

been in effect for some time, the debates on the curriculum content are still going on. Since the majority of the basic science teachers do not have clinical training, they are at a disadvantage when trying to judge the adequacy of the various new preclinical courses designed for physician training. This orientation course on medicine helped to provide a background and quite a bit of feedback regarding the specific areas that clinicians have found essential for clinical training.

Finally, the organization of this course in the UK fulfills a specific need, although this was not mentioned by any of the participants. In a recent article in Science (185, 1022, 1974) John C. Rose examined the role of the basic medical sciences in medical education, and drew attention to "critical staffing problems and concern for the future" described by chairmen of physiology departments in the UK. Apparently the overwhelming majority of the chairmen interviewed believed "that medically qualified faculty are essential in providing physiology teaching programs of excellence to medical students." The problem they see in the UK is that the proportion of such teachers in the basic science faculties is falling sharply. In this situation, it is easy to understand how there would be pressures for activities such as this course in Medicine for Physiologists. There can be no doubt that the course did serve to bring the physiologists much closer to the clinical experience.

I should think that a course of this type would be useful and perhaps even essential for all non-medically qualified basic science teachers in medical schools. At the moment, the organizers of the course are not thinking of extensions, and are even hesitant when talking about the possibility of offering the same course again. I sincerely hope that as a result of their process of evaluation, they decide to continue this as a regular activity.

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