

HOUSE OF ASSEMBLY.

Thursday, September 26, 1957.

The SPEAKER (Hon. B. H. Teusner) took the Chair at 2 p.m. and read prayers.

ASSENT TO ACTS.

His Excellency the Governor's Deputy intimated by message his assent to the following Acts:—Audit Act Amendment, Marketing of Eggs Act Amendment, Public Purposes Loan, Veterinary Surgeons Act Amendment, and Water Rates Remission.

QUESTIONS.**TRAMWAYS TRUST FINANCES.**

Mr. O'HALLORAN—In this morning's *Advertiser* appears a statement attributed to a Mr. Harris, the commercial manager of the Municipal Tramways Trust who, referring to interest, said:—

The trust is paying about £130,000 in interest to the State Government on loans in excess of £3,000,000 which had not been recouped by grants.

According to the Auditor-General's report the trust's indebtedness to the Government is approximately £6,500,000 and I would like to know where the interest on the other £3,500,000 is coming from, whether the Government is receiving it, or just what the position is relating to interest payable by the trust to the Government on account of the £6,500,000 that it owes.

The Hon. Sir THOMAS PLAYFORD—I did not see the statement referred to and would not hazard a guess as to what conclusions the person concerned arrived at, but I will get a statement as to the amount of indebtedness. Probably what the Leader would like is a statement of the amounts advanced by the Government to the trust, the amounts repaid, the amounts amortized or written off and the present indebtedness and the rate of interest the trust is paying. As far as I know the trust is paying the average rate of interest on the money owing. We have given it some slight assistance from time to time as regards amortization, but I will supply the figures so that he can compare them with the statement in the newspaper.

AMENDMENT OF BUSH FIRES ACT.

Mr. BOCKELBERG—Having had numerous inquiries from my electorate I ask the Minister of Agriculture what steps he proposes to

take so that scrub may be burnt off on the days that were prohibited during the last burning season.

The Hon. G. G. PEARSON—Further to the reference of this matter to the Eyre Peninsula Local Government Association earlier this year and subsequent consideration by myself and the Bush Fires Advisory Committee, certain amendments of the Act have been drawn up. These are being dealt with by the Parliamentary Draftsman for Cabinet consideration and I hope they will be considered by Parliament this year and, if approved, operate as from the opening of the burning-off season in the new year.

METROPOLITAN DRAINAGE WORKS (INVESTIGATION) BILL.

Mr. FRANK WALSH—Under the heading "Councils named in Drain Plan," the following appears in this morning's *Advertiser*:—

The Metropolitan Drainage Works (Investigation) Bill would enable representatives of councils and members of Parliament for their districts to work out who should pay for the drainage of floodwaters from their areas, the Minister of Local Government (Mr. Jude) said yesterday. These councils were Marion, Brighton, Unley, Mitcham, Glenelg, West Torrens and Meadows.

At least 10 Assembly members could be involved in this matter. In my case three corporations or councils would be concerned, for I represent portions of the areas of West Torrens, Mitcham and Marion. The Minister of Education would be interested in at least two. Twelve members of the Legislative Council would also be involved. The Minister of Roads would be the representative for the Meadows council. Will the Minister representing that Minister ascertain whether he was correctly reported and how members are expected to assist in this matter?

The Hon. Sir MALCOLM McINTOSH—I have no knowledge of the Minister's statement, but on the face of it there is room for doubt whether the report is accurate. I will get a report for the honourable member.

LORD MAYOR'S FLOOD RELIEF FUND.

Mr. KING—As I understand some of the payments from the Lord Mayor's Relief Fund have been posted to my district, can the Minister of Lands give further information regarding the distribution of the money?

The Hon. C. S. HINCKS—It is correct that some amounts have been paid following on

applications made to cover losses during the flood period. About £363,000 has been allocated to different applicants. The first batch was sent out yesterday to Renmark, Berri, Moorook, Lyrup and a few other places in the locality. Other amounts will be sent out today and tomorrow, totalling about £363,000. That will leave about £2,000 still in hand to meet delayed applications for assistance.

GARDEN SUBURB AT OSBORNE.

Mr. TAPPING—For some time I have been advocating by question and in other ways the reclamation of land in the Osborne-Taperoo area for the creation of a garden suburb to be developed by the Government and the Harbors Board. On June 12 the Minister of Marine said that the Harbors Board was making inquiries as to the reclamation that could take place and how the area would be developed—piecemeal or otherwise. Can he give any additional information about the proposed garden suburb at Osborne?

The Hon. Sir MALCOLM McINTOSH—I have discussed this matter in a more or less informal way with the chairman and general manager of the Harbors Board. There was no line on the Loan Estimates this year for work of this nature, because all the money available to the Government has been absorbed in more urgent projects. It could proceed only at the expense of some other work. For the time being the honourable member must take it for granted that no major work of that kind can be undertaken at present.

WOMMA RAILWAY SIDING.

Mr. JOHN CLARK—I have been approached by the Salisbury North Progress Association regarding the name of the railway siding near Elizabeth North, which is now called Womma. It has been suggested to me by this body that it is somewhat confusing to visitors who do not know the locality very well and who visit friends and relatives there to get off at the station that serves Elizabeth North and find it is called Womma. Would the Minister give consideration to changing the name of the station from Womma to Elizabeth North?

The Hon. Sir MALCOLM McINTOSH—The Nomenclature Committee usually suggests suitable names. However, I will take up the matter with my colleague and bring down a reply as soon as possible.

WHEAT PRICES.

Mr. O'HALLORAN—Has the Minister of Agriculture a reply to the question I asked on Tuesday last relating to wheat prices?

The Hon. G. G. PEARSON—I have received a reply from the State Superintendent of the Wheat Board, Mr. Watson. He states that the price of wheat gristed for human consumption in South Australia is 13s. 9½d. a bushel bulk, plus 25s. 6d. a dozen for sacks. As to the price of wheat sold for export, either for gristing or as wheat, Mr. Watson reported that the basic export wheat price is approximately 14s. 2d. a bushel f.o.b. bulk basis. That can vary according to the distance of overseas markets and the rate of freight Australia has to pay compared with the rate paid by other wheat supplying countries.

SIGN ON VICTOR HARBOUR ROAD.

Mr. JENKINS—Now that the Mount Compass Road is under reconstruction people are likely to use the alternative route through Noarlunga, Myponga, Hindmarsh Tiers to Victor Harbour, as this is only 1½ miles further than the road through Mount Compass. Many people, when they reach Myponga, go to Victor Harbour *via* Yankalilla, which is 13 miles further. A sign at the junction near Myponga on the Main South Road where a turn-off would save 13 miles would be very helpful. Will the Minister of Works ask his colleague to consider placing a sign there?

The Hon. Sir MALCOLM McINTOSH—Yes.

AMBULANCE DELAYS AT ROYAL ADELAIDE HOSPITAL.

Mr. HUGHES—When the Wallaroo ambulance delivers a patient to the Royal Adelaide Hospital the driver and attendant have to wait from one to two hours for the return of their stretchers, etc. These drivers and attendants are all acting in a voluntary capacity, and if they could be released more quickly they could return to Wallaroo and their private avocations. Could the Minister representing the Minister of Health explain the reason for the delay, and if not, would he take up my question with the responsible authorities and give me a reply later?

The Hon. Sir THOMAS PLAYFORD—The reply to the latter part of the question is "yes."

SUPPLY BILL (No. 3).

His Excellency the Governor's Deputy, by message, recommended the House to make provision by Bill for defraying the salaries and other expenses of the several departments and public services of the Government of South Australia during the year ending June 30, 1958.

The Hon. Sir THOMAS PLAYFORD (Premier and Treasurer) moved:—

That the Speaker do now leave the Chair and the House resolve itself into a Committee of the Whole to consider a Supply to be granted to Her Majesty.

Motion carried.

In Committee of Supply.

The Hon. Sir THOMAS PLAYFORD moved:—

That towards defraying the expenses of the establishments and public services of the State for the year ended June 30, 1958, a sum of £5,000,000 be granted; provided that no payment for any establishment or service shall be made out of the said sum in excess of the rates voted for similar establishments or services on the Estimates for the financial year ending June 30, 1957, except increases of salaries or wages fixed or prescribed by any return made under any Act relating to the Public Service, or by any regulation, or by any award, order, or determination of any court or other body empowered to fix or prescribe wages or salaries.

Motion carried.

Resolution agreed to in Committee of Ways and Means and adopted by the House.

Bill introduced and read a first time.

The Hon. Sir THOMAS PLAYFORD—I move—

That this Bill be now read a second time.

Supply of £14,000,000 already granted this financial year will be sufficient to carry on the public services of the State until the second week in October. This House is now asked to grant supply for a further £5,000,000 so that normal services may be carried on until the passing of the Appropriation Bill for 1957-58. Clause 3 of the Bill provides that payments shall not be made in excess of amounts provided for 1956-57, except for the payment of increases in salaries or wages prescribed by wage-fixing tribunals. Honourable members will see that this is a normal Supply Bill to enable the services of the State to be carried on after next week until the Estimates have been approved in the House and the Appropriation Bill for 1957-58 has been passed.

Bill read a second time and taken through its remaining stages.

THE ESTIMATES.

In committee of Supply.

(Continued from September 25. Page 830.)

CHIEF SECRETARY AND MINISTER OF HEALTH.

Hospitals Department, £4,254,596.

Mr. MILLHOUSE—I did not take part in the debate on the first line, but had I done so, I would have referred to the Royal Adelaide Hospital, as did some other members. Much has been said in this debate about the administration and conditions at the hospital, and as one who over the past 10 years has known many medical students who have served at the hospital as part of their training, I must respectfully agree with the criticism voiced by some previous speakers, particularly the member for Onkaparinga (Mr. Shannon). The time has long since passed when an overall plan for the Royal Adelaide should have been formulated and acted upon.

I also agree with the criticism voiced by Mr. Lawn of the appointment system operating in the outpatients department at the Royal Adelaide. I understand that all patients who have appointments must attend at 8.30 a.m. no matter when the doctor is to see them. Apparently this system suits the convenience of the administrative staff. When an outpatient arrives at the hospital he hands in his appointment card and then the clerks get out his file and have it ready for the appropriate doctor. That may entail 10 minutes' work. yet it is apparently beyond the administrative staff to handle, say, 10 patients every half hour or so, therefore people are obliged to arrive at 8.30 and—this is the scandalous part—to wait perhaps four hours or even longer to see a doctor. When the appointment is originally made it is perfectly well known that the patient cannot see the doctor at 8.30. I believe that is thoroughly bad. The patients themselves do not as a rule make any criticism because they are worried about their condition and not anxious to do anything that will prejudice them. At any rate, they are not the type of people who are likely to protest, but the protest implicit in Mr. Lawn's question, and which I endorse, is thoroughly justified, and I do not think it would take much effort to remedy the position. I am glad to say that my experience at the hospital has been limited, but I had to go to the Chest Clinic for treatment about five years ago.

The position may be better now, but patients there were treated, not by the medical staff, but by the clerical staff with scant courtesy. They were herded like cattle and

often obliged to wait a long time. I for one was not anxious to go back there again. Manners do not cost money, but they mean a lot, and I believe that improvement is long overdue at the Outpatients' Department and the Chest Clinic.

I endorse what has been said in criticism of the facilities of the hospital. Professor Robson criticized the teaching side and said that it should be improved. Perhaps by coincidence his warning has been underlined by the comments, which appeared in the press at the end of last week, of Sir Keith Murray when dealing with the University problem as a whole. I shall give one example of the state into which the hospital has fallen. I believe that incoming patients are limited to people who have met with accidents and to emergency cases. The hospital cannot cope with any others, and the only way in which it can cope at all at times is by bringing in what are known as black beds. These are temporary beds which are brought into a ward that may be already full so as to make room for other patients.

I understand that Light ward is a men's ward, but sick nurses are placed at one end. Until recently, there were two lifts in that ward, one at each end. The lift at the sick nurses' end is an old one which has now given up the ghost, so the only way to take those who cannot walk in or out of that ward is through Light ward, but at times it is so overcrowded with black beds that it is necessary to rearrange the beds before the nurses can be wheeled through on a barouche. That reflects fairly generally the condition of the hospital, therefore, we should try to improve it as quickly as possible.

Mr. SHANNON—I thank members for the valuable support that they gave to some suggestions I made when speaking on the first line. Obviously, the general public, and particularly those who are concerned with the operation of the Royal Adelaide Hospital, are 100 per cent behind some move being made to improve conditions there. I have almost been inundated with correspondence and 'phone calls from various sources, and I think I should give Parliament the benefit of comments by those who have been courageous enough to put their names to a letter. One letter is from a doctor, and as it is an accepted principle of the medical profession not to advertise, I shall not give his name, but the letter will be made available to the department if it desires. It states:—

It took me four years to obtain an over-way operating tray, which cost approximately £14. In my private practice I could have obtained this after a couple of days. I am not a costing expert, but I think it would be a fair guess if one said that this tray cost the hospital in the vicinity of £100. I make this statement after having seen the amount of correspondence involved.

Some four years ago I wrote to the board of the hospital complaining of the nursing. Eleven months later I received a reply indicating that they thought my opinion was correct and stating that in future the ophthalmic ward would have two extra probationers and one extra staff nurse. Since then we have never had more than one extra probationer. It is only too apparent that the board does not run this hospital and this is an extreme example of the difficulty of making any improvements.

In a postscript the doctor said:—

For ethical reasons I do not want my name published, but have no objection to you quoting me in any other regard.

His comments do not need any elaboration by me, for they speak for themselves, and I have quoted from his letter because I think the Hospitals Department should know where the problem lies. Another letter, from the Royal Australian Nursing Federation, states:—

I have been instructed to inform you that at the Council Meeting of the Royal Australian Nursing Federation (S.A. Branch) held last Wednesday members asked that "an official expression of approval and appreciation be sent to you for drawing attention to conditions at the Royal Adelaide Hospital in your recent outspoken statement." Members unanimously agreed to this letter being sent.

I have another letter which I have kept until last because in my opinion it is the most important. It follows the telegram that I received after the statement I made in this Chamber and it is from the Medical Registrars of the Royal Adelaide Hospital. On that occasion I believe I said that there were 19 signatories to the telegram, but a few have been added since then. I understand that this letter has been signed by all the medical registrars at the hospital and it gives not only their names, but their various degrees. It is dated September 23, 1957, and is as follows:—

As indicated in our telegram of 18th September, we are most grateful to you for your public-spirited action in drawing attention to the deplorable condition of the Royal Adelaide Hospital. This is in glaring contrast to the progress achieved within the State in so many other fields. We agree wholeheartedly with Professor H. N. Robson's comments and suggestions, as conveyed by you to the House, and published subsequently in the daily press.

In particular we would emphasise the fundamental necessity of reorganization of hospital

administration. As Professor Robson has suggested, the body controlling the hospital should be independent of that directing the Queen Elizabeth and other hospitals. It should be given adequate power to allocate expenditure, and should be allowed reasonable administrative autonomy. We feel that it should at least include representatives of doctors actually treating the sick, and of those bodies responsible for the training of nurses and doctors within the hospital. Neither of these groups has at present a direct voice on the hospital board.

In addition, we hope that the urgent necessity of emergency action being taken at once in order to provide hospital beds (of whatever kind), will not preclude overall re-planning of the whole hospital, as well as of other Adelaide and country hospitals, along the general lines so well stated by Mr. K. Neighbour (*The Advertiser*, 19th September, 1957, page 2). The following paragraphs, are, we feel, extremely relevant:—

The primary function of the Royal Adelaide Hospital should be teaching and research—complementing, needless to say, its fundamental duty to the sick—“for the basis of any metropolitan plan (was) a University hospital, physically linked to the university and completely integrated with it.”

and

The faults of single purpose and unrelaxed planning are shown in the present Royal Adelaide Hospital group of buildings. It will be a tragedy to let this happen again, or to allow obsolete buildings to dictate the future siting of new buildings. A co-ordinated and completely thought-out master plan is essential.

It has seemed to many of us that these aims would be best furthered by a broadly based Royal Commission. Whatever mode of enquiry be considered most proper, we look forward confidently to a solution worthy of the past traditions of our hospital and of the State which it should serve.

We have forwarded a copy of this letter to the Hospital Board and to the Chairman of the Honorary Staff Committee.

I shall not weary members by reading all the names, but I am sure that these gentlemen who have been good enough to support me will have no objection to their names being published, and I ask leave for the names of the signatories to be incorporated in *Hansard* without being read.

Leave granted.

The names were:—

D. A. Simpson, M.B., B.S., F.R.C.S.
S. C. Milazzo, M.B., B.S., M.R.A.C.P.
R. G. White, M.B., F.R.C.S., F.R.A.C.S.,
L. J. Opiit, M.B., F.R.C.S., F.R.A.C.S.
I. M. Steven, M.B., B.S.
M. J. W. Sando, M.B., B.S.,
F.F.A.R.A.C.S.
L. L. Hoare, M.B., B.S., F.R.C.S.,
F.R.A.C.S.
K. P. McKenna, M.B., B.S.
L. E. McEwan, M.B., B.S., F.R.C.S.
G. L. Mellor, M.B., B.S.

P. R. Hodge, M.B., B.S.
S. Posen, B.A., M.B., B.S.
D. D. Beard, M.B., B.S., F.R.C.S.
F.R.C.S. Ed.
R. S. P. Sheedy, M.B., B.S.
D. M. Branson, M.B., B.S.
D. E. Nairn, M.B., B.S.
N. Ballai, M.B., B.S.
J. R. Lawrence, M.B., B.S.
I. M. Hamilton, M.B., B.S.
I. K. Furler, M.B., B.S.
J. H. Brown, M.B., B.S., F.R.C.S.
F.R.A.C.S.

Mr. SHANNON—The major matter at the moment—and the one that must be resolved on the Ministerial level, because the opening of Queen Elizabeth Hospital is near—is whether this hospital is to be governed by a separate board. From all the evidence I have been able to gather from people who should be in the best position to judge of the needs of hospital administration—and I do not need to remind members that we have spent over £5,500,000 on it for which we, as members of Parliament, must accept our responsibility—it will be most successful if we have another board which will be at least in friendly rivalry with Royal Adelaide. In this event it will be the first time that we will have had two teaching hospitals where medical and nursing personnel can secure their professional qualifications. In Victoria and New South Wales there is a number of teaching hospitals available for students.

I wish to make it clear that I am not trying to influence the members of the Public Works Committee. Actually, these are aspects of the problem which will never, in any circumstances, come before my committee for decision. As regards the overall planning, I make no apology because my committee is wholly behind me. I have discussed this matter with them since I made my statement; the member for Semaphore (Mr. Tapping) could not get to his feet quickly enough to say so. I have a very high opinion of the members of my committee in this matter: they are taking a long-sighted and statesmanlike view of what should be done in remodelling and rebuilding this very important adjunct to our health services. Not only is it a health service, but it is a training service, and what Professor Robson had to say is abundantly clear to anyone who has been through the university for any purpose whatsoever. Not only that, but we must ensure an atmosphere in which the training of the new professional man is of such a character that he will go out into his profession as a credit to it. According to criticism I have heard, what we might call the elder statesmen of the

medical world have a certain amount of fear and trepidation for the future unless something is done to step up the morale of the young men, so few of whom are taking the additional responsibility, which is rightly theirs, to get post-graduate experience. This is largely due to the conditions of training at the Royal Adelaide Hospital. We could get over that by using the Queen Elizabeth Hospital, which is an excellent institution, and for which I give the department full marks. We should get on with giving medical students the best facilities possible. We will once more take a leading part in this profession if we adopt the correct approach to teaching. We had the lead; why haven't we retained our former high standard? I ask members to support the Government if it has the courage to do the right thing. Even if it costs the taxpayers a large sum of money, we should not complain if full value comes from the expenditure, for this is a very important matter.

Mr. LAWN—When a person goes to a business house to pay his account, or to query it, not much time is taken in getting out his file, and no more time should be taken in getting out a file at the Royal Adelaide Hospital. There is no reason why all out-patients should be at the hospital at 8.30 a.m., an hour before the doctors are available. This indicates that it takes an hour for the administrative staff to get out the necessary cards. Patients should be rostered to attend every 15 minutes or so. I appreciate the support Mr. Millhouse has given me in this matter. I urge the setting up of a casualty block at the Queen Elizabeth Hospital because of the over-crowded nature of the block at the Royal Adelaide Hospital, and because it is ridiculous to rush urgent Port Adelaide area casualty cases past the Queen Elizabeth Hospital. I support in principle the re-modelling of the Royal Adelaide Hospital provided it is done properly. I would not support any wholesale demolitions there until other adequate facilities for bed patients are available. Provision for this could be made at the Queen Elizabeth Hospital or a hospital set up elsewhere; to bring this about I would support any request from the department for additional money.

Mr. HAMBOUR—I support most of what Mr. Shannon said earlier this week, and I was interested this afternoon to hear him say that the Public Works Committee is behind him in this matter. I am not behind him altogether for one or two of his statements perturbed me. The Public Works Committee

is only a committee of inquiry, and any plans drawn up will be submitted to it for investigation. On Tuesday of last week Mr. Shannon said:—

Regarding Royal Adelaide Hospital and its reconstruction, I claim that the hospital cannot be remodelled. It needs to be bulldozed out of existence and rebuilt. I have travelled around Australia and have seen what is being done in this field. I believe that planners should consider the land now occupied by the Royal Adelaide as vacant land and disregard entirely the buildings standing on it. I firmly believe that the first consideration in designing a new Royal Adelaide Hospital should be its importance as a teaching institution.

I find no fault with that. Regarding a hospital on modern lines, he said:—

The Public Works Committee said that if it did not design such a hospital it would not approve of its plans.

I do not know who has the authority—the Government or the Public Works Committee—to say what shall be done. At the Royal Adelaide Hospital there are two really good sections and they should not be interfered with in any way. I refer to the Bice and McEwin Buildings. The Leader of the Opposition pointed out that the board of management of Government Hospitals is responsible for the expenditure of more than £1,000,000. I deplore the amount that has to be spent on hospitals as much as anyone else, but in fact the Royal Adelaide Hospital costs over £1,500,000 a year, and the hospitals under its administration cost £2,192,000.

Mr. O'Halloran—I said more than £1,000,000.

Mr. HAMBOUR—I am not suggesting that the Leader went into details, but anyone reading his remarks after reading mine must come to the conclusion that one of us is wrong.

Mr. O'Halloran—What other hospitals are controlled by the board of the Royal Adelaide Hospital?

Mr. HAMBOUR—The Queen Elizabeth Hospital, and the Northfield and Magill wards.

The Hon. Sir Thomas Playford—The Leader mentioned those.

Mr. HAMBOUR—I know that, but he said the cost was just over £1,000,000. However, the Royal Adelaide Hospital is estimated to cost this year £1,545,025, the Northfield ward £265,303, the Magill ward £74,252, and the Queen Elizabeth Hospital £307,918; these added together come to a lot more than £1,000,000. As I said previously, they come to £2,192,000. I believe the services cost too much. We must have economy, and I feel

the way the hospital services are received and assisted in the country could be applied a little more in the metropolitan area.

Mr. FLETCHER—Although the Royal Adelaide Hospital is not in my district, I want to comment on it because of the experiences of residents of my district who have been unfortunate enough to need its services and because of Mr. Shannon's suggestion that we should have a major plan for it. A few years ago I visited a friend who was a patient in Albert ward, one of the old buildings off Frome Road. To get to it I had to go through the main gates and through a maze of out of date buildings. If someone had not directed me I would have been absolutely lost, and by the time I got there the hospital would have been closed to visitors. Although the medical staff are doing the best they can, and doing a very good job, they are hindered by these dilapidated and out of date buildings, and if there is a possibility of rehabilitation, it could be started at this end of the ground. I appealed to the hospital authorities to open the gate adjoining the Institute of Medical and Veterinary Science, and I am pleased that it has since been opened, although I do not know whether it was as a result of my representations.

Recently I wrote to the Premier about an old-age pensioner who attended at the hospital at 8.30 but was not treated until 3 in the afternoon. There was nobody to attend to him and get him a cup of tea but his son, and there were no proper conveniences there. This man came to see me about the treatment he had received, and was so exhausted that he was unable to speak for five minutes. This set-up is wrong. I am not blaming the medical officers, but someone is at fault. I support the remarks made by the member for Adelaide (Mr. Lawn), the member for Mitcham (Mr. Millhouse) and others who have spoken about this matter. We should show a little humanity and give some service to old people attending the hospital. For God's sake let us have an effective plan for re-building the hospital.

Mr. TAPPING—Last year £12,000 was voted for the maintenance of bed cases at St. Margaret's Convalescent Hospital, Semaphore. This year £15,000 is proposed. Can the Treasurer say whether increased costs account for the increase or it is proposed to make more beds available?

Mr. FRANK WALSH—Can the Treasurer say whether it is proposed to make provision for a paraplegic centre at the Northfield wards

or, if not, is there any likelihood of such a centre being established in the near future?

The Hon. Sir THOMAS PLAYFORD—Some time ago the member for Mitcham (Mr. Millhouse) asked a question relating to paraplegics and I promised to secure a report. I have done so and it is as follows:—

When previously reporting, on August 1, 1957, on this matter, the Royal Adelaide Hospital Board referred to the possibility of using two wards in A block at Northfield wards for the purpose of a Paraplegic Centre, but pointed out that this would have the unfortunate effect of reducing the number of beds for geriatric and long stay patients by thirty-five (35). The board therefore expressed the opinion that it would be preferable to erect separate specially designed accommodation (including operating theatre) for paraplegics, and said that further consideration would be given to this proposal. This proposal to design and erect a new building for a Paraplegic Centre is obviously one which will take some time to achieve.

In the meantime, the Hospital Board has given consideration to the possibility of utilizing additional wards, at Northfield wards, for patients. Until now, wards C1, C4, D1, D2 and D4 at Northfield wards have been occupied, or used as change rooms, by nurses and domestics, and these five wards would normally accommodate 75 patients' beds. In recent months, because of the increased population in the vicinity of Northfield wards, the number of nursing staff living out has increased and, by arranging existing living accommodation for nurses and domestics, and for change rooms, arrangements are now in hand to open wards D1, D2 and D4 for patients, without necessitating the provision of any further accommodation for nurses. As soon as this is done, arrangements will be made for the three paraplegics, who are at present patients at Northfield wards, to be accommodated in one of these wards and, although far from ideal, this will thus form a nucleus for a future Paraplegic Centre.

In the meantime, discussions have been held with officers of the Architect-in-Chief's Department to plan additional nurses' accommodation for Northfield wards, with the object of achieving this in stages, more cheaply and more satisfactorily than by building the previously proposed large nurses' new home. Such additional nurses' accommodation will be necessary before wards C1 and C4 may be freed for patients, and also to provide accommodation for the additional nursing staff which will be necessary for the new Geriatric Block planned for Northfield wards. Concurrently, however, attention is being given to designing the special building for the treatment of paraplegics at Northfield wards.

For some time St. Margaret's Hospital has been used by the Royal Adelaide Hospital as a rest centre for patients. The proposed increase is for normal expenditure and is not related to any alteration in policy. Increases

in the price of foodstuffs and administration costs are responsible for the greater allocation.

I propose, for a few moments, to deal with the general question of hospitalization in the metropolitan area. Members are no doubt aware that during the war no priorities were given for hospital building in South Australia. They were granted in Melbourne where troops were congregated and further north the United States Government and the Commonwealth Government provided assistance for hospitals. In South Australia, the only project we were engaged in at that time was the McEwin Building. The contractor could get no priority for materials or men, but he struggled on for a number of years and gradually completed that ward. The work went along so slowly that at times one almost wondered whether the contractor himself was erecting the building. That virtually finished hospital buildings as far as South Australia was concerned, and at the end of the war we were confronted with a very urgent position in hospitalization, in exactly the same way as we were confronted with the problem of mental hospitals and school buildings and all the other activities that had to be dropped during the war.

The Government prepared plans for the Queen Elizabeth Hospital. Many opinions were expressed upon that hospital and I think it was the No. 3 plan that was ultimately adopted and is the basis of the hospital now being built. That all took time and men. The board of the Royal Adelaide Hospital was confronted with the position now confronting us with regard to slum houses. I think it was the member for Adelaide (Mr. Lawn) who mentioned that the hospital is already up against it to provide accommodation, but if we made a serious departure by pulling down anything at present it could only be at the expense of people who are needing urgent treatment. The Government did what it believed to be the best under the circumstances, and it certainly had the support of responsible medical authorities in its belief that the best possible action was to speed up the Queen Elizabeth Hospital as much as possible.

Honourable members can be assured that from the moment we had the word "go" no effort was spared to get that hospital going at the quickest possible rate, even at the expense of what I believe to be a fairly heavy financial commitment because of the time factor. If the plans had been drawn by the Architect-in-Chief's Department it would have taken 70 fully qualified architects nine months to complete what would only have

been a sketch plan which does not contain all the detail. It would have needed 90 architects to enable the department to call for tenders within nine months. In order to overcome that problem and to relieve the Architect-in-Chief for other urgent work, such as schools and hospitals, including the Mount Gambier hospital, the Government enlisted the services of South Australian architects who themselves recommended that we extend our endeavours by bringing in the Victorian firm of Stephenson and Turner, the foremost hospital designing architects in Australia. We had the services of that firm and the South Australian firm of Ashton, Fisher and Beaumont-Smith, and to enable the work to start before the detailed plans were prepared, a tender was let upon a cost-plus service basis. The contract stated quite clearly that the work had to be put through urgently, and the Government stipulated that overtime was to be used for that purpose. The whole idea was to get the additional accommodation as quickly as possible.

I can give honourable members some figures with regard to hospital accommodation generally. The record of available accommodation and the use made of it last year is as follows:—In our Government country hospitals 460 beds are available, not including any emergency beds, and last year the daily average occupation was 289; in our country subsidized hospitals we had 1,147 beds available, and the daily average occupation last year was 538; the Royal Adelaide Hospital, including Northfield and Magill wards, has 1,062 beds available, and last year the daily average occupation was 930. The Queen Elizabeth Hospital had 55 beds up to May 21 of this year; and it has had 114 beds in the maternity section since June 30 of this year, and the daily average of that hospital is 54. If honourable members study those figures at their leisure they will see that the big pressure has been on the Royal Adelaide Hospital and not on the other hospitals.

Mr. O'Halloran—Do those figures for the Royal Adelaide Hospital refer to ordinary beds, or do they include emergency beds?

The Hon. Sir THOMAS PLAYFORD—I asked for the figures without including any emergency beds. I am not sure whether the figure includes those, but I will check on the matter. I realize and everyone else will realize that if we had 1,000 beds not all of them could possibly be occupied. There are different wards for men and women and there could be

a vacancy in a woman's ward, which naturally could not accommodate a male patient. Apart from that, there are special wards for special types of complaints, and sometimes it is not possible to mix different types of patients. Members will see that almost all the pressure has been upon the Adelaide Hospital, and the reason is, of course, that it is providing services that other hospitals are not able to provide. Members have asked questions regarding the admission of country patients to Royal Adelaide Hospital, which has costly equipment and facilities that cannot be provided on a State-wide basis. Even a fully equipped Government country hospital will transfer a patient to the Royal Adelaide because of these special services. A problem concerning the building of hospitals and nurses' homes is that we have so many technical advisers that it is extremely hard to get agreement on any one matter. Even on the simple matter of the furnishings for a nurse's room we can have a most undignified and heated dispute.

As soon as the Queen Elizabeth is available for occupation, it will not only take a considerable number of cases that at present go to the Royal Adelaide, but give us much more accommodation all round. We have reached the stage where we can do something practicable on the reorganization of Royal Adelaide and so that we might be able to start the job by the time the Minister of Health returned next month, I called a meeting of all honoraries at the Royal Adelaide and showed them the Government's proposals. I asked them to select from their number three honoraries who would be qualified to submit views on their behalf to the hospital board on the reorganization of the hospital. At that meeting complete agreement was reached and I thought we had achieved a degree of unanimity on this matter that we had never achieved before. So far as I knew—and I have had no word from any authority since—the arrangements agreed on then had their acceptance.

In accordance with that agreement, the honoraries selected their representatives; those representatives met the Royal Adelaide Hospital Board; a tremendous amount of work was undertaken; a master plan, which I have not seen, was drawn up by those authorities; the Architect-in-Chief made available the services of an architect to sit in on the deliberations, note any suggestions, and put them into some intelligible form. When that was done the plan was referred to the whole staff of Honoraries for consideration and the report I

received was that it had been unanimously approved. Consequently, I was astounded when the member for Onkaparinga (Mr. Shannon) said Professor Robson had said that it was necessary to draw up a master plan. Whether the professor agrees with the individual details or not I do not know. I understand he was at the meeting that approved it and that it was unanimously approved; but whether he agreed to its details or not, he certainly knew that the master plan was being drawn up. To make a public statement as though drawing up a master plan were a new idea seemed to me astounding because that had been the subject of a conference I had already had with the honoraries in my office at which I felt complete unanimity had been reached.

Be that as it may, I assure honourable members that, as soon as we have sufficient accommodation available at Royal Adelaide to allow certain sections of the hospital to be put out of use without jeopardizing the welfare of patients requiring urgent attention, we will have available for submission to this Parliament, through the appropriate authorities and after they have been inquired into, mature plans for the development of that hospital. One of our problems is that on these technical matters there are so many authorities, persons with high qualifications and devotion to public duty, but all with different ideas. I feel—and I think the Public Works Committee would agree with me—that if the Royal Adelaide registrars, honoraries, or appropriate authorities could nominate one person or a few persons to give evidence on their views, if the British Medical Association or whoever represents the outside medical authorities could nominate one representative to give their mature views after having thrashed them out, and if the architects who think they should come into this thrash out their views instead of expressing such a multiplicity of views, we would then have something to place before the committee from which the chaff had been sifted.

Mr. Shannon—It would be eminently desirable.

The Hon. Sir THOMAS PLAYFORD—Yes, because no sooner do we start an inquiry on whether a casualty block should be established at Royal Adelaide than someone says, "No, we should not have a central casualty hospital; we should have a ring of them around the metropolitan area." That is the sort of problem the committee is up against immediately. I assure members that the debate on this line has been valuable. I always feel that any

matter ventilated is well ventilated. I assure members that a master plan is being prepared, and it will be carried out as soon as possible without prejudice to the needs of patients already relying on accommodation at the Royal Adelaide Hospital. Some of that accommodation is equal to any in the world. The Minister of Health has inspected some of the most modern hospitals in Europe and Great Britain, and his general view is that the standards of accommodation overseas are low compared with Australian standards, though he did say that one or two European hospitals gave him some ideas that were in advance of what we have here. Generally speaking, the accommodation at some world-famous hospitals is not as good as here, but the Minister did not say that their medical services were poor.

Mr. Jennings—What about delays at the outpatients' department?

The Hon. Sir THOMAS PLAYFORD—When the member for Adelaide raised this question two days ago I said that it seemed to me that a rostering system should be introduced so as to avoid unnecessary waiting. I have made some inquiries, but have not yet had a full report. There is some rostering now, and I have asked for information on the number of patients that arrive each day and how long they have to wait before being treated.

Mr. Jennings—I understand that the rostering system at the Children's Hospital works fairly well.

The Hon. Sir THOMAS PLAYFORD—It seems that the rostering system at the outpatients department of the Royal Adelaide Hospital has not been very effective. I agree with members that we should not keep patients waiting unnecessarily, but delays must occur sometimes because the hospital is taking emergency cases all the time. A medical officer who normally treats outpatients may be called to an emergency case, but the question of rostering is being considered.

Line passed.

Children's Welfare and Public Relief Department, £651,167; Department of Public Health, £232,441—passed.

Miscellaneous, £1,752,313.

Mr. LOVEDAY—I wish to refer to the grant to the Bush Church Aid Society (Flying Doctor). During the debate on this line last year I asked that the grant be increased from £500 to £1,000. I am pleased that it was increased by £250, but that was quite inadequate. The grant should be increased by another £500. I have a copy of a letter

addressed to the Auditor-General from Canon Jones, who is the organizing missionary of the society. He pointed out that the increase in costs of fuel and overhaul charges, together with the necessity of an assistant operator for the radio section resulting from growing calls for medical consultations, will cause a further £2,000 increase in maintenance costs.

The work of this society increased during the year ended December 31, 1956. During that year, from its Ceduna flying base, it accomplished the following work:—180 flights and 44 emergency flights covering 43,000 miles; attention to 1,864 outpatients; 870 consultations on the air; 4,060 telegrams were sent; and 79 outposts have now been connected to the base, including 15 fishing vessels. The society is now faced with the problem of finding a more suitable and modern aeroplane to replace one machine. Last year Kingoonya was included as a hospital base on the East-West line, and it is visited each month by the doctor based on Ceduna. There are now four such bases on the trans-continental line. The Commonwealth Government has refused to assist the society on the ground that a lump sum is provided for the Royal Flying Doctor Service for the whole of Australia, but none of that money reaches the society.

The Bush Church Aid Society has properly equipped planes always available for emergency cases. It has two at Ceduna and a reserve plane at Kyancutta which can be used when one of the other planes is out of action. There are no heavy administration expenses. The doctors, pilots, nurses and others associated with the service work for salaries which are only a fraction of what they could get if they followed their professions in other places. This organization is doing remarkable and praise-worthy work in this vast area. I do not want to make invidious comparisons, but I previously drew attention to the assistance being obtained by the Royal Flying Doctor Service (South Australian section) to show that the Bush Church Aid Society is not receiving proper recognition.

I am not suggesting that the Royal Flying Doctor Service is receiving too much but that the Bush Church Aid Society is not receiving enough. In the balance-sheet of the Royal Flying Doctor Service for the year ended June 30, 1956, I note that the Commonwealth Government's subsidy was £3,268, its subsidy on account of capital expenditure, £2,003, and the South Australian Government's subsidy £1,000.

The area covered by this organization is from the Alice Springs base to the Port Augusta base, and in the booklet which the Royal Flying Doctor Service issues called "Air Doctor" is a map showing the radio network of the service. I have discussed this matter with Canon Jones because I feel that the map is, to some extent, misleading in as much as it shows the lines of communication from these bases as they affect South Australia. They are, in fact, the areas covered by the Bush Church Aid Service, and I propose later to supply the Government with a revised map showing the actual facts. I feel that the extent of the work of this organization, or the extent to which it is receiving an inadequate assistance from the Government in view of the importance of its work is not realized. The sum that it receives is much below what the other service gets relative to the respective services provided, and I hope that this very modest request will receive the attention it deserves; it is not a great amount of money, but it means much to this organization in enabling it to carry on adequately with its wonderful work.

Mr. HAMBOUR (Light)—I have to thank the Government on behalf of country people for the vote of £10,000 for country ambulance services. I think this is the first time that any specific amount has been set aside for the purpose. The people in my home town are very interested. Last year they, with five other towns, received two ambulances and at that time the subsidy was only £250 on each vehicle. They have asked me to suggest that this £10,000 be devoted in the first place to the purchase of new equipment on a pound for pound basis because it is their wish that as many country ambulances as possible should be available. Ambulances operating with part-time drivers, or with drivers on call, generally can meet their operating costs and show a small profit. The difficulty arises when they have to replace the vehicle and I think that this fund should be devoted to that end. They would like more equipment, particularly oxygen equipment, and would like items such as that to be included in the subsidy, but they feel that in the first place the £10,000 should be kept for perhaps most of the year until they know what amount can be paid out for new ambulances. After that the Government could make an allocation of whatever is left by way of additional subsidy for all ambulances in the country. Only a fortnight ago our ambulance was called to go to a much bigger

town which did not have an ambulance, and I would like to see every community of any size with one.

Mr. O'HALLORAN—I desire to supplement the remarks of the honourable member to some extent. Country people generally are very happy about the service which St. John Brigade has been able to give in certain areas as the result of the money provided by the Government for the expansion of their transport section. I understand that the co-ordination of the ambulance services in the metropolitan area has been virtually completed, and that assistance has been rendered in a number of country centres. I know that very material assistance was provided in my home town for a new ambulance and all the equipment that goes with it. What I am concerned about, however, is whether any principle is laid down as to how this £10,000 shall be disbursed. Will it be on a pound for pound basis, or will in some instances the subsidy be proportionately greater? I feel that the same principle should be observed in all cases.

Mr. LAUCKE—I heartily endorse the Leader's remarks. I feel very pleased with what has been done with regard to the administration of ambulance affairs by St. John Brigade, and I am indeed pleased to see this new line—special branch of country services. I heartily commend the Government on introducing this line and, like the Leader and Mr. Hambour, I am interested to know how it is proposed to allocate it. I believe in the principle of assisting wherever possible those who are prepared to help themselves, and I hope that this allocation will be based on some form of subsidy.

The Hon. Sir THOMAS PLAYFORD—The first point was raised by the member for Whyalla (Mr. Loveday) with regard to the Bush Church Aid Flying Doctor Service. I must confess that I am not conversant with this line. It was discussed last year and I gave Mr. Riches an assurance that I would ask the Chief Secretary to investigate it. As a result the sum of £250 more than the amount set down in the Estimates was made available. I will examine his representations and advise the honourable member in due course whether it will be possible to increase the line, or whether it is still considered to be adequate. The matter of country ambulance services arose some months ago following a question by the member for Barossa (Mr. Laucke). I discussed it with the leaders of the St. John Ambulance organization because I felt that from the money

made available to them up to that stage not much had been spent in the country on a *pro rata* basis. The St. John people said that ambulance services in the metropolitan area had not been developed on a sound basis. There were several police ambulances, St. John had several, and some districts had tried to run services. Much of the equipment used was second-rate, if not obsolete. They said also that in getting a new ambulance service started there would be heavy commitments, but they felt that some of the £30,000 would be available for country services. In order to help I decided to make a special grant of £10,000 for country services, and I think my action has been approved by members. In the allocation of the money I think that, first, 50 per cent of it should be used as a subsidy on the purchase of new equipment, and then the remainder of the money could be spent as a subsidy in respect of the miles travelled by the various ambulances in the previous year. I will submit a copy of the *Hansard* report of this discussion to the St. John people and obtain from them a report as to the best method of distributing the money. I will make it available before any of the money is allocated, so that members will have an opportunity to ask further questions on the matter if they so desire.

Mr. HARDING—Can the Treasurer explain the reason for the increase of £21,379 in connection with rail fares of blind and incapacitated soldiers? The amount has been increased from £38,621 to £60,000.

The Hon. Sir THOMAS PLAYFORD—Periodical tickets are issued by the Railways Department to blind and incapacitated men on the certificate of the Repatriation Commission. The increase is to cover arrears for 1956-57. The future rendition of accounts by the Railways will eliminate any lag in arrears and the line on the Estimates for 1957-58 will revert to the normal expenditure.

Line passed.

ATTORNEY-GENERAL.

Office of Minister, £14,557; Registrar of Companies Office, £13,483; Crown Solicitor's Department, £34,546; Parliamentary Draftsman's Department, £9,113; Public Trustee's Department, £68,141; Supreme Court Department, £77,782; Adelaide Local Court Department, £32,580; Adelaide Police Court Department, £31,153; Country and Suburban Courts Department, £65,536; Coroner's Department, £4,843; Registrar-General of Deeds Department, £128,325—passed.

Miscellaneous, £9,896.

Mr. LOVEDAY—The amount paid last year for "Town Planning Committee—fees and expenses" was £1,498, but nothing is provided this year. Can the Minister give me the reason for that?

The Hon. B. PATTINSON—The amount covers payments of £250 a year to members of the Town Planning Committee, which was appointed under the Town Planning Act. The Town Planner, Mr. Hart, is the chairman, and there are four other members. Provision for this year's expenditure has been made under the Registrar-General of Deeds Department.

Mr. Loveday—The amount is for the committee's expenses for the year?

The Hon. B. PATTINSON—Yes.

Line passed.

TREASURER AND MINISTER OF IMMIGRATION.

Treasury Department, £39,681; Superannuation Department, £45,075; Motor Vehicles Department, £199,131; Agent General in England Department, £28,957; Land Tax Department, £88,245; Stamp and Succession Duties Department, £31,090—passed.

Publicity and Tourist Bureau and Immigration Department, £244,802.

Mr. O'HALLORAN—First, I commend this department for the excellent service it has rendered recently in making known to tourists the wonderful scenic properties of the northern Flinders Range. As a result of the publicity given by this bureau and other persons, and the assistance rendered to tourists, there has been a remarkable increase in the number of people visiting that area, and the towns there are becoming tourist-conscious, particularly Quorn, where an excellent caravan park has been established with assistance from the Tourist Bureau. I notice with considerable pleasure that the bureau is organizing special motor trips to the ranges, to be based at Quorn, for the holiday week-end. In years to come these things will return handsome dividends on the money we are now making available. Quorn, which recently suffered a severe set-back as a result of the change in the Commonwealth railway system, is getting some compensation from the tourist traffic attracted to the area.

The Treasurer and I were present at a very enthusiastic meeting two or three months ago when a Tourist Committee was formed to encourage tourists from other States and overseas to visit South Australia, particularly in the winter months. It was felt that we had

much to offer that was not available in other parts for winter tours, and that the necessary publicity and improvements in some places would result in a much greater tourist traffic. I have seen one or two references to the work of that committee since that meeting, and perhaps the Treasurer could give some information about the overall progress being made. Last year £1,000 was spent on construction of roadways, £438 on installation of filtration plant and £2,120 on the erection of an ablution block for domestic staff at Wilpena Pound, although nothing was voted. I think possibly this had something to do with the location of the film unit that made the film *Robbery Under Arms*, some of which was produced in this location. If all these facilities have been provided at Wilpena Pound, which is a famous tourist attraction, why is there no provision this year for improving them?

The Hon. Sir THOMAS PLAYFORD—The Leader is right in his assumption. When the film unit was looking through New South Wales and other parts of Australia for a site to make its film, it was pointed out that we had a natural site in this State. As the unit was a very large one, the accommodation available at Wilpena Pound was not sufficient. On the other hand the director pointed out that additional accommodation was badly needed, and the lessee was prepared to enter into an arrangement if we would meet the capital cost. Under those circumstances the Government found the capital, and the equipment was installed, and I believe it was greatly appreciated. As to whether this completes the accommodation there, the answer is that since that time the firm holding the lease has gone into liquidation, and other buildings are in the hands of the

liquidators. The Government is negotiating for the purchase of these buildings and hopes to enter into a lease with some other firm in due course. We think it is better that we should own this accommodation than that some other person should own it on our land. I have been waiting for a report from the committee the Leader mentioned, but I have not heard what measures it proposes. I have heard of one or two features it is considering. I can assure the Leader that when the report is to hand it will receive my best consideration.

Line passed.

Prices Control Department, £85,244—passed.

Miscellaneous, £6,673,351.

Mr. HAMBOUR—I deplore the losses that have been shown by the railway refreshment rooms. Any member who has partaken of food or refreshments at the Adelaide station will admit that it is provided cheaply in comparison with other institutions. According to the Auditor-General's report the loss on the Adelaide station dining room and cafeteria was £29,000 last year compared with £26,000 the previous year. The operations of the various departmental shops situated at the station resulted in a profit of £19,000. The net loss on country refreshment rooms was £5,000 compared with £4,000 for the previous year. Everything possible should be done so that next year such services, if not revealing a profit, will show only an infinitesimal loss.

Line passed.

Progress reported; Committee to sit again.

ADJOURNMENT.

At 4.28 p.m. the House adjourned until Tuesday, October 1, at 2 p.m.