

# RES MEDICA

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## From the President...

Donald Macarthur

### Abstract

Now that the new year is here and the Society's President's Annual Dinner is over, there is perhaps a tendency to feel that the high point of the Society's year is passed. I would urge you however to resist such self-indulgent fancies and see that as a Society we have a function throughout the academic year.

From my own point of view, it must be said, the Society's 254th session started quite memorably with the Freshers' Address and Party, at which, as some of you may remember, I pulled off one of the greatest publicity stunts of recent years with a well-timed lateral dislocation of my right patella whilst dancing in the Meeting Hall. The immediate correction of this somewhat painful and rather inconvenient anatomical anomaly necessitated a little trip across to those nice people in the Accident and Emergency Department, at the time undergoing one of their typically pleasant late night Friday sessions. Seeing A&E from under the blankets for a change was rather enlightening. On reflection however I would advise you to be very sceptical of those in the profession who proclaim that a visit to hospital on the receiving end teaches you what it's like to be a patient.

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# From the President ...

## A few thoughts on dislocation ... and participation

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I was seen in an environment that I know, that is not frightening and does not smell strange and unfamiliar. I was seen by medical staff I knew and surely treated differently because of it. Everything done to me was either familiar to me, or could be easily explained to me in medical language that I was conveniently versed. The uncertainty, the unfamiliarity and the fear that must have been the greater part of the average patient's visit to hospital were all absent, and it cannot then be fair to say that I now know how those on the other end of medical care feel.

At any rate after a few weeks of experiencing the fascination of carrying out my 'activities of daily living' with a knee fixed in 3 degrees of flexion, I am pleased to report that the more chronic aspects of the situation and far more instructive with regard to 'how the patient feels'. There would certainly be a case for ensuring that all medical students who haven't had a spell in plaster do so prior to their qualification.

To return to the health of the Society, this has been a good year in terms of membership figures. The perennial complaint, however, that although we have a large number of members, only a small percentage of them are 'active' is as valid as ever. Wednesday evening meeting attendance are on the increase but still don't reflect the potential size of the audience or the quality of the presentations. The Annual Dinner was attended by more students than ever re-

cently, combining to fulfil the hopes of William Cullen over 200 years ago that 'the Professors and students always live in amity together, and sometimes drink wine together.'

The Society has always aimed to provide for the social and educational needs of its members. Many benefit from the existence of our rooms as places of conversation and the worship of soap operas, as places to work, to meet, to worry each other and learn from each other (much in the manner of the Society's original functions). It would be pleasant then to see a little more interest in the Society's Business Meetings - an interest in what has actually kept the Society going for so long and in a sense justified our existence for over 250 years.

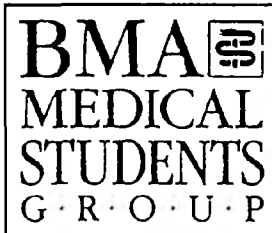
Donald Macarthur

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