brother, Tempa Tsering, and his family. We remained in touch, and I altered the plans of anyone who was visiting Nepal to include a visit to the school. The emphasis is on the education of children in reading, writing, and rehydration. The initial plan had been to educate street children; however, as the school became established, more affluent parents began sending their children and paying fees. These parents objected to the presence of street urchins mingling with their children. Tempa gets around this by taking in the street children during the three month summer break and making them presentable before the school year begins. This compromise ensures that the school is almost financially independent and accommodates 220 children, from 4 to 16 years of age.

Leaving behind something useful

Many aid organisations are bureaucratic and demand commitments that cannot be worked into a career or family. This represses expressions of altruism and goodwill. The ideals that drove us in medical school to go to underprivileged areas can get dulled. More and more people travel for pleasure in undeveloped countries where hospitals are frequently identified in guide books in case of emergencies. With a little planning, perhaps a few telephone calls or faxes to the local hospital, we could leave behind something more useful than our foreign currency. This also enriches the journey, and perhaps crosses the line between tourism and travelling.

You don't need to commit a month or a year to make a difference. To maximise our trip to Nepal, I identified the main public hospital in Katmandu—Tribhuvan Teaching Hospital—from an article in the *American Journal of Radiology* [3] and contacted the hospital by fax. It replied that it had run out of guidewires and was unable to perform any angiography, nephrostomies, or hepatic abscess drainages. Scavenging around the Department of Radiology at the University of Michigan, I found approximately $15 000 (£10 000) worth of visceral and neuroradiology catheters, guide wires, arterial needles, and stop cocks which had passed their use by date and were being thrown out. This is an alien concept to the Nepalese who resterilise and reuse everything. These supplies, three hours of lectures on slides, and four of the latest edition textbooks filled a second suitcase.

I do not mean to be condescending but we cannot underestimate the difference that a little potential energy (or a suitcase of catheters) makes to the place we visit. Since returning to the United States we have sent out two more boxes of catheters as large as the first. If properly coordinated there are enormous untapped resources in our departments. This activity could be made easier if coordinated by a Web site, a virtual aid agency. A low cost, aid agency, essentially a bulletin board, with no meetings, where information could be exchanged between travellers, health care workers, and local hospitals with specific needs. This would benefit the former spiritually and the latter logistically.

This trip allowed us, once again, to regain perspective on the preoccupations of the present, to reidentify the initial motivations that have become blurred by years of toil, and to ward off, for a while, the deadening effect of maturity. As Herman Melville said in *Moby Dick*: "Whenever I find myself growing grim about the mouth; whenever it is damp, drizzly November in my soul; then I account it high time to get to sea as soon as I can. I quietly take to ship."

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2 Murphy K. Planting mangoes for the future in Tibet. *BMJ* 1986;293:1649-52.
3 Brant WE. Budathoki TB, Pradhan R. Radiology in Nepal. *Am J Radiol* 1996;166:259-62.

Why do medical students choose St Mary's Hospital Medical School?

J H Baron

For many years St Mary's Hospital Medical School in London has had the highest number of applicants per place in Britain. For entry in October 1996 there were 2700 applicants for 100 places. St Mary's has published extensive data of its audit of admission[1-3] and in 1990 inquired which of 22 factors influenced the 5872 applicants to the 28 British medical schools to make their five choices on the form from the Universities' Central Council on Admissions (UCCA).[4] St Mary's was rated high on friendliness, but is this a continuing perception?

Subjects, methods, and results

From 1971 until my retirement in 1996 I asked 344 men and 301 women who had chosen St Mary's one question "Why St Mary's?" at interview for entry and when students began on my firm or applied to be my house physician. For simplicity the category "friendly" included the following answers: caring, character, close knit, community, cosy, enjoyable, everyone knows each other, fun place, kind, lovely, nice, open, outside activities, small, stress free, supportive, taking interest, warm, and welcoming. "Adviser" might be a relative, teacher or tutor, or family doctor. "Academic" included the quality of teaching and research and adequacy of patient numbers for clinical experience. "Low grades" meant that students knew that St Mary's might interview them even if it was placed low on their UCCA form and that they might be accepted if they were outstanding at interview even if they achieved less than the minimum grades or if they had to retake their A level examinations (see table 1).

Most people gave one reason why they had chosen St Mary's, which was scored 1, but a few gave two or three reasons, which were scored a half or a third. Thus there were 779 answers from 645 students divided by sex and by date of entry (1971-82 (258) and 1983-4 (387)) (table 1). Over the 25 years choice made on friendliness increased from 52% to 70% while choice by an adviser fell from 29% to 6% (table 1). Those citing academic reputation trebled from 2% to 7%, but four chose St Mary's for the opposite opinion: "not too much pressure, not an academic hot house, not high powered." Sport was cited by 7% of the men but only 3% of the women, and music was mentioned by 2%. Those choosing St Mary's because of its prospectus decreased from 7% to 2%. St Mary's location in London (west central) was cited by 2% and a similar proportion had been impressed by St Mary's willingness to consider low UCCA ranking or low retaken A grades.

Miscellaneous answers included liking the research (AIDS, tropical diseases, cystic fibrosis) or researchers (Fleming or Almroth Wright), the name ("my school," "my middle name"), the dean's annual book (*Learning Medicine*), the buildings ("so old," "so new"), the

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BMJ 1996;313:1646–7

Table 1—*Reasons why students chose St Mary's. Values are numbers (percentages) of students giving reason for choice, fractions showing that more than one reason was given*

	1971–82			1983–94		
Reason	**Men (n=144)**	**Women (n=114)**	**Both (n=258)**	**Men (n=200)**	**Women (n=187)**	**Both (n=387)**
Friendly	70.5 (49)	63 (55)	133.5 (52)	128 (64)	144 (77)	272 (70)
Adviser	38.5 (27)	36.5 (32)	75 (29)	17.5 (9)	6 (3)	23.5 (6)
Academic	3.5 (2)	1.5 (1)	5 (2)	13.5 (7)	12 (6)	25.5 (7)
Not academic	0.3		0.3	0.5	1 (1)	2 (1)
Sport	9.5 (7)	1.5 (1)	11 (4)	14 (7)	5 (3)	19 (5)
Music		0.3	0.3	3 (2)	5 (3)	8 (2)
Prospects	9.5 (7)	8.5 (7)	18 (7)	5 (3)	3 (2)	8 (2)
Location	5 (2)	2.5 (2)	7.5 (3)	4 (3)	3 (2)	7 (2)
Low grades	5 (3)	0.5	5.5 (2)	6.5 (3)	4 (2)	10.5 (3)
Miscellaneous	2.5 (2)		2.5 (1)	8 (3)	5 (3)	13 (3)

residential accommodation, and acceptability of mature students. One had been a patient, and another was impressed by royal patients. One chose randomly, another because of its Welsh connection, one by the sixth form conference, one by the television programme *Doctor to Be,* and one appreciated the bar and the beer.

Comment

Advice from older people is no longer important. St Mary's is increasingly chosen because it is regarded as small and friendly. By the end of the 1990s, 12 London medical schools will have been (sub)merged into four multifaculty colleges of London University, Imperial (Charing Cross, St Mary's, Westminster), King's (Guy's, King's, St Thomas's), Queen Mary's Westfield (St Bartholomew's, the Royal London), and University College (Middlesex, Royal Free, University College Hospital), leaving St George's standing alone. It will be interesting to see what criteria applicants will choose in deciding whether to apply for these medical schools.

Funding: None.
Conflict of interest: Formerly consultant physician and subdean at St Mary's.

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2 McManus IC, Richards P. Audit of admission to medical school. II. Short-listing and interviews. *BMJ* 1984;**289**:1288-90.
3 McManus IC, Richards P. Audit of admission to medical school. III. Applicants' perceptions and proposals for change. *BMJ* 1984;**289**:1365-7.
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Does nursing have a future?

Alison L Kitson

This article is adapted from the Distinguished Nursing Lecturer delivered at the John Hopkins Hospital, Baltimore, Maryland, USA, on 7 May 1996.

> The history of nursing is rarely one of triumph in the face of adversity but of struggle and compromise and often defeat.
>
> A M RAFFERTY, 1995[1]

Starting a paper on the future of nursing with such a quote may be rather melancholic, but I am troubled for the profession of which I am a devoted and committed member. We, together with the rest of our health care colleagues—in every continent, it seems—are experiencing change unprecedented in its nature and scale. The turbulence is disorientating and almost prohibits us from seeing the things that matter. My purpose here, therefore, is to refocus on those essential elements that give nursing its structure, its character, its presence, and its strength in a turbulent environment. I want to explore the issues facing us, how we are tackling them, and to finish by considering what the future holds for us.

Nurses as agents of control

Some will recognise the description in the box (p 1648) as coming from one of Kurt Vonnegut's short stories, *Welcome to the Monkey House.*[2] What interested me was the caricatures he used to portray the hostesses. These were manipulative, seductive, coercive individuals, trained in the techniques of caring but programmed to carry out definite tasks. They were plausible, socially skilled, and they upheld the values of the ruling party. There were no scientists or doctors in this story; the world government was in control, whose president, by the way, was an ex-suicide hostess. The great evils—illness, aging, suffering—seemed to have been overcome, but the world was without purpose or spirit.

Perhaps this is one future scenario for nursing that we need to consider. If technology comes up with all its promises and delivers us from suffering and death what need will there be for nursing? Will we become agents of control, using our interpersonal and caring skills to encourage people to comply? Or do we find this imagery offensive and unrepresentative of the essence and purpose of nursing? What stereotypes of nursing was Vonnegut using when he wrote this story, and should it count as something we should respond to?

Images, metaphors, and rituals

Our impressions of other groups, nations, and races generally emerge from a collection of images and assumptions we hold. Such stereotypes help to classify and give meaning to ever increasing arrays of information bombarding us. Images are difficult to shift in the public domain, particularly those images which are falling from grace. For example, an increasing phenomenon in Western civilisation is the lack of faith in medical technology. Aiken quotes recent surveys where two out of three Americans are losing faith in doctors,[3] and where they see health care services as slightly better than automotive repair shops and less good than supermarkets and airlines.[4]

Nursing, however, continues to be held in positive regard,[5] and most people say they are willing to receive more health care from nurses. So why, if there is public support for role expansion, does this not happen? Part

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BMJ 1996;**313**:1647–51