

Editorial Notes.

Euthanasia.

Sir Buckston Browne has caused quite a stir in Fleet Street if we are to judge from the numerous press notices of his post-prandial remarks at the dinner of the Harveian Society of London the other night. We were not ourselves present at the dinner, and therefore did not hear what Sir Buckston really did say, but we sincerely hope that he was not correctly reported for example, by the "Daily Telegraph". This journal puts into his mouth the following remarkable statement: that he (*i.e.*, Sir Buckston Browne) "looked forward to the time when," the medical profession, "would have . . . the power of sentencing those who are not fit to live, from disease or crime, to death . . . and to be able to grant permits to the old and worn-out who wish to go to the lethal chamber."

In the first place, we thought that the punishment of crime is amply provided for by the law of the land and thus does not seem to come within the domain of medicine. At any rate, we certainly would not advocate that the onus of deciding the meet punishment should be transferred from the shoulders of Judge and Jury to those of the medical man.

The other question, that of destroying life because there seems no possible escape from the torment of disease and its inevitable result, is more debatable. It is, however, not a new idea but is one that is, and we feel sure always will be, periodically discussed because it springs from one of the most inherent and Christian motives in the human breast—the relief of suffering. But to end life for the relief of suffering is, to say the least of it, rather a drastic remedy and certainly cannot be dignified by the term euthanasia. It is indeed, as one famous physician remarked after a lecture advocating the measure, simple murder. We must always remember that it is the physician's first duty to save life and we personally can hardly visualise a time when a man worthy of such a title will take upon himself the rôle of executioner. Nor must we forget the important and far-reaching effect that any such policy would have by undermining the spiritual fibre of the community.

But all theoretical and humanitarian considerations apart, there still remains the very practical objection that it is not within the power of even the most distinguished physician or surgeon, or even a committee of the most expert physicians and surgeons, to be able to say that such and such a condition is absolutely incurable and not recoverable from. Those of us who have much experience must, on not a few occasions, have given up all hope only to find our prophecies confounded by events. As Dr. Edwin Smith, the coroner for Battersea, admitted the other day, mistakes in diagnosis must inevitably arise. You cannot get 100 per cent. certainty in anything and least of all in a matter into which human judgment so largely enters. That is the crux of the matter. No! Let us go on as we are doing, thank Nature for the gift of the poppy and apply it generously when the need demands it and so produce a true euthanasia.

Lectures on Systematic Medicine and Surgery.

Our reason for so soon reverting to matters of the medical curriculum is a most remarkable publication which has just come into our hands. This is a small pamphlet entitled "Report of the Clinical Commission, 1934", and is compiled by a Committee of the Medical Students' Representative Council of Manchester University. The questions of systematic lectures, work in the wards, attendance

in the operating theatre, service in the out-patient department and of a residency for students are all treated seriatim—in short, there is hardly an activity of the hospital years of the student's life which is not touched upon.

The authors state in their preamble that the various suggestions which they make emanate from a desire to see the standards and prestige of their School raised to the high level which they think it not only merits but could enjoy. Such a worthy motive at once disarms hostile criticism and should induce us to try and direct their enthusiasm along proper lines. If, however, we are to judge from the many implications (although we make the proviso that the student like youth in general is apt to exaggerate) medical teaching in Manchester is certainly in need of change. The weakness of one feature of the School, a feature which is not uncommon we believe to the medical schools in England, emerges from various remarks. Curiously, however, this does not appear to be appreciated by the authors of the Report. We refer to the fact that the medical student seems to have a roving commission and can attend during any one term the lectures and demonstrations of all members of the honorary staff. This we feel sure can only result in the very thing that is complained of, viz.: the duplication of instruction on the same type of material. Patients roughly are allocated to the various wards in virtue of the day of their admission, and not on account of their particular complaint, so that clinical material is fairly evenly distributed throughout the various clinics.

We personally favour the system customary in Scotland, where a student only attends the clinic or lectures of one teacher during any particular session. By this system it is possible for the teacher to so arrange his lectures and demonstrations that the student is given as comprehensive a survey of the subject as is possible in the time. By this system, too, there is no call for that most difficult of all tasks, co-operation between teachers who are possibly interested in the same subjects but on which they hold very divergent views, a state of matters which inevitably leads to confusion of the uninitiated.

But our most serious criticism of the Report refers to the views expressed regarding the uselessness of systematic lectures. This, of course, is no new allegation. It probably took birth in the minds of the scurrilous on the advent of the printing-press. We recall a series of entertaining pamphlets written in the late '70s by a group of Glasgow Graduates on University Reform. In these pamphlets systematic lectures were humourously described as the most profitable type of book publishing, for not only did the volume cost three guineas (the amount of the class fee) but one had to make it oneself. However, in spite of similar and perpetual objections systematic lectures continue to be delivered and we hope that they shall always form an important feature of the medical student's training. The opposite view to our mind reveals a want of appreciation of their real function.

In the first place, the spoken word has an appeal that the written word never can possess, for it can stimulate to enthusiasm in a very particular way, and this all will admit is one of the greatest benefits of education. It will not be denied that most of the information supplied in the form of a lecture can be obtained within the covers of the printed book, and thus can be reviewed again and again till the student has absorbed it. But the object of education is not solely the acquiring of facts. As we have already remarked, stimulation is one of its prime objects; the moulding of one's outlook, the teaching of perspective, the training of the reasoning faculty and the quickening of one's sympathies are equally, if not even more important during the plastic period of a man's life. And how better can these objects be attained than through the influence of a commanding

and intellectual presence, the modulations of a cultured voice, the fire of an enthusiast, the apt phraseology and illustration of an alert mind, the wisdom and philosophy of ripe experience and the love of teaching? We do not hold that all lecturers have this power, but most of us can recall a lecture room where we obtained just such an influence which has been an everlasting inspiration in our life-work.

Preventive Medicine.

That the public and the lay press are so enthusiastic about preventive medicine is not to be wondered at, since there is no one so fanatical as the man who has just become converted. This change in the public out-look on the matter of public health, however, should be specially pleasing to the medical man for until lately his has been a lone fight and, whatever may be said to the contrary, his goal has always been the eradication of disease. This truth, however, would not seem to be generally recognized. In many quarters, indeed, the doctor is supposed to be an obstructionist because in this material world of ours it is considered hardly possible that any man should be so altruistic as to destroy the very means of his own livelihood. Yet that such is truly the case cannot be denied. History is full of instances of medical men sacrificing their lives for the good of humanity. Is it not this fact, too, which is responsible, as Lord Macmillan recently remarked in his Maudsley Lecture, for the most envied of all epithets, "beloved" being applied to the doctor?

Was it not the doctor who was in reality the pioneer in sanitary reform? It was the late Sir William Tennant Gairdner, at the time professor of medicine in the University, who inaugurated the public-health department in the City of Glasgow, and it was Sir John Simon who laid the foundation of public health as we know it to-day in London. Both of these men were ornaments to the profession (the former a distinguished physician and the latter a pioneer in genito-urinary surgery) and they will always remain in the revered memory of all disciples of Aesculapius. It is interesting in this connection also to find the novelist, who like the poet has the gift of divining the truth, give the doctor in fiction his due, for we remember the pen-pictures of such reformers as John Wolfe in Warwick Deeping's "Sincerity", Tertius Lydgate in George Eliot's "Middlemarch" and Monsieur le docteur Benassis, Balzac's "Country Doctor".

Perhaps the greatest individual benefactor to public health was Edward Jenner, who gave us vaccination and eradicated one of the greatest scourges of all time. Indeed, so completely has this enemy of mankind been removed from our midst that the man in the street no longer believes in its existence and apparently thinks it a myth. At least no other conclusion can be drawn from his repealing one of the wisest public-health laws of our time, viz.: compulsory vaccination of all infants.

And even to-day the medical profession are in the van of progress, doing, as they are, their utmost to bring home to the public the dangers of unclean and contaminated milk. While the veterinarians are obsessed by the danger of bovine tuberculosis and the public by the supposed virtue of raw milk, the medical man is never weary, in the press or in parliament, of teaching the true perspective in the matter. Unfortunately the problem is not so simple as one of solely combating bovine tuberculosis but the possibility of disseminating enteric fever, undulant fever and streptococcal sore-throat must also be borne in mind, a truth which we have no doubt will, after much tribulation, be ultimately realized.

But there is a more important lesson the man in the street has yet to learn. A disease cannot be prevented until its cause is discovered, no more than salt can be put on a bird's tail before it is caught. And if there is one thing more than any other that the medical profession can pride itself upon it is that many of its members are steadily and with little pecuniary reward, and what is more with little promise of any, attempting to unravel the cause of the ills that flesh is heir to so that they may ultimately be prevented. It is only the fortunate few who are associated with putting the coping stone on the scientific edifice that obtain any remembrance; the great host of indefatigable and heroic workers who make the bricks remain unknown and unhonoured. They have no monument like the unknown warrior but we feel sure that they have their shrine in the hearts of all the faithful.

The Special Ophthalmology Number.

As notified in the June issue, it is our intention to publish a Special Ophthalmology Number in August. The following is the list of topics to be dealt with:—

- (1) The Eye in General Practice, by Dr. C. O. Hawthorne.
- (2) Ocular Urgencies and Emergencies, by Mr. F. W. Law, F.R.C.S.
- (3) Errors of Refraction, by Mr. R. C. Davenport, F.R.C.S.
- (4) Squint, by Mr. C. L. Gimblett, F.R.C.S.
- (5) Ocular Palsies, by Dr. Macdonald Critchley.
- (6) Failing Sight after Middle-Age, by Mr. F. A. Williamson-Noble, F.R.C.S.

Post-Graduate Courses during August.

Although August is the holiday month in London and teaching is in great part at a stand-still, we are glad to announce that the Fellowship of Medicine has been able to provide a certain amount of instruction for those post-graduates who desire to continue their studies during that month.

In the Supplement there will be found the rota of teachers who will be on duty during August and who will be pleased to welcome post-graduates at their clinics.

We draw the attention of our readers to the series of Tuesday afternoon lecture-demonstrations on General Medicine, by Dr. Clark-Kennedy, which will be conducted as usual during the month of August.

We would particularly mention the course arranged by the Fellowship on the Treatment of Fractures (Recent and Old), by Mr. Alan Gairdner, at the St. George-in-the-East Hospital, every afternoon from 13th to 17th August inclusive. The syllabus containing full details will be circulated shortly.

General Post-Graduate News.

It should be noted that Courses arranged by the Fellowship of Medicine are open only to Members and Associates unless otherwise stated. A copy of each detailed syllabus is sent to every Member and Associate.

To ensure admission or to avoid cancellation of the Courses application must be made by the date given on each syllabus.

ADVANCED COURSES.

Ophthalmology: July 2 to 7. Central London Ophthalmic Hospital. Afternoons.
Fee £1 11s. 6d.

Urology: July 7 to 27. All Saints Hospital. Afternoons and evenings. Fee £2 12s. 6d.

OTHER COURSES.

Medicine and Surgery (Week-end Course): July 7 and 8. Southend General Hospital. Saturday and Sunday. All day. Fee £2 2s.

Dermatology: July 9 to 21. Blackfriars Skin Hospital. Afternoons. Fee £1 1s.

SPECIAL ANNOUNCEMENTS.

Saturday Afternoon Demonstrations: A lecture-demonstration (illustrated by cases) will be given on the *Second* Saturday in July (the 14th) at 3.0 p.m., at the National Temperance Hospital (O.P. Dept.), Hampstead Road, N.W.1, by Dr. W. J. O'Donovan on Dermatological Cases. On the *Second* Saturday in August (the 11th), the subject will be Chest Cases, by Dr. H. V. Morlock.

Open only to Members and Associates of the Fellowship of Medicine. Fee 5/- per demonstration, payable in advance or at the lecture-room.

Tuesday Afternoon Demonstrations—General Medicine: Lecture-demonstrations will be given every Tuesday afternoon at 2.30 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, by Dr. A. E. Clark-Kennedy. The subjects during July will be as follows:—

- July 3: No Demonstration.
- „ 10: High Blood Pressure.
- „ 17: Diseases of Bone.
- „ 24: Rheumatism.
- „ 31: Sciatic Pain.

The full August list will be published in the August Journal; the subject for August 14th is "Hysteria"; there will be no demonstration on August 6th.

Open only to Members and Associates. Fee 5/- per demonstration, payable in advance, or at the lecture-room.

Fundus Oculi Demonstration: West End Hospital for Nervous Diseases (In-Patient Dept., Gloucester Gate, Regents Park) Tuesday, July 10th, at 8.30 p.m., by Mr. Lindsay Rea. (Especially suitable for M.R.C.P. candidates). Ophthalmoscopes required. Fee 10/6d. *payable in advance* to the Fellowship of Medicine.

X-Ray Films and Electro-cardiograms: Demonstrations (especially suitable for M.R.C.P. candidates) will be given at the Medical Society of London, 11, Chandos Street, Cavendish Square, as follows:—

X-ray films of Diseases of the Heart and Lungs, Gastro-Intestinal Tract, and Bones, by Dr. Peter Kerley, on Monday, July 2nd; Wednesday, July 4th and Friday, July 6th, at 8.30 p.m.

Electro-Cardiograms, by Dr. Kenneth Harris, on Wednesday, July 18th and Thursday, July 19th, at 4.30 p.m.

Fee to Members, 10/6 per demonstration, and to non-Members 15/6, payable in advance, or at the lecture-room. Full detailed syllabus obtainable from the Fellowship of Medicine.

Course in Psychotherapy. A post-graduate course lasting one year, and covering psychotherapeutic theory and method, will commence at the Institute of Medical Psychology, Malet Place, W.C.1, on October 1st. It will be arranged in two groups: one for those who can only manage to devote three hours twice a week to the subject, and the other for those who, with a view to specialisation, are prepared to give as a minimum twelve hours in the week, attending on three days. In the first group (fee for the year £35) there will be afternoon introductory lectures with discussions for five weeks, followed by supervised clinical work and lectures on special subjects. The second group (fee for the year £60, for six months £50) will follow the lines of the previous group with the addition of an increased devoting of time to clinical treatment under supervision. Each group is limited to six members, and applications must be received by September 17th. The introductory course of lectures is available to medical practitioners (fee £2. 2s.), and the systematic lectures,

without discussion or other work, to medical graduates who have not entered for the full course, the fees being £5. 5s. for course, £2. 2s. for ten lectures, or 5s. for single lectures. Details are available from the honorary lecture secretary at the Institute.

STANDING ARRANGEMENTS.

Anæsthetics : Practical tuition for a fortnight or a month can be arranged. Limited to two Post-Graduates at a time.

Venereal Disease: (*For Women Post-Graduates only.*) *Royal Free Hospital*. Special Course extending over twelve weeks (not less than 100 hours attendance) entitling the Post-Graduate to a certificate which the Ministry of Health requires for any practitioner who desires to be in charge of a recognized V.D. Centre. Fee £21.

Ante-Natal Clinics: (*For Women Post-Graduates only.*) *East Islington Mothers and Babies Welfare Centre*. Tuesdays 10.30 a.m. to 12.30 p.m. Two Post-Graduates only per clinic. Fee 5s. a time. Arrangements *must* be made in advance with the Fellowship of Medicine.

Clinical Assistantships : *Lambeth Hospital* : Two clinical assistants (men only) per calendar month will be appointed. Daily attendance 10—1 and 2—5. Fee £5 5s. per month.

Hospital for Consumption, Brompton : Tenable for 3 months; eligible for re-appointment. Candidates (men or women) will be attached to an In-Patient Physician and the corresponding Out-Patient Physician, to a Surgeon and/or to a Member of the Staff in charge of any Special Dept. They will be responsible for the performance of their duties to the Members of the Hon. Staff to whom they are attached and may be required to undertake any special work which is considered desirable. Fee £5 5s. per 3 months or portion thereof.

Panel of Teachers : Details of the clinics available every day are given in the Supplement. Fee 5s. per clinic.

A Guide Book, giving details of how to reach the various London Hospitals by tube, tram, or 'bus, can be obtained from the Fellowship. Price 6d. (Members and Associates, 3d.).

A REVIEW OF ANÆMIA.*

By H. L. MARRIOTT, M.D., M.R.C.P.

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According to Price-Jones⁽¹⁾, the normal red cell count is from $4\frac{1}{2}$ millions to $6\frac{1}{2}$ millions per c.mm. in males, and from 4 millions to 6 millions in females. The normal range of the hæmoglobin percentage is from 95 to 117 and from 85 to 111 in the respective sexes. Anæmia exists when the figures are below the lower limits.

The Causes of Anæmia.

The red cell is not immortal. Its existence is limited to a few weeks. Hence the concentration of red cells in the blood at any time is principally conditioned by the balance which happens to be being struck between the births and deaths of the cells.

Modern classification of the anæmias rests upon the simple idea that anæmia in an individual is either because he is not making enough red cells or because they are being lost or destroyed too fast. Deficient formation on the one hand, and excessive loss or destruction on the other, are the primary ætiological categories.

*The substance of a Lecture-demonstration given at The National Temperance Hospital on Saturday, May 12th, under the auspices of The Fellowship of Medicine and Post-Graduate Medical Association.