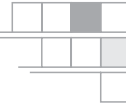


## Impressions of the Hong Kong Medical Student (excerpt)

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When I was asked to write about my impressions of the Hong Kong Medical Student, I started to set it down rather like a scientific article, listing and analyzing the features which distinguish you from your Edinburgh contemporaries whom I recently taught.

On the credit side, I had put that you are, in general, more courteous and more cheerful, smarter in your appearance (no long-haired, bearded beatniks), more attentive, more punctual and apparently more eager to learn. When I started to compile the debit list, I could not think of any significant item to include. Then I looked at this list again and thought “it can’t be true — such a collection of worthy characteristics would amount to a new and unfamiliar subspecies of the genus *Students Medicus* (*Laudibilis?*).” Even if it were true it would not be good for you to know about it. No, the truth is that your similarities with other medical students that I have met in Britain and in the States are much closer than your differences. If I knew you better I would probably find the same spectrum of virtues and vices — you are just more discrete about the latter.

Your faults are those of medical students everywhere — faults which are often reflections of deficiencies in the curriculum and our teaching. Firstly, there is the tendency to reject all that you have learned in the basic sciences once you start the clinical years — as if they were irrelevant to the study of disease. How many of you in your final year can easily recall such important items as the course and distribution of the ulnar nerve or the regulation of acid-base balance?

In Edinburgh in recent years, we have introduced a new curriculum with integration as the keyword. The boundaries between the clinical specialties, and even between pre-clinical and clinical subjects, have been broken down so that diseases may be studied in a more comprehensive way. Thus, in the study of cardiovascular disease the embryology and anatomy, physiology, pathology, clinical aspects, pharmacology and treatment, both medical and surgical, are all covered in the space of a term, so that the relevance of anatomy

and physiology to disease is immediately apparent, and therefore more memorable. Other systems are similarly dealt with. Whether this curriculum will prove more satisfactory than any other, time alone will tell, but it has one big advantage from the teacher's standpoint — he keeps up to date with his colleagues in other departments.

Your other fault, which again I assure you is a universal defect in medical students, is a tendency to be preoccupied with the latest development in medical science to the neglect of the less dramatic but all important routines of taking a good case history and making a thorough examination of a patient. It is easy to see how this situation has come about; medical science has made such meteoric advances in the last few decades that there is a compulsion to try to keep abreast of it all if we are not to be left behind, but the battle has long since been lost. There is no one in medicine today who can hope to know in depth more than a minute corner of the field. We can take comfort from the fact that the great majority of patients we see can be diagnosed by the simple means of an adequate case history and physical examination, without recourse to more sophisticated investigations. Armed with some basic anatomy and physiology, it is usually possible to diagnose and treat a myocardial infarction without, in most cases, requiring the additional evidence of serum glutamic oxalacetic transaminase or the arterial blood pyruvate. Likewise, a damaged peripheral nerve can be recognized without the use of electromyography or estimation of the nerve conduction velocities.

The wards are your laboratories and only by frequent study of the patients in them can you equip yourselves to make proper and selective use of the myriad of further investigations available, and yet how rarely do I see students in the wards except at formal teaching sessions.

The function of the University course is not to fill your minds with all the latest knowledge, but to teach you essential basic skills and principles and, above all, to teach you to observe, to think and to develop your critical faculties. The story is told of one research worker who set himself the task of finding which testicle was the more dependant. He did this by dropping a lead shot from the lower pole of each organ and measured with a stop watch the time taken for the shot to reach the ground! This tale is surely apocryphal, but one doesn't have to look far in the medical literature to find examples of

“pseudoscience” almost as ludicrous. A simple approach to most problems is usually the best.

To get back to my assigned task, there is one respect in which the Hong Kong students are unique in my experience; that is the majority of you are being supported financially by your own efforts or by the considerable sacrifice of your families, and not by scholarships grants as is the case in the U.K. and the U.S.A. This additional burden is one which I’m sure we would all like to see lifted but at the same time I wonder if it is not one of the factors which contribute to your responsible attitude to you studies.