar and fouled it.

*This Oration given at the tenth annual scientific assembly of the College of General Practice of Canada, held on board the Empress of Canada in March 1966.

Then came the period of the Middle Ages. The barbarian tribes from the North moved down and shattered the Roman Empire, spreading desolation, and the centres of learning were destroyed. The outlook of rapidly spreading christianity made science superfluous, for was not the Kingdom of Heaven just ahead. There was a progressive deterioration of man's mind, and for a thousand years the mode of thinking of men in the Golden Age of Greece was forgotten, although much of their writings were preserved in the institutions of the Christian Church and in the translations of the Arabs.

Scientific investigation ceased with the death of Galen in 200 A.D. The hygiene and cleanliness of an earlier day was forgotten and man in the Middle Ages became a dirty animal — conditions favorable to the spread of the terrible epidemics of plague which scourged Europe, and added to the disorganization of society. The medicine of the period reflected the soil in which it grew. It was no better and no worse than the other products of man's mind. In the 15th century, the soil began to change. Slowly came a revolution in the intellectual world. Man's mind seemed to awaken from the long sleep of the Middle Ages. Scholars began to translate the ancient Greek writers with a great enthusiasm to recapture their spirit and outlook. Gradually medicine caught the new spirit. The Greek art of observation was revived, to which was added experiment — the other tool of scientific investigation. Great names in science like Copernicus, Galileo, Boyle and Newton appeared, and in medicine Vesalius and Harvey, Sydenham and Morgagne. Medicine in England became organized. The Royal College of Physicians and that of Surgeons were instituted under Royal Charter to promote education and the status of medicine, to face its social responsibilities and to take over from the clergy the granting of licence to practice. Again medicine reflected the contemporary intellectual soil. The spirit of Hippocrates returned to the haunts of the men of medicine and the doctor became a scientist. Medicine became a profession and its mode of application of science to combat disease and suffering continued to be its art.

In the wider social context came great improvement in human conditions, later helped on by the Industrial Revolutions with its economic and social changes. Thinkers and writers spread the new gospel, and Jeremy Bentham, the great English social philosopher propounded his utilitarian philosophy of the greatest good of the greatest number, giving impetus to the great humanitarian movement, which has carried over and increased in our century, and medicine spurred on by the awakening social conscience began to face its social implications.

The advance of science during the past 300 years in which doctors played an important part, its rapid advance during the past 100 years and its accelerated rate during the past 30 years need only to be mentioned. Our cellular pathology, bacteriology with its resulting immunology and antisepsis, anaesthesia, and the revolution in nursing associated with the name of Florence Nightingale, which made possible the Modern Hospital, all these appeared within a period of 20 years in the last century.

No less wonderful are the advances seen in our lifetime — great progress in pathology and physiology, in chemistry with the chemist and pharmacologist juggling the atoms of new and complex molecules and the physiological chemist digging deeper, becoming the biochemist. All these giving us new knowledge and new concepts, such as deficiency diseases, amenable to replacement therapy as in endocrinology and dietetics. Add to all of these the work of the physicists giving us x-ray and radio active substances, the antibiotics of the biologist and chemists, the advent of psychiatry and the modern techniques of surgery and anesthesia. Finally we must not forget the careful patient clinical observations so often pointing the way to research. It is well for us to occasionally pause and thrill to the wonder of it all. Today we live in an age of rapid change — the age of science with its invented machines and rapid increase and spread of knowledge, a time of social and industrial change and outlook, a time of high idealism mixed with crass materialism. Great increase of knowledge has brought fragmentation with specialism in every field of endeavor. The face of medicine is changing, likewise its practice. No longer is the physician a single type as of old. Today we have the research worker, the teacher, the administrator, the specialist practitioner who confines his interest, his thinking and his study to one particular narrower field, and lastly the undifferentiated doctor, the general practitioner whose function is that of family physician. The activities of all merge at times, yet each has his specific function. All are physicians and stand in a line of common origin and tradition, inheriting a common noble heritage.

In the changes of the last few decades, the general practitioner finds himself in an ever widening field where depth of knowledge must be sacrificed to breadth. He was becoming discontented and confused as to his place in the medical scheme of things entire, and apprehensive of loss of status and even identity. Vague feelings of inferiority and inadequacy appeared and sometimes the impression left, though rarely expressed by the other divisions of the profession, that anything was good enough for general practice. For instance the clever young well trained and competent surgeon while waiting for a surgical practice to grow could always do some general practice to keep the wolf from the door, yet he may be ill prepared for such work, though expert in surgery. The Royal College of Physicians and Surgeons of Canada, a most worthy project, was established to promote the training and accreditation of specialists, and many new graduates were attracted to those narrower fields. Some teachers in medical schools and teaching hospitals seemed more interested in producing specialists than in schemes to help the general practitioner to increase in wisdom and stature, though many practitioners struggled on successfully unaided and unaccredited. Into this the winter of our discontent, came Victor Johnston, the herald of spring with promise of glorious summer. His founding of the College of General Practice is an historic event in Canadian Medicine, complementing as it does the efforts of the Royal College of Physicians and Surgeons to raise the quality of medical service for our people.

We all, general practitioners and specialists alike begin at graduation as undifferentiated physicians, equally grounded in the scientific knowledge and technical skills of the time. Some continue to grow and develop and some do not. Continuing education must become the

norm in our age of rapid change. Discovering and providing ways and means to that end is the function of the College. The beginnings necessarily were modest, but the accomplishments during the first twelve years have been considerable. It is not necessary to list them, but I want to mention two:

First, the Survey of General Practice in Canada. We may disagree with many things in the report of the survey. Personally I am not too impressed by the wide generalization from such small samplings, yet on that basis it is a very able and thorough piece of work, and the report extremely well prepared. It brought into the open much that was suspected, and pointed to us the way. It confirmed the view of the founding fathers of the College that while much can be done for the older practitioner, yet our main aim should be the young doctor. Because of this, the review of medical teaching in the report is most appropriate with the suggestion that the teaching of medical students should be a separate specialty with appropriate training and orientation for that most important work, and one might add the prerequisite of the aim, the ideal undifferentiated doctor. The frequent finding of the survey of poor history taking and faulty physical examination may be due partly to lack of time, but inadequate drilling in the art of observation most probably prevented the development of good clinical habits. The ancient art of Hippocrates is still the basis of modern medicine.

Second, we have at last established a three year residency in general practice — another of the hopes of the founding fathers has been fulfilled. Yet we must not stop there. We must not compound our difficulties and further fragment our profession by creating yet another specialty. The opinion expressed in the survey report that the new medical graduate with just one year of rotating internship is not adequately prepared to assume alone the great responsibility of family physician is well founded today, although that was adequate ten or fifteen years ago. To further extend the period of training without earning is not practical. The solution I believe is to provide an adequate salary for further compulsory clinical training before licensure. No doubt we shall be told that the extra cost of five to eight million dollars per year would be prohibitive, but is that true?

Hundreds of millions of public money are expended on promotion of industry and trade and transportation, and that is necessary. Hundreds of millions in increasing amounts are spent on general education, and training and certainly that is necessary. Hundreds of millions are to be spent on a medicare scheme, and that is necessary. Tens of millions are to be provided for medical research and medical teaching. Research certainly is necessary, for our progress depends upon it. Very properly its needs are made known and pressed. Medical teaching and training is a necessary step in transmitting the blessings of medical knowledge and skill to the people. Its end product is the practitioner — the family physician and specialist. Both are necessary; for without them the findings of research and the learning of the schools would only be of academic interest. What will it profit the people if these are not transmitted to their needs? It is unreasonable and unfair to expect the specialist to undertake the duties and responsibilities of the family physician and respond to its calls. He is not trained for that and his outlook is necessarily narrower. His function is not only ancillary, but essential to the work of the family physician, who should use him whenever indicated for the patient's welfare. The family physician is the very core of the service of modern medicine, and its quality depends upon him. That truth should be recognized and proclaimed, and a due sense of proportion exercised in the apportioning of money for the health needs of the people.

We take pride in our profession, and in our place as family physicians. Ours is an unique way of life. We are not just scientists, for disease is not just a biological problem. It is a human problem. With a rich background of science our work is personal with an intimacy in the doctor-patient relationship, far beyond that of the other branches of medicine or any other calling. We blend together the two greatest forces of our age, science and humanitarianism, for the alleviations and cure of disease.

The individual is, as never before in previous ages, of supremest value. The home is still and will remain the centre of human life and children the most precious possessions. In the presence of sickness and pain and the threat of death, all lesser things pale in importance, and the thought that everything possible is not being done is too painful to contemplate. The responsibility placed upon the family physician is great and the confidence in him is sobering. The Hippocratic injunction that the welfare of the patient takes first place is imperative. In these days when the validity of all things secular and sacred alike is questioned, organized medicine has its share of criticism, but rarely does it apply to the individual family physician. This then is our milieu. Here we orient ourselves in our profession and here find our identity. What is a profession? In our changing social outlooks, is the word losing its meaning? We speak of professional hockey players and fighters, professional actors and musicians, professional barbers are beauticians, undertakers are professional morticians. All work to serve the wants and needs of people. Wherein is a profession different?

A very thoughtful discussion of this subject by Dr. Klass of Winnipeg appeared in the Journal of the C. M. A. some years ago. After viewing the origin of professions in the Universities with their tradition of learning, and their legal status with corresponding rights and responsibilities, he asks, "what is it that breathes life into a profession, gives it character, personality, sprit and soul?". He continues "one can take as a text this line from the Sermon on the Mount "whosoever shall compel thee to go one mile, go with him twain". Every calling has its mile of compulsion, its daily round of tasks, its standards of craftmanship, its code of man to man relations. Beyond this lies the mile of voluntary effort where men strive for excellence, give unrequited service to the good, and seek to invest their words with a wide and enduring significance. It is only in this second mile that a calling may attain to the dignity and distinction of a profession. Herein exists the area of conscience of the individual member of a profession, his own private and personal dedication to society. It is only in this subtle area of private endeavour that a profession in its totality achieves greatness. Sometimes it is called professional spirit. It is the result

of the association of men and women of superior type with a common ideal of service above gain, excellence above quality and loyalty to a professional code above individual advantage."

For the family physician especially, scientific knowledge and technical skills are not the only qualities required, although most necessary. Equally necessary are qualities of the human spirit, without which our profession becomes just a most lowly and menial job, at times messy, dirty and disgusting.

"Excellence above quality". Surely that is the aim of our College. "A common ideal of service above gain and loyalty to a professional code". The traditional spirit and ideal of medicine, the spirit that makes it a profession and not just a job or business is that we place the highest value on the individual, that we bring healing and relief from pain when called to every individual who suffers, whether that individual be rich or poor, learned or ignorant, clean or dirty, christian or pagan, and further that we do this in no impersonal manner, but with unfeigned kindness and friendly understanding. This is what Sir George Pickering, the Regius Professor of Medicine at Oxford, in his presidential address to the British Medical Association, called the Core of Medicine and added "The Ethos of Medicine is of no less importance than its Science", and warned against its loss. It is in the area of this ethos alone that medicine has achieved and still achieves its unique status. Its knowledge and technical skills are matched and often excelled in other fields of human endeavor. Let me read the words of Robert Louis Stevenson, "There are men and classes of men that stand above the common herd. The physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most nobly exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion tested by a hundred secrets; tact, tried in a hundred embarrassments; and more important, Heraclean cheerfulness and courage, so that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing".

Of course that was written seventy years ago but in this sophisticated 20th Century society of which we are a part, that is still the public image of the family physician, in greater demand today than ever before. People still want and need the art of medicine as well as its science, though they feel that 20th Century medical science has progressed more rapidly than "its social application". With that outlook we agree and must cooperate in seeking a just and equitable solution for the problem.

No doubt the public image of the family doctor appealed to the imagination and idealism of youth and attracted many of us to medicine as a career. "But, ah, that Spring should vanish with the rose". Time brings us experience and wider knowledge with greater responsibilities and pressing problems. Time also brings us weary bodies, gray hairs and wrinkles, and wears thin the ideals of an earlier day.

In this modern age of changing outlooks and changing values is idealism becoming old fashioned and a bit corny? Is the so called realism of this hard boiled scientific age causing us to look down our long intellectual noses at idealism? Is there danger that we get so caught up in our skills and techniques — in our intellectual interest in the disease as a biological problem that we forget the patient who has the disease, to whom we profess to give first consideration? Or do we sometimes become submerged in just the humdrum business of making money and sell our birthright for a mess of pottage? But idealism is not time's fool. It is the main spring of every worthy human effort. Of course we do not live up to our ideals. Mankind never can. In the words of Andrea Del Sarto "A man's reach should exceed his grasp or what's a Heaven for?".

And so, my fellow members of the College of General Practice, we inaugurate this lectureship honoring our most distinguished member, Dr. W. Victor Johnston and the Family Physician whose quality and status he has done so much to promote. Here in the unique isolation of this place, poised between the depth of space above and of ocean beneath "Deep calleth unto Deep", it is fitting to view the road over which we have come: to remind ourselves of our origin as a profession, the spirit which gives us character, meaning and direction; and the heritage of tradition handed down to us from the past.

"Tis man's worst deed
To let the things that have been run to waste
And in the unmeaning present hide the past".

We should try to recapture something of the idealism of an earlier day, which now may be chastened and subdued by the rough hand of time. We need the stimulant of a periodic renewal of our early enthusiasm. If we lose these things in the increasing materialism of this rapidly changing world, then all we have left is a lowly menial job. Changes must come which we must meet with appropriate changes of practice, but in meeting these changes we must remember that the quality of spirit which we profess can not be constrained within the narrowing limits of just a trade or business.

"The quality of mercy is not strained.
It droppeth as the gentle rain from Heaven upon the place beneath."
And this for your comfort —
"It is twice blest.
It blesseth him that gives and him that takes".