

## *Editorial Notes.*

### **The Ophthalmology Number.**

We think it will be obvious even to the most sceptical, after the perusal of the various articles comprising the "Ophthalmology Number", that the subjects discussed come well within the scope of general medicine and that all claiming to be advisers to the public on the matter of health should, indeed must, possess a certain familiarity with the evidences of disease as disclosed in the eye.

In the first place it is a fundamental truth in pathology, as is well brought out in several of the contributions, that seldom is a diseased process, and especially a serious diseased process, limited to one situation and that, while it may show a predilection for one particular organ, it may attack any organ. It is also equally true that just as seldom is the clinical picture of any individual disease complete, a feature which, incidentally, lends much of the interest to the diagnosis of disease and renders our work a real mental problem. Another generalisation which is of importance in our present argument is that there is no rule to the order in which the various parts of the body may be attacked during the course of a disease.

These facts are particularly well exemplified and of course are easily understandable in the case of cardiovascular disease, blood diseases and conditions the causes of which are transmitted by the blood stream. It would almost seem to be a matter of accident that the disease starts, or at least first declares itself in any one particular organ. It may be, of course, that the determining factor is some inherent weakness of the organ or a strain of the part consequent on the habits or occupation of the individual. At any rate, whatever the explanation, we know that one of the sites in which not infrequently the early manifestations of disease are apparent is the eye. These points are well illustrated in the contributions by Dr. Hawthorne and Dr. Macdonald Critchley. Hence, just as a skin rash may be of the most important diagnostic value in the case of a specific fever so the presence of a squint or some abnormality of the fundus oculi will give the clue to the nature of the patient's malady.

And just as a survey of the eye is essential for a complete understanding, indeed, it may be, any understanding at all, of the nature of the disease from which a patient is suffering so must the patient's general condition be investigated before instituting treatment of a pathological state which might reasonably, at least at first sight, be considered of a purely local ophthalmic nature. As Mr. Davenport remarks, an error of refraction may make itself apparent or not according to the patient's state of health and hence may not be the chief matter requiring correction. It is for this reason, and also because many serious general diseases reveal their presence in the first instance by failing sight, that there is no place for what is called the prescribing optician. The public must be continually warned concerning the danger of seeking advice from such a source. Fortunately there is no necessity for such a course, at least on economic grounds, as advice can be obtained from expert medical men at most hospitals and, for those who cannot avail themselves of these facilities and who cannot afford the ophthalmological surgeon's private fee, the same provision is made at centres throughout the country by the National Ophthalmic Treatment Board whose head office is situated at 1 High Street, Marylebone, London, W.1.

Since instruction in diseases of the eye, and consequently acquaintance with the ophthalmoscope, has been compulsory in the training of the medical student for many years, one would have expected that the use of this instrument would have ranged in its general application with the thermometer and the stethoscope, which might legitimately be called the essential triad of instrumental aids of the general physician. That many practitioners, and we have no hesitation in saying the best practitioners, do make proper use of the ophthalmoscope there is no doubt but we regret that the custom is not universal and that there is a growing tendency for the clinician to call in the services of the ophthalmologist whenever he wishes information regarding the condition of the eye, just as he is wont to call in the aid of the biochemist for the examination of the urine. This practice of referring the "eye" and the "urine" invariably to him, whom we shall for the moment call the specialist, cannot be too strongly deprecated and it is our hope that the articles composing this special issue of the Post-Graduate Medical Journal may be responsible, in some measure, for placing the examination of the eye in its proper perspective, *i.e.*, that it should be, like that of the heart and the lungs, an integral and essential part of the routine physical investigation of a patient.

### Special Courses during August.

As previously mentioned, August being the holiday month in London, there is usually comparatively little in the way of post-graduate teaching available during that period. We would, however, draw attention (1) to one of the regular monthly **clinical demonstrations** on the second **Saturday (11th August)** at the **National Temperance Hospital** by Dr. H. V. Morlock; (2) to the Tuesday afternoon **lecture-demonstrations** by Dr. Clark-Kennedy, at **11 Chandos Street, Cavendish Square**; and (3) to the Series of Demonstrations on **The Treatment of Recent and Old Fractures** by Mr. Alan Gairdner at **St. George-in-the-East Hospital** every afternoon from 13th to 17th August inclusive.

## 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.

- Fractures** : August 13 to 17. St. George-in-the-East Hospital. Afternoons. Fee £2. 2s.  
**M.R.C.P. (Chest Diseases)**: Sept. 12 to Oct. 5. Brompton Hospital. Wednesdays and Fridays, 5.0 to 6.30 p.m. Fee £3. 3s.  
**Diseases of the Chest** : Sept. 24 to 29. Brompton Hospital. All day. Fee £3. 3s.  
**Proctology** : Sept. 24 to 29. Gordon Hospital. All day. Fee £2. 2s.

### OTHER COURSES.

- Infants' Diseases** : Sept. 3 to 15. Infants' Hospital. Afternoons. Fee £3. 3s. (Maximum of 15).  
**Medicine, Surgery and the Specialities: (Men only)** : Sept. 17 to 29. Westminster Hospital. All day. Fee £5. 5s.

## SPECIAL ANNOUNCEMENTS.

**Saturday Afternoon Demonstrations:** A lecture-demonstration (illustrated by cases) will be given on the *Second Saturday* in August (the 11th) at 3.0 p.m., at the National Temperance Hospital (O.P. Dept.), Hampstead Road, N.W.1, by Dr. H. V. Morlock on Chest Cases. On the *Second Saturday* in September (the 8th), the subject will be Urological Cases, by Mr. H. P. Winsbury-White. 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 August will be as follows:—

August 7: No Demonstration.

,, 14: Hysteria.

,, 21: Asthma.

,, 28: Loss of Voice.

The full September list will be published in the September Journal; the subject for September 4th is Pleural Pain.

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

## 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.

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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.).

## REVIEWS.

### MORALITY AND REALITY.

By E. GRAHAM HOWE, M.B., B.S.(Lond.),  
D.P.M. London. Gerald Howe, Ltd., 1934.

Price 6/-.

This monograph consists of five lectures delivered to the Home and School Council of Great Britain. The subject-matter is elaborated with originality, and taken as a whole it may perhaps be said that the main aim of the writer is to discuss the ethical implications of dynamic psychology. The sense in which the term "reality" is here used is "That which is now, which is not, as a whole, what I want". There is certainly something to be said for this quaint definition. The difficulty of life is a constant factor, and the assumption that an improvement in external conditions will ultimately make life "a bed of roses" is a pure fallacy; for new conditions always create new problems. Existence without stress and striving would obviously result in a state of psychic atrophy.

The writer defines Morality as a matter of form; it is behaviour about reality, an attitude about life, a code or system of rights and wrongs. As a psychopathologist he is naturally well acquainted with the all too frequent attempts to inhibit the psychic growth of children by forcing them to accept thoroughly unhealthy "moral" codes. Dr. Howe gives concrete instances of the baneful effects upon children resulting from the inhibitions imposed by stupid parents on their children, and we can only hope that modern psychological teaching

has already done much to prevent the unwitting harm wrought by those who are responsible for the early training of the young.

Though Dr. Howe is by profession a psychotherapist, he reveals himself as a mystical philosopher as well. Like Jung, he attaches much importance to dreams, and, furthermore, suggests that death has importance in the span of life. He believes, indeed, that we shall never fully gain either true proportion or complete good humour, until we can see the whole, regarding death as part of life, and including waking and sleeping in the whole twenty-four hours of the day. This is an original contribution to an obscure subject written with sincerity and insight.

### THE NEW-BORN BABY.

By ERIC PRITCHARD. Henry Kempton,  
London. 1934. Price 4s. 6d.

In this little volume, designed for the use of midwives and maternity nurses, a considerable amount of information on points of dress, environment, feeding and rearing of the new-born child is given in a terse and interesting fashion. Though we consider that much of the teaching regarding infant-feeding and the far-reaching effects of vitamins is unduly dogmatic and will not receive the general acceptance of his pædiatric colleagues, most of the information is just such as an intelligent midwife should possess.

## Miscellaneous.

### A NEW COMPANY.

As announced in our advertising section, a new company, Ciba Limited, 40, Southwark Street, London, S.E.1, Ciba (Telephone, Hop 1041; Telegrams, Cibadrugs, Boroh, London) has taken over the Pharmaceutical Department of The Clayton Aniline Company Limited as Sole Concessionaires for the Ciba Brand Pharmaceutical Specialities, Coramine, Percaine, Dial, etc.

The Board of the new company consists of Dr. J. Brodbeck, President of the Society of Chemical Industry in Basle, Switzerland, Mr. A. E. Peak, Managing Director of The Clayton Aniline Co., Ltd., Manchester, Mr. J. J. Brodbeck, Director, Ciba Co., Inc., New York City, and Mr. T. F. M. Smart, O.B.E., late Manager of the Pharmaceutical Department of The Clayton Aniline Company. The change coincides with the jubilee of the Ciba firm in Basle.