PERSONAL VIEW

What community medicine needs at the moment is prolepsis. I was unaware of this potential therapy and it was discovered being administered to impending hospital specialists in a paragraph of *The Responsibilities of the Consultant Grade.* Turning, not as an addict of "Rowan & Martin's Laugh-in" would have expected to my Funk & Wagnall, but to the more conservative *Shorter Oxford English Dictionary,* I found "prolepsis" identified as a slightly elaborated synonym of "anticipation." It really means beginning a journey assuming that your destination will have materialized by the time you arrive—rather like leaving Cape Kennedy to land on an invisible moon, or, more mundanely, selling your house while the new one is still being built. In the context of the commendably brief Ministry report dealing with consultants, prolepsis implies appointing an almost trained specialist to a non-existent consultant post which will have been created by the time he matures. If community medicine has the exciting future I believe it to have, the same principles must apply.

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If the etymology of proleptics is difficult, that of community medicine is at times impossible. The semantic argument will be settled only by ignoring it and concentrating on function. At present most doctors practising community medicine work in public health, others are administrators in hospitals, some in Government departments, and a few in university and research units. An additional related group work in occupational and industrial medicine. Many of those in public health are now beginning to develop quite acute anxiety symptoms as one official report after another implies impending administrative change and diminution or even abolition of their function. It's hardly surprising that there are no recruits in sight and that a few quite senior members of the public health service are migrating elsewhere. Although it's easy to understand the attitude of the individual involved, this development is logical in the evolution of the service itself. Ever since they began, those clinical branches of public health which were designed to cope with inadequacies elsewhere, they have been on a self-destructive course. As other medical services improve, logically those run from the town hall should slowly go out of business. In child health, for example, the Sheldon Committee suggested that routine welfare would ultimately become the total responsibility of the general practitioner. With continuing and increasing demands on family doctors this type of work—while appropriate to group practice—will also continue to expand and require more, not less, effort. If all this is to work successfully those doctors who at present are doing the job in the local authority will have to follow district nurses and health visitors and attach themselves to general practice—accelerating the long overdue coalescence of community medical services.

Another major concern of local authority staff is the school health service, now 60 years old and surely due for reinvigoration. Now that everybody is becoming increasingly aware of the interdependence of the medical, social, and psychological factors in education well-trained children's doctors have an increasingly important part to play in this setting—not in routine screening, but in the active care of the handicapped, the subnormal, the disturbed, and the deprived. The reorganized social work services also are going to need much more skilled medical advice than they have had in the past. Career structure and training patterns of doctors for this type of work have not been defined, but if the present and future needs of children are to be met we must start preparing now. Prolepsis will play an important part.

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Two other areas where public health is involved are geriatrics and psychiatry. Their demand for well-trained doctors is unlikely to progress at less than logarithmic rates and there will clearly be a need for a community-based specialist whose work in hostels, training, assessment and day centres, residential homes, sheltered workshops, and so on will complement that of the hospital specialist and general practitioner. Again, career prospects and training facilities are virtually non-existent. Without them, recruitment is impossible. Some proleptic appointments would help.

While these aspects of medical care offer a much wider role to the community-based clinical specialist, the future of medical administration must be even more exciting. Uniting the three branches of the National Health Service is likely to show just how short we are of lively, enlightened, and acceptable administrators. The success of unification will largely depend upon their skill. Certainly if it doesn't work they will be convenient scapegoats. Recruitment to this specialty is utterly inadequate, but an encouraging amount of interest has been shown in the "new look" training programmes. In traditional public health the career prospects for existing medical officers of health are obscure, and for their successors invisible. Yet controlling the environment is incredibly more complex than ever before; infectious disease is far from defeated; medical advice in civic affairs increasingly sought; and scope for prevention and education limitless.

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Medicine in the community is not a single subject, but a related complex of skills ranging from national planning to personal care. It will ideally be the most flexible branch of the profession and be as ready to co-operate and abrogate as to innovate. It needs a variety of recruits. In Newcastle we have been delighted to find that creating a vocational training scheme for general practice has attracted considerable interest and an excess of excellent candidates. The same might apply in other aspects of community medicine if we define the job and specify the training.

We are, of course, desperately short of teachers. While changes in the structure of the Health Service will help solve the dilemma of what is to be taught and why, we then face the problem "How?". Some proleptic placements among the professoriat as well as among the pupils?

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