

PREPARED TO FIGHT FOR KING

University Students' Debate

At a meeting of the University Men's Union last night, a motion, "that this house will in no circumstances fight for King or country," was debated, and was lost by 37 votes to 18.

The president of the union (Mr. C. T. Madigan), in presenting the motion, said that he desired those present to remember that the subject was of a purely academic nature, and that neither personal beliefs nor the results of any previous decisions on the same question were to be taken into consideration in recording a vote. Votes must be cast upon the values of the speeches alone. He hoped that, if the motion were carried, the result would not be taken to show that the Adelaide University was necessarily of that opinion.

Mr. W. C. Johnson, who spoke in favor of the motion, said that the term, "King and Country," had come to mean something vastly different from its old and literal interpretation. Real sovereignty had been removed from the King and vested in the people. Consequently the people would show no disloyalty to the King if they refused to fight. In the old days fighting for King and country was synonymous with fighting for law and order against chaos, but law and order would be better represented in modern times by an international world court with an adequate international police force to represent it. That would be an ideal worth fighting for. But a struggle for an effete nationalism meant that all the ideals of decency, truth, and beauty would be thrown overboard. There would be no such thing as a war to end war until men refused to fight for the old idea of King and country, and conserved their energies to support an international police force under the guidance of such a body as the League of Nations.

Mr. M. S. Sergeant opposed the motion. He said he agreed with what the previous speaker had said about the abolition of war and the constitution of a World Court, but Mr. Johnson had begged the question. There must be circumstances in which no right-thinking man could refuse to fight. If Britain were to be removed from its present position in world affairs by a deliberate pacifism, the greatest peace-factor in the world would be eliminated. The motion defeated itself in that, so far from abolishing war, it would tend to provoke a bitter struggle among the other nations for possession of what had been Britain's territory. Britain's ambition was the foundation of a lasting peace, and consequently she must be protected by force should the necessity arise.

Mr. R. J. Clarke, who followed, said that, while he was far from being unpatriotic, he nevertheless felt that war as a potent factor in world concerns must be eliminated because of the horror and destruction it caused.

Mr. R. S. Day, against the motion, said that the horrors of war had nothing to do with the matter. Means must not be confused with ends. He did not favor war, but in certain circumstances it became necessary as a protection to property and a safeguard to those who were otherwise helpless.

The debate was opened to the House. The most amusing, if not the most convincing idea, was expressed by Mr. J. O. Clark, who believed that war could be prevented by every combatant committing suicide at the beginning of hostilities.

Other speakers for the motion were Messrs. N. F. Goss, J. L. Allen, W. Part-ridge, R. W. Davis, and S. H. Carman. Those against the motion were Messrs. N. McBain, C. T. Moodie, M. W. Howell, F. Coventry, and C. P. Boundy.

DIFFICULTIES FACE MEDICAL PROFESSION

"Half Of Work Done Free"

PRIVATE PRACTICES WILT

By A SPECIAL CORRESPONDENT

There was a time when it was popularly believed that once a man had graduated into one of the learned professions his future was assured. This impression has not been entirely dissipated, but recent events have proved it to be far from the truth. In South Australia, as in many other places, the medical profession, in particular, is confronted by perplexing problems, much intensified by the depression. There has been a remarkable extension of the work done by honoraries in public hospitals, and of the amount of service which, perforce, is given voluntarily by private practitioners, inasmuch as they are not paid for it.

A doctor on North terrace said yesterday that an estimate that the profession did half its work gratis would not be beyond the mark. Another with a long-established practice said that many, particularly recent graduates, were finding it exceedingly difficult to carry on. Several doctors who once had consulting rooms on North terrace, had been obliged to relinquish them, and to obtain less expensive accommodation elsewhere. Others had had to dispose of motor cars, which were almost essential to them in their work.

Another general practitioner said his large practice just enabled him to carry on. "Yesterday," he declared, "I worked 30 hours of the 24, but a less robust man would not be able to do that. A large proportion of our work now seems to be signing orders for admission to the Adelaide Hospital."

A number of doctors are earnestly seeking some solution of the problems of the profession. Among the innovations introduced in Europe, the most successful appears to be the establishment of "intermediate" hospitals, and this finds most favor here.

Honoraries Overworked

As a practitioner points out, the system of "honoraries" in public hospitals has far exceeded the scope contemplated when it was introduced. So much has it grown at the Adelaide Hospital (according to one critic) that the staff is greatly overworked. In the opinion of another practitioner, the number of doctors at the outpatients' department should be doubled.

"You cannot blame people for wishing to be treated at the Adelaide Hospital, rather than by private practitioners in their own homes," he said. "Apart from the expense, the growing complexity of treatment makes it desirable that many cases should be dealt with in public hospitals, for these have appliances and conveniences which are not available in private homes, or even in private hospitals. A few years ago a doctor attended most of his patients in their homes in the course of his round, and collected fees from them. Now they enter a public hospital, and become free patients, and he receives no fee, for in most cases they are treated by the honorary staff. That tendency has become much more pronounced since the depression; it is becoming more accentuated every month; and unless there is something in the nature of a reorganization, it will continue, even when prosperity

returns. There was every inducement for people to enter public hospitals, he added, because there they often became patients of specialists whose fees they might not have been able to afford if they had been treated as private patients.

In some other respects, public hospitals offered greater inducements than private ones, even to patients who could afford the latter. In most cases, private hospitals were converted dwelling houses, and were necessarily without some of the facilities which the leading public institutions possessed.

Dealing with the work of honorary staffs, another doctor said far more work than ever was intended was being imposed on them because of the tendency of patients to seek public hospitals. It was one of the principles of the profession that its members should not always look for gain, and much of that work was done freely in the public interest. There was another aspect, however. To obtain specialised knowledge in any branch of medicine, a practitioner had to have wide experience in it, and that might be secured by honorary work in public hospitals.

Non-Paying Patients

Commenting on the decline of income from private practices, a doctor said the profession had suffered in common with others because of the depression. "When we attend cases," he said "and the patients are unable to pay even for the cost of making up the prescription we give them, what would be the use of sending them an account for our work? It means that we do not charge them."

"There is a prevalent belief that those who can pay, pay for those who can't, as far as doctors are concerned," said another practitioner. "That is quite unfounded, for doctors could not balance matters in that way, even if they wished. Some people complain that doctors' fees are too high, but a comparison with those of other professions, for instance, law, shows that there is no ground for criticism. Fees charged by a surgeon or physician at the top of his profession are usually more moderate than those of an eminent barrister."

Cost Of Training

The cost of training for the medical profession was high, this practitioner went on; for in addition to the university fees, which totalled several hundred pounds, there was the more important aspect of the loss of earning capacity during the student period. The average public school boy entering a commercial career at 18 or 19 years of age, was self-supporting at 24, and might earn several pounds a week before then, whereas the parents of the medical student not only had to provide his fees and equipment for six years, but had to keep him during that period. Even after graduation, his income for several years might be little more than a pittance. If he wished to specialise, a post-graduate course oversea was desirable. That involved a further considerable period of non-earning.

"People have the idea," a doctor said, "that all a medical man earns is clear profit. That is far from being the case. His equipment and appliances are costly; and if he is in private practice, he requires a motor car. To keep abreast with latest developments in his profession, he has to buy expensive text books, and the rent of his city consulting room is considerable."

Another article to follow, bearing on this subject will deal with "intermediate" hospitals, and their possibilities as a solution of some of the problems outlined.