Personal Paper

A postgraduate journal in a medical institute

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"Work, finish, publish"—Michael Faraday.

The growth of postgraduate centres over the past 15 years has been a welcome material development in British medicine, particularly in district general hospitals and in areas lacking the benefits of an established university medical school. They have undoubtedly contributed to the quality of education in hospital and community practice and provided a focal point for new initiatives in professions associated with medicine, in some instances building and developing their own research facilities.[1] Occasionally, centres have felt it necessary to publish a medical journal. As is often the case, the idea of a local journal was planted and fostered by a few enthusiasts in the North Staffordshire Medical Institute in 1969. From quite small beginnings a regular publication has grown which is now an accepted fact in the postgraduate life of the medical profession in Stoke-on-Trent.

Vehicle for reporting

The broad aim of the *North Staffordshire Medical Institute Journal* has been to provide a vehicle to report the proceedings of the institute. Scientific proceedings have always been emphasised, but this has been balanced by reports from the varied institute sections and societies and supplemented by reports on diverse topics, which include invited lectures, vocational training in general practice, community medicine, reports on scientific open days, and educational and vacation lectures to schoolchildren. Honours and examination successes and other items of local medical news complete the more social aspect of the journal. The scientific proceedings do not challenge the high standards set by national and international journals, neither are they intended to do so. Their primary value may rest in preserving a wealth of clinical experience in papers that would otherwise be lost to record. These papers are the essential medical archives of a district, and in addition to providing mature clinicians and scientists with an alternative vehicle for literary expression of their knowledge, create the habit of careful documentation essential to the exercise of a scientific faculty and a stable intelligence.

The graduate clearly benefits from training in preparing selective "case reports" or medical articles for publication, with the attendant critical review of relevant literature. This skill is often sadly lacking or imperfectly taught or the graduate learns it at second-hand as the quiet coauthor of a paper to which his name is simply appended. Presentation of such papers by senior house officers, registrars, and science graduates during their clinical and postgraduate training has proved a useful educational exercise and introduces a most difficult art, that of respectably clothing science in logic and language. It is usual to include three contributions of this type in the scientific section of each issue.

Local and historical perspectives

The journal is useful in gathering local experience of the natural history of disease in the community, in defining the character of its medical practice, and in setting out the special needs, ambitions, and achievements of the area. It is not surprising therefore, that recent issues have included articles on "The changing pattern of tuberculosis in the Potteries"; "The management of diabetic pregnancies at the North Staffordshire Hospital Centre (1972-7)"; "North Staffordshire experience in parathyroid surgery (1965-77)"; "The Industrial and Community Health Research Centre"; and "The University of Keele and medical education and research." Informed regional and national thinking can also be brought to the area level, and this was the subject of a communication by the West Midlands Regional Medical Officer, entitled "Resources and the National Health Service," printed in the current issue of the journal.

An awareness of historical antecedents to our institutions enriches our appreciation of their achievements and adds a dimension of humility to any tendency to self-congratulation or complacency. The journal allows space for historical articles, not solely about North Staffordshire, though local emphasis is preferred. A community that has shown a stability and a degree of insularity for 250 years has historical as well as epidemiological advantages. It is interesting to bring to life the overt or shadowy medical figures of the district and their community aspirations and achievements, which often stretch far beyond their primary medical offices. The journal in North Staffordshire has shown an interest in preserving historical documents and has recently initiated with the archivist of the institute a historical section of the medical institute. We owe a debt in this respect to the late Dr Eric Posner, whose skill as a medical historian has been featured in the journal in articles on Purkinje, Josiah Wedgwood and his doctors, and Erasmus Darwin.

Politics of compromise

There is no easy solution to the problems of financial support. In the early days the journal was financed entirely by the generosity of a drug company. As the journal increased in range, size, and distribution the known constraints on the pharmaceutical industry made it necessary to cover the cost of

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the journal from advertisements. Quality productions are expensive and advertising revenue has never completely covered all costs of production and distribution. The council of the institute make no charge for the journal and circulate 1500 copies to members and friends of the institute and other postgraduate centres and medical schools. A financial loss is a cost to the institute and must be made good from an endowment fund. This jars the nerve endings of an editor and business manager but is a useful and maturing exercise in the politics of compromise. I would suggest that it is implicit in such ventures that he who pays the piper does not select the tune, may not like the melody, but has a chance to say so, since the editor is ultimately and properly responsible to council.

It is not easy to represent all interests justly or dispassionately in the proportions they deserve. The journal does, however, invite contributions from all societies, records their proceedings, and helps to construct an architecture of the medical life in the district. It is generally well received by its readers, and it is healthy to record as a sign of vitality that some readers express categorical views on its shortcomings. Some critics argue that parochialism, which is inherent in such journals, diminishes their genuine value, and are reluctant to contribute work that might be placed to better advantage elsewhere. This opinion is understandable, but fails to take account of one essential and unique property of a publication from a postgraduate centre: a capacity to foster a common identity, sense of purpose, coherence, and unity in the restless will-o'-the-wisp that is the spirit of any community.

Reference

[1] Aber, G M, *et al*, *British Medical Journal*, 1972, **1**, 619.

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Medical Education

What shall we teach undergraduates?

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Summary and conclusions

The opinions of 600 randomly selected doctors on what should be taught to undergraduates in clinical years were analysed. The respondents gave a high priority to general medicine, paediatrics, general surgery, casualty, and gynaecology, but a low priority to forensic medicine, plastic surgery, radiotherapy, anaesthetics, radiology, and rehabilitation medicine. Doctors thought that these should be taught to postgraduates. The two major groupings of doctors—general practitioners and consultants—gave essentially the same priorities.

Undergraduate curricula cannot include all major specialties, so the results of this analysis may provide a useful basis for selecting the most suitable subjects. Criteria for including other specialties might be the ability and enthusiasm of the teachers and well-thought-out and academically sound teaching programmes.

Introduction

There is constant pressure to include more in the medical curriculum, particularly in clinical years. Each specialty sees instruction in its own subject as mandatory. Nevertheless, the curriculum is already too crowded for the hapless medical student. So who is to decide what must be jettisoned to make room for a given specialty? The student knows what is palatable, but not always what is nutritious. Academic staff, who normally make the decisions, may be accused of living in ivory towers. We therefore analysed the opinions of 600 randomly selected doctors.

Method

In a pilot study we questioned 20 medical practitioners, selected at random from the *Medical Directory*. The respondents emphatically pointed out a few glaring omissions in this first questionnaire. We then prepared a more comprehensive questionnaire, which was circulated to 800 doctors randomly selected from the *Medical Directory*. They were asked to say whether 28 specialties (including general medicine and general surgery) placed in alphabetical order should receive "high," "moderate," or "low" priority for separate teaching in the undergraduate curriculum, or whether they should be confined to postgraduate study. The respondents were also asked whether the subject had been taught separately at their medical schools, and whether they had received postgraduate instruction in it. They were invited to add any comments they wished. The doctors did not know that a rheumatologist had prepared the questions. The doctor's sex, time elapsed since qualification, type of practice, and medical school were noted.

Results

Out of 800 questionnaires circulated, 697 replies were received. Six of the doctors had died and 84 had moved elsewhere, the envelope being returned marked "gone away." Seven questionnaires were so inadequately completed that they were discarded. The opinions of 600 were, therefore, available for analysis. The ratio of men to women was 3:1 (442:158). Most had qualified in London medical schools (267; 45%). Other English medical schools accounted for 226 (37%), Scottish schools 99 (17%), and the Welsh School of Medicine 7 (1·1%); there was a solitary soul from Belfast. Fewer than five years

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