As in the United States, each of the 6 States forming the Commonwealth of Australia has its own Medical Board which is responsible for maintaining a register of medical practitioners and acts as a licensing body. These Boards do not have any disciplinary powers (beyond withdrawing the names of practitioners who do not comply with the ordinary requirements for registration such as the payment of an annual fee), the conduct of members of the profession being subject to the ordinary rules of society as interpreted by the courts of law and to the weight of professional opinion as represented by the British Medical Association. For purposes of registration the Australian Capital Territory of Canberra is included in New South Wales and the Northern Territory in South Australia.

The Honorary System

Medical practice follows the same lines as elsewhere in the British Commonwealth, but the honorary system still prevails, particularly in New South Wales. Unlike America, only a small part of the population (about 40%) are private patients either in their own right or by virtue of their regular contributions to insurance schemes. The balance are public patients entitled to free hospital and medical treatment in the many hospitals established by the various states. In these hospitals the public patients are cared for by the 1st and 2nd year residents (Intern and Senior Intern), supervised by Registrars and Honoraries. In consequence the hospitals are inefficient and the public patients inevitably receive care of a rather lower standard than their richer brethren. There is evidence that this last outpost of the Honorary system (an admirable practice originally, but now hopelessly out-dated by modern medical needs), is slowly crumbling, and in centres such as Melbourne an increasing number of full-time and part-time specialist posts are being provided. It is common knowledge that the standard of medical practice is higher in Melbourne than elsewhere in the Commonwealth.

There appears to be a trend towards group practice, among both specialists and general practitioners. Where no specialist register is kept, such groups may be heterogeneous, and it is not uncommon for general practitioners to carry on a specialist consultant practice at another address in addition to their own general practice.

Because the honorary system is not conducive to the most

TABLE I. REQUIREMENTS OF THE VARIOUS STATES

State	*Population (30 Sept. 1958)*	*Number of practitioners registered (May 1961)*	*Number of practitioners resident (May 1961)*	*Specialist register*	*Sout African degrees registrable*	*Remarks*
New South Wales ..	3,769,000	6,067	4,388	No	UCT Wits. Pretoria Natal	The Republic of South Africa is regarded as part of the British Commonwealth (as from 1 June 1961) for purposes of registration
Victoria	2,771,000	5,590	4,014	No	UCT Wits. Pretoria Natal	Must appear in person before Medical Board
Queensland	1,425,000	1,616	1,467	Yes (422)	None	Must satisfy professors of professional knowledge and ability and prove 3 years' practice in medicine
South Australia ..	927,000	1,681	1,181	No	UCT Wits. Pretoria Natal	'The medical degrees of the South African Universities are still acceptable'. Must interview President or member of Board
Western Australia ..	714,000	1,200	900	Yes (173)	None	Must make personal application at Board office
Tasmania	347,000	341	341	No	UCT Wits. Pretoria Natal	Applicant for registration must be a British subject

TABLE II. CLASSIFICATION OF DOCTORS BY CATEGORIES AND STATES

State	*General list*		*Specialists*	*Salaried doctors*	RMOs	*Total*
	Metropolitan	*Country*				
N.S.W. and A.C.T.	1,556	895	1,099	191	705	4,446
Victoria	1,190	498	781	118	511	3,098
Queensland	293	371	313	64	294	1,335
South Australia and Northern Territory	342	190	250	63	140	985
Western Australia	255	134	187	46	142	764
Tasmania	75	56	88	15	63	297
New Guinea	93	—	—	—	—	93
Total	3,804	2,144	2,718	497	1,855	11,018

TABLE III. CLASSIFICATION OF SPECIALISTS BY CATEGORIES AND STATES
TOTAL OF 2,718

	N.S.W.	*Vic.*	*Q'land*	*S.A.*	*W.A.*	*Tas.*	*Total*
Ophthalmology	103	57	28	17	16	6	227
Dermatology	53	29	8	10	8	2	110
E.N.T.	54	32	18	10	12	6	132
Surgery	190	175	66	47	29	19	526
Pathology	80	38	13	13	11	5	160
Medicine	138	124	43	48	23	14	390
Paediatrics	32	16	20	11	5	3	87
Orthopaedics	39	14	18	4	10	3	88
Anaesthetics	56	66	17	16	11	4	170
Allergy	13	14	2	3	2	—	34
Gynaecology	104	61	33	30	25	15	268
Psychology / Psychiatry	53	50	17	10	10	3	143
Arthritis	5	1	—	—	—	—	6
Rheumatism	7	2	—	2	2	—	13
Heart	14	3	—	4	—	1	22
Neurosurgery	10	3	2	2	—	—	17
Tuberculosis and chest	20	15	1	5	8	4	53
Neurology	8	8	2	2	4	—	24
Sterility	1	1	—	—	—	—	2
Urology	32	18	11	2	2	—	65
X-ray	87	54	14	14	9	3	181
Total	1,099	781	313	250	187	88	2,718

efficient utilization of hospital beds, there seem to be more hospitals than might be strictly necessary in the more settled parts of the country, but of course, in the sparsely populated areas the problems of providing a medical service are more difficult to surmount than in South Africa and have led to the formation of the Flying Doctor Service.

Training

There are at present 5 medical schools preparing undergraduate students for medical degrees: those of Sydney, Melbourne, Adelaide, Queensland and Western Australia. The latter graduated its first M.B., B.S. students in 1957. The University of New South Wales and Monash University are developing medical schools at present. The total number of doctors graduating *per annum* is about 450, which appears to be grossly inadequate for the population of 10 million, particularly since it is the intention to increase this population as rapidly as may conveniently be possible by natural means and by immigration. The requirements of the various States with particular regard to South African trained medical practitioners are set out in Table I. for those who may be interested, and the distribution of doctors, including specialists, is shown in Tables II and III. These latter tables are provided by Messrs. Permindex Mailing Ltd., and are not completely accurate since not all States have a specialist register. Some specialists have no higher degree and will not be reflected in Table III.

The information set out in Table I. has been obtained directly from the various licensing boards and is accurate to 30 May 1961.

Remuneration of Practitioners

Judging by the various schedules of fees (Workers' Compensation — Commonwealth Benefit, etc.) the remuneration of medical practitioners throughout Australia is somewhat lower than in South Africa and living costs, particularly the rental or purchase of accommodation, is higher, so that the general practitioner must turn his hand to a considerable volume of clinical material in order to make a good living. This fact, combined with the higher ration of public cases, probably accounts for the part-time consultant practice carried on by many general practitioners in those states where no specialist register exists, as well as for the low ratio of anaesthetists to surgeons (1 to 8).

It will be noted (Table II) that, as in South Africa, there are far more practitioners in the large centres than in the country towns, despite the fact that the latter are well provided with hospital accommodation which is continually being expanded and improved. The road and rail systems are being improved steadily throughout the sub-continent and excellent air services exist at very reasonable rates. The first-class fare from Perth to Sydney, a 7½-hour flight by turbo-prop planes, is R88. The distance is close to 2,000 miles.

At present Australia appears to be in a similar position to that of the United States at the turn of the century, all types of industry being developed and new sources of mineral wealth being exploited almost daily. Along with the rest of the world there is a shortage of medical practitioners which cannot be made good from Commonwealth Medical Schools and it is probable that, particularly if more efficient hospital services are developed, this country will be able to absorb a considerable number of practitioners from elsewhere in the near future.