EDITORIAL COMMENT

"The most important single advance in medicine since the turn of the century has not been a specific discovery that has revolutionized clinical practice such as that of insulin or of penicillin; rather it has been the fact that physicians in general have been forced by the pressures of progress to become better scientists." This is the introductory remark of a short dissertation on the medical sciences by Dr. W. Barry Wood, of Johns Hopkins. Provocative? Essentially, it is not - we find it hard to believe that anyone will find this idea strikingly new; it is in fact, at present, rather trite. However, consider this next quotation and consider this specific concept in the light of the generalization above. "I propose two objectives for basic science programs..... Objective (2): That students learn the scientific method, that is the proposal of an hypothesis, the collection of data, often by statistical methods. . . . . .Of course, I don't mean that you just read how others use the scientific method. You must use it yourself, over and over again as participants." (Dr. G. R. Langley, in "Workshop on Medical Education", D.M.J. xxi: 1) What this means, in essence, is that the graduate physician of today must be educated in the scientific method if he is to exist in the milieu of the changing medical world.

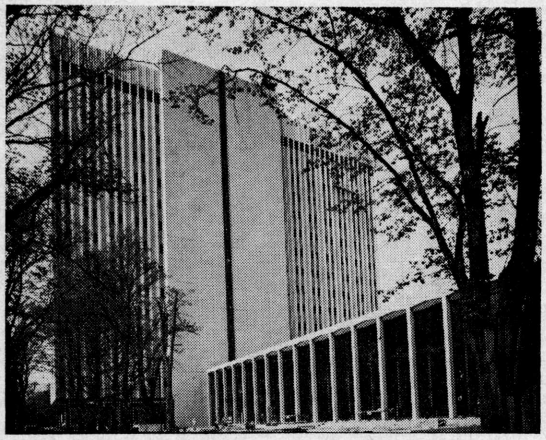
We all have had some exposure to the scientific method. Many learned it, by definition, in the undergraduate years. Others, at least were introduced to the concept in first and second year of medical school. With third year came vague application of the principles of the scientific method to clinical problem-solving. We must justify the phrase "vague application". The terms of reference of the scientific method are to pure research. The steps of the method must be extrapolated for application to a clinical problem. Therefore, we are suggesting that all medical students have formal training in the scientific method, i.e., in the principles of active clinical research.

This will achieve the following: (1) There will be a stimulation of innate curiosity, often long dead in medical students content to read and regurgitate what others have done. (2) By applying the scientific method in the solving of a problem in research, the student will be able to apply it with considerably more dexterity in dealing with clinical problems. (3) With a thorough understanding of these principles, the medical student will be able to judge the vast volume of current medical literature with a critical eye, and will efficiently sift the wheat from the chaff.

How can this be accomplished? We suggest by enabling each candidate at this medical school to participate in some research project. This, of course, at once creates a tremendous problem in logistics. However, there has always been a limited number of opportunities available here each year, as summer research projects. We are certain with the expanded facilities of the Sir Charles Tupper Building even more such research programs will be inaugurated. Then, there are endless programs for students at research centers, both here and abroad, eg., N.R.C. But the most practical solutions come from the recommendations of the Special Committee on Medical Education. It is stated in the body of the report that the proper use of elective time provides an excellent means of achieving the first objective of this medical school, which is "that the student accept responsibility for his own education and to know how to learn for himself". It is recommended that elective time might include, among other things, an opportunity for research. In addition, the Committee has also mentioned that the faculty should consider internships designed to meet the aspirations of a varied group of students - i.e., that general practice, specialty practice, and basic science and research internships be established. If these two recommendations are accepted, then adequate opportunities for research would be available. What we are proposing then, is that all such opportunities for research be utilized, and that it become compulsory in the medical education program for each student to actively participate in medical research at some time during his student career.

Finally, would the student *really* derive significant benefit from such a program?

THE SIR CHARLES TUPPER MEDICAL BUILDING



OFFICIALLY OPENED
JULY 14, 1967
BY HER MAJESTY
QUEEN ELIZABETH
THE
QUEEN MOTHER

DALHOUSIE UNIVERSITY

WHY a new, multi-million dollar medical school?

* There has been a rapid rise in the number of applicants for entry into medicine, dentistry, and other health professions.
* There is a serious shortage of doctors in the Atlantic Provinces.
* Present facilities are over-crowded.
* More research space is needed.

The Tupper building has been designed to meet the pressing need for more doctors and to provide vitally needed facilities for research. Alumni, business and industry have made substantial contributions to the Dalhousie Expansion Fund, and governments have provided large grants from the Centennial and Health Resources Fund, but almost $2 million is still required to pay for the building. The support of many medical alumni is urgently required. Help the university to uphold her tradition of expanding services to meet the needs of her constituency.

Obviously, we feel the answer is affirmative. But, it is, in reality, difficult to state if this would be so. The answer will become apparent only in retrospect. Yet it would be interesting indeed if the faculty polled its more recent graduates (since the faculty is so fond of questionnaires) to ascertain if those who were engaged in summer research projects feel they have benefitted in the long run, and to compare their comments with those of graduates who have never participated in these programs. Certainly, we feel we can conclude research would be much more valuable in the medical course than the innumerable hours spent following steps a, b, and c in certain "labs" which constitute major segments of various courses at this University.

ALUMNI NEWS

DALHOUSIE MEDICAL ALUMNI ASSOCIATION MEETING

The annual meeting of the Dalhousie Medical Alumni Association was held in Halifax on Tuesday, November 21, 1967. At the meeting, the executive were elected. Dr. G. B. Wiswell '14, is Honorary President, and Dr. E. F. Ross '31, Dr. R. O. Jones '37 and Dr. G. Ross Langley '57, were re-elected President, Vice-President and Secretary-Treasurer, respectively. A dinner and dance were held in addition to the business meeting. Entertainment in the form of a variety show was provided by the fourth year class with Master of Ceremonies Art Parsons. This included folk music by Jon Rubins, modern music by Lewis Newman, a monologue on a paramedical topic by Brian Byrne, and a skit on "The Ballad of Dan McGrew".

THE 41st DALHOUSIE REFRESHER COURSE

The 41st Dalhousie Refresher Course was held in Halifax from November 20-23, 1967 with Dr. J. F. Nicholson as Chairman of the Refresher Course Committee. Much of the teaching was done in Small Group Clinics.

John Forrest Goodwin, M.D. (London), F.R.C., F.A.C.C., Professor of Clinical Cardiology at the Royal Postgraduate Medical School, University of London; and the Hammersmith Hospital, was the John Stewart Memorial Lecturer. Dr. Goodwin spoke on "The Prognosis and Management of Rheumatic Heart Disease".

The two Guest Speakers were Bernard J. F. Perey, M.D., C.M., M.Sc., F.R.C.S.(C), who spoke on "Gastric Physiology" and Charles J. Robson, M.D., F.R.C.S.(C), F.A.C.S., who spoke on "Neoplasms of the Genito-Urinary Tract".