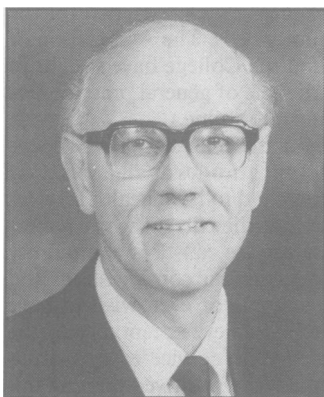


The emergence of the discipline of general practice, its literature, and the contribution of the *College Journal*

DENIS PEREIRA GRAY



Introduction

I WOULD like to thank the Tamar faculty for giving me the great honour of delivering the ninth McConaghey memorial lecture. I am very conscious of the distinction of my predecessors from John Horder, who delivered the first lecture in 1980,¹ onwards. This is the greatest privilege this faculty can bestow and I particularly appreciate the honour as a member of Tamar myself and as someone who knew, admired, and learnt so much from Richard McConaghey (he was always known as Mac in conversation, and even in some committees, so that is how I will refer to him).

I would like to start by paying tribute to Mac as a man and as a practitioner. Then I want to describe the emergence of general practice as a discipline and Mac's contribution to it, and finally to suggest how we can now build on the foundations he laid.

Mac

Richard Maurice Sotheron McConaghey was born in India in 1906 to a military family and he served in the Royal Army Medical Corps himself in the second world war, where he achieved the rank of lieutenant colonel. After the war he gained an MD from the University of Edinburgh in 1947 and went to live in Dartmouth where he worked for the rest of his life as a general practitioner.

Mac was very much a family man and he enjoyed the sustained support of his wife Gussie in all his work. She allowed one of the main rooms of their house to be taken over for College purposes for much of their married life, and tolerated the demands made by the College on his time with great fortitude.

D.P. Gray, OBE, MA, FRCGP, general practitioner, Exeter and professor of general practice, Postgraduate Medical School, University of Exeter. The ninth McConaghey memorial lecture was delivered under the title 'The heart of the discipline' to the Tamar faculty at Lifton, Cornwall on 26 October, 1988.

© *Journal of the Royal College of General Practitioners*, 1989, 39, 228-233.

Mac was a strangely shy man for one who was a leader and so used to speaking in public. He was not easy to get to know and his military training made him reticent about expressing his feelings. But although he rarely spoke emotionally, he believed passionately in general practice and his life's work is best understood in terms of his wish to see it established as a discipline. That is one reason why the word discipline appears in the title of this lecture. Another is that Mac himself was an unusually disciplined man. He not only practised iron self control in his daily life (he went for an early morning bathe all the year round whatever the weather), but he was strict about procedure and rules and particularly the use of words. This was a particular asset in a man who was to become a great editor.

At a time when general practice desperately lacked a sense of discipline or standards, he stood for rigour. At the same time he accepted discipline uncomplainingly and accepted, not without question but without complaint, decisions with which he disagreed. I believe that from this sense of discipline came the serenity that one always felt in his presence, and the sense that general practice knew where it wanted to go and what it had to do to get there.

Mac understood as very few of us do even now how fragile was the academic basis of our discipline, how urgent it was to develop it, and how he could contribute to its development through scholarship. For Mac was essentially a scholar, an intellectual giant who loved history, who loved books and enjoyed reading, and who, like all great historians, used his reading of the past to look forward to the future.

Mac was, of course, not only a reader but a writer of distinction and he wrote some fascinating articles, mainly historical in nature.²⁻⁵

Such was the man. What of the practitioner?

It is fundamental to our understanding of the professional achievements of this remarkable man that he was first and foremost a working general practitioner. His practice was not unusual in any way and his work in it was typical of other practices of its time. As so many of us in the College do today, he enjoyed great support from his partners, especially Giles Keane who later served on the editorial board of the *Journal*.

Mac's energy was prodigious. Indeed it was from the innumerable committees on which he served that he was able to build up a deep understanding of the way general practice worked.

Local work

He served on the standing committee of the Devon local medical committee (where he served with my father) and on the Devon and Exeter executive council, the predecessor to the family practitioner committee. He had great experience of complaints against doctors through the medical services committee. He was an early trainer and, happily for this faculty, trained Geoffrey Smerdon, the first example in the west country and perhaps in the country of a College provost training a future provost.

In my first editorial in the *Journal*, in the issue in which I succeeded him as editor, I described Mac as '...standing on the classic tripod of the family doctor — happy at home, proud of his practice and contented in his community'.⁶

National role

Mac was also active in national organizations. He represented the Torquay division on the representative body of the British Medical Association. On one occasion in BMA House, when the whole room was buzzing with anti-College feeling after a speech sneering at the College for being 'the soft underbelly of general practice', I remember Mac going as a lonely figure to the microphone and beginning his speech 'On behalf of the soft underbelly of general practice'. He was of course heavily outvoted, but with his quiet dignity and firm confrontation of the issue on rational grounds he won the argument and influenced many of his younger colleagues. He became a member of the council of the Medical Defence Union and wrote substantially for some of the BMA publications of the day.

The College

The turning point in his career came in 1952 when he was approached by John Hunt and asked to serve on the foundation council of the College. He accepted and so became one of the select group of 23 who sat on the first council in that year. He was the only general practitioner from the south western region. He played a central part in the work of the early College, serving on many committees and chairing in turn the awards committee, the library committee, the publications committee, and the editorial board.

Most importantly for this faculty, he was one of the driving forces in setting up the first meeting of the south west England faculty on 28 June 1953, when he was elected vice-chairman of the first faculty board. He became provost in 1958.

Mac is best known, of course, for his editorship of the *College Journal*, a post which he held for 17 years, from 1954 to 1971.

It is indeed a happy accident of history that in the year you have invited me to give this lecture, I should be in a position, as chairman of the council of the College, to speak for the council in acknowledging the work of a most distinguished foundation member. By wearing the gown of the College and the chain of office of the chairman of council, and by meeting with colleagues in the Tamar faculty, I am trying to symbolize the triad of Mac's work in the College: commitment to general practice as an academic discipline, to the College and medicine nationally, and to the College and medicine locally as a working general practitioner.

Emergence of the discipline

The word discipline is defined in the *Concise Oxford dictionary* as 'a branch of instruction or learning' and it has a second connotation of control, including self control.

Specialists often wonder why general practitioners make such a fuss about being a discipline. I think there are three reasons: first because historically we were not one, secondly because we have not yet worked through when and how we became one, and thirdly because we have not yet accepted the discipline of having a discipline.

I suggest that there are four phases in the emergence of any discipline:

1. Recognition by a reasonable number of its practitioners that they possess a separate field of knowledge of their own and that they need an academic body through which to develop it.
2. The formation of that body.
3. The emergence of a literature describing a unique body of knowledge⁷ written by those practising the discipline.
4. Recognition by others outside the discipline, especially other disciplines, universities, and society as represented by the state.

The need for an academic body

Mac himself described how as early as 1844 general practitioners were calling for their own college.⁸ The problem was that the apothecaries were seeking to emerge from a framework which assumed that general practice was not a discipline. The principles were already clear: 'We are a body of men who exist because the wants of society have raised us up.'⁹ They tried hard, and a whole succession of bills were presented to parliament in the 1840s. But they failed, and the price of that failure cost us dearly twice, first when the 1858 medical act was passed and again a century later when the 1946 National Health Service act was passed. Each time the academic voice of general practice was absent from the talks that really counted, so the academic structures which were so badly needed did not develop.

Thus, general practice entered the medical family in 1858, but the discipline of general practice had in effect been denied: general practice was seen only as the practice of other branches of medicine at a more superficial level. It had won its fight against unqualified practitioners, but it had paid a price. Its practitioners eventually 'qualified' by being examined by two specialist royal colleges, and the Licentiate of the Royal College of Physicians/Member of the Royal College of Surgeons diploma, which admits general practitioners to the lowest rank of membership of both colleges without any voting rights in the college government, symbolizes the status of the general practitioner. Postgraduate training did not exist because it was thought necessary only for those branches of medicine recognized as being a discipline.

Similarly, because the experience of actually doing the work of general practice was not written down, the basis of the craft could not be shared or taught. The knowledge so hard won died with the doctor or at best was passed on to family or friends.

Some world class research was carried out by Mackenzie in a general practice in Burnley in the 1890s,¹⁰ but this was an outstanding exception. Throughout the nineteenth century the discipline of general practice effectively did not exist.

Foundation of the College

Hunt in his 1972 James Mackenzie lecture¹¹ and Fry and colleagues in their history of the College¹² have described how the first college of general practitioners in Europe was finally established on 19 November 1952.

This unilateral declaration of academic independence by the generalists from the specialists was the single most important step towards the establishment of the discipline. However, the fact that the College had to be formed in secret and that it was opposed by all three of the existing royal colleges¹¹ meant that the discipline was still not recognized by others.

The discipline had now found a framework or body: it had still to prove itself to profession and public alike. The College was the catalyst that was to provide that proof. It brought like-minded people together and enabled them not only to work together but to write down and share their experiences.

Emergence of the literature

There are two strands to the literature of any emerging discipline, journals and books, and it is fascinating to trace the development of each in general practice.

The Journal

The history of the *Journal* is not well known, but it is important. Following the founding of the College two academic committees of council were formed: research and education. Robin Pinsent, a Devonian of whom Tamar is justly proud, was made chairman of the research committee; Mac was a member of that

small committee of six. Tamar thus had both a natural and an adopted son at the centre of College affairs. The two were good friends and worked closely together.

The new research committee quickly found that it needed to communicate with general practitioners, so it started a newsletter called 'Between ourselves'. The first issue came out in September 1953 under the guidance of Robin Pinsent and comprised three foolscap sheets of duplicated typescript. It was circulated just to the members of the research register. Three more newsletters followed. In 1954 Mac was invited to become editor. He said that he took over from Pinsent with much trepidation:

'With no previous experience of editing, little of writing, a complete ignorance of the niceties of punctuation and an inherent inability to spell, I felt singularly ill-equipped for the job.'

He set about the new task in accordance with the philosophy he had expressed in the *British Medical Journal* before the College was founded.¹³

'Everything that is worthwhile is worth the struggle and hard work necessary for its attainment. It is up to general practitioners themselves to start work at once...'

Mac's first newsheet was still a duplicated typescript and *Research Newsletter* number six, published in 1955, was the first to be printed. Number seven was the first to be circulated to all members and associates of the College (3200 at that time) and the first supplement, *The complications of measles*, was circulated with it.

At this time, Mac was joined by Irene Scawn who first worked part time from her own home and later full time from Mac's house. She gave him tremendous editorial and secretarial support as well as running the business side of the *Journal*. In 1957, John Burdon from Torbay and Tamar, who subsequently edited many issues of the College's *Annual report*, was appointed assistant editor. In February 1958 the *Research Newsletter* became the *Journal of the College of General Practitioners*.

Thus this crucial instrument of the literature emerged from a research group which clearly understood that the future of the discipline depended on the development of high quality research and publishing the results. Its aim, declared in 1952-53 and still printed at the beginning of College publications, was to:

'Encourage the publication by general medical practitioners of original work on medical and scientific subjects connected with general practice.'

It was on the firm belief that general practitioners could and would do that research and that they could and should publish the results that the future of general practice as a discipline depended.

Mac's first achievement was to create a vehicle for communication. By making the newsletter a public journal, he opened the doors to general practitioners to exchange ideas and information. However, this was not his greatest achievement. Other colleges, indeed all colleges of general practice, sooner or later create a journal and there are now dozens of general practice journals all over the world. What was unique at that time in the English-speaking world was the kind of journal that Mac gave us. He had three options: to create a vehicle for news, a vehicle for review, or a vehicle for original articles.

The pressure for a newsheet was great. The College was a new organization and it needed to communicate to become known. It did not have a secure financial basis, or even at that time a headquarters, and recruitment was essential. It would have been easy and apparently sensible to have produced a College newsletter.

At that time the very existence of general practice was in doubt and the College was fighting to save general practice in this coun-

try. Only a few years before Collings had published a damning report on the state of general practice.¹⁴ It would have been easy to have produced a review journal written by specialists on the many clinical aspects of general practice. Something like *Update* was obviously needed and likely to be popular, and this was the solution chosen by most of the other journals of general practice/family medicine in the world.

But as early as 1958, this apparently isolated and rather reserved man in a remote practice in the heart of Tamar had a different vision and a different priority. He chose quite deliberately the least popular and most difficult of the three options before him — a journal of scientific record. In doing so he took a great risk and he faced constant criticism throughout his editorship. However, he was strong enough in committee and had enough support to hold his course even though in some years the *Journal* absorbed as much as a fifth of the College's income. He assumed that original research would come, but there was little about when he started and the standard was poor. He spent hours in the early days rewriting papers and providing the references from his own extensive library.

Step by step, issue by issue, he built the *Journal* up and thus set a working example of steadily rising academic standards. This is how I described Mac's achievement at the time of his death:¹⁵

'Ahead of his time, he foresaw before it happened that general practitioners would increasingly report original research from general practice itself. He deliberately fashioned an instrument of communication which would foster the highest standards and would appropriately represent his *discipline* ... He strove for quality rather than quantity, and the *Journal* became the academic voice of general practice.'

'... his achievement was unique and made him the leading part-time medical editor in the western world, McConaghey was for the part-timers what Fox and Garland represent for the professionals.'

At what point can we say that the *Journal* had truly become a scientific journal? The first evidence is to be found in the pages of the *Journal* itself. On reading the early issues it is clear that as early as 1959 and 1960 there was a living and lively journal. Those years contain many reports of vibrant quality as practitioners from all over the country enthusiastically described aspects of our job. This was the early descriptive phase of research, a necessary prelude to the harder and more complicated evaluative work that had to come. My personal judgement is that by 1960 the range, the volume and the rigour of the material justified recognition. But is there any other yardstick besides the subjective view of a potentially biased later editor?

In fact there is. Decisions about the quality of medical journals and their suitability for acceptance by the scientific world are taken all the time by the National Library of Medicine in the United States of America. The hallmark of acceptance of a scientific journal is its inclusion in *Index medicus*. The *College Journal* was first indexed in this way in 1961. It had taken Mac only five years to create the first internationally recognized scientific journal of general practice in the world.

I suggest that this decision, taken outside the College, outside general practice, and indeed outside the United Kingdom formally marks the emergence of the first strand of the literature of general practice.

Books

The existence of learned books, like journals, is a hallmark of the presence of a discipline and so provides further evidence of its development. The first book by a general practitioner on medicine in general practice came from Mackenzie at the beginning of the twentieth century.¹⁶ He was so far ahead of his time that nothing further of note was written for nearly 40 years, until

Pickles wrote *Epidemiology in country practice* in 1939.¹⁷ But this world class book also stood alone and again there was a gap.

Once more the College was the catalyst, and it comes as no surprise that one of the first books to come after the College's foundation was by a member of the steering committee and foundation council. Robin Pinsent's *Approach to general practice* was published in 1953¹⁸ and was soon followed in 1954 by the much better known *Good general practice* by Stephen (later Lord) Taylor.¹⁹ This was essentially a descriptive study of what were considered good practices at the time and was most influential.

In 1957, Balint's book *The doctor, his patient, and the illness* appeared,²⁰ one of the most important books on general practice ever written. Deriving from the day-to-day work of general practitioners it provided a new framework for the generalist in medicine and delineated a unique role.

But there was still a missing step. General practitioners were writing books, but they were essentially on organization. Important books on the discipline were being written, but by specialists like Balint. When would general practitioners be able to write clinical books about their patients which would be widely quoted outside general practice and be regarded as important contributions to the science of medicine? When would two such books be published in a single year?

The answer came with the publication of Max Clyne's *Night calls — a study from general practice*²¹ and John Fry's classic *The catarrhal child*.²² Both could only have been written from general practice itself and both threw new light on old questions. Fry, in challenging the accepted specialist treatment of tonsillectomy, started to change the balance between the generalist and specialist in medicine.

I suggest that those first two books by London general practitioners date the emergence of the discipline as judged by the criterion of books. It is a fascinating fact that both were published in 1961.

In summary, we now have evidence of the emergence of the discipline through its literature from quite widely disparate sources. Decisions taken on both sides of the Atlantic quite independently of each other point to a common conclusion. Whether we define the emergence of our literature by the international recognition of the *Journal* as a scientific journal or by the criterion of clinical books from the practising profession, the answer is the same: the date of the establishment of the literature of general practice was 1961.

Recognition by others

Thus by 1961 general practitioners had identified their need for an academic body, they had formed that body, and had established the literature. So at what point was the fourth criterion in the emergence of a discipline satisfied? When did general practice gain external recognition?

The first step came on the 8 February 1961 when the Board of Trade approved the incorporation of the College of General Practitioners as a limited company under the companies act of 1948. The second came through the universities. In our society the universities are exceptionally important, since they have the responsibility to develop thought by research and understanding by teaching. In 1963 the University of Edinburgh established the first chair of general practice in the world. Since the creation of a chair and the appointment of someone to the highest academic rank in a university must be regarded as full academic recognition of a discipline, it follows that academic recognition of our discipline can be dated at 1963.

What was finally needed for the recognition of general practice was parity with the specialist. In the UK, the approval of

society is symbolized by the royal seal of the monarch and our College received its royal charter in 1967.

Structure and function

In the human body we know about the subtle links between structure and function — both affect each other. So it is with the discipline of general practice. If we look at the five nodal points of our history, we can see fascinating links between the emerging structures of academic general practice and the academic function of its literature.

First, in 1844 a serious attempt to establish a structure was made but just failed. It was associated with a serious attempt to define a role but this failed to develop, as little was written down.

In 1952–53 the organization was born and the first book written by a general practitioner of the new era was published within a year. Structure was immediately matched by function.

The period 1956–58 was an interesting halfway house — a time of considerable gains but not quite final success. In 1956 there was a department of general practice but not yet a chair. A year later the classic Balint book²⁰ was written but not by a general practitioner. In 1958 two books were written by general practitioners but not on clinical care.^{23,24} An intermediate structure was matched by an intermediate function.

In 1961 came the final achievement of function as judged both by books written by general practitioners and international recognition of the *Journal*. This was marked precisely by the maturation of the College as an organization by incorporation.

Within only two years the final achievement in terms of structure followed — the first chair of general practice in the world. This too was matched by great contributions to the literature. The Gillie report, *The field of work of the family doctor*, published in 1963,²⁵ was the first government report on this theme and the first to be chaired by a general practitioner. At the same time Hodgkin's classic book defined for the first time the different content of general and hospital practice.²⁶

The seal of royal approval in December 1967 marked the final recognition of the academic structure of the discipline. This was accompanied in the same year by an immensely important, but little recognized pronouncement by the General Medical Council²⁷ that the concept of the safe doctor emerging from undergraduate medical schools was no longer acceptable, and the need for general practitioners to have postgraduate training was publicly endorsed.

These structural landmarks were accompanied by a flood of books by general practitioners: on diseases,²⁸ on depression,²⁹ on the doctor–patient relationship,³⁰ on social casework in general practice³¹ and indeed the first attempt at a comprehensive textbook of general practice.³² All came in the period 1966–68. At the same time the discipline began to be studied from outside, both by medical historians like Rosemary Stevens³³ in 1966 and medical sociologists like Ann Cartwright³⁴ in 1967.

The impact of the new general practice literature was having its effect. In April 1968, the Royal Commission on Medical Education endorsed the College's evidence published by Mac as the first *Report from general practice*.³⁵

Mac's contribution to the literature

Mac's first contribution was that he gave the UK a head start. The American Academy of Family Physicians was formed in 1947, five years ahead of the College, yet the *American Family Physician*, the journal of that body, was not accepted by *Index medicus* until 1971, 10 years after the *College Journal*. The *Journal of Family Practice* in the USA, which is also a journal of record, started as late as 1972.

In other colleges the struggle to encourage original work has been far more difficult and has been impeded by organizational considerations such as income generation. Paradoxically, as our College has grown larger it has become more secure, and we are now spending less than 10% of the College's income on the *Journal*. The savings gained are being used to introduce a separate news section with colour in the January 1989 issue. This is a final justification for Mac's strategic vision: we still have a journal of record and yet have an independent news section as well.

The early start of the *Journal* encouraged general practitioners to write. General practitioners in the UK have published far more than most general practitioners in most of the countries in Europe. Nearly all the general practitioners in university departments in the UK have at some time had material published in the *Journal* and the proportion of original articles published from general practitioners who are not in university departments is, at 30%, the highest in the world³⁶ — far higher than, for example, in the USA where virtually all the articles in the *Journal of Family Practice* come from universities.³⁷

Because these publications have been in a general practitioner journal they have also been read by more general working practitioners than in countries without an academic journal, where general practitioners have been forced to publish in journals outside the discipline.

However, Mac's contribution was not confined to the *Journal*. He had always published supplements where he saw the need (he published 45 in all), but in 1965 he published the first of a new series of *Reports from general practice*, which were to prove immensely influential. The first, entitled *Special vocational training for general practice*,³⁵ led in the short space of only 11 years to an act of parliament. There are now 25 *Reports from general practice*.

This policy of producing supplementary publications paved the way for me to introduce another new series in 1976, known as *Occasional papers*, which now number 42, and to develop the white cover series of books, which now number 15. No other college of family medicine or general practice anywhere in the world has produced anything like the range of publications and they all stemmed from the *Journal*.

Finally, Mac set an example of academic rigour. If we look at the members of his first editorial board one striking fact emerges — everyone had an MD. I suggest that this was a conscious and deliberate attempt by Mac to recognize the values of the university world and to start the process of bridge building with general practice.

Moreover, about two thirds of the general practitioner authors of the early books had MDs and many had other higher professional qualifications. In other words the literature of general practice was established by those who had been trained to think and to write, and who had achieved the degree that remains the gold standard of the medical university world.

Mac certainly understood in 1958 the need to bring together the values of the university and the values of day-to-day medical practice. And he understood that the vehicle for promoting these values lay quite simply in the literature.

Today's challenge

I suggest that the literature of a discipline is in fact the heart of a discipline. Just as the heart is proof of life, so is the literature proof that a discipline lives. Without a literature, a discipline is dead. As the heart pumps blood to every part of the body, so the literature drives ideas and knowledge to every part of the profession. As the body lives and grows, so does a discipline: it thrives on new stimuli, it responds and adapts to them, and so becomes more appropriate to its environment.

All literature exists to transmit ideas and information. In the

medical world that information often consists of new facts and new ways of looking after patients. But the new is not necessarily better than the old, so there is always a need to evaluate.

Thus the literature is the very heart of intellectual life. Just as the library is the academic heart of any university or academic institution, so knowledge and ideas are the heart of the matter in any academic institution. It is often because they have lost contact with the literature that those who are bored, unhappy or, in the new jargon, burnt out, have, professionally speaking, lost heart.

We have proved that we have a living literature: now we must use it. We must use it as a basis for rational decision taking in the consulting room, for this, after all, is the fundamental justification for the whole development of our discipline. But do we do this? Do we use our practice libraries and build on them year by year? Do we bind issues of the *College Journal* and keep them in our libraries for ready reference? Do we read and talk about our literature in our common rooms as much as our specialist colleagues talk about their literature in theirs? Do we encourage the next generation to read and research, and to take higher degrees such as the MD? Most important of all: do we base our practice protocols or policies on our reading of the literature of general practice?

My message is simply this: it is no good having the literature and then leaving it to moulder on the shelves. The literature must be used, where patients are actually seen, in order to improve the care they receive. Only then, when the values he promoted in his *Journal* come to be included in everyday practice, will Mac's life's work truly come to fruition.

Conclusion

Mac had many honours bestowed upon him in his lifetime. He gave the Gale memorial lecture in 1964, the James Mackenzie lecture in 1965 and was appointed OBE in the same year. In 1970 he was presented with the first George Abercrombie award for his contribution to the literature of general practice.

In 1975 the editorial board paid its own tribute when it accepted my proposal that his name should be placed on the title page of the *Journal* as founding editor. I took the proof of the first such page to Dartmouth to show him and he was very pleased. Sadly and symbolically it was the last time we saw each other, as he died just before the August issue, the first to carry his name in that way, was published.

I would like to end this lecture by suggesting that Mac's greatest honour may yet be to come. As the use of the literature spreads beyond the small minority at present involved, so his achievement will become even more widely recognized. Thirty years ago this year, when he put the word journal on our newsletter and committed the College to a journal of record based on original research by general practitioners, Mac started to change the expectations of the whole of the medical profession. By insisting on publishing original research he accelerated the development of our discipline and contributed notably to it himself.

We remember the greatest general practitioner the Tamar faculty has produced — a man who was a founding member of the College, a foundation member of the council, a founding member of our faculty, and the founding editor of the *Journal*. We honour a local colleague from a local practice who became nationally and internationally known for his unique contribution to the literature of general practice — the very heart of the discipline.

References

1. Horder J. From the Dart to the Tagus. *J R Coll Gen Pract* 1980; 30: 585-592.

2. McConaghey RMS. Sir George Baker and the Devonshire colic. *Med Hist* 1967; 11: 345-360.
3. McConaghey RMS. Doctors and cricketers. *Med Hist* 1966; 10: 289-291.
4. McConaghey RMS. The evolution of the cottage hospital. *Med Hist* 1967; 11: 128-140.
5. McConaghey RMS. Medical records of Dartmouth. *Med Hist* 1960; 4: 91-111.
6. Anonymous. RMS McConaghey. *J R Coll Gen Pract* 1972; 12: 1-4.
7. McWhinney I. General practice as an academic discipline. Reflections after a visit to the United States. *Lancet* 1966; 1: 419-423.
8. McConaghey RMS. Proposals to found a Royal College of General Practitioners in the nineteenth century. *J R Coll Gen Pract* 1972; 22: 775-788.
9. Select Committee on Medical Education. Q6299, p.171; Q2257, p.143. London: House of Commons, 1844.
10. Mackenzie J. Observations on the inception of the rhythm of the heart by the ventricle as the cause of continuous irregularity of the heart. *Br Med J* 1904; 1: 529.
11. Hunt J. The foundation of a college. *J R Coll Gen Pract* 1973; 23: 5-20.
12. Fry J, Hunt J, Pinsent RJFH (eds). *History of the Royal College of General Practitioners*. Lancaster: MTP Press, 1983.
13. McConaghey RMS. College of General Practice. *Br Med J* 1951; 2: 122-123.
14. Collings JS. General practice in England today: reconnaissance. *Lancet* 1950; 1: 555-585.
15. Anonymous. Mac. *J R Coll Gen Pract* 1975; 25: 627-629.
16. Mackenzie J. *The study of the pulse*. London: Pentland, 1902.
17. Pickles W. *Epidemiology in country practice*. Bristol: John Wright, 1939.
18. Pinsent RJFH. *Approach to general practice*. Edinburgh: E. and S. Livingstone, 1953.
19. Taylor S. *Good general practice*. London: Oxford University Press, 1954.
20. Balint M. *The doctor, his patient and the illness*. London: Pitman Medical, 1957.
21. Clyne MB. *Night calls — a study in general practice*. London: Tavistock Press, 1961.
22. Fry J. *The catarrhal child*. London: Butterworth, 1961.
23. Laidlaw AJ (ed). *Outlines of general practice*. Edinburgh: E. and S. Livingstone, 1958.
24. Craddock D. *Introduction to general practice*. London: Lewis, 1958.
25. Gillie A (chmn). *The field of work of the family doctor*. London: HMSO, 1963.
26. Hodgkin K. *Towards earlier diagnosis*. Edinburgh: E. and S. Livingstone, 1963.
27. General Medical Council. *Recommendations*. London: GMC, 1967.
28. Fry J. *Profiles of disease*. London: E. and S. Livingstone, 1966.
29. Watts CAH. *Depressive disorders in the community*. Bristol: John Wright, 1966.
30. Browne K, Freeling P. *The doctor-patient relationship*. Edinburgh: Churchill Livingstone, 1967.
31. Forman JAS, Fairbairn FM. *Social casework in general practice*. London: Oxford University Press, 1968.
32. Abercrombie GF, McConaghey RMS. *The encyclopaedia of general practice*. London: Butterworths, 1967.
33. Stevens R. *Medical practice in modern England*. Yale: Yale University, 1966.
34. Cartwright A. *Patients and their doctors*. London: Routledge and Kegan Paul, 1967.
35. College of General Practitioners. *Special vocational training for general practice. Report from general practice 1*. London: Council of the College of General Practitioners, 1965.
36. Iliffe S, Haines AP. Developments in British general practice. *Fam Med* 1989 (in press).
37. Frey J, Frey J. A literature analysis in family medicine and general practice. *Fam Med* 1981; 13: 7-10.

Acknowledgement

I would like to thank my wife, Jill, for great help both with the research and presentation of the lecture.

Address for correspondence

Professor D. Pereira Gray, 9 Marlborough Road, Exeter, Devon EX2 4TJ.

EDITORIAL NOTICE

Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 3000 words, arranged in the usual order of summary, introduction, method, results, discussion, references, and acknowledgements. Letters to the Editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, 10 and over as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Three copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing.

Papers are refereed before acceptance.

Correspondence and enquiries to the Editor

All correspondence to the Editor should be addressed to: The Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Telephone: 031-225 7629.

News

Correspondence concerning the *College News* section should be addressed to: The News Editor, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Advertising enquiries

Display and classified advertising enquiries should be addressed to: Iain McGhie and Associates, 7a Portland Road, Hythe, Kent CT21 6EG. Telephone 0303 64803/62272. Fax: 0303 62269.

Circulation

The Journal of the Royal College of General Practitioners is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. All subscribers receive *Policy statements* and *Reports from general practice* free of charge with the *Journal* when these are published. The annual subscription is £70 post free (£75 outside the UK, £85 by air mail).

Subscription enquiries

Non-members' subscription enquiries should be made to: Bailey Bros and Swinfen Ltd, Warner House, Folkestone, Kent CT19 6PH. Telephone: Folkestone (0303) 850501. Members' enquiries should continue to be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Copyright

Copyright of all material in the *Journal* is vested in the *Journal* itself. Individuals may photocopy articles for educational purposes without obtaining permission up to a maximum of 25 copies in total over any period of time. Permission should be sought from the Editor to publish all or part of an article elsewhere or to reproduce an article for promotional purposes.

Notice to readers

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.