

Letters

Save the Endangered Birds!

The International Council for Bird Preservation has recently compiled a list of some 300 birds which are not only rare, but are considered to be in danger of extinction. The list of species and subspecies, together with the details of their status, distribution, and causes of decline, are found in the *Red Data Book (I)*, recently published by the International Union for Conservation of Nature and Natural Resources. The purpose of this list is to gather enough data so that a decision can be reached on the best method of saving each species. In many cases immediate action is vital. Yet before the appropriate authorities can be approached, it is essential to have more precise details about the status and, in some instances, better knowledge of the biology of the birds.

I hope that university departments of zoology will be willing to make surveys of specific rare birds as a part of their field-research expeditions. Every such field survey could help prevent the extinction of a species. Zoologists may obtain details concerning the rarest and most endangered species of any particular country or continent from the U.S. Secretary of the ICBP, Stuart Keith, Bird Department, American Museum of Natural History, 79th Street and Central Park West, New York 10024.

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References

1. Published by the International Union for the Conservation of Nature and Natural Resources (Arts Graphiques Héligraphia S.A., Lausanne, Switzerland, 1966).

Medical Education and Doctrines

Williams' article on "Quality versus quantity in American medical education" (26 Aug., p. 956) seems to be based upon two arguments: (i) our country needs to produce larger numbers of high-quality physicians and (ii)

the concept, attributed to Abraham Flexner, that the number of medical students should be "rigidly restricted," is a critical factor in limiting the production of physicians. The first point, that we need more excellent doctors, is one that few, if any, of us in medical education would contest. The second argument, however, appeared to suffer from over-simplification. In the first place, the notion that "the Flexner doctrine is dead" in some respects contradicts the author's plea for more high-quality physicians. The central concept of Flexner's perceptive review of American medical education in 1910 was that medical schools should be characterized by the genuine scholarship and spirit of inquiry which attract bright minds, not that there should be an arbitrary limit upon the number of bright minds accepted for study. If Williams were to argue for wider application and more adequate funding of "the Flexner doctrine," which is really excellence in medical education, rather than suggesting that we "say farewell to Flexner," it would seem to me a stronger approach to producing larger numbers of "high-quality physicians." The danger in saying "farewell to Flexner" is that it makes expansion of medical education sound simple, as though all that were retarding this process is the maudlin attachment of medical educators to a bygone age. Thus Williams observes, "Expanding a medical school takes no wizardry—only determination and money." This salubrious news will greatly brighten many a long day of "deaning" which might otherwise be dark and chilly, for as Williams himself suggests, there are some problems connected with obtaining the requisite money, not to mention the best teachers in the right places. It is not that I disagree with the exhortation to produce more high-quality doctors. It is only that many of us will want Greer Williams to remind us often how easy our task really is.

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... One complexity in expanding medical education facilities is the fact that more federal funds are available for research than for teachers' salaries, more for laboratories than for classrooms. How much is cause or effect in terms of attitudes in academic medicine is, of course, as complicated a problem as the others discussed by Williams.

Government grants for the expansion of teaching facilities in effect increase the medical care that can be provided for indigent patients and those of limited means because these patients are cared for, in university and public hospitals, by doctors in training who are under faculty supervision. Although the American Medical Association has continued to denounce almost any suggestion that would extend medical care for those unable to pay full fees, most medical educators have been as negatively impressed by such views as has the general public.

One aspect not mentioned by Williams is that each year several hundred foreign physicians come to the States for postdoctoral training and decide to become U.S. citizens rather than return to their native countries. This makes more doctors available for Americans, although it raises grave questions about our responsibilities to developing nations.

Washington University School of Medicine is listed among those which "have done nothing to increase the supply of M.D. graduates." This medical school is building additional basic science facilities which will make it possible to increase each graduating class by 30 percent, and I would assume the same to be true of other schools listed, although the additional students are not yet enrolled and the increase is not the 100 percent quoted for some medical schools.

The article seems to imply a favorite theme of research versus teaching discussions: that it is unlikely that an interest in clinical care of patients, in teaching, and in research would be combined in one faculty member. Many of us spend varying amounts of time in all these areas and are fortunate in having department chairmen who encourage high standards of patient care, teaching, and, not or, research.

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