Personal View

Br Med J: first published as 10.1136/bmj.4.5886.229 on 27 October 1973. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

Our new medical students have now arrived. We were promised a brand new teaching hospital of 1,400 beds or thereabouts, conveniently situated adjacent to the university campus, but it seems unlikely that the present misshapen tangle of iron girders and concrete will ever make the full metamorphosis before 1980. In the meantime the existing Nottingham hospitals have had a face-lift ready to accept the clinical students of the first medical school to be established since the Welsh National School of Medicine was set up in 1893.

I had a fascinating time recently looking at some old hospital records. I had always assumed that our present students would be the first trained in Nottingham. In fact, with the passing of the Apothecaries Act on 15 January 1815 a number of provincial hospitals, including Nottingham, were recognized as approved teaching schools in which an apprenticeship could be served. The Statutes and Directions of the General Hospital, Nottingham (passed in 1834) allowed provision for at least six pupils on payment of a fee of twenty guineas for a three-year period of study. We learn that the physicians and surgeons of the hospital were entirely responsible for the teaching at such times as they were not engaged in private practice and that the fees were divided appropriately. I wonder if the University Grants Committee might consider this as a simpler method of administering their finances.

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When the plans for this new medical school were being laid Sir George Pickering's advisory committee envisaged a fresh and uninhibited approach to the broad concepts of medical education. The traditional preclinical course, in which structure and function were often taught as unrelated subjects, has been reshaped to offer a B.Med.Sci. based on a study of the cell, man, and his environment. In this first part of the medical curriculum the students have already seen the full impact of illness in the home, in the community, and in the hospital and it seems likely that the transition to the wards at the end of the preclinical terms will be a less momentous one than in my own student days—when the move from the dissecting room to the bedside marked enormous promotion. Whilst we are already committed to this newer approach to medical education in the preclinical years, our attitudes to the teaching of clinical medicine are unlikely to be very different from those traditional methods of demonstrating disease, which have continued virtually unchanged for the last fifty years.

I wonder if we do not adhere too slavishly to the British method of bedside teaching on the arrogant assumption that it is the best in the world. Today's patients are well informed and no longer insensitive to discussions couched in quasi-scientific jargon. Certainly I have many reservations about teaching in the outpatients department, where bewildered and frightened new attenders are interviewed and prodded by relatively junior students wading through the intricacies of history taking and physical examination. The vigorous and vociferous Patients' Association has quite rightly taken us to task in this respect. And surely, having waited for some weeks for his appointment our patient is entitled to a few minutes undivided attention without those few minutes being diluted by teaching. It is difficult, though, to think of any real substitute for this intensely personal type of clinical instruction, at which so many of our older teachers were so skilled, and I cannot envisage even the most sophisticated audiovisual teaching aids offering an adequate alternative.

What should we, as general physicans, be teaching our medical students in the 1970's? My colleagues and I have been trying to thrash out what might be termed core topics for the junior medical clerkships. Looking for some guide-lines we examined the causes of admission to the medical wards in our own area. It came as no real surprise to find that the vast majority were patients with degenerative vascular disorders with the unhealthy addition of some elderly folk over-treated and many young folk self-poisoned. While it is easy to define the common and more obvious core topics it is amazing how much argument can be generated as to what each physican regards as core teaching. Personal interests colour one's views enormously and I think that we are all rather like the American professor who excused himself any selection of his teaching material by exclaiming "What I teach is core, what the others teach is crap!"

However, I am sure that throughout the country students are now being taught about disease as it exists in our present environment. In the early 1960's many of the London teaching hospitals were beginning to suffer shortage of clinical work by the population drift from the city centre to the suburbs. As a result the wards of our great metropolitan hospitals became filled with patients with obscure disorders ready to satisfy the interests of the consultants and the appetites of the research workers. In recent years much has been done to improve things by using the resources of the larger peripheral non-teaching hospitals or by extensions away from the non-residential centre of London. Student secondments away from the Alma Mater have proved a popular type of break from formal training and—although the medical student may not learn too much of the classical features of syringomyelia or of the biochemistry of the porphyrias in a small provincial hospital—he will rapidly become well informed of the catastrophic effects of untreated cranial arteritis and the subtle presentations of senile dementia. For generations students have been nurtured on chronic rheumatic heart disease and the ravages of untreated syphilis, and it is high time that many of the textbooks were rewritten to give less emphasis on so-called "classical disease," which forms a relatively unimportant part of our everyday working lives.

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Students in general are often the targets of much criticism by the public and the mass media—but happily medical students have seemed immune. This is probably because they are fully occupied by their studies and I am sure that if a man has to earn his living as a direct result of his university training he applies himself more studiously to his task. Even so, it is a pity that the perpetual student which Kenneth More portrayed so superbly in Doctor in the House is no longer with us and it was saddening to read recently of one of our great London hospitals being unable to raise fifteeen men for a rugby match. In spite of golliwog hair, gaucho moustaches, and grandpa vests our present students are eager, well informed, and enthusiastic, with a disarming frankness which was lacking in my own generation. Starting clinical work is the most exciting part of medical students' training; I hope they enjoy it.

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