

During the war we have learnt much concerning the prevention of disease; we have made enormous advances in medical and surgical treatment, but best of all we have gathered into our profession a number of skilled surgeons, trained observers, and expert laboratory workers, who if they receive encouragement and support will be able to bring to bear on civil and State medicine some of the lore and experience gathered under conditions in which disease was the primary study, the individual patient receding into the background. In so far as we are able to bring the patient back to the position of foremost importance, and no further, shall we derive full benefit from all our experience gained on the field and in the war hospital.

At certain periods, owing to the development of some special phase or aspect of medicine, the other aspects are looked upon as being old-fashioned and "out of date," and one still hears of those who exhibit a contempt for research in the wards, for those who are incapable of realising the dignity of the work and opportunities of the general practitioner, of those who speak of careful work in the post-mortem room as "coffin-labelling," and of those again who are convinced that morbid histology has had its day. Many speak as though those working in these fields were seeking for the finished products of disease alone, and as though such workers had no thoughts of function and of the thousand minute changes that are associated not only with the changing structure but with impaired functions of organs and tissues. The so-called practical school has been unreasonably irked by what they consider the neglect of their work by the scientific or laboratory school, which latter again is often twitted for pinning its faith to the creed of the Red Lions, whose toast, "Here's to higher mathematics, may they be no use to anyone," achieved such vogue and fame.

In recent years the Edinburgh School of Medicine and its daughter in Manchester have, greatly to their credit, taken a forward step in teaching pathology which, to my mind, will, in the long run, have a greater bearing on the training of the medical practitioner than any step taken in recent years. All men cannot become skilled pathologists and bacteriologists, but all should be trained to interpret the signs and symptoms of disease and to allocate, more or less accurately, to each sign or group of signs some change of function, temporary or permanent, the results of pathological processes in their various stages and phases.

How can we study the beginnings of disease if we are constantly concentrating our attention and focusing our observations on the last illness of the patient? Last illnesses should no doubt be studied carefully, and all methods of investigation should be brought to bear on the complicated problems presented to us on these occasions, but every step that has led up to the final issue should, if possible, be submitted to examination. In the Edinburgh Medical School every student of pathology has placed before him the clinical notes of a case, containing a record of family and personal history, signs, and symptoms developed from time to time, the nature and results of treatment, and post-mortem findings. He has then to make a careful naked-eye and microscopic examination of the organs and tissues of the patient, and finally is called upon to write a report of the case as a whole, coördinating the findings at the various stages and explaining, as far as possible, the relation of the earlier changes to those of later date in the sequence of events.

If the medical student could, whilst writing these reports, have access to patients in the wards, suffering from diseases similar to those with which he is dealing, could examine and compare the history and clinical and laboratory findings, could note the effects of treatment, still clearer pictures of diseased conditions could be obtained. I hope this development may take place.

A few of the advantages of such an organised system are already apparent to those who have looked

into the matter. How infinitely greater might these advantages become if all those who are interested in the study of disease—and this is an interest that should be shared by all educated and intelligent people—would make a point, when first they fell ill, of asking their medical men to help them to keep a record of their illnesses, would describe their sensations in their own words, and would get their doctors to interpret these sensations for them, and, finally, would give instructions that before burial or cremation their bodies should be carefully examined by someone skilled in the interpretation of lesions met with during the course of disease.

Under these conditions doctors would be called in earlier, prevention would play a far greater part in the maintenance of health, many illnesses would be nipped in the bud, the doctor would become his client's "adviser" and not merely his "repairer," the patient might confidently expect a longer, more healthy and efficient life, and medicine would become not a finer art merely but would attain a scientific level never hitherto attained.

I am, Sir, yours faithfully,

May 30th, 1921.

G. SIMS WOODHEAD.

THE MEDICAL DIRECTORY, 1922.

To the Editor of THE LANCET.

SIR,—The annual circular has been posted to every member of the medical profession. We shall be grateful for its early return to us. If any practitioner fails to receive the form we will, upon request, send him a duplicate.

We are, Sirs, yours faithfully,

THE EDITORS.

7, Great Marlborough-street, London, W. 1,
June 4th, 1921.

WARMING ETHER VAPOUR FOR INHALATION.

To the Editor of THE LANCET.

SIR,—In his letter to THE LANCET of May 28th Dr. K. B. Pinson has criticised the method of heating in a tracheal insufflation anæsthesia apparatus described by me in THE LANCET of April 30th. May I point out that, in the apparatus referred to, the ether-laden air does not come into contact with the electric lamp as Dr. Pinson seems to suppose, and hence the danger of ignition of the ether must be extremely remote. Furthermore, for those who fear explosions, the construction, primarily intended for use when electricity is not available, admits of the use of hot water with equal efficacy.

As regards the practical value of heating anæsthetic vapours, I am convinced (and I believe that my conviction will be borne out by most anæsthetists) that in tracheal insufflation anæsthesia, at any rate, the adequate heating of the ether-laden air is a most important factor if pulmonary complications are to be avoided.—I am, Sir, yours faithfully,

I. W. MAGILL,

Anæsthetist, the Queen's Hospital for
Facial and Jaw Injuries, Sidcup.

May 30th, 1921.

THE FEDERATION OF MEDICAL AND ALLIED SOCIETIES.

To the Editor of THE LANCET.

SIR,—It is unfortunate that in the necessarily abridged account of the speeches at the annual dinner of the Federation of Medical and Allied Societies, published in your columns last week, the invitation to the British Medical Association to officially participate in the work of the Federation, which such a large number of its members support through other societies, should have been omitted. Sir Malcolm Morris, Vice-President of the Federation and Chairman of its Medical Council, in proposing the toast of the Minister of Health, again offered the right hand of fellowship which has always been extended to the Association. He emphasised that