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Guest Editorial

Neil Douglas

Abstract
R.M.S. must change. Its hitherto cocoon-like existence is fine for the forty or so active members, but the Society fails, even in its chosen role as an academic body, as it attracts by no means all of the best brains in the medical school. The Society must enlarge its sphere of activity and dispel its introverted and self-satisfied image. There are many who would be happy to see R.M.S. quietly fold up, believing that its ideas lie, along with its roots, in the 18th century. However, I am sure that there is a place for a flourishing, undergraduate medical student society, especially one with the funds of R.M.S. The problem is how to make the R.M.S. flourish.

Many of the current objectives of the Society are pertinent and must be pursued, but others need to be added to make it relevant to medical students as a whole. The Society's annual membership is about 120 and whilst it must be said that this is 50% up on five years ago, why are only one-seventh of Edinburgh's medical students members of R.M.S., and equally important in the present context, why are so many of the more intelligent students spurning the Society? Doubtless some of this latter group prefer individualised methods of study interspersed with complete relaxation, but there are many who decry the Elitist attitude which has been propagated by some R.M.S. members. Their criticism is valid, but their resulting action is not.

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GUEST EDITORIAL

NEIL DOUGLAS

R.M.S. must change. Its hitherto cocoon-like existence is fine for the forty or so active members, but the Society fails, even in its chosen rôle as an academic body, as it attracts by no means all of the best brains in the medical school. The Society must enlarge its sphere of activity and dispel its introverted and self-satisfied image. There are many who would be happy to see R.M.S. quietly fold up, believing that its ideas lie, along with its roots, in the 18th century. However, I am sure that there is a place for a flourishing, undergraduate medical student society, especially one with the funds of R.M.S. The problem is how to make the R.M.S. flourish.

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The most effective way to change a small independent body is from within, but I will grant that even this is not easy in R.M.S. Such is the hierarchical structure of the Society that by the time one has got to a position of sufficient influence to try to effect change, one's initial reformatory zeal has long worn off and one has become enmeshed in the R.M.S. way of life. It is important that people with new ideas and the drive to pursue them be encouraged to join and carry them out. This requires not only changes in the Presidential election system but also a more outward looking publicity and information system. Further, the organisational structure of the Society is such that the President is in no position to effect constructive change, but is entirely shackled by Council. This results in the anomalous position that the junior, but not the senior, members of Council have a sphere of influence in which they can operate entirely unchallenged.

One reason for not joining the Society is the £2.00 annual subscription. The Society's activities are so structured that until one parts with £2.00 it is impossible to experience what you are going to get for the money. £2.00 will not deter those adamant that they wish to join, but to the unconvinced this represents 12 pints of beer or 5 S.N.O. concert tickets, and is not to be parted with lightly. We failed narrowly last year in an attempt to reduce the subscription, but we will try again this year. Indeed I think abolition rather than reduction of the subscription will be necessary, at least by the time we enter our new building in Phase III, as I can see no other way in which all students will feel welcome. Only by encompassing the whole student body can there be any hope of dispelling the clique image which has been built up over so many years.

One of the major deficiencies of this medical school is the absence of a central common-room where students can sit and drink coffee or eat their lunch. I believe that this is one of the main reasons why students find the medical school so amorphous and lacking in any feeling of identity or community spirit. Our already disparate medical school is to be increased to 100 students per year, and this will exacerbate the existing depersonalisation which not only prevents full enjoyment of University life, but also acts as a disincentive to students performing to the maximum of their academic abilities. The University intends to put in a common-room in the new medical library in North George Square, but even when this eventually arrives it will be far too small to serve as the focus for medical student life. Some might say that there can be nothing worse than a totally medical student environment, and I would agree that as diverse a group of friends as possible is necessary, but when one is working it is pleasant to have somewhere to relax in comfort for a few minutes. This is one of the roles that I hope our new building will fulfil.

Our new premises will be in part of Phase III, which is the building now going up beside the Refectory and the Health Centre building. The layout of this building, with a large lounge area and several smaller working rooms will, I hope, leave the way open for R.M.S. to become more of a medical school coffee lounge and less of a library for a few dedicated workers. At present R.M.S. is seen as a place to work, as a means of getting into Ferrier's lending library and as a place for weekly meetings on various medical topics. We must be seen to broaden our interests, as it will be essential for the Society to be an active and broadly-based student body or our position in the student centre will be rightly open to challenge.

A revamped R.M.S. could easily provide the services which medical student societies in other universities supply. It should become the meeting-place and provide the secretarial facilities for such groups as medic sports teams and year clubs. It should work more closely with the Medical Students' Council, and dispel the mutual mistrust that separates the two bodies. They should both be serving the best interests of the medical student body, and they should therefore be in close touch with each other. A larger membership could also help the academic side of the Society. Instead of having one

meeting per week which necessarily does not attract all medical students, there could be a number of smaller meetings, perhaps utilising mainly Edinburgh speakers, arranged by various groups within the Society. For example, there could be groups on renal medicine, gastro-enterology, etc., and there could also be paraclinical and preclinical groups. These latter two fields are ones in which the Society fails at present to provide much of interest, as the members, and especially those who are organising such meetings, are predominantly from the senior clinical years. In such a way a planned programme of learning could be devised by groups of students interested in a particular field, and although the attendance at these meetings might be low the benefit derived from them would be relatively large. Such projects would not necessarily be more expensive than the present way in which the R.M.S. organises its meetings but, even if it were, I feel that this benefit derived by Edinburgh undergraduates would be far greater than that obtained from an elaborate R.M.S. Symposium like "The Immunological Aspects of Cancer", which, although an outstanding success from the prestige point of view, benefited very few Edinburgh medical students and cost £1,500.

I have perhaps painted a rather black picture of the Society, which is in fact flourishing in its own sweet way. Membership has risen this year, and, far more important, attendance has been of a high level. Our own library has grown and is about to be supplemented by a tape-slide library for 24-hour use. By this scheme, members will be able to freely borrow tapes from the extensive Medical Recording Service national tape-slide library for use on R.M.S. equipment. Our Travel Scholarships are thriving and many non-members have benefited from this scheme. R.M.S. is under no moral obligation to allow non-members to benefit from this money, but I am glad that it is sufficiently outgoing to continue to do so.

These may be seen as faltering steps on the road to improvement but the Society must change further in order to become the forum for medical student opinion. It must change its organisation, its role, and its image, but I hope that it does not forget that its prime objective is in the academic field. The Society was created as a body for the self-education of medical students and this is just as pertinent now as it was in 1737.

THE SECOND BRANCH OF LEARNING

I. S. PALIN

"There are two branches of learning — religion and medicine"
(Saying attributed to the Prophet Muhammad.)

Our society is peculiarly reluctant to acknowledge any debt to its forebears other than those of definitely western nature. Much is made of the Greek and Roman origins of our ideas and ideals, while the contribution of other, more eastern, societies is usually omitted or glossed over in the course of education and in no case is this better demonstrated than in the case of our debt to the once mighty and glittering civilization of the Moslems Centuries of misunderstanding and resulting conflicts, culminating in the savage and bloody military failure that was the Crusades, and the westward surge of the Ottoman Turks who, by the late 17th century had reached as far as Vienna and were only narrowly repulsed, produced a torrent of propaganda from both sides which even now obscures the historical closeness of Christian and Islamic societies and the role of Moslem learning in promoting the great awakening that was the Renaissance.

It comes as a surprise to many to find that while Europe was sunk into its "dark ages" there was a civilization in the Middle East with a stability, culture and level of achievement that the West was not to know till the 18th century. The caliphs in Baghdad, at the height of their power, ruled an empire of which it was said that a virgin with a sack of gold could walk from one border to the other without fear of molestation. Their capital was not only a city of glittering mosques and fountains, of paved and torch lit streets, but a city of universities, free hospitals, and public libraries. Islamic learning was so famed that at least one of the Popes, Sylvester II, attended a Moslem university to complete his education before his elevation to the pontificate. Curiously enough, of the great physicians of this period few were Arabs, though the majority were Moslems. The noted Avicenna (980-1036), and Rhazes (864-c.920) were Persian, while Averroës (Ibn-Rushd), 1126-1198, and Avenzoar (Ibn-Zuhr, 1109-1162) were Moors, and the philosopher and scientist Maimonides (1135-1204), whose medical writings alone would have been sufficient to ensure his immortality, was Jewish by both race and religion.

The basis of Moslem medicine was in the classical teachings to which they fell heir and added. Ibn-Sina (known in the West as Avicenna) is probably the best-known of the Moslem physicians, parti-