

London and the Royal College of Surgeons of England for both diplomas, and, in addition, of the Society of Apothecaries of London for the D.I.H.

Liverpool School of Tropical Medicine

Men and women students of any nationality who hold a medical qualification approved by the university are admitted at the Liverpool School of Tropical Medicine (Pembroke Place, Liverpool) to examination for the D.T.M.&H. (Liverpool). A complete course of instruction lasting about three months is given twice yearly. The examination is held in December and April, and consists of two papers on tropical medicine (including pathology and bacteriology), one on parasitology, one on entomology, two on tropical hygiene and related subjects; and practical and oral examinations in tropical medicine, parasitology and entomology, and tropical hygiene. The dates of the courses are September to December and January to April. The school also gives courses in parasitology and entomology for students taking the D.P.H.

Tropical Medicine at Edinburgh

There is no separate school of tropical medicine at Edinburgh University, although there is a department in that subject. Other departments also contribute to the courses of instruction leading to the diploma in tropical medicine and hygiene. The primary course is held in the autumn and the secondary course in the spring. The former comprises systematic instruction and practical work in the diseases of tropical climates, entomology, parasitology, bacteriology, and vector control. The secondary course provides further instruction in diseases of tropical climates and also in tropical hygiene, virology, applied physiology, venereal diseases, tuberculosis, and elementary statistics. Clinical instruction is given in the wards of the Eastern General Hospital and the other classes are held in the appropriate university departments. Examinations are held at the end of the primary and secondary courses. Candidates who have passed the examination at the end of the first term may interrupt their course and take the secondary course at a later date.

OTHER COURSES AND EXAMINATIONS

The *Tavistock Clinic* (2-4, Beaumont Street, London, W.1) is an out-patient clinic for psychotherapy of neurotic and personality disorders, both of adults and of children. Registrar and senior registrar appointments, in both the adult department and the department for children and parents, provide systematic training in these fields. Personal analysis is available to such trainees in the adult department. There are also the following extramural courses: (1) a two-year part-time introductory course in psychotherapy, including psychopathology and group experience, open to selected trainees from other National Health Service institutions; (2) seminars at introductory and more advanced levels for general practitioners and consultants in principles of psychological medicine and the doctor-patient relationship, including case supervision for those who want experience in treating neurotic and psychosomatic disorders in their own practices. There are also courses in Rorschach testing (open to psychiatrists), and for clinical psychologists, social workers, and child psychotherapists (non-medical). The clinic welcomes visitors, and has some facilities for offering associate status to interested overseas psychiatrists, psychologists, and social workers who are in Great Britain for further training. Full particulars may be obtained from the training secretary at the above address.

The *National Association for Mental Health* (39, Queen Anne Street, London, W.1) organizes, with the extramural department of the University of London, courses on educationally subnormal children and mental defectives for school medical officers. The course includes lectures on normal child development, the pathology and causation of intellectual retardation and maladjustment, the psychology of

educationally subnormal children, and educational and social implications of backwardness. A year's course is organized for men and women wishing to train for work in occupation centres and "school departments" of mental deficiency hospitals. Lectures and courses for social workers, health visitors, and teachers are also held.

The *Institute of Psycho-Analysis* (63, New Cavendish Street, London, W.1) furnishes a part-time course lasting about four years in psycho-analytic theory and technique. It includes personal analysis, attendance at lectures and seminars, and clinical work under supervision. General psychiatric experience must be obtained at other clinics or hospitals, since the teaching at the institute is confined to psycho-analysis.

The *Society of Analytical Psychology* (25, Park Crescent, London, W.1), founded in 1945, is the professional body representing Jungian psychology in this country, and is a training centre for analytical psychology with C. G. Jung as its President. For some years the society has operated a part-time course of training in analysis. This consists of two parts. Candidates accepted for Part I undergo a personal training analysis for at least two years. Later, if accepted for Part II, candidates attend a two-year course of seminars on clinical practice, the theoretical aspects of analysis, and an introduction to mythological material in relation to medical psychology. In addition each candidate begins to treat cases under the supervision of a training analyst. Election to associated professional membership takes place when the candidates have fulfilled certain minimum requirements with regard to the length of their personal analysis and supervision period, and when they are considered competent to treat cases without supervision. For its own members the society gives the opportunity of participation in lectures, seminars, and research groups concerned with problems of adult and child analysis.

A course of instruction in homoeopathy for medical practitioners and senior students, arranged by the *Faculty of Homoeopathy*, begins at the Royal London Homoeopathic Hospital (Great Ormond Street, W.C.1) on October 9. It includes lectures on homoeopathic prescribing and on homoeopathy in theory and practice, also clinical tutorials for practical instruction in homoeopathic practice. The lectures deal with subjects required for examination for the Diploma of Membership of the Faculty.

CAREERS IN RESEARCH AND THE SERVICES

Medical Research Council

The Medical Research Council (38, Old Queen Street, London, S.W.1), originally established in 1913 as the Medical Research Committee, is appointed to administer the funds provided annually by Parliament for the promotion of research in medical science. The Council is under the general direction of the Committee of Privy Council for Medical Research, of which the Lord President is the chairman and the Minister responsible to Parliament. The Council is not constitutionally a Government department; it selects and appoints its own staff, who are not civil servants. The scientific staff of the Council work in some 70 establishments located mainly in hospitals and universities in Great Britain. The Council also maintains laboratories in Gambia, Jamaica, and Uganda. The total scientific staff of the Council numbers nearly 700, of whom about one-half are medically qualified. Its research establishments vary widely in size; the largest is the National Institute at Mill Hill, but the average research unit consists of from five to ten scientific workers with a number of technical and clerical assistants. Arrangements have been made by the Council, in consultation with the Health Departments and with the advice of the Clinical Research Board, for the development of research in the clinical field.

The aim of the Council is to provide the opportunity for careers which are equivalent to those offered in the universities to men and women of equal ability and experience; the Council's salary scales for scientific appointments are based on this principle. New appointments to the scientific staff, except in the case of senior posts, are normally made for definite periods, usually of three or five years at a time.

In addition to maintaining its own staff, the Council makes available short-term grants in support of specific research projects carried out by independent workers in universities, hospitals, and elsewhere. The Council also awards clinical research fellowships, scholarships for training in research methods, and certain travelling fellowships; these last are awarded either on an agency basis for other bodies or from private benefactions entrusted to the Council.

Pamphlets dealing with the constitution and functions of the Council, and describing opportunities for service on its staff, are obtainable from the Council's headquarters office.

Public Health Laboratory Service

On behalf of the Ministry of Health the Medical Research Council administers the Public Health Laboratory Service, which was originally set up as an emergency service in 1939 and has since become permanent; there are about 60 separate laboratories in England and Wales.

In addition to their more routine duties, members of the staff of the service, whose salary scales are normally equated with those of the National Health Service, undertake research problems in bacteriology and epidemiology. Furthermore, the service maintains a number of special laboratories which act as reference centres for particular infections, and these engage largely in research.

Naval Medical Service

"Naval medicine" comprises a variety of subjects including the physiology of diving, the physical aspects of service afloat and ashore, commando service, tropical diseases, and industrial hygiene; an important further specialty is that of aviation medicine, and a small number of naval medical officers undergo full pilot training before undertaking duties with the Fleet Air Arm or in research establishments. The naval medical officer is not concerned solely with the welfare of the sailor, but also with the families of Service men and of Admiralty personnel serving abroad. Officers on the permanent list are encouraged to specialize in all branches of medicine and are given full facilities to obtain higher qualifications. Courses of postgraduate study are carried out both in naval hospitals and at civilian teaching centres.

Service on the active list is up to the age of 55 for all officers, 57 for surgeon captains, and 60 for surgeon rear-admirals. Previous experience, both Service and professional, is counted in assessing seniority—previous commissioned service as a medical officer in one of the armed Forces counts in full, and non-medical commissioned service counts as to half. Civilian hospital experience and also some medical experience in private practice may be allowed to count up to a limit of seven years in all. Officers serving in the United Kingdom are granted 42 days' leave per annum on full pay and allowances, with three free travel warrants. If serving overseas local leave is given at the rate of 14 days a year, and foreign service leave at the rate of two days for each month is allowed on returning to the United Kingdom. Leave for officers serving in H.M. ships on general service is at the rate of three days for each month.

All entries at present are being made as short commissions in the first instance. Short service consists of either three or four years, during which period a medical officer becomes a surgeon lieutenant R.N., and is eligible to apply for transfers with full seniority to the permanent list. Officers who transfer to the permanent list after a minimum of one year's service will be paid a grant of £1,500 (taxable). The normal career of a medical officer enables him to be promoted to the full rank of surgeon lieutenant after one

year's service and to surgeon lieutenant-commander after a further seven years' service. In the normal course surgeon lieutenant-commanders are promoted to surgeon commanders by selection at about their fifteenth year of total service, and surgeon commanders to surgeon captains at about their twenty-third year of total service.

Further information may be obtained from the Medical Department, Admiralty, Queen Anne's Mansions, St. James's Park, London, S.W.1.

A Career in the R.A.M.C.

Two-thirds of medical officers in the Royal Army Medical Corps are employed on general-practitioner duties. After attending the junior officers' course at the Royal Army Medical College, Millbank, they start their career as regimental medical officers and they become conversant with the soldier and his environment, the objects of the Army, and the requirements from its medical service in peace and war. They will later serve overseas, where, as regimental medical officers or in charge of a medical reception station or small hospital, they will be able to study the causation, prevention, and treatment of tropical diseases, the effects of climate, and the like. On return to the United Kingdom they attend the senior officers' course, the first two and a half months being spent in study at Royal Army Medical College, Millbank, and the next three months undergoing a special postgraduate course at selected teaching hospitals. At this stage officers may opt to remain at general medical duties or take up field training or junior staff appointments. For the more senior appointments the requirements are a sound background of clinical and preventive medicine to meet their advanced responsibilities in the administration of the Army Medical Service in peace and war.

Specialists are, subject to professional proficiency, employed on specialist duties up to the rank of colonel. Thereafter they may serve in this rank up to the retiring age of 57 or may be selected for promotion to brigadier in either a specialist or non-specialist capacity. The process of selection for specialist training is carried out after the junior officers' course, those applicants who are most successful in the course examination being accepted. Those accepted are provided with excellent opportunities to obtain higher qualifications and specialist experience. At present ophthalmologists, otolaryngologists, and radiologists are especially required. There are liberal arrangements for specialists and non-specialists to undergo postgraduate training throughout their career.

All suitable medical officers, specialist or non-specialist, may be employed up to the age of 65 in appointments specially set aside for retired officers. Non-specialists are employed on general-practitioner or medical administrative duties and specialists on specialist duties.

Further information may be obtained from the Assistant Director General, War Office, A.M.D.2, London, S.W.1.

Medical Branch of the R.A.F.

The Royal Air Force offers an attractive career to both men and women medical practitioners who are British subjects or citizens of the Irish Republic. The normal upper age limit for applicants is 33, but older applicants may be considered. Appointment in the first instance is normally to short-service commissions for three, four, five, or six years, each of which may be extended to complete a maximum period of eight years. Exceptionally, suitable candidates may be appointed to permanent commissions direct from civil life. Short-service officers may apply for permanent commissions at any time during their service. Medical practice in the R.A.F. brings officers into contact with flying, and air evacuation of the sick and wounded as well as with the clinical specialties and the treatment of Service families. In addition, there are opportunities in aviation medicine, physiology, hygiene, and industrial health.

Officers serving on permanent commissions may be allowed study leave to take approved postgraduate courses, for which tuition fees on an approved scale may be granted. Officers having experience or aptitude in a speciality may be employed on specialist duties, if Service conditions permit, with the object of qualifying as junior specialists and subsequently earning recognition as R.A.F. specialists. A full career is possible in the clinical specialties with time promotion to group captain and additional specialist pay. Non-specialist medical officers below the rank of group captain may be awarded additional pay on gaining a registrable D.P.H., D.I.H., or D.T.M.&H., provided the prescribed period of study occupied an academic year. Non-specialist medical officers can expect time promotion to wing commander, with promotion to higher ranks by selection. Antedate of seniority up to a maximum of seven years may be admissible for civil experience and will count towards pay, seniority, and promotion.

Further information can be obtained from the Under Secretary of State for Air, Air Ministry, M.A.1, 1-6, Tavistock Square, London, W.C.1.

Prison Medical Service

The Prison Medical Service is a part of the general service class of the medical civil service, and is under the immediate control of the director of medical services at the Prison Commission. The work is mainly clinical and the medical officer is responsible for the physical and mental welfare of the inmates, a responsibility which extends to a general oversight of the hygiene of the establishment in which he is working. The service is expanding to meet the needs of a rising inmate population and the increased demands of present-day methods. It offers an attractive career to medical practitioners who are interested in the various problems connected with crime and the understanding and treatment of criminals. The medical and surgical cases seen are comparable with those met with in outside practice. The various establishments have their own hospital accommodation; a large prison, for example, may well have a hospital with up to 100 beds.

The doctor in a prison or borstal is a member of a team whose efforts are directed towards the rehabilitation of those committed to its charge. On the medical side the aim is not only to attend to ordinary day-to-day medical care but to discover, and if possible to remedy, disabilities and maladjustments which hinder the training of the offender and make it more difficult for him to regain a place among law-abiding citizens. Although not himself in the National Health Service the prison medical officer maintains a close liaison with the hospital and specialist facilities of that Service.

There are now over 70 establishments under the control of the Prison Commissioners and they vary very much in their size and purpose, depending on the class of inmate, and their medical requirements differ accordingly. At the larger establishments the medical work is in the hands of whole-time medical officers, whereas the small institutions are served by part-time doctors who are usually local general practitioners. The more important prisons may have as many as four or five full-time medical officers, together with psychologists and assistants for psychological testing. Principal and senior medical officers have advisory and other duties in connexion with small groups of establishments. At a few prisons there are also psychiatric social workers. The medical officer is called upon to make medical and psychiatric reports to the Commissioners from time to time. In remand prisons the preparation of reports to court and the giving of verbal evidence, particularly in regard to the mental condition of offenders, are important aspects of the work. Postgraduate experience in psychiatry is therefore an advantage. Surgical and psychotherapeutic units are established at selected centres, where the work is undertaken mainly by visiting specialists working on a sessional basis and in close association with the regular medical staff.

The national scales of remuneration are in accordance with the general civil service scales. The appointments are pensionable, without contributions being required, and on retirement normally a pension and lump sum gratuity are payable. There is also a contributory widows' and children's pension scheme. Pensionable service under the National Health Service and established civil service may be aggregated for pension. Unfurnished quarters, when available, are provided at a moderate rental. Permanent appointments are made by the Civil Service Commission, 6, Burlington Gardens, London, W.1, to whom inquiries for such appointments should be addressed. On occasion temporary full-time appointments are available, and for such appointments, as well as for part-time appointments, particulars can be obtained from the Prison Commission, Horseferry House, Dean Ryle Street, London, S.W.1.

Overseas Civil Service

In the medical departments of the Governments of the territories overseas for which the Secretary of State of the Colonies is responsible, openings occur in all parts of the world. Many future appointments are likely to be made on the bases of short-term contracts, usually renewable. Doctors in the N.H.S. may take temporary appointments overseas up to six years without loss of pension rights. In some territories permanent appointments are available; candidates selected for these appointments become members of the medical branch of Her Majesty's Overseas Civil Service. Candidates must normally be British subjects whose names appear on the *Medical Register*, and should not be over 45 years of age.

Full terms and conditions of service may be obtained from the Director of Recruitment, Colonial Office, Sanctuary Buildings, Great Smith Street, London, S.W.1.

Missionary Service

For doctors with a call to dedicated service, the mission field offers great opportunity for the exercise of medical knowledge and skill where the need is greatest. Though the financial rewards are small, a Christian doctor will find this work immensely satisfying. Any who have this service in view are advised to spend eighteen months or two years in resident appointments after qualification. Special missionary training is required by some of the societies. Although long service is preferred, short-term offers are considered by most societies. Application may be made to any of the missionary societies, or to the Secretary of the Medical Advisory Board, Edinburgh House, 2, Eaton Gate, London, S.W.1, or to the Secretary, Medical Missionary Association, 31, Bedford Place, London, W.C.1.

OPENINGS IN INDUSTRIAL MEDICINE

Industrial medicine can be especially attractive to a doctor who is interested in preventive medicine and who wishes to do clinical work. It offers opportunities for treating the injured and sick, for the surveillance of vulnerable groups of workers such as the young and old, and those employed in dangerous trades, and also for studying the effects of the working environment on health. The doctor may also help to identify occupational hazards and control them. He often has the advantages of constructive criticism from colleagues, a close contact with other professions, and assistance from nurses and secretaries in the routine work. He has the material assets of holidays with pay, pension schemes, and definite hours of work, but he has to deal with emergencies and is expected to keep abreast with new knowledge by reading and by contact with professional societies.

Industrial medical services are extensive without being comprehensive and, although they are not linked with the