

*"Genius is ninety percent perspiration and ten percent inspiration."*

*Thomas Edison (1847-1931)*

**B**y mere chance, I came across an old (you may even call it historical) article in one of England's most popular CME journals. The title still fits for today's interest of any obstetrician; "The estimation of fetal growth". But the content is far from being similar to what today's practitioners read or take for granted. The article was published in 1971 and discusses different methods of estimating fetal growth and gestational age; including clinical assessment, radiography, biochemical assessment of the amniotic fluid for creatinine and osmolarity (nothing about lethicin or L/S ratio!!), cytological assessment of the amniotic fluid and lastly, a brief hint on the newly appearing technique of 'ultrasonography'!!

Here is what the author concluded about this new, still controversial (!!!) technique:

*"Ultrasound is a relatively new technique in Obstetrics and has not yet come into widespread use.*

*The equipment is expensive, there are high recurring costs for maintenance and most makes of equipment need a permanent room for installation. There is no risk to the mother or fetus and the scan can be repeated as often as necessary. Interpretation of the scans is said to be relatively easy to learn. Results to date indicate that weight can be assessed but caution must be applied because one third of high risk light-for-dates babies will be misjudged by having a normal skull growth rate.*

*There is also a highly vulnerable group of infants who are losing weight in-utero, a feature that would cause anxiety to the clinician but is not reflected in skull diameter measurements. Whether gestational age can be appraised from ultrasonic measurements over the whole spectrum of obstetric abnormalities as well as in normal, healthy women remains to be seen" .*

Lind T., 1971: The Estimation of Fetal Growth and Development. *B.J.Hosp.Med.*, 16-24.

Now, for our senior professors, this sense of how much our profession is a rapidly developing and changing one may be understandable or even usual. But to many other colleagues of my generation, this simple fact may be surprising, exactly like children who think that cellular phones have always been there in our life.

Yet, medicine is a very rapidly evolving science with new technologies and even concepts developing every single day. Change and evolution are the norm rather than the exception. With the emergence of the ideology of evidence-based medicine, an even faster turnover of information became inevitable. Some of what we thought was a solid fact proved to be completely wrong. It became crystal clear that those who keep themselves up-to-date with new advances and concepts would survive this great challenge, while those who continue to practice with outdated concepts would quickly lose their professional shine and would deprive their patients of their ethical and legal right of good standard care. This standard which, I will have to stress again, changes almost monthly nowadays.

"Self Education ", "Continuous Professional Development", "Training the Trainers" and "Continuous Medical Education" thus proved to be essential prerequisites for survival in our field rather than luxuries for those who have same spare time; *'to be or never to be any longer'*.

The turnover has become so rapid that what one believes today would probably be completely different from what was believed 5 or 10 years ago.

My professor says our generation is lucky for this great fortune of information and technology, but I think this primarily depends on whether we update ourselves with it or not. Being good doctors is becoming more and more difficult every day but, let us all do that now before it is too late to start over again.

*Sherif Ashoush*