early 1900s is hopelessly inadequate to meet those of the late 1960s. In other words, there is a serious imbalance in the law of supply and demand, and when this law is flouted or ignored, trouble invariably follows.

This law has been by-passed particularly in the area of general practitioners, the physicians the public needs most. But our current medical educational system consistently produces almost exclusively specialists. By its very length and content, the system makes specialization almost inevitable. The medical student views it as the only way in which he can recoup the inordinate amount of time, money, and energy he has been obliged to invest. While his high school classmates have graduated from college and are making respectable livelihoods with their degrees in engineering or metallurgy in their early 20s, he is still a medical student until he is almost 30, a virtual stranger to his growing family, and piling up indebtedness.

The courageous few graduates (about 15 percent) who undertake to be primary physicians find themselves too overworked and spread too thin to be the unhurried, compassionate doctor with the listening ear that once prevailed. The public, knowing only that it can no longer find a doctor when it needs one but not understanding why, becomes increasingly irate. No longer is there a balanced competition among the members of the medical profession to supply the service the public expects. A remedy is being demanded—and quickly! A situation of this type is a perfect setting for political intervention.

A prescription to remedy this grave state of affairs is offered here. It opposes a new-type medical student trained in a new-type medical school. It could lead to the production, in goodly numbers, of the primary physician, or "general practitioner."

A NEW-TYPE PREMEDICAL STUDENT

Since the length of the physician's education is central to the dilemma, that phase of it deserves first consideration. It is a fact that we lose many bright young physician-prospects to shorter courses in other scientific fields because of the long, expensive haul the medical career entails. I believe we could "reclaim" many of these young people by offering them an abbreviated medical preparation which would permit them to by physicians while they are still in their early 20s, about the same time their classmates were striking out on their own in other fields.

The first step in this abbreviation should be elimination of the four premedical college years, which could be done by retroplacing the essential basic science courses into the high school years. This concept has been discussed with eminent high school teachers, and most of them feel it is practicable. Actually, only five subjects are de rigueur for entrance to our current medical schools: (1) inorganic chemistry; (2) organic chemistry; (3) physics; (4) biology; and (5) calculus. The catalogues of more than 20 universities and colleges were studied thoroughly and, with a rare exception, bear this out. All other courses the premedical student takes in college contribute only to his well-rounded education; they are not specific to medicine per se.

The high school students embarking on this career would, of course, be exceptional youngsters. They would be unusually intelligent, emotionally mature, and have a scientific bent. Above all, they would be motivated by a zeal for public service. Good instructors would have to teach these high school courses, and adequate laboratory facilities would have to be available. A suggested roster of study is shown in Table 1.

Having mastered these curricula successfully, the high school graduate would matriculate directly into a medical school prepared for him, one that is tailored to educate him specifically for the unique niche in the medical profession that he would occupy.

A NEW-TYPE MEDICAL SCHOOL

The new-type medical school designed to receive this youngster would be unlike any medical school extant. Its purpose would be to educate the student for general practice specifically, from his first year to his last.

Our traditional medical schools compel every student to take an incredible spectrum of complicated, esoteric, over-specialized subjects because it has not been decided at the outset by anyone, and least of all by the student himself, what his future role will be. So he is taught endlessly about everything, by the best faculties in the various special fields, so that he may become (if he chooses) a specialist, a teacher, or a research worker in exotic fields. But he is never