From the Editor's Desk

SAVE THE STETHOSCOPE

In 1824, The London Times reported: "A wonderful instrument called the Stethoscope ... is now in complete vogue at Paris. It is merely a hollow wooden tube, about a foot in length ... One end is applied to the breast of the patient. The other to the ear of the physician, and according to the different sounds, harsh, hollow, soft, loud etc., he judges of the state of the disease." It had been 10 years since its invention by the French physician, René Laënnec, and the stethoscope was widely in use in France. Elsewhere, there was resistance. It was argued that the stethoscope came between the patient and doctor and threatened the time-honoured art of laying the ear upon the chest.

But the stethoscope prevailed and became an essential part of clinical practice. It has become the most recognisable symbol of modern medicine, and is better known than the staff of Aesculapius. With the demise of the white coat, it remains the only badge of recognition for doctors in our crowded hospitals. It also provokes proud personal memories. When we were beginning our clinical years, the acquisition of the stethoscope was significant — a signal that we were at last becoming real doctors. In our subsequent medical careers, it has been a faithful companion in our practice of the art of medicine.

With today's fast-paced and frequently disengaged delivery of health care, it is ironic that our beloved stethoscope, the instrument designed to separate the physician and the patient, but which now connects them, is under threat. The "technophiles" in our midst are promoting the hand-held ultrasound device as state-of-the-art medicine. And all in the name of science!

Enough is enough!

Will it come to a "save the stethoscope" movement to protect the art of medicine from misdirected technology?

Martin B Van Der Weyden

Mon Sandonleyder

LETTERS

Cefotetan-induced life-threatening haemolysis

- 251 Heather E Robinson, Ellen L Maxwell, H Miles Prince, Mary A O'Reilly, Andrew Iakobovits
 - Skin cancer medicine in primary care: towards an agenda for quality health outcomes
- 251 Russell Stitz, Michael R Kidd, Liz M Kenny, Anne M Howard
 - Changing patterns of tuberculosis in Far North Queensland
- 252 Graham Simpson, Paul Clark, Trevor Knight
 - What exactly is society getting for its research dollars?
- 252 Roslyn G Poulos, Anthony B Zwi
 - Efficacy of an alcohol/chlorhexidine hand hygiene program in a hospital with high rates of nosocomial methicillin-resistant *Staphylococcus aureus* (MRSA) infection
- 253 Keith V Woollard
- 253 R Michael Whitby, Mary-Louise McLaws
- 254 Paul D R Johnson, M Lindsay Grayson
 - Ethics and access to teaching materials in the medical library: the case of the Pernkopf atlas
- 254 C Raina MacIntyre, Catherine L King, David Isaacs
 - The MP3 surgeon and the opera fan
- 255 Richard H Riley
- 255 Charles Teo
 - Little Boy Blue
- 256 Ivan Cher

BOOK REVIEW

The placebo effect and health. Combining science and compassionate care. reviewed by Edzard Ernst

OBITUARY

237 Alan Norman Jennings by Millie Mills

CORRECTIONS

- Challenges, conflict and change (Med J Aust 2005; 183: 585-589)
- 237 Hospital in the home: what next? (Med J Aust 2006; 184: 141-142)
- 202 IN THIS ISSUE
- 249 **BOOKS RECEIVED**
- 250 IN OTHER JOURNALS



For more information contact our Editorial Administrator: Ph (02) 9562 6666 • Email medjaust@ampco.com.au