able 2,600 residencies in specialties in 405 hospitals. Most of these are for the period of one year. While this length of time is not adequate for the training of a specialist or teacher, nevertheless it will go a long way toward raising the general standard of graduate obstetrical education. In order for such residencies to be of maximum value the hospital concerned should have a competent teaching staff, and should have the work well supervised.

The training of specialists and teachers will not be fully discussed here, as the main purpose of this paper applies to the general practitioner, because we believe that in his hands lies the major responsibility for maternal welfare. The specialist and the consultant are essential, and should be readily available in difficult complications of pregnancy and labor, but their influence should be in the direction of helpful coöperation and teaching. With the means of rapid transportation now available, no physician, however remote he may be from a medical center, need be without the advice and help of a well-trained specialist. The economic problem involved in this last statement will prove somewhat troublesome, but is not beyond satisfactory solution.

POSTGRADUATE COURSES

Many graduates, after becoming established in practice, will not do obstetrics, but many will of necessity or by choice have a variable number of cases. What can be done to continue the education and interest of such practitioners, particularly along practical lines, which will keep them abreast of advances in technique and in treatment? Some medical schools have adopted "refresher" courses, lasting from one to six weeks. These courses, where given, have proved very stimulating and very helpful to those enrolled. They should be carefully planned and given in such a way that the graduates get information and advice which will prove most helpful to them. Care should be exercised in choosing the proper instructor for such courses. He should be a senior staff member who understands the problems of the practitioner, and who has had sufficient clinical experience to speak with authority. Some states have adopted so-called "circuit" courses. By this method a well-trained instructor from a medical school is sent to various communities in the state to give a course of three or four lectures or demonstrations whenever practical. This method is very popular with many practitioners because it does not necessitate leaving their work; it is less formal and results in the development of a better professional spirit. The ability and personality of the instructor determine the success of such a plan. Another effort along educational lines which should be helpful to both profession and public is being made by the American Board of Obstetrics and Gynecology. Its aim is to improve the standards of practice of obstetrics and gynecology, to determine competence of specialists in this branch of medicine, and to serve the public, the hospitals, and the medical schools by preparing lists of practitioners who have been certified by the Board. It may be desirable to consider in the very near future the establishment by legislation of standards qualifying such practitioners and the granting of special certificates or licenses to those who by special training, experience and examination satisfy such requirements. The benefit resulting from such measures as above outlined and recommended would be the establishment of better obstetrical care, ultimately manifesting itself in better protection for the obstetrical patient.

490 Post Street.

DERMATOLOGY—SOME THOUGHTS ON ITS FUTURE*

By William H. Goeckerman, M.D.
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It has been customary in recent years to take stock and endeavor to visualize the future of medical practice. Some were ready, two or three years ago, to revert to ancient practice and relegate the specialist to a secondary position. In fact, some advocated less preparation for the medical degree. They admitted that this would lower the quality of service, but argued that not all can demand the best. This point of view, no doubt, was brought about in part by the economic conditions of recent years.

NEED FOR SPECIALIZATION

However, there is a surging tide in the evolution of medicine, part of progress if you will, as in all other walks of life, which will not be denied. Your farmer, your housewife, your mechanic—yes, your common day laborer specializes. The whole present-day economic life is built on the principle of specialization. It is true that here and there we still find the practices of a past generation in the arts as well as in medicine, one individual covering his particular field rather thoroughly, sometimes to the decided advantage of the community. In the main, however, it cannot be denied that society is better served by far through an intelligent specialization. Whether such specialization should be intensive will depend upon circumstances. I believe we will all agree, for instance, that the ophthalmologist who devotes intensive study to the fundus, with reference to neurologic and internal medical problems, to the exclusion of surgery and treatment problems of the eye has a field so limited that he must be working under very special conditions. But few could make such a choice advantageously. Herrick has said: "To the brilliant mind of half a century ago a working knowledge of all the departments of medicine was attainable; today such a prodigy is impossible." That is trite today, because even many of the departments of medicine no longer permit proficiency in their entirety. Reasonable specialization under proper conditions is, therefore, eminently justified.

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* Chairman's address before the Dermatology and Syphilology Section of the California Medical Association at the sixty-fifth annual session, Coronado, May 25 to 28, 1936.

FUTURE OF DERMATOLOGY

With this axiom in mind I should like to place before you some thoughts on the future of our own specialty. It can frankly be stated that our medical colleagues not in the specialty have a very hazy idea of the aims of modern dermatology. With regard to this matter they are still in the "morphologic" era. If only they can give the child a name on the basis of its external characteristics, then some recommended drug and, presto! it is easy or possibly very difficult. As in every other department of medicine, the specialist in dermatology must be endowed with skill, knowledge, and judgment. Few have these qualities in equal degree, and happy is he in whom they are well balanced. Skill can be acquired, as in surgery, by repeating the technical procedure frequently. Often it is the intellectually less gifted but endowed with a mechanical bent who removes superfluous hair, telangiectasia, warts, nevi, most deftly, who uses local anesthesia most cleverly, and who enters a vein and spinal canal most expertly. You all know the old story about the imbecile who is active in a class of backward children. On a given occasion the professor demonstrates this child before a group of students. After pointing out the lack of intelligence, he emphasizes by demonstration the mechanical skill of the child, expands on the desirability of placing this child in a position where such gifts as it has may prove useful. Toward the end of the demonstration he ends with a short quiz, and requests that one of the students briefly outline the occupation such a child might follow. The student, after some hesitation, blurts forth with: "I think he would make a good surgeon." This story is, of course, no longer apropos, but even thirty years ago was not much beside the mark. While a reasonable degree of technical skill is necessary and desirable for the dermatologist, it is, in my opinion, the least important. It is, however, often the individual mechanically inclined who impresses the uncritical patient most favorably. Possibly this accounts for the emphasis often placed upon it.

FUNDAMENTAL KNOWLEDGE NECESSARY

Knowledge in dermatology can be acquired. It does mean, however, close application for a considerable period of time. Genius has been defined as the ability to take infinite pains. While the dermatologist may not be a genius, the true specialist can evolve only by taking infinite pains in close application. This means gathering detail both in theoretical book learning and practical observation. It is detailed knowledge that distinguishes the true specialist. The necessity of close application in gathering detailed knowledge has been demonstrated to me again and again by watching the postgraduate student in our specialty over a considerable number of years. I have seen such students spend three years in daily close contact with dermatologic problems, and at the end of that time be unable to hold their own in a discussion of some question related directly to dermatology. The fault lay in a lack of close application to study and independent thought in the light of such study on the problems encountered daily. Judgment is in part, no doubt, an inherited characteristic. There is a type of mind that never acquires it, even if endowed with a retentive memory and industry. Without knowledge judgment cannot be developed. But knowledge must be well digested before it becomes part of good judgment. In addition to these qualifications the expert in dermatology is fortunate if he is visual-minded, much as the good musician has auditory endowments without which he cannot be a master.

APPROACH MUST BE ALONG MANY LINES

The modern dermatologist thinks essentially in terms of biology, physiology, chemistry, and histopathology. To be sure, gross morphology retains its importance and always will, but it is not by any means enough. A name for a special type of eruption is needed in order that intelligent communication may take place between initiated individuals. Its clinical behavior must be known as far as this is possible. But the approach to treatment can be intelligent only when thought is given also to the details of the histologic picture, to the probability of an infectious, allergic, endocrine, metabolic, toxic, neurogenic, or other background. Many of the cutaneous eruptions are purely symptomatic, and empirical treatment can only be haphazard. Let me briefly explain on the basis of a chronic urticaria what is in my mind. To immediately think of food hypersensitiveness or a multiplicity of skin tests just because allergists in their enthusiasm have not seen the forest for the trees is nonsense, because it is very seldom that food is the causative factor. It is well known that chronic gall-bladder disease, chronic appendicitis, achlorhydria, constipation, thyroid disturbance, chronic infections of various character, neurogenic and psychogenic upsets, etc., are usually responsible. It is apparent then that within certain limits he must have the approach of the internist rather than the allergist. While it may develop that the systemic difficulty should be managed by the internist, the latter is not in position to determine the significance of most cutaneous lesions. I make this statement confidently as the result of close coöperation with good internists for a considerable number of years. I believe I have said enough to emphasize that the expert in dermatology is no longer chiefly a morphologist who gives the disease a name, which to the average medical mind smacks of verbosity. Nor is he primarily a technician whose supreme interest is the deft removal of a wart or mole. In the use of ointments or other applications he does not think only of a name and some favorite drug. He never asks, or at least he never should ask: What do you do for such and such an eruption? Instead he uses his experience and technical accomplishments with intelligence, endeavors to acquire all the knowledge possible on a particular subject, and brings such judgment to bear as his native endowment permits him to acquire. If you agree with me—and those who know the problems of dermatology readily will—you will note that in-

telligence and learning of the highest order are required in the real expert. In the main, the problems of dermatology are difficult and complex, which no one with real experience will deny.

DERMATOLOGIC PRACTICE NEEDS SPECIALIZATION

In my opinion the physician without special training does not manage cutaneous diseases successfully. Let me call your attention merely to so simple a problem supposedly as scabies. Thus far I have mentioned the qualifications which fit the expert to deal with his clinical problems in the most approved manner. There is another field into which he ventures, with certain reservations justly so. He engages in research. Many have large numbers of tubes filled with culture media, and others even numbers of experimental animals, or chemical apparatus at their disposal. Unless an individual is specially qualified, such interests contribute little of real value to clinical dermatology. The test-tube and the animal are not human, and the reactions and problems are seldom the same. Such research work can well be left to the pure scientist or to those primarily interested in the laboratory. We know only too well that many of their deductions are faulty or not applicable in the human. Of course there can be no objection to a young dermatologist working in this field under supervision. But there is a type of research that should receive better cultivation than it does, and that is clinical research. The importance of this type of research is apparently only slowly regaining the recognition it deserves, not only in dermatology but in medicine in general. I do not refer to the common practice of trying to find one's pet conception whenever possible, or of breaking into print with immature or over-enthusiastic observations.

IMPORTANCE OF SCIENTIFIC APPROACH

I would rather emphasize the critical attitude, the uncompromising search after truth, let the result be what it may, the incessant search for flaws in possibly hasty conclusions—in brief, the truly scientific approach. For this purpose a carefully studied clinical case is often more valuable than undigested statistical studies based on laboratory findings. If this form of research involves laboratory problems, the joint approach with a man versed in laboratory practice is desirable. An outstanding example of the form of research I have in mind is the work repeatedly reported on recently by Stokes and Becker. Those of us who have close contact with general medical problems have recognized for many years the importance of the autonomic nervous system in its relation to various dermatoses. If we have failed to do this we no doubt have missed an opportunity to give of our best to the patient. To be sure, this whole problem is in its infancy, but it should have our close critical attention. It is likely that significant progress will only be made as the physiology of the nervous system becomes better known. The vast importance of this problem to us cannot be denied, but as true specialists we should see to it that ridiculous deductions do not creep in, and that the interest in it is not carried to the absurd, as has been done so often with more or less fundamental problems in medicine.

COLLATERAL KNOWLEDGE DESIRABLE

In addition to all these professional qualifications, a thorough grounding in the problems of history, a sagacious understanding of biography, and more than a smattering of philosophy, psychology, and even possibly religion should contribute attributes which make for the finest type of specialism. Such general cultural knowledge makes for a better understanding and management of disease problems even in dermatologic practice.

IN CONCLUSION

The somewhat crude encroachments of other specialties make me wonder particularly just how dermatology will shape itself in the future. The unscientific approach of the so-called allergist, endocrinologist, and radiotherapist to dermatoses will vanish. Such specialists will in time cultivate the field they know something about. Truth will out in these fields as well as in our own and only truth can endure. The old order in our specialty must pass, and in the main it has passed, but most of our confrères not in the specialty still think of it in terms of a hundred years ago. My dissertation was conceived in the thought that we must be physicians first and specialists second rather than only specialists. Not the crusading, but the scientific and judicial attitude must prevail, and this is true whether we are dealing with manifestly cutaneous lesions due to allergy or lesions in which this biologic phenomenon is in no way concerned. It is only in this way that we can retain our proper niche, and the respect and support of the medical profession as a whole. But if we work to this end and show it not only in word but in deed as well, there is no doubt that the specialty will fill a necessity and endure through generations to come.

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APRAXIA*

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Discussion *by Walter F. Schaller, M.D., San Francisco; J. M. Nielsen, M.D., Los Angeles; Thomas G. Inman, M.D., San Francisco.*

APRAXIA has been described as the inability to perform purposeful movements, not due to paralysis, ataxia, agnosia, or general physical or psychic impairment. It is comparable to the condition of motor aphasia, in which the patient knows what he wants to say, but is unable to express himself. So the apractic, without being paralyzed and knowing the use of objects, is unable to handle them in a normal manner.

LIEPMANN'S CONCEPT OF APRAXIA

The concept of apraxia was developed by Liepmann in 1900 on the basis of a single case. This

* Read before the Neuropsychiatry Section of the California Medical Association at the sixty-fourth annual session, Yosemite National Park, May 13-16, 1935.