

RES MEDICA

Journal of the Royal Medical Society



The Society

Abstract

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THE SOCIETY

● The Presidents' Annual Dinner, with guest of honour Sir Max Rosenheim, attained its traditional level of elegant conviviality. Wine and wit flowed merrily enough and once more it became hard to imagine how the Society could ever have conducted such an evening without the grace (and organising ability!) of the ladies. The formality of the dinner has always occasioned the wearing of white ties and tails by the chief guests and hosts. However this year continued the trend towards the wearing of the simpler black tie and dinner jacket and although a certain uniformity of dress is aesthetically preferable it would be a pity if any difference of opinion about what constitutes suitable attire were to blossom into a big-enders versus little-enders struggle.

● At the suggestion of Sir John McMichael F.R.S., a former Secretary of the Society, and with the invaluable help of Drs. Julian and Oliver of the Department of Cardiology, and Dr. Falconer of the B.M.A., the Society arranged a Symposium on "Angina Pectoris" to commemorate the first use of amyl nitrite in this condition by T. Lauder Brunton while he was Senior President of the Society.

Papers ranged from coronary arteriography (Dr. Richard Gorlin, Harvard, and Dr. G. C. Friesinger, Johns Hopkins, Baltimore) and experimental studies on the coronary circulation in dogs (Dr. Russell Rees, Westminster Hospital), to epidemiological studies (Professor Morris, London) and the benefits of anticoagulant therapy in the prognosis of angina pectoris (Dr. C. Borchgrevink, Oslo). Two present members, Mr. Robin Hunter and Miss Alison Leach, gave short papers on "Lauder Brunton" and "History of Angina" respectively. The meeting was concluded by a panel discussion chaired by Dr. Julian.

A celebration dinner was held in the Royal College of Physicians, at which Sir John McMichael was the principal speaker, while the Symposium itself was held in the hall of the Royal College of Surgeons; to both Colleges the Society extends its gratitude.

● After many months of preparation and deliberation the alienation of a major portion of the library by sale was finally ratified at a private business meeting in November. Ironically, the convocation of a constitutionally acceptable gathering proved as tedious as the ultimate decision was swift. A sense of anticlimax did not however diminish the historical significance of the procedure. Negotiations now continue with those firms interested in its purchase. *Sed tempora mutata sunt et nos mutamur . . .*

● The starting of a "Journal Club" is applauded. Discussions at Thursday lunch breaks will deal with current medical topics and is yet another sign of the increasing use of the Society's premises are being put to — the clean and warm surroundings proving a strong attraction to members during the week.

● In a valedictory address sensitive to the situation of the patient in a National Health hospital, last year's Senior President, Matthew Kaufman, had this to say: "The position of the patient in hospital is a particularly unenviable one, being in all but a few instances bottom of the hospital hierarchy. Here the chain of command moves from top to bottom while information of the patient's needs percolates only slowly through in the opposite direction. In this feudal state the patient is the serf, vulnerable to the whims of his masters, deprived of clothing to the limits of decency, and subjected to a form of regimentation even worse and possibly more pointless than that once experienced by many in National Service. Visiting hours are usually inflexible, even though a Government memorandum in 1962 stated that "visiting should be regarded as an important contribution to the patient's recovery, never as a concession or as an unwelcome interference with hospital routine" . . .

"A climate of good exchange of ideas and feelings is not induced by the doctor who goes round the ward talking to those around him

about the patient, without including the patient in the conversation. It may be argued here that the consultant going round the ward has no time to give this kind of care to each patient, and that he expects this to be done by junior members of staff; in most wards this is done by junior members but communication is most satisfactory to the patient in those wards where senior members of staff 'treat the patient as a whole'. In such wards junior members of staff appear to follow the example of their consultants and pay particular attention to the communication needs of the patient.

Unfortunately, although the hospital population today has changed in that hospitals are no longer catering solely for the sick poor, there is still a marked professional distance between the doctor and his patient, even where patients of other professions are involved.

In general, patients accept medical students feeling that in some small way they are giving something in return for the care received. Some positively enjoy teaching sessions as they help to pass the time, they present a possible opportunity for finding out what's wrong with them, and, in some instances, being taught on is regarded as a status symbol.

Often patients are inadequately prepared or warned that they are to be the subject of a lecture or demonstration. As a result of this, considerable confusion ensues in the mind of the patient; far from learning more about his particular illness, he is often erroneously led to believe that he has several other illnesses as well.

Overlong interviews prove tiring, and the repetition of information irksome, while failure on the student's part to introduce himself may cause unnecessary anxiety. This is more especially the case when the patient is interviewed in the ward by a man in an ordinary suit with no white coat and no stethoscope, who shows particular interest in personal problems, or, for example, in the circumstances of injury or accident.

This is due to thoughtlessness, nothing else, and certainly is not confined to the medical student. However competent the surgeon or physician, some of the effectiveness of his skill is lost to the patient if the manner in which it is used shows lack of consideration for the patient as a person with thoughts and feelings."

● Raising the price of this Journal has been a regrettable but necessary step. In these days of pricey pic 'n pints it is hoped that your outlay of two shillings will have been amply justified. The Journal continues to be grateful to its honorary editorial board for their co-operation in business matters, and to Mrs. Thompson and Miss Harkins for their willing help. An error in our last issue should be corrected: in "The Chocolate Coated Pill" the sequential therapy type of pill mentioned involves the administration of oestrogen from days 5 - 20, and not progesterin. We apologise for any confusion caused.

● The Society has had a hand in the founding of the Edinburgh Medical Group. While it is too early to assess the value of such a venture, designed to air the topical, the complex and the obscure in medicine and allied fields, there is at least a healthy stirring to comprehend more about the difficulties inherent in medical advance. Will it herald the teaching of philosophy in the medical curriculum once more?

SYLLABUS FOR THE SPRING TERM

January

- 12 Address: Prof. George J. Romanes, "Peripheral Nerves" (in Surgeon's Hall)
- 19 Dissertation: Dr. Sheila Picken, "Medicine at the Time of Shakespeare"
- 26 Talk: Dr. D. C. Simpson, "Powered Prosthetics"

February

- 2 Dissertation: John B. Irvine, "Stereognosis"
- 9 Dissertation: E. John Elliot, "De Dementia Praecox"
- 16 Address: Prof. Michael F. A. Woodruff, "Experiences with Renal Transplantation" (in Surgeon's Hall)
- 23 Dissertation: John D. Corson, "Arthritis as a Manifestation of Systemic Disease"

March

- 1 To be arranged.
- 6 Annual Extraordinary General Meeting
- 8 President's Valedictory Address