ting of the wound or oozing from the edges or the stitch holes as a result of tugging on the divided stitches impeded by the presence of adherent dried blood. Incidentally, this tugging may cause as much pain as cutting the sutures with scissors. If tension or mattress sutures have been used the advantage is even greater, the divided stitches still giving a little reinforcement to the wound, which is not left completely unsupported in one fell swoop but is allowed to flatten out gradually as the stitches slowly relax. For the same reason, in long mastectomy wounds alternating stitches should be cut judiciously in three or four instalments, at each cutting the previously divided stitches being picked out. This procedure, together with Dr. Barber's, will rob "stitches" of all their terror.—I am, etc.,

London, W.1. A. DICKSON WRIGHT.

Postgraduate Training of Overseas Graduates

SIR,—Having read the excellent article on postgraduate education by Sir Francis Fraser (August 30, p. 455), and also the excellent reviews in the same number of your *Journal*, I would like, as a junior member of the staff of one of the Universities in India, to offer my criticisms of the facilities for postgraduate training of graduates from overseas—especially those from the Far East.

We have undergraduate teaching colleges, but we rely upon you for the training of our postgraduates. The West, especially England, is looked upon by the East as the temple of medical sciences. What is the West contributing in way of inspiring the art of teaching medicine? Perhaps a lot, but the younger generation of to-day feels dissatisfaction with the way in which the various teaching courses are organized. Are six weeks' intensive theory, week-end courses, and clinical conferences sufficient? Will a person trained thus be fit enough to teach or impart knowledge to others? Most of these courses concentrate on the points favoured by a particular examiner and the "regular" patients and the few odd potted specimens. If successful in the examination at the end of such a course, the candidate thinks of returning home and ignores the excellent opportunities for practical training offered to him under the new scheme. The student community are to blame, because they become the moving advertisements of certain coaches or courses for a particular diploma. The teaching hospitals are to blame for running diploma courses instead of postgraduate training as described in your *Journal*.

I would say that various teaching hospitals in London or outside are not serving a very useful purpose by running diploma courses, while much of the clinical material is being wasted, not only in London but all over the country. The very pattern of these courses does not agree with the present concepts of postgraduate training as defined in your *Journal*. I would therefore appeal to the senior members of our profession to reorganize the postgraduate courses run in these hospitals, with a view to training and not for any particular examination. Such courses should run for longer terms, say, six months at least, and any graduate with some clinical background should be allowed to attend. This would not only reduce the number of recent graduates who return prematurely, but also provide postgraduate trainees who would be an asset to their country, even if unsuccessful in obtaining a diploma. A bad examinee can be a good trainee and later on prove to be a good clinician.

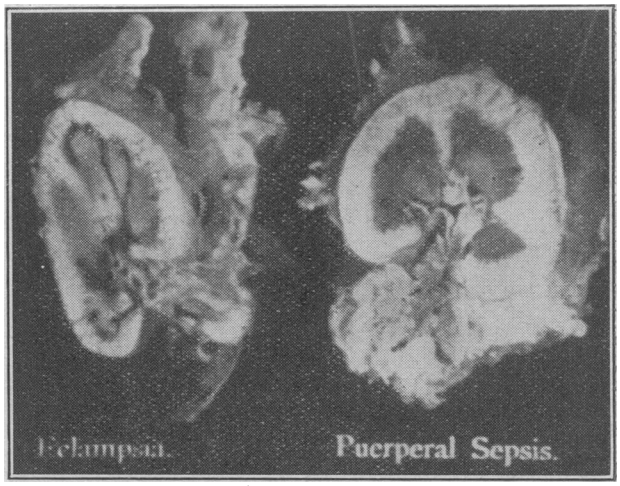
May I make it clear that I am not criticizing the system of higher examinations, but the way in which a candidate is prepared for them? It is now necessary in England, before reaching the stage of senior registrar, to have practical experience in a special field and a higher general qualification. For those coming from abroad, straining at higher qualifications, it serves no useful purpose, because after a hard struggle on limited resources for two or three years both the successful and unsuccessful return home at the same stage of their practical training as they were at prior to coming to this country.

I hope serious consideration will be given to this problem, because we, coming from abroad, entirely depend on your country for our postgraduate training. You are fortunate in establishing contacts with American and Continental colleagues. Let us have the opportunity of being accepted as your contacts, and learn from your restrained practical outlook. Allow us to be linked with you as members of the Commonwealth of Nations on the same footing as Australia, New Zealand, Canada, and South Africa.—I am, etc.,

Alton, Hants. R. N. SHARMA.

Block for Bisecting Kidneys

SIR,—I was much interested in reading Dr. R. A. McInroy's letter (November 8, p. 1045) on the above. The advantages of such a block for obtaining really flat surfaces and avoiding injury to one's hand are apparent, and it should be of value in the preparation of museum pieces—for those content to inspect longitudinal sections. But there is another way of incising the kidney which perhaps is even more instructive, and that is by dividing it transversely. The



present block could easily be modified for that purpose by making vertical slits in its sides like those at its ends.

Longitudinal sections of the kidney are excellent for inspecting the cortex and medulla, but they do not indicate how the cortex envelops the medulla as will transverse sections. On looking at a longitudinal section of the kidney the cortex and medulla might be separate parts of the organ, as they seem to be in the case of the suprarenal body. There is no suggestion, such as is given by a transverse section, that a physical relation between the two exists, or may exist. With transverse sections, the idea that if the blood cannot readily traverse the cortex it must be thrust into the medulla becomes possible. Moreover, with longitudinal sections there is no indication that during life the kidney may have been more compressed in one case than in another. Transverse sections do at times suggest this.

The accompanying excerpts from a film made several years ago on the "Kidney in Eclampsia" show a transverse section of a kidney from a case of eclampsia side by side with one from a case of puerperal sepsis. The appearances are greatly different—in the one the kidney looks as though it had been compressed, in the other it appears distended. Such difference, I think, would not have been indicated by longitudinal sections.—I am, etc.,

Rugby. R. H. PARAMORE.

The Patient's Verdict

SIR,—Dr. David Hardie's criticisms (November 22, p. 1151) of Lord Moran's opinions, as expressed in his Harveian Oration, emphasize the importance of the present moment in the history of medicine. It seems that Lord Moran would have us believe that progress based on science is automatic—a view that is untenable now that it is clear that much of scientific advance is only progress towards destruction.