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neurological and psychiatric polyclinics, and rooms for common services including the dispensary, for social workers, and for student teaching.

The medical polyclinic is designed for the following operations in sequence: (1) reception and waiting; (2) recording of general particulars, routine examination of urine and taking of blood for Wassermann reaction and sedimentation-rate by nurses; (3) history-taking and physical examination by a medical officer (acting under the director) who remains thereafter the patient's "doctor"; (4) routine screening of the chest by the patient's "doctor"; (5) special examinations in the haematological, bacteriological, physiological, and other laboratories as may be required.

The rooms are arranged compactly and in sequence for ease of circulation so that the patient passes directly to the next person and is not bewildered by being sent distances about a large institution. The waiting-hall, of moderate size, is divided centrally into sections for men and women, and from here the patient passes immediately to the history-taking nurses' room, and thence to one of the 16 medical officers' rooms, 8 on each side, next to which suite is the X-ray screening-room. The laboratories for routine urine and blood tests are in the centre at the end, beyond the waiting-hall and between the two series of medical officers' rooms. These medical officers are men (or women) who have been qualified at least four years and have already had approved hospital training and are, for the most part, going on to be general practitioners. Students in the medical school take no part in the work of the medical polyclinic, except that the professor gives systematic teaching on selected patients in the well-equipped lecture hall in the building.

Professor Rossier states that approximately 90% of the medical patients referred by outside practitioners are fully investigated and diagnosed, and the large majority of these treated without admission to hospital. (Inquiry shows that approximately the same proportion can be dealt with effectively at medical outpatient department in this country, but only in those that are strongly staffed and have the necessary specialist facilities.) The medical polyclinic is not organised in separate "speciality" clinics since they seek to treat the patient and not the organ. Should the physician want information only to be obtained by some special procedure (such as bronchoscopy or cystoscopy) he would refer the patient to a member of the staff known to be technically expert at a particular method of examination. Similarly, he would show individual patients to members of the medical team having special interest in such cases. But the general physician would remain in charge and the patient would not be passed to a special cardiological, gastroenterological, diabetic, rheumatic, or other such clinic and thus become detached from the main current of medicine.

OUR NEXT ISSUE.

Our next issue will be published on Thursday, March 25th, 1948.

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