

possibly cripple them financially. It would be superfluous to point out how pressing this need has become. The columns of the press, not only in London, but in other large centres of population, have been constantly employed to discuss the urgency of the problem, but until this moment no comprehensive scheme for its solution has been put forward.

H.R.H. the Prince of Wales, as President of the King Edward's Hospital Fund for Greater London, set up in 1927 a committee to inquire into this question as it affected the existing hospitals. This committee, before which the B.P.A. gave evidence, reported that the need of the middle classes for proper facilities for institutional treatment was urgent, and recommended among other things: (a) that an effective scheme of mutual provision was needed to enable middle-class patients to provide against the cost of treatment; (b) that full consideration should be given to the possibility of organizing a scheme of subscription to the capital cost of new pay-beds. The B.P.A. has for some years been carefully investigating and subjecting to practical tests the possibilities which lie along these lines. The schemes which have been evolved as a result are based upon the assumption, which we regard as fully justified, that no individual in this country wishes to depend upon charity or to throw the burden of solving his own problem upon the already overburdened hospitals, but will always prefer, if he can, to stand squarely upon his own feet and work out his own salvation. They are framed upon two simple principles already well understood

and widely employed—the principle of co-operation, and the principle of spreading the cost of sickness over the years of health when it can most easily be afforded.

If the total cost of pay-beds, with the comfort and privacy needed, is spread over the wide area of those who need them, the individual cost will be reasonable enough. In order to secure such a bed for himself and his family, with all the advantages of modern equipment, each individual has only to put down one capital sum of £10. Having secured his bed he can, by spreading the cost of sickness over the years of health, make provision against the other expenses involved. By means of a small yearly subscription he can provide against the cost of nursing and maintenance, against consultant's fees, and against surgeon's fees.

Our association has been formed solely for the purpose of solving a pressing social problem. Its executive council is constituted as follows: Sir Alan G. Anderson, Sir J. Gomer Berry, E. R. Chadwyck-Healey, the Hon. D. Fortescue, W. McAdam Eccles, R. A. Moore, Sir Courtauld Thomson, Nigel O. Walker. It is debarred under its articles from making profits, and any surplus it may realize must be used for the benefit of subscribers. For nearly ten years the association has been evolving, testing, and perfecting its schemes. It only remains for men and women of moderate means to co-operate in making use of those schemes and so to solve their own problem; and we earnestly invite them to write for details to the association's offices at 30, Lancaster Gate, W.2.

France

[FROM OUR OWN CORRESPONDENT]

Overcrowding of the Medical Profession

The French confederation of medical societies has just sent a circular letter to all pupils of the lycées who are about to enter for their baccalauréat, indicating the extent to which the medical profession is overcrowded. It appears from their figures that the Paris Faculty of Medicine, which had less than five hundred students eight years ago, has over a thousand this year. The figures for the whole of France show an increase in the number of doctors from 16,815 in 1900 to 27,500 in 1928, while the population has only increased in the same period by two millions—that is, from 38,442,000 to 40,742,000. It may be estimated that in the course of the next five years the number of doctors will have increased by still greater proportions. This fact presents grave dangers, moral as well as material, for the profession itself. The circular adds that the medical profession is not one in which to make a fortune. This large increase is due partly to the ever-growing proportion of women students, and partly to the large number of foreign students. For the last two years education at the lycées has been free, as it already was in the primary schools. Thus every French child can enter for his baccalauréat without costing his parents a penny, and it is very unlikely that many, having come so far, will turn back at the portals of the university. This of course means the production of a continuous series of graduates in all faculties. Doctors, lawyers, engineers, artists, form an immense army of officers, with no rank and file. It is in this way that the intellectual proletariat—the most pitiful of all—is produced.

Several remedies have been suggested to meet this state of affairs. The first is to insist that all students entering the faculty of medicine shall already have passed the most difficult form of "baccalauréat," comprising examinations in Latin and Greek. This is an obstacle which holds back very few. Professional examinations are also to be made more difficult. Already the oral examinations involve written tests analogous to the English system. It has been finally decided that all

foreign students must take the entire course at a French university, and that equivalent diplomas shall hold good only up to a certain point. A university diploma would be open to all; but the State diploma, which alone gives the right to practise in France, would thus be much more difficult to obtain. A foreigner, even though compelled to follow the French curriculum *in toto*, always has the enormous advantage of being exempted from military service. The problem is serious, and one which appears to have no solution. The only way out of the difficulty which has been envisaged by some of the more enlightened members of the profession is to apply a democratic measure to this demagogic situation—that is, to put our medical schools on the same footing as the big State schools, and to make entrance possible only by means of a competitive examination.

Treatment by Acupuncture

Dr. Ferreyrolles, whose name is well known in connexion with the revival of the ancient therapeutic methods of the East, has been continuing his experiments with acupuncture. During the past winter a number of Paris hospitals opened their wards to him, not without a certain amount of scepticism perhaps, but, at all events, with minds prepared to welcome anything which might prove new and helpful. The sceptics were soon won over to his side. He showed how in the space of a few moments muscular contractions could be made to disappear, obstinate rheumatic pains to vanish, and neuralgia and attacks of asthma to cease, simply by means of superficial pricks with an ordinary needle. It seems as though we have here a phenomenon of reflexo-therapy which has never been systematically studied, at any rate in France, and which directs the mind towards Mackenzie's work on the projection to the surface of deeply seated organs. We are familiar with the metameric zones, which can be compared with the parallels of latitude. But the Chinese, forced to this patient and minute form of study by the fact that they did no dissecting, were aware of the parallels of longitude also, which do not correspond to any anatomical arrangement yet known to us. These experiments have been the subject of much discussion by some of our best-known medical men.

There are many cases, however, which are entirely baffling: for example, the immediate amelioration in the condition of a hemiplegic patient who had been produced as a challenge to this form of therapy. Dr. Ferreyrolles, who has in his possession some unique Chinese documents, and who has given a tremendous amount of thought and study to the subject, is about to publish a book which will make it possible for everyone to apply and test a system of which he is the modest yet enthusiastic advocate.

One Better than Coué

A certain Dr. Fauvel has introduced to the public a wonderful therapeutic instrument which provides a cure for every disease, and which certainly does not add to the physician's exertion. It is a gramophone record whispering to the patient such good advice as made the name of Coué so popular outside the boundaries of his native country. His followers have found out that suggestion depends greatly on the personal influence of the therapist. This influence may produce quite the wrong effect if the voice is not sufficiently cajoling, the smile sufficiently convincing, if the physician is not wearing the right kind of collar, or if he is not endowed with the right kind of humour. All these inconveniences disappear with the use of this gramophone record. And it cures all diseases because the record is double-faced: one side is directed against physical and the other side against moral ailments. On the physical side a dulcet voice gives excellent advice as regards patience and confidence. On the moral side the sermon is wrapped up in music—"a peculiarly soothing harmony." It has been said that this is a new departure in therapeutics, and the hope has been expressed that eminent specialists will, with the help of the gramophone, give the public the indispensable notions of medicine which might have escaped their attention in the morning paper. It is proposed, and this is no surprise, to produce a record on sexual education. Let us hope that there will be only one side.

G. MONOD.

Ireland

Honorary Fellowships of the Royal College of Physicians

On April 16th Dr. T. Gillman Moorhead, President of the Royal College of Physicians of Ireland and of the Royal Academy of Medicine of Ireland, admitted to the Honorary Fellowship of the College Sir Almroth Wright and Dr. Edward Francis Stephenson, chief medical officer of the Department of Local Government and Public Health. Introducing Sir Almroth Wright, the Registrar said he had the honour of presenting to them one who needed no introduction. Years ago the great Pasteur opened wide a door through which, with others who were the glory of their times, Almroth Wright had entered into the fruitful garden of bacteriological research. How well he had cultivated and was still cultivating that garden would need for its recital a long summer day, and even then perchance the half would not be told. He had to be satisfied with one instance. An army of about 400,000 men in the South African war lost from typhoid fever 8,000. In the great war, in an army of over 4,000,000, there were 8,000 cases of typhoid, with a death roll of under 300. They must guess for themselves how many lives were saved as the result of the preventive inoculation introduced by Wright. Introducing Dr. Stephenson, the Registrar said he had now to present to them for their purple a worthy son of their own house, who had brought honour and lustre to his Alma Mater. Members of the medical fraternity had ever viewed their

obligations from three aspects: duty to the science of medicine, duty towards the individual patient, and duty towards the community. For many years there had been little scope in Ireland for the physician to practise his duty towards the community. In the paths of science and of practice their forefathers had occupied high places, but the study of public health had lagged sadly behind, and so unfruitful was its pursuit that few were found to take part in it. It was, however, a great calling, and one which was bound to enlist the sympathies of their best men when once the possibilities of its proper cultivation were known to them. Fortunately at the time of the birth of their new State there was, as chief medical officer of the Department of Local Government and Public Health, one who, by his knowledge and skill and by his intimate acquaintance with the needs of the people and the profession, was peculiarly fitted to put forward wise schemes for the furtherance of the public health. The task was difficult, but the plans of the chief medical officer were pressed forward, and now both the country and the profession tendered to him their grateful thanks.

Paying Patients and the Radium Supply to Hospitals in Northern Ireland

Professor W. W. D. Thomson (professor of medicine, Queen's University), referring at the annual meeting of the Royal Victoria Hospital, Belfast, to the provision of a "pay patients' block," said that a hospital was no longer regarded as a place for the treatment only of the necessitous poor. With the progress of medical science expensive methods of diagnosis and treatment had developed. Large numbers of the professional and middle classes were unable to avail themselves fully of medical services, some of which, indeed, were difficult to obtain outside the walls of a hospital. While the rich could buy and the poor could be supplied with the best medical skill in times of illness, the middle classes of the community knew no such good fortune. The medical staff was anxious that this anomaly should be removed by the provision in the near future of a "pay patients' block" for persons of moderate means. Already such blocks were being added to hospitals all over the British Isles, on the Continent, and in America. Such an institution was one of the crying needs of Northern Ireland, and the medical staff of the Royal Victoria Hospital trusted that this want would be fulfilled without undue delay. After the establishment of the "pay block" at present under contemplation, the medical staff hoped that the demand "hospital treatment for all who need it, irrespective of their bank account," would be conceded by the extension of the principle of the "pay block" system to include all classes. The chairman of the Finance Committee, in presenting his annual report, said that the Commission which had control of the radium supplies recently issued in England had unfortunately not extended the distribution of radium on loan to hospitals in Northern Ireland, but had restricted it to seven centres in England, four in Scotland, and one in Wales—London being treated as a separate and special case. The Royal Victoria Hospital fulfilled all the conditions laid down for the formation of a radium centre, the report stated, as it had adequate facilities for treatment by deep x-ray therapy and had well-equipped pathological and biochemical laboratories. Although the Radium Commission had not been able to provide any radium for Northern Ireland, the Board and the medical staff were prepared to develop a radium centre for Northern Ireland on the lines prescribed by the Commission in Great Britain, provided adequate funds were forthcoming. The Radium Therapy Department was formed in 1930 through the generosity of Viscountess Pirrie and a few anonymous donors, with a stock of radium valued at £3,314, but the