EDITORIAL

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Physical Medicine

Physical medicine, during the recent war and the post-war years, has undergone considerable change both in character and outlook. The reason for this has been largely that while in the earlier days of physical medicine great pioneer work was done by a small number of specialists in this subject, in their wake followed a great deal of empiricism which was applied by medical practitioners and others without a sound knowledge of the basic sciences. This resulted in the treatment of symptoms, particularly of referred pain, without regard to the underlying pathology. When this war started, however, there was already in the profession a demand from the potential specialist in physical medicine and from his colleagues in the other branches, for a scientific approach to the problems involved both in diagnosis and treatment. It was felt that empiricism should no longer be allowed to damage the development of the speciality and that the methods of diagnosis and treatment which are the province of physical medicine should be adequately surveyed against controls to show their true value.

During the war years this was particularly important when, with the necessity for economizing in manpower, it was vital to rehabilitate injured and sick personnel by the most efficient and speedy methods at our disposal. The high incidence of soft tissue injuries, including peripheral nerve injuries, caused careful critical analysis of the methods of rehabilitation to be made, not merely by the physical medicine specialist, but by his colleagues, especially the orthopaedic surgeons in the armed forces. This policy is now being developed more fully in the post-war era. In fact, it can be stated that the clinician specialist in physical medicine must be prepared to undertake to diagnose and

supervise the treatment of any condition in which physical methods may be of value in restoring function or preventing its loss. Thus the rheumatic diseases are, in most teaching hospitals, treated entirely in the physical medicine department; the neurologist and orthopaedic surgeon are pleased to refer their cases of locomotor disease and injury for accessory diagnosis, re-education and pre- and post-operative treatment; the paediatrician relies upon the department for the treatment of the cerebral paretic, the postural defect, the asthmatic and so on. Further, it is now recognized that manipulative treatment is of value in numbers of conditions not strictly within the province of the orthopaedic surgeon—here the specialist in physical medicine is able to treat such patients, fully realizing the underlying pathology of the conditions.

The specialist in physical medicine of the future must be a practitioner with higher degrees in medicine or surgery and adequate clinical experience thereof, who thereafter studies physical medicine and rehabilitation in which he can take a further postgraduate diploma. Whilst there has always been a nucleus of such workers it is vital that this type of man alone should be appointed to the future senior posts in the speciality. In this connection, the teaching hospitals and universities should concentrate on appointing this type of specialist, with full consultant status.

There are at the moment quite a number of young men wishing to do research in physical medicine after having received their clinical experience in medicine and surgery. These potential specialists find the number of research fellowships in any physical medicine department severely limited and those adequately qualified find no clinical posts vacant for candidates of their

calibre either of consultant or registrar status. The number of these posts must, therefore, be materially increased.

Professor Pickering, in his presidential address to the Section of Experimental Medicine and Therapeutics of the Royal Society of Medicine last year, decried the lack of scientific investigation in physical medicine. The answer to this is that we now have the people to do this work, and opportunities must be provided by appropriate bodies for research Fellowships to be established in a way comparable with those established in the United States by the generosity of Mr. Bernard Baruch. These are held by a number of specialists in physical medicine, by physiologists, anatomists, orthopaedic surgeons and other interested workers carrying out the essential basic research that is necessary to stabilize the subject of physical medicine. Even a small development in this direction would be well worth while, as it would show that there is sufficient interest amongst the medical profession in the scientific evaluation of the methods of physical medicine.

Similarly a course of lecture demonstrations on the principles of physical medicine should be included in the clinical teaching period of all medical schools in order that the medical practitioner on qualification shall know what the aims of physical medicine are. Furthermore a full course of postgraduate instruction for the Diploma in Physical Medicine for approved candidates should be provided in one or more universities. At the present time there is no full course for this diploma and the work learnt by specialists under training must necessarily be sketchy, as they have to learn as best they can, without organized teaching, for Part II of the Diploma.

Having agreed to appoint an adequate number of consultants in physical medicine with the right postgraduate training, a sufficient number of assistants should be made available to enable them to see that the work of their departments is adequately carried out. Today, owing to the lack of suitable accommodation and adequately qualified assistants, work is often skimped. Again, while observing the necessity for full co-operation with his colleagues, the consultant in physical medicine holding higher degrees in medicine or surgery will, of course, expect to be given a free hand in the diagnosis and treatment of conditions under his care, and he must not be expected to be a technician, as so often has occurred. If this state is allowed to continue, the speciality will remain at a low ebb as there is no incentive to the experienced clinician to carry out work under the instructions of other medical men whose knowledge is not of a higher level than his own.

It is difficult at the present time for articles on physical medicine to obtain adequate publication. It is hoped, therefore, that the medical journals will co-operate in giving adequate opportunities for the publication of research and surveys in this field.

There follow elsewhere in this issue three articles dealing with the main principles of electromyography and the significance of electrical responses in muscle. It is hoped that they will be followed, here and elsewhere, by scientific surveys in all branches of physical medicine.

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