

RECENT TRENDS IN MEDICAL AND LEGAL EDUCATION IN VICTORIA

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SIR WILLIAM UPJOHN:

The matter for discussion tonight is trends in education. That is not an easy matter at all. If you are in the midst of a trend, it is very hard to say which way things are trending. Furthermore, the trend in Victoria is not necessarily the trend in other parts of the world, and the trend in one medical school is not necessarily the trend in another medical school in the city of Melbourne. So I will take responsibility for what I say being just my own personal views on things, and not necessarily statements of fact, concerning education in medicine.

The first and obvious thing about medical education is that it is a long, continuing process. It starts at school, continues through the longest course in the University—for six years, generally—with at least one further year post graduate work in a hospital, and sometimes very much longer than that still; and then for the rest of a medical practitioner's lifetime, his education is continuing. It is very hard to say what is the trend in an education which is almost a lifelong process. Furthermore, what are we to speak about when we speak of medical education? Is it to be just the medical education for a medical practitioner, or is it to be the medical education for a man who is going to be a medical scientist, or is it to be the education of a man who is going to be a medical teacher?

Now, some undergraduates know right through the course, they are going to be practitioners in medicine—the majority of them, and the curriculum is designed for the majority. But there are some who intend not to practise medicine. They are going into the public service or some scientific organization, in which they will never come in contact with patients at all. Others, again, go into their medical work with the object of being

teachers in anatomy or in one of the sciences on which the practice of medicine is based, and so it is quite impossible for me to speak on all the trends in all parts of medical education.

For those of you who are not medical practitioners, I may just briefly outline the general course of education of a medical graduate. As I say, he starts at school. Unfortunately, with the necessity that has been put upon the schools of preparing their students with the desire to do a medical course, it is in a fairly early stage that they become "little specialists"—specialists in the sciences. The broader education and general culture is, unfortunately, nipped in the bud, and so many of the medical students start their University career with an insufficient background of general cultural knowledge. How many of them, in recent times, know anything about Latin or Greek, or early English history or of the Latin or Greek history? It must make a difference to them, I should think, in their capacity for understanding and enjoying general cultural affairs later in their medical course, because the wonderful thing is that so many of them do have an interest in so many things outside, strictly, the medical profession.

That is one of the things which has developed, and there is no doubt that educationalists are doing their best to try to overcome this rather bad tendency for school students to specialize early on the scientific side of things only. It is quite right that they should do so, because a lot of specialization is required later on. That is one of the first things to which attention is being given.

Then, having arrived at the University, at the present time through a quota system, they do in the first year what is called a pre-medical course—pretty high-class physics, chemistry and biology—and then, if they are successful in that, they pass on to the next part of the course, which is called the pre-clinical. That is anatomy, physiology, bio-chemistry. At the end of three years—or half-way through their course—for the first time they come in contact with something of a medical nature, but as they first start on their clinical part of their studies, quite a few of them have, at school, and at the early stage at the University, been doing sciences only. Then, in the next three years of their course, they are dealing with the various matters associated with medicine and surgery specialties, and with obstetrics and gynaecology.

Having been successful in passing their final examinations, they take their M.B., B.S. and that entitles them, if they are of good character, to be registered as medical practitioners. Some of

them do, straight away, go into medical practice—a very few of them. Most of them spend at least a year at a hospital. Some of them spend many years at a hospital—Junior Resident, Seniors, and so on, and another three years might easily elapse before they get away from what is really training in the medical and surgical parts of their course.

Then they get out into the various forms of practice; some of them to general practice, and some—quite a number now—as specialists. We find that, of the Residents that come to a hospital, the majority endeavour to make their training and education fit them to be specialists. They do not all succeed, later on, in practising their specialty profession, but most of them try. So there is a post-graduate period for some of them that is rather intense, and for the most part about five years elapse after graduation before they are actually out on their own. Some of them do their post-graduate training abroad. Nowadays, facilities are very good for post-graduate training in Australia itself. Having started on his course when he is about seventeen or eighteen, when he gets out and practises on his own he is no longer a chicken.

As you can understand, there are a good many criticisms of the course as it is now. I suppose the first is that the course is too long. That is so, and we will come back to that in a moment. The most obvious thing is that it is too rigid in its division into science, and then the pre-medical part with anatomy and physiology, and no patients, and after that a clinical side. At the end of six years, when he is preparing for his final examination, how much does the student remember of his physics, his chemistry, and his biology? He does not remember very much of his anatomy, either, and not a great deal of physiology. Furthermore, such is the rate of expansion of knowledge in all fields of science, that by the time he has finished his course, a good deal that he has learned in the earlier parts, if he does remember it, is not altogether acceptable. New interpretations have been put on things, and fresh discoveries have been made. The trend in all medical schools, wherever possible, is to try and associate the scientific knowledge on which the practice of medicine is based with the clinical side of things as they occur. That is, with a person who is doing physics and chemistry, to let him see what association they might have with biochemistry and physiology; in biology to see the relationship of the lower forms of life with the parasites that cause disease in the later parts of his course. As it is, the knowledge is too much in compartments, and it is

not good to have it in that way. So, the tendency—it is not easy to do it, but it has been done in some of the overseas schools and there have been minor attempts here—is to integrate the different parts of the course, rather than have them in these entirely separate compartments.

The next criticism is that the course at present is too scientific for most people who are going to practise medicine. It is extraordinary the amount of science that is given to University students in second year and third year. Obviously, the practice of medicine is something which must be based on science, but such a great deal of science is too much for the general practitioner, and yet it is not enough for the man who is going to be an academic. That leads to the idea that there should be a division of Medicine, very much as in the Arts Course, where there is a degree for Honours and the ordinary degree. It is quite obvious that the training for a medical scientist, a person who is going to be a researcher or who is going to find out things, should be different from the training of one who wants to know that such things do exist, without being taken through the intense degree of scientific training which is given to the researchers. Still further on, in his clinical course, the student's teachers almost without exception are men who have never practised medicine in a general way. Some of them are, some of them have been, general practitioners, and they have gone on to their specialties and that is one of the peculiarities at the present time. Because a man is good at treating certain things, surgically or medically, he *ipso facto* becomes a teacher. He might be a perfectly good man at his specialty but be unable to teach. Conversely, there are people who are very good teachers, but are not the best in carrying out things in practice. In the overseas schools, there is a tendency to separate the teachers and the practitioners, although there is a tendency to resist it here. In our medical schools here, I think all the lecturers and clinicians are specialists, and naturally they are impressed by the importance of their own specialties, and their teaching is really a little bit on too high a plane. They expect their students to imbibe the knowledge in which they are specialists, and when it comes to the examination at the end of the course, the questions which are asked are very unsuitable for a person who is going to be a general practitioner.

I keep harping on this business of the general practitioner, because the bulk of our students when they do get through are

going to practise general medicine. Our course here in Melbourne was adopted at a time when we had to produce quite a number of practitioners for Victoria, men who were able to do most things, certainly to deal with nearly all the emergencies efficiently. They were separated by a good distance, as a rule, from their nearest colleague. Specialist consultants were few and far between. Travel was difficult. It was a horse era, and communications were poor. Accordingly the wise beginners of our course in Melbourne realized that they would have to train people who were very well equipped as general practitioners, and they did hold a very high reputation in the world as general practitioners. For many years, the Melbourne University produced these first-rate men, but did not produce the top men, the high specialists, such as were produced in other parts of the world. Now they are doing that. Things have changed, but there still is the basic need in the community for people who are going into general practice. Yet there is not a general practitioner on the Faculty of Medicine, and very few of the teachers have been that. It is now realized that there is a need for that, and towards the end of their course many of the students are now allocated to various general practitioners, mostly in the city and suburbs, but some of them in the country. They go around with these senior men, the general practitioners, who generally have the courtesy when introducing these students to say, "This is my young friend, Dr. So and So," and it goes down perfectly well with the patients. They are quite pleased with the young chap coming around to see them. These young men have no responsibility, and it is one of the parts of the course they are most enthusiastic about. It seems very desirable that this should be extended, and there is a tendency to extend the general practice of it. The nearest approximation that the student gets to seeing the effect of treatment is in the short period that he spends in residence in the hospital before he qualifies. At the Women's Hospital he does a regular period of training in residence, but in the bigger teaching hospitals the periods are shorter. They see when they travel around with a general practitioner that there are many features that do not come into their academic training.

They do not see, in particular academic training, the relationship of troubles to various matters in the family—social affairs, family difficulties, financial difficulties. They are all things, that, when they see these patients in the hospital in which they get their training, rarely come into it.

Another criticism which is being attended to, but rather slowly, is that the training or education is nearly entirely training in physical matters. That is, it is training in diseases, producing physical changes in medicine, in the body, in surgery; and yet when the graduate gets into practice he finds that a very large proportion of his work is dealing with people with various so-called nervous diseases, and even in those who have got surgical or medical complaints, there is a very considerable psychological factor concerned. He gets, at the present time, very little training in that, and the tendency is to increase it.

Now the matter of bringing all these specialties in. Every specialist knows—he sees the importance of his work in practice, and the tendency is to get more and more into the course. Now, how is that to fit in? Are you going to lengthen the course any further? Most of them object to an increase in the length of the course, and the answer is to cut down on some of the earlier things—physics, chemistry, biology—or to cut out that first year altogether for some people. In the better schools, they do a course in physics, chemistry and biology, which is the equivalent of what they get in their first year, so many of them are repeating in their first year what they have already learned at school. Now, if this course can be shortened in such a way that there is less of the high-class science in the first year and a very little less essential anatomy and physiology, there would be room for a bit more of these specialties to get into that so-called clinical part of the course. It has not occurred yet, but it is very likely that something of this sort will come up. In other parts of the world it has been done. They have diminished very greatly. The whole curriculum has to be changed. The matters I have spoken of are taught, not by medical men, but by pure scientists—pure physicists, pure chemists, pure biologists. It is quite possible and reasonable that many of these things could be taught in a diminished form, yet still with the essentials, by a medical practitioner who knows what he is talking about in those sciences.

On the Continent of Europe for quite a long time past—and it applies in other places too—there is not this effort to fit all sorts and parts of medicine and surgery into every undergraduate course. At an early stage of his University career, the student selects what he desires to obtain a specialist knowledge in. He is given a sufficient basic training to know that these various specialties have certain bearings on other matters in the body,

but at a fairly early stage, he may start to specialize in lung or heart trouble, or ear, nose and throat work, or something, without going through the whole course of everything. Many of our people study, in their course, things which they never have the slightest intention of taking up. A man who, quite early in his University medical career, feels a liking to do surgery, is never going to want much gynaecology and obstetrics; nor is a man intensely interested in medicine; but each has to do the lot to pass his course.

It is desirable, obviously, that he should know something of these matters. But the feeling is growing more and more that too much is required of the students, to know, not a little bit of everything, but a great deal of everything; and that it is too much of a strain to get it all into the period of time. So that brings us back again to the question of whether, at some time, here, as elsewhere, two lines of medical training will occur—one, a degree in medical science, and the other, as we understand it at the present time, a degree in medicine.

The training and education of a doctor does not end with his getting his degree. Some of the greatest part of his education comes in his post-graduate education. That has been going on, with some, for a long time. Of course, in Britain, the Fellowships of the Royal College of Surgeons or the Royal College of Physicians, have long been an established thing. For many years, our graduates used to go abroad to do their post-graduate training and take out their higher degree.

The first tendency to spread this post-graduate education in a more or less systematic way came after the First World War. A large number of practitioners had joined the A.I.F. immediately after graduation, with very little experience, had spent the war years as battalion medical officers, receiving very little in the way of a broad medical training, and had come back here to go into practice feeling very inadequately prepared for it. At the Royal Melbourne Hospital, we started—a few of us—on post-graduate demonstrations of a range so that a series of demonstrations could be held in the Outpatients' and Inpatients' Departments, to which practitioners could come for a week at a time. That was very widely availed of, and the value of it was found. Then it grew into a larger post-graduate association, and more regular demonstrations and lectures were arranged. It is now a very thorough-going thing, not only here, but in the other States of

Australia, so that post-graduate education is to some extent provided by the Post-Graduate Associations. But, with the rise of the College of Surgeons and the College of Physicians, it was found that the Colleges could arrange for courses, generally held at the University, and it has become a function of the Colleges to provide for this post-graduate education, so that no longer does the young man need to go abroad to England or Edinburgh for post-graduate training. He can get excellent training here; and not only here, but, of course, in the other big Universities in the capital cities of Australia.

Now, that applies particularly to those who want to do specialties—especially in nose and throat or in obstetrics and gynaecology. More recently, the need had been recognized for the general practitioner to have his special line of post-graduate education, and the College of General Practitioners has been arranged. One is in existence in Britain, but it is a bit early just to see what effect this College of General Practitioners will have on education.

Still further arrangements are made for post-graduate education in the various conferences which are held, in which men interested in a particular line of work can attend a conference and give papers that they have prepared themselves, and some discussion will start. A man will learn from these conferences which are held in all States, usually in the capital cities. The College of Surgeons and the College of Physicians hold their meetings, to which people can come and read their own papers, or hear what others say, and join in discussion. These are all methods of attaining education in the post-graduate years. Still further, there is what has been arranged in more recent times, that is, bringing distinguished men from overseas, mostly from Britain, some from America, and some from other places, who have come here, some of them giving a course of lectures and demonstrations, some of them staying at one or other of the big teaching hospitals, joining in with the conferences and consultations in the wards and making their own ideas available, not only to the men on the staff but to the students as well. These have been found very valuable and very stimulating.

Then there is the education of the man who, after having been well established here, feels he must go abroad to Europe to these special conferences, or even to Brazil or Mexico, and meets people from all over the world, exchanges his views with them, and comes back and gives the benefit of his overseas experience

here. Post-graduate education is, I would say, the thing that has made the most advances in recent times, and education in the undergraduate period is the thing that needs the most revolutionary changes, which are very difficult to get.

The conservative influence is very strong, and the tendency has been to add more and more to the student's burden, and not to see the relative importance of things in his training when he goes into practice. Last of all, I suppose the most valuable part of any doctor's or any professional man's education is what he gains by experience, and that is a thing which comes partly by years and partly by intensity of practice. Nowadays there is a tendency for men to group themselves, and they see a tremendous amount in a comparatively brief period of time. The man who goes away to a rather remote practice of his own will see nothing of the same degree of work. He will not have the same experience of things and, therefore, his education is diminished to that extent. In all these various ways, experience is the last and final factor, I would say, in the matter of his education.

I have not spoken of the means of education. There are all sorts of devices, with television, with various optical aids, various auditory aids, various things of that kind, but that is rather in the techniques of education than in the trends of medical education.

MR. R. W. T. COWAN:

Mr. Chairman, Ladies and Gentlemen: First of all, perhaps I should make my own position clear. It is true that at one period of my career I did have occasion to read voluminously in Constitutional Law, but it is also true that I have no legal qualification. A somewhat astringent American, Admiral Rickover, said, "The uneducated tend to over-value their own abilities". That is to say, if you want someone to pronounce confidently on the most intractable and complex problems, call on the layman. I had taken it that this was the reason you had called on me this evening. On the other hand, it is possible for an expert to hold any faith about William Shakespeare, even the faith that his name was Francis Bacon. To the doctor, he is a doctor; to the lawyer, a lawyer; to the puritan, a puritan, and this is because the average man, particularly the average specialist, makes his own judgment against the background of his own specialty, whereas W.S.—as we frequently and familiarly call him—had a grasp of the whole of human nature, particularly, and including,

all its faults and inconsistencies, so that he could be all things to all men.

My justification is that, in this sense, the common man of some experience may be more capable of judging rightly on difficult problems than Sir Philip Hackensacker, the eminent surgeon.

What I would like to do this evening is to build up the picture, as I see it, of the immediate future of medical and legal education in Victoria and Australia—the problem of training the professional man, because it seems to me that the future is one thing and the lessons which we draw from the past, though valuable, are not perhaps as valuable as some of us might like to think.

First of all, I should like to make a distinction between education and training. These words are frequently used interchangeably, and in some senses this is a correct usage, but I think we ought to understand that when we talk about education—at any rate for the purposes of this discussion—we mean the development of the whole human being, the producing from the material available to us the best human being that can be produced, a man capable of judging wisely and acting upon his judgment, an individual who will be prepared to accept the consequences of his own decisions.

When we talk about training, on the other hand, presumably anyone who has ever been an athlete knows what we mean. We mean, briefly, the production of a condition. The ability to jump seven feet does not necessarily confer upon a man the ability to think deeply. The ability to think deeply does not depend upon a lengthy co-ordination of muscles and the conversion of energy into various types of horizontal and vertical drive. Training, as I see it, relates to skill in performance, and its best expression is a completely unintellectual one. It is an expression in terms of academic performance, of certain jobs done. When one talks about the training of a surgeon, I take it one is talking about the intuitive ability to size up the physical situation and the physical skill to make the slashes in the right direction! On the educational side, also, there is a common virtue upon which law, medicine and any other professional group might stand, and it might be thought important to know whether it was, in fact Edmund or Herbert Spenser who, in fact, wrote "The Faerie Queen", and how he spelt his name. There is an obvious need for inter-

relation of those things, because wisdom is the product of balanced development, both in judgment and in skill.

Now, the background as we stand against it is that the situation is frightening in almost every sense. The panic signals are out again. We have another report, and the situation, as I see it, can be briefly stated in this way. If we are going to have University communities of 18,000, as indeed we are, one will need to be founded every six years in order to take care of the people whose inalienable democratic right it is to have education in them. The position is that there are 3,000 additional students coming forward every year. Now, these numbers are significant mainly because they represent twice as many votes in a general election (each of those children has two parents—although some of them may be brothers and sisters); but it is clear that there is going to be a considerable drive for the foundation of new or for the increase of the present Universities to 18,000 or 20,000 or 30,000 or 50,000, very rapidly in the next few years.

This relates to medical and legal training, as I see it, in this way. If you look at the figures given to us by a munificent press early this year, you will discover that 32 students were not accepted by the Medical Faculty of either of the Universities in Melbourne or Monash. Now, that is true, but it also is true that many times that number of students were not accepted by the Medical Faculty and the Law Faculty in the same proportion, although they wished to do medicine or law. These figures have not been revealed, but for your information—and I do not think I am perpetrating any great breach of confidence—the figure for Monash, with an intake of 135 medical students was that 80 students were not admitted to the Medical Faculty, which was the course of their first choice. Several hundreds, of course, chose to go elsewhere, but that is the sort of figure we have got to bear in mind. I do not for a moment gainsay the need to provide educational opportunity, on the principle that there is no foreseeable limit to the potential development of a human being; I would agree that every citizen of the community has a right to as much education and training as he can take. I think it must be limited by proved capacity, and not merely by desire. It may be thought cynical, but I have no doubt a large number of people who would like to be doctors think in terms of the glittering prizes and the social prestige—such as it is—that result from the possession of M.B. B.S.

The Ramsay Report, as I understand it, goes further than this. They would say that no qualified student should be denied admission to the course of his first choice, and that is one of the reasons why I thought this could be mentioned as a possible determinant of trends in relation to law and medicine, for if we are not to have quotas, then the unworthy but human motives are given free play, and I am quite certain that both the legal and medical confraternity will have some difficulty beating off with a stick the number of people who wish to do the courses they provide. I cannot describe the course which is given in all the law schools of the Commonwealth, because the law courses in this country are a dog's breakfast.

They differ from Sydney, which is an entirely clinical course, to Melbourne, which, I take it, is a pre-clinical course. In Adelaide you have got a slight mixture of the two things, in the sense that you do both at once, and both badly. We are going to have new Universities, and so I suppose we might have new medical schools and law schools, and therefore it may well be that the time is ripe for the profession and other people as well to take some solid thought on the matter.

I think that to set out the general approach, we might have to consider the question in this way—how are we best to educate professional men who are going to be highly skilled in the practice of their own craft, but who at the same time can actually understand an ordinary member of the community when he talks about the sort of things that interest an ordinary member of the community? If the present tendency for professional men to foregather in the four corners of rooms at cocktail parties continues, the difficulty may not arise in future, but there is this kind of difficulty and I think we ought to face it. The question then is, should we have some form of General Education I, II and III for three or four years, and then as an end-on proposition have the clinical or the acute type of specialist course after the person has presumably absorbed the ethos of the community? This is the British pattern, or it was. You did your B.A. at Oxford whether you were going to be a lawyer or a medico, and then you went to a hospital or to the Inns of Court. In America also, I gather, this is the position, though in a slightly different way, in the sense that you do your preparatory work at the pre-graduate level, and then you go to a graduate school and there you do your medicine or your law. What about Australia? What are we going to do, because I do not think you can deduce any-

thing from what we have done, except that we are a very catholic community. What are we going to do about Monash? What are we going to do about proposed changes in the curriculum in Melbourne, if the Acting Dean of the Faculty will forgive me for saying so. I think the soundest approach to this problem is to integrate the student physically, spiritually and professionally into the life of the University as a whole. I know there are many people who would disagree with me, but this is my personal view. If a student is going to be a lawyer, medical man or a sociologist, he should at the beginning of his course be subject to the same general disciplines as any other student, and then afterwards he in effect becomes an apprentice, if you like, in his profession, learning the technical skills of his profession in the court-room or in the hospital. In each profession, viewed as a whole, there is roughly the same content of science, art, humanism and practical skill and wisdom. What we have to do, as I see it, is to produce a preparatory or a general course in Universities, which is of University standard and which will produce the base upon which the pyramid, the last point of specialization can be finally placed.

As I see it, and I think this is borne out by what Sir William said, the senior members of the professions at the present time attack the educational system as it exists in Melbourne from different poles. The medical education here and now is, in relation to its end product, it is said, too highly specialized, too isolated, and too statistical, and altogether unsuited to produce men to cope effectively with the problems of human beings when they are ill, however successfully they may dissect or psycho-analyze possums or rabbits.

The lawyers, on the other hand, at any rate the senior members of the profession, may say the University Law School is too diverse, too academic, too theoretical, to equip the student to cope effectively with the problems of a human being in legal need, and the end product is quite incapable of dealing with the problems of everyday life and the everyday chores of office routine. It seems to me if we are going to accept these two diametrically opposite propositions, that we can only come to the conclusion that the judgment of the profession as a whole is not necessarily conclusive. This is the only kind of conclusion to which I can come, because whenever you get a group of lawyers or medicos and sit them down, as has recently been done in England, in Australia, and in America, and ask them how

lawyers or medicos should be educated, they will say, without exception I think, that the close associations which trainees have with those following other branches of learning in Universities, and particularly the teachers of those students, will provide their strongest stimulus to give their best in the life of a full University.

Now this raises one point. You may say, "Well, this is true of a University of 3,000, where the individual really is regarded as such, but can it be true of a University of 18,000, where the Law School, on its present proportion, would consist of a first year of 500, and, in successive years, presumably, diminishing by 40 per cent per annum?" And similarly with a Medical School of 240, diminishing by approximately 40 per cent per annum. I wonder whether it is true? Can there be a situation in which it is worthwhile embarking upon a general preparatory course, slightly orientated towards the end, in a University of 18,000 or 35,000 or whatever the latest figure may be. Let us assume this can be done. Let us assume that, for example, in the medical course in Melbourne, there is a curriculum revision. Let us assume there is a curriculum revision in the legal course in Melbourne—what then? Once a man is in business, once he has a degree, he must be passed on to some kind of institution or professional training course, which will involve him in, perhaps, two or three years' training, so that by the time he has finished, he has both the general and particular knowledge which is necessary.

This would seem to me to be the ideal solution, but only provided—and I say this with great bitterness because I have joined the group of disappointed conservatives, whose rosy dreams have been shattered—only on condition you can control your numbers. The criticism of a University course which excludes anyone at all is presumably based upon the proposition that the less academically brilliant student would, in fact, be eminently suitable to carry out the more practical, tradesman-like business of the profession, and would better meet the needs of the community. The only thing one can say, in New South Wales in the law course, I understand, the failure rate of these tradesman-like apprentices is very much higher even than used to occur in Melbourne. So, whichever way you go, clearly you are in serious trouble.

What I would like to suggest to you is that it may be that in considering the problem mainly from the point of view of the

professions themselves, we could be wrong. It may be that the proper criterion of what doctors and lawyers should be is not what doctors and lawyers think they ought to be, but what the community needs; or, if you like, what the run-of-the-mill citizen needs. I think we tend to forget, in this sort of gathering, that the real work of the community is not done by the professions at all. The professions are, in a real sense, parasitic on the community, and their real function is to diminish the necessity for them at all. As Winston Churchill put it, "The proper place for the expert is on tap, not on top". The position as I see it at the moment, from the point of view of some members of the professions at any rate, is that they consider themselves fairly important in the order of things. Now, I do not want to minimize the importance of the professions. I know any doctor or lawyer has to bear a very heavy and exacting load of responsibility. He has to advise, comfort, and, if possible, cure or get out of trouble a large number of frightened people, angry people, strained people, but nearly always abnormal people. He has to show a very high degree of tolerance, humanity, and insight. What I am attacking is not the desire for perfection, which presumably, as I said, means the disappearance of all professions. What we have to do, if we are going to consider the trend in the future is to produce, first of all—it is a horrible word, I suppose—good men, good citizens, and secondly good practitioners and good craftsmen, and finally good expanders of the frontier and; just in tiny little italics, good teachers. I almost left aside the good teachers, because the attitude of the professions is so different towards them. The medicos regard their teachers with almost awe and reverence. At least, they give that impression. The lawyers only remember F. E. Smith. At any gathering of lawyers, which is normally at the local, you will find they all emulate F. E. Smith to the best of their several and rather diverse capacities. They have, on the other hand, a curious attitude to their teachers whom they call "Cowen" and things like that. They do not really seem to feel that the teacher has any other form of claim upon their goodwill or good opinion. This may be only a kind of veneer to cover a deep sensibility of what the teachers are doing for them, but I rather suspect it is not.

Just perhaps some comments on these points. In order to produce good practitioners, the training question is the producing of conditioned reflexes, the conditioning of the student in things which he has to do quite automatically when the opportunity

presents itself. In this connection, of course, the student quite clearly is best able to understand and remember with profit those principles and details which he has seen applied in practice, and so the clinical training or the serving of articles is quite obviously the right method. In this matter, in order to meet criticism which has been made, the law schools of the world have quite frequently introduced what is called the case method. This makes tremendous demands, not only on the teacher but on the student. It gives you the extent of the problem, and you have to solve it as best you can. The great lawyer or doctor is not necessarily the most highly trained technician. The best educational process is a common path for both education and training, suitable for the generalist and specialist alike, and this path has to be relevant to community needs or capable of becoming relevant to community needs which differ from time to time and from place to place. As I see it, if we are going to set up the ideal system, it has got to do a number of things, and against these criteria perhaps you can judge the trends which Sir William has enumerated for medicine and the lack of trends which, as I see it, distinguish the course of legal education in this city.

First of all, it has got to fit the preparedness of the student. I do not know if Professor Derham can tell us, but we are completely incapable of finding out in the colleges what does fit a student for the practise or the course of law. We are not able by correcting his marks or by any other types of tests to find out what does start a man on the road to success in law. I think it is not quite so difficult in medicine, although I understand the possession of a first-class Honour in History is a complete bar to selection in the medical course, let alone success in it.

The second thing towards which we ought to be tending is the development of a common core of knowledge relating to the real problems of the community. Thirdly, we ought to be developing over-all understanding of the relevance of professional activity to the community, and, finally, we should provide, in the University, a broad basis from which specialization can proceed in any direction in the future. So many of my young men have decided by the first year that they are going to become great surgeons, and they do, in fact, become so, and I wonder whether some of them might have chosen differently had they had slightly different training.

Finally, we must insist that, at all levels, excellence must be the aim. It is not a question, as I see it, of, "Will this be a

successful manoeuvre?", but, "Have I really got what it takes to do what is necessary for success?". This, it seems to me, is one of the great difficulties of professional training, because all professional men, by definition, earn large sums of money and all are well regarded and become Mayor or the leading figures in the Shire, or something to that effect! This is a great difficulty, because it does tend to confuse the issue.

The specialists, then, could be handled by institutions and colleges; as indeed they are in the medical line, and I would think also there ought to be some kind of refresher system for generalists, for the people who do the donkey work. I have joined the ranks of the conservatives recently, and if I were a betting man forecasting the development of the medical course at the Monash University, I would say a revised curriculum is an empty dream.

The professional vested interests on the one hand, and the urge of the student to become rich and famous in the minimum time on the other, are, it seems to me, sure guides for specialization, so I will close in the words of the one truly witty Anglican Divine, Sydney Smith, who, on meeting a friend, told him, "I am going to St. Paul's to pray for you, but with no lively hope of success!".

SIR ALBERT COATES said that the proper place to teach doctors was in a University. He was glad to see that, following the Ramsay Report, the government had accepted that it was a matter for University training, and not for some hybrid institution. Hospital training caused more difficulty. It was essential that hospital training be done in Melbourne, in the big hospitals. The trend was towards more scientific work, and this means greater specialization with a consequent need for greater team work. His view was that present medical students were as humanistic and well educated as medical students ever were, and he hoped that the clinical training would not be diminished.

PROFESSOR DERHAM said that quotas were with us to stay. They were inevitable, once there were different institutions approaching the same objectives in different ways. England had had University quotas for years. In the Melbourne Law School, there had been a staff of 15, with 1300 students, no classrooms, and no lavatories. Since quotas had been introduced, the failure rate had fallen and was still falling. In 1892, Professor Derham said, the articled law students had petitioned the Judges, to get some

kind of legal education established. From then until 1962, the Judges' influence had been exerted towards getting a University education for all law students. Whereas the medical course had always been tied to admission to practice, the law course had been provided both because it was an academic discipline and because the legal profession had requested it, and provided most of the teachers. After the Second World War, the desire of the law—and other—faculties to achieve recognition in the University world had led to conflict between the academic aims and those of providing a professional standard.

DR. PETER JONES mentioned that three years before, a request had been made that the Medical Faculty introduce some of the modern teaching methods possessed by the Department of Education and the University. Nothing had been done. He wondered whether either speaker would say something as to the training in teaching to be given to the teachers.

SIR WILLIAM UPJOHN agreed, and thought many excellent clinicians were very poor teachers. He said that in the professorial units, some attention was gradually being given to instruction in the techniques of teaching.

MR. COWAN said that Faculties had introduced overseeing of teaching, with the making of suggestions for remedial treatment where required. The difficulty was that many University teachers regarded inquiry as to their teaching ability as an insult. He was satisfied that one of the principal reasons for the difficulty in handling today's large numbers, was that many teachers could not teach.

SIR CLIVE FITTS said that he had read "Science Speaks", a book prescribed for Matriculation students. It was not understood by final year medical students, and was far too difficult for Matriculation students. European people, he thought, combined science and general culture better than we do here. The impetus, he considered, came basically from the home.

MR. PETER BALMFORD pointed out that fifty years ago, a solicitor's principal work consisted of discussing crops and arranging mortgages for country clients. Today, knowledge in economics and accounting, and such matters, was increasingly necessary. He would be sorry to see the accountants get hold of restrictive practices field, as they had done with income tax. A solicitor's training must include these matters. He thought that the University law course should be concerned with techniques, rather than with particular pieces of law.

DR. E. G. L. BEAVIS asked whether study of the humanities at school would prejudice an applicant for the Medical course, under the quota system.

SIR WILLIAM UPJOHN replied that the boy might be at a disadvantage in medical examinations. The position as regards the quota ought to be different, for he would make a better medical man in the end.

MR. G. H. LUSH, Q.C., in thanking the speakers, speculated whether ultimately it was kind to provide University training for students for whom, at its end, there would be no demand. He also wondered at the reason for including in the early years of the law course practical subjects the details of which would be forgotten long before the student came to use them. The solicitors of Melbourne, to their discredit, had caused this to be done. Some compulsory Latin and cricket would leave the students just as fitted to find these details when they needed them in later life.