

Students at Guy's: The New Intake

Downfall of Dimpley; or, The Leisure Principle

Professor Phantom, Tutor for Admissions, puffed at his Castella, his mind wandering. He considered the 11-year sunspot cycle, and its relation to the incidence of student dropout—he must ask Angela to attempt a correlation.

'Please continue Mrs Black.'

'Well, I know you like to take a close interest in student affairs, and you are also Duncan's personal tutor, so I thought you ought to know.'

'But surely no-one has been dropped from the medical course for failing first-term statistics before?'

'There's always a first time, Frank, and he's failed the viva and re-sit too. I think this may be indicative of a wider problem.'

'In what way is that, Mrs Black?'

'Well, let me explain.'

The arrival of Duncan Dimpley at Guy's Hospital (well, actually, U.M.D.K. Bart's.Mary's.S.) to study medicine represented a sunny day in an otherwise eclipsed academic career, and he was rightly self-satisfied, for the moment. The eclipse would depend on one's perspective, however, and in other ways Duncan had, in the words of Bill and Ted (hail the Almighty), had a truly bodacious time. And now, he felt that this aspect of his life could be expanded in the freer environment of University life.

Duncan remained unfamiliar to most lecturers for at least the first half of his first Christmas term, and was seldom seen in Dissection sessions or tutorials. So it was with an almost gleeful enthusiasm that Dr Thatching welcomed 'Mr Dimpley, is it?' to his anatomy tutorial in the Dissecting Room Annexe. The tutorial began.

'Mr Dimpley,' Dr Thatching started, chuckling quietly to himself, 'could you refresh our memories as to the origin and course of the subclavian vein?'

'Could you repeat the question, please?'

Academic life did, indeed, have its rewards.

'Certainly. I was hoping you may provide some enlightenment regarding the subclavian vein. For instance, where is it located?'

Duncan lifted his left index finger and pointed, a little uncertainly, to his midriff. 'Well, that's thorax, isn't it?' he thought. Some of the other students laughed, then pretended to clear their throats. 'Nice one, Dunc,' one whispered.

Dr Thatching exhaled wistfully, and decided to approach the problem (a problem?) from first principles, without hopefully needing to refer to the alphabet.

'Let's try splitting up the word, shall we? What would that give us?'

'Sub and clavian,' replied Duncan.

'Good. Now, what does sub mean?'

'Beneath.'

'Excellent. And clavian?'

A long pause.

'What about clavicle?' proposed Dr Thatching.

'Yes, of course,' nodded Duncan wisely.

'Well, where is it?'

Again, Duncan's left index finger rose up awkwardly, and he wondered for a prolonged moment how such a thing could have evolved.

Dr Thatching got up from his stool.

'Let's have a look at the skeleton,' he sighed, and the tutorial continued.

Like the Hundred Year War, the tutorial eventually came to an end. After a quiet word from Dr Thatching concerning attendance, and how Duncan would do this, Duncan left, depressed but relieved, perhaps feeling for the first time some of the pressures of academic life. He considered briefly why he had gone to the tutorial in the first place, and concluded that this was a phase all students went through. He realised that some limitations would have to be set on his social life. Some.

Socially, Duncan hopped (at UMDS) and crawled (from pub to pub), and his attitude to life exacted a certain admiration from his peers. Moreover, despite his poor initial tutorial performance, and the occasional embarrassing appearance of his head around the entrance to a packed lecture theatre, he improved. Duncan was bright, after all (given his work density, he had had to be), and he developed a strategy for coping with tutorials and dissection sessions.

He found that these usually began with a series of relatively straightforward questions which most students knew, and yet were reluctant to answer. Thus, Duncan became skilled at monopolising this part of a tutorial, and quickly answered any later questions he happened to know. In this way,

relying on the democratic nature of tutors, he knew that he would probably not be targeted for more searching questions. Nevertheless, occasionally seemingly innocuous questions (which he termed leaders) defeated this tactic. For example, in one Pharmacology tutorial:

'Could anyone give me the name of a minor analgesic?'

'Acetyl salicylic acid, otherwise known as Aspirin. (Suitably impressive).

'Very good, Duncan, and what else is Aspirin used for?'

Silence.

'Gout?'

Duncan suffered few casualties in this area, however, and towards the end of the first term was not too conspicuous in his ignorance, and was thus free to pursue his many leisure interests (ie drinking). So it was that, when revision began 2-3 weeks prior to the Christmas term exams, Duncan was admirably nonchalant. At the Bar, when asked revision questions by fellow students, Duncan countered by asking about some obscure point of interest, usually evoking a worried response of 'I haven't learnt that yet. Do we need to know it?', or, 'I can't remember, and I only learnt it yesterday.' In return, no-one asked Duncan 'obvious' questions, just as one would not ask Mendeleev the formula of salt.

Exam day beckoned. The only 'official' exam was Part IA or Statistics, so naturally Duncan did no revision except for this, which he did the night before the exam.

It was not enough. Duncan was as cool as ever in the examination hall, and his expression did not change even after seeing the questions. He was philosophical in that way. 'All I have to do,' he thought, 'is to show the examiners I am a competent statistician. They are not out to fail me.' So when the question asked for a chi-squared test of a set of data, Duncan discussed (in some detail--based on A-level Mathematics) the concept of a mean and standard deviation, and constructed a plausible looking table, without resorting to any actual calculations. His approach was similar for the other questions, which also sadly did not coincide with his revision.

Consequently, Duncan failed, being one of three to do so.

'Never mind,' he said to one of the trio as they drowned their sorrows at the Bar, 'the viva will be fair, and, hopefully, on a more general theme. We'll pass.'

It was not, but they did all pass (except Duncan).

Duncan only had one more chance--the re-sit exam half-way through the Christmas holidays, but, what with one thing and another, revision was left rather late, and he did it again (failed, that is). Duncan was somewhat distressed at this outcome, but not entirely distraught, as he had heard rumours

of what lay in store for medical graduates in their pre-registration year. Moreover, he had friends prospering quite comfortably thank you in the pharmaceutical industry...

So it was that Professor Phantom reluctantly, but inevitably, closed the curtains on Duncan's medical career. And just for failing statistics. He had tried to encourage Duncan each time he missed the mark, but the boy simply had not responded. It had never happened before.

POST-SCRIPT: Duncan is now a Biometrics Section Head at Procter & Gamble Ltd (look at your next Ariel soap-powder packet), earning £50,000 per year and working 37 hours per week, so put that in your pipe and smoke it junior doctors! Party on, Duncan.

John S Gilbody

GUY'S

HOSPITAL GAZETTE



February 1995

- Sarah Stolz Lecture
- The Downfall of Dimpley
- Diwali Show