As part of our Centenary Year celebrations, we will republish landmark papers and reflections from our archives. This issue, we present the editorial written by editor Dr Mervyn Archdall for the 3 May 1941 issue. With ANZAC Day close, it is fitting to acknowledge the role Australian doctors have played in theatres of war.

The Medical Journal of Australia

SATURDAY, MAY 3, 1941.

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AUSTRALIAN DOCTORS AND THE WAR.

Most people have learned by this time that trained medical graduates have to take a most important part in the conduct of a war—that they have to conserve the health of the troops and that in their treatment of the sick and wounded the first consideration must always be the filling of gaps in the combatant ranks, in other words, the return of men to duty as soon as they are fit. These demands being satisfied, it is the function of the medical personnel to see that those not likely to become fit for duty are returned as far as possible to their former health and strength. What numbers of people, including perhaps some members of the medical profession, do not realize, is that these duties demand large staffs. The size of medical units, whether in Navy, Army or Air Force, is determined by the work that may have to be done while fighting is actually taking place. This will explain why the life of an army medical officer has been described as consisting of spells of intense activity alternating with periods of utter boredom. It also explains why a medical population that is equal to the needs of a community in peace-time, finds itself in difficulties as soon as the community goes to war. This is the present position in Australia. Early in the present conflict the difficulties were recognized and in order to deal with them a Central Coordination Committee was set up with subsidiary committees in every State. The story of these committees has been told in these pages on previous occasions. In some States useful action was taken, but in others dissatisfaction arose. Readers will remember that at the last meeting of the Federal Council of the British Medical Association in Australia it was announced that deputy chairmen were to be appointed to the Central Coordination Committee and to each of the State committees, that the deputy chairmen would be men who were in close touch with the practising members of the profession, and that more effective action might be expected in the future. The several committees had scarcely started to function under the new arrangements, and Major-General F. A. Maguire had only just taken up his new position as Director-General of Medical Services and Chairman of the Central Coordination Committee, when a request came from Great Britain which demanded instant attention and action. Dr. J. G. Hunter, General Secretary of the Federal Council, received a cable from Dr. G. C. Anderson, Secretary of the Central Medical War Committee in Great Britain, asking whether Australia could send medical officers for service in Great Britain and India. Dr. Hunter immediately communicated with Major-General Maguire, who obtained ministerial approval to call a meeting of the deputy chairmen of the Central and State Coordination Committees and of the Deputy Directors of Medical Services of the several States. The meeting was held at Melbourne on April 19, 1941, and the whole position of the medical profession in Australia in regard to the war effort was considered. As a result of this meeting the Central Coordination Committee was called together on April 23. Major-General Maguire was in the chair and there were present: Surgeon-Captain Carr, Air Commodore Victor Hurley, Sir Alan Newton (Deputy Chairman), Sir Henry Newland, Dr. J. H. L. Cumpston, Dr. J. Newman Morris and Colonel Dowden of the Adjutant-General's department. After long and careful consideration the committee was reluctantly compelled to come to the conclusion that no Australian medical men would be available for service in Great Britain or India, as the Home authorities had wished. Major-General Maguire announced this decision at a large and enthusiastic meeting of the New South Wales Branch of the British Medical Association on April 24. He also addressed members on the whole question of the medical profession in Australia in relation to the war effort, and declared that he was making no reservations, since he wished the medical profession to see the position as he himself and the other members of the Central Coordination Committee saw it. Medical practitioners throughout the Commonwealth are looking for information; they want to know what is likely to be required of them; many, indeed, are anxious to serve, but so far have found no outlet to their energies; we therefore welcome the opportunity of putting the following facts before them.

There are in Australia something like 7,000 medical practitioners. The exact number is not known. The General Secretary of the Federal Council thinks that the number may be in the neighbourhood of 6,500 and possibly nearer to 6,000. In the following figures given by Major-General Maguire, however, the total of 7,000 has been taken as a starting point. Of the 7,000 medical practitioners 500 are women; some of these have married and have families or other home responsibilities. It is possible that even some of these might practise again and be of use in institutional services. Further, among the 7,000 there would be 1,170 males over sixty years of age, something like 250 would be medically unfit, and 500 would be engaged in essential services. When the four groups are taken from the pool of 7,000 there are 4,580 left. For the Royal Australian Navy, in addition to the medical officers at present serving, 15 will be required as reinforcements before the end of the present year; for the second Australian Imperial Force, in addition to the medical officers at present serving, 180 will be needed as reinforcements before the end of this year; for the Royal Australian Air Force 91 reinforcements will be needed this year. The three services, therefore, take 1,043 from the pool, leaving

3,537 males under sixty years of age. If mobilization should become necessary in Australia (and everyone will agree that provision must be made for this possibility) seven divisions in the field with corps and army troops would require field ambulances, casualty clearing stations and general hospitals with a medical personnel of 1,260, leaving approximately 2,280 medical practitioners to provide for a civil population of seven millions—a proportion of 1 to 3,100. Major-General Maguire points out that the position is not quite so serious as these figures would suggest, for many of the women doctors would be available, some of those males who are over sixty years of age would be able to do useful work, as would also some of those who are medically unfit for active service in the field. The present distribution of medical practitioners in relation to the population varies in the several States, and there is no need to reproduce the available figures. At the same time it must be pointed out that the position is somewhat complicated by the number of "one-man towns" and "two-man towns" in the Commonwealth. For example, there are in New South Wales 125 towns attended by one medical practitioner and 49 attended by two practitioners; there is no reason to suppose that the figures for other States would differ widely from these.

The present position in regard to men offering for service of one kind and another, as revealed by Major-General Maguire, is not satisfactory. Of recent graduates with one year's hospital experience only 112 have offered their services; 300 older men suitable for duties in hospitals have offered and 346 specialists. In other words, there are 758 men from whom it would appear that the 286 reinforcements required for 1941 can be drawn. But men for reinforcement duty should be of the younger graduate group, and it is for men of this class that the present need is most urgent. There is also urgent need for men to act as medical officers in militia camps.

Before the steps that will be taken to meet the present needs are discussed, attention must be drawn to some important points discussed by Major-General Maguire. He stated quite bluntly that the present difficulties were inherent in the voluntary system. With this most medical men and women will agree, for repeatedly the question of the conscription of the profession has been advanced as not only desirable but necessary. While it is unlikely that any Federal government would be willing to conscript one section of the community, it is an indication of the present state of medical preparedness that Major-General Maguire thinks that the time may come when the Government will have to be told that a state of emergency exists in relation to the medical profession. At present, however, this is rather outside the immediate needs of the situation. The authorities have shown wisdom in that they have given Major-General Maguire permission to employ medical men over military age for any service in Australia of which they are deemed capable. Heretofore medical officers for the second Australian Imperial Force have been trained in the units in which they left Australian shores. At present no medical units are in training for the Australian Imperial Force, and medical men destined to leave the Commonwealth as reinforcements will therefore be posted for home service that they may receive some training before they proceed overseas. Some training is necessary before embarkation, and the camps are the only places where this can be done. Special courses have been arranged for medical officers in tropical medicine, in hygiene and in war medicine and surgery. Attendance at these courses, as Major-General Maguire pointed out, will be possible only if sufficient medical officers are available to permit a roster of leave from ordinary camp duties to be arranged.

Men willing to serve, particularly those who have recently graduated and have had hospital experience, are urged to indicate without delay their willingness to do so and to state whether they will be available at once or in one, three or six months. They are asked to communicate with the Deputy Director of Medical Services in the State in which they reside, or with the State Coordination Committee. The State Coordination Committees are to come prominently into the enlistment picture, for the medical heads of the three services will apply to these committees when they need men and will not choose men unless they have been approved by the Coordination Committee as suitable. Too much emphasis cannot be laid on the urgency of the need for younger men. The four Australian universities with medical schools are to be asked to shorten the medical course so as to speed up the graduation of students. Medical officers must be obtained for militia camps, and they will be obtained. Only 40% of the younger graduates have registered under the provisions of the Act which makes every man between the ages of 18 and 33 liable for service within the Commonwealth. It may be that some have not registered in the belief that medicine is a reserved occupation. It is a reserved occupation as far as service in the combatant ranks is concerned, but not in relation to service as a medical officer. Men who have not registered will be required to do so, and the vacant medical officerships in the home service ranks will be filled.

What has been written above covers most of the decisions recently made by the Central Coordination Committee. Medical practitioners who wish to have further information are invited to apply to the Deputy Director of Medical Services or to the Deputy Chairman of the Coordination Committee of their own State.

Current Comment.

GOUT, THE FORGOTTEN DISEASE.

GOUT is out of fashion. Most of us do not diagnose it. The fault, however, lies with us and not with our patients, if the recent claims of P. S. Hench are true. He states that about 5% to 8% of all patients in a joint clinic are suffering from gout. Interest in the subject has been scant for some years, but is now reawakening. In April last year C. G. Lambie reviewed in this journal certain aspects of gout and reported an exceedingly interesting case. John H. Musser[1] has recently contributed an extensive survey of the recent literature on the disorder, and the following is a short account of its chief features.

The disease has its onset most commonly during middle age, and almost exclusively in men. Women constitute only about 3% of the total sufferers. The disease is very rare in children, but is not unknown, an example having been reported even in a baby still at the breast. The cause is not well understood. There seems no doubt that heredity plays a part. The family incidence is high, and

[1] *The American Journal of the Medical Sciences*, January, 1941.