

referred to team work, but the word team had been applied in two different senses, which it was important to distinguish. It had first been used for a group of three or four practitioners who banded themselves together for commercial purposes in running a practice. They had different capacities—surgeon, physician, or other specialist—but they dealt with everything that came their way in practice. Teams in this meaning of the word did not exist in these islands. On the other hand, the term was often applied to a group of practitioners each with a separate line of approach who could be assembled to deal with the problem in any given case. Instead of the team being a fixed group it was merely a group assembled for a particular occasion to deal with a particular problem. Such a group could be readily assembled in any university centre, and without such co-operation medicine would be much the poorer. On the other hand, very little could be said in favour of the team in the narrow commercial sense.

Dr. E. T. FREEMAN, referring to the question of advertising, said that at present practically everything was sold in every department of life by advertisement of some kind or another, either through newspapers or by personal canvassing. A large amount of pressure was put on the medical profession to use various drugs when they had had no opportunity of trying them. Advertising was now invading the medical journals in a most remarkable way, especially in America. A doctor was expected to buy a certain apparatus because his patients, having read advertisements in newspapers, expected him to have it, and these so-called medical advertisements constituted a danger.

Dr. W. R. F. COLLIS thought the results of research in America in the last ten years had been more than worth while. Nowadays in international medicine Ireland did not hold the place it had held one hundred years ago; in the last fifty years her contributions to international literature had been very sparse. He thought that Irishmen were really well fitted for research, but owing to lack of facilities it had not been possible to carry out this work in Ireland. This, however, would soon be remedied. It should be remembered that there were two sides to medicine, the clinical and the investigative, and a person who was good at one was not necessarily, nor indeed usually, good at the other. Unless research was pursued on a whole-time basis no work that was really good would be done; research was essentially a whole-time job. Actual whole-time research clinicians were needed, and until work on these lines was carried out it was unlikely that any good medical literature would come from Ireland.

Dr. G. C. DOCKERAY said that there was a tendency to send everything except the patient and the necessary information to the laboratory. Forms were often erroneously filled up, and information about specimens sent for examination was sometimes so sparse and so inaccurate that it was almost impossible to know what tests to carry out. He hoped that under the new research scheme there would be facilities for the training of technicians, and that they would be paid a salary in some degree commensurate with the work they carried out. Dr. C. J. MCSWEENEY referred to the rise of the preventive idea in medicine, and said that it was a thoroughly desirable help. A number of diseases could be prevented now which some years ago it was impossible to prevent. No child to-day ought to develop diphtheria. It was known how to prevent scarlet fever, and other diseases were rapidly coming into the group which it was possible to prevent. This tendency should be welcomed very heartily, and when the new research scheme came into operation he hoped an opportunity would be given for work on the prevention of the infectious diseases. Dr. ALAN THOMPSON referred to the relationship of the subsidiary departments to the clinician. It was unfortunate that the pathologists and the radiologists were so much out of touch with the material with which they had to deal. He thought there was a great opening for the introduction of the pathologist to the hospital wards; if this were done there would be a considerable increase in really useful clinical research work in Ireland.

The PRESIDENT, in reply, said he had not intended to cast any aspersions on the American School of Medicine. He quite agreed with Dr. Rowlette regarding team work: a team was not a fixed unit; it varied according to the case. He thought that medical advertisements from a really reliable medical firm were of value. Research laboratories produced relatively little of value in proportion to their number and in proportion to the amount of work carried out in them. The preventive idea was very important in medicine. Hormones were still in the mist; they would probably develop in years to come, but their number to-day was small and they did not occupy the prominent part that they probably would in the future. He thought that in medical education the approach to the subject was wrong. Students were obliged to learn too much anatomy and physiology. A student should not be allowed to enter the medical school without some preliminary scientific knowledge. Chemistry and physics were got through at such a rapid rate that they were not approached in a scientific spirit. A student's mind should be trained so as to enable him to take up facts which would come into force a few years after he was qualified. Medicine should be taught as a dynamic, not a static, subject.

The third meeting of the Midland Mental Pathological Society was held at the University of Birmingham on October 24th, when thirty-eight members and forty-nine visitors were present. Professor W. E. Le Gros Clark of Oxford gave a lecture on functional localization in the thalamus and hypothalamus, profusely illustrated by lantern slides showing the localization of thalamic and hypothalamic nuclei and their relations to the cerebral cortex, cerebellum, pituitary, and retina. He also replied to several questions put by members. A vote of thanks proposed by Sir Gilbert Barling and seconded by Professor Lockhart was carried with enthusiasm.

CORRESPONDENCE

A Doctor's Right to His Name

SIR,—The position presented by Dr. Hugh MacLean in your issue of October 19th (p. 759) has not escaped notice by the Central Ethical Committee of the B.M.A., and now that, happily, Dr. MacLean's restoration to health makes direct co-operation possible, it is to be hoped that his appeal may lead to a more active policy. As he points out, the procedure of which he has been the victim may be applied to any other practitioner, and the wrong to the individual is associated with risks which involve danger to members of the public. If protection from these mischiefs cannot be obtained under the existing law—and I understand that certain counsel learned in the law do not admit this negative—it is clearly the duty of organized medical authorities to press for legislation that will secure protection. And this duty is the more urgent seeing that, as an open secret, the advertisement of medicines and remedies making extravagant therapeutic claims in the public press is receiving critical attention in certain official and responsible quarters. It would be obviously unfair and unreasonable to allow the trouble and expense needed to safeguard alike the repute of the medical profession and the interests of the public to fall upon the individual practitioner.—I am, etc.,

London, W.1, Oct. 28th.

C. O. HAWTHORNE.

SIR,—Dr. Hugh MacLean's letter in your issue of October 19th has suggested to me that I should make known some experiences I have had of late, which have been very much like his own.

In circumstances which have been described elsewhere I happened on a powerful remedy in the spring of 1925.