MEDICAL EMIGRATION FROM BRITAIN, 1930-1961

BY

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There has been considerable speculation recently about the rate of emigration of British doctors during the years of the National Health Service and during the pre-war period. The importance of emigration has developed a new significance as the failure in the supply of young British doctors in all branches of the medical profession becomes apparent to those who have made a study of medical man-power in Great Britain.

Doctors form one of the most essential groups of skilled personnel—if not the most essential group—staffing any form of health service. It might therefore have been thought that in a centrally controlled, co-ordinated, and comprehensive National Health Service like that which has operated in Britain for over 13 years a continuing study of the loss of young British doctors by emigration would have been made. Surprisingly, there has been no such study either by a Government department, university department, research foundation, or by any of the medical associations or colleges. Consequently, policy and public debate in relation to medical emigration have been carried on without any firm basis of factual knowledge.

The lack of reliable data has not deterred eminent bodies from reaching firm conclusions without them. The Royal Commission on Doctors' and Dentists' Remuneration stated in 1960 that "the available statistics give no grounds for supposing that the level of net emigration among doctors and dentists is higher than among the population as a whole." Medical emigration was "therefore another factor which, after examination, we considered of no special significance."¹

The statistics used by the Royal Commission had been provided, on request, by the Ministry of Health. The Ministry of Health had obtained them from the Board of Trade, and no other evidence on medical emigration was sought either by the Royal Commission or by the Ministry. What is known about the reliability of the migration statistics collected by the Board of Trade?

The annual report of the Oversea Migration Board (December, 1961) opens with the statement: "This is the seventh consecutive report in which we have found it necessary to urge the need for statistics of the considerable volume of migration by the long air routes."² Official British migration figures refer only to persons who travel by sea, and it is therefore not surprising that, according to the Board, the United Kingdom remains "the only major country of both emigration and immigration which cannot produce complete and adequate statistics of its own two-way migration movements."³ The report states not only that, according to official Canadian statistics, 46% of all emigration from Britain to Canada took place by air in 1960,⁴ but "there is reason to believe that a higher proportion of . . . professional workers (than unskilled workers) emigrate by air than by sea, especially to Canada and the U.S.A."⁵

It is apparent that official British statistics alone can give no reliable indication of the rate of emigration of British doctors. Nevertheless, it is not difficult to make a reasonable estimate from data derived from official sources overseas, and in this paper I have made estimates for the years 1930-61.

Method

A letter was sent to the Registrars of the Medical Councils of New Zealand, South Africa, Southern Rhodesia, Northern Rhodesia, and the five mainland States of Australia and Tasmania, requesting the number of doctors who were graduates of medical schools in England and Wales, Ireland, and Scotland who registered in their respective countries or States each year between 1930 and 1961. Only the State of Queensland was unable to provide all, or nearly all, the information requested.

The medical licensure statistics of the United States of America which have been published in the *Journal of the American Medical Association* regularly since 1933 indicate precisely the number of graduates of medical schools in Great Britain and Ireland who passed the State Boards examination each year.

The Canadian Department of Citizenship and Immigration has published in each annual report since 1953 the number of doctors of English, Irish, Scottish, and Welsh origin who have entered Canada as immigrants.

The Director of Recruitment in the Department of Technical Co-operation was requested to indicate the annual number of appointments made to the Colonial Medical Service (now Overseas Medical Service) during the years 1930-61. The Commonwealth Relations Office was requested to give the number of appointments made to the Indian Medical Service between 1930 and the cessation of its operations in 1947. The World Health Organization was asked how many British doctors were working overseas with the Organization.

Results

New Zealand

During the 1930s an average of 9 graduates of British* medical schools registered in New Zealand annually (Table I). The number rose sharply in 1946, to reach a peak of 65 in 1952, and the annual average in the 1950s was 43—approximately five times the pre-war rate. Between 1950 and 1959 27% of all doctors added to the New Zealand register were graduates of British medical schools, nearly all of whom were British citizens.

Many New Zealand doctors come to Britain for post-graduate training and experience, but hardly any remain to practise permanently. However, few British doctors visit New Zealand temporarily for postgraduate work, and the great majority of those who have registered in New Zealand have remained in that country.

Australia

Each individual State in Australia maintains its own medical register, there being no central register for the Commonwealth of Australia. Thus a doctor who registers in two States will be counted twice. The total number of graduates of British medical schools given

*In this paper "British" medical schools include schools in England, Scotland, Wales, Northern Ireland, and Eire.

in Table II registering in Australia does not include Queensland. It is probable, however, that the double-counting due to doctors registering in two States is approximately counterbalanced by the exclusion of figures from Queensland, because the senior medical officer at Australia House in London has confirmed that between 200 and 250 British doctors have left for Australia annually during 1959-61 inclusive (see Table II). The total for Australia given in Table II may thus be taken as a reasonable approximation of the total number of British-trained doctors arriving in Australia.

Some of the doctors were Australian citizens who studied as undergraduates in British medical schools

and then returned home. It is probable that most of the 52 graduates from Britain who registered in Australia in 1942 were Australians who hurriedly completed their medical training in Britain and then returned, because few, if any, British doctors emigrated during the height of the war. In 1944 only four graduates of British schools registered in Australia. Since the end of the second world war few Australian medical students have studied as undergraduates in Britain, and the number of Australian citizens included in the tables was higher in the 1930s than in the 1950s.

Many Australian doctors come to Britain for post-graduate experience, but hardly any have remained permanently since the second world war. The great majority of British doctors registering in Australia, however, have remained there and do not intend to return to Britain.

In the ten years 1930-9 an average of 27 graduates from British medical schools registered in Australia; in the ten years 1952-61 the annual average was 164. In the most recent five years, 1957-61, the average annual rate has been 225, and the 1959 figure of 256 in the one year was almost equal to the total for the entire decade of the 1930s. As in the case of New Zealand, in recent years a quarter of all new additions to the medical registers of Australia have been graduates from British schools.

South Africa

No data of registrations of graduates from Britain in South Africa before 1935 are available. In the five years 1935-9 an average of 66 registered annually (Table III), but as registrations continued at a high level during the war years it is probable that a considerable proportion of these doctors were South African citizens. Since the end of the war few South Africans have studied medicine in Britain as undergraduates. Registrations of British-trained doctors in South Africa rose sharply in 1946 to a peak of 154 in 1948. The fall the

TABLE I.—*Graduates of Medical Schools of Great Britain and Ireland Registering in New Zealand, 1930-61*

Year	England and Wales	Ireland	Scotland	Total
1930	4	—	5	9
1931	6	2	2	10
1932	5	—	2	7
1933	2	—	5	7
1934	5	1	3	9
1935	1	—	2	3
1936	6	—	3	9
1937	6	1	4	11
1938	4	—	6	10
1939	8	3	5	16
1940	4	—	1	5
1941	4	1	3	8
1942	2	—	2	4
1943	—	—	—	—
1944	4	1	2	7
1945	3	—	2	5
1946	15	—	7	22
1947	22	4	26	52
1948	21	7	11	39
1949	28	3	16	47
1950	14	5	10	29
1951	31	3	26	60
1952	36	6	23	65
1953	27	11	20	58
1954	21	7	5	33
1955	22	3	12	37
1956	12	4	13	29
1957	29	8	19	56
1958	19	5	5	29
1959	19	7	11	37
1960	20	6	7	33
1961	15	7	7	29

Source: Medical Council of New Zealand.

TABLE II.—*Graduates of Medical Schools of Great Britain and Ireland Registering in Australia, 1930-61*

Year	Tasmania				South Australia				New South Wales				Victoria				Western Australia				Total Aust. minus Queensland
	E. & W.	Ire.	Scot.	Total	E. & W.	Ire.	Scot.	Total	E. & W.	Ire.	Scot.	Total	E. & W.	Ire.	Scot.	Total	E. & W.	Ire.	Scot.	Total	
1930	—	—	—	—	6	1	1	8				16	3	—	5	8	3	—	—	3	35
1931	—	—	2	2	3	—	—	3				8	3	—	1	4	3	—	1	4	21
1932	1	—	1	2	1	1	—	2				4	2	—	—	2	4	1	1	6	16
1933	1	—	—	—	—	—	—	—				8	1	—	—	1	—	—	—	—	10
1934	1	—	1	2	1	—	1	2				3	—	2	2	4	1	—	3	4	15
1935	2	—	—	4	3	1	5	9				7	4	—	—	6	4	—	2	6	30
1936	2	—	3	5	1	—	2	3				14	4	—	2	6	3	2	2	7	35
1937	2	1	2	5	1	—	2	3				6	2	—	7	10	3	—	2	5	29
1938	—	—	2	2	3	—	3	6				16	4	3	5	9	3	—	—	3	36
1939	1	—	1	4	4	—	5	9				11	7	—	3	12	3	—	3	6	41
1940	2	1	—	—	—	1	3	4				7	4	—	—	7	—	1	1	2	24
1941	2	—	1	3	1	—	—	1				18	3	1	2	6	3	1	3	7	35
1942	—	—	—	—	4	1	1	6				18	7	2	11	20	4	—	4	8	52
1943	—	—	—	—	—	—	—	—				5	1	—	3	4	—	—	1	1	10
1944	—	—	—	—	—	—	—	—				1	2	—	—	2	1	—	—	—	4
1945	—	—	—	—	—	—	—	—				5	1	—	—	2	1	—	—	3	11
1946	1	—	1	2	1	—	—	1				10	4	—	1	8	3	—	—	6	27
1947	—	1	—	—	3	—	—	3				16	8	1	2	11	4	2	11	17	48
1948	6	—	1	7	—	—	—	—				22	11	2	7	20	14	4	4	22	71
1949	5	3	—	8	2	2	2	6				25	14	6	8	28	11	1	3	15	82
1950	4	—	6	10	4	—	3	7				25	25	3	7	35	9	4	3	16	93
1951	8	4	4	16	5	—	1	6				40	31	9	11	51	11	3	12	26	139
1952	4	2	3	9	3	—	3	6				39	20	8	6	34	9	1	4	14	102
1953	2	2	1	5	4	—	2	6				21	6	1	3	10	12	1	7	20	62
1954	4	—	2	6	7	1	3	11				23	19	6	6	31	16	2	3	21	92
1955	4	—	5	9	4	3	2	9				37	26	4	10	40	12	4	4	20	115
1956	10	2	3	15	16	—	5	21				42	21	7	13	41	13	4	11	28	147
1957	19	1	1	21	24	—	8	32				67	29	9	18	56	33	4	10	47	223
1958	10	1	3	14	14	5	5	24	50	15	18	83	48	2	11	61	22	2	4	28	210
1959	12	2	16	30	23	6	6	35	52	8	15	75	61	9	17	87	18	4	7	29	256
1960	15	1	9	25	19	4	9	32	44	14	20	78	41	7	17	65	14	5	5	24	224
1961	16	2	10	28	16	—	6	22	48	4	24	76	39	4	15	58	22	1	6	29	213

Source: Medical Council of Tasmania.

Source: Medical Board of South Australia.

Source: New South Wales Medical Board.

Source: Medical Board of Victoria.

Source: Medical Board of Western Australia.

next year was probably related to the change of government in South Africa, and during the 1950s the annual average was 43.

Southern and Northern Rhodesia

In the ten years 1930-9 75 graduates of British medical schools registered in Southern Rhodesia and 70 registered in Northern Rhodesia. In the ten years of the 1950s 275 registered in Southern Rhodesia and 194 in Northern (Table IV). Double-counting occurs when a doctor registers in both the Rhodesias.

United States of America

No graduate of a British medical school can practise permanently in the United States without again passing the final medical examinations in one of the States of

TABLE III.—*Graduates of Medical Schools of Great Britain and Ireland Registering in South Africa, 1935-61*

Year	England and Wales	Ireland	Scotland	Total
1935	41	8	30	79
1936	19	9	29	57
1937	33	7	30	70
1938	28	—	18	46
1939	40	12	30	82
1940	22	5	12	39
1941	27	4	9	40
1942	26	4	19	49
1943	16	7	21	44
1944	20	4	7	31
1945	24	3	14	41
1946	61	8	33	102
1947	84	19	36	139
1948	96	15	43	154
1949	39	6	15	60
1950	22	2	8	32
1951	41	9	16	66
1952	28	5	13	46
1953	21	4	5	30
1954	28	8	7	43
1955	31	8	3	42
1956	22	11	15	48
1957	24	8	4	36
1958	29	10	9	48
1959	20	8	12	40
1960	17	9	4	30
1961	20	8	3	31

Source: South African Medical and Dental Council.

TABLE IV.—*Graduates of Medical Schools of Great Britain and Ireland Registering in Southern Rhodesia and Northern Rhodesia, 1930-61*

Year	Southern Rhodesia				Northern Rhodesia			
	E. & W.	Ire-land	Scot-land	Total	E. & W.	Ire-land	Scot-land	Total
1930	4	2	3	9	3	2	2	7
1931	9	1	4	14	7	1	2	10
1932	3	1	2	6	3	—	2	5
1933	5	—	2	7	2	—	—	2
1934	2	2	3	7	—	—	—	—
1935	—	—	6	6	2	—	1	3
1936	1	1	3	5	4	—	5	9
1937	3	—	4	7	4	3	3	10
1938	5	—	1	6	3	1	4	8
1939	5	—	3	8	5	1	10	16
1940	2	—	1	3	6	—	4	10
1941	4	—	1	5	3	—	1	4
1942	—	—	1	1	3	—	2	5
1943	1	—	—	1	7	—	2	9
1944	4	1	1	6	6	3	2	11
1945	1	—	—	1	5	—	4	9
1946	21	2	6	29	8	2	4	14
1947	19	1	6	26	12	3	1	16
1948	25	1	13	39	7	1	8	16
1949	12	2	11	25	6	—	5	11
1950	16	—	8	24	4	3	8	15
1951	8	3	7	18	10	2	1	13
1952	18	4	8	30	4	3	6	13
1953	13	3	6	22	9	5	5	19
1954	21	3	5	29	1	5	1	7
1955	15	6	4	25	14	6	9	29
1956	13	6	6	25	12	4	8	24
1957	16	5	7	28	19	8	6	33
1958	28	4	9	41	21	2	3	26
1959	24	5	4	33	7	4	4	15
1960	9	2	7	18	12	4	5	21
1961	10	2	5	17	15	1	2	18

Source: Medical Council of Southern Rhodesia.

Source: Director of Medical Services, Northern Rhodesia.

the U.S.A. Any British doctor visiting the U.S.A. temporarily for postgraduate experience in hospitals can do so without passing the State Boards examinations. The number of graduates of British medical schools passing the examinations is therefore a fair indication of the number intending to remain permanently in the U.S.A. The same doctor may be included in the figures twice if he moves to another State and has to pass the State Boards examination once again. The resulting double-counting inflates the figures in Table V by between 10% and 20%.

TABLE V.—*Graduates of Medical Schools of Great Britain and Ireland Obtaining Licences to Practise in the U.S.A., 1932-60*

Year	England and Wales	Ireland	Scotland	Total
1932	5	2	18	25
1933	3	3	44	50
1934	9	—	44	53
1935	17	2	69	88
1936	28	5	58	91
1937	23	6	80	109
1938	13	2	63	78
1939	9	3	59	71
1940	10	3	58	71
1941	10	3	44	57
1942	7	2	51	60
1943	2	2	23	27
1944	2	1	21	24
1945	3	1	10	14
1946	7	4	31	42
1947	6	3	26	35
1948	9	9	19	37
1949	13	17	20	50
1950	17	16	15	48
1951	19	17	12	48
1952	17	15	19	51
1953	20	16	24	60
1954	39	30	19	88
1955	35	46	20	101
1956	45	33	26	104
1957	50	57	23	130
1958	68	58	25	151
1959	75	72	25	172
1960	96	66	30	192

Source: State Medical Boards of the United States of America.

In the eight years 1932-9 an annual average of 45 graduates from the medical schools of Scotland passed the State Boards examinations in the United States. The majority of these graduates were American citizens returning home who, because of special difficulties in obtaining entry to some United States medical schools, had studied medicine in Scotland. The conclusion that most were American citizens tends to be confirmed by the high number (51) obtaining licences in the U.S.A. in 1942—a year in which British citizens were not registering for practice as doctors overseas. Very few American citizens have graduated in medicine at British medical schools since the end of the second world war.

In the five years 1956-60 an annual average of 150 graduates of British medical schools obtained licences to practise permanently in the U.S.A., the number rising steadily from 104 in 1956 to 192 in 1960. The large number in recent years compared with the 1930s is particularly striking in the case of graduates from Ireland. In the 1930s the annual average from Ireland was only 3; in the five years 1956-60 it was 57—nearly a twentyfold increase. Ireland has exported doctors for several generations to England. In the 1950s increasingly they have been settling in North America instead.

Canada

During the eight years 1953-60 an annual average of 203 doctors of English, Scottish, Irish, and Welsh origin entered Canada as immigrants (Table VI). British and Irish doctors comprised 50% of immigrant doctors to Canada, and 16% of all new entrants to the medical profession in Canada were of British and Irish origin

during the years 1953-60. The majority have remained in Canada. Hardly any Canadian doctors have settled in Britain in the last 15 years.

The Department of Citizenship and Immigration has no detailed figures of immigration of doctors into Canada prior to 1953. However, the Chief of the Statistics Section has deduced from the Canadian census of 1931 and of 1941 that immigration of British doctors was "very small" during the 1930s.

It is hoped in due course to obtain from the 10 provincial licensing authorities of Canada data concerning registration of doctors from British medical schools since 1930 similar to those obtained from the Australian States.

TABLE VI.—*British and Irish Doctors Emigrating to Canada, 1953-61*

Year	English and Welsh	Irish	Scottish	Total
1953	101	45	50	196
1954	80	39	41	160
1955	99	40	56	195
1956	113	41	60	214
1957	165	62	84	311
1958	110	37	55	202
1959	102	35	45	182
1960	99	26	37	162
1961	92	20	31	143

Source: Department of Citizenship and Immigration, Ottawa.

Colonial and Indian Medical Services

Doctors who joined the Colonial Medical Service (now Overseas Medical Service) and the Indian Medical Service did not, strictly speaking, emigrate, but they did take up permanent employment overseas. During the decade 1930-9 an annual average of 66 doctors were recruited to the Colonial Medical Service and the Indian Medical Service combined (Table VII). During the decade 1950-9 the Colonial Medical Service alone recruited approximately twice as many doctors—129

TABLE VII.—*Doctors Appointed to the Colonial Medical Service and the Overseas Medical Service, 1930-61, and British Doctors Recruited to the Indian Medical Service, 1930-9*

Year	C.M.S.*	I.M.S.†	Total
1930	77	12	89
1931	35	11	46
1932	12	17	29
1933	22	27	49
1934	31	22	53
1935	48	27	75
1936	53	25	78
1937	47	25	72
1938	54	37	91
1939	54	22	76
1940	24		24
1941	25		25
1942	24		24
1943	20		20
1944	26		26
1945	61		61
1946	180		180
1947	128		128
1948	98		98
1949	85		85
1950	131		131
1951	169		169
1952	147		147
1953	127		127
1954	128		128
1955	144		144
1956	116		116
1957	105		105
1958	119		119
1959	100		100
1960	90		90
1961	46		46

* Source: Department of Technical Co-operation. Note.—The great majority of doctors were graduates of medical schools of Great Britain and Ireland, but the precise proportion is not known.

† Source: Commonwealth Relations Office. Note.—The Indian Medical Service ceased recruiting doctors in 1947, shortly before partition and independence. During the war (1939-45) a few emergency commissions in the Indian Medical Service were granted (e.g., two in 1940), but between 1945 and 1947 recruitment was confined to doctors born in India in preparation for independence.

annually. In the last five years, 1957-61, the number of British doctors (24 annually) registering in Tasmania alone (an island with a population of 350,000) exceeded the average rate of recruitment to the entire Indian Medical Service in the 1930s (22 annually).

World Health Organization

Nearly all doctors working in the underdeveloped countries with the World Health Organization have short-term appointments. Consequently there is a rapid turnover of field staff, and the rate of recruitment is no indication of the number of doctors obtaining permanent employment overseas. Nevertheless it is of interest to note that according to the World Health Organization there are more doctors from Britain working with the Organization than from any other single country.

Conclusion

Data from official sources overseas indicate that since 1948 unusually large numbers of graduates of the medical schools of Great Britain and Ireland have registered for practice abroad. It is apparent that the majority have remained overseas and should be regarded as medical emigrants from Britain.

During the five years 1956-60 1,060 have registered in Australia, 184 in New Zealand, 749 in the U.S.A., 1,071 in Canada, 202 in South Africa, 145 in Southern Rhodesia, and 119 in Northern Rhodesia. The average of over 600 registering annually in these countries alone is equivalent to a third of the annual output of the medical schools of Great Britain and Ireland. It represents an emigration rate to these countries of more than five times the rate in the 1930s.

Britain has also supplied doctors to assist the underdeveloped countries in the 1950s at twice the rate prevailing in the 1930s.

The data indicate a mass migration of young British doctors in the last 15 years away from their native land on a scale hitherto unknown. A possible explanation of the phenomenon is that practice in the National Health Service is relatively unattractive to young doctors economically, professionally, and idealistically. The great influx of doctors from India, Pakistan, and other countries to take junior hospital appointments in the N.H.S. does not mean that the Service has permanent attractions for them. Most come to Britain to enhance their professional standing and then return to their own country—few intend to remain in Britain permanently.

Production of doctors by British medical schools has not meanwhile been unusually high. The number of medical students in training in Great Britain fell continuously from 14,201 in 1950 to 12,314 in 1959, only 431 above the number in 1938. Indeed, there were 625 fewer male medical students in 1959 than in 1938.⁶

If as many British doctors have left Britain in recent years as official sources abroad indicate, then it may be concluded that the younger generation of the British medical profession is already severely depleted. Observations made in hospitals throughout England confirm this conclusion, because most have few British doctors working in them under the age of 40, and many have none.

I wish to thank the Registrars of the Medical Councils of New Zealand, Victoria, New South Wales, Western

Australia, South Australia, Tasmania, South Africa, and Southern Rhodesia, the Director of Medical Services of Northern Rhodesia, the Director of Recruitment of the Department of Technical Co-operation, and the Records Officer of the Commonwealth Relations Office for providing me with much of the data which have formed the basis of this paper.

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- ³ *Ibid.*, p. 6.
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MEDICAL EMIGRATION TO NORTH AMERICA

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"You'll get no promotion this side of the ocean,
So cheer up my lads, Bless 'em all."

From Popular Army Song. Circ. 1940.

The purpose of this paper is to indicate the extent of medical emigration from the U.K. to North America in recent years. Data from the archives of the Canadian and U.S. Governments have been used, because the strictness of North American immigration laws gives support to the accuracy of the figures presented. It is impossible to enter the U.S.A. without going through elaborate formalities. Each immigrant requires a visa, and his personal details are carefully classified, and filed in Washington. Although statistics concerning the occupations of immigrants have been kept for some years, a breakdown of this information for each national group has only recently been made available.

The U.S. Department of Justice began the collection of data about the immigration of foreign doctors in 1952. Since that time the Immigration and Naturalization Service has published figures showing the number of foreign physicians and surgeons admitted to the U.S.A. for permanent residence. These figures naturally

do not include those admitted for postgraduate training in American medical centres, who enter on special visas. Table I gives data concerning medical emigration from the U.K. to the U.S.A. in recent years.

During the past 9½ years 1,048 British doctors have left this country to settle in America. This figure is possibly smaller than the actual figure, as some may have entered on visitors' visa and decided to stay. The average medical migration to the U.S. during this period is therefore 110 doctors annually. There was a sudden sustained increase in this migration from 1957, and since 1958 the U.K. has provided the U.S. with more doctors than any other country with the single exception of Canada. Assuming there is one doctor to each 1,000 of the population in the U.K., we should expect about 15-20 doctors to settle in the U.S. each year if the medical migration rate was to be the same as the general rate. It will be seen from Table I that the medical migration rate has never been below 5, and in some years has reached almost 10 times the general rate during the period under review.

Emigration to Canada

Canada takes as great a care in the screening of immigrants as does the U.S., and detailed information is published in the *Canada Year Book*. The Department of Citizenship and Immigration in Ottawa has collected details of immigrant doctors since 1953. These are set out in Table II.

During the past eight years there has been an average export of 196 British doctors to Canada each year. The medical migration rate has varied a good deal, and will be seen to be lowest in those years when the emigration of the general population is highest. It seems, therefore, that the factors controlling medical emigration are different from those for the population as a whole. Over the eight years reviewed the medical emigration rate has been six times the general rate.

The Royal Commission

The Royal Commission (Pilkington) contains a good deal of misleading and inaccurate information about medical emigration. Its conclusions were stated: "... It must be borne in mind that British medical schools have always taken a pride in providing doctors for overseas countries, and that the continuance of this

TABLE I.—*Immigrant Doctors Admitted for Permanent Residence in U.S. by Specified Country of Last Permanent Residence, 1952 to June 30, 1961*

Country of Last Permanent Residence	Total	Years Ended June 30									Jan.-June, 1952
		1961	1960	1959	1958	1957	1956	1955	1954	1953	
United Kingdom ..	1,048	140	125	147	189	142	76	62	66	66	35
England ..	837	116	96	118	158	113	61	47	56	44	28
N. Ireland ..	65	9	6	14	13	9	4	4	1	3	2
Scotland ..	129	15	18	12	16	18	10	10	8	18	4
Wales ..	17	5	5	3	2	2	1	1	1	1	1
Quota immigrants from Gt. Britain ..		27,034	24,640	15,599	19,771	19,553	15,605	12,475	12,923	12,921	
Medical migration rate ..		5+	5	9+	9.5+	7.5+	5	5+	5+	5	

TABLE II.—*Migration of British Doctors to Canada by Years*

	Years Ended June 30							
	1960	1959	1958	1957	1956	1955	1954	1953
British doctors to Canada*	162	182	202	311	214	195	160	195
immigrants from U.K. ..	18,011	16,604	22,439	102,994	46,135	29,228	49,974	51,962
Medical migration rate†	7	11	8.5+	3.0	4.5	6.5+	3+	3.5+

* These figures do not include Canadians returning to Canada after graduation in the U.K. or British doctors entering Canada from the U.S.A.
† Deduced assuming one doctor to each 1,000 of population in U.K. Figures for 1961 available on March 31, 1962.