Books received


Books reviews

The Medical Teacher

This is a well presented, fairly comprehensive multi-author work designed to offer practical help to those who teach clinical medicine.
Why do I experience such a feeling of despair tinged with guilt at my reaction when I see books like this—and their number is rapidly increasing? It would be easy to rationalize my feelings and argue that the essential qualities of knowledge and enthusiasm for one's subject are nowhere mentioned in this work. Yet this is clearly not a reasonable response. I can recall many international authorities who have devoted a life-time's effort to their field with extreme single-mindedness who prove to be the most appalling teachers, although admittedly most have been able to stimulate select individuals with their enthusiasm. Clinical medicine has to be taught by amateurs since only practising clinicians can teach it with any degree of credibility; this being so it would seem desirable that we should profit by the experience and knowledge of experts. Flicking through the pages of this book I think I begin to fathom the difficulties I have with this sort of work. It seeks to convey two quite different classes of information. On the one hand we are told, for instance, how to construct a projection slide, what the black spot on it signifies, how to use an overhead projector or what computer programmes are available for teaching. All this is useful, although perhaps a trifle limited. In my experience there are individuals who readily acquire the skills in making good slides: others do not and despite the most powerful negative feed-back in the shape of audience disapproval, these individuals continue to manifest their shortcomings. If a book helps them, all well and good although I would personally be surprised if this was successful where so many more powerful mechanisms have failed. But the greater part of this book is concerned with a quite different, more fundamental, type of issue. For instance, what should be covered in a lecture: should a lecture proceed in a logical sequence from the basic to the advanced or is it more stimulating if this sequence is disrupted? In answer to the first question we are simply told that there are three alternatives: full coverage, representative sampling or highlighting. In deciding the structure of a lecture we learn that there are reasons for a logical sequence that go beyond 'a notion of commonsense: Gagne's work provides excellent support for such a hierarchy. On the other hand, equally cogent arguments supports a reverse sequence (Schulman, 1968). It is statements such as these which make reactionary like me regard education as a pseudo-science. To take another example. In a chapter on 'How medical students differ from each other' we learn that there are various personality tests such as the Rorschach and Thematic Apperception Technique and Repertory Grid Technique. At the end of this section we read 'Such tests have been of considerable interest to medical educators searching for more effective techniques...'. If at the end of the day there are no final conclusions from the educators we should accept this: the least they can do, however, is to present us with the arguments and the evidence and let us form our own judgement. We are surely capable of critically assessing the evidence: after all that is the purpose of medical education. The message I receive from books such as this is that there are two sorts of writing about medical teaching. One is factual, technical and carries a simple message and is useful although in a limited way. The other is the subject of discussion and debate: although it clearly also involves factual information I suspect that it contains rather more personal value judgements than is generally recognized. A didactic approach is inappropriate to this and indeed is likely to provoke irritation. It is difficult to combine the two and I fear the authors of this book have not done so too successfully.

J. D. Swales, Department of Medicine, University of Leicester, Leicester LE2 7LX.

Progress in Obstetrics and Gynaecology Volume 2.

The last decade has witnessed a rapid scientific expansion in obstetrics and gynaecology and a trend towards specialization within these subjects. John Studd has succeeded again with this second volume of Progress in Obstetrics and Gynaecology, in presenting a diverse feast of subjects where important advances have occurred. The secret lies in an astute knowledge of colleagues, national and international, who are at the forefront of clinical and scientific advance. The preface, a punchy leader any news editor would be proud to publish, promises regular future volumes. There are a total of 23 chapters, and an average of 11 pages per chapter makes this easy reading between cases or late at night. It is well referenced and presented and relevant reading for all obstetricians and gynaecologists, especially MRCOG candidates and their examiners. The life of this book must be at least 5 years and I am sure that some of these chapters will remain as classical monographs.

S. L. Stanton, St George's Hospital Medical School, London SW17.

The Work of WHO 1980-81

The 291 pages of this report have twin columns and as much reading matter as a large book. They are not meant for steady reading but rather for reference over a wide range. The text is unequivocal as it must be, for translation into the four official languages, but the idiom is that of the international organizations and apart from the rhetoric of the Director General's introduction has a curiously impersonal, even deadening, effect. Fortunately there is a key to the numerous acronyms and a useful subject index. Nevertheless there is...