of protecting such a gap in the skull. One is to wear a protective splint outside the scalp. Another way is to put a metal or celluloid cap over the gap in the subcutaneous tissues. The third way is to fill in the gap by grafting cartilage. In this lad’s case I first tried grafting cartilage and succeeded in filling in a considerable portion by cartilage taken from his iliac crest. But the protection given was not to my mind sufficient, so a few months back I placed a celluloid cap outside the dura so as to protect the brain substance. In addition you will see that the boy’s mother likes him to wear a protective splint-cap. I do not, as a rule, like introducing foreign substances such as celluloid, and have before now had to remove them because they caused irritation, but in this case I thought it worth trying.

**Hip Disease.**

A lad of 16 came to me recently because of a limp and pain in the left knee. He did not complain of pain in the hip; but, of course, pain in the knee often results from disease of the hip. What more natural when the same nerves supply both joints? This boy has only ailed for three or four weeks, but already presents definite indications which must be ascribed to tuberculosis of the hip. The points which indicate this I will demonstrate. First, as the boy lies on the couch there is rather a big gap between the lumbar vertebrae and the couch—i.e., there is lordosis, but when I raise the right knee and flex the right hip so as to undo the lordosis and bring the lumbar spine on to the couch, the left knee rises up spontaneously owing to flexion of the left thigh. This flexion of the left thigh disappears again if the right lower limb is brought down to the couch, but simultaneously the lordosis reappears. In other words, the lordosis masks the permanent flexion of the left thigh. Again, on looking at the anterior superior spines it is noticed that the left is lower than the right, and if a line is drawn from the umbilicus through the symphysis pubis it crosses the right thigh instead of going midway between the two legs. This means that the right thigh is adducted, the left thigh abducted, and the left side of the pelvis tilted down. The left foot projects an inch below the right one, but when the limbs are placed symmetrically to the pelvis it is seen there is no real shortening. On attempting to move the left hip it is noticed that the pelvis (tested by the anterior superior spine) moves with each attempted movement. Here, then, we have flexion and abduction at the left hip, limitation of all movements at the joint and apparent lengthening of the left lower limb, with compensatory lordosis of the lumbar spine. This represents the first or early stage of tuberculosis of the hip. In view of the comparative recent date of the symptoms, three weeks, one would not expect to find much radiological confirmation, but the X ray shows that there is already considerable erosion of the acetabulum.

This is a very typical case, and there is no difficulty in diagnosis. Acute coxa vara, congenital dislocation of the hip, pseudo-coxalgia, or Perthes disease, coxa valga, rheumatic arthritis—all these in this case can easily be excluded. It is not necessary to have any specific test for tuberculosis carried out, for in such a case the clinical signs and symptoms are much more reliable than any test which the laboratory as yet can furnish. As the treatment, the ideal treatment is for the lad to enter a sanatorium and rest in an apparatus which will immobilise both hips in abduction, but until he can be got away we intend to immobilise the left hip as far as possible by means of a Thomas hip-splint. This is admittedly a second best until the ideal treatment can be provided.

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**ON THE IMPORTANCE OF POST-GRADUATE TRAINING.**

BY

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Most of us will readily agree that the education which the medical man receives after graduation is of vital importance to him in his future career. During his undergraduate period he always has before him the necessity for passing examinations at various stages on subjects, many of which he apparently play a trivial and unimportant part in his general usefulness to the community. This method follows in a natural sequence of events on that adopted by his preparatory school-master and later by his public school-masters. Perhaps the most prominent fault of all early education is that the pupil is chiefly made to learn what the educational authorities consider to be facts. Fortunately, there is a growing disposition on the part of medical teachers to train pupils to think rather than to store their minds with information, some of which, at least, subsequent research shows to be incorrect. Medical undergraduates in particular should be taught to observe for themselves and to think for themselves, for all past experience shows that mere authority is a feeble guide to truth, and, further, a doctor’s work consists in observing the complaints, the symptoms, and the physical signs of his patients, and, from what he observes, deducing the correct diagnosis and the most suitable treatment. It is admittedly difficult to frame examinations so as to bring out a candidate’s power of mind rather than his mere memorising faculty, but the best examination to attain this object, and certainly examinations, although still very far from perfect tests, are less objectionable than they used to be, and much attempts are being made to appraise the mind and even the character of the candidate. Teachers, too, are trying to train the student’s mind and to show him the “reason why” for things, and some teachers, as for example Sir Arthur Keith, success
in making even anatomy, which used to be a mere catalogue of dry facts, a fascinating science.

Happily for him the post-graduate is freed from the examination scare; he can study for study’s sake, which is pleasanter for him and for the teacher, and, therefore, it is not surprising that many post-graduates apply to the Fellowship of Medicine. Perhaps America is the most forward of countries in which post-graduate teaching in medicine has taken root; the Americans not only study in their own country, but many come over here, as they believe in the value of going to see how things are done in other countries. We most heartily wish that some wealthy men in this country would do as so many American citizens have done, and found and endowed hospitals where post-graduate teaching could be carried on, as a central hospital in London for this purpose would be a great boon. Once in five years every doctor, if possible, should travel and see other countries than his own.

Advantages of Study in British Hospitals.

A man who studies in British hospitals has certain great advantages in that he is brought as far as possible into intimate contact with the patient very early in his career—to a greater extent, I believe, than in any other country. This gives him an immense advantage and makes him the thoroughly practical man that he is. The reader may be reminded of an old story; a prize was offered for the best description of the habits of the camel. Three men competed for it. The first, a German, spent many hours in a library studying scientific works on the subject. He produced a very bulky and instructive work on the habits of the camel. The second, a Frenchman, took his best girl to the Zoo, and between them they compiled a very pretty, interesting account. The third, an Englishman, bought a camel and lived with it for six months. At the end of that time he had acquired a much more thorough and practical knowledge of the habits of that animal than either the German or the Frenchman. This story applies largely to the various means adopted in medicine. What we can offer the American or other visitor to our shores is, perhaps, a more intimate contact with the patients, either in the wards or in the out-patient room, than he can obtain in any other country. Some foreign countries possess a few teachers of great skill and immense experience, who hold the same post for many years and who are helped by assistants who remain with them sometimes for a quarter of a century, becoming later the heads of other institutions. On the other hand, we have a very large number of highly educated men amongst whom there are many possessed of great skill, knowledge, and teaching capacity, and who are delighted to impart their knowledge to those who come to them for post-graduate education.

It is a strange thing that with all the disadvantages from which Britain suffers, owing to the absence of money sufficient to compete at all with the palatial buildings and institutions abroad—so much splendid work is done here. We are proud to feel that British medicine can hold its own all over the world, and that from this island have emanated ideas and principles that have found practical application everywhere.

Educational Work of the Special Hospitals.

In London we have a great many hospitals, the medical schools attached to some are devoted entirely to the teaching of undergraduate students. Many of the others, both general and special, regard it as their object to teach those men who have already graduated, and to afford them all opportunities of studying the patients in the wards and in the out-patient rooms, and in holding resident posts. To the English-speaking race this is an immense advantage, since many of us find a difficulty in understanding and in speaking the various languages of the continent. It would be difficult to exaggerate the great educational work which our special hospitals do, not only in educating the men who come from the provinces and from abroad, but also—and not the least important—the medical men who practise in the vicinity of the hospital.

It is only by the friction of his brain with others, who are more expert that the graduate can hope to render himself more capable of performing his duties efficiently to his public.

Reviews

Orthopaedic Surgery.


There has recently been a controversy in the medical press as to what are the fair limits of orthopaedic surgery, hence it is fortunate that the author of this work begins his preface with a clear statement of the conditions included in orthopaedic surgery. His book is meant to supplement the reading of text-books and to be of assistance in clinical study, hence it is of particular value to the readers of The Post-Graduate Medical Journal. Part I. is of special interest, for it treats of physique and correct posture and of physical education. We fear that many doctors know little of this, and yet the number of men and women of proper physique, and whose body is always in the correct attitude, is very few. Statistics show that 80 per cent. of freshmen in a university fall far below the normal standard and the same is equally true of girls. We know what an enormous number of men in this country failed to get into A1 class during the Great War. We do hope that many of the medical profession will read Mr. Cochrane, for then they will become impressed with the very great responsibility that lies with the doctor because he is the person who must give such advice to those growing up, that they become A1 instead of C3.

The second part of the book describes orthopaedic deformities and their treatment. The whole is excellently written, the language is clear and unmistakable, the reader always knows what the writer means. There are as many figures and illustrations as there are pages. We can confidently recommend this book as one that will interest not only the orthopaedic surgeon but the ordinary practitioner.