

ON KEEPING UP-TO-DATE

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Every graduate in medicine has to face sooner or later the problem of keeping abreast of progress in his profession. For those attached to centres of medical thought and activity this is easier than for the majority; particularly for those engaged in the speciality of general practice is the need greatest. This article outlines a method found by experience to be of great value: it is one that can be adopted by a general practitioner at the outset of his career and developed along his particular line of interest as the years go by.

With the passage of the years the increasing distance from the undergraduate necessity for study may dull the knife-edge of interest and the onset of apathy makes its appearance. One of the early signs of this condition is the unread weekly journal. At first these episodes are infrequent, and probably coincident with bursts of activity in the practice; later the symptom of the unopened weekly journal assumes a more serious prognostic significance. At this stage the general practitioner who is still capable of self-diagnosis may take himself severely in hand and correct matters; the journals are again perused from cover to cover but so great is the resultant mental indigestion that reaction occurs and interest flags. Suddenly a problem of clinical interest arouses in him the dormant student; journals, textbooks, all the relevant literature are studied; possibly one of the medical libraries is asked for help. The practitioner is beguiled into believing he is keeping himself up-to-date, though he may not realize the difficulties he may be working under on his own and at a distance from a medical library. But again it becomes all too easy to sink into that favourite chair of an evening, open the current publication, and, after a glance at the contents, to fall asleep. Possibly, as a result of sudden interest, particular books are bought and partly read, only to be put on one side for later reading which somehow never gets done. How many of us can look at our professional workshop of the mind—our library—without finding it littered with the lumber of previous interests now discarded?

The hallmark of the good family doctor (in this context) is his ability to present to his patient the individual benefit particularly needed: to do this effectively the selection must be based on his professional opinion; and his opinion must be based equally on his knowledge of the individual patient and his general knowledge of medicine. Full knowledge of the patient comes with time: but to retain a wide general knowledge of medicine it is first necessary to decide how to bring into being and to maintain an efficient and labour saving method of keeping abreast of the times. An efficient

system is not much good if it is time-consuming in operation; and a system of quick reference is no good unless it gives full and authoritative information.

The needs of such a system can be based on—

1. Subject matter
2. Authority
3. Ease of access

Subject matter: (a) The need to have a few authoritative works of reference on disease processes. (b) The need to have a work of reference, encyclopaedic in character, on almost every medical subject likely to be met with in the wide field of general practice. (c) The need to have up-to-date reliable information on therapy.

Authority: The need here is for information from those who, by virtue of their known experience, are best equipped to deal with the subject under discussion. Much that is in modern textbooks and publications is of less value to the family physician than good material presented simply some years earlier by masters of their craft. Books and journals for one's reference library should be carefully chosen. Particular study should be made of the mode of presentation of the material, the choice being made by reading those publications that encourage a good style in which clarity of presentation is combined with careful selection of the relevant facts. A form of verbal expression often found in the literature nowadays does not justify the use of this noun, for example:—

Information that is subjected to the optico-cerebral scrutiny of the interested observer, based as it may be on the apparently essential desideratum of primary polysyllabicity as a prerequisite of technico-intellectual thought processes, may not always in the environmental stress of practice of the competent physician essaying the collection of the maximum of data in the minimum of time, effectively be conveyed to the sensorium to an extent compatible with retention over the years.

Such a method of presentation is now found with distressing frequency in many publications in English and is quite useless: the style is boring and tiring, it conveys little likely to be of permanent value to the reader.

Ease of access. All books of reference regularly used should be literally within arm's length of the doctor whilst he is at work: where possible the whole library should be in one place, but where this is not possible it can be divided into those few books kept in the consulting room, and the greater number kept in his library at home and always within reach of his favourite chair.

Consideration of the subject matter

The main requisite is not quantity but quality: better to have a few well conned volumes often used than a dozen huge tomes that look imposing but are rarely referred to. Naturally there will be favourites from one's student days; these should not be displaced

from one's affection. They may date, but by their presence and recollection of comradeship during the battles of the past they may induce a friendly dip of interest now and then with surprising good results: for books are like their human owners—some stand stiffly, unopened, unapproachable, proudly keeping their knowledge to themselves, useless and barren. Others, soft and friendly, flop open on the slightest provocation; delighted to be of help, their pages tempt one to read: these few are friends indeed and well repay the affection bestowed on them.

Next come the encyclopaedias. Once a text-book or encyclopaedia is published it is out of date; witness the yearly supplements that have to be issued to keep each edition abreast of later developments until the next edition is published; again such massive works take a long time to prepare, and so new editions are less frequent. Though these publications are often beautifully produced and a pleasure to handle that to me is their only virtue when compared with the "live" encyclopaedia I now wish to describe.

A "live" encyclopaedia is one that from the beginning, is constantly being added to: it is always full of the latest information. It starts as an infant of perhaps 12 parts, it grows until at the end of five years it is a healthy adult of 60 parts; at the age of eight it is a mature individual of 100 parts full of experience and wisdom.

There are several medical publications of international reputation which are produced monthly. Some are independent journals, others contain reports of the meetings and discussions of their parent organization. Careful appraisal of these journals and "proceedings" helps in making a decision about selection in the beginning: the publications that, in the form of the "live" encyclopaedia referred to, will be most useful are those that contain reports of the meeting of, and discussion among, groups of acknowledged experts in their respective fields. Where there is space enough a combined reference library of the last 100 issues of at least two of these monthly publications should be established in time. In this way one builds up the considerable asset of a reservoir of clinical information based on the practical approach. Each year, once the required number of component parts has been built up, the earliest set of twelve issues is discarded: in this way the whole work does not become too bulky, neither does it date. Experience has shewn that the possession of this "live" encyclopaedia enables one almost invariably to find the information one needs from time to time. Moreover the subject is usually clearly presented by those who have considerable experience of what they are talking about and know what they wish to say. The cost of establishing and maintaining such an excellent dual work of reference is still less than £10 a year.

The individual issues are kept unbound in chronological order on the bookshelves: they take up the minimum of space; to discard them causes no sense of loss, such as might happen if each year's set were to be bound. The indices for all the years concerned are kept in series in a stout folder, at the end of each shelf. It is a simple matter to look up the various subject headings in each index and to extract the appropriate issues when consulting the "live" encyclopaedia.

Information on therapy

Description of most that is up-to-date and of proven value can be found by reference to the encyclopaedia. One would however not wish to be without the *British National Formulary*, especially the Alternative edition. This meets the needs of the physician much better than the Standard edition; the latter is of greater value to the pharmacist. The *BNF 1957* contains a wealth of information for the general practitioner, and the Alternative Edition draws his attention to varying approaches in therapy that perhaps would not otherwise have been considered.

Lastly I would mention possibly the most important need for keeping abreast of the news. The family doctor works with and among ordinary folk to a greater extent than any of his professional brethren; he should not be unaware of his patients' interests. A knowledge of what is in the news of the day often adds considerable significance to what one's patients say and do. My final need then is a good daily newspaper, one that gives reliable information reasonably free from bias, that covers a wide variety of interests, including a good crossword puzzle; when held up in traffic jams the puzzle can be a useful tranquillizer! Having looked quickly at *The Times* at breakfast I am prepared for the day and all it may bring.

Summary

Good general practice needs full knowledge of the patient as a human being and of his individual requirements, combined with a wide knowledge of medical progress and what it can offer. It is upon this concept that the speciality of general practice depends in all its fulness. Knowledge of the individual patient comes with time; wide acquaintance with the general progress of medicine is dependent upon the ability of the family physician to organize his limited time for study. Presented here is a description of one method based on experience that enables the user for a moderate outlay effectively to keep up-to-date in his reading. This method is based on the maintenance of a "live" encyclopaedia: this consists of the last 60 issues (as a minimum) of two monthly medical publications of international reputation. One series should contain reports of

meetings of and discussions among groups of acknowledged authorities in their respective fields. This encyclopaedia in unbound part is always kept close at hand in the consulting room; alternatively it should be within arm's length of that favourite chair at home.

A MEDICAL RECORDING SERVICE

This is a new venture by the College to help those members who find difficulty in attending postgraduate courses. Recordings are being made on long-play records and tape of talks on subjects likely to interest the general practitioner. They are intended to supplement, rather than supplant, formal courses of study, the idea being to keep members who may be isolated either geographically or academically, informed of recent advances in medical concepts or treatment, so that they can plan further courses of study. In this way, a member may listen to a famous speaker in the comfort of his own home, or use the talk as a basis for discussion within a local study group.

A trial run has been in progress for some weeks, and has been enthusiastically received, and it is now possible to open the Service to any member of the College who is interested.

The service is to be divided into two sections. Firstly, recordings likely to be of general interest are being sent out at regular intervals round groups of members. Secondly, a library is to be built up of longer and more detailed courses on individual subjects which can be borrowed on application. Speakers will include both general practitioners and consultants, the emphasis being on conditions seen in general practice. Lists of titles will be published in the Journal.

Members who wish to join those who receive recordings regularly should apply to:—

Drs John and Valerie Graves, Kitts Croft, Writtle, Chelmsford, Essex, who will also welcome enquiries and suggestions for future recordings. Members who do not possess a tape-recorder or long-play record player can be put in touch with others in their area who do. Some members will already have heard of the scheme from their faculty postgraduate education secretary, and if they have given their name to him no further application is necessary.

The service is free except for postage, as the cost of production is being borne by Smith, Kline & French Laboratories Ltd.

Specification:—*Tape.* On standard tape which will run on most modern tape-recorders at $3\frac{1}{2}$ ins. per sec., on reels not larger than 5 in.

Disc. On 12 in. double-sided records at $33\frac{1}{3}$ r.p.m. Usual running time 30 minutes.