Correspondence

Undergraduate Teaching

Sir,

When a teacher and physician of Sir Francis Walshe's eminence and compassion writes on undergraduate instruction his views deserve and obtain serious consideration, but for this very reason they cannot be accepted as dogma.

In his comments upon Dr Max Clyne's original essay he reveals himself as understanding the problems of the teacher and as recognizing the problems of the student. He resolves none of these problems. He advocates pushing the newly-qualified doctor into the vortex of his patients' emotions to sink or swim without mentioning that some of the people who successfully swam have tried to state how they did it; and without warning him that some have drowned and that many become so frightened by the initial experience that they hold themselves aloof, uncomprehendingly, from such involvement for the rest of their professional lives.

Sir Francis is obviously right in one part—one cannot " force " a student into intellectual and emotional maturity in a " hot-house " of scientific discipline within a medical school and teaching hospital. There is no reason, continuing the horticultural metaphor, why one cannot try to prepare the soil correctly and provide the necessary supports so that the student can be calculatedly encouraged to develop along the most profitable lines.

Sir Francis must know the great effect the personal views and idiosyncracies of his eminent teachers have upon the outlook of the student; and he must know that not all such teachers are particularly careful as to the manner in which they employ this power.

Sir Francis does not dispute the necessity for the treatment of the patient as a whole person, although many of his colleagues appear to fail to recognize it. Let him then encourage the introduction of psychology and sociology as part of the basic scientific training of the preclinical student alongside the established disciplines of anatomy, physiology and pharmacology. Let the student have the material to apply some sort of rationale to the emotional problems and their effects with which he will be confronted in the wards and later in practice: let the clinical teachers encourage the students to apply this basic knowledge, and their native intelligence, to the emotional and sociological problems met in out-patients and on the wards: let those teachers *point out* these problems and discuss

them: above all, let the teacher be aware of his attitudes to patients, and if possible of the reasons for these attitudes, and then perhaps the newly-qualified doctor will be a little less green than Sir Francis expects him to be at the moment. He will be more prepared to meet the demands made upon him when he first faces a patient without serious organic disease. Perhaps he will feel less bitter and angry on his entry into general practice than I did and than did most of the doctors who discussed this matter with such unanimity and acrimony at the *Medical World* Conference in 1960. This product of a more comprehensive undergraduate training may feel that postgraduate work and study in this field of personal relationships and emotional illness is as important as that in other fields. He may be able to obtain from this training and educated use of experience, which Sir Francis quite rightly says is essential, that support and succour which many doctors need if one is to judge from the angry letters written by them in the Press both national and medical.

The dichotomy that Dr Clyne sees is a real one, but it is not surprising that Sir Francis does not see it. The majority of specialists are never placed in a position to build their relationship with a patient. The relationship between specialist and patient depends upon the fantasies that the patient has of the specialist and these frequently feed the fantasies that the specialist has of himself . . . thus permitting a temporary relationship and confirming the specialist in the view that he has of himself. It is this image which the teaching specialist all too often projects upon his students. For the majority of the students this image will not stand up to the close scrutiny to which patients subject it in general practice, and when it fails to do so the at-present incompletely trained doctor is bereft of the resources of his training. Many survive this painful experience intact, but some do not. If we recognize that the experience is painful and possibly damaging; and if this is the experience for which we are training our students we must do better by them than to merely ignore it in their training.

I do not wish to continue a contest between general practitioner and specialist. I do not envy the specialist his frustrating position in his relationship with the majority of patients that he sees in outpatient departments. I would like to see both groups of protagonists applying their experiences to the preparation of the student for the life which lies before him. The young student attaches a great deal of importance to "science", usually without understanding the word. Let psychology, and what I call sociology for want of a better term, obtain the dignity of a science taught to the student and he will try to think about the problems that these subjects raise. It is of no use to complain that they are not yet exact scientific disciplines; nor was anatomy in the days of the barber-surgeons, and nor was

physiology in much more recent times. It was the acceptance of empirical discovery and the building up and testing of theory against fresh experience and experiment which brought these sciences to the dignity and authority they now have. We all recognize that not all illnesses can be explained in direct anatomical and physiological terms, so let us introduce the new subjects into the basic curriculum and their application into the clinical years of training without fearing that the next generation may judge us to have been ignorant fuddy-duddies for not having discovered more, faster.

Uxbridge. PAUL FREELING.

Drug Sensitivity

Sir,

I have recently come across two cases of abnormal response to two drugs in common use: one of allergy to lignocaine—which provoked a very severe reaction ten minutes after a dose of only 30 mg. (maker's maximum is 200 mg.); and a case of hypersusceptibility to glutethimide a fairly normal sleep dose of 500 mg. produced ten hours heavy sleep followed by twelve hours stuporosity—on several occasions.

Lignocaine is usually regarded as a "safe" local anaesthetic and according to the manufacturers literature is " free from allergic effects ". Glutethimide is a much-used short/medium acting non-barbiturate hypnotic and generally considered free from side effects.

I would be interested to hear of similar experiences with either of these drugs.

King's Lynn. HUGH FORD.

Toxaemia of Pregnancy

Sir,

Dr Humphreys (*Journal* 32, August 1961, p. 405) has shown us clearly that there is a statistical connection between food intake and the appearance of toxaemia of pregnancy. This raises the question of why a particular woman should eat more when she is pregnant. Some work has been done which has suggested that certain psychological types of women are more liable to toxaemia than others. It seems that part of the train of events may be explained by this. Certainly, I noticed during six months at a hospital antenatal clinic that a far higher proportion of those telling me of loneliness at home were toxaemic than of those making no such complaint. Could it be that overeating is psychologically determined in those women constitutionally prone to toxaemia—that overeating and toxaemia are effects of one cause, not causes of each other?

Southampton. JOHN L. STRUTHERS.