

MEDICINE IS AN ART

(With Annotations from "Vanity of Human Wishes"
by Samuel Johnston)

It is said that ignorance is bliss; but one must note that uniformity in medical teaching too, is bliss, (at least from the student's point of view); and since those factors, which equal another single one must themselves be equal, one can with a fair degree of safety conclude that uniformity in teaching would mean ignorance. It seems that teachers of medicine have studiously applied this deduction in so far as to shun ignorance by offering carefully planned and often diametrically opposed opinions on one and the same subject. As a result the battered and bleeding student is not infrequently forced to conclude, in spite of the profound realisation that "medicine is an art and not a science," that on occasions the one or other authority must be wrong.

There is yet another aspect of this issue. Professor Dart has told us that "if it is true, that the human brain can absorb 200,000 distinct facts, it requires no effort of the imagination to conclude that if a student absorbed the whole of anatomy he would have no mental room left for the absorption of anything else." It is reasonable to substitute "contrary teaching" for "whole of anatomy" in the above quotation; and the following illustrations (we have forbidden the writer to quote 200,000 examples—Ed.) prove either that the human brain can absorb infinitely more than 200,000 facts or that the medical student is not human.

Chief A. Ward X:

To reduce a Pott's fracture, you must first flex the knee.

Chief B. O.P.D.:

It is essential to keep the knee in extension while reducing a Pott's fracture.

(Did rival monarch give the fatal wound?)

Chief X:

The test for sacro-iliac joint disease is to compress or pull apart the iliac crests.

Chief Y:

Compressing or pulling apart the iliac crests is useless; you must first flex the thigh and the knee then extend the knee to elicit tenderness.

Chief Z:

Compressing or pulling apart the iliac crests, and the flexion test give no information in sacro-iliac disease; tenderness can only be elicited by flexing the thigh forcibly or by producing torsion by pressing the pelvis and trunk in opposite directions.

(Nor light nor darkness bring his pain relief.)

Authority A:

The gall-bladder is abundantly furnished with mucous glands.

Authority B:

— is equally emphatic in stating an almost opposite view—There are no glands in the gall-bladder.

(Perversely grave, or positively wrong.)

Text A:

A diagnosis of Aortic Stenosis may proceed in the absence of a systolic thrill.

Text B:

Aortic Stenosis should never be diagnosed in the absence of a systolic thrill.

*(Who frown with vanity, who smile with art,
And ask the latest fashions of the heart.)*

Authority A :

Except for the sphincter, the bile ducts have no muscle.

Authority B :

Pain during the passage of a stone is caused by a spasm of the muscles of the bile ducts.

*(Must helpless man, in ignorance sedate,
Roll darkling down the torrent of his fate?)*

Professor 1 :

In osteomyelitis the extent of the subperiosteal collection of pus has no relation to the extent of the disease in the medulla.

Professor 2 :

The extent of the subperiosteal and that of the medullary invasion closely correspond.

*(How rarely Reason guides the stubborn choice,
Rules the bold hand or prompts the suppliant voice.)*

Authority A :

Haemophilia is confined to males.

Authority B :

Haemophilic disease occurs in females.

*(Should reason guide thee, with her brightest ray
And pour on misty doubt resistless day?)*

Lecturer X :

In dealing with a liver abscess, the needle can safely be passed 6 inches without the danger of injuring the Inferior Vena Cava.

Lecturer Y :

The needle should never traverse the tissues for a greater distance than $3\frac{1}{4}$ inches for fear of damaging the Inferior Vena Cava.

(But leave to Heaven the measure and the choice.)

Chief A :

An essential feature of the Oschner-Sherren treatment of acute appendicitis is that no drugs, especially morphia, should be given during the treatment.

Chief B :

If the Oschner-Sherren treatment is adopted you must not withhold morphia.

*(Once more Democritus, arise on earth . . .
Dart the quick taunt and edge the piercing jibe)*

Chief A :

General peritonitis, or any other signs of extension, or the absence of marked improvement, or the persistence of the signs and symptoms during Oschner-Sherren treatment demands immediate operation.

Chief B :

Signs of increase or aggravation of the lesion are the indications par excellence for Oschner-Sherren treatment.

*(Around his tomb let Art and Genius weep,
But hear his death, ye blockheads, hear and sleep.)*

Lecturer 1 :

The number of fits in Eclampsia has no bearing on the prognosis.

Lecturer 2 :

The number of fits is an important criterion in assessing the prognosis of Eclampsia.

*(Must no dislike alarm, no wishes rise
No cries invoke the mercies of the skies?)*

Surgeon A :

The treatment of congenital club-foot must begin immediately after birth in fact in breech presentations it should begin before delivery of the head.

Surgeon B:

It is best to begin treatment at about the third or fourth month.

(*Must dull suspense corrupt the stagnant mind?*)

Physician A, B, C, D, X, Y, Z.:

All—and the alphabet is not long enough to label the various opinions—interpret a systolic murmur in different ways.

(*Let history tell where rival kings command,
How much more safe the vassal than the lord*)

This however does not exhaust the difficulties that beset the student, he also has to suffer the consequences of multi-lingualism: to wit,

I felt to myself that the student could not be given a pass mark because he was not **plain-forward** in his answers; he did not recognise **guardening** of the abdominal wall in an acute abdomen; he did not mention **fragility** of the red blood corpuscles in a case of acholuric jaundice; nor did he know anything about **multiplication of new bone**.

(*Approach, ye minstrels, try the soothing strain*

Diffuse the tuneful lenitives of pain)

The student's embarrassing and miserable situation, despite his own feeble attempts to correct it, threatens to become aggravated in as much as Medicine retires from the realms of Science and enters the questionably proud sphere of Art.

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