improve clinical results, and we consider duration of treatment far more important than high concentration of penicillin. What better test could this dosage have stood than this series of unselected cases over a period of three years? Yet they can say that they "wonder how much has penicillin really affected this series." Our only reply to this is that the surgeons concerned wish to disclaim the implied but unmerited compliment.

Finally, let us say that our paper was written as the record of an imperfect but, we thought, interesting and encouraging piece of work. We did not wish to criticize the work of others nor to lay down principles of treatment, considering our experience far too small. But it is implied all through the letter of Trueta and Agerholm that we should have done better to have used the methods of incision and primary suture they recommend. Very well then, how and why? It seems to us that if we had done so all our cases would have had major operations, which some of them would have stood very badly. They would have large scars, many involving joints. Their joints would be stiffer and their muscles more wasted. On the analogy of Mr. Trueta's published cases, several of them would have discharging sinuses. What exactly has he got to urge on the other side?

We regret that in the absence of Mr. T. Twistington Higgins we have not been able to consult him on this letter, but we feel he would agree in essence with it.—We are, etc.,

DENIS BROWNE.

MARTIN BODIAN.

London, W.C.1.

Intestinal Fuso-spirochaetosis Simulating Cholera

SIR,—Menon in 1945 reported four cases of diarrhoea and severe pain in the abdomen, associated with the presence in the faeces of large numbers of *Treponema vincenti* and *Fusiformis fusiformis*. The following case report is of interest as it showed signs and symptoms suggestive of cholera, associated with intestinal fusospirochaetosis and responding to arsenical treatment.

CASE REPORT

A Hindu male railway porter aged 30 years was admitted to Lawley Hospital, Coonoor, on March 15, 1946, at 5.45 p.m. as a case of suspected cholera. The history given was that since 3 a.m. that day he had vomited several times and had a number of loose watery motions. He was admitted moribund, in a state of collapse. The pulse was imperceptible. The patient was very restless due to muscular cramps of great severity and was in a state of acute dehydration. He had not passed any urine since morning. On admission he was given adrenaline 1 ml. and atropine 1/100 gr. (0.65 mg.) subcutaneously, hypertonic saline 500 ml. intravenously, and essential oil mixture with kaolin.

March 15, 1946, 8 p.m.: Condition slightly better; pulse perceptible. March 16, 8 a.m.: Very restless; pulse failing. Hypertonic saline with glucose, 500 ml. I.V.; adrenaline and atropine repeated. 10 a.m.: Still very weak; drowsy; not passed urine. Hypertonic saline 500 ml. I.V. repeated; essential oil mixture repeated. 6 p.m.: Condition poor; pulse 132; not passed urine for last 38 hours. Hypertonic saline 500 ml. repeated.

Laboratory report on faeces: Microscopically, marked cellular exudate present. *E. histolytica* vegetative or encysted forms; Charcot-Leyden crystals and ova of intestinal parasites not found. Large numbers of *Treponema vincenti* and a few *Giardia intestinalis* vegetative forms found. Culture: *Vibrio cholerae* and intestinal pathogens not isolated.

In view of the successful therapeutic results previously obtained by the use of arsenical preparations in similar cases a dose of N.A.B. 0.3 g. was given intravenously at 6 p.m. with the following result: March 17: Condition much better; passed urine after 48 hours' anuria; pulse 78. Put on "stovarsol," one tablet twice daily. Discharged cured on March 26.

Inquiries regarding previous history elicited the information that the patient had recurrent attacks of diarrhoea, though never of such severity, during the previous two years. When seen eight months after this attack the patient reported that he had had no subsequent attacks and had been carrying on his normal work as a railway porter.

Points of unusual interest in this case are the severity of the symptoms, the persistence of anuria despite hypertonic saline treatment, and the response to a single injection of N.A.B.

The author is indebted to Lieut.-Col. M. L. Ahuja, M.D., D.P.H., I.M.S., Director, Pasteur Institute, Coonoor, for his advice and help, and to Rao Sahib Dr. K. V. N. Nair, Civil Surgeon, Coonoor, for his interest and kindness in furnishing the case history and progress report of the case.—I am, etc.,

Coonoor, India.

I. G. K. MENON.

The Teaching of Medicine

SIR,—It was with much interest that I read Dr. Edwin Bramwell's able defence (May 24, p. 741) of the *Edinburgh Postgraduate Lectures in Medicine*. He rightly insists that the day of the published clinical lecture is not passed and that "the clinical lecture affords . . . an opportunity to express and emphasize the art as contrasted with the science, an aspect of medicine which, as many clinicians will agree, often does not receive in our teaching nowadays the attention which it demands." It is singularly appropriate that the editorial of the May edition of the *Post-Graduate Medical Journal* discusses the question of clinical teaching as follows:

"The good teacher is born, not made, and however wide the opportunities in the shape of access to unlimited clinical material, however advantageous the freedom from financial embarrassment provided by the altered circumstances incidental to the new regime, when once the provisions of the Act are implemented, it will always be true that the value of his teaching will depend mainly on his personality and on his power of keeping contact with his students and of anticipating their individual difficulties with a readiness to meet the pupils on their own ground. This quality has been exemplified at its best in the great teachers of the Edinburgh Schools about the middle of the last century, the period at which, perhaps, it may be said that that school was at its zenith. It may be observed here that these men, although not fettered by any hard and fast regulations in respect to private practice, were appointed primarily to their several posts in virtue of their fitness as teachers, and that the discharge of their functions in this respect was regarded by the School and University as a first duty. It is, however, pertinent to note that those of them whose success in this academic field was outstanding appear to have enjoyed an equal reputation among their private patients as men whose practical advice was to be valued, and indeed it was for this reason that it was sought and that their success in the ordinary sense of the word was assured."

Again, in his presidential address to the Section of Medicine of the Royal Society of Medicine, Dr. Maurice Davidson states that "medicine to-day is at the cross-roads. Like other human activities it is being stultified by unrelated knowledge, and like our entangled civilization as a whole it is losing to some extent the power of judgment, the virtue of discernment, the faculty of ascertaining truth by comparison of facts and ideas." With the outlook that has crept insidiously into our teaching schools to-day not only is there a very real danger of losing this faculty, but the students are being so herded into watertight compartments by purists with little or no clinical training that they fail to appreciate that it is just that clinical research at the bedside that is the most vital part of their education. Instead of walking the wards they are apt to be found wandering vaguely amidst a maze of cells. As we look back across the years to recall some of those lesser known teachers of our student days we must be greatly impressed not merely with what they taught us, but especially with how they taught us to think and, not least, to feel. These were the men who presided at the autopsy and correlated the clinical findings with just that broad general knowledge of pathology that was necessary for the better understanding of the patient, who existed as a human being and not as a piece of mouldy cheese.

The great teaching hospitals with their mighty tradition still maintain their reputation as centres of pregraduate teaching, yet, because they have succeeded in being only distinct instead of "distinct and yet united" under the wise guidance of their own clinical directors elected by themselves, medicine has been more and more encroached upon by an academic tide which forces the student to retire from the bedside into a world of books in order to cram for examinations which are often far removed from the practical world in which he is preparing to enter. One big correcting influence here would be that his work and standing throughout his career as a clinical student should count more in the way of marks than the final examination. What a pity, too, that he is not apprenticed to a good general practitioner during some part of his clinical course.

The Goodenough report on postgraduate education makes it clear that London has failed to attract as many postgraduate medical students even from the British Commonwealth as have centres on the Continent of Europe or in the United States of America. The main cause, it says, "As Sir William Osler pointed out as long ago as 1911, has been lack of organization and cohesion. The facilities are there, men of outstanding distinction in their various subjects are there, but the organization