

even sometimes have to be ignored in diagnosis. Recently we examined a patient in whom the clinical evidence of syphilis was overwhelming but the doctor had not made the diagnosis because the Wassermann reaction happened to have been reported negative. In such circumstances laboratory evidence may have to be ignored. The same is true of *x*-ray findings. Within the last year we have seen several cases in which tubercular infiltration of the lungs has been reported by experienced radiologists, and yet the clinical evidence was against this diagnosis, and the clinical diagnosis proved to be the correct one. Not that the writer would minimize the value of *x*-ray in the diagnosis of lung tuberculosis, because *x*-ray evidence is generally the most reliable of all, but nevertheless it is not infallible.

Since drafting the above, the editor has seen several references to the same subject in other medical publications. In a book recently published, the writer, W. C. Alvarez, discussing the modern reliance on laboratory methods in diagnosis made the following remark :—

'Recently out of 50 candidates asked the simplest way to distinguish between obstructive and non-obstructive jaundice, only three said they would look at the stools; all the others said they would have a van den Bergh test done. A test of doubtful validity as opposed to a simple conclusive observation. Candidates often refuse to diagnose a straightforward case of aortic regurgitation without a Wassermann reaction, and will ask for an electrocardiogram without feeling the pulse. When directed to do so it seems to convey no information to them. One could multiply examples.'

In a recent article on medical education the following sentence appears :—

'The emphasis being laid on observation, the student would learn to see laboratory methods in their proper perspective, as aids to bedside diagnosis; and whenever a laboratory test disproved a clinical observation which he had made, he should not rest until he had discovered whether, and if so how, his senses had led him astray.'

We would support this statement, but would go even further and say that no laboratory test can 'disprove a clinical observation'. It can only give evidence for or against a particular interpretation of a clinical finding.

It appears that the medical profession is realizing that undue dependence on laboratory methods in diagnosis is very common among medical men to-day, and that we are losing our ability to observe accurately, to examine carefully and thoroughly, and to interpret wisely our clinical findings. These are the most important attributes of the good physician, but we tend to let them atrophy from disuse.

It would be good if all practising physicians could keep at hand and read through periodically, not less than once a year, a good book on clinical methods practicable at the patient's bedside, and if they used these methods whenever possible. It is good practice, whenever a new patient comes for examination, to make a complete clinical examination before ordering any laboratory tests, or before study-

ing the laboratory reports already available. Of course there are exceptions. It would be foolish in an emergency such as that presented by a probable or possible case of cerebral malaria to spend an hour on clinical examination before having a blood film examined. Every case has to be judged on its merits, but the time spent in thorough examination of patients is never wasted. Every now and then in routine examination one comes across a completely unexpected finding which immediately makes accurate diagnosis possible. This is where the good clinician will score heavily. More often, however, it is not one unexpected finding of major importance but the detection of a number of minor points which, when carefully considered together, point clearly at the true diagnosis. This is an even better test of a good clinician.

If these things are ignored or neglected, and if we depend largely or entirely on the laboratory, more than half the fun of being a physician disappears, and our profession instead of being the thing for which and by which we live, and providing an unending source of interest, becomes more and more mechanical and may become a drudgery. Moreover our patients will suffer. They are human beings suffering from various ailments and they come to us for relief. Our patients must remain our prime interest, and this interest must not be stifled under a mass of laboratory reports. Laboratory and other aids to diagnosis are very great assets, but they should be kept in their proper place as the servants of the clinician and not allowed to become his masters.

J. L.

MEDICAL SCIENCE IN INDIA

WE would draw the attention of our readers to the special article printed in our present number on the present position of medical science in India by Lieut.-Colonel G. R. McRobert. The author of this article has obviously in the past and is now giving much thought to the future of medical services and of the medical profession in this country, and in a recent number of our journal published an article on 'Indian degrees for Indian graduates' which has been very widely and very favourably commented on in many quarters. The present article discusses another matter of great importance in an equally able manner.

Colonel McRobert states that 'The overseas man of science coming to India to-day is astounded to find that we have in this land rival systems of medicine'. The editor remembers soon after his arrival in India many years ago being questioned by Indian friends regarding the nature of the medicine that he practised. I did not know then of the cults of medicine in this country, ayurvedic, unani and other

indigenous systems, not to speak of homœopathy and other such fads. I was asked whether I practised allopathic medicine, a term which I had never heard previously and did not know the meaning of. My reply was that I tried to practise scientific medicine, and I objected to terms such as western medicine and allopathic medicine, for scientific medicine is international and is not confined by geographic or any other boundaries. As Colonel McRobert states, science is one and indivisible and international. There was a time when in India medicine was probably as much or more advanced than in any country in the world. Indian medicine markedly influenced Chinese medicine, Arabic medicine, and, through the Arabians, European medicine, for even then medicine was already international. To try to introduce nationalism into science is a retrograde step.

We would support Colonel McRobert's appeal, 'Let India march in step with other nations in the conquest of disease and suffering and not sigh overmuch on long past glories of the Vedic times'.

It must be said that in discussing these matters in the *Indian Medical Gazette* we are preaching to those already converted, for the readers of our journal will already share these views. This may be so, but nevertheless we as medical men are constantly finding ourselves involved in discussions with laymen on these subjects in private or in public, and the ability to state our case clearly but sympathetically against opposition may be very useful to us; in this matter we can all learn much from Colonel McRobert's article, for it is obviously the result of much thought and his views are clearly stated and presented in a way which few could hope to equal.

J. L.

Special Articles

THE POSITION OF MEDICAL SCIENCE IN INDIA

By GEORGE R. McROBERT, C.I.E., M.D., F.R.C.P.
LIEUTENANT-COLONEL, I.M.S.

*Professor of Medicine, Madras Medical College,
Physician, Madras General Hospital*

IN an address entitled 'William Harvey's message to India' delivered in 1928—the tercentenary year of the publication of William Harvey's masterpiece 'De Motu Cordis'—I drew the attention of a medical audience to the urgent need in India for a more realistic, objective and scientific outlook on problems relating to Medicine. I (1929) alluded to the danger of allowing pseudo-patriotism, obscurantism and superstitious ignorance to stand in the way

of progress. To-day it is more than ever necessary to reiterate such a warning.

We are in the midst of great change, political, social and economic. In all probability new developments in these spheres will be more marked in India than in any other part of the world.

The great Indian textile firms, the producers of steel, the heavy chemical industry, locomotive and aeroplane manufacturers, shipbuilders, potters and electrical engineers are all planning to harness the latest advances in science in aid of their ventures.

The ancient craftsmen of Mohinjadara, the wise men of Taxila and the venerable scholars of Pataliputra receive their respectful due in works on Indian history and anthropology, but they and their ideas will not be permitted to hinder the progress of the industrial technocracy who are eagerly pressing forward their schemes for a modernized India.

Can the same be said of the science most urgently needed in India to-day—the science of medicine, the science of producing and guiding and comforting the human race in health, of aiding it in time of sickness and sometimes of even curing its diseases?

The answer is a very definite 'No'.

All up and down the land a steady agitation goes on for the official recognition and encouragement of 'Indian National medicine' with Tibbi.

Governments of provinces and of Indian States alike donate moneys from the public purse for the propagation of such hoary systems and for the erection of colleges, schools and hospitals for their spread.

This is a most astonishing state of affairs. Scientific medicine has been taught in India for over a hundred years in our medical colleges and schools. It is most disconcerting to find that at this late date not only are the hundreds of millions of the ignorant peasant population 'pathetically contented' with 'indigenous systems' but that a high proportion of the educated classes are of like mind.

The position of the members of the legal profession as leaders of the people in political, social and educational spheres is so outstanding that it is worth while to find out the views of that influential and important body of men.

I have a number of Indian friends and acquaintances on the bench of the High Courts of judicature and among senior Indian counsel; during the past few years I have had under my care in hospital and elsewhere many political leaders and other intellectuals—mostly drawn from the ranks of the law. I have been disappointed to find that nearly all have a strong predilection for the indigenous systems.

Discussion reveals three main reasons for this curious preference:—

(a) A complete lack of knowledge of the foundation upon which scientific medicine is being built up.