

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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