

treatment with anti-folic-acid drugs⁷ the consequences of overdosage are not serious and distressing; and, if remission follows, the parents of the patient may find that the respite has given them time to adjust themselves to a tragic situation.

TOO MANY DOCTORS?

The beginning of a new year is apt to prompt speculation on the future, and some thought is needed on what should be done about the ever-growing numbers of the medical profession in Britain. Against the hosts of applicants besieging their deans, the medical schools erect some sort of a barrier, with the result that during the last six years the annual entry of students to the medical schools of the United Kingdom and Eire has been between 2,500 and 2,700. The effect of this on the *Medical Register*, after some names have been removed by death and other causes and a few others added, has been to increase the total of registered medical practitioners by about 1,000 a year over the same period. Doctors seeking permanent positions are finding it more difficult than formerly to get the jobs they want, and the deans of the medical schools have a responsibility in relating supply to demand which they are at present compelled to exercise without sufficient knowledge of the country's needs. While the *Register* is likely to show at least the present rate of annual increase for the next five or six years, by virtue of the numbers of students now in training, the question whether these increments should be allowed to continue, and for how long, is surely an urgent one.

A fair approximation to the number of medical practitioners of all kinds in England and Wales and in Scotland may be obtained from the *Medical Directory*. This shows that in 1953 there was in England and Wales one doctor to every 900 persons and in Scotland one to every 600. These figures are of residents in the countries concerned, and do not attribute to Scotland those many doctors who qualify there but practise elsewhere. Some doctors whose names appear in the *Directory* have retired, and some whose names are not listed in it are yet in practice; the difference between these two numbers is unknown, but it is unlikely to be a large source of error in the final figures. In 1939, according to the same source, there were 37,429 doctors in England and Wales, while in 1952 there were 50,574. This is an increase of about 13,000, or 35%. In Scotland, the numbers rose over the same years from 6,091 to 9,096, an increase of about 3,000, or 50%. The *Medical*

Register tells much the same tale: between 1939 and 1952 the numbers for England, Wales, and Scotland rose from 63,360 to 83,914, an increase of about 20,000, or 33%. If this expansion continues, it will soon be impossible for some medical men to find work in Britain, and the scope for practice abroad is now much less than it was.

A year ago the Council of the B.M.A. accepted a suggestion made by the chairman of the General Medical Services Committee that the Committee should look into this question of supply and demand. A subcommittee was appointed, and it reported to the G.M.S. Committee on December 17.¹ Acknowledging that the task is complex and that national policy must be determined by the country's need for medical men and women, the G.M.S. Committee is recommending the B.M.A. Council to invite the Ministry of Health to co-operate in the setting up of a working party. The task of this new committee would be "to examine on a long-term basis and with the widest possible terms of reference the future number of medical practitioners likely to be required in all branches of the profession and to relate these needs to the intake of students to the teaching schools."

Some much-needed information could be gathered from such an inquiry, though there are two hazards to be avoided. The first is too great a preoccupation with details. Any attempt to lay down precisely how many doctors should fill any particular branch of the profession must be put out of court, for it is impossible to impose on the whole of medicine the sort of staff establishment that suits Government services. The expansion of medical knowledge in the past two or three decades has been reflected in a greatly altered distribution of medical men between the various branches of the profession, and such natural flexibility of response must be preserved. The second danger is delay. The numbers of doctors are increasing so rapidly that, apart from the obvious risks of overcrowding to the profession itself, doubts must arise whether the country ought to be spending its resources on training so many students—not in some years' time but this year and next. Even now deans of medical schools might well warn prospective students that competition for the more attractive posts is much keener than formerly—no bad thing—and also that to find any opening at all may be a competitive affair by the time they have qualified in six years' time. If the last six years may be taken as a guide to the next six years, and medical and general populations of England and Wales² estimated accordingly, the student starting his course this year and qualifying in 1960 will find only 800 people per doctor instead of the present 900.

¹ See Supplement, p. 2.

² External Migration. Studies on Medical and Population Subjects, No. 6. General Register Office. H.M.S.O. 1953.