

tal in St. Louis told the AAMC panel that "The medical school curriculum has degenerated into a four-year 'peep-show.'" Moreover, the quality of teaching is not enhanced by the low status it holds in academic medicine where research, the education of graduate students, and the generation of income all confer higher prestige.

The relationship of faculty to students—or lack of relationship—that is often missing in the basic medical sciences is also inadequate on the clinical side, the AAMC said, making such seemingly obvious recommendations on the subject as this: "Those responsible for the clinical education of medical students should have adequate preparation and the necessary time to guide and supervise medical students during their clinical clerkships." Urging a return to the days when a mentor relationship was common, the panel declared that "The practice of having a large number of faculty members, each of whom spends a relatively short period of time with medical students, should be examined critically and probably abandoned."

The AAMC represents all 127 U.S. medical schools as well as 327 teaching hospitals and its policy councils carry considerable weight. The panel's statement that it does not "choose to invoke the hysterical hyperbole of crisis," is not entirely consistent with the tone of its report. Anyone reading "Physicians for the Twenty-First Century" could reasonably say that medical education is, indeed, in a state of crisis and that the likelihood of producing physicians who both are technically competent *and* compassionate is slim.

But historical perspective provides some reassurance. Although the issues being raised are valid—and serious—they are not new. Medical educators, it seems, have deplored the state of medical education for decades. Fear that students are being taught too many facts at the expense of understanding has been the focus of concern right along. One of the best examples comes from the AAMC itself which published a study in 1932 that sounds remarkably like this year's report.

An AAMC summary of its 1932 study shows the extent to which "Physicians for the Twenty-First Century" is an echo of the past. A plea that medical students be taught to think rather than memorize is made with a call that medical education be freed from its "present rigidity and uniformity." It criticized the emphasis that was placed on teaching students with an eye to passing multiple-choice examinations and observed that good

doctors should have a broad liberal arts education in college, not one narrowly confined to premed science courses. The 1932 study deplored "cookbook" methods of teaching and opined that students are required to spend too many hours in courses where they are stuffed with "too many details, often of temporary, miscellaneous, and inconsequential value. . . ."

Going back a little further, these same issues were cogently presented in 1927 in an article in the *Journal of the American Medical Association*[†] by Francis Weld Peabody, one of the stellar Harvard physicians of the era. Said Peabody, whose article was drawn from a lecture he gave every year to medical students, "The most common criticism made at present by older practitioners is that younger graduates have been taught a great deal about the mechanisms of disease, but very little about the practice of medicine—or, to put it more bluntly, they are too 'scientific' and do not know how to take care of patients."

Peabody raised a telling point when he said, "One is, of course, somewhat tempted to question how completely fitted for his life work the practitioner of the older generation was when he first entered on it, and how much the haze of time has led him to confuse what he learned in the school of medicine with what he acquired in the harder school of experience." Although everyone wants humane and caring physicians, no one wants them uninformed, so medical school is for learning medicine. "To begin with," Peabody declared, "the fact must be accepted that one cannot expect to become a skillful practitioner of medicine in the 4 or 5 years allotted to the medical curriculum. Medicine is not a trade to be learned but a profession to be entered."

Where then does that leave us? Perhaps with nothing as much as the observation that the problems are inherent to the very nature of medical education and just as worth worrying about now as they were half a century ago.

Peabody himself predicted the pattern of reexamination that is now taking place and called it "fortunate" that systems of education are "constantly under the fire of general criticism" from one source or another. If criticism is not coming from the outside, "the medical profession itself may be counted on to stir-up the stagnant pool and cleanse it of its sedimentary deposit." Just so.

—BARBARA J. CULLITON

[†]JAMA, 19 March 1927. Reprinted in *Connecticut Medicine*, January 1968, vol. 32 (No. 1).

Big Boost for AID Population Budget

Congress has passed an emergency spending bill that includes \$290 million for overseas population assistance in the next fiscal year. This is the largest single increase the Agency for International Development has had for its population program—\$50 million over last year, and \$40 million over the presidential request.

So far, it appears that a crisis in U.S. support of population programs, threatened by the Administration's tough new antiabortion stance, has been avoided. (Government lawyers are still puzzling over the meaning of the new policy.) Continuing American support for the United Nations Fund for Population Activities has been assured by an earmarking provision, and the accompanying resolution asserts that "no funds shall be denied" to nongovernmental organizations whose activities are conducted in accordance with U.S. laws. In other words, there is no prohibition on funds to organizations that sponsor family planning programs that include abortion services.

Legislators who oppose abortion have apparently been satisfied by formal reiterations of existing U.S. policy—that is, no U.S. money will go for abortion services, and the policy will be enforced by ensuring that American contributions to international agencies are kept in separate accounts.—CONSTANCE HOLDEN

Ohio State Offers to Buy Back Its Telescope

In an effort to prevent its radio telescope from being dismantled to make way for a golf course, Ohio State University has offered \$54,000 to buy the land on which the instrument stands. The offer is the latest move in a struggle to save the telescope that began in late 1982, when Ohio State's neighboring seat of higher learning, Ohio Wesleyan University, abruptly sold the land to a country club as part of a large real estate deal. Ohio Wesleyan owned the land and operated the instrument jointly with Ohio State.