

at the initiative of many injured in overcoming any disability, even when the architecture of first treatment has been faulty. Has the surgeon made sufficient study of those who have adapted themselves to their disabilities? It is doubtful.

The first essential is first-class first treatment. The number of those who will benefit by an elaborate machinery of rehabilitation is not as large as some think. True, for patients with major injuries and those with a necessarily long absence from work rehabilitation is absolutely essential. It is the care of this type of case which has attracted public attention, and rightly so. Rehabilitation without the insurance of a planned return to work is a mockery and can do grievous psychological trauma. But among patients suffering from less major injuries I believe there are a number who will show through rehabilitation an unnecessary delay in returning to work. They are those who, with the utmost care of the staff of the rehabilitation centre, will surely become over-interested in themselves and tend to fix their minds on the injured part. Many patients are harmed by the unguarded advice of those who treat them. Malingering in the series of cases I have seen is almost non-existent. If, as I contend, there is a delay through rehabilitation of the return to work of those with less major injuries, then it is a serious matter. Full function must be our aim whatever the cost, but the cost must be reasonable. A man's own initiative is still the best second to first-class surgical care. The extra weeks on all these non-major injuries would mount the cost beyond a reasonable figure, and if the State takes over the workmen's accident insurance it must operate without extravagance.

This letter is but a warning that rehabilitation may so easily be overdone, and such a useful advance lead to some abuse. Cannot much rehabilitation be done in the factory, much of it on the workers' original work?—I am, etc.,

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Doctor and Patient

SIR.—I am astounded that in your annotation on doctor and patient (Feb. 5, p. 189) you should see fit to state: "It is very wrong, therefore, for a private practitioner to attribute banal symptoms to industrial processes of which he knows nothing, to give long holidays for trivial maladies, or to declare a worker unfit for a particular job on eleemosynary rather than scientific grounds." These are so obviously the words of a writer who is quite ignorant of the medical situation in an industrial area that they call for correction. Quite apart from the specific lesion—such as industrial dermatitis or silicosis—which is caused by industry, the whole industrial set-up imposes upon the individual a discipline and a compulsion which, in the case of the rebel and the emotionally unstable, often become unbearable. It is precisely when health is lowered that this strain is most acutely felt by the patient.

It is all very well to talk about science, but there is no science without public standards, and there are no public standards for this situation. Psychology is still looking for them. Eleemosynary is a word meaning charitable, commonly used by the uncharitable. The argument therefore is that the worker in the hour of his complaining requires science but not charity. Is this really editorial opinion? Surely what these patients need from their doctor is just plainly charity, and it is to the credit of general practitioners that they commonly get it.

If the industrial set-up did its job with more success, if it gave us a stable economy, if it contributed to the integrity and well-being of the family, if it made our cities beautiful and the insight of the common man more profound, then perhaps the doctor would be justified in inviting his patient's co-operation in these good and charitable works. But unhappily industry does none of these things, and its insight into the nature of human need is superficial in the extreme. Its development of human skill is subject to question. And the quality of the community life that goes on in the back streets of our industrial towns is something which I for one cannot contemplate with complacency.

The common working doctor does well if he stands by the common working man in good will and charity. Science cannot

yet provide him with infallible guidance in this territory. Every clinician recognizes that outside the realm of definite diagnostic labels there are many indefinite debilitated states that are little understood and subject to variegated labelling. The general practitioner knows perhaps better than the leader-writer the need for science. But his need is for a science which will give an account not only of the fragments of disease but also of the whole—of healthy persons in a healthy setting. Such a science will lay down the scientific as distinct from the moral standards of family and community life. To these it will be the duty of industry to conform. To invoke science as the only sanction for a label which will permit the worker to lay down for seven days the burden of his obligation to the Work State is by way of being rude to Science. It is to use a good thing ill.—I am, etc.,

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K. E. BARLOW.

Reform in Medical Education

SIR.—Dr. Walshe has framed a cogent indictment of the medical curriculum as it stands and of the proposals to amend it by additions. Many hearts must sink at the thought of the poor patient camel of a student kneeling to receive his eighty lectures of psychologists' psychology to top his present burden, and many must marvel at the naivety which can expect him to become thereby a more "insightful" and less materialistic practitioner.

But Dr. Walshe does not, as I think, carry his argument to its logical conclusion. He points out that the curriculum fails to teach clear and logical thinking and the right use of words; that it encourages credulity and breeds practitioners and even teachers who "fail to distinguish between thoughts, words, and things," and who are unable to speculate fruitfully on the theoretical basis of medicine; but he seems to imply that these qualities of mind could be cultivated within the framework of a curriculum, pruned and revised indeed, but still a technical medical course of teaching. Surely the really disastrous consequence of the curriculum's unwieldy bulk and weight is that it has sunk into and destroyed its own foundations. The place and time to learn the right use of words in thought, speech, and writing, to acquire the habit of speculation and the beginnings of wisdom and understanding of the human mind, is at school in the sixth form—or its equivalent—between the ages of 16 and 18.

These acquisitions are a natural and almost inevitable accompaniment and consequence of the intelligent study of a foreign language—ancient or modern—with its literature, of our own literature, or of history. They are not a natural or inevitable accompaniment of the study of elementary chemistry, physics, and biology. If we want to have in our profession clear-headed thoughtful doctors able to express themselves lucidly and concisely, with a flair for truth and a contempt for muddled thinking, we must at least allow the intending medical student to become a scholar if he has it in him. If we wish the doctor to understand men's minds we must at least allow him to read the thoughts they have expressed and to learn of their behaviour as recorded by historians, dramatists, poets, and the greater novelists. If we wish the doctor to think we must encourage and even compel the student to arrange and express his thoughts. At present it becomes harder every year for a boy who, at 16, rashly declares his intention to become a doctor not to abandon all hope of becoming also a well-educated man.

Is it not abundantly clear that to attempt reform of the curriculum by additions, however desirable in themselves, is a disastrous policy if the end in view is to produce a generation of doctors worthy of medicine and of their country? Subtractions, even by themselves, would be better. But subtractions, of course, will not serve. The only way with the curriculum, if our intentions are serious, is to "shatter it to bits and then remould it nearer to our heart's desire," and the remoulding must begin with the examinations which govern it. When at least one question in every paper begins with the word "discuss" and means what it says, and when one paper in each examination is an essay paper, carries high marks, and is judged on form as well as content, we shall be getting on.—I am, etc.,

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