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CONFERENCE ON TEACHING METHODS IN FORMAL COURSES FOR THE CONTINUING EDUCATION OF FAMILY DOCTORS

This conference was held on Saturday, 7th May 1960, in London, and was organized jointly by the British Postgraduate Medical Federation and the metropolitan and home counties faculties of the College of General Practitioners. Professor Sir Francis Fraser took the chair, and opened the proceedings with some remarks about the object of the conference. It was fifteen years, he said, since the federation had been made responsible on behalf of the university for postgraduate education of general practitioners, and it was time to assess the methods used and consider new ones.

Dr H. G. MCGREGOR then spoke on Organization of Postgraduate Courses. He divided the task into three stages: long term planning, as much as a year ahead, to fix the date and to decide the type of course to be given—for general practitioner or specialist, to arrange the rooms, and select subjects for the lectures and choose the lecturers with tact, and to arrange printing of programmes and maps; the programme must then be advertised during a “long fallow period”. Then came short term planning, about a month before the course was due to begin, comprising reminders to the lecturers and to the hospitals involved regarding refreshment breaks, provision of equipment, etc. Finally, immediate planning on the night before the course consisted of a tour of the site to see that signs were erected, projectors present, blackouts working, chalk and dusters available, and many other small matters of importance.

In the discussion which followed Dr McGregor's paper, several speakers stressed the importance of including the general-practitioner point of view in the planning stage, though it was pointed out that when doctors were asked for their views they were hopelessly

divided about what they wanted. Dr McGregor said that his practice was to invite comment from general practitioners at the end of the course; he found they fell into two classes, one wanting practical matters only, and the other more interested in scientific aspects.

Dr E. A. W. MARIEN then gave a paper on the Role of Basic Medical Sciences. He talked of study courses, as opposed to refresher courses, and stressed the need for them as a foundation of understanding of clinical phenomena. The basic sciences must be taught by practising clinicians so that the audience were not depressed by a "dry-as-dust academic display of unnecessary facts". The course must not try to cover too wide a field, the standard should be high, and the treatment exhaustive. A doctor attending such a course would need to live on the spot, and could not do it part-time.

Dr Marien was followed by Dr G. TABUTEAU who talked about The Lecture. Too often, he said, this was "the dripping of a mass of facts over nodding heads". Lecturers must acknowledge the invention of printing, and no longer give a recital of facts which were readily found in text-books. The material must be presented in a lively and stimulating fashion, and a few points well made were best. Thirty to forty minutes was long enough, with time for questions afterwards. Visual aids were valuable, and fresh information newly discovered was always well-received.

In the ensuing discussion, Dr L. W. BATTEN said that the hospital lecturer was apt to discuss the signs as he saw them, but the general practitioner was interested in what had gone on before admission and what aftercare was required.

Dr J. C. G. EVANS spoke on Clinical Demonstrations, and pointed out the importance of providing opportunities to examine patients. Clinical demonstrations where there was nothing to perceive were of little value. He made a plea for more thought to be shown for patients while their illnesses were discussed around their unclothed and shivering bodies. A ward round was valuable, but should not be attended by too many doctors—ten was enough, and fewer preferable. The best way to learn was to try to teach.

Exhibits and Standing Demonstrations was the subject of a paper by Dr T. E. A. CARR. He classified these into groups: first, displays of surgical procedures which help the general practitioner to understand case-selection and after-care; second, displays of apparatus which might be useful to the family doctor or his patients; third—the largest group, prepared by the pathology department—methods which the general practitioner might use, methods for

laboratory use only which might help the general practitioner, and illustrations of recent advances in understanding of clinical conditions; the fourth class was a row of interesting x-ray films.

Dr H. N. LEVITT spoke on The Symposium and on The Any Questions Session. He said a clear objective was essential in all forms of instruction involved in formal courses. The general practitioner attending the course must not be regarded as an undergraduate. The success of a course was measured by the degree of positive, purposeful, mental activity it aroused. Lecturers were established when books were scarce, and were not efficient as regards teaching facts. A symposium was valuable, and allowed many points of view to be presented, each by an enthusiast, and this created lively interest and discussion. A day was long enough for such a symposium.

The Any Questions session also had a definite place, and was popular. It was preferable for the questions to be submitted in advance and shown to the panel so that concise, careful answers could be given. If the session was informal, and the questions were not seen in advance, there was an element of fun added, but the outcome and benefit of such session was not always predictable. The place for a formal session, with questions handed in a day in advance, was at the end of a course.

The final paper, on The Clinico-pathological Conference, was contributed by Dr R. L. MEYRICK. He thought that a general practitioner should open the discussion of each case, and describe in detail the presenting symptoms and the progress of his patient up to the point at which he went to hospital. Then the hospital doctor, specialist or otherwise, should describe the patient as he was on arrival, and trace out his course. The audience should be allowed to join in the discussion. Finally, the pathologist, who is best suited to be chairman because he has to provide the answer to the problem, should give a full description of the organs. After any comments have been heard from the floor, the chairman should sum up.

The conference concluded after further discussion in which the view was expressed that the formal lecture was dying out, and that symposia were preferred, with general practitioners taking part both in the planning and execution of the course. Particular stress was laid on treatment and on considering the patient as a whole, and not merely as the vehicle for a disease.
