Backwards By Degrees?
I have read much in CANADIAN FAMILY PHYSICIAN about the "new" family physician; his training, examinations and degrees. I wish to submit the following heresies:

1. I suggest that our present emphasis on a hospital oriented three year course of certification for the few, while well meant, is misdirected.

   Some years ago as a recent graduate, I saw a B.C. physician perform excellent obstetrics and gynecological surgery, do replacement transfusions on the Rh babies and practice competent anesthesia, medicine and surgery. He had little formal training but studied regularly and worked damned hard. Should not our emphasis be on regular intermittent postgraduate study for the many? The certification idea involves few candidates and relatively many examiners who would be well employed instead back at their practices. We are short enough of good physicians as it is.

2. The practitioner needs improved training during and after medical school, more responsibility and better pay for hours worked. Superior training followed by little responsibility merely leads to frustration, fewer general practitioners and more specialists doing the GP's job at a higher cost per hour.

3. Do all these degrees we are awarding each other mean anything? Will Joe Blow, MD, LMCC, CCFP, FCFP be any better than Jim Slim who merely studies regularly and does a thorough job? Will the FCFP be awarded to the best physicians or the best medical politicians? How do you choose them? The modern trend in education is away from examinations. Trust the conservative physicians to add to them!

4. I repeat that degrees and examinations are backward steps. They are but a temporary stimulant to the egos of a few while the energy could be directed toward the more useful improvement of the standard of the majority.

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Arthritis Article
In my rather lengthy letter (CFP March 1970) referring to Dr. Duncan Gordon's article "Management of Arthritis and Rheumatism" (CFP January 1970) a few items were omitted, presumably to save space. I hope you will allow me to present these now. They deal with the all-important but greatly neglected subject of local treatment for arthritic joints and/or sections of the spine.

I pointed out in my letter that the chief forms of local treatment are: 1. Splinting, or intermittent immobilization. 2. Supports, when out of the splints. 3. Heat, especially home methods. 4. Massage, which is soothing but rarely necessary. 5. Exercises, which should be isometric at first, then active after the muscle spasm and pain subside. 6. Cortico-steroid injections, which are seldom advisable.

7. And other measures such as: traction, manipulation and surgical operations.

Splinting, in my opinion, is the most important single item of local treatment, for these reasons: a) the pain due to movement is stopped, or at least minimized, so b) there is less need of analgesics; and c) protective muscle spasm decreases, which d) prevents flexion deformities, and with serial splints helps reduce those already present, with an increased range of movement; e) and in the cervical and lumbar regions of the spine there is less pressure on nerve roots, so f) there is reduction in stiffness and in the local pains as well as those referred to the head, down the arms or down the legs.

Examples: (i) For the extremities, such as hand or knee, a moulded posterior plaster splint requires only two to four-inch plaster rolls. Plaster of paris still seems to be the most satisfactory material, but emergency splints can be made of light wood, tin, aluminum, or a folded magazine, etc. Complete (circular) casts are seldom required, although they can be bi-valeted. (ii) For the neck, a moulded plaster collar requires only two-and-a-half or three-three-inch plaster rolls. (Incidentally, a ready-made plastic collar may give support, but often does not immobilize the neck) . (iii) For the back, a moulded shell or half-cast takes an average of 12 four-inch plaster rolls. This shell, for sleeping and resting periods, also is useful as a back-rest in a chair or in a car.

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LETTERS
Letters to the editor are invited and should be signed although the sender's name will be withheld at his request.