significant that the salicylate has an effect on carbohydrate metabolism. Because of the complexity of acute salicylate poisoning, most authorities advise immediate hospitalization. In the hospital, the correction of acid-base balance can be carried out under close laboratory surveillance.

Petechial hemorrage in protracted salicylate poisoning is probably due to the ability of these compounds to supress prothrombin formation, similar to coumarin compounds.

It is interesting to note, that in the records of ASA poisoning, the offending compound in better than half the cases, was Children's flavoured ASA. This probably indicates a serious lack of security, on the part of the parents, in storage, or it would indicate that the child formed an attitude of possession because of the label. In either case or any case, for that matter, drugs which are left in visible places are potentially hazardous where small children are concerned. For most children, having their stomachs pumped once is enough to deter further ingestion of poisons. However, there are a few who have made several trips to have their stomach evacuated. For this group of children, it would be advisable for the parents to hire a toxicologist. For others, prevention is the best method of insuring a reasonable longevity.

WE ARE THE HOLLOW MEN.

By H.B. ATLEE

One of the things that troubles me increasingly is the cultural ignorance of medical students, internes and residents. They seem to have read so little in the three great background fields on which our literature is based, Greek history and mythology, the Bible and Shakespeare. Not so many years ago I was waiting in the operating room to get started with an operation. Everything was ready — even the sutures to sew up the skin wound had been cut and threaded. But there was no iodine to paint the skin. This peculiar phenomenon had been happening to me for over 40 years so I burst out at the nurses with: "I wish you foolish virgins could start pouring the iodine before the patient is ready to be cut." It was obvious from the startled look on their faces that they did not know what I was referring to, and suspected that my statement was in some way an aspersion against their virginity. So I turned to the interne and said: "Isn't it a peculiar thing that girls could get through High School without ever having heard of the foolish virgins?" He hesitated a moment and then asked: "What is it with the foolish virgins?"

As a result of many such instances as the above I have gained the impression that we are turning out highly trained medical technicians who are otherwise cultural ignoramuses, men highly competent in dealing with human sickness but seriously unprepared to deal with human problems. We are as a profession, in the words of T. S. Eliot, "the hollow men". On the surface we shine, but inside there isn't even pith (and sound that diphthong properly!) Of course, there is a very real excuse for this. The demands of medical education itself are so great on the student's reading time (and getting greater) that he has neither the opportunity, the inclination nor the energy to read anything outside the required. As a result, for the entire five years of his medical course - and at least another four if he specializes - he is completely out of touch with the culture of the world around him. In the vital fields of history, philosophy and literature his mind has stood still for from five to nine years. But a mind does not stand still - it either strides forward or slides backward. So, it slides backward.

How serious is this loss to the medical student? No matter into what community he goes eventually to practice medicine, he will be regarded by the public with a considerable amount of respect because of what he can accomplish as a doctor. The danger is that this same respect will be paid to every opinion he voices in fields outside medicine. But since the latter are based on what he picked up in High School and the three reluctant years he spent in premedicine, these opinions are neither very mature nor very reliable. In the field of non-medical ideas he will therefore be a one-eyed man kinging it over the blind.

That's one thing. Perhaps it isn't important. But here's another that really is. Within the very near future our profession is likely to have to face up to a difficult set of problems. It seems certain that governments are going to ask us to change radically our way of life. For let's be under no illusions: the plan of medical care that we accept from governments for this new way of life will not only be very different from what we serve now, but it will be different again in 10 years from what we accepted in the beginning. We will realize then that when we opened the tent flap so the camel could get his head in, we were really creating the circumstances that would admit the whole beast. Our power over our own destiny will have passed - and will continue to pass - into other and hungry hands.

How shall we preserve our intellectual integrity - our medical integrity - under such circumstances. What we have learned in medical school will be no help to us. In that day we will have to know a good deal more of human history, philosophy and sociology than we do now in order that our intelligence may be sharpened to see with any real clarity how to maintain ourselves in a situation in which our freedom has become greatly constricted. In short, our main problems vis-a-vis governments cannot be solved by means of our medical skill, but only through what our general cultural training has done to turn us into versatile, adaptable and knowledgeable human beings. If we are under any illusions that an exhibition on our part of raw power - the use of the strike, for instance - is likely to help us greatly, the history of the strike as used by our brothers in Europe should warn us of that futility. It would seem then that we can only hold our own, to say nothing of gaining some degree of ascendency over governmental bureaucracy by sharpening our intelligence on the grindstone of a superior general education. Our brains, like our muscles, function best when they are exercised close to the limit in all directions.

If all this is true, isn't it time for our medical educators to consider a better blending of general with medical education than we now have; one which might arise out of a streamlining of medical education to take better advantage of the cultural? At present we ask our students to undertake three or four years in arts or science as a preliminary to medical studies when they are just out of high school, away from home for the first time, and quite immature. Since they endure this premedical education grudgingly, feeling that it is keeping them away from their true love medicine, it has nothing like the impact on their developing minds that it should have. It is too penitentiary. Surely it would be of much greater value if it did not hold them back from medicine until a good deal of their first fine careless rapture had worn off, but ran along side by side with the latter, when their contact with human suffering was having a maturing effect on their minds.

On and off for the past 15 years or so I have been advocating that we eliminate from medical education such outworn and inefficient pedagogic methods as the didactic lecture. This relic of the Dark Ages is surely an anachronism in the atomic era. You listen for an hour to something you could have covered in a textbook in 20 minutes reading. Usually it is little more than a digest of some textbook anyway. Too frequently its delivery has all the hypnotic effect of a couple of seconals. So I say, the hell with it. Its elimination would certainly set free a lot of time that could be put to better use.

Then consider student textbooks. Most of these, are neither fish, flesh nor fowl. While they are often called student textbooks, and perhaps began as such, they get so expanded with minutiae as edition follows edition that they become in the end reference books for practitioners and specialists. (I have used one highly popular ob-

stetrical text in its recurring manifestations as a reference book most of my life: I have even foolishly suggested its use to those students who manifested an extra amount of steam and ginger) But is it common sense to recommend to the student a tome far beyond his capacity to read effectively in the time at his disposal, and one that must share such time with textbooks in other subjects of a similar inflated nature?

Shouldn't medical educators get together and decide honestly and without prejudice how much ground the student should cover in his reading and recommend the adequate text? If the didactic lectures still being given are an indication of the extent of the knowledge required, the texts to be recommended would be short indeed. Yet, if you try to write a student's text that will cover all he should be expected to know (and as much as most specialists in that field keep in their heads) you meet with the criticism that you are skimping the groundwork. My own essay in this regard was criticized by one well-known authority because I had failed to list the various causes of the toxemias of pregnancy — the fact being that no one yet knows what causes them. Should we clutter the student's reading with ancient and modern theories in which there is neither truth nor consensus? Should we expect him to retain the microscopic memory of a tumor so rare he may never encounter it in a long and busy life as faithfully as he should the appearance of a piece of consolidated lung? Surely, there should be some discrimination here: surely first things should come first - and the devil take the hindmost.

And finally there is the question: do we overteach certain subjects? Anatomy has traditionally played a major role in preclinical medical pedagogy. But can any doctor — even a surgeon — honestly maintain that he uses; or has ever used — much more than a third of the anatomy he had to cover in his student days? Do such subjects as surgery, gynecology, urology, etc., need to be covered as comprehensively as at present? Of course the student needs to know the diseases in these fields and the general theory of their handling but need he investigate the operations devised for their cure until he undertakes his residency training?

I suggest that, if we eliminated the didactic lectures, if we provided the student with textbooks uncluttered with the bologny of unproven medical theory, and if we stopped overteaching those subjects in which our vested interest has overcome our sense of proportion, we could set free a tremendous dollop of time for the pursuit of other lore. Some of this time might be devoted to those subjects that we underteach - physiology, pathology, general medicine, pediatrics, obstetrics - yes, and psychiatry: the rest could be devoted to the field of general culture to the extent that, when a student receives his medical degree he will also have qualified for one in Arts or Science, preferably the former.

This would mean that medical and general cultural lore would be a combined and continuous process, beginning with university matriculation and ending with graduation, the whole to cover not more than six, or at the outside seven, years. "What," some stick-in-the-mud cries aghast, "cover in six years what has always taken at least eight?" The stick-in-the-mud we have always with us, so step over his recumbent body — but make sure that the pedagogy covering the general cultural subjects of this coterminous course will be as streamlined as the medical.

Even if we feel we must continue to allot eight or nine years to it, do we still have to use the time as inefficiently and haphazardly as we do now? Is space travel the only field in which we can declutch ourselves from the dead weight of the past and head toward the stars?