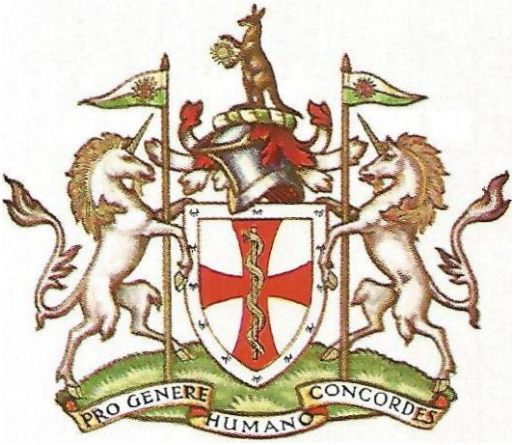
AMA
IN SOUTH AUSTRALIA
1879-1979

THE
SOUTH AUSTRALIAN BRANCH
OF THE
AUSTRALIAN MEDICAL ASSOCIATION



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PREFACE

Published to commemorate the Centenary of the South Australian Branch of the Australian Medical Association, the purpose of this book is to record the main events and leading personalities associated with the foundation and development of the Branch throughout its first hundred years.

Although every effort has been made in its compilation to ensure accuracy while maintaining a broad perspective, any attempt to include detailed lists of the members or persons involved on councils or committees has been purposely avoided.

Those men principally concerned with the events described and the institutions they represented have generally emerged in the narrative because of the importance of their contributions and in many instances have warranted more detailed attention. This applies especially in respect to the Royal Adelaide Hospital, its foundation and progress, and to the late Sir Henry Simpson Newland, who stood astride the greater part of this century like a colossus, whose influence in the affairs of the Association was unparalleled and whose deeds in fostering its development were incomparable. The interested reader is referred for further information on these two subjects to the excellent books by Mr. J. Estcourt Hughes, published in 1967 and 1972.

It would have been impossible to separate the progressive development of the Branch from the contributions made by individual members of the profession to the organization of health services in South Australia since the Province was established in 1836. Community pressures have often prompted the profession to stir the authorities into action. As needs arose in the community through a perceived deficiency in health care, so a response was developed by the profession and often initiated by members of the Association or officially sanctioned by its Council.

It will be seen repeatedly as the story unfolds how influence was brought to bear at various stages on health authorities and on the Government of the day, which has borne the final responsibility for decision making on proposals offered. The Branch has found itself in the position of prime mover on many occasions, assisting in the planning and implementation stages of projects, or, alternatively, as a moderating influence when the nature of the changes was considered contrary to the health interests of the community. Sometimes these influences have led to the es-

tablishment of institutions like hospitals, sometimes to the introduction of new measures of an administrative kind, or to legislation to give effect to the proposals, at other times to exert a restraining influence when the proposed changes were too extreme.

At the time of its formation on 19th June, 1879 the South Australian Branch of the British Medical Association was the most remote from its parent body in the United Kingdom and only the second established beyond that realm, preceding those branches which were about to be formed in Victoria in September, 1879, and in New South Wales in February, 1880.

A full account of the transition from the B.M.A. to the A.M.A., which occurred in 1962, is given in Chapter Seven.

Factors affecting the growth of the Branch itself, and of the provision for health services generally, have had their origin in the overall increase in population and its widespread urban sprawl over the Adelaide plains scattering beyond into country areas, at first of the Province and then of the State. The effects of this development can be readily appreciated when it is realised that, from an initial count of 546 people in the first year after the Colony's establishment, the population grew so rapidly that it exceeded a quarter of a million people by the year 1879. The first 43 years of colonization thus witnessed a period of unparalleled growth in the State at a rate which is difficult to comprehend 100 years later. It covered a time when immigration rates were at a maximum, and when births and infant deaths were at their highest level, in a situation which would now be described as a population explosion.

The immediate attractions for new settlers to South Australia, who came mainly from the United Kingdom and Europe, were the prospects of religious freedom and the large expanses of land available for agriculture. There were, later, enticing prospects of mineral discoveries such as deposits of copper at Kapunda, Burra and Wallaroo. Settlement along the River Murray commenced late in the nineteenth century, and as the river developed into a major navigable water-way, thriving communities became established along its banks. To some extent the rapidity of development can be gauged today by the array of towns, public buildings and important public services throughout the State which have been celebrating their centenaries recently.

It is widely held within the profession that, despite the similarity in their undergraduate training and in their experience, doctors are inclined to display singularly individualistic characteristics. In other words, unanimity in a wide cross-section of their numbers is rarely achieved unless, so some cynics would claim, it is to their own advantage. As bothers would say, "This is the nature of the beast", but, in fact, it unfairly denies the existence in most doctors of a spirit of altruism, humanity and humility, though these qualities are sadly lacking in some. These idiosyncrasies do not always make life easier for the elected office-bearers and those charged with the responsibility for the administration of the complex affairs of the Branch who have to cater for such a diversity of attitudes. This is a feature of which an ever-pressing, ever-observant public, through Parliament and the media, is constantly aware, frequently attempting to force home a political advantage against the Association and doctors in general. The medical profession therefore often attracts a disproportionate and sometimes unwarranted amount of attention from these sources for, as people in the media say, "Doctors always make good copy".

Criticism frequently directed at the Australian Medical Association, as the major body representing the profession, is that it is not truly representative of the views of the whole profession. The reasons advanced for this contention are partly on a numerical basis of incomplete membership, and partly that the opinions of doctors are widely known to be as varied as is possible in one small segment of the community. While these facts cannot be denied, it is of more than passing interest that the proportion of the whole profession which seeks representation through membership of the Association is greater than 75 per cent, and is roughly the same today as it was in 1879 when the Branch was founded. The claim has even been made in trade union circles that the Association is the most powerful union in Australia.

One of the strengths claimed for the Association is that members of the profession have complete freedom of choice to belong or not. The number of members behaves like a barometer, fluctuating with pressures on the profession. In times of stress, when the profession collectively regards itself under threat, it readily closes ranks to consolidate its position. The prime example arose when it saw itself under the menace of nationalization by a social-

istically inclined Federal Government in the late 1940s. Thousands of doctors throughout the nation responded to the tense circumstances existing at the time by contributing to a "fighting fund" to counteract the Government's proposal.

Public opinion, ever sensitive to the prominence given to anxiety within the profession, overcame initial scepticism as the campaign progressed. Ultimately, the weight of public opinion was sufficient to sway the vote at a Commonwealth referendum on a constitutional measure and to defeat the purpose of the Government, thus effectively setting aside the immediate likelihood of the nationalization of the health professions.

As recently as 1976, when strong socialistic tendencies were rampant in the political arena, some sections of the trade union movement showed strong opposition to the medical, profession. Several doctors were startled to find that they were threatened with the curtailment of some essential services by militant unionists when a boycott was temporarily imposed on the delivery of mail to doctors. On one occasion feeling ran so high that union activists were to be seen in Brougham Place opposite the Branch headquarters, distributing leaflets as members arrived to attend an extraordinary general meeting. Fortunately, no serious confrontation occurred, and since then the relationship of the profession with the public and with the union movement has steadily improved. Paradoxically most patients, as individuals, testify to a great respect for their own doctors, while the public generally harbours a mild suspicion about the medical profession as a whole. The reasons for this are as varied as they are obscure, and probably apply equally to other professions.

Although it aims to satisfy the curiosity of its readers, this book can provide only a cursory glance at the affairs of the Branch and of the individuals who appear briefly in its pages. For some this may be an opportunity for no more than a transitory pause to recall the past and to contemplate what the future holds for Medicine in this State. Strangely enough, one of the principal difficulties encountered by its authors rested on the abundance of recorded material available from all sources. For instance the Branch possesses the entire minutes of its Council meetings from its beginning to the present day. In these faithfully preserved volumes lies an untapped wealth of

valuable material, some of it highly colourful, much of it mundane yet necessary to the maintenance of proper records, a lasting tribute to a succession of painstaking secretaries.

Acknowledgement must be made of those who so readily agreed to prepare for this book contributions relating to matters of which they had special knowledge. These include:- Drs. R.C. Angove, R.StJ.M. Butler, L.C. Hoff, R.D. Hornabrook, J. Estcourt Hughes, A.G. McEachern, A.N. Limmer, L.O.S. Poidevin, W.J. Pattison, E.B. Sims, P.W. Verco, A.W. Wall, N.M. Wigg, and to each of them the Branch Council extends its warm appreciation and thanks.

Thanks are also extended to the Chairman and Directors of A.M.A. Services Ltd. for undertaking the responsibility for the publication and distribution of this book.

The secretarial staff, under the direction of Mr. I.F. Dobbie and Mrs. Tina Evans, has co-operated efficiently with the research team of Messrs. R.W. Fewster and R.G. Campbell and we are especially grateful to Miss Kathy Sheridan for typing the manuscript.

The Branch Council is particularly indebted to Dr. Ronald Winton, a former editor of the *Medical Journal* of Australia, for his expert assistance in the difficult process of editing, and to the members of the committee appointed for the purpose of completing the task.

80 Brougham Place,
North Adelaide,
December, 1979

W.S. LAWSON

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ILLUSTRATIONS

Figure 1. "Newland House", 80 Brougham Place, North Adelaide, the home of the Branch since 1951.

CHAPTER ONE

EARLY SOUTH AUSTRALIA AND ITS DOCTORS

It is impossible to write the Centennial History of the South Australian Branch of the Australian Medical Association without first considering the doctors and medical services of the Colony before 1879. The early "boom and bust" days of the Colony, which followed its proclamation in 1836, played a major role in setting the pattern and structure of practice and medical organization in South Australia. The harsh environment, the almost complete lack of facilities and remoteness that plagued the first settlers did much to mould the resourcefulness and determination of early doctors.

The Colonial Surgeon supplied the first medical service for the early settlers, but this service was gradually augmented by the arrival of other medical practitioners.

With the obvious shortcomings of the medical system in the early days of the Colony, it was fortunate that there were no major outbreaks of disease and that some of the more serious diseases such as cholera and epidemic typhus fever did not become a problem. Only once did bubonic plague affect the Colony for a brief season, and there were only sporadic and limited irruptions of smallpox which never gained a foothold. The spread of smallpox was kept in check by the operation of the Vaccination Acts, the first of which was passed in 1853. The introduction of smallpox and other serious diseases was prevented by the system of quarantine, established first under the State Quarantine Act of 1873, and the provision of a quarantine station on Torrens Island. Under Commonwealth administration since 1908, the system reached a completeness and effectiveness that aroused world-wide admiration.

Hydatid disease was a serious problem in the first few years after the Colony was established. Too many dogs and sparse water supplies were seen as the cause. It soon became universal practice to boil drinking water drawn from doubtful sources. This helped alleviate the problem.

In the early days of South Australia, travel within the Colony was not easy; there were no roads, just tracks, and doctors reached their patients either on foot or on horseback, in the latter case their medical equipment being carried in saddle-bags. When roads became es-

tablished, the doctor travelled or visited his patients in gig, dog-cart or victoria. In the country doctors often had to travel 40, 50 or even 100 miles to see a patient, and perhaps spent 24 to 48 hours doing so. The early part of the twentieth century saw the advent of the motor car, and transport was made much easier. Travelling time was halved, provided the one or two cylinder engine did not stop. Tyres were of indifferent quality, (3,000 miles was a good life for one) and punctures were frequent. The Old acetylene lights were poor and unreliable. Even as late as 1910, motor cars and their appurtenances were still primitive by present day standards.

South Australia's first resident doctor was John Woodforde, surgeon to the survey party brought out by Colonel Light in the "Rapid" in August, 1836. Dr. Woodforde, who was a personal friend of Colonel Light, qualified as a Licentiate of the Society of Apothecaries in 1832. He practised at Hindley Street and later at Brougham Place, North Adelaide, and was one of the founders of St. Peter's College. Three more doctors arrived later in the year, but Woodforde was the only one to attain eminence in the profession in those early times. Not long after arriving in the Colony he was appointed Coroner, a position he held until his death in 1886.

In January, 1837, Dr. T.Y. Cotter, who had been appointed Colonial Surgeon, arrived in the Province to start work. His duties included provision of medical attendance for Government employees, for marines working ashore, and for immigrants and their families. For good measure he also took charge of the infirmary, the gaol and the police force—all for the princely sum of £100 a year.

Illness and injury occurred amongst the settlers before proper facilities existed for their treatment. Dr. Cotter was only too aware of this and soon after his arrival began pressing the Governor for a hospital. His efforts resulted in the establishment in 1837 of the Colonial infirmary—a rented hut, measuring 12 ft by 18 ft, with walls of pressed mud. The infirmary was situated on North Terrace near the present site of Holy Trinity Church. The first patients were obliged to lie on its bare earth floor. After a few months a nearby house was bought for £71, to be used as a general dispensary and infirmary, but this did little to improve the situation.

Conditions at the time were appalling. No Government funds were provided for the infirmary; the only money

came from charity. Frequent appeals to the Governor for money were refused. The terrible conditions were widely known, and the inadequacy of the institution led to one of the Colony's first public controversies. The critics were given temporary heart with the appointment, at the end of 1838, of a Board of Management for the institution, but, by mid-1839, it was clear that the provision of more money was the only solution to the problem. The Governor was obviously aware of the position, because he soon announced that "two financial windfalls" had become available and would be set aside for a new hospital.

Calls for better medical facilities began to take effect. Early in 1839, Dr. J.P. Litchfield, an English practitioner, arrived in the Colony and was soon appointed to the post of Inspector of Hospitals even though his credentials were somewhat dubious. A short time later he was elevated to the position of chairman of the Infirmary's Board, and in this capacity he made valiant efforts to improve the Infirmary. He tried to make it self-supporting and in this regard went so far as to advocate breeding leeches in the Botanic Gardens for sale to local doctors. He also did his best to encourage charitable interest in the new Infirmary, and remained a strong influence until the new hospital was built in 1840.

Another doctor, who was to play an important role in the young Colony's medical affairs, arrived in 1838. This was Dr. J.G. Nash, who succeeded Dr. Cotter as Colonial Surgeon in 1839. After relinquishing the post of Colonial Surgeon, Dr. Cotter applied unsuccessfully for a staff position in the new Infirmary before eventually becoming Government Medical Officer at Port Augusta, where he died in 1882. His short term as Colonial Surgeon was in sharp contrast to the career of his successor, Dr. Nash, who was to play a major role in the establishment of the Colony's first hospital.

The site chosen for the hospital was near the north-western corner of the intersection of North Terrace and Hackney Road. The foundation-stone was laid on 15th July, 1840, and work progressed to the stage where it was possible to admit a few patients before the end of the year. It was designed to accommodate 30 patients with room available for another 10 if necessary.

In January, 1841, a Hospital Board was appointed. It consisted of the Colonial Surgeon, the Colonial Secretary and the Assistant Commissioner and three other members,

who were to be neither Government officials nor members of the medical profession. Within three months, however, a new Board was appointed. This consisted of six Government and six non-Government members, the latter to be elected at an annual meeting of subscribers. The hospital was staffed by three honorary medical officers, marking the start of the honorary system of hospital staffing in South Australia, which continued until 1970.

The first three honorary medical officers were Colonial Surgeon Nash, Dr. W. Wyatt and Dr. G. Mayo. They were later joined by Drs. J. Phin Smith and A.C. Kelly, who was, in fact, an early vigneron in the Colony.

The doctors asked for representation on the Board, pointing out that such representation was the accepted practice at all well regulated hospitals, but their request was refused. A second request was also refused by the Board and by the Governor, with the result that four of the five honorary medical staff resigned, and the honorary system was not resumed on a regular basis until 1867.

After this confrontation, the Government dismissed the Board and put the Colonial Surgeon, Dr. Nash, in charge. Dr. Nash continued to run the hospital until 1867, although his regime was not free of incident. An attempt was made to restore the Honorary Medical Staff in 1849, but Dr. Nash protested at the interference of its members in internal management, and his stand was supported by the Government, which led to further dissension.

Shortly after the hospital was opened it was obvious that the accommodation it provided would be sufficient for only a few years. By 1838 South Australia's population had passed 5,000, of whom 4,000 lived in the vicinity of Adelaide. By 1840, when the new hospital was started, the population had almost trebled.

In 1855 work started on the foundations of a new hospital. This was to be the first building on the site of the present Royal Adelaide Hospital. There were eight wards, with a surgery, dispensary and residential quarters for the house surgeon.

In 1849 the building of the North Terrace Lunatic Asylum was commenced on land adjoining the hospital. When the Adelaide Hospital moved to North Terrace the old hospital building was taken over to provide extra space for the Asylum and continued to be used for that purpose until patients were transferred to the Parkside Asylum in 1870.

The old hospital building then reverted to the Adelaide Hospital as a consumptive home and cancer block and was not demolished until 1938 after nearly a century of service.

In 1867 a new Hospital Act once more established a Board of Management, this time with no limit on medical representation and, in fact, nine of the 12 members were doctors. A further Act in 1884 limited the number of doctors on the Board to half of the 16 members with only three to be members of the Honorary Staff.

Many of the medical men who reached the Colony had qualifications which were of doubtful value. This rather serious situation was highlighted in England in 1841, when a census showed that only one in every three doctors practising in that country at the time was properly qualified.

The problem was first ventilated in South Australia in 1838, when five doctors wrote to Governor Gawler asking that a medical board be established, but it was not until 1844 that an ordinance controlling medical practice was promulgated and a Board appointed. A Register of Practitioners was established, but the order in which the names appeared differed from the dates of arrival of the first doctors. The first name on the Register was that of the Colonial Surgeon, Dr. Nash, who was the eighteenth doctor to arrive. Dr. Woodforde, the first to arrive, appeared as number five on the list.

By 1845, 23 doctors were registered. Early records show that a further 15 doctors came to the Colony, but, for reasons which are not known, did not register. Five years later there were 52 names on the Register, but the Health Officer of the Colony, Dr. H. Duncan, complained that as many as 60 per cent of the so-called doctors were unregistrable, many of them being former ship's surgeons with no acceptable qualifications.

Among the early practitioners to arrive in the Colony, Dr. William Wyatt was another to play a major role in the development of the Colony. On his arrival in 1837 he was made Protector of Aborigines and City Coroner. He is credited with being the first man to amputate a leg in South Australia. As well as being a member of the Board of the Infirmary, and of the Adelaide Hospital Board when it was re-established in 1867, he took over the reins as chairman in 1870 and held the position until 1886. He was also an original member of the Medical Board set up in 1844 and he was involved in many other activities including education and the arts.

Dr. William Gosse was another doctor to gain prominence in the early days of the Colony. In 1856, six years after arriving in Adelaide, he was appointed Acting Colonial Surgeon when Dr. Nash was granted leave of absence. Twelve months later Dr. Nash resigned from the position of Colonial Surgeon and was succeeded by Dr. Gosse, who in turn was succeeded by Dr. R.W. Moore in 1858. As Acting Colonial Surgeon, Gosse had charge of the second Adelaide Hospital when its first part was completed. In 1867 he became an Honorary Medical Officer at the Hospital when an Honorary Staff was reintroduced and he was appointed to the Hospital Board at the same time. Nine years later he was one of the first three men whose services were recognised by their being appointed Honorary Consulting Surgeons to the Adelaide Hospital. Both his influence and his standing with the medical profession by this time were immense. Regarded by many as the doyen of the medical profession, he was the chief promoter of the move to establish the Home for Incurables which was opened in 1878. In the following year he played a major role in the establishment of the South Australian Branch of the British Medical Association.

CHAPTER TWO

THE FORMATION OF THE SOUTH AUSTRALIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION

The South Australian Branch of the British Medical Association appears to have been the third medical society established in the State. The first is referred to in 1856 in the announcement of a gift of medical books to the Public Library when that medical society was disbanded. All records of the original society have been lost, and not even its official name is recorded. The first tangible evidence of the second body—the South Australian Medical Society—appears in the form of reports of meetings in 1872 and 1873, but this body also was to have only a short life.

Most of the meetings were taken up wrangling over the ethical shortcomings of medical men rather than with discussions of the important advances in medicine and surgery which were taking place at the time. One contemporary report said the older doctors were more versed in the practice of the past than the present. They were not wealthy and could seldom take refresher trips to Europe, even if they had the time, and there was no university or medical school to keep them up-to-date. Dubious medical qualifications of some who posed as doctors were also points of contention.

The affairs of the South Australian Medical Society were wound up in 1881, with the balance of £197 being used to found the Medical Benevolent Association of South Australia Incorporated, the object of which has been to assist medical men in distressed circumstances, the widows and families of doctors and to provide bursaries for the assistance of medical students experiencing unusual hardship.

The South Australian Medical Society did not appeal to many of the younger members of the profession, and their thoughts turned to the establishment of a branch of the British Medical Association. Early in 1879, Dr. Thomas Cawley reflected the thoughts of many of his colleagues when he wrote to the General Secretary of the British Medical Association asking for information on the procedure for forming a local branch. Many of the doctors were obviously keen on the idea and before an answer

could be received from London, a preliminary meeting was held on 30th May, 1879 at the house of Dr. William Gardner, who was a leading surgeon in South Australia. Others present were Drs. H.G. Astles, F. Baily, T. Cawley, P. Clindening, T.W. Corbin, T.H. Hawkins, J. Hicks and E.W. Way.

The meeting resolved that a new medical society should be formed. The discussion of original papers, the demonstration of interesting cases and of pathological specimens, and the advancement of medical and surgical science in general were listed as the chief aims of the new society. It was also resolved that, if practicable, the new society should be a branch of the British Medical Association, and a provisional committee of five was formed to pursue the matter.

Three weeks later on 19th June, a general meeting of doctors was held at the South Australian Club Hotel, later to become the well-known South Australian Hotel, which

Figure 2. The South Australian Club Hotel, North Terrace, (later known as The South Australian Hotel) where the meeting to discuss the formation of the Branch was held on 19 June, 1879.

was demolished in 1972. The meeting, attended by 30 doctors, was chaired by Dr. William Gosse, a man who, by his presence alone, would have done much to promote the successful formation of the Association. There was

Figure 3. Dr. William Gosse. The first President of the Branch.

only feeble opposition to the establishment of the new Association, although some members qualified their support by insisting on a platform of legislation for the suppression of unqualified practice, which was still a very contentious subject in the growing Colony. The meeting elected Dr. Gosse as president, Dr. T.W. Corbin as vice-president and Dr. W.L. Cleland as secretary. Of Dr. Gosse's election to the position of the president of the Branch of the Association, Dr. W.T. Hayward was later to write, "The founders of the Branch did well to elect Dr. Gosse as their leader for, at a time when the brotherhood of man was not conspicuous among members of the medical profession, he was universally respected. He was refined, gentle in manner, extremely courteous and always the picture of a typical English gentleman."

At the time of the formation of the new Branch there were only six members of the British Medical Association in South Australia. They were called on to sign the nomination papers of some 30 applicants for membership, who were duly accepted by a committee of the council in London on 15th October, 1879. Formal recognition of the Branch was not given until 7th July, 1880, when the petition of 22 South Australian members was considered and adopted. Notification of this decision reached Adelaide on 4th September.

The South Australian Branch was the second offshoot of the parent body, the first having been formed in Jamaica in 1877.

At that time there were 108 qualified practitioners on the South Australian Medical Register. At first the meetings of the new Branch were held in members' homes and then at the newly-established University of Adelaide, later at Morialta Chambers, Victoria Square, then at the Adelaide Hospital. The average attendance at early meetings was eight or nine, while 15 was regarded as a good gathering.

At some meetings contentious issues were discussed, for example, complaints about lodge practice and the questions of eligibility for membership of a doctor who was a homoeopath. A proposed ethical code was not adopted because many members were critical of some of its provisions, although it was obvious that such a code was needed. This was well illustrated by the fact that in 1885 the South Australian Branch Council appointed a committee to investigate cases of grossly irregular practice.

One of the Branch's first entries into the area of public debate occurred when it defended the city health officer, Dr. W. Robertson, who had been the subject of a campaign designed to "get rid of him". In addition to having his salary lowered, Dr. Robertson had been exposed to other indignities including the appointment of an analytical chemist to take over his work.

An outstanding feature of the Branch's early activities was the inauguration in 1887 of a series of Intercolonial Medical Congresses. After the Federation of Australian States in 1901, the Congress became known as the Australasian Medical Congress, British Medical Association. It was conducted under the aegis of the Federal Committee of the British Medical Association in Australia. after it was established in 1911. The first Intercolonial Congress was held in Adelaide and coincided with the opening of the Jubilee Exhibition. Dr. J.C. Verco was the president, and Dr. B. Poulton secretary of the Congress, which was opened by the Governor, Sir William Robinson. The Congress attracted a total of 155 delegates, with one member coming from as far afield as Fiji, and was hailed as an unqualified success.

Credit is due to the South Australian Branch for initiating moves which made it possible for women to be admitted to membership of the Association. Until 1892 the constitution of the parent body in England contained the clause: "No female shall be eligible for election." In the University of Adelaide, however, women already had equal rights and privileges with men, and in December, 1891, Miss Laura Fowler became the first woman to graduate with the degrees of M.B., Ch.B. Although it was against her inclination the young Dr. Fowler was encouraged to apply for membership of the Branch by Dr. A.A. Lendon, who was Secretary at the time.

When her application came before the Branch Council, it was decided to give members the opportunity to discuss whether or not women should be admitted. At a general meeting on 18th February, 1892, Dr. Lendon proposed that the time had come to allow the admission of women. The majority of those present agreed, but it was decided that a ballot of all members should be held. Circulars were sent to 96 members of the Branch. Of the 75 who replied, 46 were in favour of the change, 20 disapproved and nine were indifferent. Dr. Lendon's motion to allow the admission of women was passed at the next meeting,

"without", he later wrote, "any more disastrous result than the resignation of a member who, at the age of 75, remains a bachelor and presumably a misogynist."

The matter went before the annual general meeting of the British Medical Association in London in 1892, and although a similar motion had been turned down by a large majority (3,072 to 1,051) 14 years before, this time it was accepted as a reasonable reform. Miss Fowler was not actually elected to membership of the parent body for 10 years. However, her election as a member of the South Australian Branch was another matter and a few staunch opponents refused to vote for her election, which was deferred until the arrival of the new Articles from England. Although Miss Fowler (later Mrs. Charles Hope) was not to become the first woman member of the British Medical Association, she was the immediate cause of women being admitted. It is of interest that it was not until 1965 that a woman, Dr. Mary Walker, was elected to the Branch Council.

There is little doubt that it was the Laura Fowler controversy which led Dr. E.C. Stirling, a member of the Branch and also of the South Australian Legislature, to introduce, early in the 1890s, a Bill providing for the general franchise to be granted to women on the same terms as men. It is an historical fact that South Australia was the first self-governing unit of the British Empire to give the vote to women.

Because of the great distances between centres in South Australia, and the difficulties of communication in the early days, many localized groups of the Association were formed throughout the State. These groups continue to provide a channel through which the Australian Medical Association communicates with members, particularly on matters of urgency. They also provide members with a convenient forum for the discussion of their views on medical, political and sociological issues, and the results of these discussions are, where necessary, referred to the Branch Council for its consideration.

The guidelines specified for the formation of these groups are that they should promote the scientific, political and ethical interests of their members. They also play an important social role amongst members and their wives in the area. Local associations existing at present within the South Australian Branch are—Barossa Valley Medical Association, Lower Murray Medical Association, Lower

Eyre Peninsula Medical Association, South Eastern Medical Association, Upper Murray Medical Association, Eastern Suburbs Medical Practitioners Association, Salisbury and Elizabeth Medical Association, Southern Suburbs Medical Association, and South Western Suburbs Medical Practitioners Association. Recently new local Associations have been formed at Gawler and on the Fleurieu Peninsula.

An increasing number of specialist and sectional medical organizations such as the National Association of General Practitioners of Australia and the South Australian Salaried Medical Officers' Association have developed close connections with the Branch. There is a distinct similarity between these organizations in that they both commenced within a decade of the Branch's Centenary and they both originated from a need to foster and protect the interests of sections of the profession when circumstances at the time were considered oppressive to their members. The National Association of General Practitioners of Australia was formed in 1973. Its formation resulted from the efforts of general practitioners in several States, including South Australia, to counteract the political pressures they considered were working to the detriment of the high standards of health care within the community which they were attempting to maintain. Controlled by a national council, the State representatives of the National Association of General Practitioners identified closely with the Sections of general practice of their respective State Branches of the Australian Medical Association. Partly due to the conscientious efforts of the National Association of General Practitioners of Australia there was a renewal of public interest and improved recognition by the Government of the essential part which the general practitioners played in the total health care of the nation.

The South Australian Salaried Medical Officers' Association was formed in October 1974, and has as its members medical practitioners employed within the State who receive all or part of their remuneration by way of salaries. The majority are therefore medical officers employed in public hospitals and government-funded institutions on a full-time or part-time visiting staff basis. It was established to represent the industrial interests of these doctors, that is, to safeguard the terms and conditions under which they are employed. An essential prerequisite to this official industrial representation was

that the organization must achieve registration before the South Australian Industrial Commission under Part IX of the Industrial Conciliation and Arbitration Act. It was successful in this after a protracted legal dispute which lasted from June 1974 to August 1977, the principal objection being raised by the Public Service Association of South Australia Incorporated which formerly represented some salaried doctors. The Australian Medical Association at both Federal and State levels supported and assisted the South Australian Salaried Medical Officers' Association from its inception and throughout the entire period of its legal wrangling, the Federal Director of the Australian Medical Association's Industrial Department acting as principal adviser and advocate in its legal negotiations and applications to the Industrial Commission to initiate and vary awards. In 1979 the South Australian Salaried Medical Officers' Association established its first office with a full time staff at Newland House in North Adelaide.

There exist within the Branch three separate sections for the study of special branches of medical knowledge. These are the Australian Society of Anaesthetists; The Otolaryngological Society of Australia, S.A. State Section, and the Section of Obstetrics and Gynaecology, S.A. Branch, Australian Medical Association. These have been established under provisions contained in the Rules of the Branch and have maintained regular activities for many years. This has occurred in spite of increasing educational activities by their respective specialist Colleges and in general by the South Australian Postgraduate Medical Education Association, which succeeded the Postgraduate Committee in Medicine of the University of Adelaide.

There are also at the Federal level many bodies with scientific or other interests in special branches of medical knowledge closely related to the Australian Medical Association, participating in its affairs annually by attendance at the meetings of Federal Assembly of the Australian Medical Association.

It was as a result of a decision taken at the meeting of the Section of Ophthalmology at the Fifth Session of the Australasian Medical Congress (B.M.A.) held in Adelaide in 1937 that the Ophthalmological Society of Australia (B.M.A.) was formed. The inaugural meeting of that Society was held at B.M.A. House, Macquarie Street, Sydney in March, 1938. The Society represented ophthalmologists in Australia until it was succeeded by the Australian College of Ophthalmologists in 1969.

Another important affiliated body is the South Australian Medical Women's Association formed on 6th November, 1928. Inspired by their counterparts in Sydney and Melbourne, who had already established hospitals run by women, the South Australian group was formed with the same goal in mind. Although £1080 was quickly raised by the group the effects of the world-wide economic depression at that time prevented their plans from being put into action, and the money raised for the proposed hospital was eventually returned to the donors. It is interesting to note that until 1955 there was no record of a single case of discrimination, on the grounds of sex, against women being admitted to the Medical School or appointed as resident medical officers. It is therefore easy to imagine the controversy that arose when, in that year, the Board of the Royal Adelaide Hospital suddenly announced that none of the three women who graduated in 1955, all of whom had reached a high standard, would be given a resident post for 1956. Such was the reaction of the Medical Women's Association, the Australian Medical Association and the public in general that the Board quickly reversed its decision.

However, there was salary discrimination against women in most fields of employment, including the Public Service, until recently. The change in this situation was brought about by the Medical Women's Association in co-operation with the Equal Pay Council.

The Medical Women's Association is also a foundation member of the Australian Federation of Medical Women. The headquarters of the Federation move from State to State each triennium to fit in as far as possible with the Australian Medical Association Congresses.

The South Australian Branch of the British Medical Association made an early attempt to divest itself of its responsibilities as regards lodge practice, this task being undertaken during the 1920s by the Association of Registered Medical Practitioners of South Australia. Later, the Branch resumed charge and took over discussions with respect to the relations of the profession with the lodges and the chemists. These topics absorbed an immense amount of the Council's time and energy, but eventually the difficulties and the antagonisms were resolved.

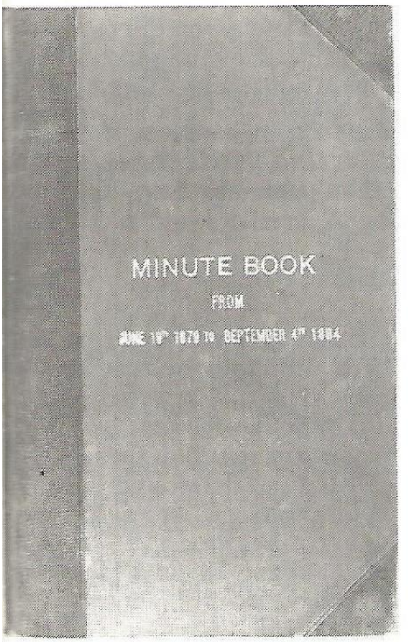
On relinquishing this section of its responsibilities to the British Medical Association, the Association of Registered Medical Practitioners became the Medical Defence Association of South Australia. This organization assumed an

important role in protecting the interest of members mainly against complaints and legal actions for malpractice or attempts by enterprising members of the community to blackmail medical practitioners. The importance of its role has increased tremendously in recent years as complaints by the public have become more numerous and more complex.

In 1957 a company called BMA Services Limited was formed. Operated by the Branch the company, which subsequently became AMA Services Limited, provides a wide range of service to members including the arrangement of insurance and life assurance, valuation and sale of practices, advertising and arranging partnerships and locums. It now carries a wide range of goods which it sells at discounted prices to members, and these items include surgical instruments, domestic appliances, office equipment and, in recent years, works of art.

For the first 50 years after the Branch's formation the secretarial work was generally performed by a member of the Council elected for this purpose. On 1st July, 1926, Mr. G.W. Bennett was appointed Lay Secretary, a position which he occupied until early 1928. Since the appointment of his successor, Mr. Walter C. Dobbie, on 19th March, 1928, the Branch has had the unique experience of employing as its Lay Secretary three successive generations of the Dobbie family. After nearly 20 years of service Mr. Walter Dobbie died on 7th May, 1947, and he was succeeded by his son, Mr. Frank C.W. Dobbie, who served the Association over a period of 44 years, commencing during his father's secretaryship in 1932. During this time Mr. Frank Dobbie saw the Branch membership grow from 377 in 1932 to 1,673 in 1976. A note published in the Branch Bulletin at the time of his death on 20th March, 1976 recorded that "he had a unique and unsurpassed knowledge of the medical profession in South Australia. Though quiet and unobtrusive he was a shrewd judge of people and situations. Always cheerful, polite and helpful to members of the public, the good relations between the public and the profession in this State were largely due to him. His experience and wisdom proved invaluable to a succession of Presidents." Mr. F.C.W. Dobbie's service to the Branch was commemorated by commissioning his portrait and purchasing a gavel and block for use at Council meetings, the cost being defrayed by subscriptions from members. He was immediately succeeded by his son, Mr. Ian F. Dobbie, who had been appointed Assistant Secretary in May, 1972.

It is unlikely that such a succession of Secretaries has occurred in any other Branch of the British or Australian Medical Associations.



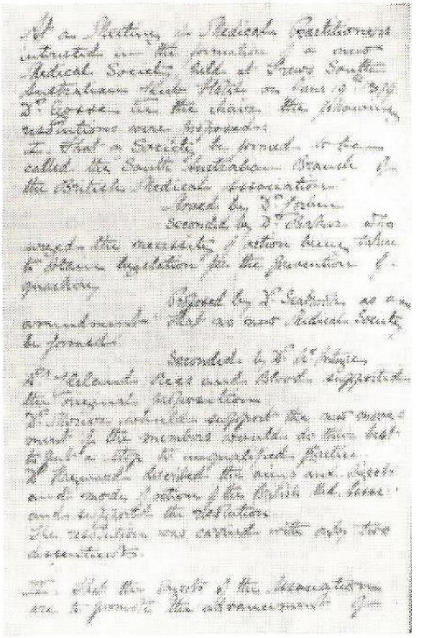


Figure 4. The first minute book of the Branch.

Figure 5. First page from the minute book referring to the preliminary meeting of the Branch-19 June, 1879.

As a matter of interest the minutes of two early scientific meetings of the Branch are reproduced here.

Monthly Meeting held at the Boardroom of the Adelaide Hospital, 29th April, 1880.

Present—The Vice-President and Drs. Way, Gardner, Clindening, Gaze, Bally, Dixon, Wilson, McIntosh, Cawley and the Honorary Secretary.

The Minutes of the Monthly Meeting held 25th March, 1880 were read and confirmed. Dr. Gardner exhibited a patient whose hip-joint he had excised. The patient, a young man, was able to stand without support and to bear considerable weight upon the operated limb. In reply to Dr. Way he said the abscess had not burst but that it was aspirated

before the operation. A discussion arose as to whether a septic cavity could be rendered aseptic and subsequently kept in that condition. Opinion appeared divided.
Dr. Way read the Notes of a Case of Dentigerous Cyst of the Upper Jaw, and exhibited casts of the same.
The Honorary Secretary read some remarks upon the care of the ageing insane patients. The opinion of the meeting was that they should be put on a more satisfactory footing.

The Monthly General Meeting of the Branch was held in the Lecture Room of the Public Library, North Terrace, on Thursday, 25th September, 1920 at 8.00 p.m.
Present—A very large attendance of members and a few visitors.
The President, Dr. H.S. Newland in the Chair.
The minutes were taken as read.
Dr. H.S. Newland then read a paper on Face and Jaw Surgery and described the methods practised by him at the Queen's Hospital, Sidcup, for the repair of deformities caused by gunshot wounds of the face and lower jaw. The methods of bone grafting, skin grafting and flap formation and transplantation were dealt with in detail and the paper was illustrated by living specimens, and numerous magnificent lantern plates of cases and diagrams.
Sir Joseph Verco moved a vote of thanks to Dr. Newland for his splendid paper which had interested him exceedingly, and surprised him considerably by revealing the amount of patience necessary to carry out the work successfully.
The progress of this branch of surgery during the war had been marked, and we should be proud to know that one of our members was one of the foremost surgeons in so important a section as the surgery of the face and jaw. Dr. R.H. Marten seconded and the motion was carried. Dr. Newland replied.

CHAPTER THREE

FOUNDATION OF THE ADELAIDE MEDICAL SCHOOL

"The founders of the school set a high standard of work from the beginning: its degrees were recognised abroad at once, its graduates have made good the world over, and its teachers have added lustre to the school and made definite contributions to different branches of medicine and surgery."

Dr. F.S. Hone in
Centenary History of South Australia
Section on Medicine (1937)

The University of Adelaide, the third university in Australia, was established in 1874 by Act of Parliament. The Act mentioned medical degrees, but there was no mention of a medical school. During the 1870s a number of graduates of British and European universities and two Melbourne graduates were admitted to Adelaide degrees "ad eundem gradum" before the medical school was established, and it was these men who provided the clinical teachers when they were required.

The first steps towards establishing a School of Medicine were taken in 1881 when Dr. E.C. Stirling, who had just been elected to the University Council, proposed "that in view of affording facilities to intending students of medicine, and in order to commence the establishment of a future school of medicine, a lectureship in Human Physiology be created." It was the Council's acceptance of that proposal which marked the start of the School.

Edward Charles Stirling, who was born at Strathalbyn in South Australia, graduated M.A., M.D., at Cambridge and also became a Fellow of the Royal College of Surgeons of England. On his return to Adelaide he decided to practise as a surgeon and was, indeed, the first man to enter consultant practice in South Australia without having done some time in general practice. In 1893 he was elected a Fellow of the Royal Society, a distinction which he prized above all others that came his way.

Dr. Stirling was appointed to the lectureship which he had proposed at a salary of £200 a year, plus £50 for preliminary expenses. He retained this appointment until he was made Professor of Physiology in 1900, a post he occupied until his death in 1919.

Figure 6. The old Anatomy Building, University of Adelaide, built in 1902, in use by the Anatomy Department until 1947 when it became the Staff Club of the University. The building was demolished in 1971 to make way for the Barr Smith Library complex. In 1947 the Anatomy Department became located in the new Medical School building on Frame Road.

In 1883 the possibility of establishing a medical school by providing the first two years of a full five-year curriculum was considered.

Also in 1881 the University received Royal Letters Patent which gave recognition to its degrees. The delay in giving this authority was due to misgivings over the new University's insistence upon admission of women on equal terms with men.

The University could not undertake the financial responsibility for a full medical course which would comply with the regulations of the General Medical Council of Great Britain and Ireland, and it was assumed that, after their second year, students would transfer either to Great Britain or to the medical schools in Melbourne or Sydney.

The financial barrier was partly removed later that year when a great benefactor of the University, Sir Thomas Elder, gave the University £10,000 to establish a Chair in the Medical Faculty, and Mr. J.H. Angas promised to help with £6,000 to found the Chair in Chemistry. The University Council appointed a Medical Committee and enlisted the co-operation of Drs. W. Gardner, W. Gosse and J.C. Verco. The Committee drew up a curriculum for a two-year course, which was adopted on 29th February, 1884. The Council then decided to appoint a Professor of Anatomy and a Professor of Chemistry. Physics and Natural Science were already being taught.

Whenever some bold and courageous enterprise is undertaken, there is never a lack of criticism, and the proposal to open a medical school was no exception. Press comment was generally unfavourable, and in 1884 one report stated its opinion that the whole university concept was premature and had cost more than it was worth, or ever would be worth, and that it was now proposing to establish a third-rate medical school.

Dr. Stirling went to England to buy apparatus and find suitable staff. Dr. Archibald Watson took the Elder Chair of Anatomy, which he held until 1919, while Edward Henry Rennie took the Angas Chair of Chemistry. Natural Science was supervised by Ralph Tate and Physics by William Henry Bragg, who was later knighted for his outstanding contributions to physics and, jointly with his son, won a Nobel Prize.

These five men, Australian by birth except Bragg and Tate, set to work to build up their departments, although, especially at first, their resources were limited, and

the Medical School started lectures on 17th March, 1885, with six students.

A Faculty of Medicine was established during the year with Dr. H.T. Whittell as Dean, and the original plan of providing only the first two years of the course was soon abandoned. During those first two years of the School, a complete five-year course was planned, including clinical teaching at the Adelaide Hospital.

The six students who started the course were C.H.S. Hope, F. Goldsmith, A.F. Joyce, Cromwell Magarey, A.F.A. Lynch and J. Robin. Four became the first graduates in Medicine at the University of Adelaide in 1889. Joyce and Robin are believed to have graduated elsewhere.

The first few years of the School's existence threw an enormous amount of work onto the staff. From the outset there were applications for status from men who for various reasons wished to move from sister Universities. There were also problems with men with licences or diplomas from various examining bodies the standards of which did not correspond with those demanded in Adelaide.

There was a strong feeling that the School must maintain a standard at least equal to that of other Universities, and that this could best be done with the assistance of external examiners. Students were examined annually by their teachers and if a given standard was reached, they entered upon the next year's course, but, if not, the previous year's course had to be repeated. Supplementary examinations were sometimes permitted if a candidate failed in one, or at the most two, subjects. In final examinations at the end of the second year (Anatomy, Physiology, Chemistry) and fifth year (Medicine, Surgery, Gynaecology) papers were set by co-opted examiners from either the University of Melbourne or of Sydney as well as by local teachers.

In 1882, before the first students started the medical course the important question of the desirability of coupling the Bachelor of Medicine degree with a similar degree in surgery and of providing a higher degree of Master of Surgery as in many other British universities was raised. This required an amending Act, which was passed in 1888.

The Medical School's association with the Adelaide Hospital has always been a close one. When planning the five-year course a prime necessity was to make provision for clinical instruction. Negotiations between the University and the Hospital's Board of Management started

in 1884 and were completed in time for the first third-year students to receive their clinical training in the wards of the Hospital. At that stage the resident medical staff at the Hospital numbered two, a house surgeon and a house physician, who worked under members of the Honorary Staff. The advent of the Medical School greatly enhanced the status of these "honoraries", and appointment to the Honorary Staff was keenly sought.

By 1890, there were five members of the Hospital's indoor staff, a medical superintendent and four house surgeons, including Drs. Lynch and Goldsmith, two of the first graduates from the Medical School.

Teaching at the Hospital was at first rather haphazard and there was little co-ordination between the efforts of the various teachers. With experience, however, there was a marked improvement and some of the members of the Honorary Staff became notable teachers.

A new era in clinical instruction followed the appointment of Mr. I.B. (later Sir Ivan) Jose to the Staff in 1925. He had drive, enthusiasm and great ability as an organizer and it was due to his efforts that Directors of Studies in Medicine, Surgery and Gynaecology were appointed in 1936. Teaching of students reached a very high standard under this arrangement, which lasted until professors in the same three major subjects were appointed. The first of these was H.N. Robson, who was appointed to the Chair of Medicine in 1953 and who was later, as Sir Hugh Robson, Principal and Vice-Chancellor of the University of Edinburgh. In 1958, L.W. Cox became Professor of Obstetrics and Gynaecology and R.P. Jepson, Professor of Surgery.

By the middle 1890s, the Adelaide University Medical School was well established, but it then experienced a serious reverse because of a dispute at the Adelaide Hospital which will be discussed in the next chapter.

The Branch and many of its members individually have consistently interested themselves in the welfare of medical students and in their academic achievements. The Branch has always recognized that the foundations of the future practising profession are contained within the generations of oncoming medical students and that it is from the ranks of these students that many of its leaders will emerge. It has therefore sought and attracted student membership of the Association with student representatives from each University attending meetings of the Branch Council.

Whenever possible the Branch has actively supported the medical student societies. In recent years grants have been made by the A.M.A. to assist selected students wishing to pursue elective medical experience of a special extra-curricular kind, often available only in remote parts of the World.

By agreement with the University of Adelaide certain commemorative prizes have been established and awarded annually to students who have excelled themselves in examinations conducted in the final years of their course. Since 1953 the Frank S. Hone Memorial Prize has been awarded to the student attaining the best marks in the Fifth Year clinical examination. To honour another distinguished former President of the Branch, the Sir Trent Champion de Crespigny Memorial Prize has been awarded since 1962 to the student attaining the highest marks in Sixth Year. The Section of Clinical Medicine of the S.A. Branch awarded an annual student prize for many years until the Section became defunct and was superseded by the Postgraduate Committee in Medicine. There are also several private bequests to the University without A.M.A. involvement for various annual commemorative prizes in different branches of medicine.

CHAPTER FOUR

THE ADELAIDE HOSPITAL ROW OF 1896-1901

"To go back to the commencement of this squabble, which has now assumed such gigantic proportions, we find, as in most social squabbles, that there was a woman at the bottom of it. From what I can glean the trouble arose from the fact of one of the nurses not being invited to join a lawn tennis set, and because of the complications arising from this paltry beginning the Hospital Board, which was composed of some of our most respected colonists, is disbanded. The members of the Honorary Staff, comprising the leading members of the medical profession, are forced to resign their positions; the admittedly skilful and competent House Surgeon Dr. Perks, and the whole of the junior staff are driven from their posts; and the institution, which was once the model hospital of the Southern Hemisphere, is now a byword and reproach. " *From a letter to the Register*
30th September, 1896

At the end of the century Adelaide was rocked by what was at first an internal dispute at the Adelaide Hospital, but which dragged out over four years and involved many sections of Adelaide's community. Mr. Estcourt Hughes, in his book, A *History of the Royal Adelaide Hospital*, states: "The whole business, from the beginning to end was utterly lamentable and involved discreditable actions on the part of some of the participants and regrettable ones on the part of many others. In spite of this perfectly justifiable assessment of the dispute, 'the Hospital row', as it is always called, is probably the best known incident in the history of the Hospital."

The dispute began with an official enquiry into the future management of Hospital staff after differences between nurses and a hospital officer in 1888. The committee of enquiry recommended changes in the nursing staff, as a result of which four nurses were brought from England to train an enlarged staff in what it was hoped would lead to "a new era in the nursing services."

In 1894 the Hospital's Board of Management invited applications for the position of Matron. The previous Matron, Miss Rose Banks, was among the applicants but, as she had been "unsatisfactory", she was not re-appointed, and instead Miss Robina McLeod, formerly superintendent of night nurses, was promoted to the position.

It was the filling of Miss McLeod's previous post that was the direct cause of the bitter controversy. The appointment went to Miss Annie Gordon, who had only recently completed her training and was junior to several well-qualified charge nurses. But, more than her lack of experience, it was probably the fact that Miss Gordon was a sister of the Chief Secretary (the Minister in charge of the Hospital) that caused the greatest resentment. The Board later claimed that it did not know of the relationship, although this has often been doubted since, and that it made the appointment on the recommendation of the Medical Superintendent, Board members and Honorary Medical Officers.

Some of the other charge nurses complained to the Board that seniority had been overlooked, but their protest had no effect. At this stage some sections of the Press took up the case of the charge nurses, alleging that they had been treated badly by the Board. The Premier of the day, Mr. C.C. Kingston, then entered the controversy, at first taking the view that seniority should be paramount, while the Board claimed that Miss Gordon was the most competent person to fill the post. Eventually, Premier Kingston confirmed Miss Gordon's appointment, but not until 29th January, 1895, three and a half months after the Board's nomination had been sent to the Government.

The protest by the six nurses, five charge nurses and a fourth year probationer, Miss Graham, was considered by the Board to be insubordinate. A special committee set up by the Board obtained apologies from all the nurses except Miss Graham, and, as she was considered to have been "impertinent and rebellious" her nomination for the position of charge nurse was withdrawn.

A second objection by a charge nurse named Hawkins resulted in the special committee recommending that Miss Hawkins should be dismissed from the Hospital service. The recommendation was adopted by the Board, but rejected by the Government, with the result that the "battle" flared up in the Press. One newspaper published a letter from Miss Graham to the Chief Secretary, and public excitement reached such a stage that a Royal Commission was set up to enquire into the management of and conditions at the Hospital.

In an interim report, the Commission stated that the complaints of the nurses had been justified, but that the Board had acted in good faith and Miss Graham should

retain her post. It found that there was no evidence to support Miss Graham's charges against the Board, the Medical Superintendent or the Matron.

In its final report, the Commission praised the way in which the Hospital was conducted. It was clear the Commission believed Miss Hawkins and Miss Graham had acted on behalf of senior nurses in pressing for an enquiry and that their protests were justified, even if the terms of those protests were not well chosen. It recommended reinstatement on their tendering an apology which was to include a "withdrawal of the offensive expressions against the Government and the Hospital." Both apologised twice, the second time, on the advice of the Chief Secretary, in terms of greater humility. However, the Board refused to reinstate them, standing on the principle of its right to appoint or dismiss hospital staff.

The South Australian Branch of the British Medical Association backed up the Board, resolving that reinstatement of the nurses would be prejudicial to good order and discipline. Eventually, the Board was prepared to concede that Miss Hawkins should be reinstated, but still refused to recommend Miss Graham for appointment as a charge nurse.

In August, 1895, the Government made it clear that the Board would not be reappointed when its term expired at the end of February, 1896. The Medical Superintendent, Dr. R.H. Perks, resigned in September, and was followed in February by the Matron, Miss McLeod, and Miss Gordon. Two of the protesting nurses had also resigned. After Miss McLeod resigned, Miss Gordon was appointed to her position, but did not take up the post.

A new Board was appointed, but, before it met, the Government appointed Miss Graham a charge nurse and a ward was allotted to her. It was an arbitrary act, considered by many observers to have been illegal. In addition to Miss Graham's employment, two moves were made which resulted in probably the most unfortunate aspect of the whole dispute. First, a seat on the new Board was given to a Dr. T.A. Hynes, who had been expelled from the South Australian Branch of the British Medical Association for unprofessional conduct, namely, that he allegedly accused another doctor of having performed a vaccination in an improper manner. Second, no seat was given to a member of the Hospital's Honorary Staff, although two or more had been appointed when the Board was

established in 1867. The outcome was that the Honorary Staff, which at that time numbered 17, resigned.

The South Australian Branch of the British Medical Association supported the Honorary Staff in its boycott of the Hospital. That action was eventually supported by every Australian: branch of the British Medical Association and by the parent Association in Great Britain.

In 1896, the South Australian Branch of the British Medical Association published an account of the controversy which stated:

> "The presence of Dr. Hynes, the appointment of nurse Graham, and the snub administered to the staff by not allowing them any representation on the managing body of the Hospital, could admit of no other interpretation than that the intention of the Government towards the medical men was hostile in the extreme."

The document continued:

> "This large Hospital is completely under the control of a Government which depends greatly upon the support of the Labour Party. The recalcitrant nurses received the sympathy and support of this powerful political organisation. The result has been that two women occupying subordinate positions were enabled to insult the Board of Management and their superior officers with impunity, that they in fact were rewarded for their contumacious conduct, and that those who were trying to keep the Hospital up to a high standard of efficiency were treated in a most ungrateful manner.
>
> "The Government of South Australia has preferred to virtually dismiss a Board of 16 independent men who have for years given their services gratuitously to the advancement of the Hospital, to lose the services of an excellent Medical Superintendent, to accept the resignation of the Superintendent of Nurses and her lieutenant, and to get rid of the Honorary Medical and Surgical Staff composed of 17 of the leading medical practitioners in the city.
>
> "For what? To retain a couple of women in the Adelaide Hospital service who have by their letters and conduct given ample evidence of unfitness.
> "When contemplating the present situation, the feeling of disappointment and sadness at such wholesale destruction of all our hopes and schemes, which must inevitably arise, is in a measure assuaged by the pleasing

recollection of the self-abnegation and loyalty exhibited by the profession in this Colony. They promptly recognised that a serious crisis had arisen, and that a most important principle was at stake, and they banded themselves together, almost to a man, to advance the righteous cause and shun dishonourable deeds."

"It will ever be a source of satisfaction to know that the medical men of South Australia during this epoch-making period, did their level best to uphold the noblest traditions of the profession to which they belong."

The people of South Australia also seem to have been in agreement with the doctors. A testimonial signed in July, 1896, by about 10,000 people (the population at the time was about 370,000) read:

"To the late Medical Staff of the Adelaide Hospital.
Gentlemen,
We have requested your presence here this afternoon that you may receive through us a voluntary tribute from a number of your fellow colonists who wish to express, by their signatures, their sympathy with you in the recent Hospital trouble, and their thanks and gratitude for the kindly and skilful services you have so long bestowed upon that institution. Men and women from all parts of the Province have signed the Testimonial, and, had time and opportunity permitted, their number would have been greatly augmented.

We wish we could also convey to you the grateful testimony of those who have been the recipients of your valuable services, and who feel deeply the loss they and others have sustained by your severance from the Hospital.

We trust that the volume containing these signatures may have a place among the archives of the Medical Association, to be a lasting memorial to the esteem and respect with which you are regarded by so large a portion of this community. For ourselves, we are convinced your loss to the Hospital is a national disaster, and we express the hope that under other and happier circumstances we may see you return to your several posts, to be again the friends and benefactors of the sick and sorrowful."

After the Honorary Staff resigned, the Government's first move was to advertise the vacant positions. Because of the poor response, applications were invited in England for a Resident Surgeon (£400 p.a.) and a Resident Physician

(£300 p.a.). Despite British Medical Association support for the South Australian doctors, the posts were eventually filled in England. The doctors, Leith Napier and Ramsay Smith, were ostracized when they arrived in South Australia, and were duly expelled from the British Medical Association. The two men were severely criticized by Professor Watson, and as a result, the Board asked Professor Watson to resign. He refused and was dismissed.

There is no doubt the intemperate references by the Premier, C.C. Kingston, to the medical profession in general and to certain of its members in particular, helped to keep the row at fever pitch. In a speech at Noarlunga, the Premier referred to Dr. E.W. Way, brother of the Chief Justice and a former member of both the Board and Honorary Staff of the Hospital, as a medical "Jack the Ripper." The transfer of Kingston, politician and lawyer, to the Federal sphere of politics was an important factor in bringing about the final settlement of the trouble.

The University Council became increasingly concerned about the effect of this unseemly quarrel on the clinical teaching of medical students, and in 1901 wiser counsels prevailed and the Honorary Staff returned to the Hospital.

The one person who came out of the whole lamentable business quite well was Miss Graham. On the resignation of Miss Lane, she became Matron in January, 1898, and retained the position with distinction until 1920. The Margaret Graham Nurses' Home at the Hospital was named in her honour.

So ended one of the most dramatic and bitter episodes in the history of the Colony, and such was the enmity which existed between the various factions at the time that it is only with the benefit of hindsight that its origins and consequences can be appreciated.

However, one regrettable consequence of the unhappy affair was the fact that the resignation of the Honorary Medical Staff had inevitably resulted in the cessation of clinical teaching, so that many senior students at that time had to go to Melbourne or Sydney to complete their medical courses. Some of these men such as John Burton Cleland did eventually return to South Australia, but many of those involuntarily exiled stayed on in their new locations to become distinguished members of the medical profession.

CHAPTER FIVE

TIMES OF CHANGE AND MEN OF INFLUENCE

The early part of the present century was an important period in the history of the South Australian Branch of the British Medical Association, because within its ranks were several men who had achieved a high status professionally and who were prepared to use their talents in the interests of the Branch.

Dr. Joseph Cooke Verco was typical of these men of calibre who made their mark. He was born at Fullarton on 1st August, 1851, and it is of great interest that on this important occasion the accoucheur was Dr. John Woodforde, who has already been mentioned in these pages. He received his early education at Mr. J.L. Young's Academy, which was located at that time in Stephens Place, Adelaide. On leaving school he entered the service of the Railways Department, but soon tired of this and resolved to study Medicine. He went to the United Kingdom for his medical education and had a distinguished career as a student at St. Bartholomew's Hospital, London, where, after qualifying, he was a resident medical officer.

In 1876 he became M.D. (London) with the gold medal and, in 1877, a Fellow of the Royal College of Surgeons of England. Dr. Verco returned to Adelaide in 1878, and, at first, like all other doctors in Adelaide, his work was that of a general practitioner, but by the mid-1890s he was practising as a consultant physician. He became an Honorary Medical Officer at the Adelaide Hospital in 1880, and held the position of Honorary Physician from 1883 until 1912. He resumed these duties during the war years of 1914-1918 to ease the staff shortage caused by members leaving for military service. He was also an Honorary Physician at the Adelaide Children's Hospital, and although he left the staff of this Hospital in 1890, he retained a keen interest in it, and gave it considerable financial assistance.

At 36 years of age he became the President of the first Intercolonial Medical Congress of Australasia which was held in Adelaide in 1887. His immense influence on the Adelaide Medical School and on the practice of Medicine in South Australia was a case of the man matching the hour. He was associated with the Medical School in its infancy and, while its existence fostered the development

of his powers and reputation, he in return advanced the School by his work, counsel and financial support.

Dr. Verco lived an orderly life and showed a single-minded devotion to his professional duties. Besides serving on the University Council, he was twice Dean of the Faculty of Medicine, in 1889 and 1920-21. He was the founder of the Dental School and first Dean of the Faculty of Dentistry. He also became the first Chairman of the Advisory Committee of the Adelaide Hospital and the University of Adelaide when it was set up in 1921. He was President of the South Australian Branch of the British Medical Association in 1886-87, and again during the First World War.

In 1919 a knighthood was conferred upon Dr. Verco. This was the first occasion on which such an honour was given to a medical man in South Australia for purely medical and scientific services and it was widely acclaimed.

Sir Henry Newland, who was born in 1873 and died in 1969, was another to attain great eminence in his profession. Because of the "Hospital Row", which erupted in 1896 just before his final examinations, Henry Newland did not become a house surgeon at the Adelaide Hospital. Instead, he went to England and for a short time reverted to student status at the London Hospital in order to qualify for appointment to its junior resident staff. Later, when he had secured the F.R.C.S., England, he was appointed Surgical Registrar at that great hospital.

After working in London he visited various European centres before returning fo Adelaide in 1902, and in the same year he became the first man to pass the examination for the degree of Master of Surgery (Adelaide). He then joined Dr. R. Humphrey Marten as a general practitioner. In 1908, he received his first appointments to the Honorary Staff of the Adelaide Hospital, first as Honorary Radiographer, then as Honorary Assistant Surgeon. Enlisting for war service in November, 1914, he left Australia in December, and served in Gallipoli, Egypt, France and England. He was then put in charge of the Australian section of the Queen's Hospital for Facial Defects at Sidcup, Kent.

After returning to Adelaide, he became an Honorary Surgeon at the Adelaide Hospital, Honorary Surgeon to the Adelaide Children's Hospital and Visiting Surgeon to the Repatriation Hospital. Knighted in 1928, he retired from the active staff of the Adelaide Hospital in J933, and was

appointed an Honorary Consulting Surgeon, a position he held for a record 36 years.

In 1940, he took over the neurosurgical work at the Royal Adelaide Hospital, when Mr. L.C.E. Lindon left for the Second World War. He also supervised a general surgical unit until, when he reached the age of 70, his friends insisted that he should take things more easily, However, he continued in practice until he was 78. His retirement from active surgical work did not result in any diminution of his interest in surgery, professional affairs or community matters.

His long and notable connection with the British Medical Association, which he joined during his postgraduate years in England, included terms as Secretary and President of the South Australian Branch. He was made a Vice-President of the Association in England in 1932. He was also a member of the Federal Committee of the Association in Australia, and was President of the Committee and of its successor, the Federal Council. Always an opponent of nationalization, he regarded his stand against the Chifley Government's socializing moves in 1946 as his best service to the British Medical Association. He was a strong supporter of medical benefit funds and he had a long association with Adelaide's Mutual Hospital Association. A Minute from the Annual General Meeting of 1970, perhaps sums up his contribution to Medicine:

> "There can be no doubt that the medical profession in Australia owes its survival as a free profession to the efforts of Sir Henry and his colleagues on the Federal Council when the profession was faced with the threat of nationalization by a previous Labour Government in 1946."

Dr. Archibald Watson was another to make his mark in Medicine in South Australia. Described by his colleagues as an amazing man, he was appointed to the Elder Chair of Anatomy when the Medical School was first established and became one of the most colourful personalities ever associated with the University. He was then only 36 years of age.

Born in New South Wales in 1849, he attended Scotch College, Melbourne, before leaving at the age of 16, to go to sea. After some time at sea he decided to pursue a career in Medicine, studying at Göttingen and Paris. After receiving a Doctorate in Medicine from both universities, he went to London where he became a Fellow of the

Royal College of Surgeons and a Licentiate of the Society of Apothecaries.

Dr. Watson was an able, picturesque and entirely unconventional teacher of anatomy until his retirement in 1919. He was the first Honorary Pathologist appointed to the Adelaide Hospital, serving from 1885 to 1896 and again from 1904 to 1911.

"Archie" Watson was a man of striking appearance, but his untidiness and disregard for the conventions in matters of attire were well known, as was his chosen mode of transport, a motor bike. He had a sharp tongue, and when from time to time he visited the operating theatre, his comments on the work of the surgeons were a source of irritation and embarrassment. After his retirement from the University, he returned to his roving life and eventually died in 1940, just before his 91st birthday, on Thursday Island, where he lived in his last years.

The Branch has a long history of special interest and concern for prevention and preventive services.

F.S. Hone (President 1911-1912) was generally regarded as the father of Preventive Medicine in South Australia and, by his teaching and example, bridged the gap between the profession and the official public health services.

Sir Darcy Cowan (President 1935-1936) and Sir Harry Wunderly, by sheer determination forced the development in the late 1940s of the national campaign against tuberculosis, the success of which was ensured by Wunderly's devoted leadership.

Meanwhile, the mantle of F.S. Hone had fallen upon A.R. Southwood, C.M.G., who, throughout some 30 years in control of the State Public Health Service, remained a clinical teacher and a keen member of the Branch.

In 1964, Federal Council invited the Branch to make recommendations, which were accepted by the Assembly, on an Australian Medical Association policy on Preventive Medicine. The Committee which drafted the policy on behalf of the Branch Council was chaired by Clifford jungfer, C.B.E. (President 1958-1959), whose monumental study of child health in the Adelaide Hills not only marked him as a leader in Preventive Medicine, but also demonstrated clearly that the family doctor could and should be a leader in this field.

The concern of the Branch for maternal-and child health was further evidenced when Geoffrey de Crespigny (Pre-

sident 1960-1961) gave up private paediatric practice to become full-time medical director of the Mothers and Babies Health Association Inc. in 1961.

The happy relationship between official public health services and the Branch both in Council and in the field, was strengthened by the long service of John Dwyer, O.B.E. (President 1963-1964) as Medical Officer of Health for the City of Adelaide, and was further cemented when Phillip Woodruff, Director-General of Public Health for South Australia and previously Director of Tuberculosis, became President in 1967-1968. His aim was to ensure that this co-operation, which began in the realm of the control of communicable diseases, should evolve in parallel with the philosophy and practical application of prevention, through maternal and child health, occupational and environmental health, and the medical welfare of underprivileged groups.

Towards the end of the third decade of the twentieth century the community received warnings of an impending economic depression. By October, 1929, the depression, which was to have the unenviable distinction of being known as the Great Depression, had reached serious proportions and from then until 1933 matters went from bad to worse. Unemployment was high, financial hardship was rife and, for want of better accommodation, people built humpies along the banks of the River Torrens, until conditions there forced the Adelaide City Council to take action.

It was a hard time for everyone, and doctors were no exception. Many patients could not afford to pay for treatment, so they went to the hospitals' outpatient departments. Apart from the poor families, which had traditionally used the hospitals, the unemployed threw an additional heavy burden on the resources of the hospitals. There was also a large floating population which comprised many people who seemingly never had any intention of paying for medical services, which, however, they demanded from doctors at all times of the day and night.

Payment in kind was a common occurrence. Dr. Neil Wigg, at the time a practitioner in Gawler, recalled a £5 bill that the patient offered to pay in tomatoes—which at the time were one penny per pound. By the time the equivalent of ten shillings had been paid, (120 lb. of tomatoes) Dr. Wigg had written the debt off.

A similar story from Dr. Denys Hornabrook, who was practising at Freeling, involved a 10 guinea fee paid in cream—one tin of cream valued at threepence every morning, or, in other words, free cream every day for two and a quarter years. Dr. Hornabrook also remembered having a contract to treat all welfare patients in the district for 10 guineas a year. After the depression became serious, all destitute people were included on the welfare list, and he soon found himself with about 600 patients to treat for ten guineas. He refused to sign the contract when it came up for renewal, but did not refuse treatment to anyone who really needed medical attention.

It was not long after the Second World War that doctors started to move from their traditional location on North Terrace in the city to North Adelaide. North Terrace had been a favourite site from the time the Colony was settled. Many doctors built premises there, using the ground floors for professional rooms and the upper floors as residences. Ground floor accommodation was used for practices until 1908, when Sir Henry Newland and his partner took the unheard of step of moving professional rooms upstairs.

Over the years, various businesses took over the doctors' houses, although many of the new owners rented rooms to doctors. In time, high rentals and parking problems forced the doctors to look elsewhere.

Brougham Place, North Adelaide, eventually became the centre for many specialists, but only after an unusual beginning. In 1950, a doctor bought a property in nearby Palmer Place. However, he had not consulted his wife, who, when she saw the property, did not agree with her husband's choice. He then thought of using the property as medical rooms, but was advised that it might be impossible to obtain City Council permission to do so. He sold the property to a company of doctors who eventually obtained Council permission to use it for professional rooms and shortly after provided rooms for 12 doctors.

By 1966 there were about 100 specialists occupying consulting rooms in Palmer Place, Brougham Place and adjacent Ward Street. Since then this number has grown and, although some specialists are still consulting on North Terrace, others have moved to other parts of the city such as South Terrace and also to the suburbs.

While the Australian Medical Association is now firmly settled in its headquarters at North Adelaide, the question of establishing a home for the Branch first arose about

1913, when the Branch Council was asked to consider a proposition to buy land on North Terrace opposite the University. With a frontage of 40 ft, the land was being offered at £75 a foot. Although the Council went so far as to have plans drawn up for a building on the land, it did not purchase the site.

The discussions which took place at that time prompted Dr. W.A. Verco to offer, rent free for 25 years, a room 48 ft by 26 ft in a building he proposed to build on North Terrace. While his generosity was acknowledged by the Association it was felt that larger premises were necessary.

It was also about this time that the Lady Colton Hall in Hindmarsh Square came on the market at a price considered extremely fair by the Association. The building had ample room for letting, and the purchase price was considered to be within reach of the members' finances. In June, 1913, the property was bought by a company comprising the members of the Branch. Shares in the company to the value of £1320 were taken up by the members with the idea of the Branch ultimately buying these shares back at a later date. This aspect was raised again in 1919, when the Council considered appointing a full-time secretary and providing an office for him in the building. It was then pointed out that the Hall did not belong to the Branch but to the British Medical Hall Company Limited, and that only 87 of the Branch's 260 members were shareholders in this company. The Council reaffirmed its decision to acquire these shares as the funds became available but nearly 40 years were to elapse before this became a reality.

In 1926 the Branch decided to purchase land on North Terrace adjoining the Adelaide Electric Supply Company's new building and to erect a three storey building, which was to become the home of the Branch. At the Annual General Meeting in 1926, permission was given to sell the Hindmarsh Square property. Then at the following Annual General Meeting it was announced that the property had been sold at a very "favourable figure."

Temporary accommodation was arranged in the Darling Building at the University, but, through the intervention of the economic depression and a halt to the building plans, these premises became the home of the Branch for the next six years. On expiry of the lease in 1933, the Association accepted an offer from Dr. W.A. Verco to take up three rooms in Verco Building, North Terrace, at £65 a year.

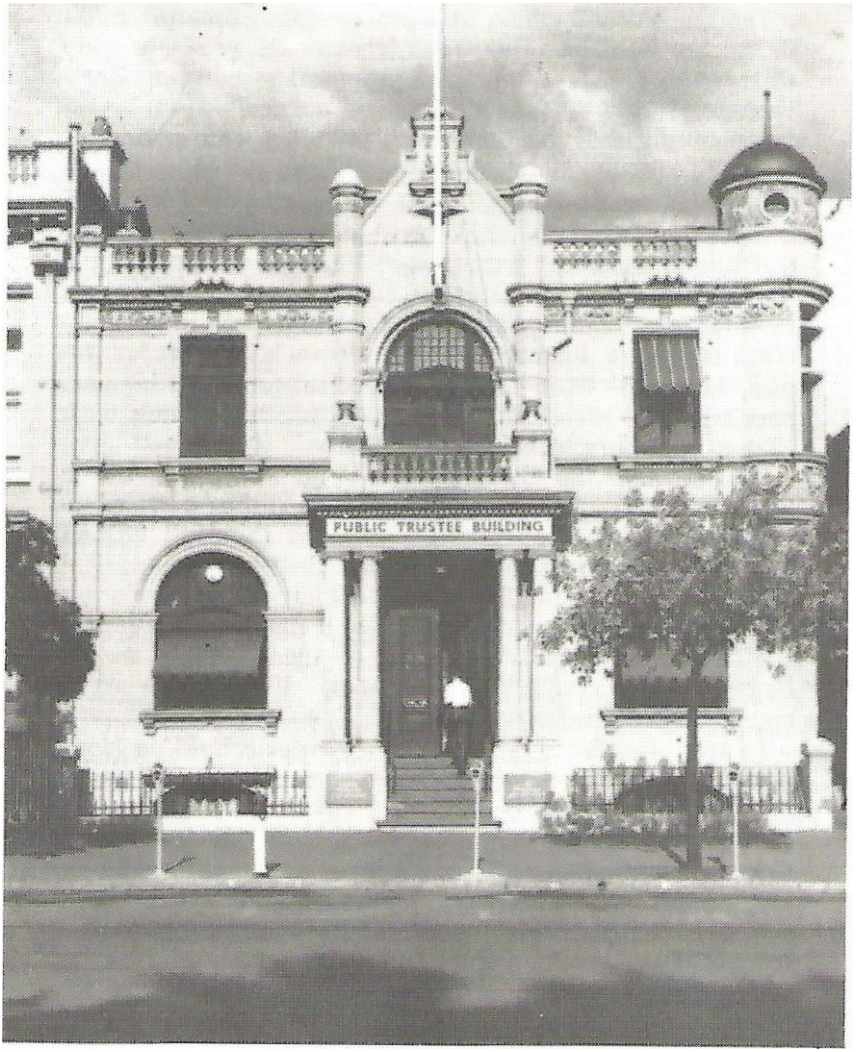


Figure 7. Building on western side of Hindmarsh Square, formerly known as Lady Colton Hall, which was headquarters of the Branch from 1913-1926.

In 1937 the question of a building was again discussed, but deferred pending incorporation of the Association and a full examination of the merits of proceeding with such a plan.

The intervention of the Second World War once again removed the subject from discussion until 1951, when No. 80 Brougham Place, North Adelaide was bought by the British Medical Hall Co. Ltd. for £11,500 for use as offices by the Branch.

Figure 8. Verco Building, North Terrace, location of the Branch office from 1933-1951.

In 1954 a £41,556 modernization of the premises was undertaken. The Minutes of the Association recorded this event as "the realization of a 50-year dream of Sir Henry Newland." In recognition of the major part which he had played in reaching this objective the permanent home of the Branch was named "Newland House" in his honour. The B.M.A. Memorial Hall, which was part of the modernization plan, was opened on 11th May, 1960 by Sir Thomas Playford, Premier of South Australia. The Hall was dedicated to the memory of those medical officers who lost their lives in the two World Wars. It provides accommodation for most of the Branch's important meetings and its social events. It is available, when the occasion arises, for hire to other organizations.

It was not until 18th December, 1958 that the Branch became owner of the property when the British Medical Hall Company Limited voluntarily wound up its affairs and by a special resolution placed its assets, comprising the building and the land upon which it stood, in the name of the South Australian Branch of the British Medical Association.

Figure 9. The Council Room, "Newland House". The Presidential chair is flanked by the portraits of Sir Clarence Rieger and Sir Henry Newland. The portrait of Sir Clarence was painted by Sir William Dargie and that of Sir Henry by Max Meldrum.

CHAPTER SIX

THE TWO WORLD WARS

Within only three days of Britain's declaring war on Germany on 4th August, 1914, the South Australian Branch of the British Medical Association became actively involved in the war effort. It was the first war in which Australians had participated as a nation, and the population in general was keen to show its allegiance to the Crown and Empire. As this chapter will show, the medical profession did not lag behind other sections of the community in demonstrating this feeling.

On 7th August, the Branch Council decided that a letter should be sent to members asking them if they agreed that members called up for naval or military service should not be asked to pay for locum tenens in their practices, but that their work should be shared by other doctors in the area. The members agreed and six weeks later a notice was sent out urging members to do everything possible to protect the interests of those absent on active service. Their patients should be attended on the understanding that such attendance would cease for at least six months after the member returned from the war and resumed his practice. The Friendly Societies' Association was asked to suspend long-standing negotiations on a model lodge agreement until after the war. It was agreed that, providing societies kept their members who were on active service in good standing on the books by using contingency funds, members of the British Medical Association would attend the dependants of those servicemen without receiving family fees until they were discharged from the Forces.

Six months after the war started it became apparent that the conflict would be prolonged beyond original expectations. There was a growing feeling in the community that help to the war effort should be given in any way possible, and, for many, moral support was all that could be given. It was then that the Branch passed a resolution that was undoubtedly most unpopular with some members; "That in view of the evidence frequently coming before us as medical men of the dangers to our troops from excessive alcoholism, and hoping to exert influence towards temperance among them, members of this Branch of the British Medical Association are of the opinion that, in the present national emergency, all medical men will

do well to become, and remain, total abstainers during the continuance of the war." It would be very interesting indeed to know what response was evoked by this appeal.

Shortly afterwards came a call in the form of a cable to the State Government from the War Office: "Terrible shortage qualified doctors here. Could you induce any doctors to cable Imperial Government offering their services for period of war?" The President, Dr. B. Poulton, in a notice to members, said he trusted that each member would note the contents of the cable and carefully consider whether it was possible for him to respond to "the Empire's urgent call in her hour of need." Throughout the war there were calls for doctors to join the Forces, on both the active and reserve lists, and they responded enthusiastically. Early in 1916 a local newspaper wrote: "No profession has been affected so much by the war as the Medical Profession, and no association of men has responded so nobly and has made such enormous sacrifices, financial and physical. Out of 250 members of the South Australian Branch of the British Medical Association, 140 are serving abroad or at home", surely a remarkable proportion by any standards.

The development of the University of Adelaide Medical School was seriously affected by the war. In 1914 four undergraduates enlisted and saw service in Egypt and Gallipoli. Orders soon arrived saying that medical students were to be sent back to complete their studies, on the understanding that they would apply for commissions as soon as they obtained their degrees. Accordingly, all three Australian medical schools rearranged their academic years by doing away with vacations. However, the strain on students was too great, several contracted tuberculosis and the plan was soon discarded.

Despite the departure on active service of many members of the staffs of the University and the Adelaide Hospital, teaching continued, and the way in which the Medical School maintained its output of medical graduates throughout the war is still seen as a great tribute to the dedication of both students and staff.

During 1915 the Branch started a fund for helping Belgian doctors displaced and disadvantaged by the war. The fund was well supported, and more than £450 was received within a few months. Later in 1915 a State War Medical Committee was appointed to deal with the medical problems of men discharged from the Forces.

In October, 1915, the Principal. Medical Officer (Lt. Col. Shepherd) asked the Branch for a list of South Australian doctors who were not members of the British Medical Association, and whether members would be prepared to work with non-members. He was advised that members would co-operate with non-members during military duties.

At the Annual Meeting in June, 1916, the secretary of the Branch reported that many members were still absent on military duty, "and it is a pleasure to record that a number are in command of units and many others have gained promotion while two have been mentioned in dispatches." A year later practically every member of the profession was in the Australian Army Medical Corps in one position or another.

As the war progressed there was a growing feeling that there was a need for more co-ordination. In April, 1917, when the strain of the war was very heavy, the Federal Committee took a vote of the profession in each State on the following question: "Are you in favour of the Federal Committee requesting the Federal Government to pass legislation to bring about compulsory enlistment of the medical profession in Australia for service with the A.I.F.?" It had been agreed that a 75 per cent majority would be needed before any action was taken. Only 52 per cent of doctors replied, but of these 74 per cent were in favour. Although nothing more was done at the time, it was a valuable indication of the willingness of doctors to play their part in the war effort.

At this stage the Branch Council decided that, in order further to safeguard the interests of medical men on military duty at home and abroad, a committee should meet men returning from active service, either to assist them to resume their practices or to help them to commence practice. It was felt that the establishment of such a committee would allow many difficulties which could not be sorted out between individuals to be resolved.

Towards the end of the war it was decided that members resuming practice after having been on active service should be further assisted by inserting the following notice in the Personal Column of the daily Press: "The Council of the South Australian Branch of the British Medical Association desires to notify the former patients of Dr..... that he has returned from active service and will resume practice from .....(date) at .....(place)."

The interests of doctors who had been on active service were not forgotten as soon as the war ended. At the Annual Meeting in 1919, nearly eight months after the Armistice was signed, members passed a resolution which asked the Association's Federal Committee to urge the Departments of Defence and Repatriation to honour promises that postgraduate courses would be provided in capital cities after the war. The move was aimed mainly at assisting those who went on active service soon after graduation without spending any time as resident medical officers. Many of these men felt that they had not received a proper grounding in general medicine.

Barely 20 years elapsed after the end of the 1914-1918 war before it became apparent that world peace was threatened once more, and that Australia would inevitably become involved in hostilities in any world conflict.

It was estimated in 1937 that there were 5,083 male and 323 female medical pradtitioners in Australia. On full mobilisation, 1,160 medical officers would be required immediately, with a reinforcement rate of at least 10 per cent a year.

In September, 1938, a special meeting of the Branch Council considered the "gloomy outlook" in Europe and discussed steps to be taken in the event of war being declared. It was decided there was a deficiency of about 40 doctors on the existing Army Reserve List. Shortly afterwards a letter from the Deputy Director of Medical Services asked members not on the Reserve of Officers to make themselves available to assist in examination of recruits in the event of mobilization. Two weeks after Germany invaded Poland on 1st September, 1939, the Branch Council met to consider the interests of members called up.

A 'model scheme' drawn up by Federal Council was discussed. This involved the division of the State into areas or units. Practitioners in each area were to attempt to distribute the work load between themselves. The takings from each unit were to be pooled and divided according to pre-War returns. It was recommended that the scheme should not be compulsory.

However, there was continuing confusion about the methods of protecting members' interests while they were serving away from home. The original 'model scheme' did not work well, and several others were put forward. A Special General Meeting of the Branch decided that

members should be provided with a list of the names of members called up and where they practised, that this list should be kept up to date, and that members be asked to pledge themselves to protect the interests of those members absent on service.

By mid-1940 it had become obvious that the war would be long and bitter, and the British Medical Association in Australia advised the parent Association that Australian members would be glad to take the children of doctors in Great Britain for the duration of the war. The offer was accepted, and the South Australian Branch was asked how many children could be taken. Federal Council was advised that, while the State Council viewed the matter sympathetically, more details were needed before any opinion was expressed. Ultimately, only two British doctor's families were officially accommodated in homes of members of the South Australian Branch although others may have entered into private arrangements.

At the same time there was talk of petrol rationing. Although doctors were assured they would be exempted they were asked to save petrol. There was still no agreement about a scheme to protect members' interests, but eventually a petrol rationing scheme was introduced under which some priority was given to private doctors in practice to apply for permit to obtain meagre, extra supplies.

In the early part of the war there were no difficulties with the medical manpower situation, but when Japan came into the conflict and general mobilization was ordered, the medical requirements of the services became very large. No other section of the community was conscripted to the extent of the medical profession. All medical personnel, medical practitioners up to the age of 60 and the youngest medical student, were at the disposal of the Government and could be enlisted for whole-time duty anywhere in Australia. No practitioner in private practice was permitted to move from his practice without permission of the State Medical Co-ordination Committee. The profession accepted the restrictions without complaint and co-operated fully.

A Medical Practitioner Service was formed in March, 1942, to meet the emergency in the community and prevent any region being left without medical attention, and to provide medical services in the event of enemy raids. One-

third of the doctors in Australia enlisted in the Armed Forces, and two-thirds remained in civil practice. Of this two-thirds, 80 per cent enrolled in the Emergency Medical Service. The Second World War brought considerable industrial stimulus and diversification to South Australia as exemplified by the proliferation of munition factories. Troops were being trained at Woodside, airmen at Parafield, Mallala and Port Pirie, and sailors at Birkenhead. Seventy thousand South Australians, including many women, volunteered for the armed services. A Civil Defence Force was organised, many suburban backyards had air raid shelters, and trenches were dug in Victoria Square in the heart of Adelaide. There were rumours of Japanese landings on the Coorong at one stage, but in fact the State and city remained inviolate. The only local enemy action appears to have been the shelling of a merchant ship off the south-east coast by a Japanese submarine.

The Australian Army Medical Corps reached an "all ranks" strength of 32,000, including 2,500 doctors, providing 35,000 hospital beds.

With the cessation of hostilities on all fronts by August, 1945, the process of demobilisation of personnel from the armed forces was begun. Medical officers returned to their civilian practices and many resumecP their honorary appointments at the teaching hospitals.

The Commonwealth Government had established the Commonwealth Reconstruction Training Scheme through which many were assisted financially and otherwise to undertake postgraduate training in medical specialities which they had forgone during their period of service. Similar assistance was provided for enlisted men and women following their discharge from the armed forces to complete their matriculation requirements enabling them to commence training as undergraduates in medical schools throughout the country. During the first few years after the end of the war, nearly one-third of the medical students at the Adelaide medical school were ex-service personnel receiving assistance under the Commonwealth Reconstruction Training Scheme which paid for University fees, provided an allowance for essential books and equipment and a modest amount for living expenses, repayable after graduation at a minimum rate of interest.

These forms of assistance were a far-sighted approach by the wartime Government and quickly enabled the rehabilitation of the depleted civilian medical work force.

It was after the war that specialization, which had only become fashionable since the First World War, flourished. During the war, specialists had made valuable contributions to all branches of surgical work, and other aspects of medicine also benefited. Plastic surgery, well advanced in 1914-1918, made further steps; thoracic surgery developed, but abdominal injuries still remained a problem. Neurosurgery was also developing.

The wars necessarily promoted an insistence on the return to normal bodily function of those temporarily disabled, and the growth of physiotherapy and occupational therapy as specialized branches of medicine was stimulated. Dental surgery, anaesthesia and blood transfusion techniques all developed following important advances made during the war.

Recognition of the service of members of the Branch in the Armed Forces during the 1939-1945 War was made by the grant of several postgraduate fellowships which were offered throughout Australia. Several South Australians became recipients of fellowships such as the Travelling Fellowship of the Nuffield Foundation, of fellowships by the Australian Red Cross Society and of the Australian Services Canteen Trust, the provisions of these being to enable recipients to study abroad but requiring them to return to their homeland on completion of their courses.

CHAPTER SEVEN

CHANGE FROM BRITISH MEDICAL ASSOCIATION TO AUSTRALIAN MEDICAL ASSOCIATION

Although the Australian Medical Association did not come into existence until 1962, there had been moves in South Australia for such an organization some 43 years earlier.

In October, 1919, Dr. W.A. Verco proposed at a Special General Meeting; "That it be recommended to Federal Committee that a referendum be taken of the members of the branches of the British Medical Association in Australia, as to the advisability of taking steps to form an Australian Medical Association." Putting this motion, Dr. Verco said the British Medical Association branches in Australia laboured under considerable difficulties because of the distance from the parent governing body, particularly in that branches could not own property in their own right. He pointed out that complete separation from the British Medical Association was not contemplated, but that greater liberty of action was needed, while still retaining some measure of affiliation with the parent Association. The proposal was seconded by Dr. A.A. Lendon, but this was quickly followed by a request from Dr. Poulton that the motion be withdrawn.

Another member, Dr. John Corbin, said he had listened to the "able exposition" of the views put by Dr. Verco, but he had no recollection of any great disability because of distance from the parent society. He felt strongly against pursuing the matter at that time and was quoted by the secretary as having said: "We have passed through a ghastly war and a period of great unrest exists. To proceed with this at the present time savours of bad taste and might influence public opinion in the direction of dissociation from Great Britain." He also asked Dr. Verco to withdraw the proposition. Dr. F.S. Hone thought this was not an opportune time for pursuing the matter and he would be sorry to see a vote taken at that time. He was certain that a medical association of Australia would be formed in time and, from information he had received, the British Medical Association recognised the difficulties under which Australian branches worked. After several other doctors expressed similar views, Dr. Verco withdrew his motion.

The next step appears to have been taken in June, 1927, when at the Annual General Meeting of the Branch, Dr. H.S. Newland submitted a notice of motion reading: "That the Council takes the steps necessary to promote the formation of a medical association of Australia, of which the present branches of the British Medical Association in Australia shall be branches." The meeting was told that the motion had been carried by a majority of the Council. and that action would be taken to bring the matter before members at a special general meeting. That meeting was held in the following August, but the minutes of the meeting simply state that the motion was withdrawn, "as the time was not thought opportune.

In 1938 there was again talk of forming an Australian association, although there was strong feeling against changing the name from British Medical Association. At a Council meeting in February, 1938, it was moved that "the connection with the parent Association be retained, but a greater degree of autonomy for the Federal Council in dealing with matters of internal administration is preferred."

It was not until 1958 that renewed consideration was given to the proposal to form an Australian Medical Association, and on this occasion the plans came to fruition. At a meeting of Federal Council in March of that year, it was decided to take the necessary steps to investigate the possibility of forming such an association. In 1959, the Branches asked members for their opinions on the subject. The response showed that members were almost unanimously in favour and Federal Council proceeded with moves to form the Association.

Early in 1960 it was announced publicly that an independent organization would be formed in Australia. Federal Council had decided that the body should be known as the Australian Medical Association and that it would retain affiliation with the British Medical Association.

On 1st January, 1962, the Australian Medical Association officially came into existence. An editorial in *The Medical Journal of Australia*, 6th January, 1962, had this to say about it: "Though newly born, it is scarcely to be thought of as an infant mewling and puking in its nurse's arms. Rather does it arise in maturity and vigour, like Pallas Athene springing fully armed from the skull of Zeus, ready to take an independent place in the world. But, however this may be, there is a parting involved. This has been widely accepted as inevitable and right, and

only some find in it a matter for real regret. But for most, we think it is in a measure sweet sorrow."

A comment from the British Medical Association, stated in part: "Our Australian friends and colleagues have thoroughly searched their hearts and minds before taking what many, for a long time, have regarded as an inevitable and even desirable step. The vigorous growth of Australia as a country, matched by a steady increase in the numbers and influence of its doctors, made it inevitable. The sturdy individualism and resilience of the Australian doctor, the contribution of Australia to clinical medicine and research, and the development of its professional institutions, made the step now taken not only inevitable but also desirable as the outward sign of maturity and independence. The British Medical Association at home will welcome the advent of the Australian Medical Association and take justifiable pride in the part it has played in the evolution of yet another professional organization which will promote the medical and allied sciences and protect the honour and interests of its members."

The British Medical Association further demonstrated its goodwill by transferring its considerable Australian assets to the new Association.

The inaugural meeting of the Australian Medical Association was held in Adelaide in May, 1962, during the first Australian Medical Congress, 75 years after the first Intercolonial Medical Congress, which was also held in Adelaide. About 850 doctors from all parts of Australia and many overseas visitors attended the Congress.

At the Inauguration Ceremony the first President, Dr. H.C. Colville, of Melbourne, said one of the Australian Medical Association's main duties would be to overcome the growing tendency towards fragmentation, resulting from specialization which meant that each isolated group had a minimum of understanding or of interest in the problems of its colleagues in other branches of medicine. He said a certain amount of "third-party" medicine, including pensioner and repatriation services and workers' compensation, was inevitable, but the Australian Medical Association would oppose any developments along the lines of a national medical service. The Association's policy was to retain and improve the national health service based on Government-assisted voluntary insurance.

The President of the first Australian Medical Congress was Dr. Clarence Rieger, of Adelaide, and it is appropriate

to recount here his unsurpassed record of service to both the British and Australian Medical Associations. Although his service to the Associations was remarkable, these activities were matched by the devotion with which he served the Adelaide Children's Hospital. After being a member of the Honorary Staff of that Hospital from 1934 until 1957, he was appointed its President and Chairman of the Board of Management in 1958 and continued in these offices until 1976.

Dr. Rieger was elected to the South Australian Branch of the British Medical Associatthn in 1946 and was President of the Branch from 1949 to 1951. From 1950 he was a South Australian representative on the Federal Council, of which he was a member when the Australian Medical Association was formed. In 1964 he was elected Vice-President of the Association and was President from 1967 to 1970.

In 1968, a combined meeting of the British and Australian Medical Associations was held in Sydney and Clarence Rieger had the distinction of being elected President of the British Medical Association for 1968-1969. At the end of his term of office he received the honorary degree of LL.D. from the University of Aberdeen. He also had conferred upon him the Gold Medal of the Australian Medical Association, its highest honour.

In addition to the appointments mentioned above he also found time to act as a director or chairman of a number of subsidiary organizations associated with the medical profession, notable amongst these being his appointment as a director of the Mutual Hospital Association and as chairman of the Blue Cross Medical Benefits Fund of Australia.

He was twice honoured by the Queen, being made a C.B.E. in 1965 and a knight in 1969.

Many tributes were paid to Sir Clarence Rieger after his death in 1978, but one of the most memorable, which came from a man who had worked closely with him for many years, was that he was "the prince of committee men."

CHAPTER EIGHT

SOUTH AUSTRALIA'S SECOND MEDICAL SCHOOL

As early as 1954, the South Australian Branch Council had discussed the possible establishment of a second university and medical school in South Australia.

By the mid-1960s there were growing problems because of a shortage of doctors in most parts of the State. There was no shortage of people wishing to become doctors as shown by the fact that in 1965 there were 235 applicants vying for admission to the Adelaide Medical School's 110 places. The deficiency in the number of doctors was helped to some extent by an influx of doctors from England. There was general agreement that no more students could be taught adequately at the Adelaide Medical School, especially during the clinical years. There were plans for a new university at Bedford Park, in Adelaide's southern suburbs, and there were hopes that a new medical school could be built there. The success in eradicating tuberculosis had made the Bedford Park Sanatorium redundant by 1960. The buildings and 540 acre site were considered ideal for a second university.

In March, 1965, a Labour Government came to power in South Australia, and immediately announced plans for two new major hospitals—a 500-bed general hospital at Tea Tree Gully, and another, "probably larger", near Bedford Park—and it was proposed that teaching facilities would be incorporated in one.

Three months later, the new Government admitted that the financial situation would not allow an early start to building, although a 25-acre site was purchased for an 800-bed teaching hospital adjacent to the proposed new university.

The newly established Australian College of General Practitioners launched a national 'crash programme' in an attempt to help relieve an intensifying shortage of family doctors. The College planned positively to encourage more young graduates to enter general practice. It was pointed out that it would take 10 years for such long-range plans as establishing a new medical school and teaching hospital to produce more doctors.

Early in 1966, a committee appointed by the Government to enquire into facilities for training doctors in South

Australia reported to Parliament that the State's second medical school should be established "with a minimum of delay" at Flinders University, Bedford Park. The report said planning should begin immediately and that a major hospital, to be associated with the school, should be related to the urgent need for more hospital beds and the need for more doctors to qualify by 1975.

Referring to the number of doctors at work in Australia, the committee reported that:

- There was a shortage, particularly in general practice and in country areas.
- There was a tendency for a higher proportion of doctors to seek full-time salaried positions.
- The situation would deteriorate if the rate of immigration of doctors was reduced.

It also pointed out that a new hospital would be in a position to initiate experiments in medical education, unfettered by prior commitments or traditions.

In September, 1966, the Government announced that the land bought for the hospital had a geological fault running through it and did not lend itself to the construction of two-storey buildings, and that therefore the hospital would probably be built in the grounds of the University.

Plans for the 460-bed Modbury Hospital were announced in March, 1967. The comment of the Australian Medical Association on these plans was that, while it recognised the need for a hospital in the Modbury district, it believed that a community hospital, of a size commensurate with the population of the area, would be preferable. The State President of the Australian Medical Association, Dr. K.C. Crafter, said that the Branch intended to ask the Government to make the medical school a top priority project, and suggested that funds saved by making Modbury a community hospital could be applied to the medical school.

Just over a week later the Government announced plans for a 13-storey hospital with 850 beds at Bedford Park. Plans were being prepared for a general hospital, with five wards for maternity and 12 for medical and surgical patients. Flinders University made submissions to the Australian Universities Commission suggesting the erection of a medical school building during 1967, with second-year students being enrolled in 1971. The Commission did not agree, and the Government then asked the University to make a submission for the establishment of the school

in the 1970-72 triennium. If approved, the school would be built in 1971 so that second-year pre-clinical work could begin in 1972.

In September, 1967, the State Government said it would shortly refer plans for the Bedford Park teaching hospital to the Australian UniverSities Grants Commission, as the first step towards getting financial assistance from the Commonwealth Government. In March of the following year (1968) the Public Works Committee reported concern at the urgent need for the hospital at Flinders, and said the medical school and teaching hospital should be proceeded with as soon as possible, irrespective of the progress of work at the Modbury Hospital.

By September, the Liberal Party was back in power and was being criticized for failing to provide money in the Loan Estimates for a teaching hospital at Flinders. The Government said there had been a considerable amount of reconsideration about the form which the hospital should take. New submissions had been put to the Australian Universities Commission, but a positive response was slow to come.

When the reply came, it was not encouraging. The Australian Medical Association said at this stage that it wanted to see plans for the school implemented as soon as possible, but that unless the Australian Universities Commission agreed, there was no chance that the proposed hospital would have teaching facilities. It was very necessary that the number of medical graduates in South Australia, be increased from 110 to 140 a year. The South Australian President, Dr. R.T. Steele, said he understood that the Australian Universities Commission favoured additions to the Royal Adelaide Hospital and Adelaide Medical School for reasons related to cost. (The Commonwealth Government, through the Australian Universities Commission, had to meet the difference between building a teaching hospital and a general hospital.] The Australian Medical Association did not favour any plan that involved increasing the load on the Royal Adelaide Hospital.

In October, the Minister of Works in the State Government, Mr. Coombe, said that new plans were being prepared for the hospital. He said the Government had reviewed the project soon after taking office when the Director General of Medical Services, Dr. B.J. Shea, made proposals that required plans which differed from the original concept. Two months later, the Government said it was expected that, from 1975, medical students would be able

to start their second year at Flinders University. The Premier, Mr. Steele Hall, said he hoped the Australian Universities Commission support would still be forthcoming. It was expected that detailed briefing of the architects would start in 1969, which would allow their complete proposals to be submitted in 1970. A period of 18 months was being allowed for commissioning the new hospital, which would allow students to start the clinical years of the course in 1977, to complete formal training at the end of 1979, and to become available to undertake hospital duties at the beginning of 1980.

In March, 1969, it was officially announced that the hospital would be built in the grounds of Flinders University, which would make it the first hospital in Australia to be erected on a university campus. The exact size of the hospital had yet to be determined, but it was hoped the hospital would be completed by 1974. In August came the news that a Federal Grant of $251,000 had been made and that this would allow work on the hospital to go ahead. This grant was for planning only and additional funds would be made available later for construction. In September it was announced that work was expected to begin in 1972, with first-year teaching starting in 1973. It was now expected that the hospital would be completed by 1975.

Applications were called for the position of chairman of the medical school, to enable planning of the medical course and the engagement of staff to proceed.

The entry date for students was again delayed, and early in 1970 it was expected that first-year students would be enrolled to begin in 1974.

In 1970, Professor G.J. Fraenkel, a New Zealand surgeon, was appointed Chairman and Dean of the University's School of Medicine. His brief was the detailed planning of the School and its operation. There was no further comment until October, 1971, when it was announced that building of a combined public hospital and medical school costing $40 million was expected to begin in 1972.

Professor Fraenkel said the integration of medical school and hospital "opened the doors to exciting possibilities of breaking down the artificial barriers between the different parts, disciplines, subjects and departments which constituted the classical course and the traditional medical school."

It would mean that formal teaching within the school would finish a year earlier than the traditional course,

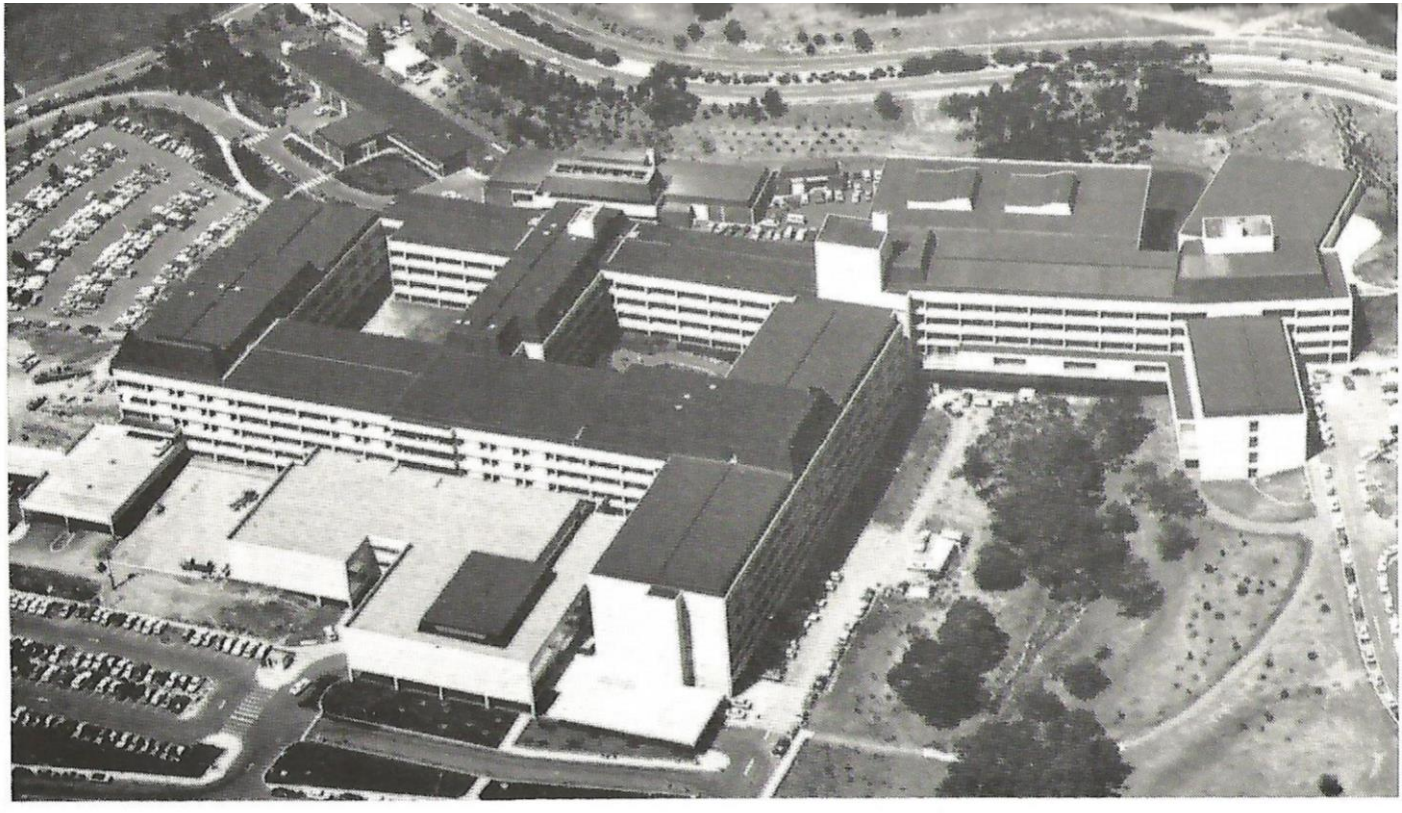


Figure 10. The Flinders Medical Centre, Bedford Park, with which is incorporated the School of Medicine of The Flinders University of South Australia.

giving students an extra year in which they would be directly involved with patients, under supervision, and with gradually increasing responsibility.

The first object was to produce the best possible patient care. The Medical Centre's services would include psychological medicine, obstetrics and the care of children and of the aged. There would be facilities for outpatients, and domiciliary services, and hospital care for all classes of patients, public and private. Great emphasis would be given to general practice, and general practitioners would be closely involved in undergraduate education. Eight months later, in June, 1972, work started on the hospital and school, now known as the Flinders Medical Centre, consisting of a 710-bed teaching hospital, a training school for nurses and medical facilities for an entering class of 64 students. It was planned that the school would be ready for its first intake of second year students in 1975, after they had completed one year in the School of Biological Sciences. The State Premier, Mr. D.A. Dunstan, said that the extent of integration of the functions of patient care, teaching and research would surpass those of any other teaching hospital in Australia, Britain or New Zealand.

Early in 1974, the Flinders School was awarded one of the first two Australian chairs of community medical practice. The emphasis on general practice continued to be strong. Professor Fraenkel said: "We at the new school of medicine are one of several groups who believe that general and family practice have a great future in Australia. The course at Flinders will be designed to keep the needs and satisfactions of general practice in front of the students throughout. We are devoting particular attention to educating young doctors so they can play their full parts as members of a team looking after the health of a family or community. In the past the general practitioner has too often seen himself as a solo performer in isolation, not trained to collaborate with the many other allied health professions."

In August, 1974, the Australian Universities Commission also allocated money to establish a Department of Community Practice at the Adelaide Medical School, making it one of the first medical schools where training was based on the traditional English patterns to change from training based on clinical studies alone to one where clinical medicine was integrated with the study of the behavioural

sciences. Funding of the new department marked the end of an overhaul of the medical course which had been in progress for five years.

In 1978, two years after the Flinders Medical Centre, which eventually cost $61 million, was opened, a "new look medical course" was started. The curriculum planned for the new school moved away from some features of traditional teaching such as lectures, and placed more emphasis on tutorials and individually selected lines of study. It was claimed that doctors trained at Flinders would be better qualified to make diagnoses based on clinical observation and would be less reliant on technical aids.

Thus the stage had been set, the funds obtained and the procedure implemented for the training of medical graduates at the two South Australian Universities to meet the expected manpower needs of the State in the 1980's. The original estimate had been based on the findings of the Karmel Committee on Tertiary Education in 1969, but a fall in the Australian birth-rate and the immigration of many doctors from overseas occurring in the interval before the initial medical graduation from Flinders were to cause serious misgivings about the future numbers expected to graduate from both universities.

So great was the concern of the Australian Medical Association following a report to the Branch Council in May 1979, by an ad hoc committee on medical manpower, that it passed a resolution requesting the faculties of medicine at both universities to give consideration to an immediate reduction by 10 per cent in the number of medical undergraduates. At the same meeting it was also resolved that "the State Government be requested to take urgent action to restrict the registration of overseas medical graduates, who are limiting the access of local medical graduates to the already diminishing job opportunities." Many similar approaches to the Government during the preceding two years asking it to restrict the influx of doctors from overseas had been unsuccessful, The A.M.A. claimed the government had failed to appreciate the problem, which was rapidly developing, of the employment of local graduates. At the time of writing this book the situation was still unresolved.

CHAPTER NINE

OTHER HOSPITALS AND INSTITUTIONS

Before discussing the establishment of The Queen Elizabeth Hospital it is necessary to say something about the conditions under which medical practice was conducted in the western suburbs of Adelaide at the time when the erection of the Hospital was being contemplated.

The western area of the city included some of the poorer suburbs, and general practitioners, whether alone or in partnership, worked under a system in which the "lodge" element was very important. These doctors toiled hard under conditions which were far from ideal and for relatively small financial rewards, but most of them showed great humanity and were truly dedicated to the care of their patients.

The supporting institutions for these general practitioners were, in the first instance, provided by local "nursing homes." These were scattered from Largs Bay to Hindmarsh and names such as "Wolverton" at Semaphore, "Sirius" at Alberton and "St. Andrew's" at Cheltenham, are amongst those most commonly remembered. They were managed by "owner-matrons" and they coped with general medical and surgical problems, usually of a minor nature, and with midwifery cases. The major supporting hospitals were the Royal Adelaide Hospital for medical and surgical cases and the Queen Victoria Maternity Hospital at Rose Park for complicated maternity problems.

The Port Adelaide Casualty Hospital provided services on a roster system. It was free and open day and night to anyone with a medical problem. The local practitioners serviced this for many years on a voluntary basis, their time given after a long day of consulting and visiting the sick. Men such as Drs. D. Parkhouse, H. Powell, F.Stj. Poole, H. Covernton and P.T.S. Cherry gave their services unstintingly. The general practitioners hoped for the establishment of a sizeable hospital in their area to relieve their heavy load of work and to provide hospital facilities close at hand.

It was the frequent and justified complaint of doctors in this area that, once they referred their patients to major hospitals elsewhere, they were excluded from any personal participation in their further management, until the patients were eventually returned home from hospital or the doctors read of their deaths in the newspapers.

These doctors sought help in establishing a large hospital, suitably located, where they could continue to be involved in the care of their patients and have consultant help when necessary.

They pursued this objective for many years, but financial considerations prevented any major development. Hospital planning in South Australia was in its infancy, with the Hospitals Department then having only one full-time director. Being unskilled in the modern day art of medical politics, the delay was heart-breaking for these doctors, dedicated as they were to the interests and care of their patients.

By the late 1940s some plans had been made and land bought from the market gardeners in Woodville Road to the west of the Port Road for the building of the Western Districts Hospital. The local general practitioners were elated. At last there was a prospect of their obtaining a hospital where they could admit and treat patients themselves. However, the wheels turned slowly, the Government having many other major developmental projects to which priority had to be given. Hospitals had to await their place in order of preference. Eventually, in the early 1950s, the foundations of the new hospital were laid.

In 1953 the then Minister of Health and the Director General of Medical Services agreed that more maternity beds should be made available. At this time the Queen Victoria Maternity Hospital was coping with 3,700 deliveries per annum, three times its real capacity, and a decision was made to convert the lower three floors of the nurses' home at Woodville for use as a temporary maternity hospital, with the remaining upper three floors being used for nurses' accommodation.

By mid-1954 the delivery rooms, the operating theatre, the antenatal and postnatal sections were completed. Many pregnant women who would normally have gone to the Queen Victoria Maternity Hospital were diverted to the new hospital at Woodville, the first patients being booked in late in 1954. The first deliveries and the first Caesarean section were performed there before Christmas of that year. The first three staff appointments in the obstetric section were gazetted in June, 1954. A paediatrician and panel of anaesthetists were appointed later. Three resident medical officers were added to the staff and held appointments for periods of six months from that time.

The only immediate benefit the general practitioners in the western districts received was some relief from their obstetric problems, which they could now send to a nearby hospital. They could have limited contact with the service of the maternity hospital by being appointed as clinical assistants. The main maternity section was under construction, and when it became operational in 1956, it allowed the nurses' home to revert to its original purpose of accommodating staff.

The local practitioners were little better off as they were still working in their small local, privately-owned nursing homes. Their dream of being able to perform their midwifery in a larger hospital did not eventuate but it was still their hope that, when the general section of the Woodville Hospital opened, it would provide them with access to hospital beds.

The one concession that was made to the general practitioners of the western districts was the establishment of general practitioner beds on the seventh floor of the general section at The Queen Elizabeth Hospital. For years it had been hoped that the whole hospital would be available for the use of the local practitioners, but changing circumstances whittled this down to one floor of an eight storey building. The practitioners who eventually used this floor had clinical restrictions placed on them, and this meant that their original expectations were not fulfilled. Despite the goodwill of the general hospital staff, the project was a failure, and within a short time the seventh floor was requisitioned for other and more urgent needs.

By Special Proclamation, The Queen Elizabeth Hospital was named by Her Majesty the Queen on 24th March, 1954, and officially opened by Her Majesty the Queen Mother, when she visited the Hospital on 5th March, 1958.

In 1964 a coat of arms was granted by the College of Heralds in London, the Hospital thus becoming the second in Australia and the first in South Australia to be so honoured.

The Queen Elizabeth Hospital is a teaching hospital affiliated with the University of Adelaide and is accredited by the Royal Colleges for postgraduate teaching. Its design, therefore, incorporates special facilities for this purpose, both in the wards and on the professorial floors.

In April, 1973, telephone devices called cardiophones, specially designed in the Hospital's electronics department,

were installed in certain country hospitals to enable electrocardiographs to be transmitted over the telephone system to a master machine in the Hospital. This gave country practitioners immediate and direct access to specialist cardiologists. This was the first equipment of its kind to be licensed for regular use in Australia.

Like The Queen Elizabeth Hospital, the Queen Victoria Maternity Hospital, which was established during the first few years of this century, also provides extensive training and teaching facilities for medical students and midwifery nurses. It started with 16 beds in 1902 but steadily developed over the next 75 years into a large, well-equipped institution providing both obstetric and gynaecological services for the women of the State. It has always taken a pride in its antenatal services for mothers, the first in Australia, and neonatal services for babies, and was the first to develop an intensive care unit for those babies who developed problems after delivery.

Another important event in South Australia's medical history was the foundation and development of the Adelaide Children's Hospital. The leading spirit in this worthy enterprise was an Edinburgh graduate, Dr. Allan Campbell. In 1876, he inspired a group of like-minded, public-spirited citizens to form a committee, whose efforts in planning and fund-raising culminated in the opening of a 24-bed hospital in North Adelaide on 6th August, 1879.

Meanwhile, during the intervening three years, two dispensaries or clinics were conducted, one at North Adelaide, and one in South Adelaide, for the treatment of sick children. The heavy case load at these places amply confirmed the urgent need for such a hospital. The Adelaide Children's Hospital has continued to grow over the past 100 years to a stage where its modern buildings completely cover its entire island site.

During the early days of the Colony one particular group of children were not so well-understood or catered for. These were the 60 or more unfortunate boys, ranging in age from 8 to 16 years, who were herded in a leaky old prison hulk, the Fitzjames, anchored off Largs Bay. This had originally been bought in 1876 by the South Australian Government and towed from Melbourne to serve as a quarantine station, until Torrens Island was developed for that purpose. Then from 1880 until 1891 the Fitzjames was used as a reformatory for deprived or

delinquent boys, who, according to contemporary reports, appear to have spent much of their surplus energy keeping the vessel afloat by constantly pumping the encroaching sea-water out of the holds. Other aspects of this manifestly unsatisfactory and insanitary way of accommodating and "reforming" assorted boys also shocked a Commission of Enquiry. Amongst the members of the Commission was Samuel Way, Chief Justice of the State and Chairman of the Board of the Adelaide Children's Hospital, which, in 1883, advocated some improvements. These included anchoring the hulk close enough to the shore to ensure that the deck would at least be above water if she sank. The time was ripe for the medical profession to organize itself and to take a lead in health and social reforms.

Although considerable thought went into the development of the Colony of South Australia, the planners did not make adequate provisions for the handicapped, the sick and the mentally ill. Inevitably, the early settlers had amongst them people with disturbed behaviour, and as other methods of restraint were unavailable, they had no alternative but to put these people into prison. There was an outcry against this, and eventually psychiatric facilities were developed in the State. An account of the first Adelaide Asylum has been given in Chapter One.

A Royal Commission in 1864 recommended the establishment of a now asylum. This resulted in the establishment of the Parkside Lunatic Asylum in 1870. Dr. W.L. Cleland was Superintendent from 1878 to 1913, and in the Annual Report of 1886 it was stated that a wall should be erected around the grounds to keep people out. This was done because "a great many persons trespass on these grounds, that large quantities of fruit and vegetables and flowers are stolen every year and that the patients are annoyed by the trespassers. With a view to preventing a continuance of these evils, your Commissioners beg to recommend that a suitable fence be erected around the grounds with as little delay as possible." However, 76 years later, in 1962, the western wall bounding Fullarton Road was lowered from its height of six feet to a low ornamental wall. A great physical and psychological barrier was thus removed, and it was at about this time that rapid and far reaching changes were made in the management of the mentally ill. In the forefront of these changes was Dr. W.A. Cramond, who came from Scotland to take charge of the Mental Health Services in 1961. He

later became foundation Professor of Psychiatry at the University of Adelaide, and was instrumental in having psychiatric wards opened in general hospitals.

One of the most prominent in the field of mental health was Dr. M.H. Downey, who was Superintendent of Parkside Mental Hospital from 1914 to 1933, and introduced the malarial treatment for general paralysis of the insane, the result of syphilitic infection of the brain. This was recognised as an extraordinary advance in the management of the mentally ill, because, for the first time, here was one mental illness which could be arrested and cured. Before that, control of the disturbed persons besides mechanical measures included chemical means—chloral-hydrate being used in 1870, the bromides since the early 1870s, paraldehyde in 1882, and the barbiturates in 1903. In 1941 the first treatment of electroconvulsive therapy in Australia was performed at Parkside Mental Hospital. The treatment was undertaken by Dr. H.M. Birch (Superintendent of Mental Institutions 1933 to 1961) with apparatus that he built himself. The first leucotomy was performed by Dr. L.C.E. (later Sir Leonard) Lindon. The first patient was a 30-year-old female, who had spent the previous five years in hospital and was extraordinarily difficult to manage, despite intensive care with the treatments available. Some months after the operation she was discharged and later she married, had children and coped with life outside the hospital.

Because of the overcrowding at Parkside Mental Hospital in the 1920s Enfield Receiving House and Northfield Mental Hospital were built. Mr. C.G. Rankin was an early Lay Superintendent of Northfield Mental Hospital and contributed to its development before the Second World War. Dr. J.E. Cawte (later Professor Cawte, University of N.S.W.) influenced the dynamic functioning of Enfield Receiving House in the 1950s and stimulated early postgraduate teaching of psychiatrists, this being a forerunner of the formal programme developed later.

One Superintendent of Northfield Mental Hospital, which was renamed Hillcrest Hospital in 1964, was Dr. W.F. Salter, who had a special interest in the management of acute schizophrenia for which he used deep-coma insulin, the orthodox treatment at the time. In the 1960s he pioneered community psychiatry by monthly visits to Port Augusta while his colleague, Dr. L.C. Hoff, Superintendent of Glenside Hospital, pioneered country visits to Mt. Gambier.

By this time both Hillcrest and Glenside were developing training programmes, and pursuing therapeutic innovations which led to a dramatic reduction in the number of inpatients.

Although there were periods of optimism in the management of the mentally ill, the record is mostly a sorry one with insufficient public support, poor funding, inadequate numbers of staff and overcrowding. It is not unreasonable to assert that, as recently as the 1950s, if a politician had advocated spending public moneys on the mentally ill he would not have been re-elected to office, and, indeed, there was one Minister of Health who boasted that he had not set foot in a ward of a mental hospital. This attitude was reflected by the medical profession of the day, and in the 1950s some teachers at the Royal Adelaide Hospital would still advise young graduates against a career in psychiatry. The problem of overcrowding seemed insoluble and a peak was reached in 1958, when, on 23rd May, there were 1769 patients in hospital at Glenside. Since that time there has been a dramatic decrease in numbers so that by 1979 the hospital contained fewer than 600 beds. The improvement came about in the chemotherapeutic management of disturbed behaviour with the advent of chlorpromazine, the original tranquillizer.

It was about this time that Minda Home Incorporated reached its capacity and was no longer able to accept additional intellectually retarded persons who previously had been admitted to mental hospitals. They were then transferred from the mental hospitals to the Strathmont Centre, which had been well planned and specially designed.

The South Australian Branch of the Australian Medical Association has also had a long involvement with the Royal Flying Doctor Service. Founded in 1928 by the Reverend John Flynn, a Presbyterian minister, the Royal Flying Doctor Service now has 13 bases from which airborne doctors serve the inhabitants of two-thirds of the continent and Tasmania. The Service's 25 aircraft fly over 3.2 million kilometres each year bringing medical attention to more than 95,000 patients, of whom over 6,700 require transport to hospital. The Service's first base was opened at Cloncurry in May, 1928. Although the Reverend John Flynn's determination was the greatest single factor in establishing the Service, it was the genius of South Australian inventor,

Mr. Alfred Traeger, that made it workable at the time. He successfully developed a pedal-driven generating set to power the radios needed at the isolated outposts for communication with the base from which the Service was to operate.

The Australian Medical Association's involvement in the Service began when Sir Henry Newland became a member of the original subcommittee formed to share the responsibilities of the Broken Hill base with New South Wales. Today the Council of this section includes six doctors, all of whom are Australian Medical Association members. Through the efforts of Sir Henry Newland and the National Council of Women, the Alice Springs Base was opened in 1938.

CHAPTER TEN

NATIONAL HEALTH SCHEMES

One of the most protracted issues in the 100-year history of the South Australian Branch of the Australian Medical Association has centred on the question of a national health scheme. Indeed, at times, especially over the last 10 years, it has been the predominant medico-political issue facing the profession. This history of the Branch is not the place to relate all the vexations of the subject in detail, but more than a passing reference must be made.

The first documented evidence of a national health scheme appears in the records of the Branch in 1913, when the South Australian Branch Council received from the New South Wales Branch of the Association a letter dealing with a proposed National Accident and Sickness Insurance Bill. Although discussions about the Bill lasted for some five months, the subject was not raised again until 1917, when a Federal Committee resolution about "Nationalization of the Medical Profession" was received by the Branch. It was then resolved that, "this Branch, while not being in favour of compulsory nationalization of the whole profession, is not opposed to schemes of nationalized medical service if arranged upon an equitable basis, and therefore is not disposed to adopt all the resolution passed by the Federal Committee."

At the end of 1918, a Ministry of Health was proposed for Australia along the lines of a similar Ministry advocated by the British Medical Association in the United Kingdom. In a paper on the subject, Dr. F.S. Hone concluded that the scheme was not applicable to Australia. A subcommittee was appointed to report on Dr. Hone's paper and it brought forward a number of motions which were adopted at a Special General Meeting of the Branch. These included:-

> "That in the opinion of the medical profession, the best interests of the public will be served by endeavouring to build up a National Health Service."
>
> "That the above scheme implies the more or less speedy absorption of the present State Departments of Public Health by the proposed Federal Department."

The subject was not revived again as a major issue until 1927, when, following a Royal Commission, the Federal Government asked the medical profession's advice on national insurance.

In 1938, there were many meetings to consider the National Health and Pensions Bill, which was based on a report by the British Ministry of Health. In March of that year, the Federal Executive Committee of the British Medical Association agreed to the conditions of the Bill, but withdrew that agreement after all State Branches criticised the Federal Council. The Bill eventually became law in July, 1938, but before it could be brought into operation war broke out and the scheme was shelved. In December, 1942, The *Advertiser* reported that nothing had been finalized regarding a national health scheme, but a year later there came an announcement that legislation would be introduced early in 1944 to provide pharmaceutical benefits on a national scale as the first step towards the introduction of a national medical scheme.

By mid-1944, there was a deadlock between the Federal Government and the medical profession. The British Medical Association stated it was not opposed to the principle that medical prescriptions should be dispensed free, but it was strongly opposed to the Government's refusal to extend the benefit to every prescription written by a medical practitioner on behalf of his patients. This became the subject of important public and parliamentary debate and a national referendum was held in 1946, on an amendment to the Australian Constitution. This made necessary the addition to Section 51 of the Constitution, the subsection XXIIIA, which includes the vitally important qualifications of the powers of the Commonwealth Government "to make laws for the provisions of pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorise any form of civil conscription) The plan for free pharmaceutical medicines temporarily subsided, but there was continuing debate on the wider issue of a nationalization of medicine.

Sir Henry Newland, at that time President of the Federal Council, in a radio debate on "Should our medical services be nationalized?", said that a National Health Insurance Scheme was an undoubted necessity for Australia. A contributory basis to the scheme was necessary if the nation was to have "virile physiological health." The traditional values of mutual trust between family doctor and patient were best maintained "by a system other than that of fixed salaries paid through the Government."

By mid-1945 the free medicine debate had flared up again. The main objection was still the imposition of a

limited formulary or list of prescriptions that could be dispensed free of charge. The Minister for Health (Senator Fraser) claimed that formularies were widely used and that the one proposed was one of the most comprehensive in the world.

In 1946 the free medicine issue went into the background while the National Medical Scheme came to the fore. The Government announced that Federal and State committees should be appointed to report on medical aspects of a national medical service. The British Medical Association stated that it had always opposed a salaried medical service and pointed out there was no such thing as a free medical service.

On 23rd September, 1947, Federal Cabinet reaffirmed its decision to go ahead with the free medicine plan.

Towards the end of May, 1948, Sir Henry Newland, as Federal President submitted to the Government, a final basis on which the medical profession would co-operate. The main amendments sought by the British Medical Association were that all drugs be put on the free list, that prescriptions be written on the usual forms and that penalties for doctors be eliminated.

On 2nd June, *The Advertiser* reported that a canvass of about 50 city and suburban chemists showed that only one had dispensed prescriptions under the scheme. A Gallup Poll published on 21st June showed 51 per cent of the general population in favour of free medicine and 33 per cent opposed.

In November, 1948, the British Medical Association said it had not agreed to any plans for a National Health Scheme, adding that negotiations were far from complete even though a National Health Service Bill was about to be introduced into Parliament. The Bill proposed by the Minister for Health, Senator McKenna, sought to establish a number of health centres, corresponding in function to the surgeries of larger medical partnerships. They would provide salaried general practitioner, specialist and diagnostic services. The Bill was only an enabling measure, leaving details to be implemented by regulations, a method frequently employed by governments which always requires the greatest circumspection by those most intimately concerned. The Bill authorised the making of regulations to establish a Medical Benefits Scheme to provide for the payment of a proportion of fees charged by doctors taking part in the scheme. The Government proposed to pay

half the fees charged and to make payment to the doctor on behalf of the patient in accordance with a prescribed schedule of fees.

British Medical Association opposition to the Bill was mainly that it was contrary to the policy of the profession to co-operate in a service which was departmentally controlled. The profession refused to admit the right of a Government to fix a fee of which it paid only a part. Government response to the British Medical Association's objections was that it would put its plans into operation within the limits of its constitutional powers. It accused the British Medical Association "of being grieviously lacking in a sense of social responsibility." "The Government does not intend that its proposals should be further delayed or frustrated by your Council or Association," wrote Senator McKenna in a letter to the British Medical Association.

In February, 1949, the Government said it was planning to prosecute doctors who refused to co-operate in the free medicine and national health schemes. Two weeks later the Labor Caucus authorized by the Government to proceed with these prosecutions. Senator McKenna soon started to retract, saying there would be no mass prosecutions of doctors, and that he was confident doctors would "see the light and realize the scheme was for their benefit as well as for the public."

A Bill amending the Pharmaceutical Benefits Act of 1947, introduced on 10th March, 1949, made it compulsory for a doctor prescribing medicine or an appliance listed in the Commonwealth pharmaceutical formulary to write the prescription on a form supplied by the Commonwealth (Penalty £50). Introducing the Bill, Senator McKenna said only 117 doctors in Australia had co-operated in the scheme and nearly 6,000 had remained outside it.

The British Medical Association's reaction to this was that doctors now had three choices—to pass under Government direction, to break the law or to jeopardize patients' lives. In March, it was announced that British Medical Association members would be asked to subscribe to a fund to fight the enforcement of the free medicine plan. The amending Bill was passed on 18th March. On the following day advertisements started appearing with slogans such as, "Who will attend you in sickness? Your sympathetic family doctor or a harassed and regimented stranger?" Eight days after the fighting fund was

announced, the 570 South Australian members had contributed hundreds of pounds to the British Medical Association's Federal Independence Fund. The fund was to be used to engage counsel for the defence of any doctors prosecuted, enabling such cases to be carried to the highest courts, if necessary.

Shortly after, in a letter to The *Advertiser,* the South Australian Branch President, Dr. A.D. Lamphee, wrote: "We doctors are opposing an attempt to make us Government servants against our wishes. We are struggling for our individual freedom, and in so doing we are struggling for the interests of those who value the freedom of the individual."

In late July, 1949, the Government gave the British Medical Association an undertaking that doctors would not be prosecuted pending determination of the validity, or otherwise, of the Act. This followed a British Medical Association decision to test the legislation in the High Court. Early in October the Full High Court gave a majority decision declaring the free medicine scheme invalid—a shock to the Government, coming as it did on the eve of a Federal election.

The Government, in an election talk, said that if Labor were returned, the argument with the British Medical Association over free medicine would be speedily resolved in favour of the Government.

Recorded one-minute talks by 500 family doctors throughout Australia, opposing the Commonwealth Government's plan to "nationalize the medical profession," were broadcast daily by 69 commercial radio stations in the four weeks before the December election.

The Liberal Party won the election in December, 1949, and said it would meet the doctors to discuss a national health scheme. Talks between the Government, the British Medical Association and the Pharmaceutical Guild in January, evolved an entirely new national health scheme in which Friendly Societies would be assisted by the Government as part of a system of "helping those who helped themselves." The plan included the supply, free of charge, of life saving and disease preventing drugs. At the time, almost two million people were covered by Friendly Societies.

It quickly became obvious that the plan was not acceptable to large numbers of doctors. Some British Medical Association Branches rejected it, and others were only

marginally in favour. By May, 1950, it was announced that a two-stage plan would be implemented. The first and immediate stage would deal with nutrition, provision of costly drugs and assistance towards payment of fees for medical treatment and hospitalization. The second and long-range stage would deal with capital expenditure. The first stage would be based on a system of voluntary insurance, with the combined benefits meeting 80-90 per cent of the costs of medical treatment. The British Medical Association advised the Federal Minister for Health (Sir Earle Page) that it approved the general principle.

By July the following year, age, invalid, widow, service and tuberculosis pensioners received free medicine benefits. In February, 1952, the Liberal Government approved the early introduction of a medical benefits plan based on a system of voluntary insurance.

The Australian National Health Scheme, as adopted in 1952-1953, was based on the principle of voluntary participation, allowing freedom of choice of membership and contributions. The scheme operated as a partnership between the Government, the non-profitmaking funds, the contributors, the medical profession and the hospitals, to ensure financial assistance for individuals in time of ill health.

In general, the scheme worked well, but by the late 1960's the Australian Labor Party became increasingly critical of it, claiming that a significant number of people who were not covered by Repatriation Benefits or the Pensioner Medical Scheme could not afford to join the voluntary funds. Further, it was said that even with voluntary health insurance, a severe illness could lead to a great deal of expense.

The Labor Party, favouring a system of compulsory health insurance, used its majority in the Senate to set up a Senate Select Committee on Medical and Hospital Costs with a broad mandate to review virtually the whole of the arrangements for the delivery of health care. In April, 1968, two weeks after the Senate Committee was appointed, the Government announced a Committee of Enquiry into Health Insurance, the Nimmo Committee, which brought down its final report in June, 1969.

In March, 1970, the Government's new Health Benefits Plan was presented to Parliament. Serious disagreements within the medical profession were to be made public before the plan came into operation. Major points of con-

tention were the 'most common fee' schedules and provision for different benefits for a particular item of service depending on whether the service was supplied by a general practitioner or a specialist .

In May, 1969, the Australian Medical Association Federal Council approved the concept of the most common fee. Many doctors saw the most common fee as yet another step along the road to nationalization of medical services. Many other objections and criticisms were brought forward.

The final outcome was a split in the Australian Medical Association and the alienation of some groups of general practitioners from the rest of the profession. Some State branches of the Australian Medical Association passed motions of no confidence in their Federal Council representatives. Following a special meeting of the Federal Assembly of the Australian Medical Association, it was decided to conduct a plebiscite amongst members, as a result of which all Assembly resolutions were endorsed.

The revised medical benefits scheme came into operation on 1st July, 1970.

However, when the Whitlam Government was voted into power in December, 1972, on a platform of wide social reform, the situation was to change again. Included in the new Government's election platform was a plan to introduce a universal non-contributory medical benefits scheme in Australia. Doctors were to be paid on a "fee for service" basis, but the adoption of bulk billing was to be strongly urged on the profession. As with all previous attempts to introduce a similar scheme, the debate for and against such a scheme was lively, to say the least.

The subject held press and media attention for weeks. In general the medical profession throughout Australia was totally against the scheme. This was high-lighted at an Extraordinary General Meeting of members of the South Australian Branch in Adelaide on 27th November, 1974. Among other resolutions the meeting totally rejected the proposed Government Health Scheme because "it can only result in the deterioration of patient health care and subsequent patient suffering." The meeting also considered that the meagre details it had of the National Health Scheme at that time raised the greatest possible doubts as to the practicability of implementing the scheme in South Australia.

At a further meeting on 23rd March, 1975, the resolutions adopted at the Extraordinary General Meeting in the previous November were unanimously endorsed.

The Government pledged that any patient who chose to be a Hospital Service patient would receive all hospital and medical service free of charge. Hospitals which agreed to enter the scheme would bulk bill the Commonwealth Government for the cost of the Hospital Service patients. In addition, the Government said that doctors who attended Hospital Service patients would be required to bulk bill the hospital (at a 15 per cent discount) for the medical services provided. Doctors were told that if they sent their normal non-discounted accounts to Hospital Service patients, such patients would lose their status and be treated as private patients. These Government actions aimed at encouraging patients to enter hospitals as Hospital Service patients and to force doctors to bulk bill such patients for medical treatment whilst in hospital.

A special notice was circulated by the President of the Branch, Dr. B.D. Cowling, pointing out that no patient would be disadvantaged if all doctors continued to insist that their contract was between the patient and the doctor, and not with the hospital. Members were also advised not to sign agreements with anybody, not to listen to rumours and to assist the Association in any way that they could.

Shortly after this, all medical practitioners in South Australia received a letter from the Minister of Social Security regarding the provision of medical services to pensioners by private general practitioners from 1st July. Attached to the Minister's letter was an agreement, which members were requested to sign, binding them to accept a discounted fee for all pensioners who possessed a Pensioner Medical Service Card, and binding them to use bulk billing for these discounted fees.

To counteract this a letter from the President was quickly sent to all members indicating that the Council strongly recommended that they did not sign this undertaking, and advising that a reply had been sent to the Minister setting out the terms on which doctors would continue to provide services.

After receiving what to the Association was an unfavourable legal opinion on several contentious matters, there was a growing realization that the Medibank Scheme was inevitable, and the Association softened its line.

In a letter dated 15th April, the President asked members to refrain from trying to sabotage the Health Plan. He said that the hope of stopping Medibank ended when the new leader of the Federal Opposition, Mr. J.M. Fraser, (later to become Prime Minister of Australia) announced he would neither seek an immediate election nor stop supply for the project and that all State Branches of the A.M.A. would probably soon reach some form of agreement with their State Governments on the hospital side of the plan.

The President reiterated the opinion that the Australian Medical Association had been right in opposing Medibank, which would produce unlimited demand and eventually lead to the socialization of medicine.

In commenting on the Association's acceptance of Medibank as a reality, Dr. Cowling said that this did not mean that it was a good scheme. He pointed out that the arrangements proposed were vastly different from those formulated by the Health Insurance Planning Commission in 1973, and it was incumbent on Federal and State Health authorities to issue a clear statement advising people to maintain their present voluntary hospital insurance. This was because the only Hospital Service type accommodation in South Australia was at the Royal Adelaide, The Queen Elizabeth and Modbury Hospitals and, perhaps, some beds at the Lyell McEwin Hospital at Elizabeth.

The Labor• Government in South Australia coerced the country hospitals into providing Hospital Service beds by threatening to withdraw financial support altogether. The boards of management of most country hospitals throughout the State in turn urged doctors to treat Hospital Service patients. On 30th April, 1975, a discussion was held between representatives of the Branch (Dr. Cowling and Mr. J.R. Magarey), Mr. J. O'H. Hyde (representing the Australian Association of Surgeons) and the State Minister of Health (Mr. D.H. Banfield), officers of the Department of Social Security, the Director-General of Medical Services (Dr. B.J. Shea) and officers of the Hospitals Department. A report of these discussions was presented to Branch Council by Dr. Cowling on 1st May, 1975, when it was stated that the Council saw no reason for members to vary their previously expressed intention to offer medical treatment to patients, including pensioners, in standard ward beds M. metropolitan, community and country hospitals and in the hospitals run by religious denomina-

tions, rendering their accounts for such treatment to the patients concerned and reserving their right to discount their fees in individual cases. Members were urged to resist pressure to agree with the Government's proposal to bulk bill Hospital Service patients because legal advice received from the solicitor to the Branch indicated that, provided no agreement had been signed, it was not illegal to send an ordinary private account to a patient.

This aspect of the Medibank scheme continued to be a prominent point of discussion for members and the Association over the next twelve months.

Perhaps the most dramatic moments occurred in May, 1975, when Dr. B.J. Shea, the Director-General of Medical Services, told a meeting convened between representatives of the Branch Council and the Hospitals Department that, if doctors did not treat Hospital Service patients, the State Government was considering obtaining the services of doctors from Singapore and Hong Kong who would co-operate in the scheme. This controversy developed into the famous "Asian Doctors Affair." The drama reached a climax when Dr. Cowling and the Premier, Mr. D.A. Dunstan, appeared on television. After the introduction of the Medibank Scheme on 1st July, 1975, few doctors bulk billed for private patients, although most did so for pensioners as they had in the past.

As regards Hospital Service patients in country hospitals, most doctors were forced by pressure from many quarters to commence bulk billing. Some, however, steadfastly refused to treat such patients, while others treated them for nothing. The Boards of Management of very few hospitals supported the stand their doctors had taken on this difficult issue. Opposition by the medical profession was marked and prolonged at the Lyell McEwin Hospital at Elizabeth under the leadership of Dr. J.D. Mill.

A sequel to the turbulent medico-political events of 1975 came three years later when the Federal and State Governments jointly attempted to impose a 75 per cent limit of payment to doctors for treating public patients in Government recognised hospitals. Under the cost sharing agreement between the Federal and State Governments, doctors had previously been entitled to receive 85 per cent of the normal fee for treating this category of public patients. Many country doctors, including specialists, relied on the reimbursement for a significant part of their practice income and they considered that they were already

providing a service at a concessional rate. They were strongly opposed to any reduction and their stand was vigorously supported by the Australian Medical Association at State and Federal levels.

In South Australia executives of the Branch successfully negotiated with the Minister of Health to restore the former level of payment. At an Extraordinary General Meeting of the Branch in December, 1978, members affirmed this stand and, in addition, the Branch Council was empowered to negotiate with the S.A. Health Commission a suitable form of contract between doctors and the boards of management of hospitals. The contract would specifically relate to the payment for medical services provided to the hospital's public patients and not to the method of rendering that service. This represented a significant development in the relationship between Government and private practitioners who were intent on maintaining their independence while still providing an effective health service to patients for whom the Government was responsible.

This episode illustrated the essential part played by the Australian Medical Association in protecting the interests of its members by negotiating with the Government on their behalf. It also clearly illustrated that all future agreements would require formal legal confirmation if full harmony and satisfaction between all parties was to be achieved.

CHAPTER ELEVEN

EPILOGUE

The foregoing pages contain an account of the establishment and progress of the South Australian Branch of the Australian Medical Association. A few matters remain to be mentioned. Foremost of these concerns the changes that have occurred in the medical profession itself over the past 100 years. At the time of the centenary there were still within the ranks of the Association more than 20 men and women who had been members for at least 50 years and had therefore qualified for life membership. The training and the attitudes which had been inculcated into them and their contemporaries by their predecessors were quite different from those which generally prevail today. They believed that the interests of their patients as human beings in distress were of prime importance, accepting as they did the time-honoured statement that a doctor may be able to cure sometimes, to relieve often, but that he should be able to comfort always. Clinical acumen was prized beyond all else. By comparison, the graduates of today have a more scientific training and they have at their disposal a wide range of scientific investigations and therapeutic methods denied to their predecessors. The question posed is whether the patient himself remains the focus of medical attention when science is predominant and art is less conspicuous.

The disappearance of the honorary system of staffing public hospitals is still regretted by many. It had been replaced by the creation of specialized departments and by large staffs of full-time and visiting medical officers employed on a salaried basis. Changing social attitudes have dictated that whereas the public hospitals were originally established for the treatment of the indigent poor, the further development of hospitals with provision of apparatus and techniques beyond the financial capacity of even the wealthiest doctor, such as heart-lung machines, angiography apparatus, nuclear scanning cameras and computerized axial tomography, has caused many more people to be attracted to them in the knowledge that the treatment they provide is of the highest order. Nevertheless those doctors who were part of the former system derived great satisfaction from their honorary service.

The professional relationships which doctors bear to one another and to their patients have always been matters

of great concern to the Association. Their relationship with the public has not been without some criticism in recent years. It is unfortunate that financial considerations and changes in the sources and methods of funding health care have undoubtedly influenced these relationships to a marked extent. For example, at one time it was the accepted practice for a doctor to provide free treatment for a colleague's family, but this is now more the exception than the rule. It was considered a privilege and a mark of respect to be consulted by a colleague with nothing more expected in return than an expression of gratitude. Similarly, it was not uncommon at one time for doctors to waive the fees of some patients when circumstances dictated such a course of action.

These changes marked the end of a more gracious era. Perhaps the turning point occurred when the National Health Scheme of Sir Earle Page was introduced in 1952. Nothing would ever be the same again no matter how desirable some of the benefits accruing to society as a whole may have been. The health and particularly the medical expectations of the population were heightened immensely by an increased demand for tangible treatment with measurable outcomes regardless of cost. Inevitably doctors became greatly concerned with the financial rewards available to them for every aspect of their work. Some would say this influence led to a decrease in the quality of personal attention which the patient received. One of the effects was a reduction in the respect previously shown to doctors and a lowering of the esteem in which the profession was held in the public eye. During the 1970s there was a trend for people in all westernised communities to demand greater accountability by all professions and simultaneously to become highly critical of their standards of performance in meeting their professional commitments. In Australia a few opportunists outside the medical profession were quick to seize on any weaknesses and sought to capitalize by intruding into areas of practice formerly considered to be the sole provinces of doctors. Nurses and physiotherapists have long been close allies of the medical profession, but recently a spate of other para-medical professionals has emerged. Doctors may have been too slow to recognize some of the inroads that have been made into their traditional areas of health care, and the interests of patients may have suffered.

Public demand for an increase of professional attention

at higher levels of specialization has been another factor to aggravate this problem. Despite larger numbers of doctors in the community this specialization and diversity has failed to achieve a significant improvement in the total health of the community, yet costs have sky-rocketed especially when hospitalization is involved. Although the problem of a surplus in medical graduates has been foreseen for a number of years corrective measures recommended by the Australian Medical Association have not been accepted by Governments or Universities. The intake of migrant foreign doctors has been encouraged by Government in South Australia, and an increase in the number of undergraduates has been facilitated.

Never renowned for its unanimity on most subjects the profession has suffered to a large extent in recent years by the formation of groups external to the Australian Medical Association such as the Australian Association of Surgeons, the General Practitioners' Society of Australia and the Doctors' Reform Society, each espousing its own particular medico-political doctrine and usually attempting to promote the best interests of its members, thus leading to a greater schism in the profession as a whole. This diminished unity may have partly weakened some approaches made by the Australian Medical Association to Government. The dominant position which the Federal Government now holds in the field of health insurance, medical fees, the provision of Government-funded health projects, and community health grants has detracted from the Australian Medical Association's bargaining position in some instances, but it still retains a pre-eminence over other organizations in this respect. Both the Federal Government and the South Australian Government share the view which the Association holds that it is far better to negotiate with one organization representing the profession as a whole.

It is fundamental in a democratic system where a large measure of free enterprise is essential that professional independence should be maintained. The continued encroachment by Government could foreshadow eventual nationalization of doctors, a situation which the Australian Medical Association has vigorously opposed for many years. Members fear that loss of independence could lead to the demise of private practice and loss of the cherished freedom of choice which patients and doctors have always exercised.

As the first 100 years drew to a close the Branch commemorated the anniversary with several special events. Notable among these was the revival of the Listerian Oration which was inaugurated in 1914 but had not been given for five years preceding the centenary year. The Centenary Oration was delivered in the Bonython Hall by the Governor-General of Australia, Sir Zelman Cowen, a constitutional lawyer whose views command great respect. His address entitled "Law and Society" forecast some of the major problems which would confront the professions as they embarked on relatively new and untrodden paths in the 1980s. Chief amongst those which Sir Zelman mentioned were some of the difficulties encompassed by the rapid developments in medical technology, the risk that the privacy of individuals would be endangered by the collection of confidential personal information and its storage in centralized computer banks, and the implications of human tissue transplantation. So rapid were some of the advances in medicine that the laws relating to them had not even been formulated and the social consequences of this delay were potentially enormous.

The other outstanding event in its calendar was the special Centenary Dinner attended by past Presidents of the Branch, Fellows of the Association, some Federal Council officers and interstate Branch Presidents, representatives of most Local Medical Associations and Societies, Parliamentary representatives and members of the State Branch Council. This event was hailed as a great success especially by its more senior and most highly respected members.

Encouraged by its achievements in the first 100 years the South Australian Branch of the Australian Medical Association looks confidently to the future, paying homage to its far-sighted founders and in the certain knowledge that their ideals will continue to be served well in the troublesome times that lie ahead.

PAST PRESIDENTS

DR. W. GOSSE		1879-1880
DR. T.W. CORBIN		1880-1881
DR. W.T. CLINDENING		1881-1882
DR. H.E. ASTLES		1882-1883
DR. W. GARDNER		1883-1884
DR. C. GOSSE		1884-1885
DR. W.T. HAYWARD		1885-1886
DR. J.C. VERCO		1886-1887
DR. J. DAVIES THOMAS		1887-1888
DR. E.C. STIRLING		1888-1889
DR. W.L. CLELAND		1889-1890
DR. J.A.G. HAMILTON		1890.1891
DR. M.J. SYMONS		1891-1892
DR. E.W. WAY		1892-1893
DR. B. POULTON		1893-1894
DR. A. WATSON		1894-1895
DR. T.K. HAMILTON		1895-1896
DR. A.A. LENDON		1895-1897
DR. W.A. GILES		1897-1898
DR. H. SWIFT		1898-1899
DR. R.H. MARTEN		1899-1900
DR. R. BRUMMI'l		1900-1901
DR. C.E. TODD		1901-1902
DR. A.A. HAMILTON		1902-1903
DR. M.R.H. JAY		1903-1904
DR. C.W. HAMILTON		1904-1905
DR. A.A. LENDON		1905-1906
DR. E.W. MORRIS		1906-1907
DR. J.H. EVANS		1907-1908
DR. A.M. MORGAN		1908-1909
DR. W.A. VERCO		1909-1910
DR. W.T. HAYWARD		1910-1911
DR. F.S. HONE		1911-1912
DR. B. POULTON	(2 years)	1912-1914
DR. E.W. MORRIS		1914-1915
SIR J.C. VERCO	(5 years)	1915-1920
DR. H.S. NEWLAND		1920-1921
DR. B. SMEATON		1921-1922
DR. T.G. WILSON		1922-1923
DR. J. RIDDELL		1923-1924
DR. F.S. SCOTT		1924-1925
DR. C.T.C. de CRESPIGNY		1925-1926
DR. H.H.E. RUSSELL		1926-1927

DR. R.H. PULLEINE		1927-1928
DR. J. CORBIN		1928-1929
DR. H. GILBERT		1929-1930
DR. C.E.C. WILSON		1930-1931
DR. A.V. BENSON		1931-1932
DR. F.St.J. POOLE		1932-1933
DR. E.B. JONES		1933-1934
DR. L.C.E. LINDON		1934-1935
DR. D.R.W. COWAN		1935-1936
DR. A.F. STOKES		1936-1937
DR. R.E. MAGAREY		1937-1938
DR. P.T.S. CHERRY		1938-1939
DR. M. ERICHSEN		1939-1940
DR. R.J. VERCO	(3 years)	1940-1943
DR. E.A.H. RUSSELL		1943-1944
DR. H.M. JAY		1944-1945
DR. B.H. SWIFT		1945-1946
DR. L.R. MALLEN		1946-1947
DR. F.L. WALL		1947-1948
DR. A.D. LAMPHEE		1948-1949
DR. C.O.F. RIEGER	(2 years)	1949-1951
DR. R.L.T. GRANT		1951-1952
DR. B.S. HANSON		1952-1953
DR. S.J. DOUGLAS		1953-1954
DR. I.B. JOSE		1954-1955
DR. G.L. BENNETT		1955-1956
DR. M.E. CHINNER		1956-1957
DR. P.W. VERCO		1957-1958
DR. C.C. JUNGFER		1958-1959
DR. G.T. GIBSON		1959-1960
DR. R.G.C. de CRESPIGNY		1960-1961
DR. R.M. GLYNN		1961-1962
DR. H.R.H.N. OATEN		1962-1963
DR. J.M. DWYER		1963-1964
DR. N.J. BONNIN		1964-1965
DR. M.Y. SHEPPARD		1965-1966
DR. K.C. CRAFTER		1966-1967
DR. P.S. WOODRUFF		1967-1968
DR. R.T. STEELE		1968-1969
DR. J.R. MAGAREY		1969-1970
DR. O.W. BOWERING		1970-1971
DR. R. HECKER		1971-1972
DR. P.E. MELLOWS		1972-1973
DR. M.J.W. SANDO		1973-1974
DR. B.D. COWLING		1974-1975
DR. R.StJ.M. BUTLER		1975-1976
DR. J.F. HARLEY		1976-1977

DR. T.G. PICKERING	1977-1978
DR. W.S. LAWSON	1978-1979
DR. M.C. MOORE	1979-1980

Figure 11,

Figure 12.

Figure 11. Badge of Office, President, South Australian Branch, Australian Medical Association. This badge was struck at the time the A.M.A. was formed in 1962 and is worn by the President of the Branch at official functions.

Figure 13.

Figure 12. Badge of Office, Past President of the British Medical Association awarded to Sir Clarence Rieger, 1969.

Figure 13. The Gold Medal of the Australian Medical Association awarded to Sir Clarence Rieger in 1968 in recognition of the outstanding service rendered by him to the A.M.A. and to the practice of medicine in Australia.

The medals which formerly belonged to Sir Clarence Rieger were presented by him to the South Australian Branch.

SOUTH AUSTRALIAN FEDERAL PRESIDENTS

SIR HENRY NEWLAND	**1933-1949**
SIR CLARENCE RIEGER	**1967-1970**
J.R. MAGAREY*	**1976-1979**

SOUTH AUSTRALIAN FELLOWS OF THE AUSTRALIAN MEDICAL ASSOCIAT ION

SIR HENRY NEWLAND	**1964**
SIR LEONARD LINDON	**1964**
SIR LEONARD MALLEN	**1964**
SIR CLARENCE RIEGER	**1964**
SIR IVAN JOSE	**1965**
J.M. DWYER	**1966**
B.S. HANSON	**1967**
H.R. OATEN	**1967**
M.E. CHINNER	**1968**
C.C. JUNGFER	**1968**
R.M. GLYNN	**1969**
A.D. LAMPHEE	**1970**
J. RIDDELL	**1970**
P.W. VERCO	**1971**
J.R. MAGAREY*	**1972**
K.C. CRAFTER	**1972**
M.J.W. SANDO	**1973**
M. Y. SHEPPARD	**1973**
R.T. STEELE	**1973**
I.K.FLTRLER	**1974**
P.E. MELLOWS	**1974**
R.B. COOTER	**1976**
B.D. COWLING	**1976**
J.C.D. MILL	**1976**
J.C. BAMPTON	**1977**
T.G. PICKERING	**1979**
J.F. HARLEY	**1979**
R.StJ.M. BUTLER	**1979**

*Now Sir Rupert Magarey

PRESIDENT OF THE WORLD MEDICAL ASSOCIATION

SIR LEONARD MALLEN
1968

PRESIDENT OF THE BRITISH MEDICAL ASSOCIATION

SIR CLARENCE RIEGER
1968-1969

GOLD MEDALLIST OF THE BRITISH MEDICAL ASSOCIATION IN AUSTRALIA

SIR HENRY NEWLAND
1937

GOLD MEDALLIST OF THE AUSTRALIAN MEDICAL ASSOCIATION

SIR CLARENCE RIEGER
1968

REFERENCES

Barbalet, Margaret: 'The *Adelaide Children's Hospital, 1876-1976, A History*.' Griffin Press, 1975

Dewdney, J.C.H.: *'Australian Health Services*.' John Wiley and Sons Australasia Pty. Ltd., 1972.

Hecker, Robert: *'Health in a Nuclear Age: The Future Role of The Australian Medical Association*.' Presidential Address, The Medical Journal of Australia Supplement, 1972, 2: 183.

Hone, F.S.: *Centenary History of South Australia*.' Chapter 22, The Growth of Scientific Knowledge (Medicine); The Royal Geographical Society of Australasia, South Australian Branch, Adelaide, 1936.

Hughes, J. Estcourt: *'A History of the Royal Adelaide Hospital*.' Board of Management of the Royal Adelaide Hospital, Griffin Press, 1967.

Hughes, J. Estcourt: *'Henry Simpson Newland: A Biography.'* South Australian Fellows of the Royal Australasian College of Surgeons, Griffin Press, Adelaide, 1971.

Hughes, J. Estcourt: *The History of Medicine in South Australia*,' from the Handbook of Congress, First Australian Medical Congress, Australian Medical Association, Adelaide, 1962.

Lendon, A.A.: '*Jubilee of the Adelaide Medical School*.' Hassel Press Adelaide, 1935.

Little, E.M.: '*History of the British* Medical Association, 1832- -1932.' B.M.A., London, 1932.

McGrath, Amy: *'The History of Medical Organisation in Australia.'* Unpublished thesis presented to the Federal Executive of the A.M.A., November, 1970.

Whitelock, Derek: *'Adelaide, 1836-1976*.' University of Queensland, 1977.

'The Medical Journal of Australia', Editorial, 1951, 1 : 63. British Medical Association, South Australian Branch, 1959, 1 : 389. The Medical Profession of Australia and the War, 1948, 2: 337.

'*Australia in the War of 1939-1945*.' Series 5, Volumes 1-4, Medical by Walker A.S., Australian War Memorial, Canberra, 1952-1961.

'The Story of Medicine in Early Australia.' Voluntary Health Insurance Council of Australia, 1966.

'A Short Account of the Circumstances which led to the Resignation of the Honorary Staff at the Adelaide Hospital.' Published under authority of the South Australian Branch of the British Medical Association, 1896.

Minute Books of the British Medical Association, South Australian Branch and the South Australian Branch of the Australian Medical Association from 1879 to 1979.

Press Cuttings Book belonging to the South Australian Branch of the Australian Medical Association.

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