Also at this center is a flourishing basic research department, with more than 20 Ph. D.'s of professorial rank, who could teach all the preclinical sciences, including anatomy, physiology, pharmacology, microbiology, genetics, pathology, higher mathematics, cybernetics, biophysics, biochemistry, and bio-engineering.

In the geographic area of this superb center are two exceptional high schools—The Central High School for Boys and The Girls High School of Philadelphia. Because of the superiority of their faculties and the challenge of their curricula, these schools attract the brightest minds of the entire city. Their student bodies probably represent the top 10 per cent of the high-I.Q., highly-motivated young people of the metropolis. To pupils such as these, during their first high school year, we would offer the new-type medical career. We would present its assets and liabilities honestly at the outset, so the students could consider them objectively and make a considered choice of this career as their life's work.

Can young people this age decide their futures? There are those who contend they cannot; or that, if they decide at 14 to become a doctor of this type, at 18 they may very well decide against it. It is the nature of young people to be indecisive. We expect avid enthusiasm one minute and indifference the next in many other things, such as mode of dress, choice of friends, and recording stars. We would anticipate many to drop out despite initial expressions of interest, even dedication. But if only a fraction of those who began the courses completed them, we would still have more than enough students to accomplish what we have in mind. And, with the background in the sciences achieved by the drop-outs, they could easily turn their attention to other fields of their choice.

The first matriculates to this new-type medical school could quickly be mustered from those excess applicants who are currently denied entrance to existing schools. We have a yearly application rate of some 18,000 for the 8,900 berths available!

Our physician-to-be entering from high school would be about 22 years of age when he graduates from medical school. People this age are more mature than we give them credit for being. They marry, raise families, command other men in military service, and are the very age of the physicians-in-training sick people now turn to in hospital emergency rooms and clinics because they cannot find G.P.'s.

This primary physician would be young enough to bring vitality and eagerness to his job. He would not be jaded by years of specialized education in subjects he would never use in family practice. He would not yet be encumbered with a growing family or a heavily indebtedness from prolonged schooling. He would be trained expertly and specifically to be an excellent family doctor, a general practitioner who knows his own skills in relationship to those of specialists—and where to draw the line. He could handle 90 percent of the public's common illnesses, for only 10 percent of sick people need the services of a specialist.

A NEW DEGREE FOR A NEW STATUS

Having field-tested the feasibility of the new-type education in the high schools mentioned and in the special medical school converted from centers like the Albert Einstein Medical Center, the next step would be to field-test the new physician among the medical profession and the public. What degree could we give him to indicate his special niche in our society?

When we consider his degree, we should think of it as a truly *undergraduate degree*, in contradistinction to the current M.D., which is actually a graduate degree comparable to a Ph. D. in other fields, for the possessor usually already holds a baccalaureate degree from his premedical college.

Of at least a dozen possibilities, for the purposes of this discourse let us call him a D.C.M., for "Doctor of Comprehensive Medicine," which is precisely what he would be. He would not treat an ear, an eye, a heart, or a vascular system, but the "whole man," the comprehensive patient. The D.C.M. could take a good history (an art in itself); make a thorough physical examination; prescribe for and otherwise supervise the majority of ills; maintain rapport with patients by telephone; make house calls; refer to specialists those patients whose ills he feels unqualified to handle himself; and take care of his own patients in the hospital, should hospitalization be indicated.

For this last step, we must restore an old tradition: We must open the hospital doors to the general practitioner. This move would benefit the D.C.M., the public, and the profession at large.