

Correspondence: Medical Education

NZMJ, 1922

(To the Editor, N.Z. Medical Journal.)

Sir,—*Re* Medical Education, I must apologise for again asking for space in your journal. But this subject is of such importance to future generations that I feel justified in once more taking up the cudgels against the present system. Your editorials and the letter of Professor Carmalt Jones give considerable food for thought. Many of your readers must be very disappointed to find that the medical faculty of the Otago school appear to have completely ignored the recommendations made last year at Napier by this branch of the B.M.A.

As President I protest against the precious time of an annual conference being taken up by what now appears to have been a futile discussion. We, as an association, were asked by the Senate of the New Zealand University to express an opinion upon the proposal to add a sixth year to the medical course. We had a right to expect that some weight would be given to our advice.

The Dean and some of his colleagues see very little of the finished product turned out by his medical school. Those of us who have for many years come in contact, almost daily, at the public hospitals with the young graduates, see that they suffer from too little clinical experience. The new curriculum, as Professor Carmalt Jones points out, does little to remedy this defect. If a clinical teacher has at his disposal only twelve beds, as I understand is the case in Dunedin, naturally he does not want another year added to the clinical course. Apart from too much time devoted to preliminary subjects, there is too much time devoted to systematic lectures. These lectures are a relic of the past, of a time when few good text-books were available. They are comparable to the old custom practiced in the Presbyterian Churches (probably still extant in some), adopted at a time when Bibles were scarce and dear, namely the reading of the psalms line by line by the precentor, the congregation singing after him one line at a time. I should like to call attention to the leading article of the British Medical Journal of May 5th, entitled "The Medical Curriculum," and more especially to the following paragraph:—"The lengthening of

the curriculum is attained by removing the subjects of chemistry and physics into a pre-medical curriculum, in accordance with what we believe to be a greatly accepted proposition that a knowledge of these two subjects should be required from any senior pupil, at a public or secondary school, who is intending to adopt a scientific career...

"Attendance at courses of lectures on medicine, surgery and midwifery is, we notice, no longer required..."

"It will further be noted that if the pre-medical curriculum is completed at school there should be little, if any, addition to the cost to the student of his training."

It is quite time that the medical curriculum of the Otago school was revised by the Medical Board, and it is to be hoped that legislation will soon be brought down in Parliament to effect this change. If the sixth year is to be, as it should be, mainly a clinical year, it is obvious that Dunedin Hospital is not big enough to give the necessary clinical teaching. No sound reason has yet been put forward against the proposal to give students in their sixth year clinical experience in the other three principal hospitals. Clinical teachers could be appointed in each hospital and, possibly, arrangements could be made with the various hospital boards to appoint the students as junior house surgeons. The following figures culled from the annual report of the Department of Health, for the year ending March 31st, 1921, show the total clinical material in each hospital:—Auckland, 6,453 patients under treatment; Wellington, 4,709 patients under treatment; Christchurch, 5,737 patients under treatment; Dunedin, 3,817 patients under treatment.

Compare also with the number of beds for children in each hospital: Auckland 81, Wellington 101, Christchurch 45, Dunedin 24. Had the sixth year student access to this extra clinical material, surely it would rather add to than detract from the glory of the Otago Medical School. The opportunity of gaining clinical experience given the local students would then compare favourably with that given to the students in most of the British schools of medicine.—Yours faithfully,

WM. Y.

[The General Medical Council in June, 1922, revised the medical curriculum, and the regulations take effect from January 1st, 1923. The General Medical Council has not seen fit to institute a six years' curriculum such as has been adopted in Dunedin, but has ordained that a pre-regulation examination shall be held in the subjects of elementary physics and chemistry. "The period of professional study, between the date

of the final examination for any diploma which entitles its holder to be registered under the Medical Act, should be a period certified study during not less than five academic years, in the last three years of which clinical subjects shall be studied." It is evident that the General Medical Council of the United Kingdom has failed to follow the lead of the Dunedin Medical School. —*Editor, "N.Z.M.J"*]