Refresher Courses for the G.P.

SIR,—Dr. Walshe in his article (Sept. 2, p. 297) looks to the replanning of the conditions of medical practice rather than the refresher course to help the practitioner keep abreast with the advancement of medicine. Unfortunately it is doubtful whether such an ideal state of affairs can be brought about in the near future, and so the following is suggested as an alternative method of achieving the same result.

General practitioners, who naturally have little time to spare for refresher courses and little inclination to upset their regular work, do find they have an occasional hour or two to spare on some afternoons in the week. Surely postgraduate study could be arranged to coincide with these spare times? The type of study that appeals to the practitioner is that which most nearly approaches his own work—i.e., a clinical round in a hospital. Therefore, if all the hospitals in any area held a clinical round for practitioners, each on different afternoons in the week, when members of the staff demonstrated medical and other cases at the bedside, the practitioner living in a large city like London would always find a local hospital where a clinical round was being held at the time he happened to be free.

Regular instruction of this nature throughout the year is the best method of postgraduate training, and at the same time leads to better co-operation between practitioners and hospital staffs. The benefits of such a plan to all concerned were obvious to those who attended such a weekly round held before the war at St. Mary Abbots Hospital, L.C.C., Kensington, by the great initiative of the medical superintendent, Mr. James Carver.—I am, etc.,

London, W.8. H. STEPHEN PASMORE.

Cancer Clinics: Beware

SIR,—While clinics have their uses, they can be overdone. In the case of venereal disease they serve well, but there the symptoms are usually unmistakable. It would be the very reverse with a disorder so protean in form as cancer, in which the early stages are apt to arouse but little suspicion of their sinister significance.

The public is painfully aware of the hideous later stages of cancerous disease, but knows little of its inception. Yet often in the early stages it is curable. But will the cancer clinic get patients in their early stages? No! since the patient does not recognize that he has cancer, and the idea of consulting a cancer clinic will never enter his head. Even if his suspicion is aroused, he will be inclined to shun a place labelled "Cancer Clinic." Finding something wrong with himself and wanting a remedy, the patient naturally resorts to his general practitioner. Therefore *he* is the man to make responsible for diagnosis. When the family doctor is fully alive to his responsibilities and maintains full competence in diagnosis the patient stands the best chance of early detection of a cancer. Having known his patient previously, the doctor can view complaints in their proper perspective, which makes for quick and sure diagnosis. Moreover, the family doctor, deprived of such an important function, would lose interest, and his proficiency in diagnosis would deteriorate. Already rival services, such as infant welfare, school, and industrial clinics, tend to diminish his influence.

Not only in diagnosis but in psychology the doctor at a cancer clinic is at a disadvantage. The family doctor knows his man and the tactful way of dealing with a solemn and delicate situation. To one he is candid, to another he may hint at possibilities, while with timid or neurotic folk he excludes the slightest reference to cancer. Thus he wins the patient's confidence and willing co-operation. Once diagnosed or suspected, the case is directed to the appropriate consulting specialist for confirmatory opinion and treatment.

As already shown, special clinics dotted about the country are of little practical value in this campaign, as but a few of those for whom they are intended would avail themselves of the service. On the other hand, they would certainly do harm by initiating or fostering thoughts of the disease in those inclined to a cancerous obsession. Already cancerophobia is notorious. The existing machinery clearly contains the elements for a successful campaign—all we need is more of it. In regard to the present shortage, the bald facts are that the uninsured public can't afford their doctor, and he can't afford the time. Patients won't incur expense for a slight illness. Yet the tantalizing fact is that operating early offers the one great chance of cure. The doctor's difficulty is that he has too crowded a surgery, and cancer calls for detailed study of symptoms and deliberate examination in adequate space, light, and warmth. Now, however, the Government promises to remove the financial handicap by a national health insurance scheme for every man, woman, and child. But money alone cannot provide the much-vaunted first-class service for all. We are bound to wait for the training of personnel. Time—7 years minimum—is needed to double the meagre ranks of the profession, just as time was required before we could convert our inadequate Air Force into a potent one.

Once the diagnosis is established and treatment arranged a third requisite remains. The case must be pursued throughout the patient's life. This is necessary to detect possible recurrence promptly and nip it in the bud, to observe the effect of treatment, and for statistical study of the disease. The general practitioner is the one most interested, and he can readily make regular observations. A special supervisory department of the public health service would be responsible for collecting official records and statistics, and would ensure that regular reports reached its office. It would be compulsory for the general practitioner to send returns annually or as often as required, and to direct the patient for a consultant's opinion as occasion demanded. From the mass statistics compiled conclusions of far-reaching significance would emerge. Such a perfect follow-up system would ensure that the doctor's interest was maintained and would give the patient full confidence and satisfaction.—I am, etc.,

Bristol. A. WILFRID ADAMS.

Lay Psychotherapy

SIR,—By way of illustrating Dr. D. Stanley-Jones's admirable letter (Sept. 2, p. 322), may I state briefly what is being done by one small body to provide doctors with skilled psychotherapeutic auxiliaries? The Guild of Pastoral Psychology was founded some years ago by a number of doctors and clergymen who felt a growing double need: among doctors, busy and untrained in psychotherapy, for workers who could help patients with personality disorders as distinct from definite mental illness; and among clergymen and teachers for sound guidance in the principles of psychology, to enable them to do their own life-work more effectively. The Guild's policy is to explore the wide common ground between psychology and religion, and its publications now cover a very respectable field. It promotes lectures and study groups, and has made a start with the difficult and delicate task of instituting a higher qualification. A "Fellow" must, unless for quite exceptional reasons, be a doctor, a clergyman, or a qualified psychotherapist; he must have passed a stiff written examination, had a thorough personal analysis, and trained under expert supervision at probation work, psychiatric out-patients, or some other recognized form of practical social psychology. Candidates are very sparingly hand-picked by the executive committee. A Fellow may not display his fellowship as a qualification. The Guild sets its face against creating a class of non-medical persons who would conceive themselves qualified to practise quasi-medical psychotherapy. It considers that any minister who wishes to practise professionally as a psychotherapist should conform to the standards laid down by recognized schools for lay psychotherapists. Its policy is to co-operate with medical practitioners and help them by all possible means in the difficult days which lie ahead, when neurosis will be rife and those who can cope with it will be few and overworked.—I am, etc.,

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Mass Radiography

SIR,—Your reprint *re* mass radiography in the *Journal* of Sept. 9 (p. 350) shows a desire on the part of the Ministry of Health to retain mass radiographic procedure in their own hands, with no departure from the particular method and apparatus they have sponsored. Question definitely arises whether the method they have selected is the best, and, unless this is the case, use of alternative methods should not be prevented by official disfavour.