8,150 were treated for malignant disease, chiefly of the uterus or of the breast. Over 4,000 patients with abnormal uterine haemorrhage were treated, mostly by radium insertion, and a further 1,500 were seen and not treated, either because the disease was already too far advanced, because of the patient's refusal, or because they had to be referred elsewhere for more suitable treatment (see Table). Of these 8,150 patients treated for malignant disease, continuing contact has been established, either by outpatient examination or through the general practitioner, in all but 35, a remarkable achievement.

Cases Seen at the Marie Curie Hospital Between September 1925 and April 1967

	No. of Cases
Carcinoma cervix	3,008
" corpus	1,192
Preoperative carcinoma uterus	605
Carcinoma ovary	418
" vulva	274
" vagina	129
" breast	2,259
" rectum	112
Other malignant disease	151
Menorrhagia	4,042
Other benign diseases	52
Not treated	1,560
	13,802

The results of treatment at the Marie Curie Hospital were reported to the British Empire Cancer Campaign and published in its annual reports. By comparison with figures published from other hospitals, it was apparent that in the early years of radium therapy in this country the staff of the Marie Curie Hospital were as successful as any other institution, and tributes were heaped on them by many eminent medical men, including Dr. Henri Coutard of the Curie Foundation in Paris, who stated that "the results obtained by the Marie Curie Hospital are among the best obtained in any part of the world."

As knowledge has advanced, so have the methods of treatment of cancer, but the Marie Curie techniques of radium insertions are still used extensively. Neither is tradition sacrosanct, and the medical staff is no longer exclusively feminine, but the members of the original committee of the Medical Women's Federation, of whom Lady Briscoe is happily still alive, would, we think, not be displeased to see how their far-seeing concept has blossomed into the very fine new unit at Mount Vernon Hospital.

I am grateful to the Medical Women's Federation, in particular to Dr. Jean Lawrie and Dr. Joan Haram, for allowing me access to their archives.

AROUND EUROPE

Medical Education in the Federal Republic of Germany

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Any person wishing to work as a physician in the Federal Republic of Germany must have his "medical appointment." This appointment represents the doctor's right to practise medicine. There is no counterpart to the British *Medical Register* in Germany, but the health authorities confer the so-called *Approbation* on a doctor who has fulfilled the necessary educational requirements. These health authorities are a part of the public health service, which comprises both doctors and civil service officials who are appointed by the authority of the region concerned. West Germany is divided into administrative regions (counties) which are autonomous but finally responsible to the Federal government.

In order to receive his appointment, the would-be physician has to undertake the following education and training. After four years of primary school he spends nine years in grammar school (*Gymnasium, Realgymnasium*), ending with the *Abitur*, which is roughly equivalent to the British A-level examination. After passing this he is entitled to go to medical school either in a university or to a medical faculty which may not be part of a university. As the number of students has never been so great as in recent years, the universities and faculties have been forced to limit the number of university students to guarantee the quality of their training. The result is that a sort of *numerus clausus* now exists for medical students, which became necessary despite the setting up of new medical faculties.

In 1954 there were 10,339 medical students. By 1965 the number had risen to 29,904 and has since risen further. Apart from the 19 universities with medical faculties previously in

existence in West Germany, further medical schools have been established in the last few years at Aachen, Hannover, Lübeck, Ulm, Munich, and other cities. These medical schools have university status, but are not necessarily associated with other faculties, as not all the cities concerned have universities.

Undergraduate Studies

Medical studies take a minimum of seven and a half years. Of these, five and a half years—that is, 11 semesters (a semester is the equivalent of a "term," and the German university year has two semesters, while the British has three terms)—cover actual university medical studies. Before the studies begin eight weeks' "nursing service" and—during the clinical part of the studies—three months' "sick-bed attendance," must be carried out. The nursing service corresponds with being a clerk or dresser in Britain—that is, the student works in the wards and sees patients but does not have any responsibility for them. The three months' sick-bed attendance is similar in nature, except that by this time the student is sufficiently instructed to assume a certain measure of responsibility and act more as an assistant to the consultant than an onlooker. This is the stage at which the real bedside teaching takes place.

There are two interim examinations (*Vorphysikum* and *Physikum*) and a final examination in the medical course. The final examination is a university examination and entitles the student only to begin a two-year period of practical training as a medical assistant.

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Medical assistant training can be either at university clinics or at hospitals appointed for the purpose. At least six months of the two-year training must be spent in a unit for internal diseases, at least another four months in obstetrics and gynaecology, and four months in a surgical department. The remaining 10 months may be spent in any unit of the trainee's choice, and a period of up to six months as an assistant in the practice of an established physician can be taken into account.

Finally, to become a "Doctor of Medicine" a trainee must write a thesis. The subjects for theses are decided upon by the university professor, and they are generally written during the last clinical semester or during the time as medical assistant.

Postgraduate Training

After successfully completing his two years as medical assistant the graduate applies to the appropriate public health authority for his "medical appointment" which entitles him to practise. The young physician usually begins as assistant in a university clinic or hospital. Some will want to make their career in a university, but the posts open to them are few. All young doctors, however, must decide whether they wish to continue with further training in a specialized subject or train to become general practitioners. Generally a young physician will want to work for a number of years at a hospital or hospitals as a registrar or physician before putting up his plate.

In every region of West Germany there is a regional medical association to which a doctor must belong. One of the duties of the medical associations is to further specialization, and each one publishes a list of vocational training establishments within its region. Permission to carry out specialist training is not given to a particular clinic or hospital as such but personally to heads of specialist departments. These specialists are listed by the medical associations according to the size of their departments and the facilities they offer. The minimum number of years' study required in each to obtain specialist recognition is between three and five years, depending on the subject. For example, general medicine and general surgery take five years each, while paediatrics and neurology four years each, and dermatology and otolaryngology three years each.

Specialist Training

A request to be recognized as a specialist must be made to the appropriate regional medical association. A special committee decides whether the regulations covering specialists have been complied with, whether the training in the specialist subject was sufficient, and (in appropriate cases) the required amount of operative surgery has been carried out. The doctor in charge of the last stage of the candidate's training has to give an opinion on his fitness to be a specialist. Detailed reports on all other training periods must also be submitted.

There are no specialty examinations. In each case the applicant's suitability is judged on the reports. When in doubt the committee may request opinions from two specialists. At least two from the specialty in which the candidate is seeking recognition are on the committee. Once granted specialist recognition it is valid throughout the whole of West Germany.

Probably the *Deutsche Arztag* (German doctors' day conference) will revise the regulations for the recognition of specialists. They are expected to contain a list of training requirements now being drawn up in consultation with scientific bodies and the associations of medical specialists. There will also be regulations for the further training of general practitioners.

Medical Practice

At 1 January 1966 the number of doctors in the Federal Republic, including West Berlin, was 97,774 (total population of 59 million). As already stated all doctors must belong to a medical association and must obey its rules. The rules of the various associations differ only slightly. Violations of the rules are punished by a disciplinary committee of the medical association either by reprimand, warning, or fine. It may also recommend temporary or permanent suspension from practice. The recommendation is usually acted upon by the health authority which made the appointment in the first place.

About 50% of German doctors have their own practices. The remainder work in hospital, for authorities, or for corporations. Only a few are not in active medicine. All hospital doctors receive salaries according to a scale while undergoing specialist training and during their time as medical assistants.

The number of foreign doctors now in the Federal Republic is about 3,500–4,000. Most of them are permitted to work in hospitals under paragraph 10 of the Federal medical law. Permission is granted without further examination on the request of any foreign doctor who can provide proof of the completion of his medical studies. The permit usually covers a period of up to five years. Under certain conditions a foreign doctor may gain a medical appointment. He then has the same rights and obligations as a German doctor.

Postgraduate medical training is not obligatory in Germany. It is organized by the medical associations, by universities, and by specialist organizations.

It is likely that a new appointment law will be introduced this year. It is hoped that it will bring about the educational reforms the medical profession have wanted for many years. Medical education will then be brought up to date, and practical and clinical teaching in particular will be used to a greater extent than now. The period of study is to be shortened to six years, and the two-year period of medical assistantship will be replaced by an intern year which will be part of the six years' study course.