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THE PRESENT STATE
OF THE
MEDICAL PROFESSION
IN
AUSTRALIA, TASMANIA & NEW ZEALAND.

BY
LUDWIG BRUCK,
EDITOR OF
"THE AUSTRALASIAN MEDICAL DIRECTORY & HANDBOOK"

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THE PRESENT STATE OF
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LUDWIG BRUCH



THE PRESENT STATE OF THE MEDICAL PROFESSION IN AUSTRALIA, TASMANIA, AND NEW ZEALAND.

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ALL that has hitherto been said or written on this subject has been mere guess-work, or based upon the official medical registers issued annually in the various colonies, which, however, are notoriously incorrect for the principal reason that a very large number of medical men are registered in several colonies, and remain on the different registers whether they reside in the respective colony or not. If we take for example the New South Wales Register, issued in January of this year, we find that there are the names of 1,066 practitioners on the roll, of whom not less than 342 have left the colony and now reside in other portions of Australasia, or in other parts of the world; this is irrespective of nine persons included in this list who have died, one of them having been dead for nearly 17 years. The Medical Board of Victoria endeavoured to rectify this anomaly to some degree by removing from the roll in 1891 the names of 176 practitioners who failed to communicate their addresses to the Secretary; and on the New Zealand Register all those who do not reside within its territory have the notification "Left the colony" printed after their names.

This paper is based on the third edition of my "Australasian Medical Directory and Handbook," published in September last, which contains in alphabetical order only those practitioners who then resided in the Australasian colonies, or who, though at the time absent in Europe or America, intended to return to the colonies. As is well known, the changes of the profession in Australasia are very rapid, and some of the statistics quoted in this paper may not be quite correct at the present date; however, it is a true picture of

the state of matters medical in the Australasian colonies as it presented itself in September, 1892. As to the commentary notes in this paper, it will readily be admitted that my uninterrupted and intimate connection with the medical profession in Australasia for the last twenty years entitles me to speak with authority on all matters pertaining to this subject.

The total number of registered practitioners recorded in my Directory, excluding Fiji and other South Sea Islands, is 2,410, of whom 691 resided in New South Wales, 204 in Queensland, 181 in South Australia, 812 in Victoria, and 40 in Western Australia, or a total of 1,928 on the Australian Continent; in Tasmania there were 93 practitioners, and in New Zealand 389, or a total of 2,410 throughout Australasia.

Of these 2,410 practitioners there were 171 who had no fixed abode; that is to say they were either travelling as medical referees to the various Life Assurance Companies, were absent on a visit to the old country, were doing *locum tenens* work, or were "waiting for something to turn up." Not less than 84 of these, or almost one-half of the total number of unsettled practitioners, are found in New South Wales, principally due to the fact that New South Wales is the colony in which the travelling medical referee system is most extensively carried on; even in dull times there are never less than 40 medical men travelling all over the colony, while in Victoria, which is more densely populated in proportion to its limited area, local practitioners are generally employed by the travelling agents for the examination of candidates for life assurance, and consequently we find only 43 unsettled practitioners in that colony; Queensland has 17 of these birds of passage, South Australia 7, Western Australia 1, Tasmania 5, and New Zealand 14.

Of the 2,410 practitioners in Australasia there are 291, or 12·07 per cent., who have graduated at Colonial Universities, viz., 222 at the Medical School of the University of Melbourne (opened in 1862), 47 at that of Sydney (opened in 1883), nine at the one in Adelaide (opened in 1885), and 13 at the University of Otago, N.Z. Those

practitioners who have taken colonial degrees *ad eundem gradum* are, of course, not included. It must be assumed that these 291 colonial graduates are almost entirely natives of these colonies, and as there are quite as many Australians and New Zealanders who have pursued their studies in the old country and taken their degrees at some University in Great Britain, it follows that fully 25 per cent. of all colonial practitioners must be natives of Australia and New Zealand. There are nine ladies amongst the legally qualified practitioners, viz., five in Victoria, two in New South Wales, one in Queensland, and one in South Australia, four of them being the possessors of Australian degrees.

In proportion to the population we find that in New South Wales there is one medical practitioner to every 1,708 persons ; in Queensland one to every 2,034 ; in South Australia one to every 1,796 ; in Victoria one to every 1,441 ; in Western Australia one to every 1,375 ; and on the whole Australian Continent one to every 1,631 persons ; in Tasmania there is one to every 1,666, in New Zealand one to every 1,799, and throughout Australasia one practitioner to every 1,660 persons. We must, however, not overlook the fact that there are a very considerable number of persons, many of whom have had no medical training whatsoever, who practise medicine for gain in these colonies. In New South Wales alone, which has been styled "The Paradise of Quacks," we have upwards of 200 of such persons, or one to three in proportion to registered medical men in active practice. Melbourne and suburbs can boast of 14 so-called "Chinese doctors," who reside within the boundaries of "Greater Melbourne." These irregular medical practitioners of all nationalities are found in every part of Australia, though nowhere in such astonishing numbers as in New South Wales.

It must also be borne in mind that the majority of the chemists in these colonies attend to slight ailments and prescribe over the counter, many going even so far as to visit patients in their own homes ; they also re-dispense the doctor's prescriptions without his knowledge, and in other ways make use of them for their sole benefit,

consequently medical men, especially those residing in country towns, are compelled, in self-defence, to keep a supply of drugs and dispense their own medicines.

The proportion of medical men in Queensland to its population appears rather small, but that colony has such an immense area, and the population is so scattered, that many districts cannot support a resident medical practitioner; and the same remark holds good as regards South Australia, while in New Zealand the extreme salubrity of its climate accounts for the proportionately small number of medical practitioners, some districts being so healthy as to make medical practice unremunerative, only accidents and obstetric cases requiring medical aid. In Western Australia the Government subsidizes medical men in out-lying districts, which otherwise would have to remain without a resident medical practitioner, by appointing them to non-medical positions such as Resident Magistrates, Registrars, and other positions, in addition to that of District Medical Officer, at aggregate salaries varying from £100 to £400 per annum, which accounts for the apparent overcrowding of the profession in that colony in comparison with the other provinces, excepting Victoria, the smallest and most densely populated colony in Australia, where all unregistered persons using the designation of doctor, surgeon, physician, or any other title that may be construed to mean that they are legally qualified, are rigorously prosecuted, consequently the number of quacks in that colony is considerably smaller, and the number of registered practitioners proportionately larger.

I now take the capital cities of Australasia: Sydney proper has 139 medical men, or one to every 809 inhabitants; her suburbs support 112 medical men, or one to every 2,567 inhabitants, and the metropolis as a whole has 251 practitioners, or one to every 1,594 persons. Brisbane has 42 practitioners, or one to every 1,335 persons; its suburbs 18 medical men, or one to every 2,088 persons; and Brisbane with suburbs combined, 60 medical men, or one to every 1,561 persons. Adelaide has 43 medical men, or one to every 889 inhabitants; the suburbs 40, or one to 2,250 persons; and Adelaide with suburbs, 83 practitioners, or one to every

1,546 inhabitants. Melbourne has 110 medical men, or one to 659 persons ; the suburbs 180, or one to every 2,375 persons ; and Greater Melbourne 290 medical men, or one to every 1,724 inhabitants. Perth, the capital city of Western Australia, has 12 practitioners, or one to every 708 of its inhabitants. Hobart, the capital of Tasmania, has 29 practitioners, or one to every 1,172 persons, and Launceston, the principal city in the north of the little island, has 13 medical men, or one to 1,692 persons. Wellington, the capital of New Zealand, supports 30 medical men, or one to every 1,133 persons, and Auckland, the former capital, has 40 practitioners, or one to every 1,300 inhabitants. Other chief towns in the South Island are Christchurch, which can boast of 29 practitioners, or one to 1,655 persons ; Dunedin with 33 medical men, or one to 1,394 persons, and Nelson, with one practitioner to every 831 persons ; and in the North Island there is also Napier, with one to every 933 inhabitants. As regards other principal towns in Australia, we have in Victoria the important cities of Ballarat (with Ballarat East), with one medical man to every 2,000 inhabitants, Bendigo with one practitioner to every 1,588 persons, and Geelong with one medical man to every 1,600 persons. In South Australia there is Port Pirie, which had one practitioner to every 2,025 inhabitants. In Queensland I name Rockhampton, with one practitioner to every 1,958 inhabitants, Townsville with one practitioner to every 1,633 persons, Toowoomba with one practitioner to every 881 persons, and Charters Towers with one to every 581 inhabitants. In New South Wales there is Broken Hill with one to every 2,182 persons, Goulburn with one to every 1,571 persons, Bathurst with one to every 1,321 persons, Maitland (East and West) with one to every 1,312 persons, and Newcastle with one practitioner to every 929 persons. It will be noticed that the capital cities of Australia, in comparison with their suburbs, have three times as many practitioners in proportion to their population, which is due to various reasons : firstly, there are a number of specialists, and persons holding official positions in connection with the colonial and municipal governments, metropolitan

hospitals, and Life Assurance Companies, who have to reside in the capital cities ; then a number of the city practitioners have their patients in the suburbs, but prefer to reside in the cities to be easily accessible to the large number of country patients who constantly flock to the metropolis to obtain medical advice, or a second opinion in addition to that of their local doctor, or to undergo some operation ; thirdly, a large proportion of the population of the suburbs belong to Friendly Societies, the members of which include many well-to-do people, such as shopkeepers, manufacturers, members of Parliament, officials, and others, who joined the lodges when they were in more straightened circumstances ; and this of course restricts independent practice very considerably. For example, an important suburb of Sydney on the western shores of Darling Harbour, with a population of 24,000, has only eight practitioners in active practice, or one to every 3,000 persons, but then two-thirds of the total population belong to Friendly Societies ; the Friendly Societies' Dispensary in that suburb alone has over 2,300 members, consisting, with their wives and children, of fully 10,000 persons, which are attended to by two medical men who divide £600 per annum, equal to 1s. 2½d. per head a year, for which magnificent sum the two medical officers have not only to attend them in sickness and accident, but they also have to perform minor operations, administer chloroform, and extract teeth. Another lodge in the same suburb, with about 500 members, pays 15s. per member a year to their medical officer, who, however, is not allowed to charge the usual extra fee of one guinea for midwifery cases, as these have to be attended to free of charge ! This state of affairs exists all over Australasia, though not to such an unjustifiable extent, but even in sparsely populated Western Australia there are lodges, the medical officers of which are giving medical attendance *and supplying medicines* to members and their families at the rate of £1 per annum. The usual remuneration of club doctors in the larger towns varies from 12s. 6d. to £1 per member a year, for which amount the member's family has also, of course, to be attended to. In

the smaller country towns the remuneration as a rule is 26s. per member a year, which includes medicines, bottles, and teeth extracting, and when the medicines are to be renewed the medical attendant has almost invariably to supply fresh bottles, which form a considerable item in the expenditure of a country lodge doctor; obstetric cases, as a rule, are extra, and the usual club fee for them is one guinea, which includes the after attendance. And yet, when such an undesirable and dependent position is advertised there is no lack of applicants. Quite recently when tenders were invited for attending the exacting members of three clubs in a town 70 miles from Sydney, there were not less than 42 applicants, and 22 tenders were actually sent in, some of the tenderers, cap in hand, personally soliciting the support of members of the committee, who in country towns generally consist of storekeepers, publicans, butchers, blacksmiths, and other tradespeople; the previous medical attendant of these very lodges found that, after deducting the cost of medicines and bottles supplied, he received 1s. 10d. for every consultation or visit within 10 miles, including mileage, during his last twelve-months.

On looking over the statistics of the principal towns a striking contrast will be noticed in the number of practitioners in proportion to their population, some of the towns having two, three and four times as many practitioners as others. However, it must not be taken for granted that there are necessarily remunerative openings for medical practitioners in the latter towns. There are certainly towns, surrounded by a populated and flourishing district, well able to support a larger number of practitioners than other towns; but the discrepancy in most cases is a sure indication that that pernicious club system, which so greatly reduces the chances of medical men to practise their profession for a living, is more developed in such towns, though climatic conditions have also something to do with it, as even medical men are satisfied with a smaller income if they can live in towns with a fine climate like Toowoomba, Bathurst, Goulburn and Ballarat, or in a dry and exhilarating atmosphere like that of

Charters Towers and Bendigo, than spend their best years in towns with a moist and enervating climate like Rockhampton or Townsville, or in a dust-laden atmosphere like that of Broken Hill.

The club system in Australia, and the unenviable life in most of the bush towns, which induce many practitioners to indulge to excess in alcohol and narcotics, are largely answerable for the appalling death rate amongst medical men in these colonies. The yearly average number of medical practitioners throughout Australasia during the last six years is 2,100, and the average number of deaths during the same period is 56 per annum, or 26.67 per 1,000, while the yearly average general death rate in the Australasian colonies varies from 10 in New Zealand to 16 in Victoria per 1,000 of the mean population, and throughout Australasia it is between 13 and 14 per 1,000, or just about one half of the death rate amongst medical men.

I was able to ascertain the ages of 312 of those practitioners who died during the last six years, and I find that—

44 (or 14.1 per cent.)	died at the age of	from 21 to 30 years
72 (,, 23.4	,,)	31 to 40
59 (,, 18.7	,,)	41 to 50
47 (,, 15.2	,,)	51 to 60
40 (,, 12.8	,,)	61 to 70
37 (,, 11.6	,,)	71 to 80
12 (,, 3.9	,,)	81 to 90
1 (,, 0.3	,,)	91 to 100

It will be seen that almost one-fourth of all deceased practitioners died from 31 to 40 years of age, or fully a fourth if I include those who died at the age of 30 years, and a total of 116, or 37.5 per cent. who died under 40 years of age.

As regards the incomes of medical men in Australasia a wrong impression exists in the minds of the public, who imagine that every medical man makes a fortune. The majority of medical practitioners in active practice make from £350 to £1,200 a year, though a considerable number, perhaps 7 per cent. or about 170 practitioners throughout Australasia, make from £1,200 to £2,000, 2 per cent. or about 48 practitioners from £2,000 to £4,000, and a very few from £4,000 to

£6,000 a year. In former years, when times were better and competition less keen, some made from £6,000 to £10,000 a year, but at the present time there is, in my opinion, not one single practitioner who takes more than £6,000. The average yearly income is probably between £700 and £800 a year, which is not out of the way, considering that the rents and wages are considerably higher in the colonies, not taking into consideration the loss of many advantages, social and otherwise, enjoyed in the more civilized regions of Europe and America. Of course the incomes here referred to are the actual *cash* returns, as with few exceptions a medical man in the colonies receives payment for only two-thirds, or at the outside, three-fourths of the work performed by him.

The subjoined comparative table shows at a glance the various colonies and some of their principal towns, their estimated population, the number of resident medical practitioners, and the proportion of medical practitioners to the population:—

	Area in Square Miles.	Estimated Population on Sept. 1, 1892.	Number of Resident Registered Practitioners on Sept. 1, 1892.	One Practitioner to Number of Population.
New South Wales . . .	310,938	1,180,000	691	1,708
Queensland	668,497	415,000	204	2,034
South Australia . . .	903,690	325,000	181	1,796
Victoria	87,884	1,170,000	812	1,441
Western Australia . .	1,060,000	55,000	40	1,375
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AUSTRALIA	3,031,009	3,145,000	1,928	1,631
Tasmania	24,330	155,000	93	1,666
New Zealand	104,403	700,000*	389	1,799
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AUSTRALASIA	3,159,742	4,000,000	2,410	1,660

* Including about 41,500 Maoris.

	Estimated Population on Sept. 1, 1892.	Number of Resident Registered Practitioners on Sept. 1, 1892.	One Practitioner to Number of Population.
Sydney, N.S.W.	112,500	139	809
Suburbs of Sydney	287,500	112	2,567
Sydney with suburbs	400,000	251	1,594
Newcastle, N.S.W.	13,000	14	929
Broken Hill, N.S.W.	24,000	11	2,182
Maitland, N.S.W.	10,500	8	1,312
Bathurst, N.S.W.	9,250	7	1,321
Goulburn, N.S.W.	11,000	7	1,571
Brisbane, Q.	56,075	42	1,335
Suburbs of Brisbane	37,582	18	2,088
Brisbane with suburbs	93,657	60	1,561
Toowoomba, Q.	7,050	8	881
Charters Towers, Q.	4,650	8	581
Rockhampton, Q.	11,750	6	1,958
Townsville, Q.	8,600	6	1,633
Adelaide, S.A.	38,240	43	889
Suburbs of Adelaide	90,000†	40	2,250
Adelaide with suburbs	128,240	83	1,546
Port Pirie	4,050	2	2,025
Melbourne, Vic.	72,500	110	659
Suburbs of Melbourne	427,500	180	2,375
Melbourne, with suburbs	500,000	290	1,724
Ballarat, Vic.	42,000	21	2,000
Bendigo, Vic.	27,000	17	1,588
Geelong, Vic.	24,000	15	1,600
Perth, W.A.	8,500	12	708
Hobart with suburbs, Tas.	34,000	29	1,172
Launceston, with suburbs, Tas.	22,000	13	1,692
Auckland with suburbs, N.Z.	52,000	40	1,300
Christchurch, with suburbs, N.Z.	48,000	29	1,655
Dunedin, with suburbs, N.Z.	46,000	33	1,394
Wellington, with suburbs, N.Z.	34,000	30	1,133
Napier, N.Z.	8,400	9	933
Nelson, N.Z.	6,650	8	831

† Approximately.