LXX.—THE TEACHING OF DERMATOLOGY TO UNDERGRADUATES.

By F. GARDINER, M.D., F.R.C.P.

In the consideration of the teaching of skin diseases as part of the medical curriculum there are four problems which emerge, and these are of necessity closely interwoven: (1) the position of the curriculum as regards time; (2) the standard of knowledge to be attained; (3) the hours available; (4) the methods of teaching.

In discussing these points I shall endeavour to be practical and not to be a visionary with a selfish point of view.

1. Placed at present in the fourth year, dermatology has to yield a place in the fifth year to eye diseases, which, in my opinion, is not correct, although it must yield to the claims of diseases of children.

At present students come to the lecturer with some knowledge of medicine and surgery at least, and this is essential for a proper comprehension of diseases of the skin. Having said this I am satisfied that this matter has been well considered in the past.

2. The standard of knowledge to be attained should be that for the general practitioner, dealing therefore only with the commoner skin diseases. A thorough instruction in these few diseases is much to be preferred to a skimming over a large list imperfectly. After all, with these few diseases perfectly grasped, the student, when he subsequently commences practice, can, with the aid of books and the first-class atlases now available, acquire knowledge of the rarer types. Among post-graduates I find that the desire, even with them, is to see the common conditions.

It is to be understood that the school medical officer and the tuberculosis medical officer will both require post-graduate courses.

3 and 4. The hours available and the methods of teaching are best considered together. Twenty hours is not enough for the ordinary student, but his hours are already overburdened and I fear to ask for extension. Some years ago I got excellent results with the women students by giving twenty-five to thirty consecutive lectures every morning at 8 A.M., while during these and the remaining weeks of the session they had also one weekly clinical meeting at 11 A.M. It is generally accepted nowadays that the demonstration of actual cases is of paramount importance and that lectures should be subsidiary.

The problem, then, is how to make the best use of the material available. The out-patient department is crowded and there are, of course, many cases not suitable for demonstration. The crux of the matter is the sifting out and assorting of this material to enable it to be of the greatest use to the student. Examining patients from 11 A.M. to 12 noon and lecturing from 12 noon to 1 P.M. on selected cases
would suit admirably, but it sounds like a revolution to disturb clinical medicine.

The only other solution is to have more assistants to attend to the more chronic cases and pick out suitable material for demonstration. The varieties of the commoner diseases can be thus readily shown and this amplified by exhibition of casts, plates, and photographs.

There are six waiting days now available, and these should be used to the full by both lecturers with mutual co-operation for the good of the students.

Provision has to be made for individual instruction in microscopic work, chiefly with reference to ringworm, favus, scabies, pediculosis, and molluscum contagiosum. This should be given in the form of a tutorial demonstration and amplified at cliniques. Hours have also to be given to the commoner applications for skin treatment of lotions, pastes, and ointments, and the rationale of their use. It is advisable also to give at least two ward demonstrations on the treatment of cases in bed.

With a class of about forty divided into three sections each will have at least one clinique a week, and, if possible, more, and with, say, four to six hours spent on the above demonstrations there is left only time for about a dozen regular lectures, a few introductory lectures, then the demonstrations, and lastly the lectures on diseases not discussed in the cliniques. It is my firm conviction that some serial lectures are necessary to enable the student to grasp the subject of dermatology as a whole, and I think the above is a fair division of the time available. In conclusion, I am sure I voice a general thought when I say that the extension of the curriculum and the advances in treatment are hastening the time when post-graduate classes will become, if not compulsory like continuation classes, at least a necessity for a graduate who wants to attain a high standard in his profession.

LXXI.—THE TEACHING OF DERMATOLOGY TO UNDERGRADUATES.

By R. CRANSTON LOW, F.R.C.P.

If it were possible for every student after graduation to have a year or more hospital work before starting practice I think it would be better to leave the teaching of dermatology over till after graduation and include it as part of the clinical examination for the M.D. The same result could also be obtained by increasing the curriculum by another year to be devoted entirely to the special subjects, such as skin diseases, eye diseases, ear, nose and throat diseases, mental diseases, and gynecology. But as things are at present a student should have at least an elementary knowledge of dermatology before going out to