

## EDITORIAL

It would be difficult for anyone, in attempting to pay tribute for some fine work, to avoid phrases or superlatives that have already been well used and hackneyed. But risking this pitfall and relying on sincerity, I am positive all will agree that the past staff of the Dalhousie Medical Journal merit the thanks and appreciation of all its readers. It was no easy task resurrecting this journal after many years of quiescence. The staff virtually began anew as the remains from the last volume printed yielded nothing but scraps, dust and headaches in the journal room at the depths of the library. Two men in particular should not be forgotten for their Herculean efforts. Hank Presutti as editor and Jack Fairweather as managing editor, working alone much of the time, never failed to show optimism despite the sometimes paucity of articles and the indecision of some advertisers. It is hoped that the new staff will be, in some small part, able to continue the fine work which these men have instituted.

When the World Medical Association, meeting in Stockholm in 1951, planned for an August 1953 World Conference on Medical Education, with UNESCO and WHO invited to take part, it was at least following the prevailing trend of modern times — that of the “international meetings”. However, after the Conference had ended in London during the last week of August 1953, it had accomplished more than just conforming with the modern trend, and the common purpose of the 600 representatives from 59 countries and 92 medical schools was the improvement of medical practice, by the bettering of medical education today.

As a science, medicine is becoming more precise, year by year. In this fast progress, the obvious “whither the student” question is becoming more answerable by the cry given, that he should become imbued with the scientific method which is, in essence, a capacity for deduction, and a manner of approach or evaluation of new facts learned. Thus enters the all-important medical curriculum, which this world conference sought to improve through their exchange of ideas and discussions. The members agreed to the necessity of changes but, as one can surmise, the accomplishment is another thing. One writer commented, “the course of medical study is like a slab of butter: it can be pressed into various shapes and pieces lopped off at one end can be slapped on at the other, but the volume remains the same”. Because the corpus of medical knowledge has fattened with the food of medical science, it is becoming almost impossible for the undergraduate curriculum to embrace the whole theory and practice of medicine. There have been various proposals as to how the student should be taught. The discord amongst some educators is too palpable to give one confidence that the problem will be handled to the satisfaction of all. There are some who have, and will, argue that a formal teaching curriculum should be dropped and the student exposed to hospital. This proposal seems doubly doomed to obscurity, first from its reasons and secondly

because of the lack of sufficient facilities. In essence this has some good attributes but for such a scheme to do well, the arrangement would have to be as ideal as a Utopian State and, indeed, a paragon of virtue to result in equal contentment to hospital staff, practitioners and students. Medical education must be imparted with the university ideal.

It is surely paradoxical that while the topic of a suitable teaching scheme is a subject of great vacillation amongst educators today, the other party of concern, the student is apparently, or at the least outwardly, sitting back with thoughts as bare as a burlesque queen and is perhaps losing sight of his role in this problem. All too many student conversations and arguments seemingly throw the responsibility of handling it in the laps of the other party. The view lost is that of self-education. While the writer is in favor of class teaching, it must not reach the point, where the maxim of self-education be dropped from thought. Sir A. L. Mudaliar, vice-president of the World Conference, aptly remarked, "the content of the curriculum matters less than those who teach it."

The student's failing preception of self-education is not without its defense however as a great deal of the "blame" can be directed towards an unhealthy and doubtfully benign perspective about term examinations, that has permeated throughout candidates. Whether or not this is due to the low boiling point of the student or high cunning of the professor, it exists and, consequently, one hears too often fellow students remark how reluctant they are to spend an extra night of reading on a topic that "probably won't be asked", or "wasn't stressed". There are many of us who agree that, in some part, this prevailing trend can be corrected: if examination results are given privately and not posted, not in grades at least, for this sort of collectivism into high and low categories is deleterious, tending to shake those whose status is also shaky and breed too much of a competitive idea in those who lose sight of the purpose of examinations. Amongst the latter, the suggestion may help to discourage absenteeism and unorthodox antics observed during written examinations. Perhaps then, the problem of meeting the expansion of medical knowledge lies between the discretion of the teacher and the insight of the student. To attack the problem by discontinuing the formal lecture and leaving the student to the book would be unique but not as meritous as its uniqueness. The "it's in the book" attitude is a falsity to be guarded against. Text books in Medicine are not meant to be read right through, but to be dipped into, correlating what has been taught and what has been observed. To attack the problem without the student realizing his role now, as well as later, will also impede sincere efforts to clear out of the curriculum whatever lumber exists.

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