Clinics for “Special” Diseases

In medicine as practised to-day in the hospital service of large centres there is a tendency to the segregation of cases of particular diseases into special clinics. For instance, clinics and specialist teams for the care of tuberculosis, venereal diseases and rheumatism have been established longer than those which have been recently set up for diabetes, fractures, thoracic and neuro-surgery and diseases of the thyroid gland. It seems that this cleavage of certain diseases and disorders from the main body of medicine and surgery may extend to certain special branches such as ophthalmology and lead to sub-divisions here.

Recently it has been suggested by some ophthalmic surgeons that the establishment of a special clinic for retinal detachment cases would bring about in this country an improvement in the results of the operative treatment for this disorder. There is little doubt that a well chosen and competent team of clinicians and laboratory research workers dealing with a collection of a large number of cases of any particular disease will produce some good results. There are a number of points for and against such clinics. It is, however, argued by some that this growing system of special clinics is injurious to the teaching of the medical student and by others that it is beneficial and time saving. The medical undergraduate is likely to be adversely affected by the subdivision of a special subject such as ophthalmology and the detraction of patients with certain ophthalmic disorders away from the clinics of the general hospitals, whereas the post-graduate would profit by receiving instruction on a larger number of cases collected at one or several centres. A balance of the good and ill effects of this move is difficult to foresee clearly at present.

It would seem that the ideal for the time being might be for all ophthalmic surgeons who undertake operations for retinal detachment in large centres to record most carefully their clinical findings, operative technique, post-operative results and follow-up of every case of this disorder under their care. A small committee could draw up a case card of a comprehensive character and these could be collected annually at a bureau and critically reviewed and reported on in a general manner without using the names of hospitals, surgeons or patients. Such a review published annually by a select and critical committee might yield as good results as the establishment of a clinic and would at least have the advantage of being more widespread. This pooling of ideas, differences in technique and comments from a number of surgeons working on retinal detachment throughout this country would at least be worth a trial for a few years.

We draw the attention of our readers to the notes at the end of his number.