

The general practitioner is compared to the specialist, and it can be seen that the scope for the former is diminishing: medicine is becoming so complex that it is not possible to know everything and do everything.

Private medical treatment is compared to "socialized" organized medicine, it being implied that the choice is between one and the other: and it is an easy matter to make it understood that the former cannot satisfy every need.

But these contrasts, which do of course contain no little truth, are much more artificial than would appear. They reflect a single point of view and neglect essential but less obvious factors. The laboratory and the clinic? It is pointless to compare the two, to take them as standards characteristic of one medical era or another or of medical ideas: they are and have always been interdependent; the laboratory is a complement to the clinic and often gives it guidance, the clinic collocates data from the laboratory and subjects its findings to analyses. The general practitioner and the specialist? But the specialist is incomplete and may even be dangerous if he has not a good knowledge of general medicine; the good general practitioner is aware of the resources available with each specialist. They too are interdependent and in a manner which is the more productive the better each understands the other and the more similar their professional team spirit. Individual medicine and "social" medicine? But is the ideal not to make medicine available to all who are sick? Are we not trying to "humanize" hospitals and ensure that they provide a welcome, and the understanding and respect for the individual which the patient appreciates from his own doctor? In medicine "output" is a matter of quality. The desired aim will be achieved when the gap between individual and collective medicine will have been bridged.

Les prisonniers de guerre et leurs médecins, by J. Mathieu, *Annales de droit international médical*, Monaco, 1965, No. 13.

. . . The problem of relations between doctors of enemy powers has legal, technical, and ethical aspects. These are interdependent and inseparable from the medical profession.

The jurist defines rights and his role is important in deciding issues at dispute. Conventions which are not respected may be the subject of derision. The function of law is not only passively to record facts; more positively it can create new attitudes. In any case, it postulates a theory to which reference can be made, and any theory influences future action.

Technology opens up perspectives previously unrecognized. It extends co-operation among doctors for the utilization of civilian and military techniques available to the Detaining Powers. Law must define the doctor's rights in this technical field.

BOOKS AND REVIEWS

Professional ethics must transcend national barriers and guarantee relief to all who suffer. These ethics are a matter of conscience for every doctor confronted with moral and professional problems which arise in the event of armed conflict. Belief that training and education can forge the conscience to give it added strength is not a fallacy. Law, by its prospective and positive action can, here again, spur on evolution.

Conscience-searching by doctors alone will not suffice. The active will of governments and high intellectual and moral authorities is necessary. Only then will populations and even the "war lords" themselves give greater recognition to the dignity and rights of the medical corps.

Aloof from belligerence, concerned only for the good of humanity, doctors of every nationality will then have the moral authority to act in concert following the spirit of their profession, which is to save lives in danger and to alleviate suffering.
