is *Public Health*. There is reciprocal representation on the Association's Public Health Committee and the Society's Council.

Another body which works in close relationship with the Association, and is represented as such on its General Medical Services Committee, is the Medical Women's Federation, whose offices are at Tavistock House North, Tavistock Square, W.C.1. The Federation is the only professional organization consisting solely of medical women. It endeavours to bring before the main body of the profession the special minority difficulties of medical women and, when necessary, to press for the full application of the principle of equality. The Federation has active local associations all over the kingdom, including a large London association; it also has an association of its overseas members.

## THRESHOLD OF PRACTICE

The newly qualified medical man, after serving a certain term as resident medical officer in his hospital, is faced with the need for a decision on the branch of practice in which his future is to lie. Is he to be a general practitioner, or to take up one or other of the many specialties, or to become an officer in the public health service? To what extent in each of these roles has the coming of the National Health Service Act altered the traditional methods or facilitated or impeded the settlement of the young medical man in his life's work?

Many helpful suggestions for the newly qualified practitioner are to be found in the *Medical Practitioners' Handbook*, which was reissued by the British Medical Association last year. In particular he should study Sections IV and V, which are concerned with entry into practice and with the relationships of assistants and principals and of partners. If he is still left with unanswered questions he should apply to the Medical Practices Advisory Bureau, a department of the Association, at B.M.A. House, Tavistock Square, the functions of which are described on another page.

The future general practitioner may usefully spend some time as an assistant, perhaps for one year as a trainee assistant, and after that he may take other temporary appointments in conditions as varied as possible. There are three ways in which he may realize his ambition to become a principal. One is by "squatting," although even if the conditions are apparently advantageous the way of the "squatter" is likely to be hard, the returns to be meagre for a long time, and the expenditure unexpectedly heavy; it may be relieved to some extent by the grant of a basic salary of £300 a year on application to the executive council. The other ways are by taking over a practice rendered vacant by death or retirement, and by obtaining an assistantship with a view to becoming a partner. In all cases in which it is desired to become a principal in general practice application must be made to the executive council for admission to the practitioners' list. This is given as a matter of course unless the Medical Practices Committee, which supervises the distribution of general practitioners, declares the area to be already adequately served.

The introduction of the National Health Service has not affected the mode of entry into specialist practice to the same extent, but the practitioner who contemplates a specialist career would do well first to seek advice from a senior consultant in the specialty of his choice, from the dean of his school, and from the director of the British Postgraduate Medical Federation. One of his first steps must in any case be to obtain one or more of the higher qualifications mentioned under that heading on another page, for without these he cannot hope for a suitable appointment in hospital or in the public health service.

Hospital medical staff now comprise the following: house officers, junior hospital medical officers, junior and senior registrars, and general-practitioner medical officers, all appointed by hospital management committees or boards of governors. Above these, appointed by regional hospital boards or boards of governors, are senior hospital medical officers, who perform clinical duties but are not of consultant status—a grade about which there has been much controversy—and consultants. Specialist services for the mentally ill are also provided through regional hospital boards and boards of governors.

In the public health field the appointments include those of medical officers of health, with their deputies and assistants; school medical officers (posts in the majority of cases combined with those of medical officers of health); divisional medical officers for National Health Service functions; maternity and child welfare officers; and port health officers. The former tuberculosis officers have now become, for the greater part of their work, officers in the hospital service under the name of chest physicians. Other areas of medical practice, some of which are referred to more extensively in these pages, are industrial medical officers, medical officers in the various branches of the armed Forces and in the merchant navy, medical officers in the Colonial Medical Service, and the medical staffs of certain Government Departments, such as the Ministry of Health, the Ministry of National Insurance, and the Factory Department of the Ministry of Labour and National Service. Finally, there are a number of posts for medical practitioners who prefer research work, which may or may not be combined with teaching duties, to clinical medicine. Clinical pathology offers a large field, practised either in the great hospitals or as a general subject in smaller centres.

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The campaign through the United Nations to bring tuberculosis under control has been officially closed. The International Tuberculosis Campaign was conducted by the United Nations International Children's Emergency Fund, the World Health Organization, the Danish Red Cross, Norwegian Relief for Europe, and the Swedish Red Cross. 37,000,000 children and young adults were tested, and nearly 17,000,000 vaccinated against tuberculosis. Twenty-two countries in five continents were involved. Now, after four years' work, the Scandinavians are withdrawing, their commitments fulfilled. The work, however, is still to be carried on by the Children's Fund and the World Health Organization, which is now taking over the technical responsibility for the conduct of the campaign. Although already nearly 5,000,000 people have been tested in Ceylon, India, and Pakistan, there is need for much more to be done in the heavily populated countries of Asia. To be included, too, will be the entire child population of a number of countries in Central and South America and the Eastern Mediterranean. The present control effort originated in mass vaccination campaigns conducted after the war by the Danish Red Cross in several European countries in the spring of 1947. As more countries, faced with a severe tuberculosis problem and limited means of coping with it, appealed for help, the other two Scandinavian relief societies joined with the Danes. Early in 1948 the United Nations, through its newly established Children's Fund, entered into partnership with the Scandinavians, and with the Fund's great resources it was then possible to broaden the existing campaigns to obtain nation-wide coverage and at the same time to extend the effort to countries outside Europe. W.H.O. was also drawn into the undertaking. The sum of $4,500,000 was assigned by the Fund's 26-nation executive board for the furtherance of these campaigns. About half of that amount was for campaigns in Europe; the other half for those launched outside Europe. The Scandinavians pledged their continued support both technically and financially. In all, the international contribution was less than $5,000,000. In most of the countries which carried on campaigns, ministry of health expenditures more than matched the international contribution. A rough estimate of around $10,000,000 stands, therefore, as the cost of this great immunization effort.