Medical School Policy

One reads Samuel Goldhaber's reports (News and Comment, 14 Sept., p. 1027) on the changes in curriculum policy at the Harvard and Yale medical schools with a mounting sense of déjà vu. Similar revisions were carried out at the University of Southern California (USC) School of Medicine at the same time, accompanied by dissatisfaction among the basic science faculty and a disturbing increase in student failure on the national board examinations. Perhaps because my colleagues are basically more level-headed, the USC medical school has weathered the storm without a major reversion to tradition. In a continuously changing curriculum we have retained the pass-fail grading system, the organ system of teaching, an essentially elective fourth-year program, and a strong clinical teaching program in the first 2 years.

Of the many questions raised by Goldhaber's report, two might be of interest: (i) If Harvard falls from the prestigious position of number one, who rises to the top? What is their curriculum schedule, admissions policy, or student-faculty ratio? (ii) Why does medical education find itself measuring accomplishment exclusively by the national board exam, a maze of deviously instructioned, multiple-choice questions that require the precise memorization of minute details, an exam which no doctor in practice and no medical school professor of basic science could hope to pass without months to years of preparation?

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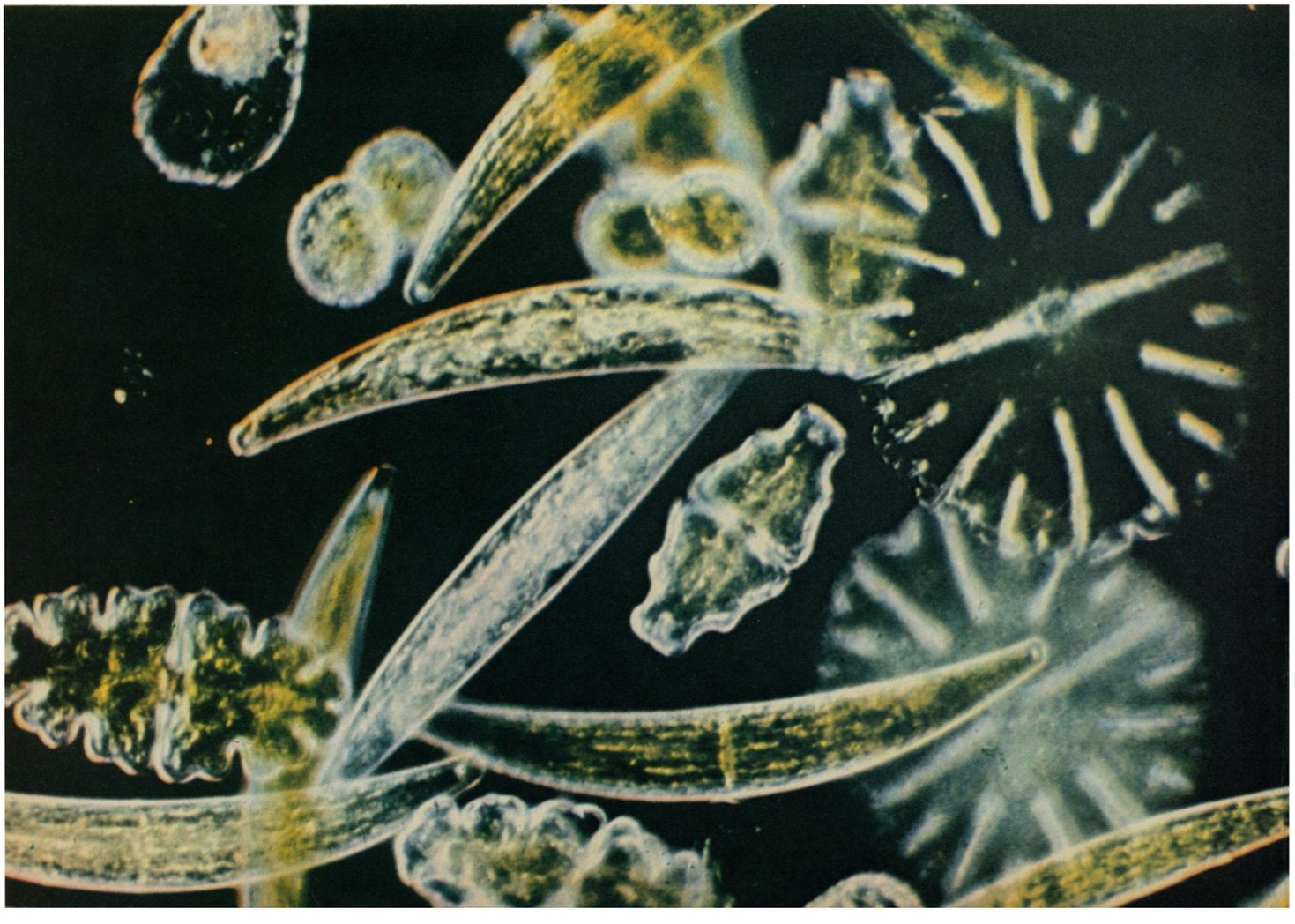
Goldhaber's report would be more appropriately entitled: "Harvard returns to academic excellence," instead of "Harvard reverts to tradition." The comments on medical education only point out the prevalence of liberal thought in our universities. Because something is "traditional" it is not desirable, and, a priori, should be changed. The core curriculums in progress or being developed by many medical schools are somewhat a response to change for change's sake. It should come as no surprise that national board scores are lower, or that many clinicians "are amazed at how little medical students know." Abandoning grades, competition, and organized course disciplines for integrated cores could not help but encourage laziness, and decrease motivation, resulting, of course, in happier students and substandard performances. Indeed, most faculty, not exclusively those in basic science, would have predicted the outcome of such programs, as Harvard's experience has shown quite well. Goldhaber talks about the politics of unhappiness among basic science faculty but says nothing about the politics of happiness (students') and how schools have striven gloriously in order to keep up with student demands. The quality of physician that such a system produces will be even more of a shock to medical schools in the future, despite the financial pressures to turn out more people. The inspired revisions of the medical curriculums at Harvard and Yale should not be viewed as "reversion to tradition" or a "move to the right," but, more accurately, as an expression of a



rational, reasonable recourse in continuing (but recently interrupted) quality medical education.

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Samuel Goldhaber, in his report on the "Yale system" of medical education (News and Comment, 14 Sept., p. 1029), quotes me several times, but he has quoted out of context.

To begin with, I do not spend the greater part of my day wondering "Have I gotten everything out of it?" I made this comment in reference to the first few months of my first year at Yale. This time would be a period of adjustment for anyone, at any institution. Yes, even Harvard.

As I told Goldhaber, after working for grades in a competitive college setting, I found some realignment of my approach to learning vast quantities of new material to be in order. But herein lies the main reason why I and many of my fellow students came to Yale. The thought of no longer having to measure my knowledge by the hourly exam in fact prompted my application. The Yale student is afforded the unique opportunity to absorb those vast quantities of new material in much the same way as he will when he is no longer in medical school (although still very much a student). The majority of students at Yale have both the motivation and desire to study the practice of medicine in such a manner. My 3 years at Yale have been nothing less than enjoyable, in every sense of the word.

To state, as Goldhaber does, that the "Yale system is in serious trouble" (p. 1031) and to imply that the quality of medical education can be judged on the basis of National Board ranking is not justified.

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Slow Viruses

In the report "Slow viruses: Role in persistent disease" (Research News, 29 June, p. 1351), Jean L. Marx states, "A conventional virus has . . . been isolated from the brains of patients suffering from SSPE [subacute sclerosing panencephalitis]." She then describes the conclusion of John Sever and his colleagues that it is probably the absence of specific cellular immunity for measles virus in the host that is responsible for the development of SSPE. Although it is possible that future studies will indeed prove that this is correct, in the light of our present knowledge, we must challenge this viewpoint.

There have been a number of viruses isolated from patients with SSPE (*1*), and they have all been shown to react with measles antibody. Two of these agents, the JAC virus and the LEC virus, have been examined thoroughly in our laboratory and found to be different from a strain of wild measles virus. These differences are apparent in their growth pattern (*2*), susceptibility to suppression by antimetabolites (*3*), distribution of viral antigen in the cells (*2*), ultrastructural pattern of growth (*4*), and encephalitogenicity for experimental animals (*5*). All of these data, not cited by Marx, point to the fact that the agents we studied were not "a conventional

Darkfield photomicrograph of desmids, a unicellular algae.