for the necessary provision of money and also oversee its prudent expenditure, but one might reasonably hope that the release from fear of local political control by the derivation of income directly from their patients, and the uniformity of mode of income, would

gradually lead to the reintegration of medical practice as part-general and part-specialized according to local needs and personal abilities.—I am, etc.,

Hull.

R. G. WILLIAMS.

Emigration of Doctors

SIR,—In reference to your editorial on the emigration of physicians (4 July, p. 1) and the article on the same subject (p. 50) I have come to the point of view that the general practitioners in Great Britain would do well to form their own special "union" for their own protection—for by and large, and sad to say, the British Medical Association has done a very poor job for them, if one measures the results of its endeavours on their behalf. In addition to the several reasons as presented—particularly as to the low status of the general practitioner, I would like to point out one other factor, hinted at but insufficiently stressed in these analyses—viz., it is the opportunity for fairly rapid advancement abroad with all of what that means which so often helps the emigrant to "cut the umbilical cord" of his home-sickness.

In my own instance had I stayed on in Great Britain the chances of my promotion even in the field of health education, which I had entered because I had decided that the low status and the enthrallment of the general practitioner was more than I could stomach, were so limited it did not take too much insight to measure them. At the age of 36 years I thought I was still far too young to endure a plateau of utter mediocrity, even if it was a "living." Much against the wishes of my own and my wife's families, and to some extent in opposition to my wife's feelings, I persuaded her our best chance of advancement was abroad. How right I was—for in the field of public health I have in four steps attained a position as head of a major health department in a city of over 500,000—the 21st city in the United States.

On a visit to Great Britain in 1960 I visited my old headquarters to find that my successor in the job I had held was still being paid, nearly eleven years later, exactly the same salary as I was paid when I left the country. And once again I blessed myself for having had the nerve to emigrate in the face of such family opposition. I can still see the wistful and sad expression on my mother's face when I told her my decision was final. It was the last time I was to see her in health, although I did return to the country during her final illness.

But these are the sacrifices. But we emigrants are blessed in one regard to-day as compared with our predecessors; with modern travel and the excellent financial rewards we receive abroad a trip "home" comes relatively easy, thus offsetting that mournful sentiment which even the hardest must entertain in taking the final step.—I am, etc.,

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SIR,—The editorial comments (4 July, p. 1), the papers by Seale,¹ and the analysis by Dr. B. Abel-Smith and Miss Kathleen

Gales (4 July, p. 53) may all present facts about the movements of medical practitioners in a rather misleading way.

Although the figures in my former letter to you² have been used by Seale and by Abel-Smith and Gales, more comprehensive data on the Australian situation have not. The total number of medical graduates of each year since 1939 who were registered and resident in Australia at the end of 1962 was smaller than the number of Australian graduates in each of these years save 1949, when the number of Australian graduates was unusually small (Table I). I have discussed this more fully elsewhere.⁴ The discrepancy exists in spite of the considerable intake of foreign-trained, mostly British, graduates in the last two decades. In other words, Australia appears to be exporting more doctors than she imports. From New Zealand the Report of the Special Committee on the Availability and Distribution of Medical Practitioners, 1959–63⁵ tells a similar story of to-and-fro movement of doctors, with little net gain by New Zealand, in spite of overseas intake. The situation might well be the same

TABLE I.—*Medical Graduates by Year of Graduation, Registered and Resident in Australia, December 1962; With Numbers of Medical Graduates of Australian Medical Schools, 1939–61*

Year of Graduation	Number of Australian Graduates	Number Registered, December 1962, Including Overseas Graduates	Number Registered as Per cent. of Total Australian Graduates
1939	503	347	69.0
1940	367	296	80.7
1941	452	337	74.6
1942	501	404	80.6
1943	435	338	77.7
1944	429	319	74.4
1945	430	326	75.8
1946	471	328	69.6
1947	527	382	72.5
1948	429	348	81.1
1949	237	313	132.1
1950	535	456	85.2
1951	791	616	77.9
1952	946	670	70.8
1953	914	651	71.2
1954	814	585	71.9
1955	678	488	72.0
1956	684	450	65.8
1957	591	407	68.9
1958	422	410	97.2
1959	394	368	93.4
1960	448	445	99.3
1961	484	448	92.6

TABLE II.—*Australian Graduates Registered in Victoria and South Australia, Resident Outside Australia and New Guinea, 1962*

Year of Graduation	Resident in :			
	U.K.	U.S.A.	Elsewhere	Asian Graduates
Before 1920	12	—	3	—
1920–29 ..	33	3	4	—
1930–39 ..	27	—	10	—
1940–44 ..	16	5	7	—
1945–49 ..	16	6	15	2
1950–54 ..	70	20	25	3
1955–59 ..	94	10	15	27
1960 ..	7	2	3	11

in South Africa, although it is of course quite different in North America.

Where do the disappearing doctors go? In the Australian States of Victoria and South Australia, where permanent registration is possible, the current addresses of at least some Australian graduates who are resident overseas can be ascertained from the lists of registered medical practitioners. This source will produce underestimates, especially of those who have been absent from Australia for many years. Nevertheless, if the figures from these two States (Table II) are representative, it is clear that a substantial number of Australian graduates reside permanently in the United Kingdom.

The quality of the doctors who move from one country to another may be more important than the total numbers. Abel-Smith and Gales indicate the existence of qualitative differences between the British medical migrants to the United States on the one hand and to Australia and New Zealand on the other. Australia's permanent medical exports to the United Kingdom include the President of the Royal Society and a considerable number of distinguished physicians, surgeons, and medical scientists. Although I have not verified the facts for myself, I am confident that much of the medical talent from New Zealand and probably from South Africa is also siphoned off to the United Kingdom.—I am, etc.,

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SIR,—I was interested to read in your account (8 August, p. 394) of the recent debate in the House of Lords on medical and hospital services Lord Lothian's statement that his department were studying "the rate of immigration" of doctors.

Having learnt on a visit to Canada in 1960 that of the approximately 20,000 physicians practising in Canada about 10% were graduates of British and Irish schools, I was less surprised than many people at the figures given by Dr. Seale in his original paper in March 1962. At the time it was said in critical comment on Dr. Seale's figures that there was no information as to the numbers who return to this country following a period of practice as practitioners registered in these overseas countries. It occurred to me that, so far as Scotland was concerned, at any rate, we might from our own sources collect figures which would give a reasonably accurate estimate of what these numbers are. I therefore requested all the M.O.H.s, group medical superintendents of hospitals, and secretaries of local medical committees in Scotland to let me have a return of "doctors who in the last 10 years have returned to the U.K. following a period of practice overseas (other than in temporary "visiting" appointments tenable without registration in the country concerned)." Replies were received from all the M.O.H.s (51), all the L.M.C. secretaries (24—that is, all but one, Caithness L.M.C. being without