

GENERALISTS AND GERONTOLOGY

Early in the 20th century, William Osler, physician *extraordinaire*, observed: "There are in truth no specialties in medicine, since to know fully many of the important diseases, a man must be familiar with their manifestations in many organs." At that time, the skills of the generalist were pre-eminent and highly esteemed.

Not so in the new millennium.

The generalist has been dismembered: emerging specialties have claimed individual organs as their own; diagnostic skill has atrophied through mindless recourse to diagnostic tests; and procedural skill is now revered.

There is no doubt that the boom in medical research and the cornucopia of medical technology of the past century have yielded unprecedented dividends. But there is a downside.

Narrow specialisation has shifted the focus from the holistic care of patients to systemic care of organs, and medical science has become a reductionist discipline in which illness is almost solely attributable to molecular malfunction. Indeed, the detached and divided practice of today's medicine has driven the public to seek solace from non-traditional healers, who, like Oslerian medicine, provide more comfort than cure.

But as we confront the new century's looming crisis — the ageing of our society — the resurgence of the generalist is at hand. The care of older people burdened by chronic illnesses requires broad expertise and does not sit easily with brief visits to specialists' offices or express transit through hospital systems.

Undoubtedly, as advocated by Paul Beeson, US academic and physician, the priorities of medicine will return to those of the generalist, "...to bring about improvement in the total health care of older people — to learn more about the diseases of old age, and to enhance the quality of life of old people."

Martin B Van Der Weyden

LETTERS

Linezolid-induced neuropathy	
Carmela E Corallo, Amalie E Paull	332
Cervical screening: time to change the policy	
Ibrahim M Zardawi	332
Screening mammography and mortality	
Ian R Gough	333
Alan Rodger	333
Communication loads on clinical staff in the emergency department	
Alan E O'Connor	333
Antony Nocera	334
Thomas Hamilton	334
Enrico W Coiera	334
Parasite elimination programs: home and away	
Paul Procriv	335
Stuart C Garrow, James S McCarthy	336

BOOK REVIEWS

Statistical methods in medical research, 4th edition	
<i>reviewed by</i> Nicholas H de Klerk	304
International travel and health	
<i>reviewed by</i> Deborah J Mills	304
eTG complete (CD-ROM)	
<i>reviewed by</i> Linda Mann	321

OBITUARY

Eric James Fane De Salis	
<i>by</i> Anthony J Proust	329

IN THIS ISSUE . . . 282

TIME CAPSULES 289, 309

BOOKS RECEIVED 312

IN OTHER JOURNALS . . . 330



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