EDITORIAL

London, December 1950

One of the most interesting facets of the study of medicine is to look back over its history.

Each fresh source of light is, quite rightly, shone towards the obscure corners in the realm of disease, and it is sobering sometimes to remember what these lights were once thought to have shown. Such false visions often are not seen for what they are until we have grown used to the brilliance of the true discoveries that followed them.

Thirty or forty years ago most limb pain of neural origin was attributed to acute or chronic inflammatory neuritis, except where obvious tumours or relevant bony deformities could be found.

Students were taught that salicylates, mercury and potassium iodide helped such neuritis to subside, as also did counter irritation and rest. The bacterial discoveries of the preceding three-quarters of a century still offered the most brilliant hope for the illumination of dark places, and in this sector of neurology no other explanation was favoured.

Now, however, the mechanical era is at hand. The ruptured intervertebral disc entered the field in the early 1930s from an angle quite at variance with the current stream of medical thought. Neurological opinion has swung widely and is still in process of settling in its new direction.

Already, however, we are familiar with the lumbar disc rupture and its sequelae, and the advances in treatment which this has made possible are dramatic. The inflammatory lesions of the sciatic nerve are now thought to be of minor importance and are recognized as relatively infrequent.

The new light, however, still has much to reveal on the subject of ruptured discs above the lumbar region, and Logue's article on prolapsed cervical discs in this issue is a valuable survey of recent work based on those very satisfactory opportunities for observation provided by surgery. It

brings welcome clarification of what is certainly a more difficult clinical field than that of lumbar disc rupture. It is salutary to realize that not only much brachial neuralgia but also serious cord degenerations may be thus mechanically produced. The article also shows how difficult the localization of spinal cord lesions can be. Doubtless it is right that students should be trained to make maximal efforts at localization at the bedside, but surely the time has come when almost in the next breath one must stress the need for confirming, though not superseding, clinical examination by myelography. Such histories as that of Logue's case No. 1 seem to demand this. Even the most clear-cut upper levels of sensory loss are no safe guide to the site for laminectomy.

However, beyond the essentially neurological sphere of diagnosis and treatment of disc lesion lies the question why does the annulus of the disc rupture? Mechanical stress is only the precipitating factor and, in the neck, not often a very obvious one. What is it that weakens the disc?

This is a question of fundamental pathology which cannot be looked upon as a problem only for the neurologist, neurosurgeon or orthopaedic specialist.

That the problem may not be purely mechanical allows the former adherents of inflammatory theories to contend that the lesion is still inflammatory in the intervertebral tissue but not in the nerves. In this way the wheel may yet come full circle. The age incidence of the trouble certainly seems to cast doubt upon a degenerative hypothesis.

As an example of a direct and sound growth from the neurological past without any debt to recent dramatic advances, we have Penman's article. His clear statement of criteria for the diagnosis of tic douloureux is greatly to be recommended. All too often the term is used loosely to include any form of trigeminal neuralgia, some-

times with sadly misdirected attempts at therapy as a result.

His radiologically controlled injection of the Gasserian ganglion puts this valuable but delicate form of treatment on to a surer basis than injection techniques hitherto described, and his results tend to confirm its value. Unfortunately we still lack any clear conception of the basic pathology of this most distressing complaint, and no hypothesis is widely held, such as that of neural inflammation, previously thought to cause sciatica

and brachial neuralgia. We can, if we wish, congratulate ourselves that no future generation will be able to prove us wrong. However, when eventually the cause of tic douloureux is discovered, it is not impossible that doctors will marvel at our blindness to the obvious; as we, at times, marvel that such a simple mechanical explanation of brachial neuralgia, sciatica and what was formerly called sterile paraplegia was overlooked by our predecessors.

COLIN EDWARDS.

Royal Society of Medicine: Inauguration of Section of General Practice

The Section of General Practice of the Society came into existence, according to the by-laws, on Friday, October 13, 1950.

Its objects are: (1) To narrow the widening gap between specialists and general practitioners. (2) To provide for the general practitioner an active link with currently accepted ideas. (3) To keep alive the academic or scientific attitude to medicine and its allied branches which is so readily lost in general practice. It will strictly avoid any suspicion that its discussions embrace any matters concerned with the political and ethical as distinct from the technical and scientific aspects of general medical practice.

The inaugural meeting of the Section was held at 8.15 p.m. on Wednesday, November 22, when the proceedings were initiated by Lord Webb-Johnson, President of the Society. Officers of the new Section for the session 1950/51 were elected and the Section's programme was discussed.

Fellows of the Society who, being general practitioners, wish to become members of the Section should apply without delay to the Secretary for the appropriate application form. No extra sub-

scription is required of Fellows of the Society becoming members of the Section.

It is proposed to hold meetings of the Section of General Practice on the third Wednesday of each month at 8.15 p.m. during the session, and details will be announced in the usual manner in the Diary Card.

This Journal offers its sincere congratulations and best wishes to the new Section and ventures to predict for it a brilliant and popular future.

'How to Get There'

Much knowledge can be garnered within four walls, but more can be gathered from the four corners of the earth. Travel, therefore, if you can. If you are visiting London you will find no more helpful booklet than 'How To Get There' (Fellowship of Postgraduate Medicine, price 2s. 6d.).

This carefully prepared manual gives precise directions for getting to and from all the hospitals of London. It is thoroughly recommended to all visitors to London as well as to those Londoners who wish to see and learn at other hospitals.