EDITORIAL

London, October 1950

Widening Horizons

The new academic year now commencing takes us into the second half of the century. We have come through stirring times and have seen great changes, certainly as great in the medical world as in any other.

Whatever else may be said of the first half of this century, nobody will bring against it a charge of lack of the spirit of enquiry. We have developed or, if you will, cashed in on the thought and ingenuity of the last century; but we have also added much that is new. Asepsis followed logically from a knowledge of bacteria; modern radiology has evolved gradually from Röntgen's original discovery; but jet engines, atomic energy and penicillin were not so logical. With flying saucers and suggestions of interplanetary travel, they open out possibilities and vistas reaching far beyond our present sight, faint shapes whose outlines can only be imagined in the mists of the future.

Having seen the introduction of chemotherapy, however, we know that the age of miracles is still with us and scan our journals eagerly for new marvels. Particularly, in the forefront of our minds, we have the hope that in the not too distant future a chemotherapeutic agent may be found which is effective against cancer. We know that certain types of malignant growths are sensitive to hormones; we hear of cancer cell tissue cultures being experimentally treated with all types of drugs and chemicals. Such a therapeutic agent is well within the bounds of possibility. It may even be found in herbs, whence came the whole of our pharmacoepia, but it would hardly appear necessary or wise for the popular press to give full publicity to such matters until their efficacy is amply proven.

Progress has been so great that it has been said that 'the leaders of thought have reached the horizons of human reason—but the wires are down and they can only communicate with us by unintelligible signs.' Such criticism could, of course, hardly be levelled at medical scientists; their means of communication have always been such.

So much for conjecture. Well within our horizons, however, are certain questions of distribution. We have seen what planned economies can accomplish in war; we have been through our transition and are finding what a planned Health Service can do in peace; we believe that we shall shortly see a similar transition in the United States. Having had our work and our remuneration altered variously, we have not unnaturally reacted variously, chiefly in a direction away from becoming 'robots of mass-produced medicine.' With the principle of fair distribution, however, we are in hearty agreement. We believe, moreover, that this distribution should be world-wide.

A World Health Service?

With the experience of this country and, shortly, of the United States in the field of National Health Services, why not a World Health Service under the United Nations?

In our opinion medical education throughout the world should be one and indivisible. For qualification we should have an international degree whose standard would be maintained and inspected by international colleges, representative of the present national colleges. Throughout the world the qualifying degree would be international (perhaps M.D.Int.), to which could be added subsequently degrees from our own universities. Opportunities for interchange at all levels after qualification would be enormously increased, though at first language difficulties would be great. A *lingua franca* would be required and education in the chosen language would have to be whole-hearted.

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