

EDITORIAL

THE TYRANNY OF THE IDEA OF CURE

IN preparation for medicine, the medical student is taught the scientific approach by being asked to solve problems in chemistry, physics and physiology. He comes into the wards, and here again the emphasis is on illness episodes in the lives of the patients who are admitted for diagnosis, treatment and discharge. The tyranny which is bad is, of course, not the idea of cure but the idea that medicine deals with acute limited episodes.

In parallel with this implication that real medicine deals with acute episodes has been the implication that real medicine deals with chemical and anatomical disorders and that patients are 'uninteresting vehicles of interesting diseases'. But a sizeable proportion of medical students and their teachers now have the idea that medicine has something to do with people and they are teaching and learning about their patients as people.

In hospital outpatient departments perhaps the majority of the patients have, not acute illnesses for which there is a possibility of cure, but chronic disorders. The general practitioner still sees plenty of acute infective illness but the chronic disorders loom large in his practice too.

Of the three duties of the physician—to cure sometimes, to alleviate often, to support always—it is the first that receives the implied approval of the hospital atmosphere in which the doctor trains. Medical teaching needs to give approval to alleviation and support. It is not easy to convey the needs and techniques of continuing support in the ward; it can be done in the outpatient clinic; it can best be seen in the medicine practised outside the hospital.

It is the inherent attraction of the idea of cure that has prevented adequate attention being given to other aspects of medical care. Of course the doctor must aim to cure whenever he can; but in addition to teaching this part of medicine the medical school must direct its attention to teaching the other two parts, and the profession to seeing they are regarded as highly as cure.

The paediatrician is in a good position to help in this change of attitude. With the general practitioner he has more fully than other branches of medicine adopted the comprehensive approach to his

patients and he sees them as developing, evolving, continuing personalities. He is addicted to following up the babies and children he sees. Without abandoning the ideal of cure when possible, the paediatrician can do a great deal to increase the attention given to alleviation and support. If he does this, fewer doctors will be disappointed when they arrive in general practice and more will discover the satisfaction to be found in alleviation and support as well as in cure. If we are to give the best that medicine has to offer to children who have handicaps, the change of attitude is essential.

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TABLE OF CONTENTS

- Prader-Willi Syndrome *D. Hoefnagel, P. J. Costello and Khalil Hatoum*
- Dark Adaptation in Mongols *A. W. Griffiths and Joan Behrman*
- A Study on Trace Inaccessibility among Severely Subnormal Adults *A. K. Sen and A. Sen*
- A Study of Dermal Ridge Width in the Second (Palmar) Interdigital Area with Special Reference to Aneuploid States *L. S. Penrose and Danuta Loesch*
- Epilepsy in Down's Anomaly *R. C. Magillivray*
- Hand Preference and Manipulative Dexterity in Normal and Retarded Children *D. Jones, A. L. Benton and J. C. MacQueen*
- Prader-Willi Syndrome *J. Juul and Annalise Dupont*
- The Effects of Change in Maternal Age Distribution upon the Incidence of Mongolism *L. S. Penrose*
- Familial Transmission of an Aberrant Submetacentric Chromosome *G. F. Smith, J. M. Berg, M. A. C. Ridler, Janet A. Faunch, Faith A. Farnham and Madeleine J. Pendrey*

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