are mandatory and several general practices may be involved within a domestic group. A strong plea could be made for some relaxation of prescribing rules in this type of case.

(2) On the first evening each member of the group has a bath and scrubs the skin well with soap and water. The scrubbing should be most vigorous over sites of major involvement as this opens up burrows and makes further treatment easier. The skin is dried and painted with benzyl benzoate using a small paint brush; the area from neck to soles of feet should be covered. Thorough painting is essential, special attention being paid to the genitalia and sites of itching—it is best if the husband gets his wife to help him, and vice versa. The patients then go to bed in used night attire and bedding. On rising next morning a further application of benzyl benzoate to the hands is advisable.

(3) The next night the above treatment is repeated and the patients retire in clean night clothes and bedding. Linen and sheets should be washed but no elaborate fumigation of clothing is indicated. Itching usually persists for a few days thereafter but will respond well to crotamiton cream.

Remember that benzyl benzoate is irritating and more than two applications should be unnecessary. Babies and patients with eczema should be treated with 1% gamma benzene hexachloride cream. A 50-g tube per individual will suffice and application is in the same manner as laid out above. In babies the face and scalp can be infested and must also be treated.

ANIMAL PARASITES

Particularly mange mites, but also several less well-known parasites such as forage mites, will commonly cause an allergic papulopruritic eruption (papular urticaria) in human contacts.

Treatment of the animal with gamma benzene hexachloride shampoo and powdering of its box or basket will effect fairly immediate relief.

HEAD LICE

Head lice usually respond to a single thorough massage of the involved scalp with a 2% gamma benzene hexachloride solution in a detergent base. All members of the family group should be so treated. Secondary infection may be so severe as to necessitate administration of a systemic antibiotic. Failures in treatment are becoming more frequent in certain areas of the country and evidence of true resistance of the parasite to the insecticide is now available. Malathion (Prioderm) is the insecticide currently recommended for the resistant strain, which has been appropriately dubbed "super louse."

PUBIC LICE

Treatment of pubic lice is fairly easy: one application of 1% gamma benzene hexachloride cream is usually effective. Sexual contacts must also be treated.

BODY LICE

Body lice are very rare nowadays. Treatment of clothing and bedding with gamma benzene hexachloride powder (obtainable at most garden centres) is essential. A bath and application of gamma benzene hexachloride cream to the patient completes the treatment.

Inside Europe

Medicine in the Common Market

(Concluded from last week)

*Young Hospital Doctors

Great Britain

P. R. J. VICKERS

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When it became clear that the United Kingdom was probably going to enter the Common Market, the B.M.A. established a committee to study the implications which entry to the Community would have for the medical profession and health care in this country. In parallel with this the Hospital Junior Staffs Group Council set up a special study group, since it seemed that the principles behind Articles 48 and 57 of the Treaty of Rome were likely to affect younger doctors more than those who had been long established. At its Annual Meeting in 1972 the

B.M.A. welcomed the implementation of the mutual recognition of diplomas, and the Junior Members Forum has proposed that the present facilities for exchanges of undergraduate and postgraduate students, as well as those of established doctors, should be extended. We think that financial problems could be overcome by exact exchanges of posts, together with accommodation mortgages and other expenses, and that the linguistic problems could largely be overcome with the help of language laboratories. Facilities for postgraduate exchanges already exist in some specialist centres and these should be extended.

Similar Problems

The problems facing younger doctors in this country and in the other E.E.C. countries are very similar.

The first problem is to obtain adequate and recognized training. The second problem to solve is the question of terms and conditions of service. Then there is the problem of the cost of living and the fact that in the major specialties there are too many aspirants chasing too few established posts. But if the medical curriculum was widened I feel that many of manpower difficulties would be solved. If under-

*At the final session the chair was taken by Professor J. L. Portós, Professor of Medicine, Paris.

graduate medical education covered a wider field it would widen the choice of career specialties which medical graduates would consider and solve many of the problems of postgraduate training. Finally there is the problem of hidden patronage—which still exists.

The biggest threat to junior doctors in training in this country comes from the royal colleges. Standards set by such organizations are always rising. Some years ago the F.R.C.S. was considered adequate to practise as a surgeon, but today it is regarded as being adequate only to start specialist training. I do not think this is a good thing—the royal colleges are trying to maintain their exclusiveness. When they realized that specialist registration in E.E.C. terms (measured by an approved course of training) would mean freedom of establishment as a specialist, and that the diplomas of the colleges might become irrelevant, they put forward their scheme of specialist accreditation. Clearly this will be limited to senior registrar establishment, which, in turn, is related to consultant establishment. The latter is regulated by the Department of Health. This places the colleges in the unfortunate position of endorsing a standard which is set by the employing authority, rather than an academic one.

Mutual recognition of basic qualifications presents few difficulties.

At international meetings, a doctor's right to be regarded as a doctor is never questioned. The only problem is that of a period of adaptation since medical ethics vary from one country to another. In the United Kingdom I feel that the preregistration year would be better regarded as a probationary postregistration year. The recognition of postgraduate training is more complex, as training differs throughout the countries of the community. Here, again, the overriding principle should be that no truly educated man will ever consider that his education is complete. What we have to consider is how much specialist training a doctor in each specialty should have before acquiring the right of freedom or establishment as a specialist. The belief that a consultant, or chef de service, knows all that can be known about his specialty is false. Yet this appears to be the thought behind specialist accreditation as envisaged by the royal colleges. As Europeans we must strive to overcome the fear that doctors or specialists of another country are not as good as our own. This fear is totally unjustified, since few Europeans would be attracted by the salaries which we could offer.

Specialist registration must be based on the admission of a doctor to the specialist register of the country in which he undergoes specialist training. It may be possible to fix European guidelines for specialist training, and these guidelines should include quantitative as well as qualitative criteria. These will fall far short of the criteria the royal colleges are trying to establish. Specialist registration will carry freedom of movement as a specialist under Article 48 and it appears that the royal colleges intend to place young British doctors at a disadvantage compared with doctors attaining specialist registration in the Community.

I do not think that many British doctors will migrate to Europe and if they do they will initially obtain posts which local graduates would not consider—this has happened in America. The important principle is the freedom to move. If the royal colleges have their way it might well happen that a young British doctor seeking specialist training would realize that he could save many years of his life by migrating on the basis of his primary qualification, obtain specialist registration elsewhere, and return as a specialist.

Middle Registrars as Specialists

It is at middle registrar level that we must equate our specialist registration with Europe. College accreditation is irrelevant in a European context; its application is limited to N.H.S. hospitals, with their predetermined consultant establishment. This unfortunate misunderstanding has arisen because in Britain the term specialist has become equated with N.H.S. consultant complete with junior staff, and in clinical specialties with beds. A specialist has a different significance in Europe, and a clinical specialist is quite likely not to have beds or junior staff. What he does have is the right to charge a different scale of fees, and this is im-

portant where there is a larger private sector. While our monopoly employer controls consultant establishment the European specialist cannot be a threat to the standard of N.H.S. consultant practice.

The danger in the colleges' action is that it may deplete the N.H.S. of doctors, especially in the shortage specialties such as radiology and anaesthetics, where language does not present such a problem. When the choice in these subjects lies between seven years' training in this country and four years in other European countries with higher remuneration some doctors will be lost to Britain. It is in these sensitive specialties that a crisis will affect the whole of the Service.

Victoria Jubilee Infirmary, Tynemouth

P. R. J. VICKERS, M.B., F.R.C.S., Consultant Orthopaedic Surgeon

West Germany

H. WALDMAN

After six years' study the medical student in Germany has to pass the final medical exam called "Staatsexamen." Until recently it was followed by a two-year internship. With the introduction of the new curriculum, however, the practical knowledge will be gained during the university studies and the final exams will be taken together, after which the doctor will be licensed to practise. But hardly any of my colleagues feel that they have acquired sufficient knowledge, and as a rule they stay on full time in hospital or work as civil servants.

On 1 January 1973, there were 125,000 doctors in the West German republic and in West Berlin—one doctor for every 523 people. Just over 40% were in private practice. The doctor population increases yearly by about 4,000—mostly in hospitals, while the number of doctors in private practice has stayed constant. 87% of hospital doctors are between the ages of 30 and 34, 62% between 35 and 39.

There are few permanent positions in hospitals and the interest, for instance, in surgery has noticeably declined. Of the 5,000 foreign doctors working in German hospitals most are surgeons. To be a specialist in Germany the qualified doctor has to have four to six years training in his specialty but does not need to take any exam.

The pay of young hospital doctors used to be incredibly low but has improved in the last few years, and is now equivalent to other academics working in the civil service. For the last two years they have also been paid for overtime, night, and weekend duties. "Consultants" increase their earnings by seeing private patients in hospital. They are required to pass on any fee for which they have not themselves performed a service. Recently several schemes have been introduced whereby income was pooled and then divided up according to a fixed schedule. In this way up to about half the private income of consultants was divided up among their medical colleagues.

The hospital structure and the medical practice in hospital is still largely controlled by old-fashioned rules and procedures. At the university as a rule a subject will be represented by only one doctor. At the general hospital also all the doctors are under the orders of the consultant in charge. Where democratically-run groups do exist in hospitals, they have only advisory and supporting roles.

Many young doctors use the hospital only as a stepping stone to private practice (mainly specialty practice), and they have formed various associations to try and change the situation, the most important of which is the "Marburger Bund." This corresponds to a labour union and has the right to negotiate contracts for its members. It maintains that the present drain of highly-qualified doctors to private practice can be stopped by creating new permanent positions in hospitals. Already there are clear indications that young doctors are tending towards specialization: they prefer to stay in hospital rather than enter private practice; to work in a team rather than by themselves; and show little inclination to enter public health medicine.