charge. He already exercises this authority over optometrists, whose fees now attract insurance rebates. If the GP Society's constitutional challenge fails, the way might be open to government control of every branch of the profession.

Recent AMA moves to limit foreign graduates entering the country and the number of new Australian graduates may be agreed to by government. After years of a doctor "surplus" now there is a possibility of a "shortage" the AMA fears for the economic viability of its members. A vigorous challenge has been launched by the GP Society, arguing that the mere possession of an MB parchment is no guarantee of any right to earn a medical fee-for-service. After years of protesting that it really wasn't in favour of "peer review" (known in the United States as professional standards review organisations), the AMA has placated government by arguing that it calls "quality assurance programmes." Many in the profession, especially the more academically minded, think that some supervision of their colleagues' practice of medicine is desirable, so that the few rotten apples can be thrown out. But QAPs are the least of the government's concerns—as with all governments, it is concerned with its dollars. Political observers may gleefully anticipate the confrontation when those doctors not in the AMA hierarchy come to realise that the government is interested in controlling costs, while the AMA is talking about control of quality, and that the two are virtually diametrically opposed.

The better the control of quality, the more, not the less, expensive, the service; the more cost control, the less the quality of service.

The accession of a conservative government late in 1975 meant a piecemeal demise of the monolithic Medibank system. This has now undergone the many changes that may be expected when a non-doctrinaire government tries to break up a well-planned and efficiently executed socialist scheme. The perennial problem of non-socialists is that they don't share the socialist dogma of a Utopian scheme that must work. The latest moves have upset the AMA hierarchy, who fear that increased patient responsibility for medical fees might lead to increased bad debts for their members. The GP Society is delighted that patients are being forced to realise, through the hip-pocket nerve, that medical services are costly, and that "there ain't no such thing as a free lunch" (TANSTAAFL). The socialist Doctors' Reform Society is bitterly unhappy that their members' fees-for-service will be underwritten to the tune of only 40% by the government for uninsured patients. The likely possibility that many Australians will opt for hospital insurance alone, carrying their own medical insurance in the secure knowledge that the government will subsidise all or $20 of any expensive medical service, is sending waves of terror through the AMA and the non-profit health insurance funds.

Almost as if to say "for we are jolly good fellows," the AMA hierarchy, without consulting its members, has offered to the government a postponement of the 1978 annual revision of reimbursements, with a promise to ask its members not to raise their fees before January 1980. The media and the government joined in the general acclamation of this altruistic move, a mood not shared by many AMA members, who were fed up with the AMA's repeated compromises with government "in the public interest."

Where should John go?

Australia's medical man(woman)-power problem defies the soothsayers. The official 1974 Karmel Commission reported a grave shortage and encouraged an increased intake of students and the establishment of a new medical school. The commissioners seemed unaware both of world politics and of Australia's declining birth rate. The universities, in true egalitarian, anti-elitist fashion, opened their doors widely to the top 2% of each year's Higher School Certificate (matriculation) candidates, regardless of other criteria of their suitability or otherwise for medical practice. On the credit side, then, Australia has increasing numbers of medical students graduating each year from now on, an additional year's graduates this year with the change from a course lasting six years to one lasting five, and an influx of doctors from India, Pakistan, Rhodesia (Zimbabwe), and South Africa (Azania). On the debit side, close on half of Australia's medical students are women—just how full-time their careers will prove to be will vary as each struggles with her "maternal" instincts. Only a foolish man (or a professional planner) would try to forecast our man(woman) power in the next decade or so.

If John is thinking of leaving mother UK for overseas pastures he should think carefully before setting off for the "lucky country." He may find that his British degree is not recognised, that he cannot get a working visa, that he has to sit an exam to prove that he's good enough for Australia, and, last but not least, that there are no jobs available.

(Issued 27 October 1978)

---

I have carried out many pre-employment tuberculin tests on young people. About 80% of those who say that they have been given BCG at age 12 or 13 have a negative response to the Tine test. What advice should I give them?

The Tine test has been shown by the Research Committee of the British Thoracic Society to give very unreliable results in comparison with the Mantoux test with STU. Of 307 people, 59% were positive on Mantoux testing while only 3-9% of the same people were definitely positive with the Tine test. It was concluded that the Tine test was unsuitable for epidemiological work and its usefulness in clinical control very limited. In carrying out pre-employment screening a history of BCG vaccination with the presence of a scar can be taken as evidence of this protection without further testing. In cases of doubt some centres hold records of BCG vaccination that can be easily checked, but unfortunately in other centres these have not been adequately maintained. In the absence of evidence of protection Mantoux testing is advisable and BCG vaccination advised for those at risk of exposure to tuberculosis who give negative results on Mantoux testing.


---

Correction

A mantle of safety: the 50th year of the Royal Flying Doctor Service

In this paper by Professor J C Shearman and Dr Allan Limmer (5 August, p 407) the aircraft shown in fig 2 was wrongly described as a Piper Navajo Chieftain: it is in fact a Beechcraft Baron.