

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 pharmacopoeia, 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 a 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.

A three- or six-month interchange abroad, for instance, could be made a prerequisite of reading for medicine and would have golden results in international friendships and relations. We do not think that language difficulties would be allowed to stem such a tide.

Under such a central organization, national services already in existence fulfilling the necessary standards would continue without interference. They would need to submit to just as much supervision or direction from the centre as it is intended to exert over other, subsequently formed services. Their experience would be of the greatest value in the introduction of health services in other parts of the world, whereby our mistakes could be avoided. From a study of the population, the exact requirements of an area would be estimated; the required hospital accommodation would be built and the necessary staff recruited. At first, personnel would probably be largely imported, and indeed the most

able members of the profession might well care at some stage of their career, to undertake to start a new department in another part of the world. As a country develops so, naturally, preference would be given to its own nationals, but, at all times and levels, interchanges would be encouraged and would be arranged through the centre. A general hospital would thus be almost a standard unit in any part of the world, whilst in matters of production with a world-demand, costs would be cut to a minimum.

Is the financing of such a project feasible? We believe that it is. A glance at the figures for the national expenditure on armaments and on the health service confirms our opinion. Surely the World Health Service would be one of the greatest influences for peace, and the thousands of millions spent each year in war effort could be replaced by hundreds of millions spent in health effort.

The age of miracles is not past; it could be done

ANNOTATION

Bovine Tuberculosis

There comes into operation on October 1 the Tuberculosis (Attested Herds) Scheme 1950 to replace the present Tuberculosis (Attested Herds) Scheme, 1938. The general object of the revised scheme is to give further encouragement to farmers in all parts of the country voluntarily to eradicate bovine tuberculosis from their herds, so leading to eradication from selected areas in the country when they become suitable for such treatment. By this means it is planned in time to free all cattle in this country from the disease.

Under the revised scheme an attestation bonus will be paid at the rate of 2d. per gallon of milk sold for four years and 1d. per gallon for a further two years; or, at the option of the farmer £2 per head of cattle for four years and £1 per head for two more years. This latter payment will

probably apply largely to non-milking and feeding cattle (beef herds).

In addition, in herds licensed to sell T.T. milk (including attested herds), there will be paid a continuing quality minimum premium of 2d. per gallon of milk until March 1954; this minimum premium may vary according to circumstances and will be reviewed at intervals.

Arrangements have also been made that, if reactors to the tuberculin test are found in attested herds after the end of the fourth year, compensation will be paid for them if the rules of the scheme have been complied with.

It is hoped also that an early start will be made in area eradication in selected parts of the country. Details have still to be considered but the indications are that a beginning will be made at an early date. The area to be selected has been reduced to a figure considered suitable for the working of an area eradication scheme.

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