

if it remains sufficiently close to medicine to hold the interest of most medical students.

Like many teachers,⁴⁻⁶ Hunter believes that the aim of the clinical course is primarily to emphasize clinical methods and not to be comprehensive. From this springs the view that the undergraduate medical course could be shortened without becoming ineffective. Time saved could well be spent on vocational training in supervised graduate study, the preregistration period being lengthened to two years. Such modifications have already been proposed in curricula for the school of medicine and human biology⁵ and for the new medical school at Nottingham.⁷

Sir Robert Platt's thoughts on medical education are well known and always stimulating. In his article at page 551 he comments that medical teaching concentrates on science but neglects the study of human behaviour, from which medical wisdom could grow. In attributing this fault to the method by which universities recruit their teachers he touches on a vital and largely ignored aspect of medical education: we hear too little about the qualities of the teachers themselves. The enthusiasm of the teacher is at least as important as the content of the course.⁸ Yet often the members of an academic teaching staff are chosen because of their ability in research, an ability sometimes expressed in the single-minded study of an exceedingly narrow topic. It is only the gifted few who can combine teaching with research and care of patients.

More status should be given to medical teaching as a career in its own right. L. S. Michaelis⁹ has suggested that a small central department of medical teaching should be set up where skill in lecturing could be improved. This would be a useful if modest beginning. There is probably a place for a more ambitious institute for research and training in medical teaching attached to a medical school. Academic staff could be seconded to it for training in lecturing and seminar techniques and for instruction and research in the preparation of teaching programmes, medical films, tape recordings, and demonstrations. An attack should be made too on the fashionable contention that teaching is a tiresome chore that must be hurried through in order to make time for research.

Public Health for Undergraduates

The medical student must acquire some knowledge of the manner in which environment, living habits, and social forces affect people both favourably and unfavourably. This cannot be taught in a hospital setting, where patients are too readily seen as cases and not as people. Yet until the young doctor can appreciate the importance of such factors he cannot come to grips with many of his patients' problems. Thus the teaching of public health has had to change in recent years as much as that of any other branch of medicine. To-day the teaching of environmental hygiene and sanitation is minimal, and the emphasis has shifted to include the development of the social services in relation to medicine, social determinants of behaviour, the social causes and consequences of physical and psychological illness, and similar concepts. For the realization of such ideas the student must spend some time studying health and ill-health in the community. Some public-health courses provide facilities for students to be attached to general practitioners or to families with a socio-

medical problem, then to enlarge on their experience by seminar discussions and case conferences. Attachment to a general practitioner is not in itself sufficient; the student must have an opportunity to see and learn about the activities of the local health and welfare services and how to use them. He should have an opportunity to meet and discuss these services with a medical officer of health and some of the health department staff. All this will make further demands on the student's time, but if he is to practise medicine in its present form, and, more important, if he is to continue as the leader of the medical-care team, the time must be found. A closer integration of the general practitioner and local health authority services is gradually emerging. But it would be achieved more expeditiously and probably more sensibly if young doctors on qualification had a good working knowledge of these services for the prevention of disease and care of the patient in the home.

In a recent paper M. D. Warren¹ states, "Epidemiology must be taught as a basic scientific discipline of preventive and social medicine," for epidemiological methods can help in the diagnosis and prevention of all disease, not only infectious disease. Preventive medicine includes the control of environmental and industrial hazards, immunization and the presymptomatic screening of population groups, together with the aftercare, rehabilitation, and resettlement of patients. To present the modern concept of public health in the medical student's training, Warren estimates, would need about 200 hours of teaching time, which is much more than is allowed at present. Nevertheless, as these socio-medical, epidemiological, and preventive aspects of medicine are steadily gaining in importance, more teaching time should be found for them, and no doubt the General Medical Council's Committee on the Medical Curriculum will be giving careful consideration to this matter. Medical training as it exists at present turns out men and women principally concerned with the diagnosis and treatment of disease, and with clinical research. It is true that the College of General Practitioners has encouraged research in epidemiology, in the wider sense of this term. It is true, also, that one of the recurrent themes among those concerned with the future of general practice is the need for a greater participation of the general practitioner in public health work, especially in health centres. But more needs to be done, and it may not be exaggerated to suggest that all medical training should be conducted in the framework of preventive and social medicine if the full potentialities of the practice of medicine are to be realized.

Students' Mental Health

A recent survey of preclinical medical students at University College, London, showed that one-third of them sought advice at the student health centre because of psychological symptoms at some time during the course.¹ The more seriously disturbed the student was, the sooner and the more frequently he attended the health centre. As well as having purely psychological symptoms many of these students complained of physical disorders, such as headache, back-ache, dizziness, digestive upsets, and so on, for which no organic cause could be found. As a result they were referred for specialist opinions, x-rayed, and sent for blood tests more frequently than their less anxious fellow students.

¹ Warren, M. D., *Publ. Hlth*, 1965, 79, 198.