

# RES MEDICA

Journal of the Royal Medical Society



## Editorial

### The Editor

### Abstract

The first part of the sale of most of the Royal Medical Society's Library at Sotheby's has been promising. The suggested upper limit of £120,000 is now attainable if the next two sales follow the pattern of the first. This is gratifying for the people who had to make the decision about the best way to dispose of the books.

It seems almost a paradox that the sale which was necessary for the Society to continue on a secure financial basis should, by realizing so much, have created a further dilemma. The problem can be simply stated as this: if the sale of the library produces a financial surplus over and above what is required for new premises and reasonable security for running those premises in the future, what is to be done with the surplus, or the interest from the investment?

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Suggestions which have so far been put forward fall into two groups — those which improve the Society by improvement and extension of present facilities and those which can be seen as new ventures. Thus we have improvement of facilities and administration, aid to *Res Medica*, greater hospitality to visiting guests, more Society visits, bigger and better symposia and the foundation of an R.M.S. Scholarship Fund. All these are worthwhile in themselves and all have been suggested by different members at different times.

Perhaps the underlying problems need to be analysed before a decision is made. The whole question of the Society's relationship to the Medical Faculty comes into the decision.

Since the middle of the eighteenth century the books which are now being sold have been accumulating in the Society from various sources. Ostensibly they belong to "The Society" but in practical terms this means little. The number of medical students at any one time who take an active interest in the

Society usually amounts to a couple of dozen, even though the membership is far greater than this. It would seem wrong for such a small number of students to be the sole beneficiaries and indeed no one would wish this to be so.

There are two paths which the Society can take and which it must be seen to choose between. It could remain a small group of people whose interest centres upon the Dissertation and discussion of medical topics. If it does this it must take it upon itself to adopt the role of medical promoter, meaning by this the organising of symposia, meetings and any other events with the whole of the Medical Faculty in mind and to which any member of the Faculty would be welcome. This is something like the pattern now emerging with Professor Barnard's visit, the Lauder Brunton Centenary Symposium and this year's Final Phase Forum coming to mind.

The alternative to this would be more radical and requires acceptance of the principle that the Royal Medical Society truly belongs to all medical students in Edinburgh. If this premise is accepted then the logical development from this would be the creation of a completely different kind of Society from the one that we have at the moment. Automatic membership or membership at a nominal subscription might remove the barrier that exists to people "just turning up". Recreational and comfortable work facilities would be an obligatory provision for all students rather than a bonus for joining, and if dissertation and discussion could be woven into this social framework a genuinely representative Society could be the outcome.

The decision about the sort of Society that Edinburgh is to have in the future is not one that can be taken by present members alone. It must be a decision by everyone in the Faculty and this can only be achieved by people "just turning up" to give their views.