as the critical year” for new developments in the Health Service and also as “a turning point.” The new arrangements in general practice came into being and do indeed offer a better framework in which to practise medicine. But among the outstanding problems remaining are the closer co-ordination of the different branches of medical practice and improvement in the opportunities for postgraduate and continuing education. The justifiable complaint is still prevalent among registrars that training for a consultant career is overwhelmed by the provision of care of patients. Sir George criticizes the arrangement of hospital staffs in “firms” as tending to preserve “the wasteful, inalienable ownership of hospital beds by individual consultants.” He complains that last year’s report on management functions of hospital doctors produced by the Advisory Committee on Management Efficiency seems to have had less attention than it deserved—but this may be because it did not inspire the confidence of some of the readers to whom it was directed.

The general pattern that Sir George outlines is of large district hospitals (“we are still struggling with several times as many hospitals as we need”) linked with groups of general practitioners, mainly in health centres, working in close partnership with hospital specialists. In an increasingly urban population such arrangements seem likely to be a natural development.

Though Sir George reports that “Broadly the health record of the year was favourable,” it is evident from a later section of the report that Britain’s health is not all it should be. Despite the risks of drawing conclusions from international comparisons of statistics it is impossible to dismiss as of no consequence Britain’s relatively poor showing in this respect. The Ministry has ranked a number of developed countries by standardized death rate, late foetal death rate, infant mortality rate, and maternal mortality rate combined. In this list the United Kingdom comes eighth, bracketed with the U.S.A., despite its very different arrangements for medical care. Countries with better health statistics are, in order of ranking, Sweden, Switzerland, Australia, Netherlands, Canada, Czechoslovakia, and Belgium. Though such facilities as the health services of these countries provide are only part of the explanation for their ranking in the league table, any judgement on the N.H.S. must take account of the U.K.’s relatively low position. Are its priorities right? is a question that has been asked before.

**International Relations**

To foster contact between members of the medical profession throughout the world the Royal Society of Medicine has set up an Office for International Relations in Medicine. Supporting the venture are the Royal Colleges in England and Scotland. The first director of the office is Dr. Hugh Clegg, and perhaps a specially warm welcome for the choice may be allowed in this journal, for which during his 20 years of editorship he did so much to build up an international reputation. Nobody can doubt the need for such an office at present. The world of learning seems to contract the faster it goes, according to some relativity principle yet to be formulated. News by satellite and travel by jet have made neighbours of all mankind. Nowhere is this truer than in medicine.

The basis of the new office is to be a register of relations between British medical schools, medical institutions, and specialist medical societies with similar bodies and medical centres in other countries, particularly in the Commonwealth. Medical centres as well as individuals should find the register useful, and in helping to ease medical communication throughout the world it will be complementing the work of the Commonwealth and International Medical Advisory Bureaux run by the B.M.A., which are able to offer much help and advice to individual visitors. The address of the R.S.M.’s Office for International Relations in Medicine is Chandos House, 2 Queen Anne Street, London W.1.