would be a greater risk of increasing gastric inflation and initiating further regurgitation of stomach contents.

Summary

Knowledge of first aid is becoming increasingly sought after both in home and in industry. It is suggested that the public have accepted the resuscitatory methods of external cardiac massage and expired air resuscitation as taught by the voluntary aid societies rather too enthusiastically without fully appreciating their hazards and limitations in application. A plea is made that external cardiac massage be performed only under medical supervision or by recognized carefully trained personnel such as ambulance crews. The personal view is expressed that expired air resuscitation is not necessarily the treatment of choice in cases of asphyxia where regurgitation of stomach contents is a prominent feature. The reasons for this point of view are stated and the argument developed.

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POSTGRADUATE REFRESHER EDUCATION— A DIFFERENT APPROACH

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Bleep, bleep, bleep. For two weeks it was liable to, and did call its plaintive note from the pocket of my white coat, regardless of my whereabouts within the hospital. It was a new infernal machine

even worse than the 'phone in general practice, which at least one's secretary or wife might answer. This went on till you took action yourself.

But this pocket menace was a light burden for the profit gained from two most enjoyable weeks, and this is written because I consider much more is to be gained in postgraduate refresher time spent in this manner than in others.

General practitioners' postgraduate study has become canalized into stereotyped channels, the intensive course, the extended course, the week-end course, the seminar—all tending very much to be occasions, with the exception of the Tavistock Clinic type sessions, when general practitioners released from their normal responsibilities, sit back to resume their passive student status, though with less fear in their hearts, knowing no exams lie ahead. Consultants, feeling because they are on the rostrum, they should know all the answers, show with pride their most bizzare case.

Yet, did we learn to do our job as students attending demonstrations and lectures, or as housemen carrying a degree of responsibility?

Having attended intensive courses and week-end courses at different centres, I felt that though I had enjoyed these and gained a certain amount, I did not get full profit for the time spent—possibly largely through my own human weakness,—in particular where I felt I most needed polishing up, namely in obstetric procedures. I thought the answer lay off the conventional path. Unfortunately, I knew I learnt most myself by doing what had to be done myself, rather than by listening or reading. I thought of the embarrassing position of the supernumary who would have to ask if he might carry out a particular procedure—the answer was to do the job by "jumping in the deep end." My aim therefore was a locum obstetric house-surgeon job for the postgraduate study fortnight allowed me by my partners, in whom I am most fortunate.

A number of letters passed and I donned a white coat at St. Mary's Hospital, Portsmouth, receiving my "take-over" instructions from the house surgeon departing on his holiday—and he had the best weather of the year!

It was a far greater success than I had hoped for—but I was fortunate. My chief had entered into the spirit of the occasion fully, as did his registrar and the registrars of the other obstetric firms. With three firms on rotating duty, this was vital if I was to cover the variety of techniques within the time.

In the day's work opportunities were frequent to discuss topics often not clear in one's own mind—the problems of post-maturity, the use of the flying squad, the significance of observations in ante-

natal care, the syndrome of the unstable woman with groin pain—these and similar subjects were constantly cropping up and being discussed in outpatients, ward rounds and in sister's room or in the corridor afterwards, so that one was having the equivalent of numerous domiciliary consultations over the period.

There was, of course, the hard slog—forms to fill in, intravenous iron injections, drips to put up, but that was a small price to pay. What a lot was to be learnt from writing a history and examination that someone else in the near future would read, rather than it being filed away indefinitely in an E.C.6. It re-educated one in taking the history more methodically as otherwise it looked such a mess in writing. I had not realized I had got into such bad habits

A point particularly brought home to me was the advantage to the hospital practitioner of taking a case fresh and being able to ask the patient all the questions, without her feeling that he should know the answers already. The patient so often feels that their own general practitioner should have their life and family history at his finger tips, yet which general practitioner hasn't felt on occasions " I wish I could remember what the surgeon removed through that scar at the cottage hospital, but she will be mortally offended if I ask, as she always remarks what an interest I took at the time ". Whilst the specialist can enquire without similar fear of reproach, and this applies even more to the family history.

The original ambition for my fortnight had been to perform the labour ward techniques and I ticked off practically every item in my mental list as the fortnight proceeded, as well as gaining others for the list I had not thought of. Confidence that had been slipping, was rapidly regained through a happy familiarity.

An uncalculated entry in the profit account for the fortnight came from life in the resident's mess. The occupants, drawn from a wide field and including an Australian, a Scot, a "Balliol and St. Thomas's", an Egyptian, a surgeon commander on special leave, etc. provided a discussion group of a most lively character, so that dissertations on the accuracy of methods of haemoglobulin estimation, the technique of rotating the head, and similar topics, were beaten out into the early hours of most mornings—except Sunday mornings when the room was mainly devoted to twisting with visitors, both activities being helped by the refreshment from the Watney Red Barrel in the corner.

Food and accommodation was above the standard of hotels that I had used on refresher courses and life far more congenial than in the hotel. And so the fortnight came to an all too precipitous close, with my wife joining me in the mess for the last 24 hours, officially

approved—how hospital mess life has changed!

And where does the snag lie. The deterrent appears financial, comparing it with the normal postgraduate week on the following approximate balance sheet:

I. Suggested method of gaining postgraduate experience.

Gross pay	£29 0. 0d.
Deductions:	
Income tax	£10 3. 0d.
Superannuation	1 12. 10d.
Travelling expenses	2 5. 0d.
Locum	56 0. 0d.
Board	6 2. 9d.
Credit—£29 0. 0d.	Debit—£85 3. 7d.

Outcome: Cost of two weeks—£56 3s. 7d.

II. Conventional 2 weeks postgraduate course:

Gross pay	nil
Deductions:	
Income tax	nil
Superannuation	nil
Travelling expenses	paid
Locum in excess of government allowance	£9 10. 0d.
Board in excess of government allowance	£12 12. 0d.
Credit—nil	Debit—£22 2. 0d.

Cost of two weeks—£22 2s. 0d.

It cannot but appear regrettable that general practitioners should be put off gaining postgraduate refresher experience in a manner that appears more useful in many ways than by the conventional courses, because of the expense involved. Looking at the problem from the opposite angle, the government are spared the cost of the course and at the same time additional staff are provided for our hard-pressed hospitals.

A government scheme to cater for this type of postgraduate work for general practitioners does not seem too difficult to envisage.

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