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EUREKA MOMENTS

In the distant past, Chinese physician Chang Chung-Ching summed up the art of diagnosis — “The skilful doctor knows what is wrong by observing alone, the middling doctor by listening, and the inferior doctor by feeling the pulse.”

Now, the art of diagnosis is complex and technology-dependent. Despite this, the moulding of doctors retains the tradition of delving among the symptoms and signs to deduce the diagnosis — and the moment of clinching the diagnosis still brings great personal satisfaction.

US physician David B Hellmann, in *Eurekopenia: a disease of medical residency training programs?*,* laments the loss of these moments, noting: “While many types of experiences contribute to the making of a doctor, surely the episodes of discovery — eureka moments — are amongst the most important. Eureka moments add drama, fun, excitement, and meaning to being a doctor.” He relates a recent experience concerning an elderly man with a 3-month history of fever, weight loss and cough, for whom it took 2–3 days to learn that his sputum was positive for tuberculosis. Some 20 years earlier, when an intern in the same hospital, he himself had taken the sputum of a patient with similar symptoms to the floor's staff lab and prepared Gram and Kenyon stains. He found the first was negative, but tells how, on turning to the Kenyon stain, “I felt my hair stand on end and my spine tingle as I discovered first one and then a few other ‘red snappers’ characteristic of tuberculosis.”

The ward labs have long gone and the diagnostic work is now done before admission or after hospital discharge. We no longer hear on the wards the excited cry, “Eureka — I found it!”.

And we are all the poorer.



Martin B Van Der Weyden

*Pharos Alpha Omega Alpha Honor Med Soc 2003 Spring; 66: 24-26.

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COVER: Henry William Armit (1870–1930), first Editor of *The Medical Journal of Australia*. Armit, a medical practitioner and researcher from England, with wide experience at the *British Medical Journal* and as a medical journalist, emigrated to Australia in 1914 to head the newly formed *Medical Journal of Australia*. He remained Editor for 16 years until he died suddenly in office in 1930. His vision was to make the *MJA* “one of the great medical journals of the world”.

TIM ALBERT
TRAINING

Short course for medical journal editors

This well established course, now in its ninth year, will be run twice in 2004 - in England and in New Zealand. Its aim is to give journal editors, particularly scientists and clinicians who are new to the post, an informed overview of their role and a good understanding of the core skills required.

The courses will take place at:

Christchurch, New Zealand August 5-6
Tunbridge Wells, England September 23-25

Further information from:
Web site: www.timalbert.co.uk/editors.htm
or contact Barbara Albert:
Phone: + 44 (0) 1306 877993 or
Email: barbara@ta-training.demon.co.uk

‘I feel much more confident about my future role.’
‘Having come here deeply suspicious of being lectured to, I found myself being provoked and stimulated.’
‘I am going away with much food for thought and several defined action points.’
‘Dynamic, straight to the point, informative.’

BMJ Publishing Group
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NEW ZEALAND MEDICAL ASSOCIATION

The Doctor Ross Ingram Memorial Essay Prize

Are you an Aboriginal or Torres Strait Islander with something to say about Indigenous health?

Tell us your story

The Doctor Ross Ingram Memorial Essay competition is open to any Indigenous person who is working, researching or training in a health-related field. Essays should be no more than 2000 words long, and must be submitted by Monday, 10 January 2005.

For more details on the competition and the prize, see *MJA* 2004; 180 (10): 492
http://www.mja.com.au/public/issues/180_10_170504/arm10277_fm.html

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