Results

Approximately six and 12 weeks after the course questionnaires were sent out inquiring about the suitability of the course, aims as regards work and the achievement thereof, and whether further efforts to keep up to date were being made. Eight students had no criticism to make of the course, five thought there was too much gynaecology, four would have liked more midwifery, and five would have liked more direct contact with patients for examination and prescribing treatment; one complained that there was not enough psychiatry, one that there was not enough neurology, and one that there was no instruction on venereal disease; several thought didactic pathology dull, but the pathology that arose in clinical work interesting. Though the imbalance between gynaecology and midwifery was deliberate, it was obviously unpopular; nevertheless, we still believe that gynaecology plays a big part in the medical work done by women. It appears that small groups should attend outpatient clinics to examine patients rather than big groups attend ward rounds, it being impossible for the students to find the time to do both. There would be some conflict then with undergraduate teaching, and the burden for the teachers would become very heavy considering the diffidence shown in presenting cases before the group.

A number of the students had more than one aim in doing the course: 10 gave part-time general practice as first choice, seven gave paid hospital work, and three stressed that they did the course chiefly for general interest, two of these being willing to work in an honorary capacity; two wished to do laboratory work and one had already obtained a full-time laboratory job, and six were willing to work in public health; two were prepared to help their husbands in specialist surgical practice. In summary, 17 wanted paid sessional work with strict hours, the oldest student had retired, and the next two chronologically were prepared to do some honorary work. Eight commented that they had achieved their aim, 10 that it was nearer, and two, for territorial and domestic reasons, failed to get nearer. Eighteen thought the course adequate in helping them to achieve their aim, two were doubtful, and one thought it inadequate. Eleven were doing some work—seven had pre-school children and were unable to attempt work in 1966. As a stimulus to further study the course had stirred 14 to read the medical journals and nine to attend more medical meetings.

A Comparison

It is possible to compare this Australian group of married women doctors with their English counterparts by using the data analysed by Lawrie, Newhouse, and Elliott (1966) and collected by the Medical Women's Federation and the Medical

Practitioners' Union. In the United Kingdom single women doctors work full-time unless prevented by ill-health or advancing years. Married women aged 25–40 are least likely to be working and find difficulty in obtaining suitable work, and many over 40 return to work.

The Australian women who took the opportunity to do a refresher course were largely in the same group and had experienced the same frustrations—domestic and professional—as the “middle” group, shown by the English survey to be where the greatest wastage of work potential lay.

The regular attendances at the course showed the students that sessional work together with a stable domestic situation is possible; the encouragement of being offered work (and the publicity given the course resulted in offers of work) and feeling confident of ability to do it often led to greater domestic adjustments being made and more hours given to medical work than originally planned. Although five to eight sessions a week is the desired optimum in both the United Kingdom and Australia, a beginning with two to four sessions a week is highly desirable in this receptive “middle” group.

Conclusion

This course, on a small scale, could be regarded as a pilot study for such things. The population of the State of Victoria is 3.25 million, and there were 21 students resident in this State; 10 more made inquiries, and others have expressed interest in future courses, but there is no indication that the course would be required annually. It was undoubtedly successful in reviving the professional interest of these married women, and within three months half of them were doing as much work as they desired and a further one-third would be available for work in 1967; all intended to do more as their families grew older, so that contribution to the medical work force is reasonable at present and will improve. The range and quantity of work covered appeared to have satisfied most students, and in future courses less gynaecology and more patient-handling would be provided, with more use of outpatients; but otherwise a similar programme would be followed.

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AROUND EUROPE

Medical Research in France

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Medical research in France has come into its own again in the last few years after a long period of comparative inactivity owing to the war and the occupation, followed by the lean years of the post-war period. Now the picture is somewhat brighter. There is still room for considerable improvement, however, particularly in the means by which grants are made available

and in the conditions of work for research workers. The large sums required for the progress and development of research often seem exaggerated to the general public when judged by the tangible advances reported. Only someone who is actively engaged in a research project can appreciate just how much planning, effort, and co-ordination is required, and the result of this often takes years to realize. Even then no results are guaranteed, and the project may produce nothing of recognizable

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value. A direct and disturbing outcome of this attitude is the recent announcement by the French Government of a committee to inquire into research as a whole. Initially it is intended that this will scrutinize industrial research, but we can expect this investigation eventually to spread to every branch of research activity, and, if not forestalled by the medical profession's taking stock of itself, it may well prove an undesirable interference with our working freedom.

At present research in France is conducted in the medical and scientific faculties of the universities and several specialized institutes, which are financed predominantly by Government but partly by private sources. The universities and certain of the principal research establishments are controlled directly by the Minister of National Education. In the medical schools the departments of basic sciences receive support for their research from the general funds set aside for each specialty, as also do the clinical departments in the university hospitals, but the amounts available are generally admitted to be insufficient for the needs. The Scientific Research Commission constitutes the administrative base of the whole organization. This Commission evaluates the progress and development of research in general, distributes the funds allocated by the budget, and prepares the investment programmes. Co-ordination is effected by a consultant committee of scientists which is responsible to the Government and consists of twelve people specially chosen on a personal basis.

Major Research Institutes

There are half a dozen major scientific research institutes in France. The National Centre for Scientific Research has a division of biological and medical studies with institutes and laboratories for the study of neurophysiology, embryology, experimental teratology, biological measurement, and human adaptation to climatic changes.

The College of France, with its practical school of higher studies, is entitled to appoint its own professors and directors of studies without going through official bureaucratic channels, and this gives it a distinct advantage over the other organizations. For this reason the College of France has excellent laboratories in experimental embryology, in experimental medicine, and in neurophysiology, to mention but a few. It has also recently created two chairs—one of molecular biology, and one of cell physiology.

The Pasteur Institute, the centres for cancer research, and the blood transfusion centres each carry on their own investigations in their respective fields, and they are supported entirely by funds from non-Government sources. The Atomic Energy Commission has a large research programme in the field of radiopathology and biology, and has a special hospital service where it carries out these programmes at Orsay. The War Department has research centres in hospitals in Lyons and in Paris, where the problems of blood transfusion and space medicine are studied; the mining industry has a centre studying the problems of silicosis; and the tobacco industry (which is a State monopoly) is engaged in investigating possible carcinogenic agents in tobacco.

National Institute of Health

The National Institute of Health and Medical Research is an organization comparable with the Medical Research Council for Great Britain. Apart from its role of providing the Government with expert information on general aspects of health, it is responsible for the promotion, co-ordination, and control of medical research. For this purpose the Institute has its own laboratory and employs its own personnel, who are financed

by the resources of the Institute. Apart from these units in the Institute itself, it supplies groups of researchers (numbering between four and six, accompanied by six or eight technicians) who form units and work in the faculties of medicine and in hospital centres throughout France. Their work in these centres is quite independent of the Institute. In addition, any laboratories up and down the country which require specialized aid can apply for assistance to the Institute, and will receive it in the form of workers, technicians, or materials. In 1965 the working budget of the Institute was increased by 39 million francs, and an additional credit of 22 million francs was voted for the construction of new buildings. The Fifth Governmental Plan foresees the creation of another 44 research units to be added to the 50 or so which are at present in action.

All the foregoing comprise the official organizations which direct, finance, and control medical research in France, but they are not the only ones. The Social Security Fund distributes about 2 million francs for research in the form of renewable annual contracts to investigators who apply for grants. The Claude Bernard Association, which has just celebrated its tenth anniversary, was formed for the purpose of promoting research in the public hospitals in Paris. The funds are provided by the Municipal Council of Paris and private donations. It has been able to finance about 15 centres, to which it distributed a total of 3 million francs in 1963. In 1962 the Foundation of Medical Research was founded. This is a private organization entirely supported by voluntary contributions. The advantage to the contributors is that they get income-tax relief for making their donations. The object of this foundation is to complement the work of the State by making available equipment and instruments for research workers, and also by giving grants to those who want to go abroad to learn new techniques.

Future Prospects

In all, the outlook for research in France is fairly bright. Excluding money spent by the pharmaceutical industry, a total of 247 million francs (about £18 m.) was spent in 1963, and the State contributed 95% of this amount. The main stumbling-block to increasing the amount of money spent on research is that to many people it seems to be a luxury which does not justify the outlay. Moreover, the research worker encounters irritating bureaucratic demands. He has to fill up requisition forms with innumerable copies, make detailed lists of materials supplied, and account for the cost of everything. He has to use up all his funds before the end of each financial year, because it is impossible to carry them forward to the next fiscal period.

All these matters occupy the research worker's attention when he should be devoting his time to his research programme. Furthermore, the amount of co-operation between the basic scientists and their clinical colleagues often leaves a great deal to be desired. Because of the lack of communication between these two groups a good deal of work which could usefully be put into the practical field remains in the laboratory stage, because the basic science worker is unaware of the value of the contributions that his work would make to that of his clinical colleague, while his clinical colleague is not always sufficiently knowledgeable in the basic sciences to appreciate the true importance of the work that is being done in his colleague's laboratory.

There is a good deal of co-operation in the research field with colleagues in the "Six" and an appreciation of the advantages of communication with other workers in the same fields in other countries. The increased use of English as the scientific language is not without its problems, but it does not stand in the way of the close international collaboration which is essential if some of the major issues in medical research are to be clarified in the near future.