France: Attempt To Slash Numbers Stirs Medical School Strike

Paris. In France, possession of the secondary school *baccalauréat* diploma automatically carries with it the right to enroll in a university. Overall, only about 30 percent go on to a degree, but law and strong tradition guarantee the opportunity to try. Five years ago, about 11,000 *bacheliers* enrolled in the 7-year course that leads to a medical degree. Last year the number was in excess of 26,000, a growth that reflects the postwar baby boom, the lowering of secondary school graduation standards following the upheavals of May 1968, and the fact that in France, as in the United States, medical practice remains an extremely affluent vocation, regardless of how other professions may be affected by economic ups and downs.

The growth of medical enrollments, however, has not been accompanied by a commensurate expansion of teaching staff or facilities, or—of critical importance—by a sizable increase in the number of hospital beds used for training. But it has taken place at a time when French students are no longer disposed to tolerate the notorious crowding, perfunctory instruction, and authoritarianism that have long characterized education in their country. It also comes at a time when the feudal chiefs of French higher education are industriously trying to sabotage the educational reforms that were enacted following the Events of May. And it comes when funds for expansion are in relatively short supply (though education fared better than any other public sector in the current budget), and the medical profession, as reactionary here as elsewhere, is worried about the financial consequences of a flood of new practitioners and the effects that crowding may have on the quality of medical training.

Thus, the situation is well stocked with ingredients for a major blowup, and such a blowup occurred last month, after the Ministry of Education, egged on by the medical profession and old-line medical school teachers, issued a decree that would almost certainly have the effect of washing out thousands of students. Published 26 September, to take effect in the present academic year, the decree provides that a first-year student who fails to achieve a score of at least 50 percent in the final examination for *any* of the ten or so courses taken during the year must repeat not only the failed course but *all* courses taken during that semester, regardless of how well he performed in them. (The new system replaced a method which permitted a student to go on if he achieved an average of at least 10 out of a possible 20 points on his overall examination grades; at most, he might have had to repeat a course in which he did especially poorly.) Since the new decree does provide for a second chance, the effect is not necessarily lethal to a student's progress. But the decree derives from the kind of remote administrative irrationality that causes students everywhere to regard their academic elders with angry suspicion. As one student put it in an interview, "Why, if I do poorly in first year physics, which has nothing to do with medicine, should all my other work be wasted?" Furthermore, since financial assistance for French university students is based on a family means test, and is limited at best, the burden falls most heavily on working-class students, who, unlike their American counterparts, find little opportunity to earn their way through school. On top of this, the rigidities of administration and curriculum are such that a medical school student—though actually the equivalent of an American premedical student for the first 2 or 3 years—rarely can move into another field of study if he drops out. Almost invariably, a dropout has no choice but to terminate his higher education.

Early in November, when the implications of the decree became apparent, first-year students throughout the country went on strike, and at the end of November many were still refusing to return to their studies. But recognition of the decree's significance was slow in coming; not surprisingly, it first occurred at a reform-born medical school on the outskirts of Paris, the Montrouge Center, whose attempts to set up a modernized course of study had stirred enormous animosity as well as vindictive reprisals on the part of the "mandarins" of French medical education. Part of a long-planned but ill-prepared-for scheme to divide the huge University of Paris medical school into ten separate institutions, Montrouge opened last year with 1800 first-year students and—something unheard of for the early years of French medical education—optional courses. In addition, among its 200 teachers were a number of non-M.D. academics—another heresy. Montrouge's director, Jean Coursaget, clearly states his admiration for American-style medical education; from 1946 to 1949 he did research in biochemistry at Columbia University's College of Physicians and Surgeons, and he has close ties with many American researchers and physicians. Included in the Montrouge curriculum were social science courses, again a total deviation from standard practice. And, to the further enragement of the traditionalists, Coursaget sought to shape the curriculum so that students would have some preparation for continuing their university studies in other fields if they dropped out of medical training. "We were trying to achieve some flexibility," Coursaget explained in an interview, "so that we could end this terrible waste of young people. What we wanted to do was start out with a common two-year course from which students could then branch out into medical studies or some scientific field."

At the end of the last academic year, which was the first for the newly established institution, Montrouge students were told they would be assigned elsewhere for their second year of studies, since funds had not been forthcoming on schedule to provide facilities for enrollments beyond the first year. (Though the ten-way split-up of the University of Paris medical school had been under discussion for nearly a decade, when it occurred, facilities were available for five of the schools, but barely anything was ready for the other five; nevertheless, all ten were given large enrollments.) Dispersed among other schools, Montrouge students found upon their arrival that the credits obtained in their freshman studies would not be recognized. All first-year studies would have to be repeated. Explains Coursaget, "The object, of course, was to destroy Montrouge."

Soviets, West Discuss "Think Tank"

Paris. Soviet and Western representatives have been holding secret discussions on the establishment of a large-scale, internationally staffed "think tank" to study common problems of industrial societies. Though a final decision is yet to be reached, it is reported that the discussions have been productive and that concrete action to set up the proposed institution might possibly come early next year. Centrally involved in the deliberations have been Herman Gvishiani, vice chairman of the Soviet State Committee for Science and Technology, and McGeorge Bundy, president of the Ford Foundation. Gvishiani is the son-in-law of Soviet Premier Kosygin, and is widely regarded as an influential "bridge builder" to the West. Bundy became involved in the deliberations in 1966, after leaving his post as President Johnson's special assistant for national security affairs. In December of that year he held a press conference at the White House at which he announced that Johnson had asked him to serve as "his personal representative in the coming months in exploring the possibility of establishing an international center for studies of the common problems of advanced societies." The matter subsequently dropped from public view, but it is known that Bundy, Gvishiani, and others have met several times, most recently last summer. It is reported that Bundy feels at this point that his role is completed, and that U.S. participation will be through a nongovernment institution. Also taking part in the discussions have been Sir Solly Zuckerman, chief scientific adviser to the British government, and Auerelio Peccei, a top executive of Italy's Olivetti Corporation. In addition, there has been participation by West German and French representatives.

Site in Western Europe Acceptable

The scale and location of the proposed institution have not yet been decided upon, but, according to one source, it has been proposed that its staff number some 400 professionals, which would put it in the major leagues for institutions of this sort. As for location, both the United States and the Soviet Union have been ruled out; the Soviets are said to be amenable to the idea of a site in Western Europe and reportedly are even willing to consider West Germany and Berlin. Though representatives of East Germany have not joined in the discussions, there is apparently some possibility of eventual participation.

According to an American who has been close to the discussions, the intention is to operate the institute as a "private, nongovernmental" organization, perhaps on the well-established U.S. pattern of government funding for nonprofit research institutions, such as the Rand Corporation. The institute, it was explained, would be concerned not so much with studying specific problems of industrialized societies as with developing techniques and methodologies that might be universally employed in dealing with such common problems as pollution, transportation, housing, and education. Soviet participation is deemed important, this individual said, "because they have a lot of experience in large-scale planning and all the industrialized countries are now encountering the same problems."

Both the Soviet government and the Nixon administration are said to be strongly interested in the proposition, but a newly arisen complication is the Nixon administration's desire to give NATO expanded responsibilities outside the military field. In this connection the U.S. has encouraged NATO to establish a Committee on the Challenges of Modern Society, with an assignment to look into many of the same problems that would be in the jurisdiction of the proposed institute. What effect this might have is not at all clear, but after 2 years of delicate, private negotiations, backers of the institute are not pleased to see a potential competitor in the field. It is their hope that their own proposition will be finally settled upon at a meeting that may be held early next year.

—D. S. GREENBERG

In a period of student militancy and official lip service to educational reform, no one will publicly acknowledge such an intention, though one venerable dean remarked, "To hell with all this agitation. All we're interested in is training good physicians, and we can't tolerate any nonsense that gets in the way of that." The case for vigorously pruning the massive lower-level enrollments—figures are not yet available for the current freshman crop, but it is thought to be in the neighborhood of last year's 26,000—is most cogently stated at one of the principal bastions of medical conservatism, the Syndicat Autonome des Enseignants de Médecine, which is the professional society of medical school teachers. There, an executive of the Syndicat, Professor Gerard Milhaud, carefully defended the decree in terms of future medical needs and the problem of maintaining quality of education. France, he stated, currently has 70,000 physicians for a population of approximately 50 million —a ratio of 140 physicians per 100,000 population, which is about the ratio in the United States. Government plans—though on what criteria they are based is never stated—calls for doubling the number of physicians over the next 15 years.

Disputing the charge that, for selfish reasons, the Syndicat wants to hold down the number of physicians, Milhaud points out that the Syndicat helped to initiate the plan and strongly supports it. But the present number of students, he says, is far in excess of "need" and the capacity of current and foreseeable facilities and teaching staff. "We want to adjust the input to the possibility of decent medical education," Milhaud stated. A particular problem, he said, is the shortage of public hospital beds, which are the only ones used for teaching purposes. In this connection France, by all accounts, finds itself in an especially difficult situation. The division between public and private hospital beds is about fifty-fifty. But since the national health insurance plan permits private hospitalization, patients with routine ailments prefer the generally greater comfort and attention that are to be found in private facilities. These tend to be small and to be unequipped for, and uninterested in, any teaching role. Patients with more difficult or esoteric diseases are usually referred to public hospitals, since these often have university and research affiliations and are more likely to be on the frontiers of modern medi-

cal practice. The result is, first of all, a general shortage of public hospital beds and patients relative to the rapidly expanding student enrollments (last year, in the Paris area, there were only 3.9 beds per student; 5 is considered a desirable minimum, and, second, a shortage of the sort of routine cases that a student will encounter in his medical career. Over and over again one hears such statements as "The routine ones are all in the private hospitals. All our students ever get to see are medical oddities."

The apparent solution, of course, is an expansion of the public hospital facilities and the incorporation of private hospitals into the medical training program. But these are remote possibilities, both because of the government's austerity program and because of France's traditional incapacity to carry through major institutional realignments. "Hopeless" is the word most frequently used in regard to this particular aspect of the medical school problem, as well as to others.

Basic to the problem of the flood of enrollments, Milhaud said, is the fact that "we can't accept the principle that anyone who feels like becoming a doctor can become a doctor. If we are going to give the public good doctors, we have to have a selection process. And, if we are going to reform medical training, which we are trying to do, we can't do it successfully under this huge burden of students. Reform is hampered by the numbers we have to deal with. In the United States," he pointed out, "years of planning go into a new medical school and then it starts off with a handful of students. Here, almost overnight, we have had schools start with over a thousand students."

Among the striking students and their faculty supporters, these and similar arguments are dismissed as a cover-up for impeding reform and preserving the financially privileged position of the medical profession. The vindictive treatment of Montrouge's students is cited as evidence of the "mandarins'" true attitude toward reform. The opposition to "common stem" programs that would permit medical school dropouts to go on to other university degrees is regarded as evidence of blind opposition to reform and indifference to the plight of thousands of students. And the seemingly carefully worked out figures on enrollments versus future medical "needs" are regarded as technical arguments cooked up for political purposes.

An evening spent with a group of strike leaders and followers quickly conveys the bitterness they feel toward the distant and aloof professors and government administrators who are seeking to decree their fate. "We have no confidence in what these people tell us," one of them explained. "The examination decree does not arise from health considerations. No one can say with any certainty how many doctors, nurses, researchers, and other medical people we are going to need. They have simply picked a number, and they don't care what happens to people who fall outside that number."

But what of the problem of assuring a reasonable measure of quality in medical graduates? "We are not against quality," was the answer. "But quality of graduates is also related to the quality of teaching and facilities, and we don't see very much improvement there. There is no interest shown by the schools in modern preventive medicine or in medicine related to the problems of modern society. In their selection of students and in the material they teach and in their ways of teaching, they are following the medicine of an old social system.

"The students know that something is wrong with all this. They don't understand it completely and they can't explain it. But they know it is wrong, and they will not tolerate it."

—D. S. GREENBERG

Pesticide Research: Industry, USDA Pursue Different Paths

The Nixon administration's announced ban on most DDT use, which is to be extended later to other pesticides considered dangerous, is based on the assumption that there are adequate alternatives to these pesticides.

This policy, as announced recently by Secretary of Agriculture Clifford Hardin, calls for cancellation of all uses of DDT by 31 December 1970, and later of the use of other "persistent" pesticides, except where they are needed "for prevention or control of human disease and other essential uses for which no alternative is available." Some government officials say that use of DDT in this country will be reduced by at least 90 percent (most use for disease control, especially malaria, is in foreign lands); but the solution to the pesticides problem is not that simple. DDT substitutes, many experts say, are often potentially at least as dangerous as DDT, if not more so. In many cases no really adequate alternative is available.

Since the administration is committed to the idea that pesticides are necessary (the U.S. Department of Agriculture estimates that there would be a 25 to 30 percent drop in food production without them), a truly safe pesticides policy can only develop as fast as R & D comes up with less-hazardous methods of pest control.

Both the federal government and private industry are engaged in pesticides R & D. Federal interest in pest control spans several departments, but research on new methods is centered in the Agricultural Research Service (ARS) of the U.S. Department of Agriculture (USDA). (ARS is also responsible for regulation of pesticides now in use, and in this capacity it has come under sharp criticism from the General Accounting Office and a House subcommittee for failing to prosecute a single case in 13 years.) Industrial research is performed by 40 large chemical companies. Although there is some overlap and considerable cooperation between the two sectors, government and industry are basically pursuing different research paths toward somewhat different goals.

The predominant form of pest control now in use is the chemical pesticide, a category that includes insecticides, herbicides, and fungicides. Although there are several thousands of these chemical products on the market, they are composed of fewer than 400