

Editorial Notes.

Special Number on Chest Surgery.

In any preface to this special number, the first issue of a new year, we feel that our primary duty is to extend our cordial thanks and congratulations to the various contributors who have made such an outstanding publication possible. With this view we are confident that all our readers will agree.

It is ever the aim of the Fellowship of Medicine to keep the post-graduate student and the general practitioner informed of the definite additions to our knowledge of the cause and cure of disease. We refrain from employing the catch phrase "recent advances," so common now-a-days, because this would seem, at least by use and wont, to signify any change in outlook (good and bad alike) rather than that fuller and more correct understanding which in our opinion can alone be called a true advance in our knowledge. What the writers of the present series of articles reveal is progress in the cure of disease of the chest with special reference to the extent to which surgical principles can be applied with safety and justification in a field which most of us have been brought up to consider a region where the *vis medicatrix Naturæ* holds undisputed sway.

It is not because pathological processes are different in the chest from what they are in other regions of the body that surgery was not long ago more generally employed, but it is the danger of interfering with such important functions as respiration and the heart's action, as well as the presence of the delicate structures in the mediastinum, which was the chief deterrent. There is no doubt of course, as Dr. Chandler remarks, that the difficulty of localizing the mischief also played a part in delaying surgical interference, but the same could be said regarding the cranium and abdomen, the conquest of which now dates many years back. Radiology and the invention of lipiodol have undoubtedly helped much in that they have brought confidence in diagnosis, both as regards the nature and the extent of the pathological process, but it is probably the fuller knowledge of the physics of respiration, of the influence of variations in intrathoracic pressure and how to control these, and last but not least, the developments in anæsthesia (local and general) which have given the surgeon the greatest assistance in the perfecting of his intrathoracic technique. To us perhaps the most remarkable feature of a modern thoracic operation is the perfect and comfortable anæsthesia which can be ensured, so that the surgeon is relieved of much anxiety and is unmolested by interruptions and is thus able in the shortest space of time to complete his delicate and intricate manipulations. It is because of the importance of this aspect of the problem that we have included an article specially devoted to anæsthesia in thoracic surgery.

Of the fact that surgical intervention can give relief and prolong life in the presence of distressing intrathoracic malignant tumours, can help in the recovery from pulmonary tuberculosis, can bring about the complete cure of a hitherto incurable and loathsome malady through the removal of septic bronchiectatic foci, and can eradicate many simple growths there is no doubt, as the communications in this issue testify. The operative technique is of course specialized, and demands the co-operation of the surgeon and anæsthetist experienced in this class of work. There is no reason, however, that anyone familiar with surgical principles who becomes acquainted with the pathological processes involved, the methods of diagnosis and the conditions which permit of safe manipulations within the thoracic cavity should not be able to undertake the requisite operations. But he requires

an introduction to this particular field of surgery, and to provide just such an introduction the Fellowship of Medicine is arranging courses of lectures and demonstrations, the first of which, extending to 8 meetings, will take place at the Brompton Hospital during the month of March.

The Endowment of Clinical Research.

Some remarks made by Sir Frederick Gowland Hopkins in his presidential address before the Royal Society on November 30th tempt us to return to the question of clinical research, although it formed the subject of a recent editorial in the November issue. Sir Frederick drew special attention to the association which obtains to-day between the laboratory and the ward, an association which, he said, with the passage of time fortunately was ever becoming closer, since it was of such undoubted mutual benefit. It is, indeed, the co-operation of these two departments which gives present-day medicine its strength and which embues it with such potentiality for the future.

It is a pity, however, that Sir Frederick should have attempted any discrimination between the two activities of laboratory research and clinical research as he did when he gave vent to the fear that the pursuit of the policy which acknowledged the importance of clinical research, which he defined (we are quoting from the Report in "The Times" of December 1st) as "the direct and intimate study of disease as manifested by human beings," might bring about a transference "to the ward or clinic much of the financial support which might otherwise be enjoyed by research in the pure sciences ancillary to medicine."

What matters it, we are tempted to remark, where the money goes so long as it is well spent and there is no doubt that it can be just as profitably expended in the clinic as in the laboratory. It would be invidious to discriminate between the importance of the laboratory and that of the clinic in the furtherance of medical progress because each has its proper sphere of activity and each has been, and will continue to be, of inestimable help to humanity.

In spite of the bias which would seem to underlie Sir Frederick's remarks, we cannot but feel that he has real sympathies with the clinic since so much of his own work has been of the clinical variety, only it has been carried out in a clinic or hospital ward of guinea-pigs, rats or rabbits instead of one occupied by men and women. And it is because we would like to see the same carefully devised and executed investigations made by the clinician in man, as have been done by Sir Frederick and his disciples in the animal, that we personally advocate more unstinted financial support for clinical research. After all, and we feel sure Sir Frederick would be the first to admit it, all types of animal life do not react alike, and, as the ultimate goal is the benefit of man, the work must be finally and effectively tested in man. But this type of investigation is the most difficult of all, not only in its execution but also in the interpretation of the results, because of the tremendous complexity of the experimental subjects on account of heredity, environment, etc., etc., etc., and consequently it calls for the most expert and the most patient of workers.

Although everyone will admit that work conducted in the laboratory is often the source and inspiration of clinical research, this is not always the sequence of events. One cannot but recall in this connection the clinical therapeutic tests of Huldshinsky with ultra-violet light which provided an absolutely new interpretation of the vitamin problem and inspired an immense amount of laboratory research.

It might also be mentioned on behalf of the clinician how much of the development of what used to be called physiological chemistry was inspired and directed by observations made at the bed-side. It must also not be forgotten that there are certain types of investigation which only can be done in the clinic. One might cite in example of this the researches of Lister on antiseptics carried on during a whole life time. What would have happened if these investigations had been undertaken in the laboratory, as so much of the chemotherapy of to-day, one rather hesitates to think. Another instance of profitable "direct and intimate study of disease as manifested by human beings" carried out in the clinic, and which we do not see could have been carried out in any other place, is the elucidation during the last decade of the anæmias.

There is no doubt that there is still much more invaluable work of this nature to be done by the men who have the eyes to see and there seems no valid reason why such men (physicians, surgeons, obstetricians, etc.) should not be occupants of endowed positions so that they may have the necessary leisure to prosecute their investigations and be relieved from all financial anxiety as is deemed so necessary in the case of their anatomical, physiological and pathological colleagues. Although there will never be, just as there never has been, a lack of enthusiastic clinicians who spend themselves in the pursuit of knowledge, one does view with pleasure this new order of things in which physicians and surgeons are enabled to devote their whole time to the study and teaching of medicine, the latest development of which has been the creation of the British Post-Graduate School of Medicine. We are not asking that the clinic should deprive the laboratory of the necessary financial support, but we do hope that the clinic, as a sister of the laboratory, will not always be treated as the Cinderella of the family.

The Wellcome Museum of Medical Science,

183, Euston Road, N.W. 1.

In our last issue we drew attention to a series of pathological demonstrations on various medical and surgical subjects to be held in the Wellcome Museum during the present year. Arrangements for the series have now been completed and details regarding the dates and subjects can be obtained from The Fellowship of Medicine, 1, Wimpole Street, W.1.

Saturday Afternoon and General Medicine Demonstrations.

The series of **clinical demonstrations** inaugurated last year and which are held on the **2nd Saturday of each month at 3 p.m.**, will be continued during the present year. The subject, lecturer and place will be duly announced in the Post-Graduate News each month.

The lecture-demonstrations on **General Medicine** by Dr. Clark-Kennedy which were held last year on Tuesday afternoons at 2.30 p.m. will be held during 1935 on Fridays at 4.15 p.m. instead, but the place of meeting (Medical Society of London, 11, Chandos Street, W.1) will be the same.

Copies of the index to the Journal for the period January to December, 1934 are obtainable on application to the Fellowship of Medicine.

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.

Cardiology: January 14 to 26. National Hospital for Diseases of the Heart. All day. Fee £7. 7s. (Maximum of 20).

Surgical Tutorial Classes (Evening Course): January 15 to March 7. National Temperance Hospital. Tuesdays and Thursdays, 8.0 p.m. Fee £4. 4s. or 7s. 6d. per evening.

Urology: January 21 to February 2. St. Peter's Hospital. All day. Fee £5. 5s. (Maximum of 8).

Manipulative Surgery: January 29 to February 1. Four Lecture-demonstrations, 5.15—6.15 p.m. Medical Society of London Lecture Room. Fee £1. 1s.

Proctology: February 4 to 9. St. Mark's Hospital. All day. Fee £3. 3s.

Chest Diseases: February 11 to 16. Brompton Hospital. All day. Fee £3. 3s.

Gynæcology: February 11 to 23. Chelsea Hospital for Women. All day. Fee £5. 5s.

M.R.C.P. (Evening Course): February 19 to March 7. National Temperance Hospital. Tuesdays and Thursdays at 8.0 p.m. Clinical and Pathological. Fee £6. 6s. (Maximum of 24.)

OTHER COURSES.

Heart and Lung Diseases (Week-end Course): January 19 and 20. Royal Chest Hospital. All day. Saturday and Sunday. Fee £1. 11s. 6d.

Dermatology: January 28 to February 23. St. John's Hospital. Every Afternoon. Fee £1 1s. (Practical Pathology arranged. Fee £4. 4s.)

Medicine and Surgery (Week-end Course): February 2 and 3. Southend General Hospital. All day. Saturday and Sunday. Fee £1. 1s.

Neurology: February 4 to 9. West End Hospital for Nervous Diseases. All day. Fee £2. 2s.

Physical Medicine (Week-end Course): February 9 and 10. St. John Clinic and Institute of Physical Medicine. All day. Saturday and Sunday. Fee £1. 1s.

Medicine, Surgery and the Specialities: February 25 to March 9. Prince of Wales's General Hospital Group. All day. Fee £5. 5s.

SPECIAL ANNOUNCEMENTS.

Demonstration of Fundus Oculi: West End Hospital for Nervous Diseases (I.P. Dept.), Gloucester Gate, N.W.1, by Mr. R. Lindsay Rea, on Tuesday, January 15th, at 8.30 p.m. (Suitable for M.R.C.P. candidates). Fee 10/6.

Demonstration of Electrocardiograms (Interpretation of Tracings): Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, by Dr. Kenneth Harris, on Wednesday, January 23rd, at 8.30 p.m. (Suitable for M.R.C.P. candidates). Fee 10/6.

Saturday Afternoon Demonstrations: A lecture-demonstration (illustrated by cases) will be given on the *Second* Saturday in January (the 12th) at 3.0 p.m., at the National Hospital, Queen Square, W.C.1, by Dr. Macdonald Critchley on Neurology. The next demonstration will take place on February 9th on Surgical Cases, by Mr. T. Holmes Sellors, at the National Temperance Hospital, Hampstead Road, N.W.1. Open to Members and Associates of the Fellowship of Medicine. Fee 5/- per demonstration.

Friday Afternoon Demonstrations—General Medicine: Lecture-demonstrations will be given every Friday afternoon at 4.15 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, by Dr. A. E. Clark-Kennedy. The subjects during January will be as follows:—

- January 11: Functional Dyspepsia.
- „ 18: Organic Dyspepsia.
- „ 25: Vomiting.

The full February list will be published in the February Journal; the subject for February 1st is "Constipation."

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

Pathological Demonstrations: Demonstrations will be given at the Wellcome Museum of Medical Science, 183, Euston Road, N.W.1, on Thursdays at 3.0 p.m., as follows:—

- January 17: Some Modern Aspects of Malaria. Dr. C. M. Wenyon.
- „ 24: Electrocardiograms. Dr. William Evans.
- „ 31: Examples of Bright's Disease. Dr. Dorothy Russell.

The full February list will appear in the February Journal; the demonstration for February 7th is "Syphilis," by Dr. T. Anwyl-Davies.

The fee is 5/- 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 130 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.

Wellcome Museum of Medical Science : 183, Euston Road, N.W.1. Open daily 10.0 a.m. to 5.30 p.m. (Saturdays 10.0 a.m. to 12.30 p.m.). The whole range of medicine is set out in this museum, illustrated by drawings, charts and specimens. A copy of the guide-book and an introduction card may be obtained from the Fellowship of Medicine.

Panel of Teachers : Details of the daily clinics may be obtained from The Fellowship of Medicine. 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.).

PLATES

ILLUSTRATING ARTICLES

by

MR. H. MORRISTON DAVIES	-	Pulmonary Tuberculosis	I
MR. H. P. NELSON	- - -	Intrathoracic Neoplasms	II
MR. C. PRICE THOMAS	- -	Lung Abscess	III & IV
MR. A. TUDOR EDWARDS	- -	Bronchiectasis	- - V
MR. J. E. H. ROBERTS	- -	Empyema	- - VI

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.

Owing to the great success that again attended the Blue Funnel Coastal Cruises last year a similar series of

Blue Cruises has been arranged for the coming Summer.

Funnel Voyages. These cruises are made in the first class passenger vessels operating the Blue Funnel Line's Far Eastern Service, each vessel being over 10,000 tons gross register.

The vessels sail from London at intervals of four weeks and their departure dates have been fixed as follows, 26th March, 27th April, 21st May, 19th June, 17th July, 14th August, 13th September, 8th October.

The Coastal Cruises occupy six days, the rate being £7. 7s. 0d. per head for base rate accommodation; single-berth cabins carry a supplement of £1. 1s. 0d. as does each cot in the two-cot bedstead cabins whilst the special cabins carry a supplement of £2. 2s. 0d. The vessels proceed from London to Rotterdam where two days are spent, allowing passengers ample time to visit Amsterdam, The Hague, Delft or Scheveningen, the seaside resort of Holland, thence round the North and West Coasts of Scotland to Glasgow, where passengers disembark. As far as possible the voyage round the Scottish Coasts will be made in daylight to afford passengers an opportunity of enjoying the magnificent scenery of the Highlands.

Reduced rail fares are available to London and from Glasgow on return, whilst in Rotterdam the vessel may be used as an hotel, and there is, therefore, no need for any expense to be incurred in this connection. Passengers may also take their motor cars with them at an inclusive charge of £4. 4s. 0d. which covers all handling charges, wharfage, agency fees, etc. This

facility enables passengers to combine a motor tour either before joining their vessel in London, or in Scotland after disembarkation, with their sea voyage. Cars will, however, not be available for use in Holland.

The Inclusive Tour to Cairo has been one of the most popular tours that have been arranged in recent years. Passengers spend some 22 days afloat with 4 to 5 days in Egypt. The fare of £40 includes the sea voyage, first class rail fare Port Said/Cairo and return, full board at the Continental Savoy Hotel in Cairo, transfers between hotel and station and *vice versa* at Cairo, Luncheon on the train, Port Said/Cairo and return, Quarantine Tax at Port Said. If they so prefer passengers may stop at the Mena House Hotel at the Pyramids, the fare being 2s. 6d. less.

For those who cannot spare the full time the tour may be curtailed by a week by embarking or disembarking at Marseilles. £4 is allowed off the fare in either case.

This Summer an especially interesting Inclusive Tour has been arranged to South Africa, sailing from Liverpool on 27th July and returning from Capetown on 21st August. This Tour allows some 40 days at sea with five days in Capetown. As in the case of the Egyptian Tours full board is provided at first class hotels in Capetown and the fare is £65.

For passengers who wish a long sea voyage the Round Voyage to the Far East for £135 or to Australia for £120 is to be especially recommended. These round voyages can be made in any of the "A" class passenger vessels.

An excellent opportunity is also offered for a voyage to Ceylon at a return fare of £95 with a stay in Colombo of 9 days.