The patient should avoid undue fatigue, chilling, and work which involves constant bending; but it is seldom advisable to change the patient's occupation, for this often causes more problems than are solved. Regular hours are highly desirable, and limitation of overtime duties is necessary.

Dietary restriction is probably of value indefinitely, but the most important aspect of feeding is maintaining regular meals without long intervals between them. The patient is well advised to avoid fried foods of all kinds, pastries and suet, pickles and spices, curry, pepper, onions, reheated dishes, coffee, strong tea, and anything which he finds indigestible. Priority milk should be continued, and has proved to be of great value for many patients with a ready tendency to relapse. Alcohol is best omitted for six months and then allowed in strict moderation. Smoking should be restricted, or preferably stopped, but it is legitimate to allow a few cigarettes after meals, unless the patient relapses.

Continued medication with antacids or atropine is not desirable, but the patient should have a supply of phenobarbitone. He should be strongly advised to rest completely at the onset of a relapse and return to the strict ulcer regime, for early treatment may abort an otherwise long and tiresome recurrence.

MEN AND MEDICINE*

BY

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You are entering on your profession at a time when great changes have taken place not only in the practice of medicine but also in the organizational forms under which it is conducted. It is far too soon to pass any verdict on the National Health Service, whether of praise or of blame, but one danger is already apparent—that its financial arrangements may easily tend to draw men away from general practice into so-called specialisms, with results that on the long view may be detrimental to the weal of the patient and the general progress of medicine.

It will be an ill day for the community when the general practitioner degenerates into a filler of forms or an automatic machine dispensing chemical panaceas. In earlier times the specialist usually graduated from the field of general medicine or surgery in which he was accustomed to deal with his patient as a human being set in a particular environment. Now the specialist at the very beginning of his career will be tempted to immure himself in his specialty, and the danger may be not only that the range of his own medical knowledge will be restricted but that he may come to lack understanding of the patient's environment and of the problems that face the general practitioner.

I am aware of the theoretical arguments in support of this trend. They start from the proposition that medicine is a science—i.e., an attempt to make knowledge quantitative—and in their extreme forms they suggest that the best results may be attained by subjecting the patient to the attentions of a series of specialists, each producing his quantitative report with a Grand Co-ordinator at the top who collates their reports and then prescribes the appro-

priate remedy. This picture, I will concede, is caricature, but it is not an unrecognizable distortion of some things that may be read or heard. The other theory rests on the contention that medicine is an art and that there is no difference in principle between the doctor making up his mind and the judge framing his judgment, the painter building up his picture, or the cook producing a good meal. In each case the practitioner of the art requires to take a total view of the situation, balancing the different elements with a delicate sense of relevancy. It is this intuitive sense of relevancy and balance that makes a judgment—legal, medical, aesthetic, or culinary—and in each case the art is learnt by doing the job and by following the practice of the acknowledged masters. It cannot be disputed that contemporary medicine owes much to the quantitative approach of exact science, but on the other hand it must not be forgotten that many of the great discoveries have come by chance to men who, like Saul, were looking for their father's asses and found a kingdom. Others again, as Sir James Mackenzie was never tired of saying, were due to general practitioners who were capable of using their own observation and clinical nous to some purpose.

Pastoral Medicine

If the practice of medicine is an art rather than a science it is equally true that the patient himself is not a mere natural object to which the techniques of physical science can be universally applied. I think it will be increasingly recognized that man has a spiritual structure which must be respected no less than the physical structure with which it has some kind of relation. It may be that the conditions of modern industrial society are themselves a violation of this essential structure, and that the increase of nervous tension and mental instability and the growing resentment of the industrial proletariat are symptoms of a violation too gross to be palliated by mere adjustments of social mechanism. However that may be, there now devolves upon the doctor in general practice a quasipastoral function which derives from the pathetic and indeed terrifying trust which simple folk repose in him. It is to be feared that the medical course, grossly overloaded as it is admitted to be, is a most inadequate propaedeutic for the discharge of a ministerial function of this kind. It becomes a question whether there should not be a course in pastoral medicine as well as in pastoral theology. Such a course would take the student into deeper waters than can be plumbed by operational techniques and the measuring instruments of the laboratory.

For the great scientific advances of our time have singularly little bearing on the decisions which have to be taken in men's daily lives and which, over a period of time, affect them profoundly for weal or woe. Scientific discovery does much to change the environmental framework within which decisions have to be taken, but the decisions themselves depend on factors that derive from custom and tradition, from poetry and literature, from philosophy and religious belief. This fact, once you perceive and realize it, may well serve to keep you humble. But those are questions that you will have to face in the years that are to come.

The American Trudeau Society, medical section of the National Tuberculosis Association, has adopted a report of its Subcommittee on Immunology which recommends that "efforts be continued to perfect and to meet in practice suitable standards for the production of B.C.G. vaccine, and that, when practicable, commercial firms be licensed under the National Institute of Health to produce the vaccine."

*Part of a graduation address given at Aberdeen University, September, 1949.