WHAT A YOUNG PRACTITIONER SHOULD KNOW

Many imagine that by "General Practice" is meant the art or craft of persuading a person to have his appendix removed. This is not so. It is much more than this. There are many other vestigial structures requiring removal; and hence it is an essential part of the Medical student's education to learn to know what to eliminate, and how.

Our profession is a very ancient one. Naturally in some departments changes have occurred, but in this short thesis it is proposed to exclude a description of obsolete ideas and to confine one's attention only to the more modern methods of diagnosis and treatment.

By diagnosis is meant the knowledge of the condition of the patient physically, mentally and financially. The treatment naturally depends upon a correct diagnosis. For instance, if a patient be very strong physically and financially, and very weak mentally a long and protracted treatment is indicated; whereas if the reverse is apparent, it is desirable to transfer the patient to a hospital or to some place beyond the radius of the practitioner concerned.

We therefore see that a good diagnosis is essential for the welfare of the practitioner or the patient, and the tripod upon which a good diagnosis rests may be said to be a sound knowledge of Anatomy, an equally full knowledge of Pathology and the presence of common sense. With regard to Anatomy and Pathology there is usually plenty of sound, but unfortunately merely sound, and very little else; and the presence of common sense varies according to whether the opinion be that of the practitioner himself or of his colleagues.

I do not propose to detail all the specific methods of diagnosis, but would like to point out the advisability of couching the diagnosis in Johnsonian English so that it may be unintelligible to the patient and hence appear impressive. A woman with the less known Diverticulitis is socially much more appreciated than one with the common or garden Appendicitis, and by diagnosing along these lines considerable advantage will as a rule accrue to the practitioner.

Treatment is as difficult an art as the formation of a good diagnosis; its object being to persuade the patient that he is cured—and sometimes even actually to cure.

It may be local or referred. For instance, when an adult complains of backache, take out the tonsils; the rest in bed and the pain in the throat will cure the condition. That is local treatment. When a mother brings in a sick infant, give the patient sour milk and treat the mother—that is referred treatment.

Modern methods of treatment also include many complicated contraptions which according to the honoraries in the hospital, are there in order that young practitioners should not use them. However, each case must be judged on its merits. For instance, many a neurasthenic with pain in the chest due to a mild gastritis has been cured by the performance of electrocardiography, and many a patient with backache has benefited from the mild firework display used in physio-therapy. Mathematically speaking, the benefit derived is directly proportional to the complexity of the instrument; and such instruments combined with a few suave blandishments on the part of the practitioner will surely enhance his reputation.

As mentioned before, an intimate knowledge of various medical subjects is essential if one wishes to be au fait with the latest ideas in diagnosis and treatment—but after all it is the final result that counts most, and readers will already have gathered that most excellent results may be obtained even by practitioners who have been poor students, a fact which probably explains why there are a hundred and twenty odd first-year students this year.

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