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EDITORIAL

MEDICAL EDUCATION.

During the past two months there has appeared in the columns of the British Medical Journal a most interesting correspondence on the question of medical education. The immediate stimulus to this was an article with the intriguing title “The Student in Irons” in which Dr. C. M. Wilson, Dean of the Medical School, St. Mary’s Hospital, outlined and commented upon the deplorable tendencies of present day medical teaching. The letters which this stimulus evoked were all very much to the point and obviously written by men with considerable experience of teaching. They all endorsed Dr. Wilson’s attitude but not content with mere destructive criticism made many helpful and illuminating suggestions. We shall quote these presently. Before doing so however we would like to draw our readers’ attention to the views expressed on the same subject in our last issue.

It was there pointed out that the present system was not succeeding in what it had set out to do; that though its manifest and admitted aim was to train the student for general practice, it was doing nothing of the sort. The reasons for this state of affairs were noted and the following remedies suggested:

1. That the general practitioner should take his rightful place on the teaching staff of a Medical School and that teaching should not be left entirely in the hands of specialists. This would give to medical education the homogeneity so conspicuously absent to-day.

2. That the Course should be cut down considerably. Only those subjects being included which were of definite and fundamental interest to the general practitioner. This would mean that subjects like Forensic Medicine and Public Health would be relegated to the post-graduate period.

3. That the time given to the essential subjects should be in proportion to their value to the general practitioner. This would mean more clinical work.
4. That the student should be given greater responsibilities in the hospital wards. This would be the best possible preparation for the difficulties and responsibilities of general practice.

5. That the "systematic" lectures be abolished to make room for demonstrations of a more practical nature. The right place for medieval relics is the museum. The systematic lecture should be transferred thither so as not to interfere with the progress of a modern school.

We shall now proceed to quote from these letters to shew that our troubles here are identical with those in Great Britain. This, of course, is chiefly due to the fact that we have been content to take up a conservative attitude, an attitude which it always wrong for a young and vigorous institution to adopt.

Be that as it may, the system under which we languish seems to have few supporters among those who contributed in this correspondence. Of its defects they are eloquent. "The one purpose of the student's years," says C. M. Wilson, "is, it seems, not to train and test habits of thought, but to collect and store a set of facts as squirrels hoard the nuts on which they hibernate." If we persist with the present system, he continues, "he, (the student) must fall a victim to every passing fad and live among the credulous. The student with a disposition to think for himself, caught in the clinical years in a blind rush to meet the tyranny of signing up, is hurried out of thought. We trust neither his industry nor his capacity. He must be driven into different pens for every hour of the day along with a drifting flock that presses now this way now that." Says J. A. Ryle "There has been a growing sense of discomfort and dissatisfaction in the minds of medical educationists for some time past, and it becomes yearly more evident that drastic reforms must soon be planned. There will be a general agreement that the curriculum is overburdened, and that it cannot be further extended; that the student is unhappily compelled to memorise, especially in the preclinical period, a mass of facts and technicalities which are of small use to him afterwards and are in a large part rapidly forgotten; that he is given too little opportunity for thought and observation, so fully is his time occupied in cramming many subjects in order to reach a stipulated examination standard in each . . ." "What do the authorities really wish to produce?" asks Crichton-Miller indignantly. "Is it a general practitioner who can treat a sick person, or is it a polymorph specialist who can handle an electrocardiograph unskilfully, who can produce a series of indifferent abdominal X-rays, and who could venture on a laminectomy (probably when it was least required)? If it is this "Jack-of-all-trades," that is wanted, let us by all means go on as we are doing, adding another year to the curriculum every now and again. I submit, however, that a time will come when the public will realise that it is not being supplied with the type of general practitioner it wants, and when it will demand a type of doctor who is prepared to leave laboratory work and electrical machinery to specialists, who knows what value to give to findings in this particular patient, and who holds a status both in the profession and out of it that the specialist cannot assail."

So much for the chief criticisms levelled at the present system. The remedies proposed are equally interesting. We cannot of course give them all but will choose the representative ones. Major Greenwood suggests that we should "admit that it is not possible to turn out at the age of 23 young Admirable Crichtons competent to do all things which the general public might, in theory, expect a 'doctor' to be able to do, and concentrate on the task of training these young people how to learn." Ryle points out that "no amount of education in physiology, pathology, bacteriology, biochemistry and radiology will ever make a physician or a surgeon. In all of these subjects we need less detail, more general principle and more applied study. From a much earlier stage and in as many ways as possible we need closer contact with the patient and with the problems of the 'living disease.'" And he proceeds to quote with approval from Sir Charters Symonds Hunterian Oration for 1921.

"What characterises the man of ability is the power to observe, to co-ordinate, to contrast, and to draw deductions. The average man possesses his share of these powers, but they have not been exercised, and our problem, especially in the clinical period, is to develop the power of observation. The only opportunity the student has of developing this power, it seems to me, is in the clinical field, and the sooner he is brought there the better."

My opinion is that we should reduce the time spent on the preliminary sciences,
introduce clinical opportunities from the very first, and secure three years out of the five for the final course.”

But by far the most logical contribution to this aspect of the problem comes from Crichton-Miller. He points out quite definitely that it is unnecessary for the specialist to have full general training before specialising. Though desirable, the amount of special training now necessary makes this impossible. “I am inclined to doubt,” he says, “whether an ophthalmologist requires a full medical course any more than a dentist. Certainly if I suspected that I had cataract I would not be greatly impressed by the claim of an ophthalmic surgeon that he had won a gold medal in obstetrics.” And after proceeding in the same strain closes by showing us how the engineers are dealing with their difficulties: “Let us take a lesson from the engineer. No one would think of demanding from the same candidate proof that he could design a tunnel and also construct a microphone. At a very early stage civil, mechanical and electrical engineers specialise. The engineers are rational and they treat the problem of expanding knowledge in the only logical way.”

And finally we have a French contributor who describes the method used in his country, a method which for us at any rate has an irresistible appeal. “The French method of teaching is above all clinical. . . . . The student is expected to walk the hospitals from the very moment he begins his studies.”

Such are the criticisms, destructive and constructive of the system now in vogue in Great Britain. When we come to consider them carefully we find three points on which the majority of contributors are in agreement. They are:

1. That the curriculum is overloaded.
2. That our system is not aimed at producing the right type of general practitioner, by which is meant “not the humble general practitioner, but the best man in the profession, in relation to whom all specialists would be, as they should be, humble specialists.”
3. That the best single way of achieving this aim is to give the student more clinical work and less preliminary detail.

We have been at some pains to quote these views of overseas experts chiefly because we wish to bring them to the notice of the curriculum committee. We understand that such a body exists. If we are right in this assumption, then it is time it exhibited some signs of vitality. We feel that something should be done not only to rectify the more glaring defects of our present curriculum, but also to put the whole matter of medical education in our University on a rational basis.