under which this important syndrome may appear in an industrialised society.

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Musings of a Dean

Teaching and service

As education cuts threaten to bite deeply, the deans of medical schools are contemplating a plea for special treatment. This would not be as unreasonable as it may sound because medicine is the only faculty which is obliged to admit as many students as last year (and substantially more than a few years ago) to honour a national commitment. Medicine is also under unique constraints from the General Medical Council to maintain the depth and breadth of its course. It was partly because of these external requirements to diversify the curriculum that new academic departments were set up, with a consequent strain on resources.

In short, the nation may have to spare an extra penny for medicine if it is to ensure doctors sufficient in number and satisfactory in quality for its needs. Need is a very controversial matter and may in any case conflict with preparedness to pay for more working doctors. There is also the problem, in hospital at least, that the career structure may be too inflexible a pyramid to allow for the legitimate career aspirations of the number of doctors now on the stocks.

Types of education

The notion of quality in relation to need is not so much a technical requirement as an attitude of mind. Doctors have not proved outstandingly adaptable to changing medical and social needs, or, if they have, it has been in spite of rather than because of their medical education. Their educational experience has been cushioned from the world, whether in multifaculty intellectual abstraction at Oxbridge or elsewhere, or in a proud teaching hospital medical school, standing a little aloof from the everyday needs of the people around it.

Times are changing. The most outstanding intellects (and many lesser lights) still receive an excellent scientific education in abstraction, a foundation sufficient to set feet on a Nobel-prizewinning path. But whatever the pattern of their training most doctors have a rather pedestrian assignment ahead. They might better bend their minds and hearts to everyday medicine by spending all the five years of their training nearer the sharp end of their subject, especially as teaching hospital awareness begins to spread outside the narrow confines of its own parish.

Denigration of applied knowledge, whether in science, maths, or medicine, is a peculiarly British arrogance. Small wonder that in therapeutics, for example, most major advances have stemmed from the unashamed practicality of the pharmaceutical industry and not from the universities. Surely it does not degrade to emphasise the practical relevance of learning? It may positively inspire students if teachers are competent in basic and clinical science besides being actively concerned in patient care, whether in psychology or surgery.

Reports from London suggest that smaller integrated schools may be the first casualties of financial constraint on grounds better intelligible as a reflection of educational power politics, the "big is beautiful" school, rather than proved economic reason. This shift in the balance of education perpetrated in the name of economics threatens to halt in its tracks the movement towards a more adaptable approach to medicine. It favours again the comparatively sterile split between science and medicine, which makes it more difficult to bridge the gap between the narrow physical technology and the wider behavioural art of medicine.

A close partnership between the many strands of basic science and clinical science has made great strides in the past 15 years, not least in forging an educational harmony "welcomed by students, who, from the outset, appreciate the importance of studying basic medical sciences in their own right but also of learning how to apply them to the problems of sick people."[1] The partnership is no less productive in research because it "ensures that advances in medical science have the maximal impact on patient management, on research, and in the prevention of disease.[1]

The symbiotic relationship between basic science and clinical practice can be developed even further. The reflective intercalated BSc year offered at many universities during the medical course is rightly cherished. In Australia this option has been developed as, in effect, a BSc in clinical science,[2] a concept which could with advantage be developed in Britain too. Finally, a continuing strand of basic science in the clinical years helps to mould the course into a coherent whole. But for this to be achieved economically departments must be next to one another and the five-year course must be jointly planned.

Teaching versus service?

The time-hallowed conflict between teaching and service is another aspect of the same problem. The conflict is one of time not of content; service is first the training ground of medicine (at which students are eager to arrive at the earliest opportunity) and then its lifelong battlefield. For teachers to find time for both scientific and clinical teaching, for research and for service these activities need to be as compact in geography as in spirit. As clinical responsibilities cannot be adequately undertaken at a distance it is not difficult to see the inherent advantage of a teaching hospital and complete medical school on one site. At the

same time a strong academic presence offers many advantages both in resources and in spirit to the hospital itself. Thus medical teaching and practice move hand in hand to mutual benefit, the more so when the hospital provides a full range of district services well integrated with the community around it.

Students find in this often dirty air of need a sweet scent of service, but there is more to the relationship than that. Was it the first time that a British university openly recognised the mutual economic responsibilities of teaching and service when the Vice-chancellor of London University recently acknowledged an element of social responsibility in the deployment of university resources? In the columns of *The Times* he complimented his medical colleagues who, in the agonies of retrenchment, "came up with proposals for the good of Greater London and have concentrated resources in Tooting and in Paddington, where patients are indigenous."[3]

How much is there for medicine?

Is not their service role another most powerful reason for protecting medical faculties from the full rigour of education cuts? Which brings me to the point where I ended last time: how can protection be assured when no one knows (or will reveal) the sum which each university receives earmarked (in receipt if not in expenditure) for medicine? How long will deans be content to see their faculties dismembered before they demand an answer to that crucial question? It is rumoured that in London dean will soon eat dean as dog eats dog and that it may not be long before principal eats provost in non-medical affray. Surely all medical faculties must now be told what is theirs to spend—and to save. How otherwise can we be assured that non-medical faculties will not subsidise their own salvation out of the national responsibility laid on faculties of medicine?

This is the fourth in a series of occasional articles from an undergraduate dean.

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MATERIA NON MEDICA

To give or not to give?

The child sprang out at us on the dusty track—barefoot, both hands outstretched, and a huge grin on his face. He must have been about 7 or 8 years old—dancing around us, clawing at us, yet uttering no sound. We soon realised that this child was congenitally deaf and engaged in a silent version of the demand for mithai, or sweets.

In Nepal it would seem to have become the child's prerogative to demand sweets from the tourist. The number of visitors trekking there has considerably increased within the past five years, so that the more popular Himalayan routes are now being subjected to a steady flow of foreigners throughout the season months. The Nepali mountain folk tolerate the intrusion well. By nature they are friendly and hospitable; existing in primitive farming communities, they are happy to provide the passing tourist with a bed for the night (albeit flea-ridden) or to offer him chang (millet beer) or rakshi (rice spirit) in their homes for the few rupees it will bring them. It is the children we have spoilt.

Charming the world over, as small children are, they are only too aware of the fact. At the first hint of a tourist they will rush out wreathed in coy smiles with the traditional Nepali greeting: Namaste! They will stand and stare at the strangers with fascination. Perhaps they will venture a few phrases of English learnt at the village school. Then will come the inevitable: "Mithai! Sweets!" The alternative stock phrase is: "I am a schoolboy—give me a pen!"

I speak only for the majority of children we met on the mountain trek—not for all. Many were content to greet and welcome us and some were chided by the adults when they asked for sweets. In some villages, however, even the greeting was abandoned; we were simply met with the cry: "Mithai! Sweets!" I'm afraid we became very hardhearted.

So now, when I hear people about to visit foreign parts say: "But what shall I bring for the children?" I say: "Don't!" Unless it is as a reward, it does no good to give things to these children (despite the fact we have so much more). Fine if, for example, they are taking part in an epidemiological survey, a vaccination programme, or simply having their picture taken, then by all means give them something. To simply hand out sweets indiscriminately to children in a village, as I saw one group do, merely leads them to expect and demand from the tourist. It is our fault.

As we continued in the sunshine along the path, the deaf child still ran after us, arms still outstretched, still smiling. In his community he will become nothing more than a village idiot—just a little saddening when one considers the money spent on complicated electronic and video gadgetry as aids for our own deaf children. I swallowed my acid drop and trudged on up the hill to our campsite for the night.—SUSANNE T CHAPMAN (registrar in microbiology, Bristol).

A gentle form of exercise? T'ai chi ch'uan may be the answer

Some years ago I recognised the need to take some form of exercise as I was spending more time at my desk and sitting in meetings. I had got bored with the Canadian Air Force exercises, jogging on hard pavements is not good for arthritic knees, keep fit classes didn't interest me, and I couldn't get enthusiastic about competitive games like squash or golf where you need a partner. I wanted some form of gently exercise which would help me to relax, which didn't need a lot of space or equipment, and which I could practise virtually any time on my own. I have now found T'ai chi ch'uan.

T'ai Chi Ch'uan is an ancient Chinese Taoist art. It is taught as a supreme exercise for health, balance, and mental control. It takes care of one's physical and mental wellbeing and eventually one's spiritual development. It can be practised anywhere and at almost any time regardless of sex, age, or physical fitness. If practised for 20 minutes each day it is said to renew vitality and prolong life and vigour. The Chinese have a saying "That whoever practises t'ai chi correctly will gain the pliability of a child, the internal strength of 10 men, and the peace of mind of a sage."

Depending on the style practised, the "form" of t'ai chi is a series of some 140 movements. It is not an exercise to develop muscles, but rather to relax them. This is one of the most difficult aspects to achieve. The "form" is practised without any special muscular effort and effectively exercises the whole of the body and joints by gentle movements which are combined with deep breathing. T'ai chi form requires complete relaxation of both body and mind but also an awareness of one's body and centre of balance. There is continuous slow movement as the body weight is shifted from one foot to the other, while the arms move in a series of arcs and circles in a relaxed, rounded, and gentle way. Co-ordination of legs, arms, and breath is very important, thus enabling all parts of the body to be exercised in unison, under dynamic mental control. While practising the form one is circulating and balancing one's intrinsic energies throughout the body, thereby contributing to a sense of wellbeing and fitness. The intrinsic energy or chi is the natural energy of the body which we all have. Once the sequence has been mastered and the "form" can be practised without thought of what comes next, you can experience a feeling of weightlessness in the arms and legs together with a feeling of floating.

The "form" of t'ai chi is only one small part of the art of t'ai chi ch'uan, which also includes t'ai chi dance, sword, stick, and knife and sections which require a partner, whom you try to overbalance while retaining your own balance. But for me I know that I have found a gentle way of exercising my body which I can practise well into old age. What started out as a form of exercise could easily become an obsession.—MARGARET BONIFACE (superintendent radiographer, Birmingham).