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The Society

The Editor

Abstract
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THE SOCIETY

● As a result of a recent debate in the Society, during which many of the Royal Medical's most hallowed offices and operations came under criticism, a small committee was set up to examine the Society's role and procedure, and in particular to determine which traditions of the Society are detrimental to its smooth-running and optimum membership.

The committee formulated a questionnaire and circulated it to a third of the medical students in the Faculty, with a view to finding out:

(a) how many students attend meetings and lectures outside the formal medical curriculum,

(b) what medical students know about the R.M.S. and what their attitude to the Society is,

(c) which features of the Society militate against their joining.

A preliminary examination of the replies received shows that present members are dissatisfied with the Society as it stands at present, while non-members either know very little about the Society or have strong feelings against it; few students appear to be aware of the many facilities available for them in Hill Square. Disgruntlement seems to be chiefly centred on the formality of proceedings, poor publicity, the narrow scope of subject matter and the fact that meetings are held on Friday evenings.

A full account of the results will be produced in due course, and will be presented to the Society along with suggestions for changes where thought appropriate, though constantly bearing in mind the long-established dignity of the Society and its essential traditions of student dissertation and debate. We hope thus to introduce new life into our ancient Society at this time of radical and historical change in its accommodation, library policy and financial position.

● The following paragraphs present personal impressions of medical education systems in different countries. Contributed by Edinburgh students whose studies and curiosity have taken them to cities as far removed as Toronto, Paris, Moscow and Zagreb, they illustrate differing solutions to the same problem — production of doctors.

Wayfarers in similar terrain may match these accounts with similar or conflicting remembrances but only the most insular can ignore them at a time when our own system is poised for change.

✉ Paris dominates French medicine in terms of prestige, opportunity and academic standing, holding its position despite moves towards decentralization which are slowly dispersing its power to Lyons, Strasbourg and other provincials.

The necessity for private financial support during the six year course and for high performance in the baccalauréat breeds a medical profession both socially and academically pre-eminent. Typical of higher education throughout France, the problem of obtaining the best students is resolved by high intake in combination with high failure rate and stringent selection throughout. Examinations can be taken in advance of the timetable, thereby shortening the course, but penalties for poor performance are harsh. To reach consultant position one must never fail and must be promoted at appropriate times after qualification in order to remain in hospital practice. The higher echelons of medical service are barred to those whose performance lies between outright failure and pass. They may continue the course but rise no higher than general practitioner.

Practical work is offered wide scope and at intervals quasi-original projects are undertaken for exam theses. Generally, French students are fortunate in that staff are willing to give the utmost help but cannot be envied for living perpetually with heads above the chopping-block of aloof and distant professors.

✉ Canada is a land of opportunity for medical education. Based on the philosophy that students possess initiative, the curriculum is in essence academically oriented but allows sub-

stantial outlet for practical work and the pursuit of topics having special interest for the individual.

A five year course of two preclinical and three clinical years is pursued in competitive spirit and the present trend is towards continuous monitoring of the undergraduates progress by means of frequent multiple-choice papers. The current exam schedule bears many resemblances to our own. A fairly rigid timetable is set and no leeway is given to those wishing to take an examination sooner or later than the stipulated time. A scientific bias is evident and the acquisition of knowledge is encouraged by staff-student relationships. Anyone who has experienced it can only be impressed by the willingness to help shown by eminent members of the academic staff and the friendly manner in which help is given.

Five years of study is a heavy financial burden on the student and his family and the economic aspect results in a predominance of the higher social classes in medicine. Of the facilities available not all are utilized to their full extent, perhaps a reflection of the Canadian doctor shortage which favours both student and doctor and which may lessen the impetus.

✉ American addiction to informal seminars and a habit of early rising which approaches a fetish can produce diagnostic meetings over the breakfast table, but on the whole many similarities to Canadian medicine are apparent. Financing one's education may prove to be an acute problem and one solution sometimes found is to marry a working wife. Many take advantage of the freedom given to change university between preclinical and clinical studies and, as in Canada, interesting research work may offer itself to the student who displays ability and enthusiasm for a particular subject.

Most students who have worked in America are probably envious of the high wage before qualification and it is often more profitable for a British student to take a Clerkship there than here. Some universities are introducing continuous assessment, but state authorized examinations are still the *sine qua non*.

✉ In Yugoslavia a six year course emphasises a traditional lecture system of the sort fast disappearing from Western schools. Practical work receives less attention in preclinical years, compared with Britain. An incentive scheme based on performance is one of the more interesting differences, by which grants are awarded on results. Students are given a sum of money for the period between examinations. If they fail an exam their grant is stopped; if they do badly but pass it is decreased and if they do well it is increased.

The Yugoslavian student probably obtains a greater awareness of the place of medicine in the community than does his Western counterpart. This is more an East-West difference than a national characteristic and stems from the poly-clinic system common to many East European countries. Russian influence is perhaps important although, in general, Russian medicine is more advanced at all levels and is in many ways a product of political circumstance.

✉ In Russia, a competitive examination following ten years in secondary school selects entrants to the five year course, which culminates in a standard state examination followed by a one year Internship. Undergraduates are required, after third, fourth and fifth years respectively, to work as a nurse, to help in general practice and to work in an Out Patient Clinic for eight weeks. Refresher courses are compulsory for everyone who qualifies and two to three months in every five or six years are spent in this way.

No problems arise as to the choice of textbooks, one or two being recommended per subject with standard editions available from libraries on free yearly loan. Students are financed by scholarships, awarded on performance, each of which is worth 30-90 roubles (14-43 pounds) per month and 70-75% of students receive these.

The organisation of medical work differs substantially from that of Britain and accents both community integration and economy of trained personnel. As in Yugoslavia, polyclinics are favoured with high proportions of female doctors employed within the specialities encompassed by these units. Women monopolize the Feldscher grade of medical worker for which we have no direct equivalent in the West. Comprising 95% women, Feldschers qualify after two and a half years study of general subjects, general medicine and clinical medicine and find employment in emergency units, preventive and technical medicine. Perhaps the university trained nurses now beginning to emerge in this country are in some ways comparable.

✂ The Government initiated 'Bestallungsordung' determines the pattern of the five and a half year course in West Germany. A 'D.P.' must be obtained for the prescribed lectures and practical classes and individual universities run voluntary lectures in addition. Much is left to the student to choose a suitable course from those offered, lectures tending to the esoteric, and basic knowledge coming from textbooks at the students own initiative.

A Medical Faculty comprises some twenty departments, each with its Director or 'Ordinarius' who has both teaching and hospital responsibilities. Elected for a lifetime, he may become a pedant impossible to dislodge. The ease of interchange between faculties provides a means of change for dissatisfied students, or more importantly, a means for widening experience and most people change two or three times during their course. A great deal of latitude is allowed for choosing exam times and in the main these are oral and in groups of four students.

An important part of the course is the thesis if one wishes to be called Doctor, although one may practice without. This takes six months and although it may provide the opportunity for original research it is often merely an academic exercise. The theoretical approach is emphasised throughout the course and little time exists for ward work. Staff contact tends to be limited and problems must be solved without recourse to advice from a Director of Studies or similar figure.

Comparison shows the British system to be more inflexible both in the timetable of study and examinations and in lack of inter-university mobility but informality, contact with patients and spreading of the exam load are to its advantage.

✂ Res Medica would especially like to thank Renate Seidemann, John Grindle and Mike Taylor who were amongst the contributors to this section.

● The library is still in the throes of an impending sale. It is hoped however that future members will have access to a selected number of the volumes with especial relevance to the Society's history, and of course the dissertations are being carefully preserved owing to their unique value. The University library in George Square has kindly assumed the responsibility of housing the books for the present but that should not prevent any member having a browse through them if so inclined.

● In the days before women, or so the story might go, all the Adams of Melbourne Place gathered together around the primeval glow of a solitary coal fire in order to air their discontent that Eve was so long in the making. But create her they eventually did, amidst the green and gold hangings and crumbling calf bindings of their lesser Eden.

Roger Smith, in his valedictory address last term, retells the story: "During the triennial revision of the Laws in February, 1964, with Mr. Ewart in the Chair, Mr. Heading proposed and Mr. Bradley seconded the Motion — "That chapter 2, paragraph 1 should be altered from 'any Gentleman' to 'any person'." After discussion the Chair ruled that a motion presented by Mr. Hawley should be voted upon — "That women should be admitted to Public Business". After a ballot there were 20 ayes and 4 noes. Mr. Heading's Motion was defeated, ayes 15 and noes 11. Ladies were admitted to Public Business that same Friday (21st February) when Sir Dugald Baird addressed the Society.

At the first meeting of the 228th Session, with Mr. Howard in the Chair, Dr. John Bradley proposed and Mr. Heading seconded the same Motion that had been defeated the previous session. Extensive debate followed. Dr. Low was present and spoke of the implications of a Society which might be said to discriminate against women while attempting to gain a highly desirable site for new premises on the University Island Site. Dr. Low said that he could not predict the changes this departure from tradition would produce — they could be radical or go virtually unnoticed. After further debate the House divided with the result — ayes 17, noes 3.

The following week the Motion was passed 17 to 2, and there were ladies present at the Second Private Business that evening. Anna Howe was the first lady member to sign the Obligation, Frances Marr was the second. Miss Marr is now about to graduate, having proved a most successful first lady president in the Society. Miss Janice Duncan succeeds her in office. To both ladies we would wish good luck.

● Our thanks are due to the honorary editorial board, and to Miss Harkins and Mrs. Thompson. Their ready advice and aid is a great boon in times of stress.