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ANNUAL GENERAL MEETING

ACADEMIC SESSION, OF THE AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS, AT WILSON HALL, UNIVERSITY OF MELBOURNE

ADMISSION OF SIR ROBERT MENZIES AS AN HONORARY FELLOW OF THE COLLEGE

9th October, 1964.

Speech by the Prime Minister, the Rt. Hon. Sir Robert Menzies

Your Excellency and Sir:

This shows how wrong one may be, because I came here tonight saying to myself, 'His Excellency the Governor will make a speech and I'll be able to pick up a crumb or two, and then my old friend, Sir Victor Coppleson, he will speak'. Not he, silent as the tomb, and therefore all that is left for me to do is to say thank you very much, Sir.

I appreciate this honour, and in a strange, odd fashion, you know, I have rather earned it. Would you mind if I developed that theory a little?

As you know, in the course of a life of a man like me, one acquires certain things by merit and other things by favour. I managed to get a degree or two in this university by working for them and in later years I have been given a series of unearned honours which give me the most immense satisfaction. For example, I am a surgeon. Never let anybody entrust himself to my scalpel, but I am still a surgeon. Whenever my general practitioner looks at me, or even my expert specialist consultant who is going to make a speech tonight, I like to remind them that I am a surgeon and I am also a physician, and also, you don't think I am boasting—this is a simple narrative of fact—I am a gynaecologist and obstetrician, though whether as a patient or a practitioner has never been made quite clear. I seem to remember that I am an architect, but not responsible for everything you see. I am a builder, I am an scientist. This is a boasting record, but I mention it to you firstly to say I didn't earn any of them and, secondly

to make you understand after all these events that I am now so superbly qualified to become a general practitioner.

Now, Sir, I have been lucky enough in my life not to encounter professionally the medical profession too much. I used to have a bit of fun in a clean way at the bar in my time, cross-examining doctors, who are very easy to cross-examine, much easier than when you are their patient, and I haven't been their patient all that much, but I have lived long enough to have the most tremendous regard for what goes on in the medical world and I have lived long enough to have a particular regard for the work done by the general practitioner, because the general practitioner, as His Excellency said, he is the family doctor, he is the man you know, he is the man who knows you, knows the family, who can speak intimately and yet with authority and he is the man who, over a long period of time, has been the first diagnostician when he comes to handle something in the family or in the family circle.

I find it hard to believe, Mr. Chancellor, when I look back on my time here and on your time here when we who were students of the law certainly understood that we were much more intelligent than the medical students, I find it hard to believe how many of these scamps who were medical students in my time have now become the most trusted family advisers. And they have, and that proves, of course, that it is a jolly good thing to get it out of your system at some time or another, because I venture to say that there are more millions of people in Australia who owe a debt to the family doctor than there are any corresponding number who owe a debt to any other particular group in the community.

I have been exercised, as I know you have in this College, exercised about what is going to happen in the future, because in my own lifetime, which goes back before the turn of the century, all sorts of astonishing things have happened in the medical world. I have no doubt that at the time when I was born, the true function of a physician was to keep his patient quiet and allow nature to take its course. I have no doubt that not long before I was born and before all the subtleties of anaesthesia were being got to be understood, surgery was a chancy thing; in fact, it is only in the memory of some men still living that antiseptic surgery gave place to aseptic surgery.

It is really an astonishing thing for somebody like me to realise that in his own lifetime the greatest discoveries affecting mankind have not been in the field of destruction as some people think, but in the field of preserving life as more people ought to think. Because of all these things, the work of the biochemists, the work of the microbiologists, the extraordinary developments of drugs and techniques in the specialised fields, it must become increasingly difficult for a general practitioner whose day begins at any hour of the early hours of the morning and whose day ends at about the same time. It must be difficult for him to feel that his tremendous job of dealing

with people in the broad and dealing with people in the particular has to be performed against a background of knowledge with which he must feel, occasionally, he is losing touch.

Now this is a problem I think that I, as an outsider, understand, Do we want general practitioners merely for an instrument for passing patients on to great specialised experts? I hope not. Or do we want the trusted family doctor, skilled in understanding, skilled in diagnosis, to preserve his position by keeping up, in the broad and in the particular, his knowledge of the new developments in medicine, so there is not an unbridgeable gulf between what he knows he understands and what he knows is understood by the most refined specialists in the medical and surgical world? If I were a family practitioner this is what I would want to feel. Yes, of course, there are great specialised experts who know more than I do in their particular field; they ought to, because I have to cover, at the beginning at least, all fields. But I do want to believe that every year I know more and more about the new discoveries, that I am every year becoming competent to understand these latest developments and to know what it is that my highly qualified specialist will be talking about.

This is tremendously true. We are not having a great gulf between the specialist and the general practitioner, because if we do, the general practitioner will begin to feel more and more that he merely begins something and that the skill, the expertise, must belong to other people. If I were a specialist in some branch of medicine, I would want to know that general practitioners every year knew more and more about the kind of thing that I was concerned with, and I am sure that the general practitioners would want that too.

That means, as I understand it, the reason that this College has been established—I heard about this before it was established. My own family doctor used to address me very earnestly on this subject when he had me at what you understand to be a disadvantage, and even from the beginning, I can see quite clearly that a College of General Practitioners, which is going to include within its scope educational work, refresher courses, lectures and practice in matters which are new, is going to do something even more tremendous for the whole body of medical knowledge and of practice, and so Sir, surgeon though I may be, I think this is one of the great moments of my life. I have been a general practitioner in other fields for a long time. It is a very great honour to become a general practitioner in the field of medicine.

A SURVEY OF ACUTE RESPIRATORY ILLNESS

by ALAN H. B. CHANCELLOR, Merrylands, N.S.W.

Acute inflammations of the respiratory passages are very common ailments in the general population. The cause of these disorders is uncertain and although surveys have been conducted on many groups there has been little study made of such unselected patients as voluntarily consult a general practitioner. An attempt has therefore been made to isolate viruses and bacteria from all patients seeking treatment for symptoms of up to seven days duration, referable to the respiratory system.

The Institute of Clinical Pathology and Medical Research at Lidcombe N.S.W. has co-operated willingly in doing this laboratory work.

Patients were studied during two periods, from 4th November, 1963 to 20th December, 1963 and from 2nd May, 1964 to 4th August, 1964. The study was carried out by one member of a group of seven general practitioners and the patients were the only ones to exercise a choice of which doctor they would see, apart from "out of hours" periods.

Type of Disorder

Of the 218 patients studied, 2 were suffering from bronchitis and 19 had a wheeze without any other evidence of bronchitis. The remainder had upper respiratory signs only.

Age distribution

The age distribution of the studied group and the observer's patients in general (calculated from the ages of 2147 different patients seeking treatment between November 1963 and June 1964) is shown in Table I.

Table I.

Age distribution of patients. Shown as % of total of each group.

Age in years	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70 +
Studies Group	50	14.6	11	7.8	8.7	3.2	3.7	1
General Patients	21	15	11	13	16	11	7	6

Collections

Samples were taken in the consulting rooms or in the patients' homes. A swab for bacteriological examination was placed in either a glass tube or a plastic envelope and then a throat gargle was obtained and returned to a McCartney bottle. These two samples were placed immediately in a refrigerator or into a vacuum flask with ice and stored thus until delivered to the laboratory. Patients who were unable to gargle had a second swab taken which was then broken off into a tube of transport fluid and shaken before being placed on ice.