

LEGISLATIVE COUNCIL.

Thursday, August 20, 1953.

The PRESIDENT (Hon. Sir Walter Duncan) took the Chair at 2 p.m. and read prayers.

QUESTIONS.**WESTERN DISTRICTS HOSPITAL.**

The Hon. F. J. CONDON—The maternity wing of the Western Districts Hospital, which will be one of the most modern hospitals in the Commonwealth when completed, is to be opened next year. Will the Chief Secretary refer the matter of the official opening to a committee appointed for the purpose with a view to naming the hospital “Queen Elizabeth” and asking Her Majesty to perform the opening ceremony?

The Hon. A. L. McEWIN—The question is of interest to me, as Minister of Health, because we are building a hospital associated with maternity and general work at very great expense which will be one of the most modern in the State. It occurred to me that it would be appropriate if it were possible for Her Majesty to open the building or perhaps grace it with her name, but I am not sure whether Her Majesty would agree to opening a building of that nature because a certain programme and the numerous requests which would be made for openings of buildings by Her Majesty would probably conflict with arrangements that have been made for Her Majesty’s visit. The honourable member’s suggestion has already been taken up and the sentiments expressed by him have been given effect to. Nothing would give me greater satisfaction or pleasure than to think that Her Majesty would be prepared to associate herself, either by her presence or by her name, with that institution. That aspect is under review and I think that if there is any possibility of her doing what is desired there is no need for any reference to anybody in view of the action already taken.

EXCEPTED PERSONS: LICENSING ACT.

The Hon. F. J. CONDON—Has the Attorney-General a reply to the question I raised on Tuesday about prosecutions under the Licensing Act of excepted persons?

The Hon. R. J. RUDALL—The Crown Solicitor has advised as follows:—

I am asked to advise whether “an excepted person” is guilty of an offence against section 202 (c) of the Licensing Act if he is found in the bar-room of a hotel at any time when the

sale of liquor is prohibited by law, or is guilty of an offence against section 203 (i) if he is at such a time found in a room adjoining a bar-room when there is an open door or aperture between that room and the bar-room. Each of the abovementioned sections provides that—“Any person, other than an excepted person,” who does certain things is guilty of an offence, but an excepted person is expressly excluded from the class of persons who can be guilty of an offence against either of those sections.

PRISONS ACT AMENDMENT BILL.

The Hon. A. L. McEWIN (Chief Secretary), having obtained leave, introduced a Bill for an Act to amend the Prisons Act, 1936. Read a first time.

HEALTH ACT AMENDMENT BILL.

Second reading.

The Hon. A. L. McEWIN (Minister of Health)—I move—

That this Bill be now read a second time. This Bill is introduced as the result of recommendations made by the Central Board of Health. Clause 2 proposes to re-enact the substance of what were previously sections 90 to 94 of the Health Act. These sections, which provided for the control of offensive conditions created by trades or businesses, were repealed by the Noxious Trades Act, 1943. The Noxious Trades Act makes extensive provision for the constitution of noxious trades areas, for the licensing of noxious trades, and generally for the control of these trades and, at the time of the enactment of this Act, it was expected that it would supersede the relevant provisions of the Health Act. However, the Noxious Trades Act has been proclaimed to operate only in the metropolitan area and an extension of the application of the Act to other areas is not, at present, contemplated.

The Central Board of Health has therefore suggested that, in order to give country local boards of health some control over offensive trades, similar provision to that previously contained in the repealed sections 90 to 94 should be re-enacted in the Health Act but that their operation should be confined to parts of the State to which the Noxious Trades Act does not apply. Clause 2 therefore inserts new sections 89, 90, and 91 in the Health Act.

New section 89 provides for the matters previously dealt with by the repealed sections 90 to 92. It provides that if, in the opinion of the local board of health, any place used for a trade or business, is or is likely to become offensive or injurious to health, it may institute

summary proceedings against the person carrying on the trade or business. If the court is satisfied that the trade or business is offensive or injurious to health then, unless it is shown that the best means to prevent injury to health or offence have been used, the person carrying on the business is to be guilty of an offence. It is provided that the court may suspend its final determination upon condition that means to mitigate offence or injury to health and ordered by the court are taken by the person summoned.

New section 90 is similar to the old section 93 and makes it an offence to keep any accumulation or deposit of offensive matter longer than is necessary for trade or business or to omit to take the best available means to prevent the accumulation or deposit from becoming injurious to public health. New section 91 provides that new sections 89 and 90 are not to apply within any part of the State in which the Noxious Trades Act applies.

Section 123 of the Health Act provides that all houses built in municipalities are to have such drains, means of ventilation and sanitary requirements as the local board may prescribe. Subsection (2) provides that plans showing what is provided must be approved by the local board before the house is occupied. The Central Board of Health has recommended that the ambit of the section be extended. Accordingly, clause 3 provides that in addition to applying to houses within municipalities, section 123 is to apply to houses built in townships in district council districts. The term "township" is defined to have the same meaning as it has under the Local Government Act. Another alteration is made by clause 3 to subsection (2) of section 123. At present, the subsection provides that the necessary plans are to be approved before the house is occupied. Obviously the approval of plans should be obtained before the construction of the house is commenced and clause 3 therefore amends the section accordingly. It is also provided by clause 3 that section 123 is not to apply to any part of the State to which the Building Act applies. The Building Act provides that plans and specification of any building must be lodged with the council and approved before the building is commenced. It is obviously undesirable that the law should provide that a building owner should lodge complete plans with a council under the Building Act and also be obliged to lodge other plans with the local board of health under the Health Act. Consequently, the effect of clause 3 is that one set of plans and one approval

under the Building Act will suffice. When the Noxious Trades Act came into effect the powers of local boards of health outside the metropolitan area were eliminated. I have received complaints from country towns concerning certain events but when I have asked why they have not exercised any authority they have explained that they have been stripped of all power.

The Hon. F. J. Condon—Does this Bill affect the metropolitan area?

The Hon. A. L. McEWIN—The metropolitan area is covered by the Noxious Trades Act which does not apply to townships outside the metropolitan area.

The Hon. F. J. Condon—I have received many complaints from people residing in the Wingfield area.

The Hon. A. L. McEWIN—The purpose of the Noxious Trades Act was to overcome the objections the honourable member has apparently received. Noxious trades areas were created and if anyone built a home in those areas he had no cause to complain because he would have been aware that he was establishing himself in the vicinity of something which he might subsequently consider obnoxious. However, what was done prevented country towns from banning noxious trades in their districts. If a person builds in a noxious trades area he must expect to experience smells, noise or other disturbances.

The Hon. F. J. Condon—My complaints have been from people who have been established for 15 or 16 years in certain areas.

The Hon. A. L. McEWIN—I am sure that matter would have been debated when the Noxious Trades Act was under discussion and the honourable member is only emphasizing the soundness of that legislation. A start had to be made to prevent these difficulties arising. I commend the Bill to the favourable consideration of members.

The Hon. F. J. CONDON secured the adjournment of the debate.

MAINTENANCE ORDERS (FACILITIES FOR ENFORCEMENT) ACT AMENDMENT BILL.

Adjourned debate on second reading.

(Continued from August 19. Page 404.)

The Hon. E. ANTHONY (Central No. 2)—This small Bill with a very long title will improve the existing legislation and its administration as it provides a reciprocal arrangement between South Australia and countries under British rule described as

United Nations Trust Territories. I was rather surprised to hear the delightful old land of Scotland was excluded from the English Bill. No explanation of the reason was given us, but we are being a little more generous and Scotland is included as a reciprocating country.

The Hon. C. R. Cudmore—Apparently Scotland never needed any maintenance.

The Hon. E. ANTHONY—That may be true. The Bill is designed to enable the department to chase up people who avoid maintenance orders by taking refuge in another country. At present, if a maintenance order is served in England it cannot be followed up in South Australia, but the amendment will make this possible. I understand that maintenance orders now have to be transmitted through the Governors of the various States and Colonies. This means much unnecessary work and the Bill will enable the procedure to be simplified and expedited by permitting the orders to be transmitted through some other person than the Governor. I support the second reading.

The Hon. L. H. DENSLEY secured the adjournment of the debate.

MENTAL DEFECTIVES ACT AMENDMENT BILL.

Adjourned debate on second reading.

(Continued from August 19. Page 405.)

The Hon. E. ANTHONY (Central No. 2)—I take it from the introductory remarks of the Minister that this Bill deals with those unfortunate people who are sent for treatment to the Enfield Receiving Home. On reading the debates on the early legislation I find that the original intention was that Enfield should be a clearing house for people who met this dread tragedy, for tragedy it is; someone once said, "None could minister to the mind diseased." It is a revelation to me to learn from Dr. Birch's report that at least one in every 280 persons in the State is mentally afflicted. That is a very large percentage for a small and healthy country. The Bill will lengthen the period during which these unfortunates may be kept at Enfield before certification, and I am certain that that is a step in the right direction. Touching the broad question of mental illness—and it is more and more being regarded in these modern days as an illness—the present set-up at Parkside is most unsatisfactory. In his evidence before

the Public Works Committee Dr. Birch concluded by saying:—

At the present time new patients have to be accommodated with patients who were chronic and for whom little could be done towards their restoration to mental health sufficient for discharge. The existing buildings were old, inadequate, grossly overcrowded and totally inimical to proper psychiatric treatment.

That is a strong indictment of a public institution and, although I cast no reflections upon the Government, as I know the Chief Secretary and the Government have been doing everything possible to improve the institution in the last few years—

The Hon. A. L. McEwin—That is an expression of the Government's views on the whole thing.

The Hon. E. ANTHONY—I am not blaming the Government. These conditions have existed for some time and the Government will be compelled to do something as quickly as possible—

The Hon. A. L. McEwin—I am trying to inform the honourable member that this is the Government's proposal and expresses the Government's opinion.

The Hon. E. ANTHONY—I am well aware of that, but this is only one of five recommendations made by the Public Works Committee, few of which have been put into effect. The institution is at present housing quite a number of people who should not be there; old people who are not insane but simply ill. Relatives nowadays do not take care of old people.

The Hon. A. J. Melrose—That is a very broad statement.

The Hon. E. ANTHONY—Many of them do not, and proof of that is to be seen in this institution where there are so many of them. Another point is that a number of inmates at Parkside are new Australians and it would appear that the screening of these people before leaving for Australia was incomplete. If a proper examination had been made a number should have been left in their own country.

The Hon. F. T. Perry—That is not the case in recent years?

The Hon. E. ANTHONY—It is, and unfortunately the number is growing. It is a matter which the Government should endeavour to tighten up.

The Hon. A. L. McEwin—That, of course, is not a problem for the State.

The Hon. E. ANTHONY—It may not be a practical solution, but the State should direct the Commonwealth Government's notice to it. We should not place a greater burden on the taxpayers than is necessary.

The Hon. A. L. McEwin—The question has been referred to the Commonwealth on numerous occasions.

The Hon. E. ANTHONY—I am glad to hear that, because these people are still coming here. The report of the Public Works Standing Committee of June 25, on the men's admission block at Parkside Mental Hospital states:—

Another problem to which reference has been made previously is the necessity to admit to Parkside, where there is no proper provision for them, congenitally mentally deficient children who formerly were taken to Minda Home. Dr. Birch said that, except in very special circumstances, patients under 12 should not be admitted to adult mental hospitals. On the other hand, it would be inadvisable for all juveniles at Minda to be transferred to a mental hospital on reaching the age of 12. A number of chronologically older children might be retained at Minda advantageously.

As members are aware, Minda Home is a large institution and houses 300 mentally deficient children. The Government's subsidy to the home is only a token one. The home has provision for a little more than 300. It is not a juvenile lunatic asylum and that is where I challenge Dr. Birch's statement. It attempts to improve the condition of feeble-minded children and it is wrong to say that it should house double the present number. The object of Dr. Birch's remarks is to point out to the Government that there should be an infirmary or intermediate institution for those children until they can be found some home. It is a long time since idiot children were chained to their beds. Minda Home is not there for these children and is no longer available to them. Children are sent there because they are capable of slight improvement. Parkside does not want them and some other institution should be found for them.

The Hon. F. T. Perry—How long does Minda keep them?

The Hon. E. ANTHONY—Until they die. Minda does not admit any child under six, but there was a time when idiots used to be sent there. They could only be looked after, fed and washed. Many are kept until they grow into adulthood and at the moment the home gets only a small subsidy from the Government.

The Hon. S. C. Bevan—Do you claim that children can be kept there all their life?

The Hon. E. ANTHONY—Yes, unless they can be certified as insane.

The Hon. S. C. Bevan—That means they can be kept at the home even until they reach old age?

The Hon. E. ANTHONY—Yes, some live to be 50 or 60. Minda does not shut its doors to any case which can be certified by its two medical officers who are most sympathetic—over-sympathetic, I think, in many cases.

The Hon. F. J. Condon—How does Minda Home pay its way?

The Hon. E. ANTHONY—Through private contributions, largely. I think some time ago the home asked the Government to increase its subsidy.

The Hon. C. R. Cudmore—The main cost is borne by the children's parents.

The Hon. E. ANTHONY—No, it is borne by the institution. The maximum charge to a parent is about £104 a year, but a child cannot be kept for less than £3 16s. a week and the home has to find the difference. Members will see that it is a big burden on the institution, but I am not emphasizing that. The home has been well supported by the public and is performing its duties mainly through private benefactions. For different reasons many children are unfit to be admitted to Minda. From the public point of view no parent likes to feel that, by sending his child there, he will associate with idiot children. Members will agree that Parkside is not a suitable institution for children of tender years. Mental illness is a tragic thing for parents and relatives as well as for the patient. We should appreciate what our duty is. The Government has a duty to find suitable accommodation for people who are in the intermediate stage of this dread malady. I hope that the Government will do its best—which I am sure it is trying to do—to provide for these unfortunate citizens. We do not adopt Hitler tactics with such people, but treat them humanely at great cost to the State. I have much pleasure in supporting the Bill.

The Hon. J. L. S. BICE (Southern)—I support the Bill and think that the Chief Secretary's second reading speech presented a clear picture of what it means. I associate myself with Mr. Condon in his tribute to Dr. Birch and his staff. I had an opportunity, as a member of the Public Works Standing Committee, of visiting Parkside following many references by the Government to investigate the numerous problems that Dr. Birch and his staff are compelled to face. Many problems

are associated with chronic and aged persons. It is difficult to realize that there were about 378 admissions to Parkside of people over the age of 65 last year. Of that number 157 were over 65. The average age of all persons dying there is 68. It is a terrific problem to deal with these aged people and the Government is faced with this problem not only in mental but in general hospitals. In the main, the problem has arisen since the war and has constituted a great difficulty in providing the necessary accommodation.

On July 7, 1952, the Public Works Standing Committee recommended to Parliament three projects for Northfield Mental Hospital, each affecting the handling of chronic and aged patients and children under 12. The committee's recommendations involved almost

£1,000,000, but if they were given effect to today the cost would be much more. The problems have arisen mainly through wives as well as their husbands working, because at one time the wives would look after aged parents. I have seen what actually happens at Northfield and Parkside and have great sympathy with Dr. Birch and his staff in their problems. The Bill will enable examinations to be carried out at more appropriate times. It will be an advantage in administration and I have pleasure in supporting the Bill.

The Hon. E. H. EDMONDS secured the adjournment of the debate.

ADJOURNMENT.

At 2.45 p.m. the Council adjourned until Tuesday, August 25, at 2 p.m.