

Abroad For Cheaper Doctors

Sir—Many people, no doubt, are following with interest the present discussion on young doctors at the Adelaide Hospital. Surely, the Ministry should take some action to relieve the situation? A medical graduate has spent six years studying in a course that is certainly the most difficult at the University. In his first year at the hospital he is worked to his utmost limit, performing, as your correspondent remarks, the equivalent of twice the duties of interstate doctors, and, yet, is not paid one half the salary of a civil servant of the same age, with one-half the qualifications of the M.B., B.S.

The Adelaide Medical School standard compares favorably with any in the world, certainly with any of the large overseas universities, where the student may be only one in thirty in a class of clerical instruction, instead of one in five, as here, and consequently enjoys far less individual attention.

As for sending overseas for the remnants of the English medical profession to supply the deficiency, what would be said if an Australian manufacturer were to send overseas for cheap foreign labor, because he was too mean to employ Australian? There is not a deficiency in the English medical profession for adequately paid doctors working under decent conditions, but there always will be a shortage of young doctors, prepared to work themselves to a standstill for almost nothing at all.

I have not seen a single article, or been able to find a single sentence of Mr. Jeffries' that produces one good argument for adequately paid doctors. It seems to me the Government is taking advantage of the ethics of the profession, which prohibits public advertisement.

Payneham. MEDICO.

RECORD OF BLUNDERING

Sir—If Government be a contrivance of human wisdom to provide for human needs, then the people of South Australia have a right to demand that their needs be provided for by that political contrivance known as the Butler Government. What has this Government done for the welfare of the people? Has it made any determined efforts to alleviate unemployment and destitution?

Its ineffable ineptitude in dealing with the recommendations of the British Medical Association, with regard to the health of the children of the community, and its dodging of the issue, when discussing the state of affairs at the Adelaide Hospital, alone are sufficient to condemn it in the eyes of its Parliamentary constituents. It should vote it out of office at the earliest opportunity.

Prolonged financial and economic depression has caused much illness, especially amongst the working class, and scores of worthy citizens in the Adelaide Hospital are now hovering between life and death, suffering from diseases induced by unemployment and destitution, and superinduced by lack of nourishment.

Even a worm will turn. Discontent with the Butler Government and Parliamentary miasma is spreading throughout the land. If none of the existing figureheads is alert enough to seize the opportunity, some new leader of a new party may jump in. The political danger is bound to come. Nature abhors a vacuum.

Hutt street. W. DANIELS.

HEALTH—AND A CLUB

Sir—During the recent visit of the Duke of Gloucester, the Premier (Mr. Butler) made facetious reference to the comfortable climate on North Terrace. It is not surprising that a Government that can find it convenient to spend £250,000 on a new Parliament House cannot find it convenient to better the lot of house surgeons at our only public hospital.

In matters of health administration a Government that allows unrestricted pestiferous drugs from door to door, and trusts the health of the community to fourth-year medical students is deserving of the severest censure.

If the Government is using the argument of precedence, then it should immediately reduce the number of M.P.s. Less commodious premises for the North Terrace Gasworks would then be adequate.

It would be more fitting, however, if it took a firmer stand in the matter of health administration to wipe out a few of the existing anomalies. Ministers should seek the advice of the persons most interested—the B.M.A., the Pharmaceutical Society, and the Dental Association. For instance, it is not surprising that a Government that is only as strong as the health of the community.

DONALD E. McLAREN, M.P.S., Ph.C.
Kings Park.

DOCTORS, NOT SLAVES

Sir—Once again we find the medical staff of the Adelaide Hospital depleted—this time through illness. When one considers that at the best of times the work is tremendous and that at the present time they are doing nearly two people's work, it's a wonder that there are not more sick.

Mr. Ritchie talks about medical students' obligations to the Government, owing to the fact that the medical school is subsidised to a certain extent.

Surely a medical man has some obligation to his parents, who have kept him during six years of hard sloging. Why shouldn't he be entitled to get a reasonable remuneration—at least enough to keep himself?

While on the subject of obligations (which was introduced by Mr. Ritchie), I should think that there is also an obligation on the part of the Government to lighten the burden on the remaining house surgeons and raise them a little above the status of slaves.

In the last 12 months 17 men have qualified, and of that number approximately only 10 remain (three of the Adelaide Hospital staff qualified before), so one can see that there is much better inducement to go elsewhere.

The nursing staff is little better served. They go on duty at 6 a.m. and finish at 8 p.m.—if they are lucky! Included in this 14 hours is a period of approximately three hours off per day.

To begin with, a nurse gets the magnificent sum of 11/6 per week for doing work at which the average housemaid would turn up her nose. There has been a great deal of serious sickness among the nursing staff during the last two or three years, which is quite to be expected.

I would respectfully suggest to Mr. Ritchie that, instead of watching the situation, he should investigate the conditions, which are little better than organised slavery.

Until conditions at the hospital improve they will never be fully staffed, and even the young graduates in England will get wise to them.

Adelaide. EYE-OPENER.

SAVING THE PENNIES

Sir—I was interested in Sir George Ritchie's statement that "he liked Saturday afternoon off, the same as anyone else." He at least is no 100-hour-a-week man. It would perhaps have been better if he had rested for the remainder of the week-end, because his statement, as published this morning, simply puts him more deeply in the wrong, and makes it still more obvious that this Government, as a whole, is out of touch with the community.

The plan for paying £50 each to 11 resident doctors is simply tinkering with the problem, and the proposal to import surgeons from abroad—because, apparently, they are available at star-bargain rates—is in marked contrast to the "big" ideas the Government had a few months ago when the extension of Parliament House was under discussion. There was to have been nothing cheap about that! If this State is so miserably "broke" that it cannot afford to pay a fair wage to doctors in order to ensure satisfactory treatment of hospital patients, then it would be outrageous to spend a farthing on marble halls for North Terrace.

The Acting Premier's patter about the duty of young doctors to the State is so much word-spinning. People who work 100 hours a week for a paltry £2 are doing something more than their duty, and it is inevitable that men who are compelled to submit to such shocking conditions will migrate at the first opportunity to capital cities which are governed by people who have some appreciation of the meaning of the term "a fair deal."

Unley. R. GYNN.

Salary Conditions

Stating that the medical profession strongly opposed the Government's policy of importing young house surgeons from England for the Adelaide Hospital, a leading doctor said yesterday that this move was "quite undesirable and completely unnecessary."

"If salary conditions are made satisfactory, the hospital can obtain as many house surgeons as required after the final medical examinations in November, when 22 candidates will sit, of whom about 18 or less will probably pass," he added. "In the meantime, the position can be met by the six fourth-year students now in residence at the hospital assisting the 11 house surgeons. If commonsense is used, the position at the hospital should rectify itself next year."

It was emphatically stated by the doctor that there had been no delay in the treatment of any urgent cases at the hospital. He considered that a satisfactory arrangement could be made by adding yearly bonuses of £50 each to the salaries of £100 and £200 now paid to first and second-year house surgeons respectively, and by raising the salaries of the three registrars from £240 to £300.

For four years doctors had been thinking that the heavy demands on the public hospitals would be temporary, but it was now clear that this was a permanent condition. The Adelaide Hospital had long been overcrowded, and, as an honorary, he had frequently been called on to attend more than 90 patients, instead of the nominal 35.

Another Doctor's Comment

Referring to the contention by the Chief Secretary (Sir George Ritchie) that permanent raising of the salaries of house-surgeons at the Adelaide Hospital would lead to competitive bidding between the various States for the services of young doctors, the following comment was also made yesterday by another leading doctor:—"Sir George Ritchie had misunderstood the issue. It is not a question of causing competitive bidding, but of ensuring that young doctors will be prepared to serve longer at the public hospital."

If salary increases were adopted, they would introduce the longer period of hospital service for doctors, which is the logical step towards re-establishing equilibrium between the greatly increased proportion of patients now receiving treatment at the public hospitals and the decreased number being served by doctors in private practice.

"Apart from those who become registrars, very few doctors at present remain at the hospital for a second year. One who remained from last year was recently appointed a casualty medical officer at the hospital at £220 a year, his application apparently being the only one received."

It was stated that on account of the serious illness of Dr. R. Day, who is suffering from pneumonia, two additional fourth-year students had come into residence at the hospital, making a total of six. Carrying out of routine work by these students under direction was relieving the house surgeons to some extent, but the position was still difficult.

Children's Hospital Doctors From England?

The Medical Superintendent of the Children's Hospital (Dr. D. G. McKay) said yesterday that the Children's Hospital would shortly be requiring house surgeons. Last year three were brought from England. It was not unlikely that doctors might be brought from the same source to fill vacancies.

Adv 3-9-35 CABINET APPROVES BONUS FOR DOCTORS

Completion Of Year At Hospital A Condition

LEADING DOCTOR OPPOSES IMPORTATIONS

Following the weekly meeting of Cabinet yesterday, at which the shortage of medical staff at the Adelaide Hospital was discussed, it was learned that approval was given to the proposal of the Acting Premier (Sir George Ritchie) that all house surgeons at present at the Adelaide Hospital should be granted an additional £50 if they completed their year's service.

An announcement that this scheme would be suggested to Cabinet was made by the Acting Premier following a long conference on Saturday with the Inspector-General of Hospitals (Dr. Morris). The Acting Premier said at the same time that the extra allowance would not be a permanent arrangement, but a recognition of the additional responsibility and work which had been loyally undertaken by the doctors at the hospital.