

## Editorial Views

### *A Palliative Approach to the Newgrowth of Medical Knowledge*

A RECENT address<sup>1</sup> delivered in Boston by David Rutstein to the Boylston Medical Society touches upon the problems of maintaining contact with medical knowledge. Several approaches to a solution were aired including, among other things, the automatic storage and retrieval of knowledge, better titling of medical articles, cutting down on the number of papers published by improving the critical acumen of the reader, and the establishment of criteria for worthwhile review articles. This is only one of many recent expressions in this area, nor have the editorial pages of this Journal neglected the issue in the past. With the publication of the first issue of ANESTHESIOLOGY, the Editor noted that despite the growing volume of literature the American Society of Anesthesiologists were convinced that there was a definite need and place for a new journal. The matter came up again in 1945<sup>2</sup> with remarks on "How Can I 'Keep Up' with Medical Progress?" and again in 1951<sup>3</sup> with a discussion, "Too Much and Too Soon," referring to the voluminous and precipitous publication of medical articles. Others have taken up the cudgels lightly. In a delightful address,<sup>4</sup> as the British seem to be able to do best, Sir Robert Hutchison took issue with the term literature as applied to medical writing, pointing out that the former is defined as "writing esteemed for beauty of form or emotional effect." He cited two possible solutions to the inundation by medical journals, both devised by busy general practitioners. The first unaccountably allowed his journals to accumulate on the floor, but when questioned stated that he found them useful to throw at his cat. Another solution was brought to light when an older country practitioner about to go on vacation forbade a physician on *locum tenens* to enter a locked room during his absence. The grisly secret was discovered when the young man

ventured his way into this Bluebeard's chamber to discover it stuffed from floor to ceiling with unopened medical journals. The "Letters to the Editor" columns of many current journals attest to the more serious view that most of the profession take of this problem.

The clinician, teacher and investigator each has a different stake in the literature. Perhaps the clinician's and teacher's needs are the same for no man is apt to be a good clinician unless he avails himself of opportunities to teach. A knowledge of current concepts is a necessity for this. Each physician must devise his own means of dealing with so-called contributions to the medical literature and should adhere to his system rigidly. For example, the anesthesiologist should subscribe to several of the better specialty journals and read them whenever the opportunity presents. These are his vital reference works and he may make them more useful by card-indexing articles of special interest. An organizational journal such as that of the American Medical Association should be scanned regularly for items of general interest. Over the course of a year this medium plus the *New England Journal of Medicine* cover most of the recent advances in the form of original articles, reviews, editorials, and abstracts. The J. A. M. A. in changing its binding has made it a simple matter to remove and store pages of interest. Thus far the method of coverage suggested is not too taxing, but what of other important information accessible only in libraries?

At one time it was possible to forego regular trips to the library by reviewing the tables of contents of journals listed in the *Current List of Medical Literature*. Articles of interest could be sent for and read at a more convenient time. A change in format, however, brought about by combining the *Current List* with the *Index Medicus* has made this a hope-

less task unless one must engage in bibliographic research. As is usually the case a substitute technique became available. *Current Contents*, "Your Weekly Guide to the Chemical, Pharmaco-Medical and Life Sciences," has been in publication for several years under the auspices of the Institute for Scientific Information.<sup>5</sup> The design in publication was to overcome several major problems—the highly specialized yet inter-disciplinary character of modern research—the tremendous growth in the volume of scientific publications—and the requirement that information be reported as briefly and quickly as possible to avoid duplication of effort in research. *Current Contents* in listing 125,000 articles yearly from 600 domestic and foreign journals provides the tables of contents of most journals of interest to anesthesiologists. Although the yearly subscription price of fifty dollars may seem dear, the receipt of this handy compilation once a week is almost as good as regular visits to the library. One need peruse the contents only of those journals he knows will contain articles of interest. An additional service is the provision of authors' addresses and a tear sheet service available on a 48 hour basis. Furthermore, since a critical review article now offers the best means of evaluating medical progress, the reader should know that the National Library of Medicine publishes annually a *Bibliography of Medical Reviews*.

## Postgraduate Education

The Council on Medical Education and Hospitals of the American Medical Association recently reported, "The public has adequate assurance as to the professional ability of physicians up to the moment their active professional careers begin. No adequate mechanism presently is in effect which grants similar assurance of uniformly acceptable competence beyond this period. Neither is there in existence a means by which physicians can be certain that the courses offered for their continuing education are worthy of their time and effort" (*J.A.M.A.* 178: 190, 1961). This prob-

Admittedly, the problem of keeping up with the literature is an imposing one. Hans Hecht in "The Blight of Medical Science"<sup>6</sup> points out that there are 25,000 journals devoted to the biological sciences containing in a single year some two million articles. Undaunted, we believe that any interested physician can meet the challenge by his own devices. To this end we have offered a sample method of procedure. To read is to stay alive in medicine. William Osler once said, "A doctor who does not use books and journals, who does not need a library, who does not read one or more of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber, and not alone in practice, but in those mercenary feelings and habits which characterize a trade."

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### References

1. Rutstein, D. D.: Maintaining contact with medical knowledge, *New Engl. J. Med.* 265: 321, 1961.
2. Dripps, R. D.: Editorial. How can I "keep up" with medical progress? *ANESTHESIOLOGY* 6: 81, 1945.
3. Hewitt, R. M.: Editorial. Too much and too soon, *ANESTHESIOLOGY* 12: 767, 1951.
4. Hutchison, R. H.: Medical literature, *Lancet* 2: 1059, 1939.
5. *Current Contents: Institute for Scientific Information*, 33 South Seventeenth Street, Philadelphia 3, Pennsylvania.
6. Hecht, H. H.: Annotations. The blight of medical science, *Amer. Heart J.* 61: 282, 1961.

lem of medicine in general is of major concern to the specialty of anesthesiology. Examiners for the oral examinations conducted by the American Board of Anesthesiology have learned that most candidates are better informed of medical progress that developed during their residency training than they are of that which developed during their years of active practice. If such educational torpidity can develop in a candidate preparing for an important examination, then an even higher rate of indifference is to be expected after recognition of proficiency is received. What is the cause