

Editorial Notes.

The Doctor of the Future.

With the opening of the Medical Schools for the Winter Session there has been the usual flood of oratory regarding the present shortcomings of our profession combined with many suggestions as to how matters might be improved and a more efficient medical adviser to the public provided.

As was appropriate, the Dean of the new British Post-Graduate Medical School, in his remarks, on the occasion of the opening of the Royal Free Hospital Medical School, stressed the importance of post-graduate study and drew an analogy between the motor car and the doctor in that the latter, equally with the former, requires what he humorously described as a periodic overhaul. There is no doubt of the wisdom of this advice, and we are quite confident that this ideal, at present not generally attainable, will in the future be the regular custom. And that the habit will redound to the benefit of the medical man cannot be gainsaid for, apart altogether from what he may be taught, the periodic devotion of time to serious study and the association with men of a kindred spirit will help to keep alight the flame of real interest in his life's work. Osler referred to this very point many years ago when he laid down as "essential for the practitioner" what he called a "quinquennial brain-dusting." As he pithily expressed it, "Every fifth year, back to the hospital, back to the laboratory, for renovation, rehabilitation, rejuvenation, reintegration, resuscitation, etc."

It is to be hoped, however, that this provision for the qualified man and woman will not make us lose sight of the medical student, for it is on him, and the way he is trained, that in the future, as in the past, we must depend for the supply of the right type of doctor. Indeed, there is nothing more certain than that, if the standard of the profession is to be raised, it is by increasing our efforts during the malleable and impressionable age of the recruit and ensuring that he is made a student for life by receiving the proper stimulation and being shown how to teach himself. And if he has been really educated there is, with the aid of Journals and Books and the thorough and systematic examination of his own patients, no limit to the degree of efficiency which he will ultimately reach.

This more thorough training of the medical student is particularly called for in view of the fact that medicine is more and more calling on the ancillary sciences for a fuller understanding of the phenomena of disease and, as it were, for the finger-posts as to how its ravages may be mitigated. It is for this reason that, in a recent Editorial discussing the medical curriculum, we deprecated the suggestion that in the future the course of study of the preliminary sciences should be curtailed. This, to our way of thinking, would be nothing short of a calamity, and for two very good reasons. In the first place, it is only during the earlier years of a man's life that he can devote time to the study of these fundamental sciences and acquire a true scientific attitude of mind, and in the second place, without this groundwork it is not possible for him to receive the utmost benefit from much of the post-graduate instruction on the recent developments, which so often depends on the application of these very sciences.

Clinical Research.

If the creation of units for Clinical Research, such as are being inaugurated at the Middlesex and Guy's Hospitals, will encourage the scientific study of disease,

all interested in the progress of medicine will be gratified. The project is, however, not without its dangers, for it may help to foster the pernicious doctrine that in our hospitals there should be two different kinds of doctor on the staff, viz.:—one who is called the practising and teaching member whose duty would be to treat the sick and teach the student, and one called the research member, whose whole time would be employed in the study and investigation of disease.

To our mind this division of interests is really not possible, and even if it were, we question very much if it would be wise to attempt it. In the first place, the right-minded physician is only too well aware of his ignorance and is continually striving by study and experiment to increase his knowledge, and thus is just as much a researcher as he is a healer of the sick. In the second place, a really good and stimulating teacher must be himself an investigator. These two attributes are complementary and essential for the make-up of him who is entrusted with the initiation, the instruction and the inspiration of those who are to be the workers of to-morrow. No! the idea of research being the duty only of the recluse whose activities are removed from the routine work of the hospital is wrong, and if carried out would react on the efficiency of the ward and the lecture theatre.

The history of medicine, too, surely shows us that there can be no division between the healer of the sick, the teacher and the researcher. One hardly dares picture what would have been the course of surgery in the 19th Century if John Hunter had not been a practising surgeon with the most catholic of interests and at the same time an admirable teacher. How different also might have been the story of antiseptic surgery if Lister had not been a teacher, as well as the greatest clinical investigator of modern times, and had not migrated from school to school in order to increase the number of his disciples! Furthermore, does the life of Edward Jenner not reveal to us that what is called ordinary practice and research are anything but incompatible, as also the life of Sir James Paget that the ability to practise successfully, to investigate disease and to teach with acceptance may be combined to an eminent degree in the one individual. Whether it be true or not that Sir James Paget made the largest medical income of his time, we at least have certain proof of his popularity as a teacher in the "amphitheatre" which had to be added to the lecture room in Bart's to accommodate all those who were anxious to listen to his teaching but which, report has it, has never been occupied since.

Tutorial Classes.

We have been asked to call the attention of our readers to a new type of course which will be inaugurated in the coming year. This will consist of a series of tutorial classes in advanced surgery and will be held at the National Temperance Hospital at 8 p.m. on Tuesdays and Thursdays from January 15th to March 7th, 1935. The teaching at these classes will be definitely from the examination point of view. Patients will not be shown, as ample opportunity for the examination of clinical cases is given at the regular F.R.C.S. clinical courses taking place from March 12th to April 30th and from March 14th to May 2nd.

A detailed syllabus, which will be published shortly, is being prepared showing the subject for each evening and the name of the surgeon who will deal with it.

The fee for the Course will be £4 4s. or 10/6 per evening, and, unlike the F.R.C.S. Clinical Courses, there will be no limit placed to the number of post-graduates who may attend.

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.

Diseases of the Chest : November 5 to 10. Victoria Park Hospital. All day. Fee £3. 3s.

Urology : November 5 to 17. St. Peter's Hospital. All day. Fee £5. 5s. (Advanced.)
(Maximum of 8).

Proctology : November 19 to 24. St. Mark's Hospital. All day. Fee £3. 3s.

OTHER COURSES.

Obstetrics (Week-end Course) : November 3 and 4. City of London Maternity Hospital. Saturday and Sunday. All day. Fee £2. 2s.

Medicine, Surgery and Gynæcology : November 5 to 24. Royal Waterloo Hospital. All day. Fee £3. 3s.

Venereal Disease : November 12 to December 8. London Lock Hospital. Afternoons. Fee £2. 2s.

Gynæcology (Week-end Course) : November 17 and 18. Samaritan Hospital. Saturday and Sunday. All day. Fee £2. 2s.

Rheumatism (Evening Course) : November 20 to December 6. British Red Cross Clinic. Tuesday and Thursday at 8.30 p.m. Fee £1. 1s.

Infants' Diseases : November 26 to December 8. Infants' Hospital. Afternoons. Fee £3. 3s.

Dermatology : November 26 to December 8. 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 November (the 10th) at 3.0 p.m., at the National Temperance Hospital (O.P. Dept.), Hampstead Road, N.W.1, by Mr. C. E. Shattock on Surgical Cases. On the *Second* Saturday in December (the 8th), the subject will be Heart Cases, by Dr. B. T. Parsons-Smith. Open 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 November will be as follows:—

- November 6: Failing Vision.
- „ 13: Herpes and encephalitis.
- „ 20: Obesity.
- „ 27: Goitre.

The full December list will be published in the December Journal; the subject for December 4th is Glycosuria.

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

Diet and Dietetics : A Series of Lectures are being delivered in the Lecture Room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, on Wednesdays at 8.30 p.m. sharp, as follows :—

- November 7: Dr. E. G. B. Calvert, "Diet of the Diabetic."
(Illustrated by epidiascope.)
- „ 14: Dr. W. F. Christie, "Diet of the Obese and Thin."
- „ 21: Dr. Cecil Bull, "Diet for Convalescents and Aged."
- „ 28: Dr. C. E. Lakin, "Diet in Deficiency Diseases."
- December 5: Dr. E. C. Warner, "Diet of the Nephritic."
- „ 12: Dr. Stanley Wyard, "Diet in Gastric Diseases."

The fee for the series is £2 2s. (or 7/6 per lecture) payable at the Lecture Room, or to the Fellowship of Medicine, 1, Wimpole Street, W.1.

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.).

GONOCOCCAL INFECTION :

Recent advances in Pathology, Diagnosis and Treatment.

By ROBERT V. STORER, M.R.C.S., L.R.C.P. with Foreword by KENNETH M. WALKER, M.A., F.R.C.S. London: John Bale, Sons and Danielsson, Ltd. 1934. 91 pp. Price 7s. 6d.

Mr. Walker in his "Foreword" to this book states that "although Dr. Storer's general approach to the problem cannot be cavilled at, he expresses many opinions that will undoubtedly be challenged." We are in agreement with him on these points, for where the author's views are in agreement with orthodox practice and opinion his treatment of the subject is sound; but

when we come to bacteriological diagnosis, pathological phenomena and treatment—some of the "recent advances" quoted by the author will undoubtedly be challenged, as Mr. Walker says, by recognized pathologists and venereologists. Dogmatic statements are made about the staining properties of the gonococcus and evolutionary changes in appearance—without any authorities being quoted. The author states that "metastatic meningitic (*whatever this may mean*) infection of the genitals is not an uncommon complication of cerebrospinal fever." How often one wonders has he, or anyone else, seen a meningococcal infection of the genitalia!

While the book may be helpful in the treatment of gonorrhœa, as a guide to "recent advances in pathology and diagnosis"—it were better used with caution.

Miscellaneous.

This Section deals with New Drugs, Preparations, Surgical Instruments, etc. The description of each article is supplied by the Producer. Particulars regarding insertions, which are free of cost, may be obtained from the Business Manager, Fellowship of Medicine and Post-Graduate Journal, 553, Grand Buildings, W.C.2.

The after care of colostomy patients is to-day receiving more attention than ever before, and it is of interest to

H. E. Curtis & Son Ltd. know that steps are being taken by the manufacturers of colostomy appliances to keep pace with modern surgery.

For many years the possession of a container in the form of a rubber ring and bag attachment was considered all that was necessary. The success of such containers depended on their application to the tissues surrounding the colostomy opening, with the result that the colon was invariably forced out. In addition these appliances were far from being hygienic, and by no means a complete safeguard against leakage. The introduction of the wash-out system and the celluloid shield, covering a substantial dressing, did much for the patient's comfort, but there was ever a constant fear in the patient's mind the dressing would not hold all that was excreted, and the smell associated with the colostomy was ever present.

We have recently had the opportunity of inspecting a new type of shield devised by

Messrs. H. E. Curtis & Son, Ltd., which dispenses with the need for any dressing, and the makers claim that it is absolutely proof against leakages of any sort whilst sealing the colostomy opening. The whole appliance weighs a matter of two or three ounces, is absolutely flat and unobtrusive to the patient's body. In our opinion this shield marks a distinctive advancement on the St. Mark's shield and dressing.

The continual progress of physical medicine has caused many firms to revolutionise their methods, as well as prompting the creation of new concerns. It is, however, to the old-established houses that one looks to supply the apparatus that incorporates the soundness of experience with suitability to actual medical needs. It is thus, perhaps, only natural to see such houses getting the bulk of the trade. Expansion follows, with consequent increased employment, for not only does an apparatus manufacturer employ labour to make the goods, but he

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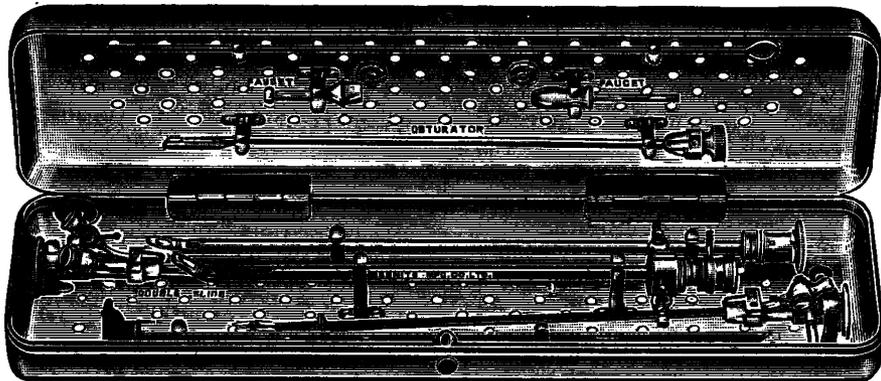
must safeguard his good name by seeing that everything is tested, and finally, that there should be technicians ready for rendering service if some unforeseen cause or accidental mis-use gives rise to subsequent breakdown. The buyer ultimately pays no more for such additional testing and servicing, for the prestige of the maker quickly causes repeat sales, which in turn brings the cost of manufacture down, thus leaving that little extra margin that covers the extra incidental selling and upkeep expenses.

A typical instance of this commercial psychology in practice is furnished by the Medical Supply Association. Starting as a small concern in the late nineteenth century, they have long been recognised as one of the leading houses for medical supplies, and they are still progressing. With a happy knack of being in the right place at the right moment—they already operate branch establishments at Sheffield and Edinburgh, for the betterment of the services they can render to their Northern and Scottish friends—they have now announced the opening of a commodious West End branch at 95, Wimpole Street, right in the heart of

Medical London. The new premises, on inspection, appeal to one as being comfortable, adequately spacious, pleasantly lighted, and well staffed. Two well-equipped fitting rooms are available for surgical fittings, so that doctors can send their patients along with the confidence that care and attention will be accorded to them. An air of quiet efficiency and understanding of medical requirements pervades the new branch Showrooms, which are well stocked with up-to-date goods. Especially did we notice the vast improvements in shock-proof X-ray units that this Association are now introducing to their radiological clientele, and one can never fail to be impressed by the ingeniousness of the "Shropshire Orthopædic Horse", an operating table that must be a real delight to the surgeon, for it enables him to work in comfort.

A visit to 95, Wimpole Street is worth while, but if such is not possible, then the next best thing would be to write for some of the Association's new and attractive literature, produced in ethical and sedate style, but obviously written with earnest intentness.

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