IAN HOWIE-WILLIS

# St John, Ambulances and Western Australia

A CENTENARY ANTHOLOGY

## 1892–1992



1892–1992



# IAN HOWIE-WILLIS

## AND THE ST JOHN PEOPLE OF WESTERN AUSTRALIA







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## A Centenary Anthology 1892–1992



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ST JOHN AMBULANCE AUSTRALIA (WESTERN AUSTRALIA) INC



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# DEDICATION

TO THE LATE KEVIN SMITH and the late NORMA WREFORD, whose lives epitomised the best of the two parallel traditions, the professional and the voluntary, of St John Ambulance in Western Australia. In each life were blended generous measures of technical competence, wide knowledge, dedication to vocation, compassion for those in need, care for other people's concerns, thoughtfulness in contemplating the world of events, and good humour in dealing with others.

# FOREWORD BY SIR PAUL HASLUCK

The publication of this volume forms part of the celebration of the centenary of the Western Australian Centre of the St John Ambulance. In an earlier volume, *A Century for Australia*, published in 1983, the author wrote comprehensively about the origins of the Most Venerable Order of St John and its revival in Great Britain under Royal Charter during the reign of Queen Victoria. Its influence and work were extended to Australia in a succession of events from 1883 onwards.

The commencement in Western Australia came in 1892 from the initiative of a private citizen and early progress depended largely on the public spirit and the voluntary work of those who found in St John a cause worthy of support for the public good. A century later, a younger generation who are accustomed to the provision of a wide range of services by public authorities financed from public revenues may not always realise how large a part 'charity' (in the Biblical sense) played during the nineteenth century in meeting the needs of the community. Much of the help now covered by the term 'social service' came a century ago from private benefaction or did not come at all.

Both in the earlier book and in the present volume the main part of the story concerns the service provided by the St John Ambulance.

The growth of the ambulance services makes a case-history of the rise of the welfare state. A large part of the reason for change was the growing complexity of the demand for help and the heightened skills, techniques and appliances required in giving help. These created a need for services at a high level of paramedical training and more expensive than could be provided from the proceeds of a garden fête. The welfare state took over, with organisation, management, servicing, training and equipment to match the needs of a more heavily industrialised and more dangerous community. Happily, however, while some 'charity' has been overlain and smothered by the growth of the welfare state, there is still a place to be found for volunteers in ambulance services, as also in fire-fighting. This book, in telling of the growth of St John Ambulance in Western Australia as an efficient business enterprise with paid executive and staff, also records the continuing work of dedicated volunteers.

Another pleasing feature of the volume is the incorporation in it of some of the experiences of those who work for the organisation in one capacity or another. The human touch is still there. The ideal of service to humanity, in keeping with the motto of the Venerable Order of St John, still stands as clearly as the Maltese Cross that is the emblem of the Order and reminds of the roots of its idealism in an age of chivalry.

*The Right Honourable Sir Paul Hasluck, KG, GCMG, GCVO, K St J, was Prior of the Order of St John in Australia 1969–74. He is the only Western Australian to have held the position, which is the most senior in St John Ambulance Australia.*

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Many people contributed to this anthology. Some 25 people belonging to the country ambulance services wrote about their own local subcentres. In each case they are named as the authors. Another eight, employees in St John Ambulance state headquarters in Belmont, Perth, also wrote sections, and their names, too, are indicated wherever I have used their material. Over 100 others contributed material via a series of interviews I conducted during annual visits to Western Australia between 1986 and 1990. In a number of places I was unable to visit personally, Ian Kaye-Eddie, Murray Allum (Snr.) and the late Kevin Smith gathered material on my behalf. In addition to these people, perhaps another couple of hundred paid me the courtesy of turning out to greet me when I visited their subcentres.

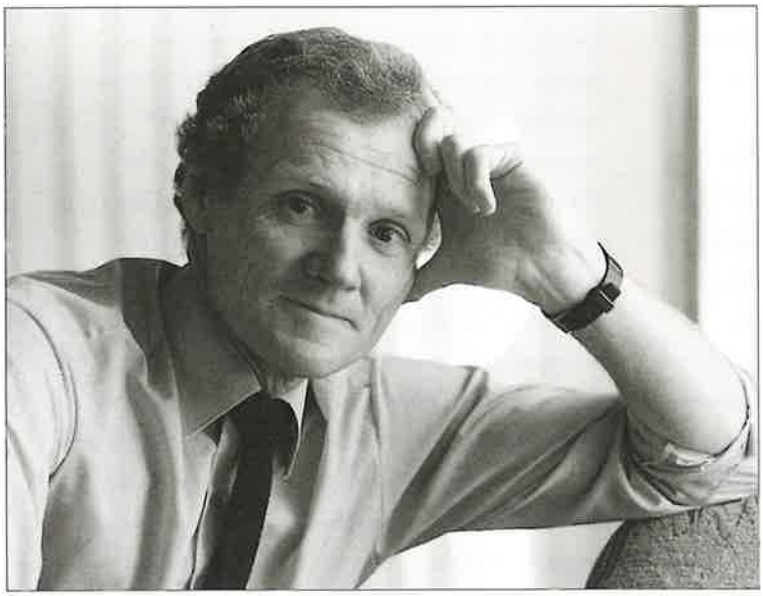
I hope this small legion of St John workers are pleased with the outcome of our joint venture, for it is theirs rather more than mine. Though the tens of thousands of words herein duly flowed through my word processor in Canberra, the St John people of Western Australia provided about three-quarters of the material in this book. I now thank them for helping me build our anthology.

Some people must be named here because of the sustained help and encouragement they gave over the years I was engaged on the project. First among them is Ian Kaye-Eddie, whose original idea it was to produce this book. An attentive midwife, he was always ready to help during a long labour. Murray Allum, too, smoothed the way. Like Ian, he not only proved to be an amiable travel companion, but taught me much about St John and its Western Australian activities as we criss-crossed the state while visiting ambulance subcentres together. I greatly regret that Kevin Smith's sudden and premature death has prevented him from seeing the conclusion of a project he helped organise and supported strongly. He would have been gratified to have seen how much this book reflects his influence. As well as writing for the project, Harry Oxer was generous in giving his time to discuss the medical principles on which the ambulance service is based. Dermot Foster was a convivial host. As Commandery Lieutenant he also placed his seal of approval on the project, thus greatly easing its passage. Betty Dyke was unfailingly helpful with the various inconvenient requests I periodically made on visits to the St John Commandery headquarters in Perth. David and Mary Dale of Mt Pleasant were greatly tolerant of a house guest who, unabashed by the frequency and length of his visits, often arrived at short notice. In the process they reaffirmed an ancient friendship, and built up a store of credits for future use in Canberra. Margaret Willis was also tolerant: with a demanding career of her own, she never complained about the extra hours she spent on household tasks as her husband—yet again—retreated behind a manuscript. Mark Nolan gave access to papers on ambulance union history, particularly his own essay on the subject, as well as discussing with me the union perspective on St John affairs. Maureen MacKenzie-Taylor, who designed this book, has demonstrated the wisdom of giving the job to her. Faye Morgan is acknowledged for her many important contributions. These included friendship, hospitality, typing, photocopying, mailing, accommodation and travel bookings, proofreading, criticism, cheerful telephone conversations, and faithful stewardship as the project evolved. Final grateful acknowledgement is made of the production team of Bonser and Associates. Particular mention must be made of Anne and Phil Bonser, Ray Arthur and Hollice Rundle.

*Ian Howie-Willis, Canberra, May 1992*

# THE PRINCIPAL AUTHOR

IAN HOWIE-WILLIS (1937– ) grew up in Melbourne, where he attended Melbourne High School, Toorak Teachers College and the University of Melbourne. After teaching in a Victorian bush primary school (Warrambeen, in the Western District), he taught in Papua New Guinea and Kent (UK) for ten years, and gained postgraduate degrees in History and Sociology. He moved to Canberra in 1975 to undertake doctoral studies in History at the Australian National University. This is Dr Howie-Willis's eighth book on historical subjects. As Priory Historian to the Order of St John in Australia, he has written two previous books on St John Ambulance—*A Century For Australia* (the national centenary history of the organisation published in 1983) and *South Australians and St John Ambulance* (the centenary history of a State branch of St John, 1985). He is presently employed at the Australian Institute of Aboriginal and Torres Strait Islander Studies in Canberra, where he is senior editor of *The Encyclopaedia of Aboriginal Australia*. He is married to Margaret, a school principal, and they have three adult children. His main interests outside of work are long distance running and bushwalking. (Photograph by Dirk Wittenberg)



# CONTRIBUTORS

Ninety-six individuals provided material for this anthology. They did so either by contributing articles on selected topics, or by supplying their own written material or oral accounts for inclusion in the text.
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In addition another five people, unnamed local historians at the following country subcentres, contributed accounts of the development of their subcentres: HARVEY, KELLERBERRIN, NAREMBEEN, NEWDEGATE and PINGELLY.

Many others, too numerous to be listed here, supplied background information either orally or in written form. The book has thus been a co-operative enterprise by the St John Ambulance community of Western Australia.

PART ONE



# ST JOHN AMBULANCE IN WESTERN AUSTRALIA

## HISTORICAL SYNOPSIS


ST JOHN AMBULANCE
2502
AMBULANCE

CHAPTER ONE

# AN INTRODUCTION: Western Australia and its state ambulance service

Vast is a word peculiarly appropriate to Western Australia. From the Latin *vastus* ('void', 'immense'), it is one that recurs in the thoughts of the traveller journeying there from elsewhere in Australia. Even in an airliner jetting to Perth at 600 kilometres an hour from another state capital, an eternity seems to pass as the enormous, apparently empty expanses of Western Australia unfold 10,000 metres below.



*Above: Dirt roads are the norm for many of the volunteer ambulance officers in Western Australia.*

*Left: The history of St John Ambulance in Western Australia is represented here with a reconstructed T-model vehicle from the 1920s and a modern Ford Mark IV from the 1990s. The ambulance officers are in uniforms of the respective periods. (Photograph by Dirk Wittenberg)*

Occupying a third of the Australian land mass (2,525,500 square kilometres out of 7,682,300), Western Australia covers an area equalling that of a square drawn across Europe with the corners on London, Warsaw, Athens and Algiers. Its 1,875-kilometre eastern border extends in a straight line along the 129th meridian through 16 degrees of latitude from the Timor Sea to the Southern Ocean, a span similar to that from New York to Miami; and its 7,000-kilometre shoreline is about the same as the coastal distance from Karachi to Rangoon. By any measure Western Australia is vast.

Despite the state's huge spread, its physical character is remarkably uniform. Much of its surface area consists of low plateau fringed by narrow coastal plain. Above the escarpment, the altitude varies between 300 and 600 metres. Rugged chains of mountains pucker the plateau surface in the southwest, northwest and far north. These are spectacular in profile, but the highest peak (Mt Meharry) is barely 1,250 metres above sea level.

The climatic zones do little to dispel the traveller's sense of sameness. In the savannahland of the tropical north, the mean annual temperature is 30 degrees C, the rainfall up to 800 millimetres, and the seasons alternate between monsoonal wet and dry periods. At the other end of the state, among the 90-metre tall forests of karri and jarrah in the far southwest, the rainfall is even higher—1,100 millimetres—but the mean temperature is only half that of the north; and the seasons are typically 'Mediterranean', with warm, dry summers and cool wet winters. Between these two extremes, however, the transitions from one climatic zone to another are gradual.

And then there are the deserts—Australia's so-called dead heart, the dry interior, the land of gibber plain, spinifex grass, salt-encrusted ancient beds of long-vanished lakes, craggy chains of hills stacked up from irregular piles of contorted, rust-coloured rock, and parallel red sand ridges stretching away to the horizon on all sides. Australia is a very dry continent: more than half its surface area, 52 per cent, receives rainfall averaging less than 300 millimetres annually. Western Australia has an even larger proportion, 73 per cent, of its area with rainfall that low. Three of the nation's five great deserts are in the West. The Great Sandy Desert, Gibson Desert and Great Victoria Desert run in a gigantic broad arc between the Indian Ocean and the Great Australian Bight. They isolate the people of the West from their countrymen in the eastern states as effectively as would an ocean. Crossing them by road or rail is a major undertaking for easterners visiting the population centres of the West, yet their sameness is such that time seems suspended as the miles and hours fly by.

The sense of immensity which travel across Western Australia evokes is heightened by the meagreness of human habitation in most parts of the state. The state population in 1990 was only 1,550,000, and its density a mere 0.61 people per square kilometre (compared with a national figure of 2.2). The great majority of the population were

concentrated in urban centres, situated mainly on the coast and particularly in the arable southwest corner. Perth's population comprised 76 per cent of the total population, and the eight provincial centres with populations exceeding 10,000 (Albany, Bunbury, Geraldton, Kalgoorlie, Kwinana, Mandurah, Port Hedland, Rockingham) constituted another 12 per cent. In addition to the larger cities, about 35 other settlements qualified for the title 'urban centre' by having at least 1,000 residents. These accounted for another 9 per cent. They were widely dispersed along the coast, across the southeastern farm belt, and at a few remote inland sites, the last usually being mining towns. Thus, all but 3 per cent of the state's people were town or city dwellers, which means there were immense tracts of countryside devoid of humans.

*In Western Australia a network of ambulance depots extends across the entire state. The use of unpaid volunteer ambulance officers in country districts, which are often remote and sparsely populated, makes this possible. Districts superintendents from St John Ambulance Belmont headquarters regularly inspect the country depots. Here, dist. supt. Rex Oliver is visiting the Wittenoom St John subcentre where (left to right) Bill Wright, Sue Cromb, Michael Minahan and Jim Cromb are volunteers.*




Delivering to all corners of such a state the public amenities which citizens of modern nations demand is difficult, but by the late twentieth century the problems were of cost rather than distance. The technical problems of bringing transport, communications, health, education, commercial, financial, administrative and legal services to small, widely scattered and remote communities had largely been solved over the preceding decades. As a result most communities, in even the most farflung settlements, could daily watch Perth television, read interstate newspapers, receive a mail delivery, eat fresh food, drink chilled wines, and travel elsewhere in the state with reasonable assurance of arriving the same day. The main constraint was price, as the cost of doing any of these rose steeply the further north or east of Perth the distance.

Among the services modern communities expect are emergency health care and ambulance transport facilities. In 1989–90 some 87,300 Western Australians, or one in every eighteen of the state population, were moved by a vehicle from one of the 105 country or seventeen metropolitan ambulance stations. The treatment they received was efficient: the ambulance staff who came to their aid were not only thoroughly trained but arrived on the scene as promptly as circumstances allowed, which in the metropolitan region meant within an average of 8.5 minutes from the time of being called. (In country regions the rate was slower as the ambulances at the more remote country stations sometimes travelled hundreds of kilometres to a call, and the average round trip for a country ambulance exceeded 80 kilometres.) Efficiency came at a price, however, for the overall cost of the service was about $320 per patient and $9.50 per kilometre.

The price was certainly high, but it would have been higher still, and the efficiency less, without the singular arrangements through which the service was managed and staffed. Western Australia's ambulance transport system, like those of the neighbouring Northern Territory and South Australia, is conducted by a non-government agency, St John Ambulance Australia, through a decentralised system of locally-run 'subcentres' or ambulance stations. In metropolitan Perth and its hinterland fulltime professional ambulance officers operate the service; in nine of the large provincial towns they also do, supplemented by volunteers; but at 96 of the country subcentres volunteers are responsible. As at the professionally staffed stations,

ST JOHN AMBULANCE (WESTERN AUSTRALIA) INC.: PERTH METROPOLITAN AND NEAR-METROPOLITAN AMBULANCE DEPOTS AND SUBCENTRES




*In 1992 St John Ambulance Australia WA Ambulance Service Inc. was maintaining ambulances at 18 Perth metropolitan depots and three near-metropolitan subcentres. This map shows the Perth subcentres. The pattern in which the country ambulances are spread across Western Australia (see map on page 5) is a rough guide to the state's population distribution: as a general rule, the further north and east from Perth the sparser the population.*

the ambulances of the wholly volunteer-run subcentres are available around the clock, but their service is on a call-out basis, the volunteers on the roster being prepared to leave their jobs and wear the ambulance officer's hat whenever a medical emergency arises.

These arrangements reflect Western Australians' pragmatic response to their wish for statewide ambulance protection. They have developed since the advent of motor transport as an adjustment to the difficulties of great distances and sparse population. Significantly, similar state ambulance services have evolved in the three other parts of Australia which have had to grapple with the 'tyranny of distance'—Queensland, the Northern Territory and South Australia.

The benefits to the public of these arrangements are plain. First, the mix of professional and volunteer ambulance officers, and of fulltime and part-time duty rosters, keeps overall costs down. This is evident in the relative costs of the three types of subcentre, summarised in the table above.

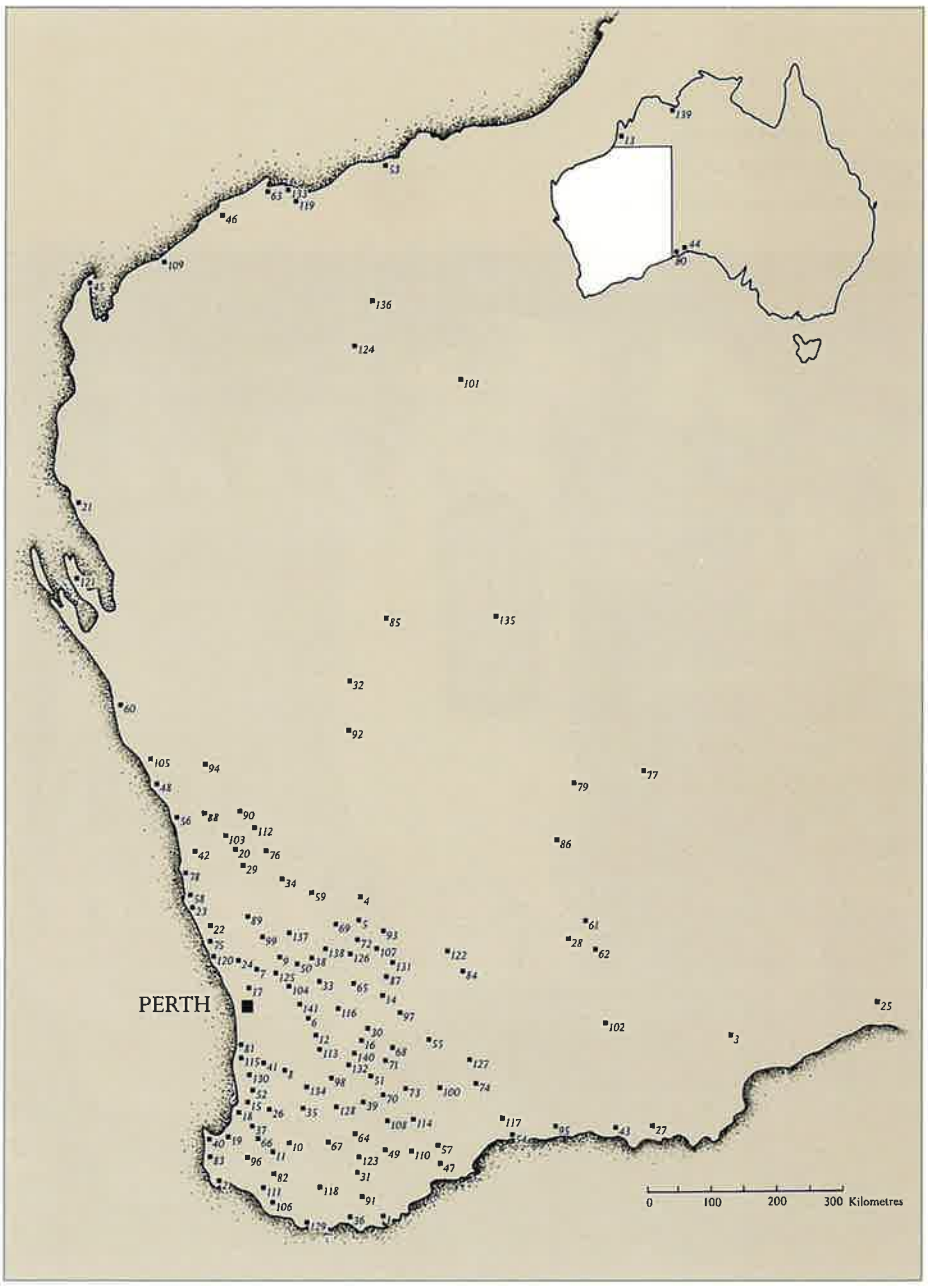
The subcentres employing fulltime professional ambulances enjoy distinct advantages over those staffed wholly by volunteers. These include the economies of scale possible at subcentres handling large caseloads; efficiencies in deploying vehicles and staff; the distances travelled; road conditions; and fuel and maintenance costs. Thus, they handle three-quarters of the state's annual ambulance transport caseload (75 per cent in 1989-90, as the table here suggests). They are able to make more efficient use of vehicles. (To carry 75 per cent of the caseload they required only 30 per cent of the available ambulances, or 82 out of 276 vehicles.) Their crews are on the road (as opposed to sitting around awaiting calls) for a longer average time each day; and this makes for greater staffing efficiency because there is less 'dead' time between calls. The distances between their calls are shorter. (The number of kilometres per patient they travelled, 28 and 26 for the wholly professional and combined professional-volunteer subcentres respectively, was little more than a third that of the wholly volunteer subcentres.) And the roads their vehicles traverse are generally better, meaning lower maintenance costs.

AMBULANCES, CASELOADS, KILOMETRES TRAVELLED AND EXPENDITURE: WESTERN AUSTRALIAN AMBULANCE SUBCENTRES, 1989-90 [1]

| | *Number of ambulances* | *Cases* | *Kilometres* | *Kilometres per case* | *Expenditure $* | *Cost $ per case* | *Cost $ per kilometre* |
|---|---|---|---|---|---|---|---|
| Metropolitan and peri-urban subcentres with fully professional staff | 50 | 68 550 | 1 930 700 | 28 | 23 400 000 | 341 | 12.12 |
| Provincial subcentres with professional staff assisted by volunteers | 32 | 8 754 | 229 422 | 26 | 2 335 000 | 267 | 10.18 |
| Country subcentres staffed wholly by volunteers | 194 | 10 014 | 768 141 | 77 | 2 163 000 | 216 | 2.82 |
| TOTAL | **276** | **87 318** | **2 928 263** | **34** | **27 898 000** | **319** | **9.53** |

## ST JOHN AMBULANCE (WESTERN AUSTRALIA) INC.: COUNTRY SUBCENTRES AND/OR AMBULANCES

1 *Albany*
2 *Augusta*
3 *Balladonia*
4 *Beacon*
5 *Bencubbin*
6 *Beverley*
7 *Bindoon*
8 *Boddington*
9 *Bolgart*
10 *Boyup Brook*
11 *Bridgetown*
12 *Brookton*
13 *Broome*
14 *Bruce Rock*
15 *Brunswick*
16 *Bullaring*
17 *Bullsbrook*
18 *Bunbury*
19 *Busselton*
20 *Carnamah*
21 *Carnarvon*
22 *Cataby Roadhouse*
23 *Cervantes*
24 *Chittering–Gingin*
25 *Cocklebiddy*
26 *Collie*
27 *Condingup*
28 *Coolgardie*
29 *Coorow*
30 *Corrigin*
31 *Cranbrook*
32 *Cue*
33 *Cunderdin*
34 *Dalwallinu*
35 *Darkan*
36 *Denmark*
37 *Donnybrook*
38 *Dowerin*
39 *Dumbleyung*
40 *Dunsborough*
41 *Dwellingup*
42 *Eneabba*
43 *Esperance*
44 *Eucla*
45 *Exmouth*
46 *Fortescue*
47 *Gairdner River*
48 *Geraldton*
49 *Gnowangerup*
50 *Goomalling*
51 *Harrismith*
52 *Harvey*
53 *Hedland*
54 *Hopetoun*
55 *Hyden*
56 *Irwin Districts*
57 *Jerramungup*
58 *Jurien Bay*
59 *Kalannie*
60 *Kalbarri*
61 *Kalgoorlie*
62 *Kambalda*
63 *Karratha*
64 *Katanning*
65 *Kellerberrin*
66 *Kirup*
67 *Kojonup*
68 *Kondinin*
69 *Koorda*
70 *Kukerin*
71 *Kulin*
72 *Kununoppin*
73 *Lake Grace*
74 *Lake King*
75 *Lancelin*
76 *Latham*
77 *Laverton*
78 *Leeman-Greenhead*
79 *Leonora*
80 *Madura*
81 *Mandurah*
82 *Manjimup*
83 *Margaret River*
84 *Marvel Loch*
85 *Meekatharra*
86 *Menzies*
87 *Merredin*
88 *Mingenew*
89 *Moora*
90 *Morawa*
91 *Mount Barker*
92 *Mount Magnet*
93 *Mukinbudin*
94 *Mullewa*
95 *Munglinup*
96 *Nannup*
97 *Narembeen*
98 *Narrogin*
99 *New Norcia*
100 *Newdegate*
101 *Newman*
102 *Norseman*
103 *North Midlands*
104 *Northam*
105 *Northampton*
106 *Northcliff*
107 *Nungarin*
108 *Nyabing*
109 *Onslow*
110 *Ongerup*
111 *Pemberton*
112 *Perenjori*
113 *Pingelly*
114 *Pingrup*
115 *Pinjarra*
116 *Quairading*
117 *Ravensthorpe*
118 *Rocky Gully*
119 *Roebourne*
120 *Seabird*
121 *Shark Bay*
122 *Southern Cross*
123 *Tambellup*
124 *Tom Price*
125 *Toodyay*
126 *Trayning*
127 *Varley*
128 *Wagin*
129 *Walpole*
130 *Waroona*
131 *Westonia*
132 *Wickepin*
133 *Wickham*
134 *Williams*
135 *Wiluna*
136 *Wittenoom*
137 *Wongan Hills*
138 *Wyalkatchem*
139 *Wyndham*
140 *Yealering*
141 *York*



Despite these advantages, the costs of the subcentres with only salaried staff are significantly higher than at those using volunteers. For example, the per patient cost at those combining salaried staff and volunteers is 78 per cent that of subcentres with wholly professional staff, while the relevant percentage for the wholly volunteer subcentres is only 63 per cent. If we consider the cost per kilometre, the difference between the wholly salaried and wholly volunteer subcentres is even more apparent: the cost at the former is more than four times that at the latter.

What, then, would the cost have been if there were no volunteers, and present services were conducted by professional staff alone? If we assume that the rate per kilometre of the subcentres staffed wholly by professionals ($12.12) would have applied to the total kilometres travelled (2.93 million), expenditure would have been about $35.5 million, that is almost $7.6 million or 27 per cent more than the $27.9 million total of 1989-90.

Modern ambulances, as their multi-million dollar budgets indicate, are arguably a luxury rather than a necessity. With their array of costly 'hightech'

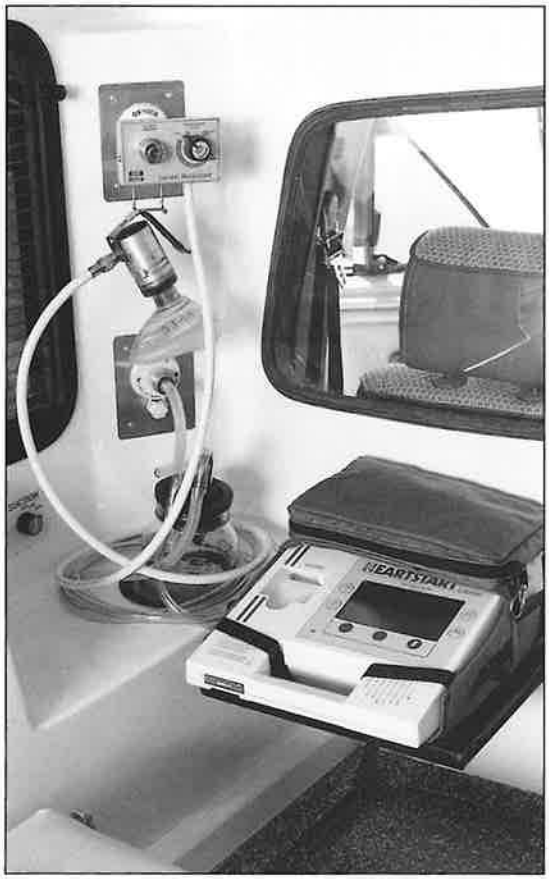
*In recent decades equipping ambulances has emerged as a specialised branch of medical technology. 'Hightech' medical aids, here being loaded aboard a Perth ambulance, have added a life support role to the original ambulance transport function.*



apparatus, they are medical tools that only wealthy nations can afford in quantity. Thus, there would be comparatively few modern ambulances serving rural communities in Third World countries. An ambulance does not arrive within 8.5 minutes when a peasant in Ethiopia, for instance, falls ill. There the patient probably just suffers and dies.

As this book will show, it was like that once in Western Australia too; but fortunately for the present generations of the state's people they belong to a society that has achieved affluence. Easy access to an efficient ambulance service is one aspect of their prevailing high living standards. Yet for all Western Australia's affluence in the late twentieth century, many parts of the state would have been unable to enjoy the security of a local ambulance were it not for the voluntary efforts of St John's part-timers. In the 1990s there were dozens of small communities where low caseloads could not otherwise have justified the luxury of local ambulance facilities. By helping suppress labour costs, then, the volunteers had enabled the St John management to spread its transport and communications network across the whole state, even to the most remote of settlements. If the vast size and distances of Western Australia were now less tyrannical, the volunteers deserved much of the credit.

*Western Australian ambulances carry state of the art electronic patient-monitoring equipment, as shown here in a Ford Mark IV van. (Photograph by Dirk Wittenberg)*




*Basic facilities—van and single room garage—plus volunteers enable very small rural population centres, like Lake King, to maintain an ambulance service.*




*NOTES*

1 Table derived from figures in St John Ambulance Association in Western Australia Incorporated, 97th Annual Report 1989–90, pp. 16, 30–32.


NO SMOKING
307
AMBULANCE

CHAPTER TWO

# A SECOND INTRODUCTION: St John Ambulance Australia

The organisation responsible for the task to which Chapter One introduced us is a body familiarly known as the St John Ambulance Association. Usually referred to simply as 'The Association' by its members, it is one of several 'foundations' supported by St John Ambulance Australia.



*Above: Mathieson Henry Jacoby, founder of the St John Ambulance Association in WA. (Photograph kindly provided by the Parliament of Western Australia)*

*Left: In Western Australia the state ambulance is a central function of the St John organisation. Station officier Mike Cubbage is here testing his patient's blood pressure in a Ford Mark IV ambulance.*

St John Ambulance Australia, with headquarters in Canberra, is a vigorous branch of the wider St John Ambulance organisation, which has offshoots in various countries that were once part of the British Empire. The Association, the first of the foundations to arrive in Australia, was established in London in 1877 to provide public training in first aid. Within several years it was setting up outposts around the Empire. The first Australian 'centre', as such outliers were known, was founded in Melbourne in 1883.

The second of the St John 'foundations', the St John Ambulance Brigade, also formed in London, in 1887. Its purpose was to have ready a disciplined corps of uniformed first aiders to supplement the army's medical units in wartime and to supply first aid facilities at public gatherings during peacetime. Organised into local 'divisions' (analogous to army platoons) which were then grouped into regional 'corps', with a promotional hierarchy and insignia of rank paralleling those of the military, it originally saw itself as a paramilitary body. The first of its Australian units formed in Sydney in 1903.

Both Association and Brigade spread to the other state capitals in the years leading up to World War I, and since then have become prominent among voluntary agencies in every state and territory. The actual names 'Association' and 'Brigade' are no longer officially valid because in 1987 the national St John organisation underwent a restructuring during which both terms formally disappeared. Henceforth, the national governing council decreed, the Association would be known as the 'Training Branch', and—equally prosaically—the Brigade would become 'Operations Branch'. The grassroots membership remained unenthusiastic about the change, and so the former titles persist in popular if not official parlance. Whatever the name, however, the work continues. Indeed with the nation now nearing its centenary (on 1 January 2001), and the number of Australians edging closer to the 20 million mark, the need for both 'Association'/'Training' and 'Brigade'/'Operations' services grows apace.

Like the Australian polity, St John Ambulance Australia operates federally. The council of each constituent state St John branch is responsible for the organisation's activities within the state's boundaries. And each has representation on the federal governing body based in Canberra. The latter is known as the Priory, in keeping with St John claims to descent from the ancient military order of Knights Hospitaller of Jerusalem, Rhodes and Malta. The Priory, in turn, maintains links with the British parent body, the Order of St John. This august institution, the cumbersome formal title of which is the Most Venerable Order of the Hospital of St John of Jerusalem, is one of the royal orders of chivalry.

The Order of St John exists to promote knowledge and skills in emergency health care. This is the legacy the Order claims to have inherited from the ancient order of Hospitallers, the fabled Knights of St John. From its origins in Jerusalem during the First Crusade in the late eleventh century, the ancient order had maintained a tradition of charitable succour for the ill as well as waging war against the hordes of

Islam. On Rhodes after its expulsion from the Holy Land by the Saracens in 1291, and again on Malta after being driven from Rhodes by the Ottoman Turks under Suleiman the Magnificent in 1522, the ancient order had run hospitals and tended the ill. As we shall see, our Order—the modern, 'Most Venerable' one—was an English invention, a product of eccentric early nineteenth century romanticism. Despite that, it also developed a gentlemanly concern with 'good works' in its early decades; but its particular concern with first aid, the basis of its present successes, came later.

*St John's Gate, Clerkenwell, London—headquarters of the Order of St John, and a powerful unifying symbol for St John Ambulance organisations around the world. It was originally the southern entrance of the twelfth century Priory of the Knights of St John (or Knights Hospitaller), largely demolished following the sixteenth century dissolution of the monasteries.*



The Order's interest in first aid arose from the social by-products of Britain's industrial revolution of the nineteenth century. A need for first aid training grew apace as new mines, factories and transport networks transformed the face of Britain. The inadequate provisions for industrial safety drew into sharper focus the need for impromptu but effective emergency medical treatments workers could learn in order to handle the injuries they inevitably met on the job. The new style of 'industrialised' warfare, as in the Crimean war of 1854–56 and more especially in the Franco-Prussian war of 1870–71, also played its part. The shocking casualties of the new warfare revealed a need for simple but effective treatments which ordinary soldiers could be taught in order to save comrades' lives. 'First Aid', or the application of emergency remedies pending the arrival of professional medical help, became the Order's catchcry, and the stimulus for its subsequent expansion across the Empire via the colonial centres of the Association it sponsored.

The Order's promotion of first aid and its enthusiasm in transplanting the Association abroad were aspects of a wider altruistic movement within Europe towards a more caring, truly Christian society, one embodying the biblical injunction in Matthew 7:12, which advises the faithful, 'Whatsoever ye would that men should do to you, do ye even so to them'. The earlier campaigns by Elizabeth Fry for prison reform, William Wilberforce for the abolition of slavery, Lord Shaftesbury against the exploitation of child labour, Florence Nightingale for professionalism in nursing, and Henri Dunant for the foundation of the Red Cross, were other manifestations of the same philanthropic groundswell.

The Order which, with missionary zeal, thus began promoting its humanitarian causes in even the most remote colonies—those in Australia—would earlier have seemed an unpromising benefactor. It was a self-consciously aristocratic body, preoccupied with nostalgia for a long-lost, supposedly golden age of chivalry. The Order came into formal existence in London in January 1831. Its creation was a bold attempt to revive the English branch or 'Tongue' of the ancient Knights Hospitaller, whom Henry VIII and Elizabeth I had suppressed during the 1540s and '50s. The Hospitallers had survived elsewhere, in Catholic Europe, and from Malta had continued to assail Islam and its vanguard, the Turks. They remained on Malta, steadily becoming an anachronism as the threat from Islam had receded. In the end Napoleon expelled them from Malta following his capture of the island in 1798. Driven from their

sovereign soil, they wandered Europe for more than three decades, until they secured permanent headquarters in Rome.

The post-Napoleonic attempt to restore the Hospitallers in England was sponsored by the Knights' French faction, which, by the 1820s, was locked in struggle with the Italian faction for control of Hospitaller destinies. The French faction seemed to think that if they helped revive the English 'Tongue' they would have allies in their disputes with the Italians.

The Englishmen collaborating in this most optimistic act of resuscitation were a small group of aristocratic romantics. In their yearning for the knightly virtues of a fondly imagined yesteryear, they seemed to believe they might turn back the clock of history a full three centuries, to an era before the protestant reformation, the rise of parliamentary democracy, the advent of the industrialism and the French revolution. Their efforts ultimately proved futile, foundering on the difficulty of admitting Protestants to a Catholic fraternity. But, undeterred by the Vatican's rejection of their suit, they formed their own new and separate 'Order of St John: Anglia'.

At the urging of several of its more realistic members, the new order dedicated itself to practical charitable works. As seen, this interest eventually led it into disseminating first aid knowledge throughout the community, which in turn prompted it to found the St John Ambulance Association and St John Ambulance Brigade. The success of the latter enterprises won the latterday hospitallers royal patronage. Queen Victoria set her seal of approval on their good works in 1888 by granting the order a Royal Charter. This formally established the organisation as a British order of chivalry, thus conferring upon it the legitimacy it had been seeking for fifty-seven years. As an Order of St John in its own right, it now set about spreading 'ambulance' knowledge with renewed vigour.

While the Order was toiling to acquire the dignity of royal recognition, offshoots of the Association had begun springing up in Britain's imperial outposts, as we have seen. Even before the foundation of an Association centre in Melbourne in 1883, classes in the St John method of first aid had been run at least twice in Australia. Dr Robert Robertson, a Melbourne medical practitioner, had given a series of lectures on the subject in St Kilda in late 1880 and early 1881; and in 1881 Dr Samuel Knaggs successfully trained a class of workers from the Eveleigh Railway Workshop in Sydney. Robertson's and Knaggs's classes attracted wide interest. The public appeared keen to acquire first aid skills, and it was probably the success of the Robertson and Knaggs sallies into public training that persuaded some prominent Melbourne citizens to set up the Association's first centre in Australia. Chief among this group was Dr James Edward Neild, the colourful surgeon-about-society and, incidentally, the 'discoverer' of Nellie Melba. By the turn of the century local centres of the Association were firmly established in most of the colonial capital cities, and were regularly conducting classes in the approved St John

*Teaching first aid to the public—the primary reason for which St John Ambulance was created, and continues. Here Carol Jones, a professional instructor, demonstrates before a class at Belmont.*



methods. In addition, a couple of the centres had begun to show interest in offering ambulance transport facilities to an eager public.

The foregoing account is, of necessity, synoptic for the emphasis in this book will be on the more recent development of ambulance facilities and casualty care training in Western Australia. The stories of St John's ancient crusading glories, of the revival of the Hospitallers' tradition in nineteenth century Britain, and of the subsequent transplanting to Australia of the Association and Brigade have been told often. Anyone really interested in the finer details will find these in the present author's two previous centenary histories of St John in Australia. The first of these is his Priory history, *A Century For Australia*;[1] and the second is his account of the organisation in South Australia, *South Australians and St John Ambulance*.[2] Both books trace the St John ideal at length and in detail. In each case the narrative runs down through the centuries, from the mediaeval Hospitallers to Australia's modern ambulance services. Readers willing to work their way through the ample material each book provides will be well prepared for what now follows. Those without the time or inclination to read still more books about St John will not be disadvantaged, however: what they are about to read—the story of St John in Western Australian— stands up well enough alone, without the support of the earlier books.

*As well as offering public first aid instruction, St John ambulance branched out into publishing first aid manuals, performing first aid duties at public events, and (in Western Australia, South Australia and the Northern Territory) ambulance transport. A more recent venture has been first aid kits, which Julie Wilson is shown selling.*




*NOTES*

1 Howie-Willis, Ian, *A Century For Australia: St John Ambulance in Australia 1883–1983* (Canberra, Priory of the Order of St John in Australia, 1983).

2 Howie-Willis, Ian, *South Australians and St John Ambulance 1885–1985* (Adelaide, St John Council for South Australia Inc., 1985).

CHAPTER THREE

# SETTING UP A PERTH CENTRE: Transplanting traditions

By the end of the 1880s, St John Ambulance Association centres were in business, teaching public first aid classes, examining the pupils and awarding certificates of competency, in all Australia's colonial capitals but Perth. By the time a Perth centre opened in 1892, the Melbourne, Adelaide, Tasmanian (in Launceston, self-styled 'auxiliary' capital), Brisbane and Sydney centres (opened in 1883, 1884, 1887, 1889 and 1890 respectively) were well accustomed to the routine of training that has remained their main preoccupation ever since.

Why did the Western Australians delay? There are no obvious causes, though one might speculate. Perhaps remoteness was the reason: it may have been that Perth, isolated by oceans and deserts from the rest of the world, simply took longer to pick up new ideas. But if that were so, why did unisolated Sydney dally until 1890, especially after the country's earliest first aid class to graduate had been taught there, nine years previously? Was it conservatism—the same suspicion of innovation that caused the reluctant Western Australians to hold back from Federation until the last minute when all the eastern colonies had agreed to unite? Or was there no one with sufficient interest, enterprise and foresight to recognise and push a good idea? Whatever the answer, the fact is that St John arrived late on the scene in Western Australia; and, when it came, those responsible for introducing it were not locals but 'refugees' from the eastern colonies, or immigrants from elsewhere in the Empire.

The founding father of Perth's Association centre was but a lad, a twenty-two year older named Mathieson Henry Jacoby. He was one of the thousands of hopefuls who trecked west as the great depression of the 1890s bit deeper into the economies of the eastern colonies. He was obviously an enterprising chap, for he began moves to set up a Perth centre the same year he arrived in Perth, 1891. He already had some Association experience, having gained a first aid certificate in Adelaide, his home town. We do not know what prompted him to introduce St John to his adopted colony, but as he came to Perth as a commercial agent representing Adelaide firms he was perhaps the sort of entrepreneurial chap who recognised a 'product' that might sell well. Some time after reaching Perth he must have written off to the Order of St John headquarters in London about the chances of opening a branch in Perth. (The Order's London home, incidentally, was strategically housed in St John's Gate at Clerkenwell, the former gatehouse and last remnant of the once grand English priory of the ancient Knights Hospitaller. The Order had shrewdly obtained St John's Gate in 1873 as a ploy to legitimise its claims to a Hospitaller legacy.) Jacoby's enquiry produced exactly the response he was probably hoping for, because he subsequently received a letter from the Association's Chief Secretary authorising him to set up a centre in Perth. The letter, dated 17 November 1891, is now preserved in the museum in the St John Ambulance building in Wellington Street, Perth.[1]

With his 'franchise' thus secured, Jacoby contacted a group of Perth identities whose support would be helpful, inviting them to form a committee to set up the centre. Among them were some prominent medical practitioners, the police and railways commissioners, and the local military commandant. They met for the first time on Tuesday 15 March 1892 in the Military Office, Perth. Having received

letters of congratulations from the two most senior Australian centres of the Association, Melbourne and Adelaide, they proceeded to elect a committee. The executive of this consisted of Dr Jamieson (one of the medicos) as president, Jacoby as secretary, and Lieutenant-Colonel JA Campbell, chief of staff of the Military Force, as treasurer. Other committee members were the police commissioner, Major G Phillips; the traffic manager of the railways, Mr J Davies; and seven other medical practitioners, Drs Harston, Harvey, Kelsall, Kenny, McWilliams, O'Connor and Sloman.[2]

The inaugural meeting made further decisions. It invited the Governor, Sir William Robinson, to become patron. Robinson was already a St John supporter, eight years previously having presided over the initial meeting of the Adelaide centre when Governor of South Australia. It voted to ask the Premier, Sir John Forrest, to be its president. He subsequently declined, however, and instead the Chief Justice, Sir Alexander Onslow, accepted the position. And it delegated Jamieson, Jacoby and Campbell as a subcommittee to draft a constitution. It also heard Jacoby report on progress by the first students, a class of twenty police, ten railway workers and two ordinary citizens (one of these Jacoby himself) whom Dr McWilliams had begun teaching twelve days before, on 3 March. The meeting was so pleased with this it resolved to form a women's first aid class forthwith, this to be taught by Dr Harvey.[3]

The committee met twice more after this, conducted several other classes, and arranged through the railways commissioner for railwaymen who had passed the first aid test to wear a St John's Maltese cross badge on their uniforms. And that was all, for by the end of the year it had come to a halt, and was to remain almost dormant for the next six years. The only activity in all that time was one small class for men at Bardoc (a mining settlement 50 kilometres north of Kalgoorlie) in 1897 and a small women's class in Perth early the next year.[4]

What had happened? As often occurs in small, insecurely established voluntary organisations, movement ceased when the motive force was withdrawn. Jacoby departed for Melbourne in 1893 to set up the Western Australian exhibit in the International General Products Exhibition. When he returned later in the year it was to Mundaring, where he took up part ownership in a vine and fruit growing enterprise. He subsequently became the leading figure in the industry there, and later co-founder of the Western Australian Fruitgrowers Association, and president of the Australian conference of fruitgrowers 1909–10. He threw himself into politics in 1900 to oppose Federation, which he feared might ruin his industry by permitting eastern fruitgrowers to undersell local producers; then, joining the party grouping of the former premier Sir John Forrest (later called the Liberals), he entered state parliament for the Swan seat in 1902. He was immediately appointed Whip, and was Speaker for the two Liberal governments holding power 1905–06. He also maintained his interest in St John: after its eventual revival, which he initiated, he was a member of its governing council 1906–11. In 1910 the organisation honoured him by admitting him to membership of the Order of St John with the rank of 'Serving Brother'. He died of heart disease in 1915 at the age of only 46, leaving a widow and four children.[5]

With Jacoby pursuing his career elsewhere, St John fell on hard times. His successor as secretary was ineffective, and others within the committee do not seem to have taken much initiative to keep the organisation vital. The depression of the eastern colonies had arrived in the west, and prospective pupils stayed away because they could not afford the training fee. Then the cash ran out, accounts remained unpaid, and valuable stretchers and hampers of medical supplies disappeared in suspicious circumstances.[6]

The revival of the centre, like its establishment, came from Jacoby's intiative. He met with two other interested people, Dr Herbert Horrocks and Dorothy Durlacher (a pupil from the first Perth women's class, and the first in Western Australia to earn the Association's medallion, awarded for having successfully completed three first aid training courses), and they agreed to reopen the centre. They subsequently met with Campbell, the previous treasurer, and were

disconcerted to learn from him that although the Centre had a bank balance of £2 7s 0d, debts totalled some £50. To overcome this impediment they appealled to St John's Gate for help, but that was in vain. They were thus forced to trade their way out of debt, making such a success of future training classes that the profits would soon enable the debts to be honoured. To that end they decided to call a public meeting to elect a new committee, and to make special effort to encourage Perth's 'principal residents' and 'influential ladies' to join it. They also decided to print pamphlets announcing the centre's revival, and to contact medical practitioners on the Coolgardie-Kalgoorlie goldfields soliciting help in setting up subcentres there.[7]

The new committee, now called council, started work in June 1899. The new chairman was Dr George F McWilliams, who had taught the first class in 1892; Dr C Coventry became deputy chairman; Campbell continued on as treasurer; and John N Lynch became secretary. The Governor, now Sir Gerald Smith, consented to being patron; Sir Alexander Onslow agreed again to be president; the two archbishops of Perth, COL Riley (Anglican) and Matthew Gibney (Catholic) became vice-presidents. The only hindrance as the council began business was a rift developing between the chairman and secretary. At the first meeting of the council, on 14 June, they had disagreed over means for recovering the missing stretchers and medical supplies. Lynch had approached the police for help in locating the stores, and they issued a warrant for the arrest of the former secretary. McWilliams, however, declined to lay charges and told the police he would be content to recover the minute book and stores. As for the debts of £51, they would be almost be covered by a grant of £50 which the Premier, Forrest, agreed to make for the instruction of police. In the meantime, new sources of pupils had also appeared as publicity on the eastern goldfields paid dividends in the form of projected subcentres at Kalgoorlie and Boulder. Despite the disagreement between chairman and secretary, prospects for success this second time round were not therefore altogether discouraging.[8]

As Western Australians entered the new century, their St John centre was still struggling to re-establish itself. Pupils had not really come flooding in. During 1899 four classes had run in Perth (1 male, 3 female), yielding 34 certificates (9 men, 25 women); then in 1900 a class each for men and women had run in each of Perth, Boulder and Kalgoorlie, yielding 50 certificates (32 men, 18 women). Thus, in the eighteen months following the revival the Perth 'head' centre and two goldfields subcentres had conducted ten classes for 84 certificates—an average of 8.4 certificates a class. The next year, 1901, the average was slightly better, five classes and 59 certificates, or 11.8 per class. The rate of growth was hardly spectacular over the next five years, for in 1906 there were still only ten classes and 71 certificates. Thereafter the rate picked up appreciably: a further five years on, in 1911, 24 classes were conducted and 246 certificates awarded. By now the centre had issued a total of 2,364 certificates since its inception, or one in every 120 of the state population. That was perhaps small by comparison with the rate some 80 years on, in the early 1990s, when the equivalent of one in every 40 would be certificated annually. But it did mean a worthwhile start had been made to spreading emergency medical skills throughout the whole community. The centre was now regularly conducting classes across a broad sweep of the state, from Whim Creek in the northwest to Albany in the south and Kalgoorlie-Boulder in the east. It was at last firmly established, and could rightfully claim to be fulfilling its purposes.[9]

In the first ten or twelve years of its revival, the West Australian centre was laying down traditions as well as building up impressive statistics. It was already acquiring a reputation for utter respectability, of being well-connected to the highest and most polite of 'society', and being a thoroughly worthy charity. The lustre of high esteem occasionally glimmers through the otherwise dull pages of its ancient annual reports. The report of the centre's first public annual meeting, in Perth's Mechanics Institute Hall on 5 July 1900, tells us for instance that one Mrs Payne opened the evening by singing the overture from Gottschalk's

'Pasquinade'. Then came the elections for council, followed by the presentation of certificates by the vice-president, the Anglican Bishop of Perth, the Most Reverend COL Riley, who himself held an Association first aid medallion. His Lordship drew appreciative laughter when, with daintily risque overtone, he remarked he would rather enjoy being nursed by the women to whom he was presenting home nursing certificates. Next, various soloists carolled the audience further; then, as a special treat a council member, JM Lapsley, the superintendent of the Perth Fire Brigade, made all present thrill at the marvels of new technology by playing them 'a most entertaining series of selections on the gramophone'. (Lapsley, the first man in Western Australia to earn the Association medallion, had been among the earliest batch of pupils in 1892. We will meet him again later, as council chairman 1916–25, the period during which St John took over the Perth Ambulance service.)[10]

*Charles Owen Leaver Riley, Anglican Bishop (1894–1914) and Archbishop (1914–29) of Perth, an early and enthusiastic supporter of St John Ambulance in Western Australia, who set his flock an example by being among the first in the colony to hold the first aid medallion.*



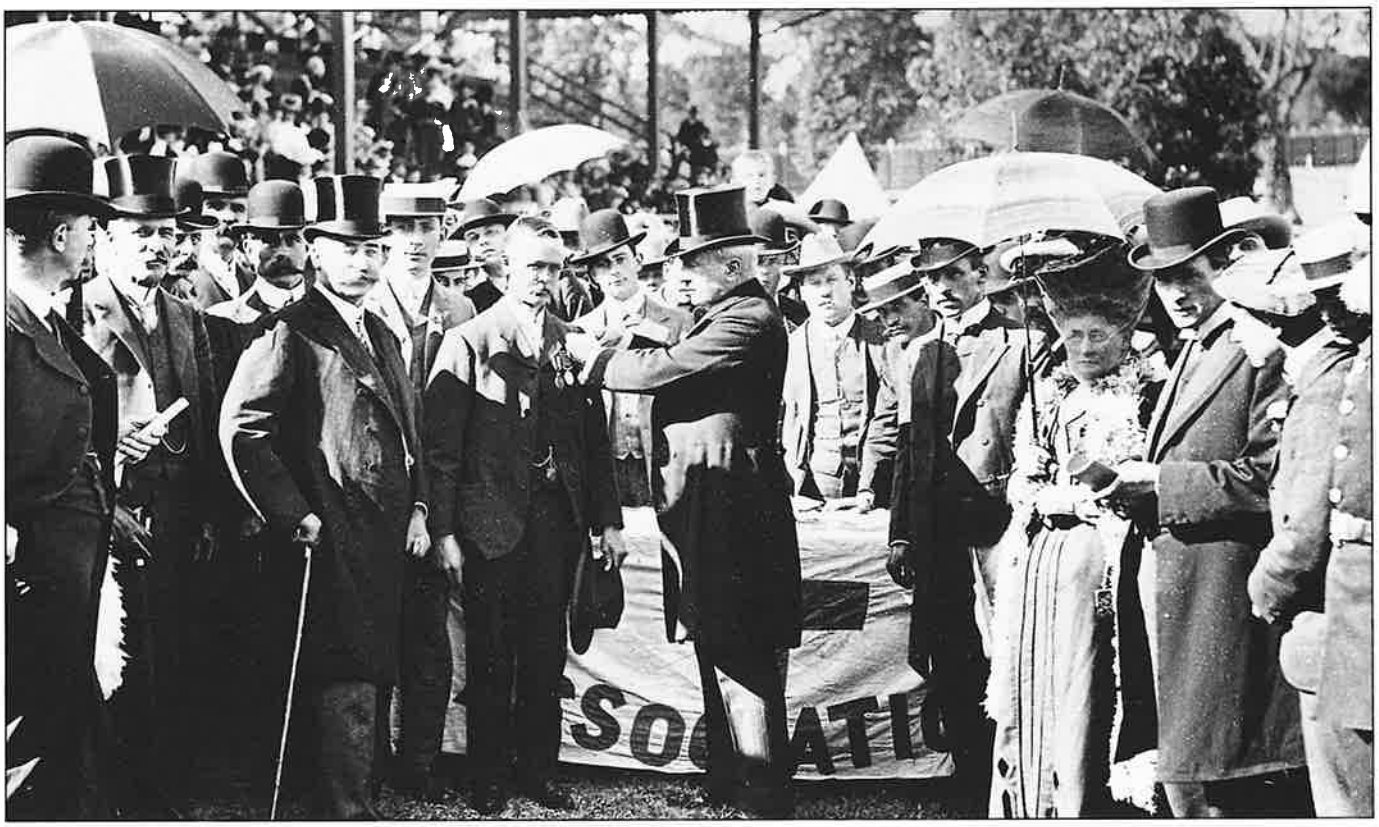
Another part of the St John tradition in which the West Australian centre seemed anxious to cloak itself was that of heroic achievement. The Order had always placed great store in heroism, seeing this as the noblest aspect of the legacy of the Knights Hospitaller. In 1874, even before the establishment of the Association, it had accordingly instituted its own Life Saving Medal for acts of gallantry. The medal is awarded rarely. Indeed up until 1990 it had only been presented on eleven occasions in the Order's entire 107-year history in Australia, an average of about once a decade. Four of those presentations were in Western Australia in the years between 1906 and 1912, and they were the first four to be awarded in Australia. All four went to miners. The first to earn it was Edward Nicholls, who had rescued a companion trapped under a rock fall after they had ignited a charge of explosive in the Lake View Consols mine at Kalgoorlie in 1906. The second was Francis Hughes, who in 1906 had descended 30.5 metres down the flooded South Kalgoorlie mine in a diving suit to help a trapped miner. The third was Arthur Young, who in 1910 rescued a workmate during a series of explosions at the Senate mine at Edjudina, 205 kilometres north of Kalgoorlie, near Kookynie. Injured himself, Young had carried his mate 62 metres up shaking ladders while the explosions continued around them. The fourth, in 1912, was Leonard Cullen, who saved two other miners trapped by a fall of rock after an explosion in the Bullfinch mine, 25 kilometres north-west of Southern Cross. In addition to the four medals, the Order awarded one Certificate of Honour for conspicuous bravery to a Western Australian miner, in 1911. This was John Crawford, who rescued a companion overcome by poisonous fumes at the bottom of a shaft in the Hyman gold mine

near Kalgoorlie. The mines of the Eastern Goldfields were undoubtedly dangerous, and probably provided greater scope for heroism than did less hazardous environments. Each of these awards was well deserved, but the question remains: why did Western Australia provide so many?[11]

A further tradition, and one particularly dear to St John people everywhere, was the *royal* link. Ever since Queen Victoria had bestowed a charter upon the Order, it had indeed been a royal order of chivalry; and, through the charter, the monarch of the day had to occupy the premier position within the whole St John hierarchy—that of 'Sovereign Head'. Beneath the Sovereign Head was the Order's principal officer, the Grand Prior. The first of the Grand Priors was the Prince of Wales, later Edward VII, a St John enthusiast. Since his accession to the throne in 1901 there have only been four other Grand Priors, all of them royal dukes. The first, Edward's son, the Duke of York, served until 1910, when he succeeded to the throne as George V. He was followed by his uncle, Edward's younger brother, the Duke of Connaught, who served a record twenty-nine years, 1910–39. The remaining two, another father-son combination, were each Dukes of Gloucester. The father, Henry, son of George V (and Governor-General of Australia 1945–47), presided over the Order's affairs 1939–74, while the son, Richard, succeeded him in 1974 and remains in the position to the present.

As the Sovereign Head rarely visits Australia, and the Grand Prior even less often, Australian members of St John have had to be content most often with

*At a well attended public ceremony in Perth on 1 March 1908, the Governor of Western Australia (Sir Frederick Bedford) pins the St John Life Saving Medal on Francis Hughes, who had rescued a miner from a flooded Kalgoorlie mine in 1906.*



the vice-regal representatives of the day. Before the state St John branches federated under the Priory in 1947, the state governors usually accepted the position of St John patron. Since the establishment of the Priory, however, they have occupied the formal position of Deputy Prior within their state branches, while the governor-general of the day is the Prior. Both Prior and Deputy Priors have constitutional authority over St John Ambulance Australia, but they customarily fulfil a mainly ceremonial role, leaving the routine administration to lesser officers of the Order. The ceremonial duties are chiefly to preside over the formal annual gatherings of the Order, make awards to members being admitted into or promoted within the Order, and generally to 'show the flag', for example by officially opening new buildings, attending first aid demonstrations and visiting camps of the St John Ambulance Brigade cadets.

Membership of the Order is not taken lightly. Many St John workers aspire, but comparatively few are chosen. In theory, though not always in practice, membership must be earned through long and conspicuous service in the Association, Brigade, ambulance service or some other linked activity. Prolonged

*The Duke of Connaught, Grand Prior of the Order of St John 1910–39, at whose direction two delegations were despatched from the Grand Priory (in 1929 and 1936–37) to inspect Australian St John Ambulance effort.*



*Richard, since 1974 Duke of Gloucester and fifth Grand Prior of the Order of St John; son of Henry, Duke of Gloucester, the fourth Grand Prior.*



years of service earn the worker admittance to the lowest rung of the Order, 'Serving Brother' and 'Serving Sister'; subsequent service may see the worker promoted through the ranks of 'Officer Brother/Sister', 'Commander Brother/Sister', 'Knight'/'Dame', and finally 'Bailiff Grand Cross'. The number of members

permitted within each rank is linked to the size of the wider St John 'population': 'small' St John states have fewer members, 'large' states have more; and the number of Serving Brothers/Sisters outweighs all other ranks combined. Thus, in 1990, there were about 2,280 members of the Order Australia-wide, of whom about 1,430 (63 per cent) were Serving Brothers/Sisters; 515 (23 per cent) were Officers; 205 (9 per cent) were Commanders; and 120 (5 per cent) were Knights or Dames. (There were also three Australian Bailiffs Grand Cross, two in Sydney, one in Melbourne but this was such a rare honour that only four Australians have ever been promoted that high.) Letters of appointment to members being admitted into the Order make clear that membership is a favour graciously bestowed by the Sovereign Head; and the member being admitted or promoted customarily receive their insignia of rank from the Prior or (more typically) Sub-Prior in a ceremony at Government House. For most, this will be their only chance in life to visit the vice-regal home and shake the gubernatorial hand. Entering the Order is therefore serious business.

The solemn rejoicing in these royal and vice-regal ties was evident from the outset in Western Australia. The governor of the day customarily favoured the Perth centre by appearing at its annual general meeting and presentation of certificates. The first of these attended by the governor, on this occasion Sir Arthur Lawley, was on 28 May 1902. His Excellency presented the certificates and gave a speech fulsome in its praise of the Association. He urged the public to roll up and be taught first aid, pointing out especially 'the great benefits which a knowledge of the methods taught by the Association would confer on the residents in the pastoral and mining districts who were far removed from prompt medical aid'. He said he hoped the public recognised 'the value of the work which the members of the Association were doing, and give them the support to which they were entitled'. To be thus praised by the governor himself was a special honour, and so the audience applauded at this point. It was all written up at length in the *West Australian* the next day, and the report was subsequently republished in the centre's annual report.[12]

The annual report for 1911 provides another instructive glimpse of the relationship between vice-regal patron and client:

> The Annual Demonstration was held in the Perth Literary Institute on the evening of Wednesday 3rd April under the patronage, and in the presence of, His Excellency the Governor, Sir Gerald Strickland, KCMG, Lady Edeline Strickland, and suite. The hall was filled to overflowing, and a highly instructive and interesting demonstration of ambulance work was given by lady pupils . . . The Council desire to place on record the grateful thanks of the members for the support and encouragement the movement has

*In Western Australia, where St John Ambulance exists as a Commandery within the Australian Priory of The Order of St John, the principal officer is the Knight Commander, usually the state governor. The Knight Commander 1984–90 was Professor Gordon Reid, shown here in December 1987 presenting an award for bravery to Ambulance Officer Ray Lederer.*



received from His Excellency the Governor and Lady Edeline Strickland since their arrival in the State.[13]

The event described here took place only ten years after Federation. At that time, of course, the bonds between the states and the motherland were still so tight that even Australians destined never to see England could call it 'Home'. The expression 'colonial cringe' was coined to describe the deference to things English that was implicit in that attitude. It is an inadequate term in relation to St John, for the great store the West Australian centre set by its vicarious experiences of royalty was in a special class. The word 'reverential' best describes the organisation's regard for the titled members of the British gentry the Colonial Office despatched to occupy Government House in Perth. Why the successive vice-regal incumbents should have been held in such awe is now hard to understand. Were His Excellency and entourage a tangible expression of the sanctity of the ties binding the Empire together? Was it a matter of class consciousness, the royal link enabling St John people to feel they had been elevated above the common herd? Did they believe vice-regal patronage conferred upon them a special gentility sadly lacking in a generally vulgar frontier society? Or was there a spiritual dimension: was deference to vice-royalty something like the eucharist—an act of deep mystical significance? Whatever the answer, one cannot understand St John without recognising that, for St John workers collectively if not individually, something inspirational is embodied by royalty and its representatives in Australia.

*Voluntarism is an ethic fundamental to the St John organisation, and in Western Australia finds expression in the system of volunteer ambulance officers in country regions. Here a professional ambulance officer, Bill Thomson, instructs volunteers at Wundowie.*



Finally, the West Australian centre was adding to a tradition the Order borrowed from the ancient Knights Hospitaller—voluntary service to the community. The Hospitallers, like their contemporaries and rivals, the Knights Templar, are remembered for their fanaticism throughout the crusades against Islam; yet charity to the poor and ill was the obverse side of their character. They took their very name from the hospice they once conducted in Jerusalem; they dispensed alms and medical aid from each of the priories they established across Latin Christendom; and until Napoleon evicted them from Malta each knight was obliged to spend a part of his day working unpaid in the infirmary. If there were an unbroken thread linking the ancient Order of St John with the new this was it, for both Association and Brigade emphasised that St John work was unpaid work. The one attribute held in common by the Association members who arranged the Association's classes, the doctors who taught and examined them, the ordinary citizens who subsequently donned Brigade uniform to make their first aid skills available to the public, and the police, firemen and railwaymen who later (as we will see) formed ambulance corps at their places of work, was their commitment to the idea of helping the community without expecting recognition or reward.

Voluntarism was an ideal which, like the notion of royalty, was one which St John members found deeply satisfying. And, again as with royalty, one cannot readily understand the organisation without appreciating the spiritual, self-sacrificial nature of the voluntaristic principle that inspires its adherents. Voluntary community service remains one of St John's basic articles of faith, yet it has also long been a source of tensions. As the organisation prospered, grew, and

took responsibility for first Perth's and later the state's ambulances, it would find that voluntarism was an awkward ideal, one not readily reconciled with the demands made on modern institutions. In a world of high technology, big budgets, corporate management and scrutiny by government agencies, professionalism was what made institutions survive. People paying for first aid instruction expected to be taught professionally; and those requiring ambulances expected the best in professional treatment. There was no special virtue in voluntarism, however well intentioned, if the service was second rate. There was no necessary corollary between voluntarism and slipshod or amateurish service; and that would be something the St John organisation must continually demonstrate.

Then there was the question of the fulltime managerial and technical experts required to run a modern institution. Did the voluntaristic principle apply to them too? Was what they did for the organisation any less valuable because it had been paid for? Were their remunerated duties less worthy of recognition when likely candidates for admission into the sacred ranks of the Order were being considered?

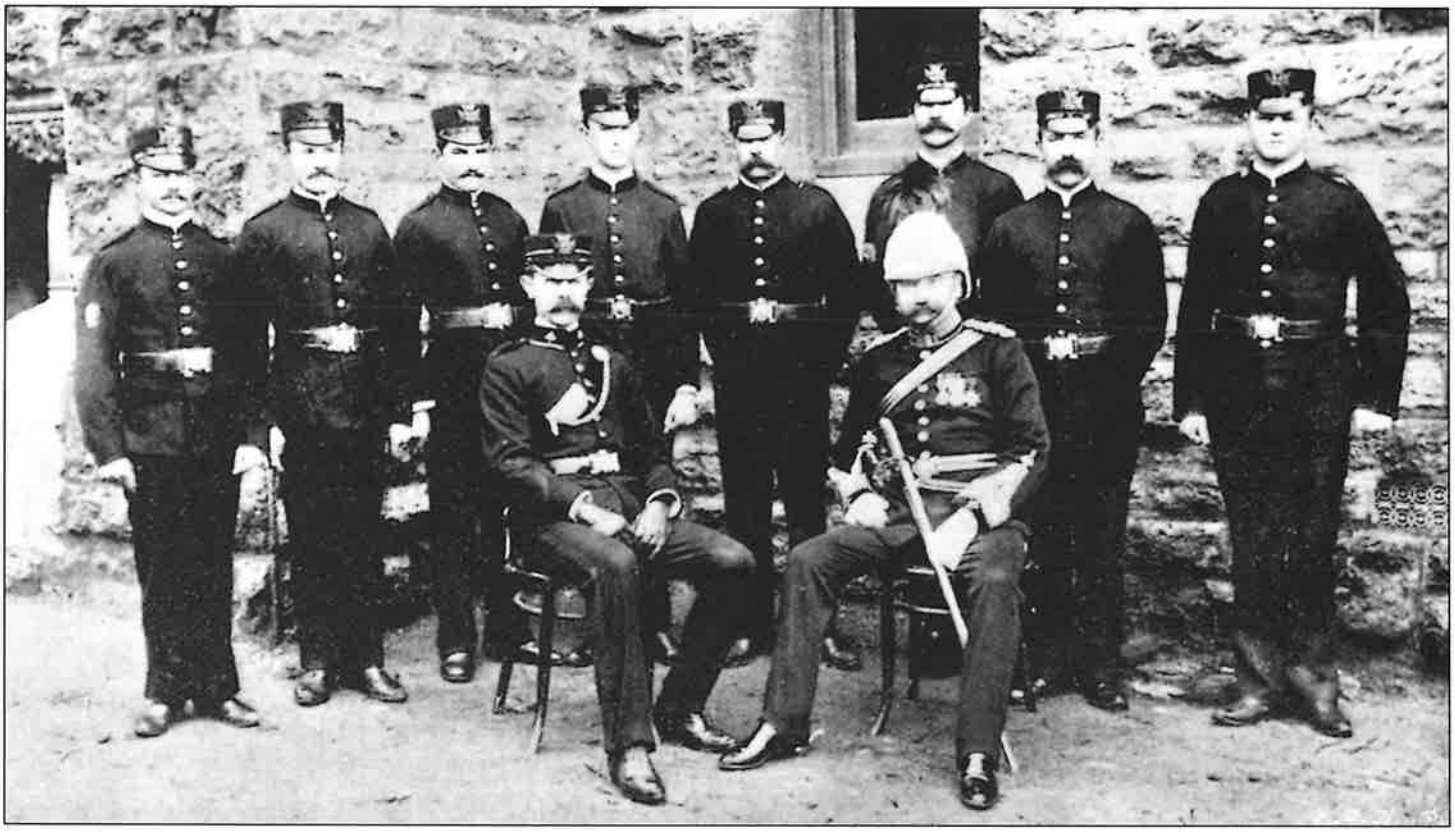
And finally, there was the thorniest issue of all—industrial relations. Would the St John management and governments use voluntarism as cudgel for keeping its fulltime workers in check, maintaining a small army of volunteers in tacit recognition of their potential as strike-breakers in times of dispute with the fulltimers? Were volunteers an obstacle to the professional advancement of the fulltimers, absorbing resources that might otherwise go to building ambulance officer professionalism? Would St John allow itself to be seen as a force for industrial toryism, the one agency that could always be relied on to oppose its workers' apsirations towards higher professional status and equitable financial rewards? These were not, of course, questions with any relevance for St John until it acquired responsibilities for fulltime ambulance staff. But, as we will soon see, such questions would soon arise, and keep recurring.

*NOTES*

1 BC Cohen, 'Early History of St John Ambulance in Western Australia', revised by LGB Cumpston and LM Corbet 1980, paper in archives of St John Ambulance Australia, Wellington Street, Perth.
2 *ibid.*
3 Minute book for 1891–2, St John Ambulance Association, Western Australia centre (henceforth abbreviated to SJAA, WAC).
4 SJAA, WAC, Annual Report for 1901–02.
5 SJAA, WAC, Annual Report for 1910; and obituary in *The Fruit World of Australia,* 1 June 1915.
6 SJAA, WAC, Annual Report for 1900 (reprinted in St John Ambulance Association, Grand Priory [UK], Annual Report for 1900).
7 Minute book for 1897–1900, SJAA, WAC; and SJAA, WAC, Annual Report for 1900.
8 *ibid.*
9 SJAA, WAC, Annual Reports for 1901, 1905–06 and 1910–11.
10 SJAA, WAC, Annual Report for 1901.
11 Each award is described in the relevant year's report in SJAA, WAC, Annual Reports.
12 SJAA, WAC, Annual Report for 1901–02.
13 SJAA, WAC, Annual Report for 1911.

*In St John's Western Australian ambulance service a professional approach to voluntary service is the guiding principle. Smart modern uniforms are an expression of professional competence among volunteers, as this volunteers' training exercise at Mandurah with George Hastwell shows. (Photograph by Stephen White)*







CHAPTER FOUR

# ENTER THE BRIGADE

Perth might have lagged behind other state capitals in setting up its St John Ambulance Association centre, but it outstripped most by establishing the nation's second St John Ambulance Brigade, in 1903–04. Only Sydney, where the Brigade's first Australian divisions formed in 1903, was earlier. For leading this time, Perth could thank another of the 'refugees' from the east, Dr George McWilliams.

*Above: Dr George McWilliams (sitting right), founder and first Commissioner of St John Ambulance Brigade in Western Australia, with his 'troops' as depicted in the St John Ambulance annual report for 1905.*

*Below: Operations Branch members during a visit to Government House in Perth , November 1991.*

Since teaching Western Australia's earliest first aid class in March 1892, McWilliams had emerged as the dominating figure within the Association centre. Elected to lead the revived council in 1899, he remained its chairman until 1904 when his title became 'president and chairman' as the former president, the Chief Justice, Sir Edward Stone, stepped up to join the Governor as a patron. He continued to hold the joint titles until his death at the age of 42 in February 1907. By this time he had been raised to the rank of 'Knight of Grace' within the Order, becoming Western Australia's first. (The Order recognises two types of knighthood, 'of Grace' and 'of Justice'. Knights of the latter type have 'proved' their noble descent; the former have not.) The knighthood was not an honour he enjoyed for long, as notice of the award came through from London only a month or two before his death. He had previously been honoured by the Order, however, for in 1904 he had been made an 'Honorary Associate' of the Order.

A flamboyant character in every respect, McWilliams cut a dashing figure in Western Australian society. Born at Little River, near Geelong in Victoria in 1865, he completed his schooling in Cambridge before taking his medical degree at the University of Melbourne in 1888. At university he must have been a student of Dr JE Neild, founder of the Melbourne St John centre, who among numerous other involvements lectured in forensic science in the Faculty of Medicine for many years. (A former British Chartist, Neild was also the city coroner, secretary to the Medical Society of Victoria, frequent contributor to the *Medical Journal of Australia*, drama and music critic for the Melbourne *Argus*, and—along with Marcus Clarke, Henry Kendall and Adam Lindsay Gordon—a leading member of the local literary set.) Moving west on graduation, McWilliams set up practice at York, but quit within a year to try his hand at pearling. He sailed on luggers working the Indonesian islands north as far as Malaya for a time, then took to cattle droving at Wyndham. He brought a herd through the Gascoyne and Ashburton districts to Perth, covering 3,600 kilometres in 12 months. In 1891, back in Perth again, he took out membership in the exclusive Weld club, became president and an active competitor in the Perth Cycling Club, was appointed surgeon to the Western Australian Turf Club, set up a medical practice in Beaufort Street, North Perth, joined the medical unit of the Western Australian Volunteer Force with the rank of captain, and worked as outpatient physician at the Perth Public Hospital, where he organised a Board of Guardians to superintend the convalescence and welfare of sick children from poor families. The hospital's historians would later describe him as 'a dashing young man . . . who went a long way on charm and had a nose for politics'.[1]

Five months after accepting the chairmanship of the revived Perth St John centre in June 1899, McWilliams succumbed once more to wanderlust.

This time the destination was South Africa and the Boer War. Recently promoted major, he sailed aboard the SS *Medic* with the first Western Australian military contingent. In battle he drew attention to himself through 'his willingness to gallop out on his charger to recover wounded in distant parts of the battlefield'. Back in Perth again, he was promoted Lieutenant-Colonel and placed second-in-charge of the local unit of the Army Medical Corps. He also joined the board of the Perth Public Hospital. As if all this were not enough, he entered state parliament in 1901, winning the North Perth seat in the lower house. During his three years in parliament 1901–04, He spoke vigorously on various issues—in defence of the Perth Public Hospital (under attack for the preponderance of medicos on its board); the removal of the Perth sanitary depot from its site near a lake on the Wanneroo Road (a source of dysentery in the locality); the widening of the Beaufort Street bridge, and an overhead bridge for the William Street railway crossing; and anything at all to do with North Perth.[2]

And then there was McWilliams's speech during a Legislative Assembly debate on legislation to control prostitution. His particular concern here were stratagemes for luring boys and girls into the trade. Hansard quoted him thus:

> From 14 to 18 years was the most susceptible age, and the time when protection should be given to children. Cases had been brought under his notice in which he had seen the evil results from boys being decoyed by women. Recently, on a trip to Paris, he had witnessed sights amongst boys which he hoped would never be witnessed in Australia.[3]

He did not enlighten his fellow MLA's about how he had become an authority on the sex industry, what the dread sights were, or why he happened to be in Paris seeing them. His trip there, we may surmise, was during a journey he made to Britain in 1902 as medical officer to the Western Australian contingent at the coronation of Edward VII. This particular excursion abroad—McWilliams's last—had important consequences for St John in Western Australia, if not for the local vice trade, because from it came the state's St John Ambulance Brigade. And that, in turn, increased the St John Ambulance Association's interest in the rudimentary ambulance transport facilities then being established in Perth.

McWilliams had used his time in London to good effect by introducing himself to the senior officers of the Order at St John's Gate. He obviously created a most favourable impression because he was admitted to membership of the Order at the second or Officer (then called 'Honorary Associate') level within two years; and only two years after that was raised to the Order's knighthood, skipping the intervening rung (Commander level) of the promotional ladder in the process. Very few Australians (except governors-general and state governors) have won the coveted 'K St J' postnominals so swiftly. Among those he met at St John's Gate was the Brigade's Chief Commissioner, Col. CWB Bowdler, whose task included ensuring that his organisation followed wherever the Association created pools of trained first aiders. The enterprising and well-connected young physician from Perth must have seemed a godsend to the Brigade's English hierarchy!

Even before meeting the Chief Commissioner, McWilliams had been canvassing the idea of a local Brigade with his St John council back in Perth. He first raised the matter at a council meeting in July 1901. On this occasion at least, the council would not be swayed by the enthusiasms of their chairman. Instead they postponed consideration of the issue until they had more information. Obtaining this was one reason why McWilliams had made his personal pilgrimage to St John's Gate to meet Bowdler, who told him what he must do to establish a Brigade division.[4]

During 1903, with McWilliams back home again, the council discussed further the possibility of setting up a division in Perth. That year the council had 'experimented' by having a squad of trained first aid volunteers in attendance at Perth's Royal Agricultural Show. There were only six cases, but the volunteers handled four of these. Then, at the January 1904 council meeting, when McWilliams raised the matter again, the council agreed to

advertise among recent graduates of first aid classes for volunteers from whom a Brigade division could be formed. Seven men answered the call; and McWilliams was appointed Assistant Commissioner (that is, head of the state Brigade branch). For reasons now unknown, however, the first meeting of the new organisation did not take place until the end of the year, on 23 December. Ten men attended the meeting and duly voted themselves into existence as a division. Their officers were almost a mirror image of the Association centre's executive: they were the same people but wearing different 'hats'. Thus, McWilliams served jointly as Association president and Brigade Assistant Commissioner; JOK Jeffreson (Association secretary) became the Brigade superintendent (that is, administrative officer); NE Probert (Association assistant secretary) became Brigade secretary; and JA Campbell, Association treasurer, became Brigade treasurer as well. The only one not to wear an Association 'hat' was Dr O Burkitt, who accepted the job of divisional surgeon.[5]

The ranks of ordinary Brigade members organised by this five-man executive were thin. By the time they were ready to begin public duties there were only eleven—a sergeant, a corporal and nine privates. They had ample work to do, for their Assistant Commissioner's sporting and military affiliations gave them entrée to various organisations that would provide their staple fare over coming years. Their earliest duties were with the Turf Club, and in their first year they attended all the race meetings at the metropolitan race courses, and even some at Kalgoorlie. In return the club made a donation of £25, a useful sum, and almost the same amount as the

*The Army medical corps Easter 1905 bivouac, also attended by the Perth's fledgling St John Ambulance Brigade division.*



Association's income for the year from the class fees for public first aid instruction.[6]

As well as their regular appearances at the race track, the division had a busy diary of commitments at other venues. In their first year they performed fifty-two public duties at various football matches, bicycle races, the police tournament and the Royal Agricultural Show. In all this busyness their chief complaint was their shortage of hands to take on all the requests made for their services. Their caseload was hardly burdensome—only 20 cases for the year—but the service provided was more important than the actual volume of business: being *ready* to spring into efficient action in an emergency, and reassuring the people congregated at public events by maintaining a visible presence among them were the essence of the Brigade's role. If their usefulness and the favourable impression they were making on the public mind could be gauged by the number of recruits they attracted, then they seem to have done a good job. They ended their first year with 25 additional privates, which means their numbers had grown by well over 300 per cent since the division had formed. And that, too, was a statistic which might make later divisions envious.[7]

One other aspect of the division's first year deserves comment—its military connection. As we saw in Chapter 2, one intention of the Brigade's founders in the UK was to create an organisation that could serve as an auxiliary to military medical units in time of war. This was a function which McWilliams emphasised. Indeed the Brigade's first annual report in Western Australia claimed that 'the members of the division also act as the local Corps of the Australian Army Medical Corps', and went on to say that in this guise they had been inspected by Major-General H Finn and Surgeon-General WDC Williams of the Commonwealth Military Forces in their separate visits to the state. How formal the alliance was from the Army's point of view is not clear. The chances of a civilian body being accepted by one of the principal corps of the regular army as its local delegate would nowadays seem remote, but in 1905 the national army was still in its infancy, and irregular liaisons with paramilitary agencies might have been possible.[8]

Various other Brigade-Army links confirmed the impression that the Perth division was a paramilitary unit. In its first year the the division went into camp with the Army over Easter, following the example of the Brigade in New South Wales, which also went on bivouac with the Army from time to time. The division also held their regular meetings and parades in the Army's Swan Barracks drill hall. Then there was the 'Old Boy' connection—the military affiliations of the Brigade leadership. The latter were strong. Not only was McWilliams a 'returned' serviceman and a lieutenant-colonel in the militia, but the treasurer, Joseph Alexander Campbell, also 'Lt-Col.', was one of those old soldiers of Empire who, at the height of its power, had marched the imperial banners from one end of Britain's realm to another.[9]

Campbell (1842–1925) was a Dublin-born Protestant who had spent most of his life in the Army. At 14 he had enlisted in the Cameron Highlanders, and had been shipped off immediately to India, where he was subsequently decorated for his services during the Indian Mutiny in 1859. Despite this, promotion came slowly, for he only reached sergeant-major's rank at the age of 36. At 40 he distinguished himself in Egypt at the battle of Tel-el-Kebir, during which he was mentioned in despatches and was awarded a Distinguished Conduct Medal in the field. He climbed quickly thereafter. Commissioned at last, he came to Western Australia in 1884 to be chief of Army instruction, and in 1886 became chief staff officer. He led the Western Australian detachment to the Queen's diamond jubilee celebrations in London in 1897, then was commandant at the Karrakatta camp 1899–1902 in charge of training troops for the Boer War. Soon after this he ended his career as acting commandant of Commonwealth infantry forces in Western Australia. His St John service was similarly long and distinguished. As we have seen, he had attended the foundation meeting of the Association centre in March 1892, had been treasurer to Jacoby's original centre committee, and had continued on as treasurer

after the centre's revival in 1899. In 1907 he took over as Assocation secretary, then held the position until his death 18 years later. He was admitted to the Order as an Officer ('Honorary Associate') in 1907 and then promoted to K St J in 1911. His second son, JR Campbell, succeeded him as Association secretary in 1925 then held the job until 1945, thus completing a remarkable 53-year tenure of the position by the family.[10]

The Brigade's sole division in Western Australia, as we have just seen, started well. Its future might have seemed bright, but there were nevertheless clouds on the horizon and it would be some years before the Brigade became securely established in Western Australia. One of the difficulties was McWilliams himself. An expansive, unabashed extrovert and self-promoter, he probably repelled as many people as he attracted. The Brigade in Western Australia was almost his sole creation, and he had undertaken to fund it himself until it became financially independent. Not surprisingly, he regarded it proprietorially. To build an organisation on one outstanding individual, himself, may have helped erect it quickly; but personalities are an unreliable foundation. This soon became obvious within the Perth division.

The effect of McWilliams's own personality could be seen in the antagonism between him and the former Association secretary, John Lynch. As we saw in the previous chapter, Lynch and McWilliams had disagreed early in the life of the revived council. Despite that, Lynch had continued on as secretary for two years, but some time during the centre's 1901–02 year he was asked to resign from the council. The reason was his refusal to attend council meetings since these were always held in McWilliams's home. Lynch later penned a letter-to-the-editor setting out his side of the affair. Because the meetings were not held on neutral ground, he claimed, council members were effectively gagged: knowing they would be entertained to supper as soon as the business was done, they could not express views freely, particularly if these were contrary to the host's. Autocracy, plus control by a small clique of medical practitioners who jealously guarded their St John teaching-examining monopoly, were the Association's downfall, he argued further. 'It is most discreditable', he concluded in a final salvo clearly directed at McWilliams, 'that a humane association, publicly supported, should be made a medium for advancing personal aims'.[11]

If subsequent events are any guide, Lynch was not the only dissenter. Even within the division there were apparently some who resented the Brigade's having become McWilliams's personal oyster. The present author's centenary history of St John in Australia, *A Century For Australia*, outlines the division's ensuing difficulties as follows:

> . . . After the Perth Division's vigorous first year, a spate of resignations occurred in the second. The first to go were a group of men from the Metropolitan Fire Brigade who wrote to resign *en bloc*. Then the secretary resigned. More resignations followed and other members simply dropped out, until by the end of 1906 the division was down to fourteen members—one less than it had begun with. Worse was to follow, for McWilliams died [of an enteric fever at age 42] at the beginning of 1907, and at the

*A total of 53 years' continuous service on the executive of St John Ambulance in Western Australia was the tally of Lt-Col. JA Campbell (left) and his son JR Campbell (right). Both were among the state's first Knights of St John, and the son succeeded the father as St John Ambulance Association secretary.*





meeting several weeks later the Superintendent, Jeffreson, the treasurer, Campbell, and another private resigned. Membership and morale continued dropping, and by the end of 1908 numbers were down to a rump of five, 'the few enthusiasts who still cling to the division, most of whom have been members since the division was formed' as the annual report plaintively put it. They included the superintendent, A McKay, and the secretary-treasurer, HW Lilley. No new Assistant Commissioner had been appointed to replace McWilliams (none would be appointed until 1912), and the effective leadership seems to have come from the divisional surgeon, Dr. HAD Lesghen. To their credit this small nucleus of devotees kept the division alive, doing effective work and keeping faith with their clients by attending 'all race meetings, senior football matches, sports gatherings, and the Royal Agricultural Show'.[12]

One particular problem not cleared away at least until 1915 arose from uniforms. The Brigade was first and foremost a uniformed service. Brigade members elsewhere placed particular emphasis on turning out for duty trimly attired in the Brigade's distinctive uniform of black peaked cap, jacket and trousers with silver and white trims and accessories. (These colours were those of the cloaks worn by the ancient Knights Hospitaller.) The Perth division originally hoped St John's Gate might at least help with advice about regulation uniforms but, as usual with requests implying financial assistance from London, the correspondence seems to have remained unanswered. In May 1905 they resolved to obtain 16 men's suits which Pte. Thompson undertook to have dyed for nine shillings each. Did Thompson carry through with this idea; if so did he botch the job; or did the results leave his colleagues looking less like a well-marshalled cohort of Hospitallers and more like swagmen? Their next annual report invites such questions, for it laments that 'the need for a distinctive uniform is much felt, and we are constantly asked by the racing clubs to adopt a uniform'.[13]

There is something of a mystery here, for the Association's annual report for 1905 carries a photograph captioned 'St John Ambulance Brigade'. It shows ten smartly turned out men in a dark uniform, with tight jackets fastened with silver buttons, black leather belts, and 'pill-box' hats bearing large and ornate badges closely resembling the Order's emblem of four-point cross on a shield superimposed over a Maltese cross. And there in the front row is the bemedalled McWilliams, replete with sabre and pith helmet, the very picture of 'regimental' elegance! If uniforms were such a problem, what are these? Garb hired just for the occasion from a theatrical costumier? Was it perchance the miscaptioned picture of some other group—the Army Medical Corps or Railway Ambulance Corps, for example? If so, what is McWilliams doing there amongst them, and why are they all wearing the badge of the Order? Or was it a photograph of McWilliams taken with a unit of the Brigade in Britain during his 1902 visit; in which case why are they not wearing the regulation Brigade uniform? The answer is perhaps the second of these: not only McWilliams but other Brigade members were possibly members of both the militia medical corps and the Brigade, thus permitting them the conceit of posing in the uniform of the one for a photograph of the other. Whatever the answer, uniforms continued to be a problem for some years because as late as 1915 minutes of the division were still recording resolutions like this: 'Moved that members efficient for the year [i.e. in possession of a current first aid certificate] be supplied with uniforms; [and] that inefficient members be written to, asking if they were going to continue as members, if not then uniforms to be returned; carried'. And when the Brigade finally did sort out its problems with uniforms, it remained out of step with the Brigade almost everywhere else: the uniform it chose was not the regulation black and white but Army-style khaki—a source of great confusion to the Brigade elsewhere no less than to the general public, who perhaps continued to think that there really were structural as well as sentimental Brigade-Army links.[14]

A greater threat to the long term security of the emerging Brigade than personalities (McWilliams vs. his detractors) and uniforms (or lack of them) was the mushrooming of uniformed corps of first aiders

closely analogous to the Brigade. Once the Association had begun graduating a larger volume of students, towards the end of the first decade of the twentieth century, a number of agencies set up their own first aid and ambulance units. The fire brigade, state railways, police, stevedores, timber mills and goldmines all established disciplined corps of first aiders from among their own personnel. The qualification for membership in most cases was a St John first aid certificate, and in each of these cases the corps concerned was formally accepted by the Association as an 'Affiliated Ambulance Corps'. As we will see in the next chapter, the state ambulance transport system the Association began building in 1922 had its roots in these corps. Later, too, some of the corps would be absorbed within the Brigade as specialised divisions. In the meantime, however, the corps served to syphon off capable graduates from the Association classes who might otherwise have joined the Brigade. After all, who but a first aid 'fanatic' would give up his weekends to go on Brigade duties when he could practise his first aid skills on the job in his work-based ambulance corps? This was a problem the Brigade itself recognised, for its annual reports each year expressed the forlorn hope that some at least of the workers in these key industries would form their own work-based Brigade divisions.[15]

*Dr. HG Tymms, Commissioner of St John Ambulance Brigade in Western Australia for 25 years (1915–39)—an Australian record—under whose guidance the Brigade firmly established itself as one of the state's principal voluntary agencies. For most of this time (1915–32) he was also president of the state council of the St John Ambulance Association.*



The Brigade, of course, came through its early difficulties—the internal conflicts, the dearth of recruits, shortage of uniforms and competition from rival ambulance corps. As World War I drew nigh, the Brigade's roll of members gradually lengthened, new divisions were founded and a second district with its own commissioner was even established. Again, *A Century For Australia* puts it thus:

> The Perth division bottomed out in 1908, but thereafter its fortunes steadily rose. It added fourteen new members in 1909, and by then eight of its twenty-one members held medallions. A new division of twenty men formed at Midland Junction the same year, under divisional surgeon TD Dawson and divisional superintendent WJ Wilson. It was planning to open further divisions at Fremantle and on the goldfields. The Perth division treated seventy cases, mainly in connection with its public duties at the races, and many of these were challenging: they included eight cases of fractures, five of concussion, fourteen woundings, four shock cases, five sprains, three fits and one collapse, and three of the cases—two fractured skulls and the collapse—proved fatal. All in all things were looking up and [the Brigade secretary, HW] Lilley in his annual report for 1909 could say the 'Brigade matters are brighter now than ever before in Western Australia'.
>
> The upturn continued. The goldfields division, Boulder City, with twenty-seven men under their superintendent, CA Bolton, was formally registered in January, 1911, though it had been operating successfully for several years before that. The North Fremantle division came in in January 1912. Then in 1913 the first nursing [i.e. women's] division formed in Perth with Dr. Gertrude Mead as divisional surgeon and Mrs Harriet E Parker as lady superintendent . . .

After the Boulder City division appeared in 1911, the [Western Australian Brigade] district was divided into two—a 'coastal district' consisting of the Perth, Midland Junction and North Fremantle divisions under Dr. W Trethowan as Assistant Commissioner, and a 'Goldfields District' under CA Bolton, secretary of the Kalgoorlie-Boulder Chamber of Mines, as 'Acting Assistant Commissioner'. The latter consisted of the Boulder City division and had the promise of perhaps seven more divisions to be formed soon, mostly in association with different mines.

Bolton, in his first annual report, as Acting Assistant Commissioner confidently predicted that within a short time he would have another 200 members enrolled in six ambulance [i.e. men's] divisions and a nursing division. He had been active in the 'Mines Ambulance and Rescue Corps', which had been affiliated with the St John Ambulance Association, and he was hopeful the miners who had worked with the Corps would transfer into the new Brigade divisions. Bolton had also patented an electrically heated bed and a new type of stretcher. The bed was said to be useful in cases of shock, and models of it were installed in the casualty stations of all the major mines. His stretcher was designed for use in rocky confined spaces, where conventional stretchers made of canvas ripped easily. His inventiveness did not extend to allowing him to deliver on his bold promise of several new divisions with 200 new members: after the formation of the North Fremantle and Perth nursing divisions in 1912–13 Western Australia saw no new divisions until 1924. His separate Goldfields district did not last long either. He went off to the war in 1915 with the Army Medical Corps, whereupon the separate Goldfields and Coastal districts reverted to the one Western Australian district with Dr. HG Tymms as sole Assistant Commissioner.[16]

It is appropriate to finish this introduction to the Brigade with Tymms, who had entered the St John scene in 1911 when he joined the Association council. He had become surgeon to the Perth division in 1913, then Western Australian commissioner two years later. He was to remain commissioner for the next 25 years an Australian record that still stands—until his retirement on the eve of World War II. Under his guidance the Brigade began to prosper, though it remained small for another decade. After the formation of the first Perth Brigade division (i.e. local unit) in 1903, no new divisions had followed until 1911–13, when five divisions formed. Only two of these survived—Golden Horseshoe (formed 1912) and Perth Nursing (i.e. women's division—the first, formed 1913). After that no more divisions formed until 1924, when six Railways Ambulance units (Fremantle, Katanning, Midland Junction, Narrogin, Northam and Perth) registered as Brigade divisions. Three divisions formed during 1926—Albany and two more railways divisions, Bunbury and York. Geraldton Railway, Goldfields Boy Scouts and Goldfields Nursing divisions followed in 1928, and Fremantle Nursing in 1929. By the end of the 1920s Tymms headed a Brigade district of 18 active divisions with 437 members. At his retirement in 1939 Brigade strength was 1,072 members spread across 41 divisions. Few Brigade commissioners anywhere in Australia have ever presided over such pleasing growth.[17]

*NOTES*

1 NHM Colyer, 'Life and times of Lt-Col. George Frederick McWilliams', typescript of address given to the Naval and Military Club, Perth, 27 August 1986.

2 *ibid.*

3 *ibid.*

4 BC Cohen, 'Early history of St John Ambulance in Western Australia', *loc. cit.*

5 *ibid.*; and SJAA, WAC, Annual Reports for 1903, 1904, 1905.

6 St John Ambulance Brigade Overseas (UK), Annual Report for 1905; St John Ambulance Brigade, Western Australia District (hereafter abbreviated as SJAB, WAD), Annual Report for 1905.

7 *ibid.*

8 *ibid.*

9 *ibid.*

10 'Lieutenant Colonel Joseph Alexander Campbell', biographical notes, no date, St John Ambulance museum, Wellington St., Perth.

[11] Newsclipping, 'St John Ambulance Association', no date, no source given, newsclipping scrapbook for period up to 1928, SJAA, WAC.

[12] Howie-Willis, *A Century For Australia,* p. 193.

[13] Minute Book, SJAB, Perth division, 1904–07, minutes for meetings of 11 January and 12 May 1905, 11 May 1906.

[14] SJAA, WAC, Annual Report for 1905–06; Minute Book, SJAB, Perth division, 1911–27, 12 October 1915.

[15] SJAA, WAC, Annual Report for 1910; SJAB, Perth Division, Annual Report for 1905 (in SJAA, WAC, Annual Report for 1905).

[16] Howie-Willis, *op. cit.*, pp. 195–7.

[17] Figures from SJAA, WAC, Annual Reports for 1915, 1930 and 1940–41 (Brigade sections of Reports).


St John Ambulance
ST JOHN
AMBULANCE

CHAPTER FIVE

# A ST JOHN AMBULANCE SERVICE



*From the Ashford litter operated by constables at the Roe Street police station, Perth, 1904, to the metropolitan fleet of T-model Fords, outside the Murray Street depot, 1926.*

Ambulance transport work was a logical extension of St John first aid teaching. First aid means treating an injured or ill person pending the arrival of professional medical care. In most cases, however, the latter will be unavailable as accidents tend to occur in places other than hospitals and doctors' surgeries; and so the patient must be moved. Shifting a patient from the scene of an accident has therefore always been part of the St John course, and the pupils learn techniques like the 'cradle carry', 'human crutch', 'pick-a-back', 'fireman's lift', 'lift and drag', the 'fore and aft carry', and '2-, 3-, and 4-handed seats', as well as various means for improvising stretchers in cases where the patient must be moved more than a few metres.

For carrying patients longer distances, the Association in the UK recommended its own patented stretcher, a contraption consisting of a demountable litter equipped with a pair of light cart wheels. It was modelled on the hefty two-wheeled litters the Prussian army used in the Franco-Prussian war. These had been dubbed 'ambulances', from the French *ambulant* meaning 'of walking, of strolling', because medical attendants walked the battle casualties away from the field aboard them. The improved 'St John ambulance', the device from which the organisation eventually took its name, was developed in 1875. That year, too, the Order established an 'Ambulance Department' to promote its new product; and two years later the Ambulance Department sponsored the foundation of the St John Ambulance Association to teach medical skills appropriate to the use of the 'ambulances'. Later models of the St John ambulance, of lighter construction and mounted on pneumatic bicycle wheels, were known as 'Ashford litters'. These soon followed the Association to Australia, and within a year or two of the formation of Association centres, Ashford litters were a common sight in the state capitals and larger provincial centres. From the outset, then, St John first aid training also implied ambulance work.

The first agency that appears to have obtained and used an Ashford litter in Western Australia was the Roe Street police station in Perth, in early 1903. The police, of course, were among the earliest patrons of the Association's classes, and by this time a large number of police held first aid certificates. (As time went on, the possession of a current certificate became almost obligatory in the Western Australian police force, until by 1915 a remarkable 96 per cent of the state's police force held them.) The litter was not much used in the first year. It handled only 26 cases —an average of only one a fortnight—but while most were fairly minor cuts, burns, abrasions, faintings and fits, some were were more serious, including three broken legs, two broken ankles, a fractured skull and a fractured knee. As often happens when a public facility is made available cheaply, its usage escalates, the facility itself creating its own demand. So it was with the police litter, for in its second year of operations, it handled 46 serious cases: 'fits 11 cases, concussion of the brain 1, wounds caused by falls, stabbings etc, 25, internal injuries 7, paralysis 1, and drowning 1, . . . besides many other cases of a less serious nature'. The drowning case, according to the Police Department secretary, proved the efficacy of St John training. When the two constables arrived on the scene the victim, a youth, had been pulled from the water apparently dead. 'They endeavoured to restore animation by artifical respiration', he later informed St John, '[and] their efforts were successful,

the lad eventually being conveyed to hospital for further treatment'.[1]

The notion that ambulances stimulate their own demand is further supported by the ambulance transport service conducted by the Perth metropolitan fire brigade. The brigade's facilities were more lavish than those of the police, for they had obtained nothing less than a horse-drawn ambulance van. The ambulance began operations on 1 January 1903, before the police's Ashford litter. The service, conducted voluntarily by firemen who had trained with St John, handled 67 cases that year. The second year the tally almost doubled, to 126, and the brigade's chief superintendent, JM Lapsley (whom we met in chapter 3), could boast that the officers operating the van included 11 who held the Association's first aid medallion. Thereafter the caseload doubled every four years, until in 1912 there were 491 cases. By this time the service was becoming a serious drain on brigade finances because its clients regarded it as free, entailing not even a small donation for the help received. One reason for the popularity of the service was the ease with which it could be summoned: the brigade allowed its 105 street fire alarms to be used for calling out the ambulance van.[2]

*JM Lapsley, chief superintendent of Perth's metropolitan fire brigade. One of the first graduates of the St John Ambulance first aid course in Western Australia, and a member of the Association council for almost 40 years (1892–1931). He was one of the group primarily instrumental in transferring the Perth ambulance service from the fire brigade to St John.*



Within several years of the opening of the police and fire brigade ambulance services, a series of other agencies entered the field. Eminent among these was the state railways. During the six-year period of St John Ambulance Association dormancy in the 1890s, the railways commissioner had established a Railways Ambulance Corps to instruct railwaymen in first aid, provide stretchers and medical equipment at railway stations, and ensure that staff were competent in using them. For a number of years after the Association came out of hibernation in 1899, its council made overtures to the commissioner in the hope that the Association could share in training railways staff; but, as one of the centre's annual reports lamented, the railways remained 'aloof'. In 1908, however, the commissioner revised his attitude towards St John, as a result of which the Railways Ambulance Corps affiliated with St John as a distinct Association centre. (As the St John Ambulance Association Western Australian Government Railways Centre it has continued to the present. Its highly honourable record of service included the training of some 5,400 railways staff in first aid in the 90 years or so up till 1988.) By 1910 the corps had Ashford litters, ordinary stretchers and medical equipment installed at the six major railways centres (Perth, Northam, Bunbury, Geraldton, Albany and Kalgoorlie) and the Perth locomotive workshops.[3]

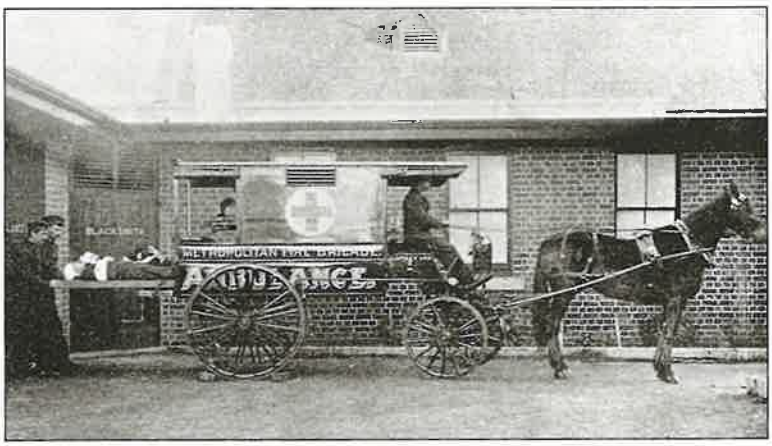
Another agency to join up with St John as an 'affiliated ambulance corps' (in 1910) was the Fremantle Lumpers [wharf labourers] Union. The

union's St John link began in 1905, when it sponsored a group of 30 of its members to undertake first aid training. This was such a success it sponsored a second class. The union then installed medical chests at all the local wharves. The Fremantle Lumpers Ambulance Corps grew from this interest in first aid. In addition to the service this corps offered at Fremantle were an Ashford litter and stretcher supplied by the harbor trust, and a horse-drawn ambulance van and stretchers which the town council provided.[4]

The year 1910, when the lumpers affiliated with St John, was also the year three other ambulance transport agencies formally linked with the Association as 'ambulance corps'. The police and metropolitan fire brigade affiliated that year, as did a group at Kalgoorlie-Boulder calling itself the Eastern Goldfields Ambulance Corps. When the last of these came into the Association, the St John council noted approvingly (and tautologically) that 'approximately there are about 800 accidents per year on the various mines'. To cope with these, Kalgoorlie and Boulder each had a horse-drawn ambulance, while five of the mines (Golden Horseshoe, Ivanhoe, Great Boulder, Brownhill and Kalgurli) each had an Ashford litter, stretchers and a well-equipped casualty room. Finally, in addition to the services provided by the affiliated ambulance corps, were the horse-drawn ambulances provided by four suburban municipalities (Fremantle, Claremont, Subiaco and Victoria Park) and four racecourses (Perth, Belmont Park, Canning Park and Helena Vale). Except for the addition of two motor ambulances—the ultimate in ambulance technology—which the fire brigade would put into operation in Perth and Fremantle during World War I, these facilities were to comprise the state's ambulance transport amenities until the early 1920s.[5]

Over time some of the St John-affiliated ambulance corps succeeded better than others. Those with horse-drawn vans, being able to travel further and faster, attracted more business. And those located where traffic was more congested and the work places more hazardous were the busiest. Thus the fire brigade's van in central Perth and those at Fremantle and Kalgoorlie-Boulder were each handling hundreds of cases annually within a year or two of going into service. As the workload mounted, the handful of volunteers available to operate the vans were hard pressed to keep up with it. In the case of the busiest service, the fire brigade's, ambulance work was also essentially a distraction. The brigade's real work was firefighting, and so meeting the fast-growing public need for ambulances meant diverting funds, manpower and administrative effort away from that. In addition, there were types of ambulance work the fire brigade could or would not handle. It provided primarily a street accident service. Notable gaps were

*The Perth fire brigade's horse-drawn ambulance in 1904, the year after it went into service (above); the van and its equipment (below), including the 'Patent Improved Portable Stretcher'. The van's use was restricted to carrying victims of road accidents.*





factory and other work-site cases, infectious disease work (more prevalent in pre-antibiotic times) and the movement of medical patients between home and hospital. With the public demand for a more comprehensive ambulance service growing, the brigade was less and less able to meet it. By the end of World War I, then, the fire brigade was looking for ways and means of divesting itself of its ambulance responsibilities. These were now considerable, for during the war the brigade had taken over the Fremantle town council's ambulance service and had replaced the horse vans both there and in Perth with motor vans.[6]

*HW Lilley, superintendent of the Perth central fire station and officer in charge of the fire brigade ambulance, who transferred to St John Ambulance in 1922 as head of its newly acquired metropolitan ambulance service.*



St John was the obvious candidate for succession to the fire brigade's ambulance task. Its long interest in ambulance work via its affiliated ambulance corps and its first aid training capacity qualified it better than other likely contenders, if indeed any of the latter existed. The connections between the brigade and St John were moreover strong. The brigade's superintendent, JM Lapsley, had been a student of one of original Association first aid classes in 1892; he was the first man in the state to have earned the Association's first aid medallion; he had been a member of the St John council since its revival in 1899; he chaired the council for 15 years, 1908–12 and 1916–25; he had been admitted to membership of the Order as a Serving Brother in 1904, and in 1912 promoted to 'Esquire' (later called Commander, one rank below a Knight). The fireman in charge of the brigade's ambulance service, HW Lilley, superintendent of the Perth central fire station, was also a committed St John man. He had been a council member since 1905. He was St John Ambulance Brigade district secretary and superintendent for 18 years, 1907–25, and had been one of the 'faithful few' who had stayed on when it shrivelled to five members in the period following the death of Dr George McWilliams. He was also a member of the Order, having been admitted as a Serving Brother in 1915. After a long wait he was eventually promoted to Officer in 1929. This was a retirement gift of sorts: Lilley had transferred from the fire brigade with the ambulance service, which—as we are about to see—passed to the Association in 1922; by 1928 the rapidly exapanding service needed fresh management skills; and the ageing Lilley seems to have been compulsorily retired.

The St John council began discussing the possibility of taking over responsibility for the metropolitan ambulances during 1913. That year the council president, Allen E Randell, announced that the Association was negotiating with the state government and municipal authorities over 'the urgent necessity of providing an efficient ambulance service for the metropolitan area'. The council, he said, hoped to operate a comprehensive ambulance service staffed by

members of the St John Ambulance Brigade. Five years passed before anything more was heard of these plans. World War I, with its huge demand for public first aid training, had presumably caused their postponement. Talk of a St John ambulance service began again in 1918. That year Dr HG Tymms (now the dominant figure in St John, being both Association president and Brigade commissioner) advised Association members that means of transporting both the sick and the accident-injured had 'been engaging the attention of the council for some time past'.[7]

The St John council's planning moved from discussion to action during 1919, when it secured a block of land in Irwin Street, adjacent to the Perth Public Hospital and near the central fire station. Here, it said, it intended erecting 'a central ambulance station and headquarters for the WA centre'. In the months that followed plans changed somewhat. For some reason the Irwin St. property proved unsuitable. Bought for £500, it was sold in early 1920. In its place a building next to the central fire station in Murray St. was bought for £2,300. The annual report that year advised Association members that £1,000 of the purchase price had been paid and the balance mortgaged; in addition an Ambulance Depot Building Fund had been established, and had raised £1,086; but the council was 'constrained to await further substantial contributions before it [felt] justified in actively operating' the ambulance service. Donations of the required kind came in over the next year, 1921, for the building fund rose to £2,054, largely because of a £913 gift from the Trotting Association, which had run a benefit meeting for the purpose. Further donations came from the Turf Club (£100) and the quaintly titled Ugly Men's Association (£50). All this had permitted the council to call for tenders for alterations and additions to the Murray Street building. A local builder, W Fairweather, had submitted the lowest estimate, £1,394, and he was expected to finish the job by the October. But the council, ever cautious, was still awaiting 'further contributions before [it could] attempt to commence active operations'.[8]

The Murray St. building, which fell under a wrecker's hammer in the early 1980s during Perth's continuing cycle of tearing down and re-erection, was a handsome edifice. Of modified neo-Romanesque design, with simple clear-cut lines, it had originally been built in the 1880s; and it featured the rounded arches and barrel vaulting that would once again be much in vogue a century hence. Large double doors, wide enough to permit the entry of ambulance vans, took up half the frontage; and above them in moulded concrete letters about a metre tall were the words 'St John Ambulance'. And above everything else in the centre of the crowning barrel arch was the Hospitallers' badge, the Maltese cross, also in

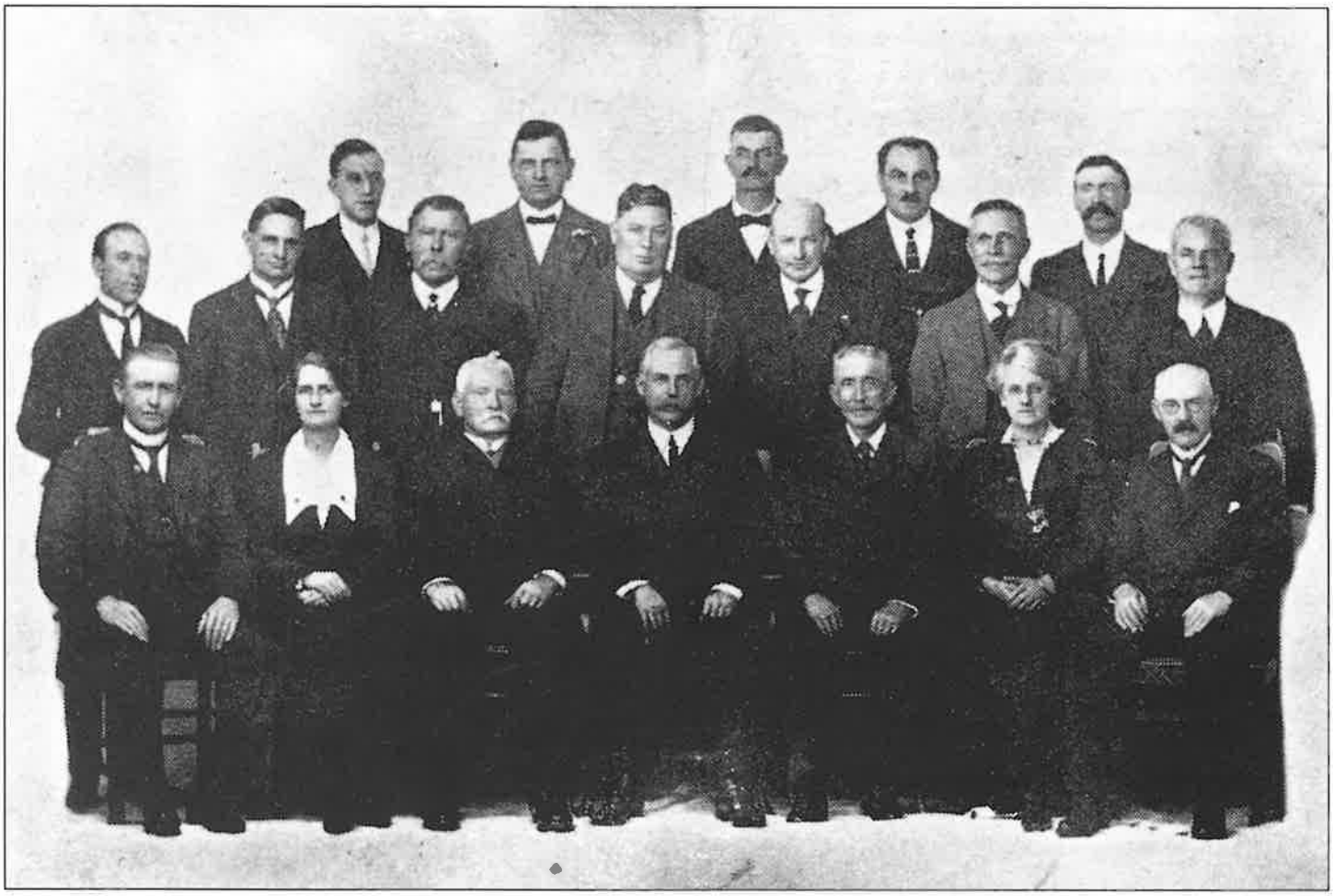
*Perth's central ambulance depot and St John Ambulance headquarters 1921–40, on the southern side of Murray Street, next to the fire station.*



moulded concrete a metre tall and also—unlike attempts to render the cross elsewhere—in geometrically correct proportions. The elation of the council in commanding such a handsome asset, and in upholding the Hospitaller tradition (expressed in the Order's ancient motto, *Pro fide, pro utilitate hominum,* roughly meaning 'for the faith, and the service of humanity') by embarking on 'real' ambulance work at last, still reverberates through the otherwise prosaic annual report for 1921–22:

> The aspirations of the Association, after many years of effort, have this year been realised, when the Headquarters of the Association and Ambulance Depot were officially opened on the 19th December last by our Patron, His Excellency Sir Francis Newdegate, K C M G, who congratulated the Association on the practical result of its great work in the cause of humanity. The Depot is situated in Murray Street, opposite the Chief Public Hospital of the State. It is a pretentious two-storey building with quarters for the Superintendent. The motor ambulance room is spacious and occupies the major portion of the ground floor. The upper storey comprises a large lecture hall, the Association's Council Chambers and the private quarters of the Superintendent. The building and land

*St John Ambulance Association Perth 'Head Centre' council 1922—the people who accepted responsibility for the city's ambulance service. All those in the front row were prominent St John personalities: (left to right) Dr JJ Holland, Miss Lapsley, Lt-Col. JA Campbell, Dr HG Tymms (president), JM Lapsley, Mrs HE Parker ('Lady' superintendent of the St John Ambulance Brigade, and JR Campbell. HW Lilley (second from right) and AE Fisher (later superintendent of the Brigade men's divisions, end right) are in the centre row.*



have cost £3,756 9s 0d of which £1,300 remains on mortgage . . . The Depot has been fittingly furnished throughout and the Brigade and Nursing Division of the Brigade have been mainly responsible for its cost.[9]

St John took formal control of the metropolitan ambulance service on 30 June 1922, three months after the thirtieth anniversary of HM Jacoby's first Association committee meeting. Its operation and costs were further described in the 1921–22 annual report:

> Four motor ambulances have been acquired, two of which are in daily use, while the others are maintained for use in case of emergency. Financial stringency compels a restriction of the area of operations to within a 5-mile radius of the Depot for transport of medical cases. Three permanent officers are at present employed under the Superintendence of Mr Lilley, who has rendered signal service to the Association over a period of many years. The service was actively operated as from the 1st July, and although it has been in action for only one month, the necessity for its existence has become quite evident. Practically one-third of the cases attended to so far have been medical ones, for which no provision whatever has previously been available for the citizens.[10]

*One of the Model-T Ford vans with which the St John service opened in 1922, pictured here outside the Murray Street depot in 1931 with driver CR Bannerman.*



The four motor vans with which St John conducted its new service were an odd assortment. One, a Jackson, had possibly been inherited along with Lilley from the previous fire brigade service. It was not in running order, and was sold within a year. Another, a Scat, a make now forgotten, was on loan from the government. The other two were Fords. St John had bought one of these for £260; the other was on loan from the Premier's Department, but St John had refitted it with a new body at a cost of £102. The ambulance fleet remained fixed at four vehicles at least until World War II. As vans wore

*A Hillman-Commer ambulance van, one of those purchased for St John's Perth metropolitan service in 1933.*




out they were replaced, roughly every six years or so. Fords remained the basis of the fleet until the end of the 1920s, when two Talbots and an Austin were bought; then in 1933 a switch was made to Hillman-Commers and Dodges, and these remained in use at least until the war.[11]

A number of ambulances in the wider metropolitan region remained outside St John control because various agencies continued to run their own. The fire stations at Fremantle and Northam each had motor ambulances. Other organisations persisted with horse-drawn vans, and in at least one place —Kalgoorlie—these remained in use until the early 1930s. Those continuing to operate horse-drawn vans included the Perth and Belmont racecourses, the Claremont council, and the Health Department, the van of the last of these being used solely for moving infectious cases. In other places, mainly at railway and police stations and on the docks, Ashford litters continued in use for a few years more.[12]

The most serious problem facing the infant service was finance. Shortly after St John assumed control, Tymms announced that:

> the maintenance of the Ambulance Service is a matter of much concern. At the present moment the Association is not in the receipt of one penny from the Government, Municipalities or any of the large organised bodies or firms to which services may at any time be rendered. The annual maintenance of the service is estimated to be about £1,400, while expenses attaching to the initial year will be unduly heavy. This sum the Association confidently invites the public to subscribe. The financial burden of maintenance may to some extent be realised when it is stated that of 130 cases attended during the first month of operation a donation was not received from 76 of those cases and for runs aggregating 794 miles we received in donations only £24 18s 0d.[13]

A lack of sponsors plus an abundance of non-paying clients! Were things really as bad as Tymms complained? At the end of the first year Tymms, recently promoted K St J, could assure the Association membership they were not. For a start, the mortgage of £1,300 had been redeemed, saving £84 10s 0d in interest annually. Then a conference of the metropolitan municipalities agreed that individual municipal councils would subsidise the service, and that yielded £210. An 'Ambulance Day' appeal raised nearly £343. The Trotting Association, which continued its practice of making a large annual donation to ambulance work, provided £221, while the Turf Club gave £90. A disparate group of other benefactors—the Chinese National Party (£1 1s 0d donation), Sir Ernest Lee-Steere (£25), the South Perth Baptist Church (£5), the Ugly Men's Voluntary Workers Association (£150), the Warehousemen's Association (£5 5s 0d), the WA Glass Manufacturing Co. (£2 2s 0d) etc. etc.—put in another £400. Payments by patients using the service returned

another £370. Income from these and various other sources totalled £2,002 for the year ending 31 July 1923, while expenditure amounted to some £1,918, leaving a small credit balance of £84 9s 5d .[14]

Mixed sources of revenue and finely balanced budgets were to be the pattern of ambulance service finances for at least the remainder of the period up to World War II. In the 17 years 1923–39 the budget was to grow by about 40 per cent, and the St John management would become ever more efficient at making ends meet. The efficiency is demonstrated by the following table:

per cent respectively. The cost efficiencies thus achieved were nothing if not spectacular.

The most obviously impressive of these statistics were those for distances travelled and cases transported. The huge absolute increases in kilometres and patients speak for themselves, but from the raw figures we can derive further statistics that are almost as impressive (see the table at the bottom of this page).

What do the figures tell us? Firstly, they confirm one of the obvious conclusions from the previous table, that is the work had expanded enormously.

ST JOHN AMBULANCE TRANSPORT SERVICE: CASELOADS, KILOMETRES TRAVELLED AND EXPENDITURES, 1922-23 AND 1938-39[15]

| *Year* | *Cases transported* | *Kilometres travelled* | *Kilometres per case* | *Expenditure per case (converted from £)* | *Expenditure per kilometre (converted from £)* |
|---|---|---|---|---|---|
| 1922-23 | 1 873 | 14 773 | 7.9 | $2.05 | $0.26 |
| 1938-39 | 5 174 | 63 067 | 12.2 | $1.08 | $0.09 |
| Percentage change | +176% | +327% | +54% | -51% | -65% |

As the table above indicates, while the caseload, distance travelled and the rate of kilometres per case all increased appreciably, expenditure per case and per kilometre were reduced by 51 per cent and 65

Secondly, they show that the St John management was working both its vehicles and its ambulance staff very hard. The 107 per cent and 84 per cent respective increases in van and officer caseloads

ST JOHN AMBULANCE TRANSPORT SERVICE: NUMBERS OF AMBULANCES, AMBULANCE OFFICERS AND CASES TRANSPORTED, 1922-23 AND 1938-39[16]

| *Year* | *No. of ambulances* | *No. of officers* | *Cases transported* | *Cases per ambulance* | *Cases per officer* |
|---|---|---|---|---|---|
| 1922-23 | 3 | 4 | 1 873 | 624 | 468 |
| 1938-39 | 4 | 6 | 5 174 | 1 293 | 862 |
| Percentage change | +33% | +50% | +176% | +107% | +84% |

indicate a more intensive and efficient deployment of capital and human resources, in terms of finance if not of staff morale. By the end of the 1930s St John was thus extracting every last ounce of value for each shilling spent.

The issue of staff morale has obvious bearing here. What did the ambulance crews think of the impressive statistics they were building up? Occasionally hints flicker through the curt officialese of the annual reports to suggest answers. In 1935, for instance, WC Brear, the secretary-superintendent of the metropolitan service observed that 'frequently during the year the drivers experienced rather strenuous times in responding to all the demands made on them, but . . . their duties were carried out cheerfully, and with general satisfaction to the patients and all concerned'. This was the year Brear had rearranged the rosters so that someone would be on duty and ready to take calls round-the-clock. He instituted two shifts with two vans operating on each. The day shift was a 10-hour stint, 8.00 a.m. to 6.00 p.m. The night shift was an even longer drag for the remaining 14 hours, though officers could bed down between calls if 'business' was slack. Nearly 40 years later, in 1974, the introduction of a new roster sparked the first industrial dispute Western Australia's ambulance transport system had seen. In 1935, however, there does not seem to have been even a whimper from the crews: management, presumably, could sweat its labour with impunity. The reason seems fairly obvious: people who had any job at all in 1935 considered themselves fortunate. With unemployment nationally around 20 per cent of the workforce, workers would gladly accept conditions which in less parlous times would provoke them to strike. For St John workers there was an added factor to keep them industrially compliant. The self-sacrificial rhetoric of the Hospitaller legend was so thoroughly suffused throughout the entire St John organisation that to speak out for fair conditions of work was tantamount to blasphemy—a renunciation of the mythology the Order had been assiduously inculcating in the minds of its members and the general public since its revival in Britain in 1831. As a later chapter will show, ambulance officers were so deeply imbued in the rhetoric they did not begin questioning it openly until the mid-1960s.[17]

A third conclusion is also possible, for the figures confirm a point made earlier, namely that there seems to be an upwardly spiralling effect in providing health care facilities like ambulances. When such facilities are established, the simple fact of their existence will encourage their full use, particularly if the 'user pays' principle is not firmly built into the provision of the service; moreover, as more facilities are provided to meet the increased demand, further growth is stimulated.

The changing ratio of cases to the metropolitan population supports this argument. Thus, in 1923, when the caseload was 1,873, the metropolitan population of Perth was 161,800—a ratio of one case for every 86 citizens. In 1939, when the caseload was 5,174 and the population 220,300, the ratio was one for every 43. In other words, while the population increased by roughly a quarter, the rate of ambulance usage doubled. Now that a comprehensive service was there to cater to both medical and accident cases, people were plainly relying on it more and more. That was as things should have been in a caring society that did not expect its ill and injured to make their own way to hospital as best they could. But would the caseload have been as high if St John had strictly required that the 'user paid', and had developed a satisfactory fee collection system?

Does this suggest prodigality on the part of either the service or the public? Was St John insufficiently zealous in retrieving fees owed; and did the public lack civic responsibility by not limiting their calls for ambulances to emergencies only? From the scant evidence available, we cannot take the wide step to these conclusions. A complaint by WC Brear in 1932 is nevertheless instructive here. He noted that because 'in 1,861 instances [out of 3,270 calls, as against actual cases] no donations were received for the services rendered, this means that 56% of the services were provided free'. Though that particular year was the worst of the Great Depression, and many people needing ambulances would have been unable

to pay, complaints about the high proportion of non-payers featured in all Brear's reports for the rest of the '30s. The later development of an efficient ambulance subscription scheme, and strenuous efforts by the St John management to enrol as many of the population as possible in it, suggests that some within the Association recognised that some attempt must be made to dampen Perth's growing demand for ambulances.[18]

The problem was truly perennial. It was one which would recur again and again, in other states and nationally. Indeed it was still exciting lively debate 60 years hence in the 1990s, for it was one arising from fundamental social philosophical questions. Should medical amenities, in this case ambulances, be like consumer items distributed by market forces to those who could afford them? For those who could not pay, should they be considered a charity—aid extended to the needy out of compassion? Or were they a right which every citizen could expect to use and enjoy regardless of ability to pay?

St John's difficulty was that it launched into providing the service without seriously considering such questions. The Hospitaller mentality predisposed the organisation to believing it was conducting a charity. It accordingly expected a display of gratitude from its clients for the succour given. This took the form of a guinea (£1 1s 0d) fee for service, euphemistically called a 'donation'. Many clients, however, probably saw the service as a public utility to which they were entitled as taxpayers. The fact that a non-government agency was providing it was of little concern to them, for how else can the high proportion of non-payers be explained? And so the demand grew, and with it the volume of 'bad debts'. The cycle could be broken only when the government assumed the major responsibility for funding or, failing that, when St John introduced a workable users' subscription scheme—a form of insurance in which the subscribers subsidised both themselves and the non-payers.

A partial solution to the problem of finance turned up in 1933–34. That year the Lotteries Commission began making an annual grant to the service, which became one of various voluntary agencies it thus supported. The grant in the first year, £1,143, was very generous, amounting to fully 44 per cent of income for the year. The next year, 1934–35, the grant was reduced to £732. This was 32 per cent of total income, but the grants remained at that level for the rest of the '30s, providing the service with at least one assured source of revenue. (The Lotteries Commission continues to make annual grants to the service. By the early 1990s the amount was about $600,000, and was specially earmarked for development of capital facilities in country subcentres.)[19]

The demand for this new public utility, motorised ambulance transport, was not restricted to Perth. From the late 1920s it began spreading to the provincial centres as well, and as it grew St John Ambulance subcentres sprang up to cater to it. The first of the subcentres, Geraldton, was established in June 1928. As with all subcentres that followed, a group of interested local citizens convened themselves as a committee and sought affiliation with St John. Most often this simply meant using the Association name and badge, and subscribing to the Perth 'Head Centre' objectives. Financially straitened, the head centre had little else to offer than its own name and advice based on its own brief experience in managing an ambulance service.

To all intents and purposes, then, the subcentre was an autonomous body. To win approval and gain local priority for its various undertakings, success was generally assured if the town elite—the council or shire president, the leading medical practitioner, the largest landowner, the heads of the most prosperous business houses, the hospital matron, and the leader of the 'social set'—could be enticed on to the subcentre committee. In Geraldton's case the same chairman, the Anglican vicar, the Rev KB Halley MA, and secretary, Mr E Nancarrow, who also drove the ambulance, managed subcentre affairs together until the retirement of the latter in 1943. Halley continued on until after World War II. Nancarrow's 15 years' toil earned him entry to the Order as a 'S B St J',

while Halley's 18 or more gained him distinction at a somewhat lower level—a certificate of Association life membership.[20]

There was much for such committees to do. With first aid textbooks and bandages purchased from the head centre, they usually started off by conducting a first aid class to train the volunteers who would be running the van. In the meantime they also had to begin work on the never-ending cycle of fundraising to purchase and equip a new van. (Geraldton was more fortunate here than most other subcentres, for it took over a rudimentary service which was already in operation.) Then came the task of obtaining a block of land on which to construct a subcentre building to fulfil the multiple functions of ambulance station, lecture theatre, meeting room and social centre. In the last of these, Geraldton was slower off the mark than other subcentres. Sorely missing its own premises, it set up a building fund in 1936. This had accumulated £310 by mid-1939, but then the project had to be deferred until after the war. More pressing business, the replacement of its overworked ambulance van, diverted money that might otherwise have gone into the building fund. Not even the time-honoured and grand annual Geraldton St John Ambulance Ball yielded returns enough to allow construction to begin.[21]

In the meantime, the volume of transport work at Geraldton was increasing annually. The van carried 137 cases during the first year, 1928–29, then 200 the second and 300 the third; after that the caseload fluctuated between 250 and 300 before rising to 330 in 1939. In 1944–45, the year the service hired its first fulltime salaried ambulance officer, there were 365 patients; and the next year the figure was 464. The sudden increase in the clientele in the year following the engagement of a permanent officer was a phenomenon already experienced in Fremantle. There the caseload had risen by 15.2 per cent in the year after a fulltime driver was hired, compared with an increase of only 3.5 per cent in the previous year. In Geraldton the comparable figures were equally dramatic—a leap of 27 per cent, in contrast to the previous rise of 12 per cent. It was a pattern to be repeated time and again, whenever paid staff were introduced at the provincial subcentres.[22]

Fremantle, formally established in February 1929, had been the second of the subcentres to take on ambulance transport responsibilities. It was an atypical subcentre, not fitting the pattern of those further away from Perth. The service it conducted was essentially a second metropolitan operation. Like the head centre, it took over a service previously conducted by the fire brigade, and then ran it with financial support from the Harbour Trust, the confederation of agencies employing waterside workers, the tramways authority, the trotting club and the Fremantle municipal council. As with the adjacent Perth service, its graph of cases handled trended ever upwards. In 1929–30 it carried 490, the tally rising to 882 in 1935–36 and 1,235 in 1938–39. The middle one of these was an important year, for that was when the subcentre moved into its own new building, constructed at a cost of £1,035, and took on its first fulltime salaried ambulance officer.[23]

Another atypical service was the one that developed at Kalgoorlie. An Eastern Goldfields subcentre had been founded there very early, in 1901, but this had restricted itself to first aid instruction. The local ambulance facilities were provided first by individual mines and later by the Hospital Welfare Committee, which ran a horse-drawn ambulance until 1930, when it purchased the city's first local motor ambulance. With encouragement from the municipal councils, the committee amalgamated with the St John subcentre in 1937. In its first full year, 1937–38, the new St John service carried 382 patients, a figure which more than doubled (to 772) the next year.[24]

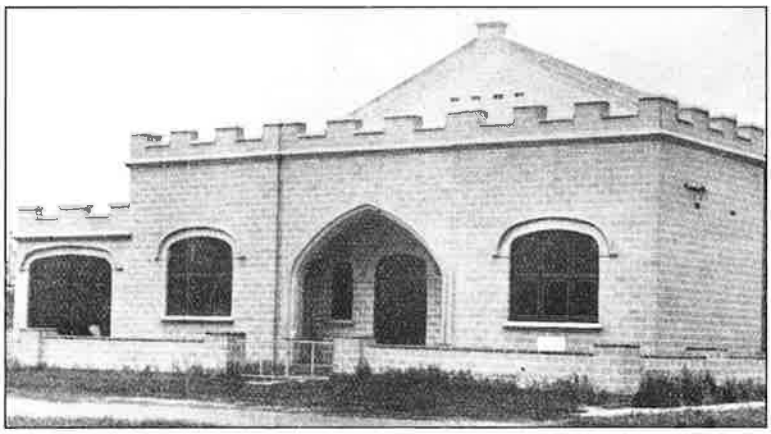
After Geraldton, new St John-affiliated country subcentres were established in every year at least until the end of the 1930s. By that time there were 24 country subcentres spread across the southwestern portion of the state, more or less within a huge irregular polygon with its corners on Geraldton at the top left, Wiluna top right, Norseman bottom right, and the base the line from Albany to Margaret River —in all an area some 600 kilometres wide and 800 kilometres long. Bunbury (founded June 1929) was

the next subcentre after Geraldton; then in order came Midland Junction (September 1930), Narrogin (December 1930), York (March 1931), Moora (February 1932), Katanning (July 1932), Wagin (September 1932), Northam (November 1932), Collie (December 1932), Bridgetown (April 1933), Albany (September 1933), Beverley (December 1934), Merredin (April 1935), Harvey (May 1935), Margaret River (September 1935), Leonora (January 1936), Southern Cross (June 1936), Wiluna (July 1936), Boulder (September 1936), Norseman (February 1937), Denmark (February 1938) and Kojonup (November 1938). During the six wartime years, 1939–45, a further nine subcentres formed, at Busselton, Kellerberrin, Manjimup, Mount Barker-Cranbrook, Narembeen, Pinjarra, Toodyay and Upper Blackwood.[25]

All these subcentres evolved along similar lines to that of the Geraldton 'prototype'. The main difference was that this and subcentres in other large towns—Bunbury, Albany, Kalgoorlie—could expect that eventually caseloads would increase to the point where the appointment of fulltime ambulance officers would become necessary to relieve the burden on the volunteers. The great majority would continue to rely solely on volunteer staff.

What the quality of client service was across this vast domain is now difficult to assess. How fast the average response time was for calls received is now unknown, even if anyone ever bothered to collect such data. Given the rudimentary nature of telecommunications, the dirt roads and the cumbersome ambulance vans of the day, the chances of an ambulance arriving within a half hour, let alone 8.5 minutes, were probably slim. The proportion of patients who were 'DOA'—dead on arrival at hospital—is also unknown though we might guess that, with none of the life-preserving equipment (oxygen revival kits, electrical heart defibrillators, saline drips etc. etc.) carried by present-day ambulances, the ambulance for many patients became a hearse. Similarly, treatment methods and training have changed so radically in recent decades one can only speculate about how many patients died at the hands of the first aiders. Yet for all that, the St John ambulances seem to have provided a service which was as good as circumstance and the times permitted. The 'numerous letters of appreciation from patients and their relatives' which Tymms and Brear often mentioned in their annual reports signify a high degree of client satisfaction. And however poor the service might seem by modern standards, it was probably infinitely better than the rough and ready means of patient transport it replaced. Most people within the range of a St John ambulance might therefore have agreed with the *Geraldton Guardian and Express*, which in 1934

*The Bunbury St John Ambulance subcentre, the second of St John's WA country outposts (founded 1929). The subcentre headquarters building was opened April 1936 by Sir James Sleeman (Chief Commissioner for St John Ambulance Brigade 'Overseas'). Its designer had striven valiantly to bequeath to the South-West something of the architectural legacy of the ancient crusading Knights Hospitaller.*



proclaimed that 'of the many organisations. . . carrying out work for the benefit of the district, the St John Ambulance Association is one that stands very high in the regard of the people. . . Geraldton is fortunate in having a very vigorous organisation to carry on the work'.[26]

The *Guardian and Express* was perhaps overly generous to St John, for the vigour came not so much from the distant 'Head Centre' but from the citizens of Geraldton themselves. It was they who felt the need for an efficient local ambulance service; they created the demand which enabled it to employ a salaried ambulance officer; they raised the necessary funds; and

they managed the service. All that St John had really done was lend its name as an 'umbrella' under which enthusiastic groups of local townspeople could gather to better pursue their wish for a locally-based ambulance. That was the essence of the matter; however, eulogies like those from the *Guardian and Express* vindicated the bold step St John had taken by assuming responsibility for Perth's ambulances in 1922. Thanks to public demand for motorised ambulance transport, the St John white-on-black Maltese cross emblem was now a familiar sight to most Western Australians. St John and ambulance transport had become synonymous terms across a large sweep of the state. And so it would remain: ambulances would continue to drive St John, and St John would keep on driving the ambulances. The way in which this occurred in particular subcentres is the theme of the fourth part of this book, where the historians of the subcentres add their bit to the story of St John.

*NOTES*

1 St John Ambulance Association, Western Australian Centre (hereinafter SJAA, WAC), Annual Reports for 1903, 1904.
2 SJAA, WAC, Annual Reports for 1903, 1904, 1912.
3 SJAA Western Australian Government Railways Centre, 'History' (1988); SJA, WAC, Annual Reports for 1902, 1908, 1910.
4 SJAA, WAC, Annual Reports for 1905, 1909, 1910.
5 SJAA, WAC, Annual Report for 1910.
6 SJAA, WAC, Annual Report for 1918.
7 SJAA, WAC, Annual Reports for 1913 and 1918.
8 SJAA, WAC, Annual Reports for 1919, 1920, 1921.
9 SJAA, WAC, Annual Report for 1922.
10 *ibid.*
11 SJAA, WAC, Annual Reports 1922 to 1939.
12 SJAA, WAC, Annual Report for 1922.
13 *ibid.*
14 SJAA, WAC, Annual Report for 1923.
15 Figures derived from SJAA, WAC, Annual Reports for 1922–23 and 1938–39.
16 *ibid.*
17 SJAA, WAC, Annual Report for 1934–35.
18 SJAA, WAC, Annual Report for 1931–32.
19 SJAA, WAC, Annual Reports for 1933–34 to 1938–39.
20 SJAA, WAC, Annual Reports for 1942–43 and 1945–46.
21 SJAA, WAC, Annual Reports for 1929 to 1938–39.
22 *ibid.*
23 *ibid.*
24 *ibid.*
25 *ibid.*
26 Newsclipping dated 5 July 1934, SJAA, WAC, scrapbook for 1929–60.

CHAPTER SIX

# WORLD WAR I, THE TWENTIES AND THIRTIES

St John is an organisation that originally grew from war. The Association had roots in the Franco-Prussian war; the Brigade always saw itself as an auxiliary to the military medical units; and numerous retired senior military officers customarily found niches within the British hierarchy of the Order. It might have been expected, then, that St John in Australia would be pre-eminent among the patriotic bodies that rallied to the flag in both the first and second World Wars.

The strength of St John's patriotism revealed itself within days of Britain's (and thus the Empire's) declaration of war against Germany on 4 August 1914. The Association council decided almost immediately that, as its immediate contribution to the war effort, it would drop its first aid instruction fee by two-thirds, from 7 shillings 6 pence to 2 shillings 6 pence. This was announced at a public meeting 'for the purpose of propagating ambulance instruction' convened at Government House, Perth, on 14 August by the Governor, Maj.-Gen. Sir Harry Barron, and Lady Barron. Those present heard Sir Harry, his wife, the Lord Mayor, and 'other leading citizens' exhort the populace to demonstrate their patriotism by enrolling in the Association's cut-rate first aid classes.[1]

The Perth dignitaries thus assembled by the Barrons must have spoken persuasively, for no fewer than 764 men and women immediately signed up for instruction in either first aid or home nursing. That number represented foregone class fees of some £191, or roughly 1.5 times all income from teaching in the preceding year. Not that the centre suffered through its generosity: so great was the crowd joining classes in the year which followed—2,415—that even at the reduced rate, class fees for the year totalled £308, a tally that would not be surpassed for another 21 years.[2]

War was plainly good business for St John. Firstly, the patriotic fervour infected the state's medical fraternity, who did their bit for the war effort by volunteering themselves to the Association as instructors. At the same time members of the police, fire brigade and railways ambulance corps volunteered to assist in the classwork as practical demonstrators, while various groups with large meeting rooms at their disposal—municipal authorities, churches, clubs, business houses—offered their premises free of cost as training venues. This meant minimal expenses for St John in offering its classes. Secondly, the panic of war sent the public flooding to first aid classes as soon as war was declared, then again following the Gallipoli debacle, and once again during the influenza epidemic which returning troops brought with them from Europe in 1919. In between these peaks the demand slackened but always remained at a substantially higher level than in the peacetime years preceding and following the wartime period. The table overleaf indicates the pattern.

Whether this burgeoning in first aid training was due to factors other than patriotism and panic is now difficult to tell. Certainly many people regarded it as their civic responsibility to acquire basic medical skills; and the threat of invasion, however remote, added a sense of urgency. But there were other reasons too. Some of the men joining classes expected to enlist, and for them a knowledge of first aid was a precaution: it meant being equipped to save comrades' and perhaps their own lives in a medical emergency. Others hoped the possession of a St John certificate would ease their entry into military medical units,

where—perhaps less honourably—some might have imagined they would be out of the front line. Similarly, a number of young women probably hoped that a first aid and a home nursing certificate would prove to be entrance tickets to overseas adventures as medical ancillaries in field hospitals, convalescent wards or hospital ships. (Three members of the Brigade's Perth nursing division—Mrs L Bruce, and Misses E Bowers and I Evans—subsequently joined the Australian contingent of Brigade women who served as nursing aides in military hospitals in England and France.) Still others probably knew a bargain when they saw it—a publicly acclaimed paramedical qualification offered at a bargain price. For its part, the Association centre was convinced the gratifying upturn in enrolments arose from a realistic altruism, a 'genuine desire to acquire and use the knowledge in the cause of humanity rather than to momentary impulses born of enthusiasm created by the desire to "do a bit"'.[4]

Whatever the reasons motivating it, the end result of all this training was entirely beneficial for the people of Western Australia. A total of 7,858 Western Australians enrolled in St John courses in the five wartime years. Only 69 per cent of these went on to take the exam, and only 62 per cent (4,897) passed and were awarded certificates. Although more than a third of the starters thus failed to qualify for a certificate, the number who did pass were the equivalent of one in every 65 of the state population (319,000) in the final year of the war. This was perhaps the best ratio achieved by any of the state St John branches. Another indicator of the wartime achievement of the Association in Western Australia is the fact that, of all certificates the centre had awarded in the 26 years from the centre's inception in 1892 up till 1918, some 60 per cent (4,897 out of 8,206) were in the wartime years.

The overall effect was to extend greatly the legion of those with emergency medical skills at the disposal of the general public. The advantages to the community were apparent in two cases which the Association president (HG Tymms) drew to members' attention in 1917:

> During the year, the benefits of the Association have been strikingly manifested. At a motor accident in May last in Adelaide Terrace, Perth, there were no less than eight persons skilled in First Aid on the scene of the accident within forty seconds. Three of the occupants escaped asphyxiation by this prompt attention.
>
> During the recent serious railway catastrophe on the Midland Line, in which three persons were killed, and thirteen others seriously injured, a railway officer having First Aid qualifications rendered remarkable service in relieving the agony of the victims under indescribable conditions of flood and darkness.[5]

And, no doubt, innumerable parallel anecdotes from a military setting would have come back to Australia via the letters from Western Australian units on overseas battlegrounds. None of these have survived in St John archives, and it is now probably impossible even to guess at the numbers of service personnel who might have used their first aid skills to save comrades' lives. However, even if, say, only one in 200 of those who went overseas had first aid training, this would have meant there were troops who, instead of joining the war dead neatly laid out in geometrical rows in overseas war cemeteries, were kept alive to return to Western Australia.

ST JOHN AMBULANCE FIRST AID CLASSES, WESTERN AUSTRALIA, 1912-1921 [3]

| *Year ending September* | *Number of classes* | *Number instructed* | *Income from class fees* |
|---|---|---|---|
| 1913 | 36 | 718 | £180 |
| 1914 | 55 | 1412 | £305 |
| 1915 | 96 | 2415 | £308 |
| 1916 | 101 | 2297 | £269 |
| 1917 | 47 | 1017 | £193 |
| 1918 | 37 | 707 | £130 |
| 1919 | 40 | 927 | £145 |
| 1920 | 24 | 426 | £133 |
| 1921 | 25 | 387 | £125 |

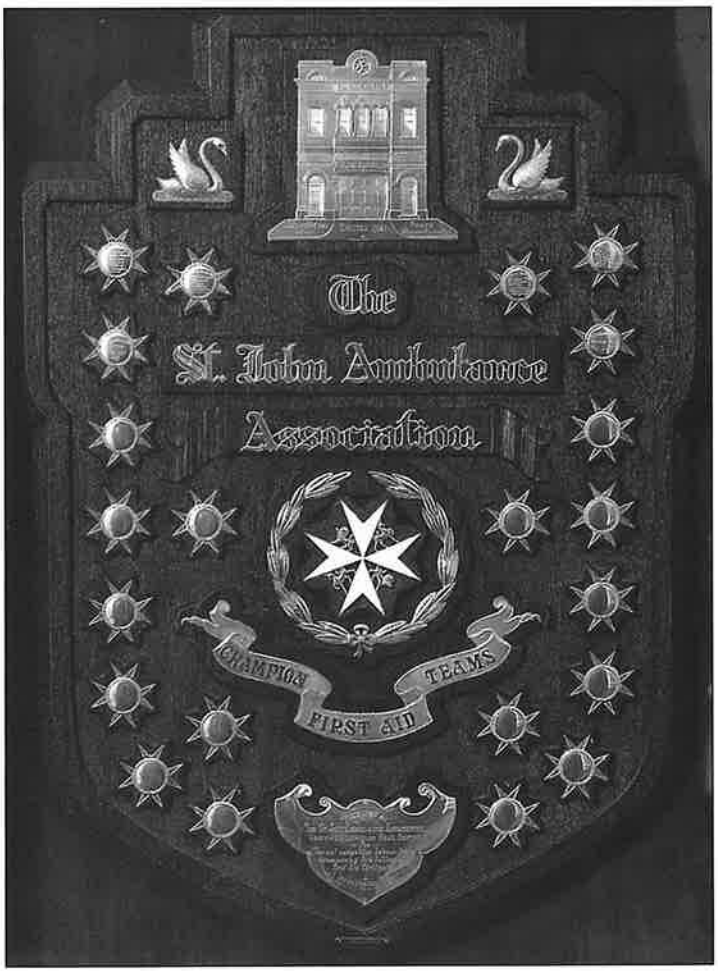
Perhaps the most remarkable of wartime St John episodes in Western Australia involved a member of the St John council, Dr JJ Holland. Holland came into St John in 1915 as surgeon to the Perth division of the Brigade; he joined the Association council the next year and eventually, 1932, succeeded HG Tymms as president, a position he held until 1949. In July 1917 he was one of the principal characters in a medical drama played out by telegraph over the state's vast distances. *A Century For Australia* outlines the incident thus:

> A stockman, James Darcey, injured himself badly in a fall from a horse about 65 kilometres outside Hall's Creek, one of the remotest outposts in all Australia, some 1,900 kilometres northeast of Perth and 305 kilometres south of the port of Wyndham, where the nearest doctor lived. His brothers carried him into Hall's Creek over rough tracks. He was suffering severe pain from serious pelvic injuries, including injuries to the bladder which prevented him from passing urine. It would have taken a week to get him up to Wyndham, and so the Hall's Creek postmaster, FW Tuckett, contacted Dr John Holland in Perth to see what might be done for him. Tuckett had done a course of first aid under Holland nine years before at Kanowna near Kalgoorlie. He and Holland . . . conducted a discussion on Darcey's condition by morse code through several intermediaries in the chain of telegraph stations linking Perth and Hall's Creek. They decided that Tuckett should operate on Darcey with Holland relaying instructions by telegraph. The operation proceeded successfully by remote control. Holland then travelled up to Hall's Creek to inspect his and Tuckett's handiwork. He later said he 'found that the work had been carried out perfectly'. Though Darcey unfortunately died as a result of his ordeal, Holland believed the proxy operation had relieved him 'from intense agony'. It made a good story in the Western Australian newspapers, at once vindicating the efficacy of the St John first aid teaching and demonstrating the St John resolve to alleviate human suffering.[6]

A dozen years later the unfortunate Darcey might have been spared through the ministrations of the flying doctor service; but in 1917 the distances were still too vast despite the combined efforts of St John and the telegraph system.

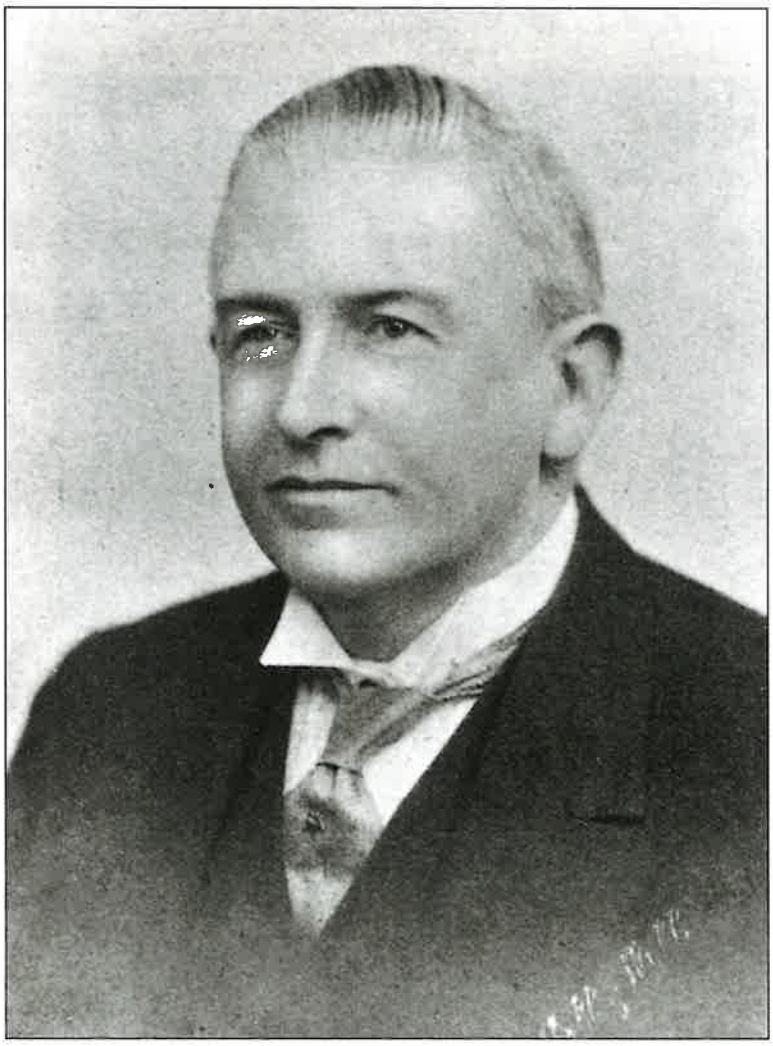
In common with Association centres in other states, that in Perth experienced a sudden falling off in activity as soon as the war had passed. As the table on page 48 indicates, the number instructed in 1919–20 was less than half that in the previous year. As the annual report put it, 'the cause may be found in the general settling down of conditions existing after the Great War'. This was an oblique way of saying that, as Western Australians entered the 1920s—the 'flapper' era—they had lost interest in first aid, which was something they associated with the best-forgotten wartime panics and horrifyingly long lists of war dead.[7]

*The St John Ambulance Association shield awarded for teams competition in first aid. This shield (in polished jarrah and silver) depicted the Association's Murray Street headquarters in WA with swans as supporters. Although the shield was not inaugurated until 1936, competitions had always been a means for sharpening skills and retaining interest among first aiders.*



Another reason for the fall-off in activity was the disastrous worldwide influenza epidemic ('Spanish 'flu'), which reached Australia in early 1919 with the returning troopships. As noted earlier, the arrival of the epidemic coincided with an upward fluctuation in class enrolments, and this can perhaps be explained by people's wish to be prepared in case their own families fell victims. Once the epidemic began cutting its relentless swathe through the population, however, it kept people away. Thus, the Association's WA Government Railways centre reported, 'Our classes this year were materially affected by the influenza epidemic; in some centres classes had to be abandoned with the result that our list of passes is considerably lower than it would have been'. In similar vein, the Eastern Goldfields centre observed that 'the First Aid class in Kalgoorlie was very unfortunate in that owing to the influenza the lectures were spread over several months, and the practical examination had to be postponed on account of the absence of the examining doctor'. Elsewhere, notably in the Brigade, the epidemic created work for St John. The Perth nursing division's secretary, Jessie T Rafferty, noted that 'the members of the Division offered their services to the Health Department in connection with the Influenza epidemic in this State, which were availed of in several directions'. She listed the 28 women who had worked with the department but did not specify what their duties had been. In all probability they did what Brigade women in other states did, namely work as ancillaries in the overcrowded emergency hospitals set up to handle the thousands of ill and dying victims.[9]

*Dr JJ Holland, who as a young medical practitioner in Perth in 1917 supervised an operation in Hall's Creek by telegraph. He later served St John as Association president 1932–49.*



As life returned to normal after the war and 'flu epidemic, the various St John branches fell back once more into the routines characterising their peacetime existence. The Association continued offering its courses to the public, and the routines there were (as they had always been): (1) publicity work to advertise the classes; (2) the engagement of medical practitioners to teach and examine them; (3) organisation of venues in which the classes could proceed; (4) the awarding of certificates (some of which were still presented at the annual demonstration of ambulance skills); and (5) liaison with the major clients for training, the police, railways, fire brigade and prison authorities. In the Brigade the routines were (again as before): (1) regular divisional meetings, usually fortnightly, to practise first aid skills like the treatment of wounds, bandaging, splinting, resuscitation, lifting and carrying patients; (2) attending lectures, usually given by the divisional surgeon, on matters pertinent to health care; (3) undergoing annual re-examination to maintain skill 'efficiency'; (4) attendance at public duties, typically the football, races, sporting carnivals

and street parades; and (5) maintaining a corporate social life, which often revolved around the never-ending obligation to raise funds for uniforms, medical equipment and supplies. The exception to this, as we saw in the previous chapter, was the Association council's ambitious step into proprietorship of the metropolitan ambulance system. That was hardly a 'normal' occurrence, of course, but even so members of both the 'Head' centre and expanding network of subcentres had to become accustomed to certain routines described in the previous chapter—raising funds, attracting publicity, seeking the support of the influential, maintaining the ambulance vans, constructing and upkeeping permanent premises.

As described in the annual reports, the Brigade routines provide a window on both the Brigade and wider Western Australian communal life in the early postwar years. The report for 1920 is typical. The Brigade's preoccupation with correct order of rank and status, its reverence for the medical profession, its unceasing efforts to maintain members' skills and interest through entertaining training exercises, its concern with building its numerical strength, its interest in compiling statistics to measure its own achievements, its continual search for new ways to raise the funds it required to remain in business, as well as its useful work within the community—all these are there. So, too, is the diversity of communal life in Perth in the early 1920s, with its round of major celebrations and public events. And, 1920 being the first time in nearly twenty years that a member of the royal family had visited Australia, there is also the public fascination with royalty and pride in Australia's imperial connections—something the community then shared with St John. The report ran as follows:

ANNUAL REPORT OF THE
PERTH NURSING DIVISION
(Formed 13th November, 1913)
Divisional Surgeon: DR MILDRED GEORGE
Lady Superintendent: MRS HE PARKER
Divisional Secretary: MISS JESSIE T RAFFERTY
Divisional Treasurer: MISS CE LAPSLEY
Divisional Inspector of Stores: MISS M BALLMENT

| | |
|---|---|
| Members on roll at beginning of year | 74 |
| New members enrolled during year | 7 |
| | 81 |
| Resignations during year | 4 |
| Members on roll at end of year | 77 |

During the year 9 lectures and 14 drills were held, the average attendance being 26.
The Annual Inspection of the Division was held, on June 21st, by the Assistant Commissioner for WA (Dr HG Tymms), and the Annual Re-examination took place on the 2nd and 16th August.
Cases attended by members not on public duty, 113 (first aid, 57; home nursing, 56).

*Dr Gertrude E Mead, first surgeon to the Perth nursing (women's) division of the Brigade 1915–19. Her St John career was cut short by her death in 1919. Like a number of other promising young medical practitioners and St John leaders in other states, she fell victim to the worldwide pneumonic influenza epidemic that year.*



*Officers of the Brigade's Perth nursing division, 1922. Brigade women at the time were widely regarded as nurses, and were uniformed accordingly.*



Cases attended by members on public duty, 49.
Public functions attended during the year: Ugly Men's Wonderworld, St Patrick's Day Sports, Salvation Army Sports, Nedlands Anzac Day, Anzac Day Sports, South African Memorial Service, Jewish Memorial, the arrival and all public functions during the Visit of HRH the Prince of Wales, Theatre Day, and the Royal Show, Claremont.
The Division paraded on the occasion of the Review by and March Past before HRH the Prince of Wales in St George's Terrace on July 3rd.
A keen competition in roller bandaging was held during the year. Nurse Bull acted as judge, and the prizes, which were awarded by Mrs Parker, were won by Mrs FA Smeed, 1st (silver vase), and Mrs SE Pengel, 2nd (silver vase).
During the year Mrs L Jones arranged two jumble sales in aid of the Ambulance Depot Building Fund, realising the sum of £12 9s 11d; and the members in various ways have raised the sum of £56 14s 3d towards such fund. A dance arranged by Misses Gilmore and McCorkindale and Mrs O'Connor realised the sum of £5 18s 8d towards the Divisional funds.
The members of the Division sincerely thank Dr M George for the keen interest she has taken in the

*Members of the Brigade's Perth No. 1 nursing division, early 1930s. Dr JR Donaldson, later the Brigade's Commissioner 1939–63, is with them. HE Parker, superintendent of nursing divisions, is next to him at the left. The pendant worn by some members is the Association's first aid medallion.*



brigade work and for her instructive lectures during the year.

Thanks are also tendered to Doctors Blanchard and Wardell-Johnson for conducting the Annual Re-examination; to the Committee of the Railways Institute for the use of a room; Messrs Gibbons and Learmont for many kindnesses extended; to the Red Cross Society for very handsome donations of bandages; and to Mrs BE Gilmore, who fulfilled the duties of Acting Treasurer of the Division during the absence on leave of Miss CE Lapsley.

EMMA PARKER, Superintendent
JESSIE T RAFFERTY, Hon. Secretary.[10]

The reference to royalty was, of course, one made with pride. The particular 'HRH' on whom the above report dwelt was the future king, Edward VIII. He was on a long tour of the dominions intended to rally devotion to Empire among peoples whose imperial enthusiasm might otherwise have been washed away by the oceans of blood so recently spilt for the remote Motherland. The boyish prince, who had not yet formed the liaison with Mrs Simpson that would be his downfall some sixteen years hence, proved immensely popular in Western Australia. In Kalgoorlie, for instance, he donned a 'hard hat', went down one of the shafts to examine the mine workings, and later drank beer with the miners. He needed no such egalitarian posturings to endear himself to St John folk, however. Although he never displayed any interest in St John work, the fact that he would one day be their Sovereign Head assured him of their reverence.

The next royal visitor to Western Australia arrived in 1934. This was Edward's younger brother, Henry, Duke of Gloucester and future Grand Prior of the Order, who came to Perth in October 1934. On Saturday afternoon the 6th some 300 members of the city's elite turned out to do their obeisance before him at a Government House levee. For St John it was a special occasion, as the description in the following Monday's *Western Australian* made clear:

> The uniforms of naval and military men, the coloured robes of church dignitaries, members of the judiciary and university professors afforded a brilliant and impressive spectacle. Shortly before 3 o'clock, the Duke, wearing morning dress . . . stepped from the drawing room and inspected a guard of honour . . . [He] then proceeded to the ballroom, where he received guests having the right of private entree. Immediately after the private reception, His Royal Highness invested Dr JJ Holland with the insignia of Knight of Grace of the Venerable Order of St John of Jerusalem. Addresses of welcome were then presented by representative bodies and His Royal Highness replied. The general levee followed, members of the naval and military forces in full uniform, representatives of the Bar, the Magistracy, the University, the Churches, the professions, local government authorities and private citizens filing past His Royal Highness, who acknowledged their bows from the dais . . .[11]

*Henry, Duke of Gloucester, a later Grand Prior of the Order, in 1934 invests Dr JJ Holland as K St J at Government House.*



In a society where the colonial mentality still lingered on, honouring royalty was not the obsession of St John alone. A surprising array of organisations came forward to present addresses of welcome. As

well as the St John Ambulance Association, the Salvation Army, the Boy Scouts' Association, the British Empire Union, the Country Women's Association, the Dominion League, the Grand Lodge of Ancient Free and Accepted Masons, the Justices Association, the National Council of Women, the Road Board Association, the Royal Perth Yacht Club and the Women's Service Guilds all had representatives there thus to pledge their loyalty. The Duke received them graciously, and spoke of 'the uplifting influence of the patriotic societies . . . [which were] rendering real service to the Empire as well as to their own communities'.[12]

Royal visits to the dominions were one of the ties binding disparate elements of the Empire together. It was a practice the Order's British hierarchy profitably borrowed in the decades between the two world wars. Two delegations from St John's Gate arrived in Australia during the 1920s and '30s, and each enjoyed remarkable success in rallying the support of the various state St John branches. St John people, as pointed out, were stalwarts of imperial loyalty. They probably needed little rallying because their ardent commitment to the imperial ideal was never in doubt; but even the dignitaries from St John's Gate might have been taken aback by the loyal fervour their presence aroused.

The first of the delegations began their Australian tour at Fremantle, which they reached aboard the *Oronsay* on 27 November 1928. The leader was Sir John Prescott Hewett. The others in his team were his daughter, the appropriately named Mrs St John Atkinson, D St J('of Grace'); and a married couple, Major Colin MacRae, K St J ('of Justice') and Lady Margaret MacRae, D St J ('of Justice'). Hewett was a very senior St John official. He held the ancient title of 'Bailiff of Egle' of the Order. That is, he was one of the Order's four 'Great Officers' who, after the Sovereign Head and Grand Prior, were its principal dignitaries. (The other three were the Lord Prior, the Grand Prior's deputy; the Prelate, who was the Order's ecclesiastical authority, and had to be an Anglican bishop; and the Chancellor, who was the Order's chief executive officer.) Hewett was also a 'G C St J', a Bailiff Grand Cross of the Order—the highest promotional rank attainable. He had other distinctions guaranteed to inspire awe in Australia. Apart from his G C St J, he was a 'G C S I' (Knight Grand Cross of the Star of India) and a 'K B E' (Knight of the British Empire); he had recently served a term in the House of Commons as member for Luton; his education was from Winchester and Balliol College, Oxford, following which he had joined the Bengal civil service at the age of 23 in 1877, the high summer of British rule in India.

*Sir John Prescott Hewett, G C St J (Bailiff Grand Cross) and Bailiff of Egle of the Order of St John, leader of the 1928–29 delegation from St John's Gate headquarters to Australia and New Zealand.*



During his 35-year career with the Raj he had held many posts, including private secretary to the Viceroy, secretary to the royal commission on opium, member of the plague commission, secretary of the Indian home department, and lieutenant-governor of Agra and Oudh among many others. He was, in short, just the sort of chap to send around the colonies to inspect St John establishments.

That year's Association annual report provided an excellent summary of the Hewett mission's sojourn in Western Australia:

> The Delegation . . . arrived at Fremantle . . . and were met by the President [Dr HG Tymms] and members of the Council . . . [They] came ashore [for a] Civic Reception . . . by the Mayor and Councillors of the City of Perth that morning, returning to the boat the same afternoon. On November 28th Sir John and Mrs Atkinson visited the headquarters of the Association, and in the afternoon were taken by motor to the hills where a demonstration of first aid in the bush was given by the Midland Junction Railway Ambulance team. [NB, at this stage the MacRaes had withdrawn from the delegation and returned home because of Lady Margaret's ill health.] On November 29 the Delegation visited the Fairbridge Farm and in the evening attended the Annual Demonstration of the Association in the Perth Town Hall, in the presence of His Excellency the Governor (Sir William Campion, K C M G) and Lady Campion. A Guard of Honour was formed by members of the Perth Nursing Division and the Perth No. 1 Division of the [St John] Ambulance Brigade. Sir John Hewett invested His Excellency with the insignia of Knight of Grace of the Order, and Messrs. ES Evans, HF Hogue, FE Guy and TE Ryan with that of Serving Brother of the Order. During the evening His Excellency the Governor, as Patron of the Centre, delivered an interesting address. Sir John Hewett also addressed the audience, traversing the history of the Order, and explaining the ramifications of the work of the Association and Brigade throughout the Empire. On November 29 the Delegation, accompanied by Dr and Mrs Tymms, and Mr JR Campbell, entrained for the South-West portion of the State where the weekend was spent, during which a visit was made to the Group Settlements. Bunbury was also visited. The party arrived back in Perth on the morning of the 3rd December and entrained that evening for Kalgoorlie, accompanied by Mr SL Hussey, member of the Council, representing the Commissioner of Railways. On arrival at Kalgoorlie a Civic Reception was tendered by the Mayor and Councillors of Kalgoorlie. At 3 p.m. a public meeting took place in the Town Hall, where Sir John Hewett and Mrs Atkinson delivered inspiring addresses. Sir John also lectured on the history of the Order and its work, assisted by lantern slides and a film entitled 'First Aid'. In the evening the Delegation were guests of the Kalgoorlie Bowling Club. On December 5 the members of the Delegation visited the South Kalgurli Gold Mine, when Mrs Atkinson took advantage of the opportunity of going below to the 1,600ft. level. A demonstration of the Low-moor Jacket was given when the party returned to the surface. The party then proceeded to the Boulder Town Hall, where they were welcomed by the Mayor and Councillors of Boulder at a Civic Reception. At 2.15 p.m. Sir John and Mrs Atkinson boarded the East-West express for Adelaide [to continue their tour through the eastern states and New Zealand].[13]

After being thus feted by the municipal elders of the state's largest cities as well as by the people of St John, a favourable report on Western Australia might have been expected. It would have been churlish of the delegation not to have appreciated that they were being received like royalty. The report they subsequently presented to the Chapter-General of the Order (its supreme governing council) did not disappoint. Indeed it must have gladdened the hearts of all those within Western Australia who read it, for the praise of both the quality of St John work and the Western Australian branch's fidelity to St John's Gate was generous:

> The work of the Order in Western Australia is the best in the continent. There is complete harmony, and great loyalty to the Order. Nothing could be more satisfactory. There is a strong desire to work directly with Headquarters in London rather than through any other body. We do not think it possible that there could be overseas a more satisfactory demonstration of how the work should be carried out than is to be found in Western Australia.[14]

There was an irony in this acclamation, but it was one neither the delegation nor the Western Australian St John management would have perceived. It related to the comment about St John in Western Australia preferring 'to work directly with London'. This was a reference to a recently formed Australian federal St John body, the 'Central Council for Australia'. Moves to form an Australia-wide federal St John body had begun in 1916, when the Victorian centre of the Association had suggested to other state St John branches that they should hold an interstate St John conference to discuss the idea. The response from the other branches was unenthusiastic, but that from Western Australia was positively hostile. Without even doing Victoria the courtesy of mentioning its name, the next annual report from the Association in Western Australia curtly noted that 'an endeavour was made at the instance of one of the eastern states to create an Australian Federal Council, through which the affairs of the Councils of the various States should centre'. The report then observed that Western Australia centre council was 'strongly opposed to the proposal, and [the] Honorary General Secretary (Lt Col. JA Campbell) obtained a definite assurance during his recent visit to the Head Centre at London, that the present constitution which has worked successfully for the past 26 years would be maintained'.

This response, of course, was partly reflex action—Western Australian xenophobia writ large in St John, the same suspicion and fear of domination by the ''tother siders' that had threatened until almost the twelfth hour to keep Western Australia out of the Commonwealth. But the response also represented something else peculiar to St John in Western Australia—a desire to retain a cherished special link the centre council fondly imagined it maintained with St John's Gate, a connection it thought no other state enjoyed.

There was in fact no such exclusive bond, at least not in the thinking of the Order's governing officers in London. The latter seem always to have maintained a judicious even-handedness in their dealings with the St John branches in the 'white' dominions: Canada, South Africa, New Zealand and Australia were all much of a muchness to St John's Gate, and all were left to run their own affairs more or less as they wished. St John branches 'Overseas' (the expression current in the days of Empire) were cautiously offered advice if they sought it, but there were few attempts from London to impose a 'head office' viewpoint. The one occasion when London rejected an Australian initiative was in 1923, when the Association centre in New South Wales wished to add a segment on emergency childbirth procedures to the first aid syllabus. Anticipating possible legal difficulties, and perhaps fearing the displeasure of the obstetrical fraternity, St John's Gate stood firm in disallowing the proposal. Most often 'head office' was amenable to reasoned argument from the branches abroad. For instance, largely as a result of representations from several Australian states which were experiencing trouble in mustering sufficient numbers of pupils to run classes in remote and sparsely populated districts, St John's Gate had abandoned its requirement that men's and women's classes be taught separately.[15]

If there was no 'most favoured St John state' then, why did the Western Australians prefer isolation to some form of co-operation with the eastern states? There were various reasons. One was smugness born of self-sufficiency. Apart from the initial Adelaide hometown affiliations of HM Jacoby, the 'founding father' of the Western Australian centre, St John had grown up in Western Australia without sustenance from any of the other state branches. It did not need them and, in its parochial pride, did not believe it could gain or learn through contact with them. A second reason was 'tradition', albeit recently established. Western Australia (like the other state branches) dealt directly with London to obtain the textbooks and other materials used in first aid training. Recommendations about admissions into and promotions within the Order were similarly subject to direct negotiation. And then, too, numerous Western Australian St John people had made the pilgrimage to St John's Gate, where they were welcomed cordially. In this way personal sentiment

was thus added to 'tradition'. A third reason was the Western Australian centre's sense of uniqueness. It was, it knew, the only state branch in charge of 'real' ambulance work. The Victorian centre might have run Melbourne's ambulance system until 1916, and the Brigade in Sydney might also have run ambulances in Sydney until 1919; but that was in the past, and by the end of the 1920s only Perth had a St John ambulance service. Finally there was the matter of control. Western Australia opposed the federal initiatives because it feared that if it affiliated with a national St John body, the latter might wish to determine what state branches did. And could the one state branch that ran an ambulance service thus allow itself to be bossed by a syndicate of the branches that did not?

Whatever the reason, separateness was something the Western Australians continued to prize. This again became obvious in 1941, when, after two years' negotiation among themselves and with St John's Gate, the St John branches in the eastern states combined to form a 'Commandery' of the Order, that is a semi-autonomous national organisation. Significantly, the Western Australians chose once more to remain aloof, just as they had done in the 1920s when the previous and short-lived federal 'Central Council for Australia' had formed. They again resisted the blandishments of the eastern states, with the result that the new national body had to suffer the cumbersome title 'Commandery of the Order of St John in Australia (exclusive of Western Australia)'. Eventually the Western Australian St John branch did enter the federation. This happened in 1947, when the Australian Commandery was upgraded to 'Priory' status, that is to full national autonomy. Even then, however, the Western Australians succeeded in claiming a special and distinctive identity within the Priory. This was achieved through the constitutional artifice of creating a separate Western Australian Commandery of the Order within its Australian Priory. The manoeuvres by which this came about are too complex to be related here, and so readers interested in exploring them further are referred to the present author's history of the Priory, *A Century For Australia.* Suffice here to say that no other state branch saw fit to demand such separate status, and that another three decades would pass before the Western Australians learnt that they had little to fear but much to gain from their links with the eastern states through the Priory.[16]

The second of the St John's Gate delegations to tour Australia between the two world wars arrived in December 1936, just seven years after that led by Hewett. One of the main reasons London sent it to Australia was to investigate the continuing pro-federalist rumblings among the St John branches. Although the St John Central Council for Australia had achieved little, and had gone into abeyance after the death of its chairman, Dr Thomas Storie Dixson, in 1932,[17] the idea that the branches should be gathered under the mantle of a Commandery or Priory had gained ground in the eastern states if not in the west. They were beginning to feel they were the neglected children among the St John organisations of the dominions because by now the other three 'white' dominions had all achieved Commandery status: the South African St John bodies had been united within a Commandery since 1921; the New Zealanders got their Commandery in 1931; and most recently, 1934, the Canadians had joined this select group of St John organisations 'Overseas'. 'Why not the Australians?' was a question Australian visitors to the Clerkenwell offices of the Order kept asking. The reasons probably lay in the hierarchy's perceptions of Australia as a place not yet ready for national unity within St John. Hewett's report would have confirmed this view, for he had found little enthusiasm for Storie Dixson's Central Council, and —as this chapter has shown—he saw that in the west there was active hostility to the idea of a national St John body. The second delegation, then, came to see if the situation had changed for the better since 1929.

The second delegation was a one-man show. The delegate was Col. (later Sir) James Lewis Sleeman, a career army officer who on retirement had accepted the position of Chief Commissioner of the St John

Ambulance Brigade 'Overseas', that is officer responsible for the Brigade in the dominions and colonies as distinct from the Brigade 'At Home' in the UK. He came as the personal emissary of the Grand Prior, the Duke of Connaught. We will not dwell on all the details of his five-month, 82,000-kilometre journey around the St John branches of the southern hemisphere, because our interest here is the Western Australian section of his tour, and his visits to the other states have already been described in *A Century For Australia*. Suffice to say that, as with the Hewett delegation before him, he was received as a celebrity and fêted from one end of the country to another. In Western Australia he was, predictably, greeted like royalty by the St John management; but in Western Australia, too, and in Western Australia alone, he was made to realise that there were some Australians to whom the colonial cringe was unknown. Such people would not genuflect towards the English gentry, even when it came clad in Brigade attire.

Sleeman was almost a caricature of the gentleman soldiers of the British military caste who had won and now maintained the Empire. A third generation career officer, he sat, stood and walked erect, his

*Sir James Sleeman, Chief Commissioner of the Brigade 'Overseas' (centre), with senior Brigade officers in Perth, May 1936. Left to right: AE Fisher (District Officer), HG Tymms (Commissioner), WC Brear (Superintendent, and also Association secretary and ambulance service manager), HE Parker ('Lady' District Officer), JJ Holland (District Surgeon), S Middlewick (District Officer).*



shoulders square and moustache trim, as if on perpetual parade ground duty. Sleeman was one of those people who seem to gather honours and titles like a ship gathers barnacles. As well as the usual awards coming the way of any diligent army man graduating into senior St John ranks—campaign ribbons, C B, C M G, C B E, M V O, K St J ('of Justice')—were some more rare and esoteric. His full list of distinctions included, among others, Knight Commander of the Equestrian Order of the Holy Sepulchre, member of the Order of the Sacred Treasure of Japan, Silver Wolf of the Boy Scouts Association, president of the League of Mercy of Herefordshire, author of *First Principles of Tactics and Organisation* (6 editions), F R G S, F Z S etc. etc. His elaborate Chief Commissioner's uniform would not have had space to display them all. The uniform, which he wore with evident pride, consisted of black frock coat with high collar, satin button loops, and black and white striped belt sash; complete with just some of his decorations, and all topped off by a tall black cocked hat resplendent with cascading black plumes. Not surprisingly, his expectations of St John in Australia generally, and the Brigade in particular, were exactly what he would have demanded from the regiment he had commanded 20 years before in Flanders, namely good firm discipline among the ranks, devotion to duty among the leaders, and loyalty to the Order, Sovereign Head and Empire throughout.

Sleeman arrived in Fremantle aboard the *Nestor* at 5.00 a.m. on 21 December 1935. Waiting for him were a gaggle of insistent journalists anxious for information about him, St John's Gate, and his mission on behalf of HRH the Grand Prior. At 9.00 a.m. a St John reception committee came aboard. This was led by Dr Tymms in his dual capacity as Association vice-patron and Brigade commissioner. Sleeman was only in port for the day (*en route* for the eastern states and New Zealand before returning to the west to conduct a full investigation of St John work there), but the committee were intent on cramming as much into his day as possible. They escorted him the 22 kilometres to the Murray Street headquarters to face a second, larger welcome from members of the Order, the Association council, and the officers of the Brigade. After speeches of welcome and a lavish morning tea it was down to Government House to meet the Lieutenant Governor (and current acting Governor), Sir James Mitchell, Association patron for the past four years. Then came a visit to the Children's Hospital and a formal luncheon followed by sightseeing around the city. He was unable to sail for Adelaide on schedule that afternoon because of a wildcat shipping strike ('unfortunately not unusual in Australia', he later told the Grand Prior), but that gave the St John people a further chance to shower hospitality upon him. That evening they took him to dinner at the Royal Perth Yacht Club, where they introduced him to 'many other of the leading residents'. He was then the guest of the president of the Western Australian Trotting Association at a race meeting, which gave him the chance of inspecting the Brigade-run casualty station at the race track. By the time he got back aboard the *Nestor* late that night, he knew what sort of daily routine they would expect him to follow during the fortnight he was to spend among them on his return to the state during April and May the next year.[18]

Sleeman came back to Western Australia aboard the trans-continental express on 26 April 1936. Heading a large reception committee waiting to greet him at the Kalgoorlie railway station were the ubiquitous Tymms, Dr HO Irwin, chairman of the Association's Eastern Goldfields centre, Brigade officers and the mayors of Kalgoorlie and Boulder. That year's annual report described his hectic two days on the goldfields as follows:

> [On reaching Kalgoolie he was] accorded a civic reception by the Mayor and Councillors of Kalgoorlie. In the evening he inspected the Goldfields Divisions of the Brigade, after which a Demonstration organised by the Eastern Goldfields Centre of the Association was given in the Town Hall in the presence of a large gathering of citizens. Next day Colonel Sleeman was accorded a civic welcome at Boulder, and visited the Boulder Perseverence Mine, where he went below [to the 750 metre level]. Other places of interest were also visited. Colonel Sleeman's speeches on the goldfields created a great

impression regarding the importance of the work of the Order, and the service to humanity performed throughout the Empire by the members of the St John Ambulance Brigade Overseas. The Chief Commissioner expressed his satisfaction with the efficiency of the work of the Association and the Division of the Brigade on the Goldfields, and congratulated them on the fact that so many young men were taking up the work.[19]

Sleeman later advised the Grand Prior that the goldfields community were 'a most hospitable and delightful people', and that he had been 'remarkably struck by the fact that the majority of the Ambulance [i.e. men's] Divisions [of the Brigade] consisted of a fine type of young man of quite exceptional physique and good appearance, a welcome sight after the many Divisions I had seen in which old and middle-aged men predominated'.[20]

Not all Sleeman's meetings with the goldfields people were as amiable as these reports suggested. Nor were he and they quite as favourably impressed by each other as his comments might have led the Grand Prior to believe. In 1981 the late Roy Trewhella recalled Monday evening 26 April 1936 when he paraded before the Chief Commissioner with the Brigade's Lake View and Star division, which he had joined in 1932, the year after its formation. Despite the gold beneath their feet, many local Brigade members were still feeling the effects of the Great Depression. Most could not afford uniforms, and so they came on parade in their Sunday best wearing white armbands marked with a red cross. Sleeman expressed great displeasure at the sight of the variegated rows of un-uniformed first aiders drawn up for his inspection. He was especially irritated by the armbands bearing the emblem of St John's great rival in first aid training, the Red Cross. Trewhella remembered Sleeman being so affronted he threatened to deregister Lake

*Members of the Brigade's Great Boulder Mine division, 1920s. 'A fine type of young man of quite exceptional physique and good appearance, a welcome sight . . .' was Sir James Sleeman's impression of such men in 1936—even though they heckled him in the Kalgoorlie town hall.*



View and Star.[21] Another member of the division, Ken ('Doc') Turner, who had joined it in 1934, remembered in 1988 how he and his Brigade mates had reacted to their verbal chastisement by 'the old bastard':

> *We counted him out in the Kalgoorlie town hall. It was the depression, and we didn't have money for uniforms. At the meeting in the town hall he was all decked out in his finery, cocked hat, medals and all. He was talking to us like children, giving us a sermon—'By the authority vested in me by the Grand Prior . . . ' and so on. He started pointing to all his medals. By the time he got to his St John cross, and started telling us about 'My star of the Order . . . ' in his fruity voice, we'd had enough, so we counted him out. I don't think he went away with many happy memories of Kalgoorlie.*[22]

Sleeman had learnt the hard way about the aggressive egalitarianism of working class Australians. He was no doubt glad to quit Kalgoorlie for Perth, where the hospitality awaiting him would certainly be more genteel and deferential. And so it was! Holland, as Association president, reported on it as follows:

> From the Goldfields, Colonel Sleeman proceeded to Perth where he was tended a civic reception by the Lord Mayor, JJ Poynton. His address-in-reply to the mayor was broadcast nationwide by ABC radio. During the following ten days [he] visited Northam,

*Col. Sleeman is greeted on his arrival at the Kalgoorlie railway station, 26 April 1936. Next to him (left) is the Brigade commissioner, HG Tymms. What Sleeman and Tymms thought of the rowdy reception the Kalgoorlie Brigade members gave Sleeman that night has not been recorded.*



York, Narrogin, Collie, Bunbury and Harvey. At these towns [he] was accorded civic welcomes, and was also met by local Centres of the Association and Divisions of the Brigade. Most impressive addresses were delivered by the Chief Commissioner at all gatherings attended, and the keenest interest and enthusiasm was evinced in his visit. The display of first aid contributed by the Collie Railway Ambulance team brought forth a comment from Colonel Sleeman that nowhere in Australia had he seen a more efficient demonstration of how first aid should be rendered. At Bunbury Colonel Sleeman, on behalf of HRH the Grand Prior, laid the foundation stone of the new Ambulance Building, which was to be the home of the local centre of the Association, thereby establishing a connecting link with the Grand Priory of the Order at Clerkenwell, London.
Returning to Perth, a visit was paid to the Midland Junction Railway Workshops. The official opening of the headquarters of the Fremantle Centre of the Association was also attended. Colonel Sleeman was also entertained by the Council of the W.A. Head Centre of the Association, the Commissioner of the Railways and the Committee of the W.A. Government Railways Centre and the Nursing Division of the Brigade. [Following the 'entertainment', a dinner, he took part in a centre conference at which he was asked about the possibility of a separate Commandery for Western Australia. He replied noncommitally.] On Sunday May 10th an inspection of all the Metropolitan divisions of the Brigade took place on the Perth Esplanade in the presence of a large concourse of citizens. Two hundred officers and members of the ambulance and nursing divisions paraded, and Colonel Sleeman was attended at the Saluting Base by Dr HG Tymms, K St J, Commissioner of the WA District of the Brigade, and the District Military Commmandant, Brigadier PM McFarlane. Colonel Sleeman presented service awards, and delivered an inspiring address which was amplified through loud speakers. The Chief Commissioner complimented all ranks on their fine appearance and efficiency, and thanked them for the great unselfish service they were rendering to the community. In the evening Colonel Sleeman delivered a farewell message from the National Broadcasting Station.[23]

After his goldfields experience, Sleeman must have been mollified by the penultimate St John demonstration of his tour. Though it was no less than the 204th parade he had attended during his time away from London—a remarkable average of one parade a day for the entire tour of South Africa, Rhodesia, Australia and New Zealand—its military precision perhaps made up for the razzing the Lake View and Star lads had given him. It was not quite his last meeting in Australia, however, for after the parade he was farewelled at a final gathering of local St John dignitaries in their Murray Street headquarters. He was then driven to his ship at Fremantle, the *Cormorin*. As he came aboard there was one final surprise: waiting to greet him at the head of the gangplank were all those who had just bid him goodbye in Perth. The moment he had left Murray Street they had all dashed off to the docks ahead of him to say farewell yet again. He sailed for home that night, deeply touched by this final proof of what he termed 'the fine British character of the Australian peoples'.[24]

We have dwelt at length upon Sleeman because, other than the assumption of responsibility for the metropolitan ambulance service, his visit was *the* great St John event in Western Australia in the twenty years between the two world wars. That it should have been is instructive. It tells us much about both the St John organisation and the wider community in Western Australia during the 1930s. Both organisation and community were parochial and, sentimentally if not practically, they were still locked in a colonial mind-set. Many within St John people prized their imperial bonds above their national identity: for them the British Empire and the Grand Priory counted for more than the Australian Commonwealth and the projected Australian St John Commandery. Except in Kalgoorlie, Sleeman had managed to touch a deep wellspring of imperial emotion among the people of Western Australia. It would take the coming conflagration of 1939–45, the evaporation of the Empire, Britain's subsequent retreat into the European Economic Community, an Australian shift in imperial dependency towards the United States, and decades of postwar non-British immigration before that well would run dry.

In the meantime, however, there were some positive practical outcomes from the Chief Commissioner's

tour. Holland pointed to this in summing up after Sleeman had departed. The visit, he wrote, 'undoubtedly gave a great stimulus to the work of the Order in the State'. There was 'greater interest than ever before . . . in the activities of the Association and the Brigade, and new divisions of the latter are in course of formation in various parts of the State'. Then, too, 'increased activity in the Brigade . . . means increased work for the Association'. The statistics of Brigade strength and Association classes confirm Holland's conclusions, as the following tables indicate.

BRIGADE STRENGTH, WESTERN AUSTRALIA DISTRICT, 1933-39[25]

| *Year ending 31 December* | *Brigade strength* | *Percentage change* |
|---|---|---|
| 1933 | 594 | – |
| 1934 | 602 | +1.3% |
| 1935 | 517 | -14.1% |
| 1936 | 675 | +30.6% |
| 1937 | 870 | +28.9% |
| 1938 | 946 | +8.7% |
| 1939 | 1 072 | +13.3% |

*Col. Sleeman reviewing members of the Brigade's Perth nursing divisions 10 May 1936. It was the 204th such inspection he had conducted during his Australia–New Zealand tour that year. (NB, although Brigade women were still wearing the nurse's pinafore-type uniform, they were now wearing a soft felt hat instead of the veil).*



ASSOCIATION CLASSES, AND CERTIFICATES AWARDED, WESTERN AUSTRALIA, 1934-39[26]

| *Year ending 31 July* | *Number of classes* | *Percentage change* | *Certificates awarded* | *Percentage change* |
|---|---|---|---|---|
| 1934 | 75 | – | 1 077 | – |
| 1935 | 78 | +4.0% | 1 067 | -0.9% |
| 1936 | 93 | +19.2% | 1 358 | +27.3% |
| 1937 | 113 | +21.5% | 1 796 | +32.3% |
| 1938 | 142 | +25.7% | 2 338 | +30.2% |
| 1939 | 143 | +0.7% | 2 316 | -0.9% |

In each case the pattern was the same—little growth or even contraction in the two or three years preceding the year of the Sleeman delegation, 1936, followed by a pronounced increase over the next couple of years and then a slowing down at the end of the 1930s.

Whether or not this expansion was a direct result of Sleeman's visit is now hard to say. Perhaps the increase would have occurred anyway: the times were unsettled, the militarists were on the march again; the threat of war was becoming ever more real; and, as we have seen, such conditions propel people towards first aid training. On the other hand, Sleeman had been an effective evangelist for St John. He instilled new enthusiasm throughout the organisation, reinvigorating its commitment to public service. As for publicity, his tour was a triumph from beginning to end. He attracted daily press coverage throughout the tour, and was guest speaker on national radio on no fewer than eight occasions. All this meant that, through Sleeman, St John achieved greater public recognition than ever before. If the growth was thus attributable to Sleeman, he could have taken great pride in what he had accomplished. Within a few years of his preaching St John, King and Empire across Australia, the nation would be faced with its gravest crisis yet. As the next chapter shows, St John was well prepared for it.

*NOTES*

1 St John Ambulance Association, Western Australian Centre (hereinafter SJAA, WAC), Annual Report for 1914.
2 SJAA, WAC, Annual Reports for 1913, 1914 and 1915.
3 SJAA, WAC, Annual Reports for 1912 to 1921.
4 SJAA, WAC, Annual Reports for 1916 and 1919.
5 SJAA, WAC, Annual Report for 1917.
6 Howie-Willis, *A Century For Australia,* p. 248.
7 SJAA, WAC, Annual Report for 1921.
8 SJAA, WAC, Annual Report for 1920.
9 SJAA, WAC, Annual Report for 1919.
10 SJAA, WAC, Annual Report for 1920.
11 The *Western Australian* 8 October 1934, in SJAA, WAC newsclipping scrapbook 1929–60.
12 *ibid.*
13 SJAA, WAC, Annual Report for 1929.
14 *ibid.*
15 Dealings between St John's Gate and the Australian state branches of St John are discussed at greater length in Howie-Willis, *op. cit.*
16 *ibid.*
17 The formation and subsequent failure of the St John Central Council for Australia are discussed at length in Howie-Willis, *op. cit.*
18 Howie-Willis, *op. cit.*, pp. 328–9.
19 SJAA, WAC, Annual Report for 1936.
20 Howie-Willis, *op. cit.*, pp. 339–40.
21 *ibid.*, p. 515.
22 Ken Turner, personal communication, Kalgoorlie, 11 May 1988.
23 SJAA, WAC, Annual Report for 1936.
24 Howie-Willis, *op. cit.*, pp. 340–1.
25 Figures derived from SJAA, WAC, Annual Reports for 1934 to 1940.
26 Figures derived from SJAA, WAC, Annual Reports for 1934 to 1940.



CHAPTER SEVEN

# WORLD WAR II AND THE FORTIES



*The Collie team who travelled to London for the Brigade's golden jubilee celebrations in May 1937. A team of railwaymen, they had been the champions of the Australian railways first aid competition. They are left to right, back: HV Keevil, HC Hicks, JC O'Rourke; front: AE Fisher (manager), AE Stout (Captain), TW Meadows.*

Even before James Sleeman had concluded his odyssey among St John outposts 'Overseas' the stepping stones were falling into place along the road to World War II. On 5 May 1936, two days before he laid the foundation stone of the new St John subcentre at Bunbury, troops from fascist Italy had captured Addis Ababa. Mussolini's army deployed the latest in military aircraft, mechanised ground equipment and poison gas to exert their brand of imperial rule over Ethiopian tribesmen. The rest of the world suddenly realised *il Duce* was no buffoon from a Gilbert and Sullivan comic opera. On 18 July, a month after Sleeman's homecoming, a military revolt in Spanish Morocco led by Gen. Francisco Franco was the first action in Spain's three-year civil war. A year after this, in July 1937, the Japanese began full-scale hostilities in their undeclared war on China; in March the next year came the Austro-German *Anschluss*, followed by Munich, then Germany's dismemberment of Czechoslovakia; then came 1939, the invasion of Poland and a new world war.

St John in Western Australia began preparing itself for war in the year following Sleeman's departure. In May 1937, for instance, some of the Western Australian contingent of Brigade members who travelled to London for the golden jubilee celebrations of the Brigade's inauguration took the opportunity of being there to attend a course in air raid precautions. Led by the district surgeon, JJ Holland, and district officer, AE Fisher, the rest of the contingent comprised five members of the Brigade's Collie division—Messrs. AE Stout (superintendent), HK Keevil, FW Meadows, JC O'Rourke and HC Hicks. Stout and Keevil opted to take the examination at the end of the course, and each was awarded the attendant certificate. The five from Collie were all railwaymen, and had earned their trip to Britain by winning first the state railway first aid competition, and then the national railway championship. In Britain they took part in the Brigade's Empire championships, in which they came third out of eight teams after England and South Africa. After the jubilee, the contingent stayed on for the coronation of George VI. They went on public duty in Piccadilly Circus with units of the Brigade 'At Home' on the actual day of the coronation, and helped treat many cases. Of all Brigade units in action that day, they were the only one turning out in uniforms of khaki—something attracting wide interest among the black-and-white garbed units from elsewhere 'At Home' and 'Overseas'.[1]

Later in 1937 the Brigade's preparedness for war advanced a step further when district staff officers in Perth undertook a course on 'protecting the civilian population against gas attack' which Commonwealth medical authorities conducted at the Swan barracks. This was a subject the Brigade took very seriously, and many Brigade members subsequently underwent instruction in anti-gas precautions. In this area the Brigade saw it had an important ancillary role alongside the Army medical service. A further close link with the armed services also came in 1937 when four of the Brigade's divisions, two nursing and two ambulance, registered themselves as 'voluntary aid detachments'. The VAD's, as they were better known, were an auxiliary nursing service sponsored by the Commonwealth Department of Defence and affiliated with the Red Cross. Among their functions were the provision of comforts for troops; the reception and escort of wounded troops returning

from abroad; relief of regular staff of military hospitals at night and at weekends; the organisation, equipping and staffing of Red Cross convalescent homes; and fund raising. The VAD movement had come into existence during World War I, and the Association had undertaken the task of providing aspiring VAD members with their basic first aid and home nursing training.[2]

In most states whole Brigade divisions had registered as VAD units during World War I. In Western Australia the Brigade's Perth nursing division had strong VAD affiliations, and the 'Lady' district

now looming, the movement was revived in the late 1930s. Again Brigade divisions registered as VAD units, and once more the Association prided itself in the fact that it was 'play[ing] its part in qualifying persons to be of service to the Empire in the event of national emergency, and many of those instructed have become members of the Voluntary Aid Detachments formed to assist the medical forces'. Two years after the war had begun, in 1941, the Army reorganised the VAD scheme so that it became an exclusively female service. The male units were detached and assigned to the state civil defence

*The Fremantle voluntary aid detachment, VAD No. 502, mid-1930s. They are wearing St John Ambulance Brigade uniform. Their commandant is Mrs G Andrew (front row, sixth from right); the assistant commandant is Miss G Shewring (front row, fifth from left).*



superintendent, Mrs Harriet E Parker, had become state VAD commandant. With a second world war

organisation as air raid precautions (ARP) units. Thereafter the Brigade's ambulance divisions

maintained strong affiliations with the ARP units, providing their first aid expertise. Particularly during the frightening months when a Japanese invasion seemed imminent, the Brigade fulfilled a valuable civil defence function through the ARP organisation. Brigade men were assigned to the first aid posts set up at public air raid shelters across the metropolitan area and in all the larger towns. 'Thus the Brigade in this District is ready and prepared to play its part in assisting the Empire against aggression', proudly observed the new Commissioner, Dr JR Donaldson, in January 1941. A year later, of course, there was a very real danger that the Brigade's preparedness would be severely tested. Japan had captured Singapore, and then in February and March first Darwin, then Wyndham and Broome were bombed. As we shall see, the bombing of Western Australian soil would set off a public rush to first aid classes never before experienced in Australia.[3]

While the men of the VAD were deployed into the ARP after the VAD reorganisation, the women had a variety of choices. VAD units were no longer taken into the Army medical service as discrete units as formerly, and the VAD nursing role was taken over by the Australian Army Medical Women's Service (AAMWS). Henceforth the VAD's had only a residual role, though they performed a useful function as a training and recruiting agency for women who subsequently joined the AAMWS. The experiences of just one Brigade woman, Miss Vera Drew, indicates the options the war gave to VAD members. She had joined the Perth nursing division at the age of 23 in 1927. She rose through the ranks, and by the time of her retirement 42 years later, in 1969, she had reached the top position available to women—district superintendent of nursing. A perennial victor in the Brigade's first aid competitions (her specialty was roller bandaging), she was superintendent of her own nursing division by World War II. Hers was one of the divisions that registered as a VAD. Thirty members of the division spent Easter 1941 in camp on a training exercise at the Swanbourne military camp. It was at this time that the VAD reorganisation occurred, and many VAD women felt slighted by the downgrading they believed they were suffering. Something of their resentment was apparent in the marching song their state commandant, Dr McKenzie, had composed for them. Defiantly sung to the tune of 'The old gray mare she ain't what she used to be', it went like this:

*We don't want to march with the infantry,*
*Ride with the cavalry,*
*Shoot with the artillery;*
*We don't want to fly over Germany;*
*We are the VAD's!*

Vera Drew was one of those who subsequently used the VAD's as a springboard into the AAMWS. She remained in the AAMWS for four years, until the end of the war. One of her principal duties in the AAMWS was train escort work, that is accompanying sick and wounded troops being moved by rail, her particular run being Perth-Adelaide. Apart from the personal fulfilment from having done it, a 'C St J' was her main reward for the thousands of hours of voluntary service she gave St John. This was a source of bitterness for her in the last few years before her death in 1988. She had spent half her life working for the Order, and she thought that merited one final promotion, to 'D St J'.[4]

Vera Drew was only one of many Brigade members who joined the armed services. Led by their new commissioner, Donaldson, Brigade members enlisted in ever increasing numbers. By the end of 1940 the total of those who had joined up had reached 133; a year later the figure was 276; and a further year on, at the end of 1942, the total was 508, this figure including not only Donaldson but his temporary replacement (and eventual successor), Dr AL Dawkins, and fifteen divisional surgeons. By this time the equivalent of no less than 47 per cent of the Brigade's strength at the outset of the war were in fulltime military service. And by this time, too, among the lists of 'deceased members' included with the St John annual reports were an increasing number bearing the parenthetical asterisk, **Killed in action.*

Despite the large number of its members who departed to join the armed services, the war was a

time of rapid growth for the Brigade. The period preceding the war had also been a time of growing Brigade strength, as the previous chapter indicated. Indeed, as Dr Donaldson pointed out in paying tribute to Dr Tymms, his predecessor as commissioner, on the retirement of the latter at the end of 1939, 'Dr Tymms [had] seen the organisation grow from two divisions in the metropolis and four on the Goldfields to a total of 42 divisions'. Previous expansion, however impressive, was about to be eclipsed, and again it was wartime patriotism and panic which provided the motives. During the first year of the war, 1940, no fewer than ten new Brigade divisions were registered—Perth Seventh Day Adventists (separate ambulance and nursing divisions), Busselton (separate ambulance and nursing divisions), Perth Water Supply (ambulance), Reedy (ambulance), Mt. Hawthorn-North Perth (ambulance), Boulder (nursing), Perth No. 2 (nursing), and East Fremantle (nursing). The next year, 1941, there were four more nursing divisions—Perth No. 3, Coolgardie, Collie and Perth Railway. In 1942 came four more—Kellerberrin ambulance and Perth Metropolitan, Mt. Hawthorn-Osborne Park and North Perth nursing divisions. In 1943 there were two, separate ambulance and nursing divisions at Maylands. In 1944 there was only one, the state's first cadet nursing division, attached to the Perth Metropolitan adult nursing division; and in 1945 a further cadet nursing division formed in association with the Fremantle division. In the meantime eight divisions had gone into recess, several being in remote goldmining towns where the fortunes of industry had shifted the population elsewhere. Despite these redundancies, by the end of the war there were still 67 active divisions, a 60 per cent increase over the number in 1939.[5]

*The brass band of the Brigade's Northam division, 1945. At various times in most states the Brigade has maintained bands at both the local (divisional) and district (state) level. By the 1990s the longest enduring and best established was Adelaide's. They played an important part in the Brigade's ceremonial life, particularly the massed reviews and parades which were popular public events from the 1920s until at least the 1960s.*



Apart from the mushrooming of new divisions, the war had certain other effects on the Brigade. In 1942 JJ Holland, as acting commissioner (vice-Dawkins, vice-Donaldson), alluded to some of these in his annual report for 1941. Enlistments, he said, had caused three divisions to go into recess for the war's duration—Geraldton Nursing and Busselton and Southern Cross Ambulance—and he expected others in the more remote parts of the state to follow. Another difficulty was petrol restrictions, which made the annual tour of inspections impractical. For instance, to have visited the five divisions on the Great Southern line would have taken six days, whereas previously they could have been inspected by car in two. Then the annual Tymms Cup for the annual inter-divisional first aid competitions had to be abandoned until the end of the war, because of transport difficulties and the number of regular team members away in the armed services.[6]

Despite such inconveniences the Brigade had continued to grow at spectacular rates, at least during the first four wartime years. After that membership declined as the threat of bombing, gas attack and invasion receded. The table on the next page shows the trend.

The decline continued into the postwar years. By 1947 Brigade strength, now just under 1,000, was down to a level marginally below that of the year preceding the war. The climb back was slow: the wartime high, 1,875 in 1942, would not be surpassed until the late 1950s. A new peak, 2,400, was achieved in 1961; but after that a long, gradual but seemingly

inexorable downhill drift set in. The slide had still not been arrested in 1990, when district strength stood at 930. The latter decline would prove especially worrying because growth and decline are always relative, and the rapid growth of the state population would simply accentuate the Brigade's loss of popularity.

World War II similarly brought fluctuations and mixed fortunes to the other branches of the state St John organisation. It was JJ Holland again, this time wearing his Association president's cap, who drew attention to these in the centre's 1941–42 annual report. Revenue from class fees was up, by a handsome margin of £1,437 over the previous year; but then the headquarters building had to be blacked out as an air raid precaution, and that cost £650. Then petrol restrictions placed heavier demands on the ambulance transport services because people who might ordinarily have moved sick family and friends to hospital privately were now calling for ambulances. Thus, in the two years to July 1942 the kilometres travelled had increased by 54 per cent (59,770 to 92,210), while the caseload had jumped by 62 per cent (from 4,978 to 8,058). To the burden which the extra caseload imposed on ambulance staff was added a new responsibility—training members of the Brigade's nursing divisions and the Red Cross in ambulance transport work so they could be available to the military medical units as emergency ambulance drivers. Finally, although first aid training was booming, there was a dearth of volunteers to do the work of instructing, demonstrating and examining because 'national requirements' had syphoned off many doctors and nurses who might otherwise have helped. This meant that those who were available simply worked a lot harder.[8]

The growth in first aid and home nursing training was spectacular, to say the least. The following table demonstrates something of the huge increase in effort it entailed:

BRIGADE STRENGTH,
WESTERN AUSTRALIA DISTRICT, 1939-45[7]

| *Year ending 31 December* | *Brigade strength* | *Percentage change* |
|---|---|---|
| 1939 | 1 072 | – |
| 1940 | 1 518 | 41.6 % |
| 1941 | 1 718 | 13.2 % |
| 1942 | 1 875 | 9.1 % |
| 1943 | 1 822 | -2.8 % |
| 1944 | 1 636 | -10.2 % |
| 1945 | 1 556 | -4.9 % |

ST JOHN AMBULANCE PUBLIC TRAINING CLASSES,
WESTERN AUSTRALIA, 1938-1946[8]

| *Year ending 31 December* | *Number of classes* | *Number instructed* | *Certificates awarded* |
|---|---|---|---|
| 1938 | 142 | 2 426 | 2 338 |
| 1939 | 143 | 2 388 | 2 316 |
| 1940 | 301 | 6 139 | 5 887 |
| 1941 | 415 | 9 951 | 9 507 |
| 1942 | 636 | 14 285 | 13 751 |
| 1943 | 330 | 5 379 | 5 242 |
| 1944 | 206 | 3 092 | 3 010 |
| 1945 | 147 | 2 306 | 2 249 |
| 1946 | 119 | 1 620 | 1 583 |

The pattern was almost identical to that of World War I—minor fluctuations around a mean level in the years preceding the war; steep rise in the early wartime years as patriotism and panic worked their combined effect; followed by a decline as the emergency passes; and then a drop below prewar levels at the end. What was different this time, however, was the enormous scale of the increase.

The huge annual increases in the first three years of the war greatly pleased but also amazed the St John management. Looking back over the first year of the war, Holland remarked that 'the greatest number of

classes instructed in any previous year was 143. This year the number increased to 301, and as a result of the intensive campaign to learn first aid and home nursing, large numbers of men and women have qualified for enrolment in the St John Ambulance Brigade, the Voluntary Aid Detachments, the Voluntary Service Detachments, and as Air Raid Wardens. The Association has contributed to the national effort in no small degree'. The next year, 1941, he was able to boast that 'this, the Jubilee Year of the Centre, . . . was marked by being the busiest and most progressive period in the history of the Association in Western Australia'. So brisk had business been that on one visit to Association headquarters he had found no fewer than 17 medical practitioners examining classes. The following year, 1942, new records were hardly newsworthy, and though it was the busiest year ever, he simply observed that 'fresh records were established'. The volume of candidates that year, 14,285 or no less than 52 per cent of all students taught in the centre's 50-year history, was perhaps so vast that superlatives were now passé.[9]

*During World War II the Seventh Day Adventist church in WA rallied behind the Brigade's war effort by making the delivery vans of its 'Sanitarium' food processing firm available to the Brigade as auxiliary mobile first aid stations.*




It would be difficult to over-rate the achievement of the Association's wartime training effort. It was indeed so great that perhaps the only way to express it satisfactorily is in statistical abstractions. Its impact on the community in terms of injuries treated and lives saved cannot be assessed, but it must have been enormous. Even if only one person out of every wartime class trained ever got to handle a life-threatening injury, and did so effectively, the number of lives saved could have been well over 2,000. In the year of maximum effort—1941–42, the year of greatest threat from Japanese attack, the year the bombs were falling on Darwin, Wyndham and Broome —the Association awarded certificates to the equivalent of one person in every 33 of the state's population. (That record still stands: half a century later a much better organised training program manages to reach one in every 40 Western Australians annually.) The number certificated in the six wartime years, 41,962, amounted to one in twelve of the state population at the end of the war. Presumably some of this gigantic effort did bring benefits to the ill and injured. One might speculate, for instance, that some of those injured in the Japanese bombing raids owed their lives to St John-trained first aiders. Similarly, one can easily imagine that injured troops evacuated to Fremantle from battlefields in the Indonesian archipelago were able to travel more comfortably on the long journey back home along the transcontinental railway because the escorts had qualified in home nursing with St John.

Apart from the scale of the growth in training, ambulance transport and Brigade work, three other events stand out in the wartime and immediate postwar years. These were a shift from the Murray Street headquarters into a new 'St John House' in Wellington Street, the return of Henry Duke of Gloucester as Grand Prior, and the establishment of the St John Commandery for Western Australia. The first of these, the new headquarters building, was mooted 1937, by which time the Association's training and transport needs had outstripped the capacity of the Murray Street building. The centre council that year obtained a block of former railways land on the north side of Wellington Street in front of the railway yards and near the Royal Perth Hospital. With a frontage of 91 feet 6 inches (27.9 metres), it seemed vast. The block was made

available by the Perth City Council, which generously waived the balance of £1,500 on the purchase price. The expected cost of construction and fittings was £18,500. The municipalities within the area covered by the ambulance service promised to contribute £1,000, and the Lotteries Commission promised £3,000 on a pound-for-pound basis with money the Association raised itself. The sale of the Murray Street headquarters was expected to yield £4,000. The Commonwealth Bank agreed to an overdraft of £8,500, to be repaid at the rate of £500 annually. Various interested groups who chipped into a building fund provided the remaining £2,500—Brigade divisions, police districts, private individuals, commercial firms and trade unions. The Association began construction in September 1939, just as war was erupting.[10]

The new building was very much of its era: designed by the architects Ochiltree and Hargraves, and built by the firm CW Arnott, its design could be described as '1930s bank vault prudential with restrained Art Deco flourishes'. Despite that, it was an imposing building in its day, that is before it began being dwarfed by the upthrusting office towers which Perth's seemingly endless legion of newly and exuberantly rich property developers began throwing up in the 1960s. Of three storeys with central tower, it was built from large blocks of biscuit-coloured granite. It was also built to last and, though the Association training and ambulance administration would eventually (1979) be forced to expand into new premises, it was still in use 50 years later as Commandery and Brigade headquarters, for first aid training and as the ambulance depot for the

*The official opening of the Wellington Street headquarters by the Lieutenant-Governor, Sir James Mitchell, 10 June 1940. The auditorium is still used for St John annual meetings in WA. The building also houses the central Perth ambulance depot, first aid training facilities, Commandery and Brigade headquarters, and the Commandery museum.*



central city area. Although wartime shortages and restrictions might have postponed the project if it had been left any later, construction proceeded briskly. The job was completed in eight months, and the official opening took place on 10 June 1940. With the Returned Services League brass band present to lend martial pomp to the occasion, Sir James Mitchell, the Lieutenant-Governor, declared it open before a large crowd of St John workers and well-wishers. Community interest proved so strong that the centre council left it open to the public for a week.[11]

*The visit of the Grand Prior, Henry, Duke of Gloucester, now Governor-General of Australia, to St John House, Perth, 6 April 1945. He is seated (left) head of the enormous council room jarrah table; seated next to him (right) is the council president, Dr JJ Holland.*



The Duke of Gloucester arrived back in Perth in April 1945, three months after succeeding Lord Gowrie as Governor-General. By this stage he had been Grand Prior of the Order for six years, having succeeded his uncle, the Duke of Connaught, when the latter died in 1939. The centre council felt deeply honoured when he visited them in their new 'St John House', the proud local equivalent of the revered St John's Gate. A large framed photograph commemorating the occasion still has pride of place in the Wellington Street boardroom. It shows 'HRH' seated in military uniform at the head of the huge and highly polished jarrah boardroom table. Clustered around him like acolytes are the members of the council. They had good reason for gratitude because one of his reasons for being in town was to discuss with them the constitutional arrangements for upgrading the Australian Commandery of the Order to Priory status. His meeting with them was one of the steps along the way to special and distinct Commandery status within the Priory for the Western Australian branch. The Grand Prior's views obviously carried much weight at St John's Gate, and if he appreciated 'the great distance separating Western Australia from the Commandery in Eastern Australia' then it was likely that the British 'Head Centre' would make special concessions for the Westralians.[12]

As we have seen, the Australian Commandery had come into being in January 1942, and had had to accept the phrase 'exclusive of Western Australia' within its title. At the time, the centre council in Perth had hoped that St John's Gate would soon

extend Commandery status to them as well. 'Head Centre', however, would not permit the one nation to embrace two Commanderies but would allow a Commandery to exist within a Priory; and so the Western Australians would have to wait patiently until the Australian Commandery ascended to Priory status. As things turned out, they had less than five years to wait because the Priory was formally established on 18 September 1946. The Order's Chapter-General in Britain (its supreme governing council) waited several months more, until early 1947, after the return home from Australia of the Grand Prior, before it finally voted to give the Western Australians their Commandery.

The ceremony to mark the creation of the Commandery in Western Australia took place in the Wellington Street building on 23 April 1947. Again it was Sir James Mitchell who was guest of honour. Again, too, there was a determination on the part of the organisers to have 'a ceremony carried through with the dignity befitting the Venerable Order'. Mitchell, though a friend of the Order of long standing, had declined to accept the position of 'Knight Commander' or titular head of the Commandery.

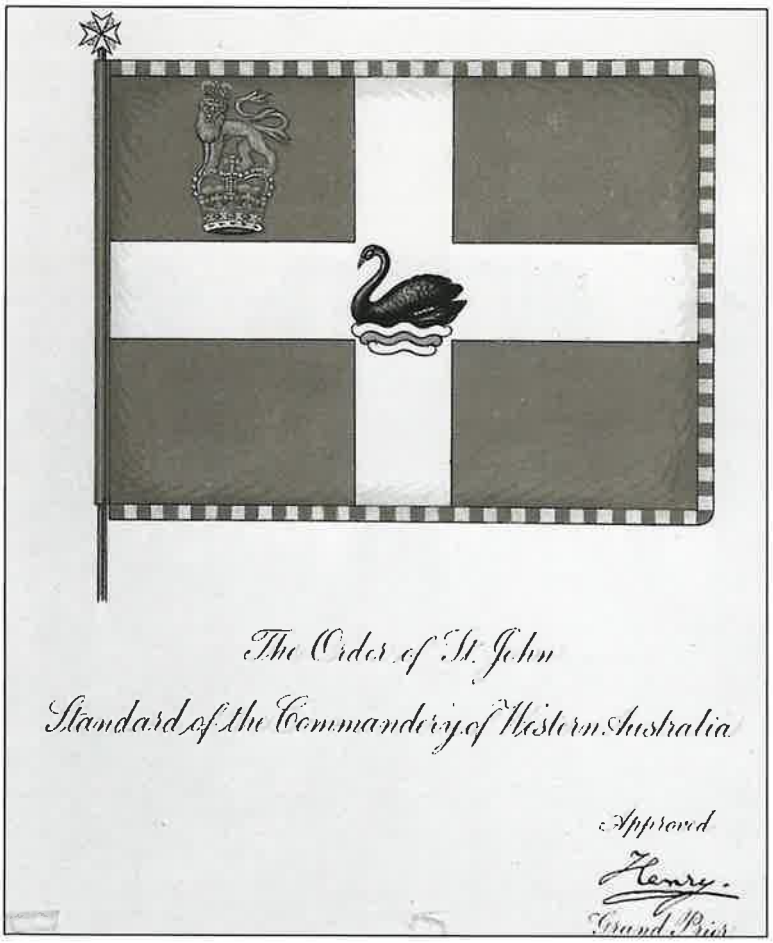
*The newly installed Commandery Chapter (governing body) of the Order of St John in WA, April 1947. They are left to right, back: WC Brear (Secretary), JF Walsh, GC Stewart, AB Krug, AE Fisher, the Anglican Dean of Perth (acting Chaplain), EC Rosman, Dr TW Meagher (Director of Ceremonies); front: C Harper (Treasurer), Dr HG Tymms (Hospitaller and Almoner), Dr JJ Holland (Commandery Lieutenant), Sir John Dwyer (Knight Commander), Dr HRG Poate (Chancellor of the Australian Priory), JR Campbell, Dr JR Donaldson (Director of Ambulance).*



Although he had been lieutenant governor and administrator of Western Australia for 14 years, he thought it inappropriate for anyone but a fully fledged governor to occupy the post. Instead, the post went to the Chief Justice, Sir John Patrick Dwyer, and the high point of the ceremony came when the Priory Chancellor (i.e. chief executive), Dr Hugh Poate, invested him.[13]

The ascent to Commandery status marked both an ending and a beginning for St John in Western Australia. The ending was of the 56 years of isolation from St John activities elsewhere in Australia. Henceforth the local organisation could not remain aloof from the federal body; nor could it plead some imagined special direct link to St John's Gate. And while the Priory might not interfere in the administration of the ambulance service, it expected the state Association and Brigade branches to conform to its national policies for either foundation. This would be a continuing source of tension, for other states no less than for Western Australia. The beginning was of the state branch's 'adulthood'. As far as Grand Priory was concerned the granting of Commandery status to the Western Australian St John branch was

*The symbols of the WA Commandery's autonomous status within the Australian Priory of the Order of St John. Left is the Commandery's banner, with the black swan, the WA state emblem, superimposed on the white cross on red background of St John the Baptist, patron saint of the Order. The gold lion and crown signify that this is a royal order of chivalry. This picture of the standard was the one approved by the Grand Prior at the granting of Commandery status to WA in 1947. Right are the ceremonial sword and the 'Queen's Beasts' (lions and unicorns), which form the stand on which the sword rests on ceremonial occasions.*






a 'rite of passage', a formal transition from colonial dependence to institutional autonomy. Such a rite was probably superfluous for the enterprise and intitiative of the local organisation, as seen in its more recent wartime achievements, had long been that of a body grown mature in its self-sufficiency. For all the cleaving to its links with London, it had always managed its own affairs. To that extent, Commandery status was really only 'icing on the cake'.

*NOTES*

1 St John Ambulance Association, Western Australia Centre (hereinafter abbreviated as SJAA, WAC), Annual Report for 1938.

2 *ibid.*, and Annual Report for 1939.

3 SJAA, WAC, Annual Reports for 1939 and 1940. The ARP and VAD movements are described in greater detail in Howie-Willis, *A Century For Australia,* chapter 9.

4 Vera Drew, personal communication, 3 September 1981.

5 Figures derived from SJAA, WAC, Annual Reports for 1939 to 1946.

6 SJAA, WAC, Annual Report for 1942.

7 Figures derived from SJAA, WAC, Annual Reports for 1939 to 1946.

8 SJAA, WAC, Annual Report for 1942.

9 SJAA, WAC, Annual Reports for 1940, 1941 and 1942.

10 SJAA, WAC, Annual Reports for 1937,1938 and 1939.

11 SJAA, WAC, Annual Report for 1940.

12 SJAA, WAC, Annual Report for 1945.

13 Howie-Willis, *op. cit.,* pp. 376–9.


THE ST JOHN AMBULANCE ASSOCIATION

CHAPTER EIGHT

# FROM THE FIFTIES TO THE NINETIES: A synopsis of four postwar decades

The Western Australia that approached the year 2000 was a different state to the one emerging from the wartime decade, the 1940s. To start with, the population of the state had nearly trebled, from about 573,000 to 1,626,000. That of Perth had almost quadrupled, from 315,000 to 1,159,000. The capital now held the great bulk of the state's residents, for whereas only a little more than half all Western Australians (54 per cent) had lived in Perth in 1950, seven out of ten (71 per cent) did in 1990. By now Perth was exhibiting the same vast urban sprawl that had long characterised the capital cities of the eastern states.

*The ambulance 'industry' going 'Big': part of the metropolitan ambulance fleet at the entrance of the central depot, beside the Wellington Street headquarters, 1968. Many of these vans would subsequently be recycled for use by country subcentres with limited resources.*

The 'typical' Western Australian, moreover, was a different person too. In the 1940s he and she in all probability had been locally born and were of almost exclusively Anglo-Celtic descent; but his and her offspring in the '90s were more likely to have close relatives among the dozens of ethnic minorities that had arrived through the postwar mass immigration programs. Continual immigration meant that by 1990 every tenth Western Australian had been born in an overseas non-English speaking country. Then there were the Aboriginal Western Australians. They had not obligingly died out or become wholly assimilated within the white community, as expert opinion was still predicting in the '40s. Their population had increased at much the same rate as that of the state generally. Numbering some 34,500 by 1990, they still constituted over two per cent of the state population, and were a visible presence in most towns.

The most obvious changes, however, were economic. The state, and especially its capital, had experienced a long-term boom after the rejuvenation of its mining industry in the early '60s. The Perth skyline became a vast three-dimensional graph charting the annual economic growth, the upthrusting columns of glass and aluminium being indicators of the billion-dollar fortunes amassed by the state's seemingly endless army of emergent tycoons. Booms, however, are often succeeded by busts; and so it was in Perth. The stock market crash of 1987 set off an avalanche of company collapses. Western Australia was soon as famous for its newly poor entrepreneurs as it had been recently for its ostentatious newly rich. The spectacular fall of so many so swiftly risen posed questions about the propriety of 'WA Inc.', the cosy alliance of Big Business and Big Government. The latter, by squandering billions, became a byword around Australia for irresponsible mismanagement in corporate and public sector alike.

Values, of the monetary as well of the ethical kind, had also changed. Forty years of inflation had drastically altered the face value of the national currency, which itself had changed from sterling to dollars. The effect was to increase the consumer price index almost twelve-and-a-half times. Thus, the pound note of 1950 was worth nearly $25 in the pale yellow aluminium-bronze coins of 1990, while the real value of the 1990 $1 coin was only ninepence in 1950 values.

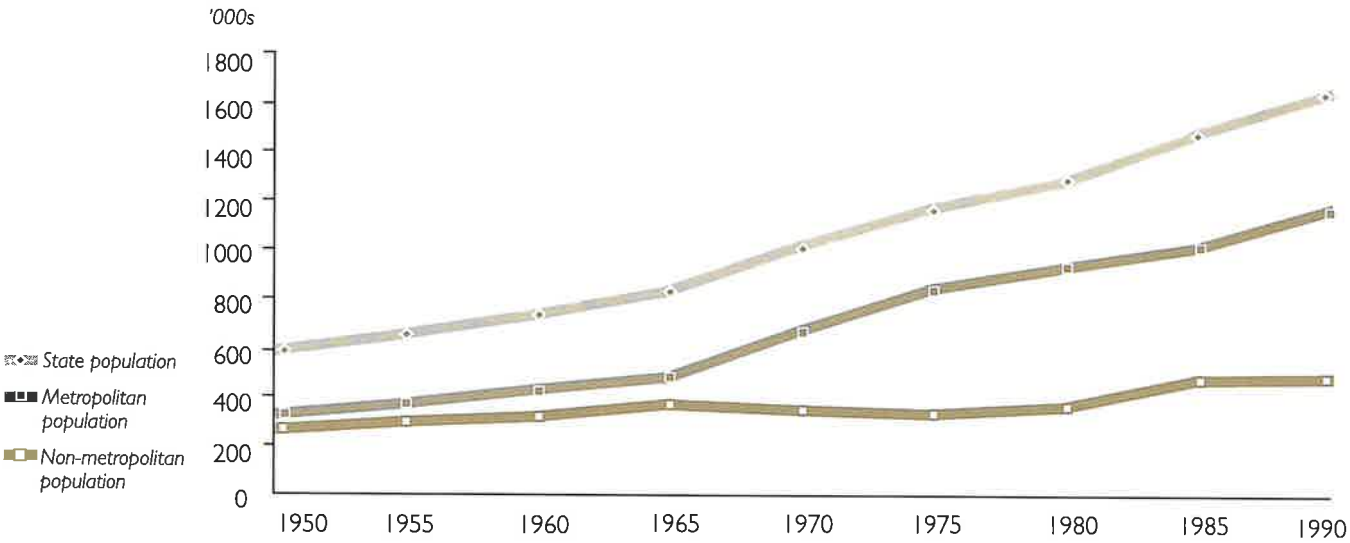
Price changes and population growth in Western Australia are themes of special interest in this chapter, because of their impact on St John Ambulance endeavours. As they will be referred to frequently, we will begin with them. The changing values of money can be readily appreciated through reference to the six-state average consumer price index. The magnitude of inflation can be gauged by using the 'CPI' as an 'inflation-deflation' factor. Taking 1950 as

the base year (i.e. with a value of 1.00), the factors in succeeding years were as follows:

INFLATION-DEFLATION FACTORS
(BASED ON CONSUMER PRICE INDICES)

| *Year* | *Factor* | *Year* | *Factor* | *Year* | *Factor* |
|---|---|---|---|---|---|
| 1950 | 1.00 | 1965 | 1.94 | 1980 | 6.06 |
| 1955 | 1.52 | 1970 | 2.24 | 1985 | 9.09 |
| 1960 | 1.76 | 1975 | 3.64 | 1990 | 12.42 |

STATE, METROPOLITAN AND NON-METROPOLITAN POPULATION, WA 1950–90




As well as indicating the magnitude of post-1950 inflation, these factors can be used to 'deflate' the prices of later years to 1950 levels. For example, if we wish to appreciate the 'real' value of the St John expenditure in any year, in contrast to its 'face' value, we use the factor for that year as a 'divider'. (The formula is thus: 'Value for given year' / 'Factor for given year' = 'Value in 1950 terms'.) To enable comparisons between years, our discussion of St John budgeting relies on the use of the factors.

With regard to population growth, the pattern is one of almost continual increase. Table 1 in Appendix 3 of this book summarises the trends, as does the graph below.

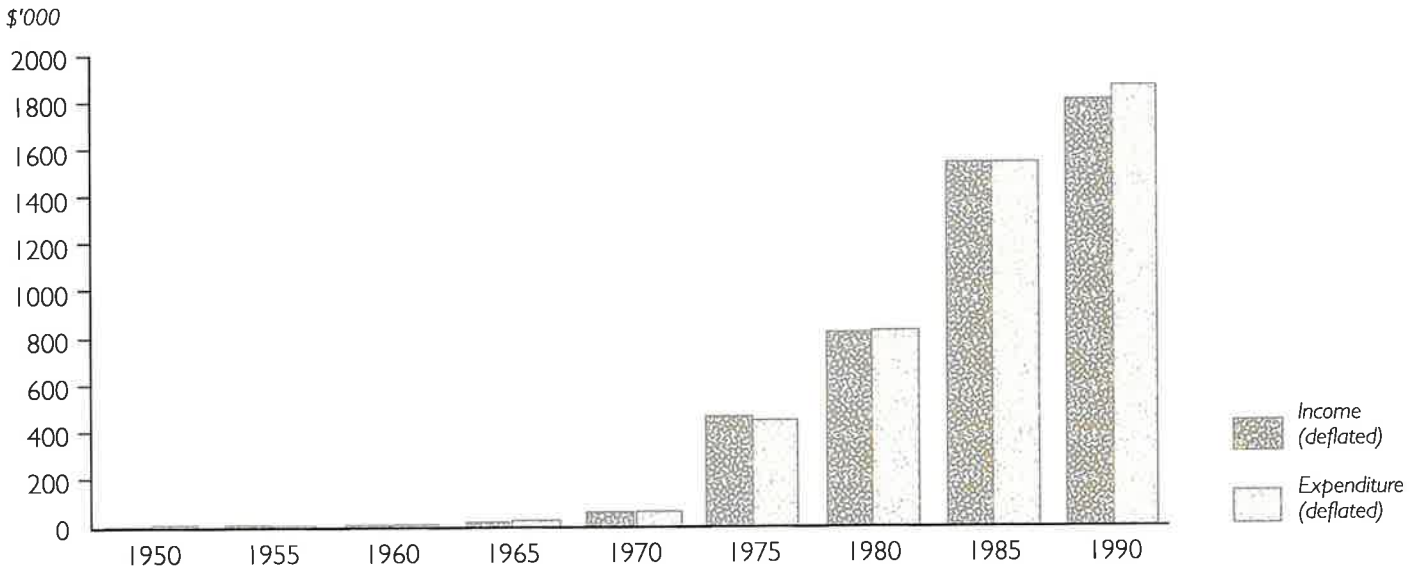
As the figures indicate, the growth was steady. Both state and metropolitan populations increased by large amounts—about 184 per cent and 268 per cent respectively. The only hiccup was a temporary contraction of the non-metropolitan population in the early and mid-'70s; but even there the overall increase, at 81 per cent, was large. It is against this background of growth that we must now consider St John's postwar development.

However impressive, the growth of Perth's and Western Australia's population was trifling compared with that of the St John budget. The annual balance sheets reveal an enormous expansion in St John accounts. The statements of income and expenditure, summarised in Table 2 in Appendix 3 of this book, indicate the scale of the growth. Even when inflation is allowed for (by deflating the figures with the 'price inflation factors' set out above), the increases are still huge. Thus, the 'deflated' expenditure of 1990 ($1,520,300) was 111 times that of 1950 ($13,700), that is an increase of 10,997 per cent. At the same time the deflated income increased 131 times (from $13,900 to $1,822,300), or growth of 13,010 per cent. The graph on the next page shows what happened.

Why these near to exponential increases? The most obvious reason is the expansion of the task. As we will see, there were many more patients to be carried; more and more vans were required to transport them; and the distances over which they were driven lengthened. At the same time, overheads and operating costs were spiralling: fuel price rises came more steeply and frequently; ambulance equipment became more elaborate; electronic communications systems had to be 'state of the art'. Then there were the staffing costs. Not only did salary rates trend ever upwards, but an array of 'salary-type' expenditures were added to them—extra weeks of paid recreation leave, long service leave, superannuation, workers' compensation, living away from home allowances, and penalty rates for 'after hours' duty—as ambulance officer trade unionism became a force for management to reckon with. And finally, the public expectation of high levels of expertise among ambulance personnel meant a greater emphasis—and thus expenditure—on training, career development and inculcating an ethos of managerial and paramedical professionalism.

Just as significant as the expansion of the budgets was their structure. The shifts within the items making up the budgets were a pointer to developments not only within the service but within the wider society. By 1990 the three major components of income for the metropolitan ambulance service were (in order of importance): patients' fees for transport (42 per cent of income), the annual grant from the state government (32 per cent), and subscribers' contributions to the benefit fund scheme (18 per cent). Tables 3 and 4 in Appendix 3 of this book show the actual and deflated amounts, and the proportions of total income, returned by each of these funding sources. The graph on the next page indicates how, even in 'deflated' amounts, the income from each of the three funding sources rose.

PERTH METROPOLITAN AMBULANCE SERVICE:
INCOME AND EXPENDITURE 1950-90




By 1990 these three together constituted the great bulk (92 per cent) of all income, whereas in earlier decades other sources of income had yielded more. In 1950, for example, the relative proportions coming from the major funding channels had been:

| | |
|---|---|
| Transport fees | 61.4 |
| Lotteries Commission grant | 20.6 |
| Subsidies from municipalities | 6.6 |
| Annual street appeal | 4.7 |
| Donations from the public | 3.9 |
| Fees paid by the race clubs | 2.8 |
| Total | 100.0 |

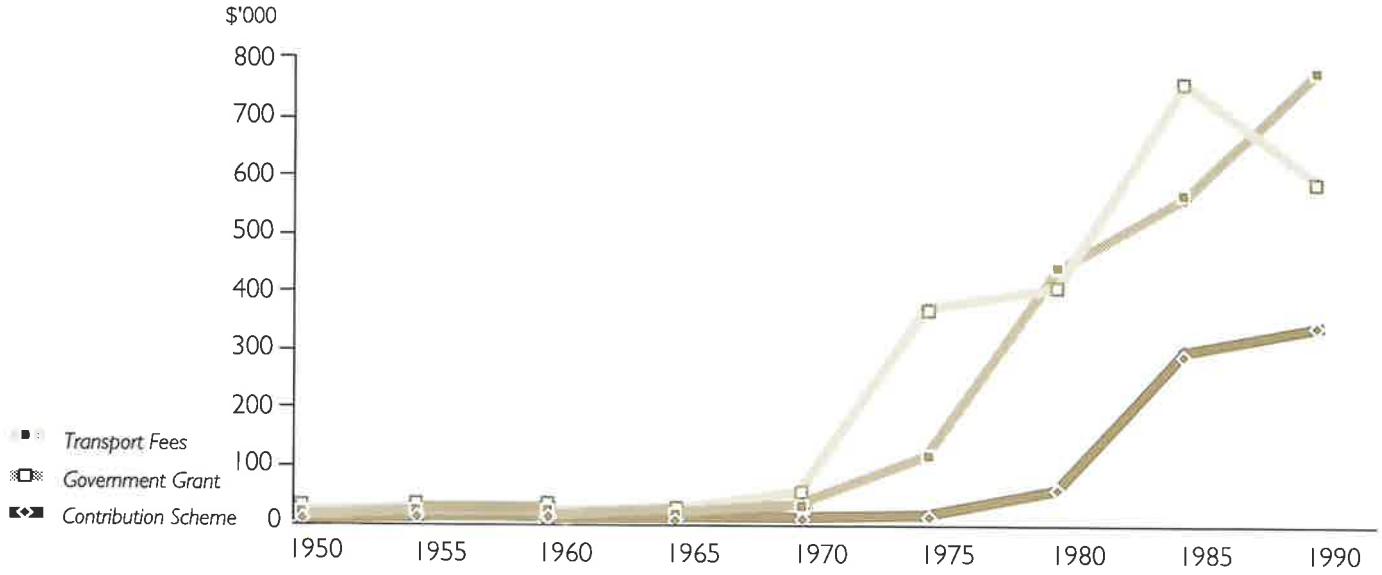
The differences between 1950 and the situation 40 years on were, briefly, these:

- patients' transport fees had continued to be a major source of funds, though they had been relatively more important in 1950 than in 1990— three-fifths of income in the former, two-fifths in the latter;
- the other principal sources of income in 1950 (Lotteries Commission grant, municipal subsidies, the annual public appeal for funds, donations and race clubs' fees), which had comprised about two-fifths of all funds, had either been abandoned or declined in overall importance to the point where they could be lumped together as 'other income'—a minor item making up only 1.8 per-cent of 1990 income;
- the government grant, not made in 1950, had become a major source of funds, providing a third of all income by 1990;
- the contribution scheme (i.e. benefit fund), which had not existed in 1950, was providing almost a fifth of funds by 1990.

What conclusions can we draw from all this? Firstly St John had ceased being a charity, a 'worthy cause' by donating money to which the public might satisfy their impulse towards benevolence. Instead it had become a commercial agency combining features of the public utility, business corporation and voluntary association. It was not yet a wholly market-oriented profit-seeker, motivated mainly by the obligation of returning a maximal yield on investment, and it did not compete for business. Thus, it provided its service even when it knew the consumer could not pay. Nor was it exactly a 'quango'—a semi-government authority like the fire brigade, electricity commission or water trust. It was certainly run by administrators and technical experts who delivered a specialised 'essential service'; but the government did not own or control it. At the same time, it retained many features of the community organisation. Like Legacy, the Scout Association and Red Cross, it had a carefully cultivated ethos in which altruism (in particular a sense of selfless community service) played a large part. Indeed its own traditions, embracing the paraphernalia of a legacy borrowed from the ancient Knights Hospitaller, were more elaborate than the ones built up by most community bodies.

Secondly, St John funding had become more systematic. As the reliance on government subsidies and the contribution scheme had increased, the need to resort to more fickle sources of income—

METROPOLITAN AMBULANCE SERVICE: AMOUNTS (DEFLATED VALUES) YIELDED BY MAJOR SOURCES OF INCOME 1950-90



donations, appeals—lessened. More reliable funding in turn meant an improved capacity for planning, and greater administrative efficiency. Indeed the emergence of the professional St John administrator, with his (and only very occasionally her) portfolio of managerial skills, was one of the most obvious differences between the organisation of 1990 and its ancestor of four decades previously.

The shift towards higher quality management may be inferred from the background of the principal executive officers in 1950 and 1990. In 1950 the principal, then known as the 'Secretary and Superintendent' (he was simultaneously secretary of the St John Ambulance Association and superintendent of the ambulance service) was WC Brear. Brear had received little training for the job, which he seems originally to have gained mainly because he was on the scene and available. He had come into St John thirty years before, in 1920–21, as honorary Association treasurer, a position he held for the next eight years. In 1926 he took on the Association honorary secretaryship as well, and did both jobs for the next two years. In June 1928 the St John council appointed him fulltime secretary and superintendent when it compulsorily retired the previous superintendent, HW Lilley. He held the joint positions for the next 33 years, until his retirement in 1951. In the meantime he had also been district superintendent (i.e. the chief administrative officer) for the St John Ambulance Brigade for twenty years, 1931–51. Brear thus seems to have owed his position to his established St John affiliations rather than to any particular managerial expertise or experience he had possessed prior to assuming office.

By contrast with Brear's strong St John background, the person fulfilling his functions in 1990, Ian Kaye-Eddie, was a novice when he had joined the organisation in 1978. He had only been in Australia a year, having first travelled around all the capital cities selling two-up coins made from gilded pennies. Deciding on Perth as the place to settle, he took a job as auditor with the international firm Deloitte Haskins & Sells (now called Deloitte Ross Tomahatsu). Born in Harare, Zimbabwe (then Salisbury, Rhodesia), he had grown up in South Africa. After studying commerce at Witwatersrand University, he had begun his working life as a chartered accountant with a Johannesburg firm, Charles Hewitt. His first executive position was with Truworth's, a retail clothing chain with branches throughout South Africa. Later he moved to East London, on the southeast coast. There he joined a large company, one of the interests of which was printing and publishing the *Daily Dispatch* newspaper. In the meantime he had also undertaken a 4-month management development training program at the Harvard Business School in the USA. After

*A St John public relations 'promotion' at a Perth suburban shopping centre, late 1980s, aimed at recruiting new subscribers to the ambulance benefit fund.*




becoming managing director of the *Daily Dispatch* group, he became increasingly disenchanted with the way in which apartheid affected every aspect of South African life. After careful reflection, he decided to emigrate to Australia in 1977. As a way of orienting himself to his adopted country, he completed a BA in Australian history at Murdoch University within six years of arriving in Perth. He was 37 when, after a long period of managerial instability and staff discontent in the ambulance service, the Association council acted with uncharacteristic daring by appointing him, a youthful outsider, as its next 'general manager'.

Kaye-Eddie retained his title for the next 11 years, until 1989–90 when, during an Australia-wide restructuring of St John organisations, he was redesignated 'executive director'. At the same time,

the six other members of the management team he had gathered around himself also took new titles. Thus the former Chief Superintendent became the Ambulance Transport Director; the Administration and Finance Manager became the Finance Director; the First Aid Training Manager also became a Director; the Medical Director's title remained the same; the Personnel-Industrial Relations Manager became the Personnel Director; and the Public Relations-Marketing Manager became the Marketing Director. The changes in name might have been merely cosmetic, for the same people continued doing the same jobs; yet they indicated something of the changing orientation of the entire St John organisation. A cumbersome federal body, with a labyrinthine network of interlocking state and federal-level boards, councils and committees, St John at last had realised it was lumbering through a corporate jungle. If it were to survive in that hostile environment, it needed to fight like the creatures around it. The change from 'Managers' to 'Directors' suggested, perhaps, that in Western Australia at least the organisation wished to be a leaner, more agile competitor.

The transition occurring in the three decades between Brear and Kaye-Eddie was not only from parochial charity to corporatised public utility, or from managerial amateurism to professionalism. There had also been a shift in attitudes, from the insular and provincial to an outlook more cosmopolitan. Kaye-Eddie and his fellow directors, all St John veterans in 1990, had continued broadening their horizons. Thus, they enrolled in management education programs; through reading professional journals they maintained an international managerial perspective; they attended interstate conventions and overseas conferences; and they nurtured their contacts with ambulance service administrators throughout Australia and in neighbouring countries. An important means for facilitating the last of these was the biennial Convention of Ambulance Authorities, the first of which had been held in 1962. By 1986 the Convention drew its membership not only from all the Australian states and territories but from New Zealand and Papua New Guinea as well. It provided them with a forum for sharing ideas and canvassing common problems. Over the years it explored many issues of mutual concern—advances in casualty care, training, technology, finance, industrial relations, stress in the workplace, and government–ambulance

ST JOHN PERTH METROPOLITAN AMBULANCE SERVICE:
MAJOR FUNDING SOURCES, PROPORTION OF TOTAL INCOME 1955–90



service dealings. Another sign of emergent professionalism among ambulance services was the Institute of Ambulance Officers of Australia, which had formed 1969–70 and conducted an annual conference. This body aspired to be to senior ambulance staff what, say, the 'royal colleges' were to specialised branches of medicine like surgery and gynaecology—a professional institution setting standards of practice, training and ethics, and thus raising members' professional status.

Returning now to our discussion of budgetary trends in the Perth metropolitan ambulance service, as revealed in Table 2 (see Appendix 3), a third conclusion is possible. This concerns income, and the issue of 'Who pays?' As we have seen, by the 1990s the three principal sources of funds were transport fees, government subsidies and returns from the subscription scheme. (In this regard, the experience of Western Australia was similar to that elsewhere in Australia.) We now need to consider the implications of the long-term trends of these funding sources in relation to each other. Table 3 (see Appendix 3) and the graph opposite summarise the situation.

Thus, we observe that, in terms of percentages of total income (though *not* in absolute dollar amounts), the yield from transport fees and the contribution scheme fell to their lowest levels (respectively 23 per cent and 1 per cent of all income) in 1975. At the same time the government subsidy was rising to its highest level (76 per cent). Thereafter, and by 1990, the government subsidy dropped to less than half its percentage level of 15 years previously. At the same time, returns from transport fees (an increase to 42 per cent) and subscriptions (18 per cent, the highest level ever) were rising. Bringing these trends together we may, in short, conclude that 'the greater the help from government the lower the internal fundraising effort'; or, conversely, 'the lower the government assistance the greater the necessity for self-help funding'.

Such conclusions may be truisms, but they do encapsulate a shift in community philosophies after 1975, away from the notion of the 'welfare state' and towards the 'user pays' principle. In the first three postwar decades Australians had placed increasing faith in their governments' ability to care for them. Perhaps taking their cue from Britain, where there was wider acceptance of a government's responsibility to care for citizens 'from cradle to grave', Australian governments, state and federal, had progressively extended the range of welfare services they provided. The initiatives here of the Whitlam federal government of 1972–75, for instance its 'Medibank' scheme, were the high tide mark of governmental benevolence. The world economic crisis of those years, and the astounding inflation rates accompanying its arrival in Australia, thereafter strangled faith in governments' obligation to provide. In the era that followed, with official 'razor gangs' scrutinising public spending to strip away the 'fat' from budgets, a new philosophy gained ground. Its keynote was the idle comment of Whitlam's successor, Malcolm Fraser, who informed Australians that 'life wasn't meant to be easy'. It was his government that first took up the refrain of 'the user pays', a chant they borrowed from monetarist economic theory.

The implications of the philosophical shift for Perth's metropolitan ambulance service can be seen in the percentage change from year to year of the funds yielded by each of the three major sources of income (viz. transport fees, government subsidy and contribution scheme). The situation is summarised in Table 4 (in Appendix 3), which shows the changes from one period to the next. The largest proportional increases in government funding were in the period to 1975. After that the rate of increase slows, and there is actually a decrease (of 22 per cent) in the final 5-year period, to 1990. By contrast, the decreases in revenue from subscriptions were in the period before 1975, while after that there were appreciable increases in the yield from that source. What this suggests is that, as the principle of 'user pays' became better accepted, and funding from the public purse began diminishing, ambulance service self-funding became more important.

If there were indeed an inverse relationship between self and public funding, that raised important

questions of principle in relation to ambulance service delivery. If government generosity declined and self-help funding failed to produce funds at the required level, would St John have to reduce its services? Or could economies be sought by carrying only those patients who were subscribers? If the latter were so, what about indigent patients? Would they be denied service? And how would that fit with St John rhetoric about the Hospitaller's obligation to perform humanitarian deeds impartially and regardless of race, creed or class? Finally, if St John had to take the realistic, hard-nosed option of strictly adhering to 'user pays' (and thus refusing to transport those who could not pay), wouldn't that place it on the same level as, say, the Electricity Commission—a wholly impersonal, unsentimental commercially-oriented public utility?

Further questions arose from the efficiency of the St John operation. By the 1990s the principal measure of ambulance service effectiveness was not 'lives saved' (always difficult to quantify) or 'patients carried' but 'response time', that is the time it took an ambulance to arrive on the scene after being called to an emergency. The most urgent emergency was a 'Priority One' call, or one where death is likely to follow swiftly unless the patient receives immediate attention in hospital. St John only began collecting statistics about response times in 1986, but the figures compiled over the next four years suggested that, if anything, the efficiency of the service was declining because the times were lengthening. The situation was as follows:

RESPONSE TIMES, 'PRIORITY ONE' CALLS, 1986–1989

| *Year* | *Average response time (minutes)* | *Percentage change (%)* |
|---|---|---|
| 1986 | 8.3 | – |
| 1987 | 8.3 | – |
| 1988 | 8.5 | +2.41 |
| 1989 | 8.5 | – |
| 1990 | 8.7 | +2.35 |

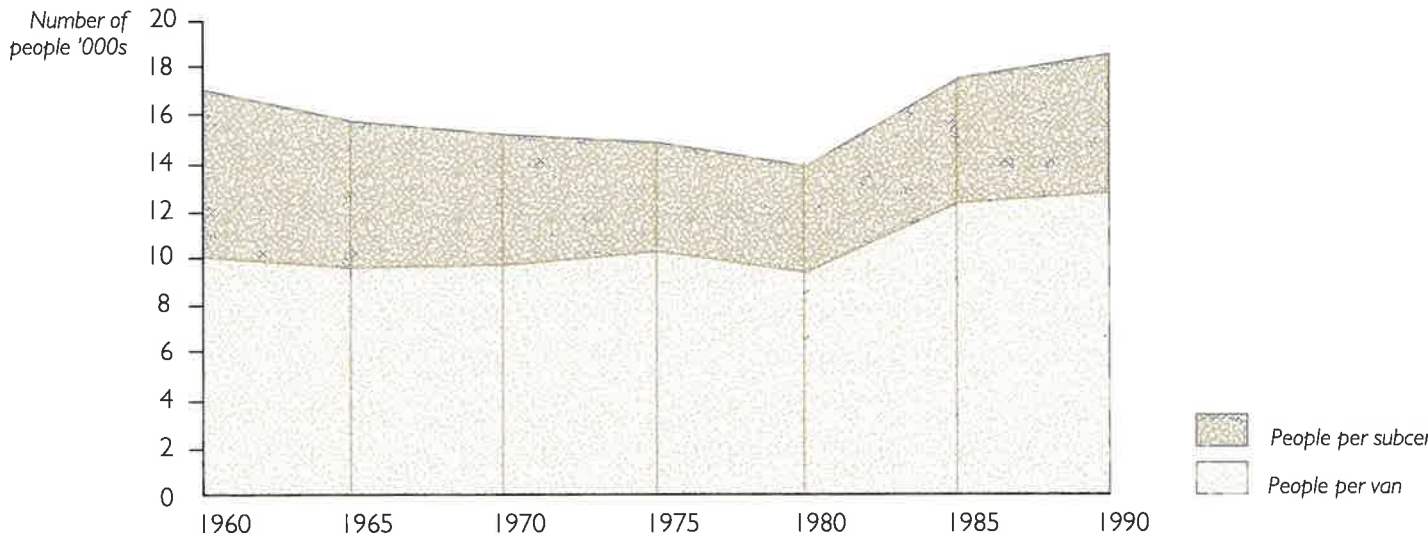
An increase of 0.2 minutes (12 seconds) every couple of years was not much, amounting to fewer than two-and-a-half percentage points whenever the time increased by 12 seconds. Moreover, knowing that an ambulance would arrive at any emergency anywhere in the metropolitan area in an average time of less than nine minutes was still reassuring for the people on the spot. An increasing mean response time, even of a few seconds, nevertheless suggested declining efficiency. Was it possible to reverse the trend, lower the response time, and thus improve efficiency? In theory the answer was 'yes', but greater efficiency came at a price. A better response time would have required more ambulances per head of population, more ambulance subcentres, and more staff—all of which would have incurred higher expenditures. Technically, an average response time of a minute might have been achievable, but it would have meant stationing an ambulance on almost every street block in the metropolitan area. In an era of 'user pays' and worsening national and state economies, it would have been fanciful to suppose that government subsidies and self-funding effort could have been raised to levels the service had never attained.

Attaining greater efficiency not only seemed unlikely in view of funding trends, but also because of the effort that had already gone into providing the public with ambulances, subcentres, and the staff to run them. Provision of these amenities had seemed to improve steadily in the postwar decades, as Table 5 in Appendix 3 of this book indicates. Ambulance facilities more or less doubled in the period 1960–90. Thus, the number of subcentres statewide rose from 72 to 128, and the number of ambulance vans from 102 to 281. However, these were only numerical not relative increases; and when we look at ambulance provision in relation to population growth, the attainment is less impressive because the population grew faster than the provision. Table 5 measures the provision of subcentres and vans in simple ratios of the number of Western Australians per unit. What it reveals is that provision improved up to the 1980s: the ratios declined—there were fewer people per

unit. After that, however, provision had begun falling behind population growth. By 1990 there were more people per subcentre than ever before (12,700, compared with 9,300 in 1980 and 10,000 in 1960). With ambulances the situation was not perhaps as serious: the number of people per van in 1990 (5,800) was smaller than in 1960 (7,100) but considerably higher than in 1980 (4,500). The graph below shows the trends.

What we can see here is what we observed with reponse times—an organisation performing a task a little less well than it did previously. That does not necessarily mean the organisation was less efficient, but that the task was more difficult, and that the resources available for doing it were less plentiful.

ST JOHN AMBULANCE SERVICE IN WA:
NUMBERS OF PEOPLE PER SUBCENTRE AND PER VAN 1960–90




The figures for response times and population–ambulance ratios are not those of an organisation falling down on the job. Rather, what we are looking at is a utility striving to maintain operations at a certain level despite limitations placed upon it. These included population growth, inflation, government reluctance to increase subsidies, and limits to the organisation's own ability to generate its own income. Improving the ratio of subcentres and vans to population would have been possible; but that would have taken either larger government grants and/or higher transport fees and increased subscription rates. Whether the government and the ambulance-using public were prepared to meet the necessary costs in a time of severe economic crisis (like the early 1990s) was a moot point. At best, it seemed the service could hope only to maintain the level of provision it had achieved by about 1990. Improving service levels would probably have to await an amelioration in general economic conditions, for as past experience suggested, healthy state and national economies made for better ambulance provision.

If this conclusion seemed somewhat pessimistic, Western Australians could be reassured by St John's continuing ability to maintain a first-rate ambulance service. The latter was abundantly clear in the ever increasing number of patients transported. Table 6 in Appendix 3 shows how in 1990 the metropolitan service was carrying seven times as many patients as in 1950—an increase from 9,800 to 69,000 over the 40 years. Even more impressive were the proportions of the population these figures represented. As the table indicates, the 1950 patients were the equivalent of 3 per cent of the metropolitan population, while the 1990 patients amounted to 6 per cent. The

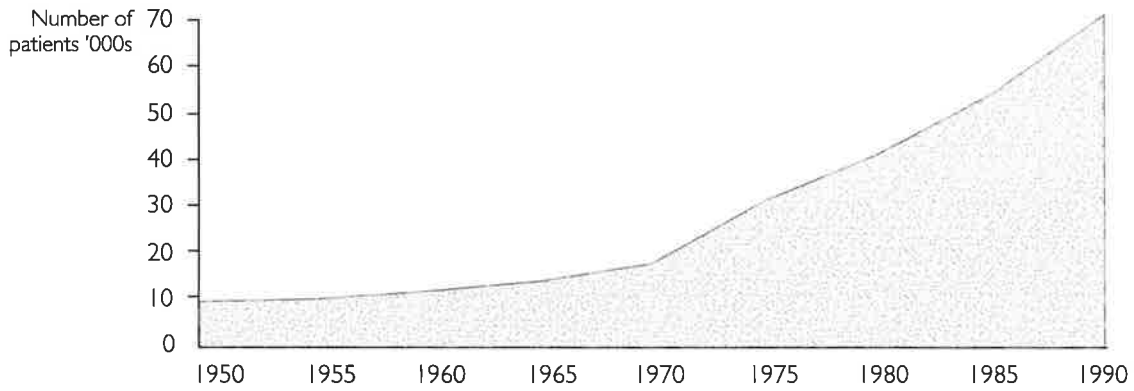
two graphs on this page show the dimensions of the increase.

As such figures demonstrate, despite the apparently discouraging trends in response times and population–ambulance ratios, the service was moving more patients, both absolutely and relatively, than ever before.

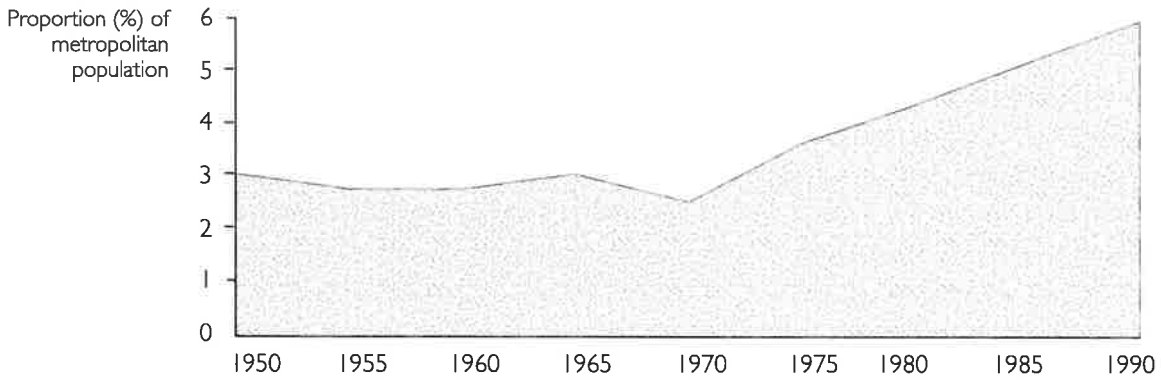
The distances the service had to travel annually were another sign of a utility hard at work. Table 7 in Appendix 3 indicates that the kilometreage increased more than 13 times between 1950 and 1990, from about 136,000 to 1,844,000. The table also shows that the average distance travelled for each patient had almost doubled, from nearly 14 kilometres in 1950 to 27 in 1990. Perth's urban sprawl was thus requiring each van and ambulance officer to be on the road (as against sitting in subcentres waiting for calls) for longer and longer periods each day.

Then, on top of the metropolitan service, there was the country or non-metropolitan services, into which enormous effort also went. We do not have statistics for the country operations before the late 1970s because they were not systematically compiled then; but what we have indicates a mounting work-load there as well. Thus, as Table 8 in Appendix 3 shows, the number of patients rose from about 12,000 to 19,000 in the space of a decade, 1980–90.

NUMBER OF METROPOLITAN PATIENTS TRANSPORTED 1950-90




METROPOLITAN PATIENTS AS A PROPORTION OF THE METROPOLITAN POPULATION 1950-90



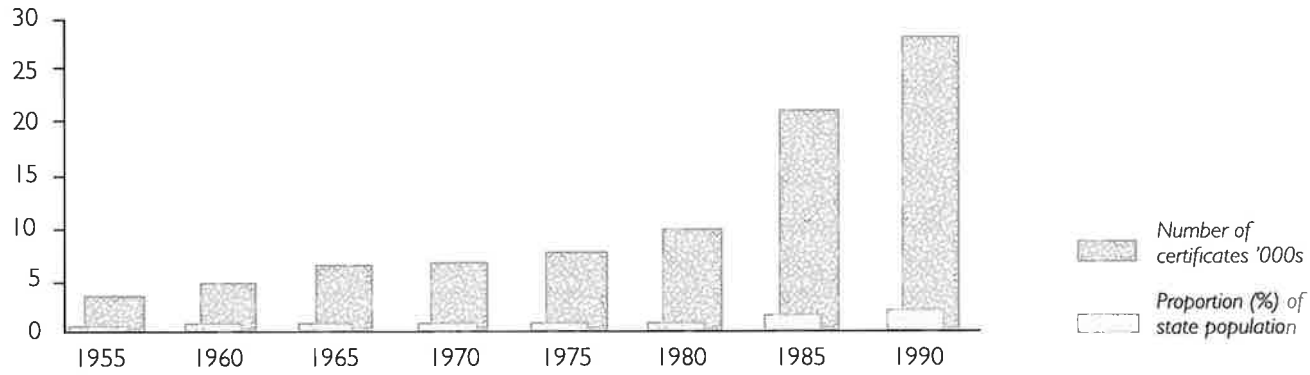
This increase was also proportional, for as a percentage of the non-metropolitan population, the country patients increased slightly from 3.4 to 4.0 per cent. In addition, the kilometreage of the country services rose over the same period, from about 800,000 to 997,000. Oddly, and in contrast to the experience of metropolitan operations, the average distance the country services travelled fell during the decade, from 68 kilometres per patient to 53. Why this should have occurred is not clear, though there are several possible explanations, including these: (i) better co-ordination with the Royal Flying Doctor service, meaning fewer long hauls from remote sites to hospital; (ii) improved facilities in regional hospitals, meaning fewer long drives to Perth by the country ambulances; (iii) greater concentration of the non-metropolitan population around provincial towns, meaning fewer calls to distant out-stations; (iv) improved roads and communications facilities, meaning fewer accidents and better access to medical aid.

The mounting workload is one reason why St John expenditure kept increasing. There were other reasons —fuel prices, salary awards, new technology etc. etc.—as already mentioned. Combined, they produced a spectacular increase in cost per patient and per kilometre, which were the critical measures of cost effectiveness. Table 9 in Appendix 3 demonstrates the magnitude of the rises. In brief, the 'deflated' cost per metropolitan patient was 30 times more in 1990 than it had been in 1950 ($22 compared with $0.72); the deflated cost per kilometre was eight times higher ($0.82 compared with $0.10).

The 'undeflated' or actual costs by 1990 were formidable. As Table 9 shows, the cost per patient was about $274, and per kilometre it was about $10. Costs of that magnitude raised important philosophical questions about who the ambulance service aimed to help. Was it the general public, many of whom could not afford it at that price and could not even afford to belong to the subscription scheme? Should it be mainly for the subscribers, whose contributions helped it stay afloat? And if being a subscriber was so important, shouldn't membership of the contribution scheme be compulsory, in the same way that the Commonwealth government's Medicare scheme was? To what extent should the 'bad debts' of the non-payers be tolerated? (Bad debts were allowed for in the annual preparation of budget estimates.) Should St John, or the government, 'make an example' of a token number of non-payers every year, for example by pursuing them through the courts?

Whatever the answers, the contribution scheme was likely to loom more significant. The cost of ambulance transport was something like the cost of panelbeating: no one expected to have a car accident, but the risk was high enough to make comprehensive automobile insurance almost obligatory; similarly, no

ST JOHN AMBULANCE ASSOCIATION, FIRST AID CERTIFICATES AWARDED IN WESTERN AUSTRALIA 1955-90



one wanted to be injured on the roads, but the probability was high enough to make insurance cover for ambulances a necessity. And so, membership of the contribution scheme grew in concert with the costs of being carried in an ambulance. As Table 10 in Appendix 3 demonstrates, the number of metropolitan members in 1990 (186,000) was over six times the membership level of 1975 (30,000). The growth here was also proportional, for higher percentages of the population were joining the scheme. Thus, the membership in 1975 amounted to less than 4 per cent of the metropolitan population whereas in 1990 the figure was 16 per cent.

*A public first aid training class in the Wellington Street auditorium, 1968. Both the location and the large size of the class necessitated a 'chalk-and-talk' teaching method, while the instructor (a medical practitioner) is probably using the lecture technique most familiar to him during his student years.*



The rising cost per patient was possibly one reason why the Association's public first aid training accelerated in the 1980s. As Table 11 in Appendix 3 and the next graph indicate, there was little growth in teaching first aid to the public during either the 1960s or '70s, but a pronounced upswing during the '80s. Thus, while the number of people earning first aid certificates never rose above 0.6 per cent of the state population from the '50s through the '70s, the proportion had quadrupled (to 1.6 per cent, or 25,700 certificates for 1,626,000 people) by the '90s. This change coincided (if not correlated) with Australia's straitened economic circumstances in the late '80s and early '90s.

As earlier chapters have suggested, marked expansions in first aid training effort have coincided with great national crises—the two world wars and the depression of the early 1930s. Perhaps it is that good times lull the community into thinking that, as all seems well, there is less urgency about learning first aid. The '60s and early '70s were times when the national economy was buoyant and the polity less volatile than later. Such conditions possibly helped keep people away from St John classes. In the meantime the implementation of the Whitlam government's 'welfarist' health policies between 1972 and 75 could have allowed them to imagine that knowing first aid was less important if the government seemed intent on 'taking care'. The colder economic climate of the later '70s and the '80s, however, helped them think more clearly. With costs of medical services rising, knowing first aid seemed a useful insurance; and as this realisation dawned they enrolled in increasing numbers.

St John itself did much to promote the increase. One of Kaye-Eddie's innovations was to make St John's public training programs more professional. As we have seen, St John in the past had relied on an army of voluntary instructors—local medical practitioners, nurses, Brigade members, ambulance officers —who possessed medical but not necessarily teaching skills. In his travels around the state, Kaye-Eddie became appalled at the poor standard of the teaching. Many instructors, he discovered, did not hold a current first aid certificate, and many did little but stand before their classes reading from the St John first aid manual. Excellent though the manual was by the 1980s, the public deserved better than this because they were paying good money to learn ($60 for the standard course in 1980, $75 by 1990). He was also concerned by the possible strength of the competition in the training 'market'. Not only were St John's traditional rivals—the Red Cross and the Royal Lifesaving Society—offering attractive training programs, there was a possibility of fully commercial competitors entering the field. The mushrooming during the '80s of business agencies offering slick and neatly 'packaged' training in subjects like 'computer literacy' and 'business English' served as a caution:

and he feared that unless St John improved its public training, it would lose its position in the 'marketplace'.

Kaye-Eddie accordingly set about building up the teaching capacity of the Association, or 'Training Branch' as it was renamed during the late 1980s. (A national restructuring of the St John foundations, discussed further in the next chapter, was the reason for the change.) He began by appointing a first aid training manager, Diane Tomsett, a professional nurse educator. Tomsett (who held the position 1981–86) and her successor, Jenny Burgess (1986–88), gathered around themselves a team of fulltime

*The development of the ambulance officer training centre was evidence of a more systematic approach to ambulance and first aid education by St John during the late 1970s. In this resuscitation training session at the centre in 1991 (left to right) station officers Axel Kraft and Ian Downing, with student ambulance officers Steven Kroy and Aiden McDowell, observe a demonstration by deputy superintendent Peter Andree.*



professional instructors, also mostly experienced nurse educators. As well as conducting the metropolitan training classes, they developed a two-day course for the voluntary instructors, on whom the country classes must continue to rely. Any volunteer wishing to teach first aid under St John auspices had to undergo the course. At first these innovations caused great anger throughout the Association/ Training Branch. The loudest protests came from the voluntary instructors with many years of service to St John, and often with cherished local reputations for 'doing good' through teaching first aid. Despite the complaints, Kaye-Eddie and his training managers pushed ahead, against the initial opposition of the St John council, to make the public teaching program more professional.

The pedagogical impact was striking. In contrast to what might have gone before, people joining the classes in the 1980s found themselves learning their first aid in a bright, well-appointed classroom setting; the teaching was authoritative, yet lively and entertaining; the emphasis was on useful practical knowledge,

*During the late 1970s and early '80s the emphasis of St John public first aid classes swung from 'lecture-and-listen' methods to practically-oriented 'hands-on' training. Here training manager Jenny Burgess (right) instructs pupils on the team method of CPR (cardio-pulmonary resuscitation) plus EAR (expired air resuscitation, ie 'mouth-to-mouth'), using a 'Resusci-Anne' manikin.*

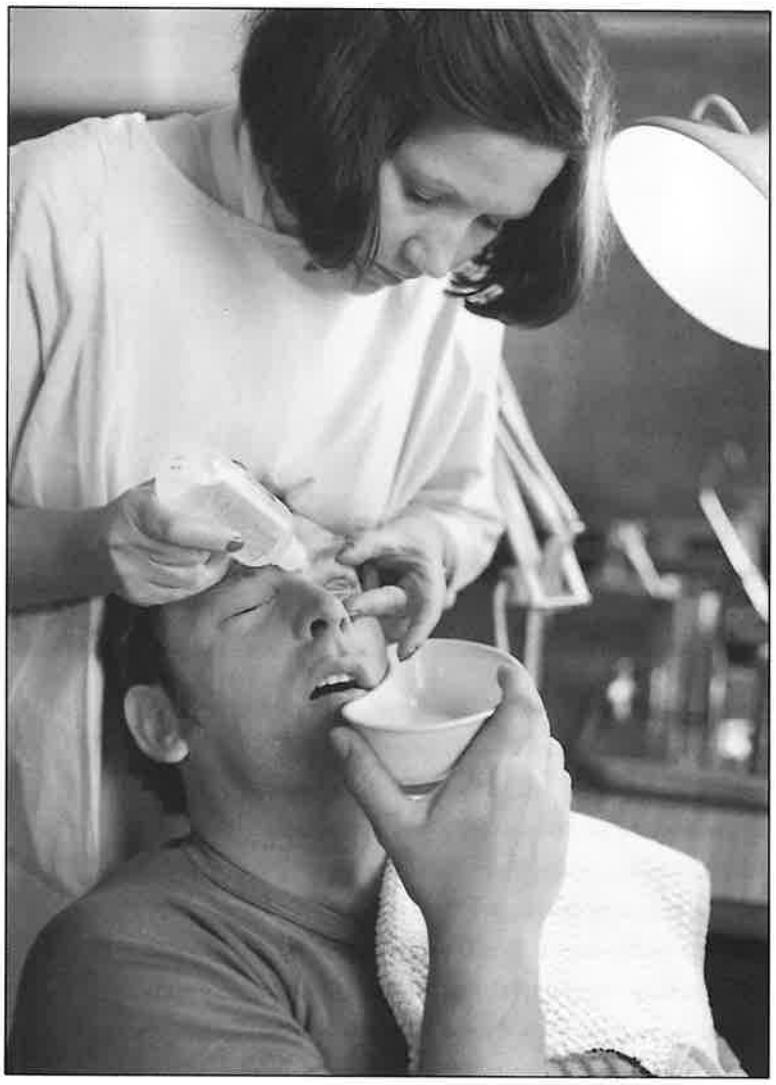


with well-spaced sessions of 'hands-on' practice; the course was carefully structured, into coherent and readily-grasped modules; and varied use was made of the latest in educational technology—models, charts, manuals, audio-visuals. The training program, moreover, was better promoted. The public relations manager of the day, Murray Allum, travelled the state meeting local communities at the subcentres, appearing on local TV and radio programs, urging people everywhere to learn first aid and 'Save A

Life'. And so, as the 1980s became the '90s, the St John training 'package', too, was increasingly 'market-oriented'. That, and the never-distant threat of economic recession, ensured that the public classes were fully subscribed.

Less fortunate was 'Operations Branch', that is the foundation which before the national St John restructure had been called the St John Ambulance Brigade. By the 1990s this foundation had fallen on hard times. There, rather than statistics of growth, the sad tale was one of decline which a mere renaming could not arrest. As the figures in the next table indicate, the Brigade/Operations Branch had been wasting away since the 1960s:

*First aid training manager, Diane Tomsett, demonstrating to a public occupational first aid training class.*



ST JOHN AMBULANCE BRIGADE, MEMBERSHIP LEVELS AND RATIO TO POPULATION, WESTERN AUSTRALIA, 1945–1990

| *Year* | *1945* | *1960* | *1975* | *1990* |
|---|---|---|---|---|
| Number of members | 1 560 | 2 300 | 2 170 | 930 |
| Ratio, Brigade members to state population | 1:317 | 1:314 | 1:532 | 1:1 748 |

As we saw in a previous chapter, Brigade membership had fallen off after the wartime panic of the early 1940s, but had then recovered. It reached its peak point in the early 1960s, when there was one Brigade member for every 313 or 314 people in Western Australia. It then began a long-term, seemingly unalterable decline, both numerically and proportionately. The 930 remaining members in 1990 were numerically back to the level of 1938. Proportionately they were even worse off: with one member for every 1,748 of the state population they were at the level of the late 1920s. The problem was not one experienced in Western Australia alone, for the proportions in most other states and territories were as bad or worse. The following ratios of Brigade/Operations Branch members to state/territory populations represented the state of affairs in 1989:

RATIOS OF OPERATIONS BRANCH MEMBERS TO GENERAL POPULATION, AUSTRALIAN STATES/TERRITORIES, 1989

| *State/Territory* | *Operations Branch to Population ratio* |
|---|---|
| Northern Territory | 1:312 |
| South Australia | 1:395 |
| Tasmania | 1:751 |
| Western Australia | 1:1 399 |
| Australian Capital Territory | 1:1 853 |
| Victoria | 1:1 876 |
| New South Wales | 1:2 881 |
| Queensland | 1:3 144 |

As these figures demonstrate, the Brigade/ Operations Branch in Western Australia was somewhere in the middle of the field and had a more favourable ratio than its sisters in the three largest states. But as its 1990 ratio (1:1,748) suggests, its ratios were worsening year by year, which meant it was less and less able to meet the requests made for its services. If the decline continued, it might no longer be seen at local football and netball matches, fun runs and Royal Shows, for eventually organisers of such events would tire of refusals when inviting it to participate, and would look elsewhere for their first aiders.

*A 'market-oriented' public first aid training class, late 1980s. St John instructor Mary Hemsley (standing) is teaching the use of oxygen equipment to a specialised occupational first aid class.*




The Operations Branch malaise was deep rooted and many branched, but perhaps the causes reduced to these:

*Social change, and new alternatives*

Somewhere during the 1960s, '70s and '80s the 'old time' notion of voluntary community service through 'Established' organistions had been lost. In any case there were were a plethora of new voluntary agencies—from 'Meals On Wheels' through 'Life Line' to 'Amnesty International'—all clamouring for the attention of the community-minded citizen with time to spare for service of an altruistic cause.

*Image and appeal*

In an era when 'charisma' had become a quality traded through the electronic news media, the Brigade had developed an 'image' problem. The khaki uniform of the organisation in Western Australia epitomised the problem. Though it was replaced by the black uniform of the eastern states in the late 1980s, it was until then a relic of times gone by. The post-'Baby Boom' generation, raised on futuristic 'Space Invader' video games, found less appeal than had their grandparents in an organisation drawing inspiration from the crusaders of ages gone by.

*WA Brigade members performing their customary work—first aid duty at a public event. The occasion is probably an Anzac Day celebration, and the patient is probably a collapse case being removed to a first aid post.*



*Utility*

With the myriad distractions thrust before citizens by a hustling consumer society, not to mention demands to acquire educational qualifications, find congenial employment, and pay off debts easily run up on plastic credit cards, it was easy to overlook what the Brigade had to 'sell'. And what the Brigade/Operations Branch could 'sell' was very little for, unlike the Association/ Training Branch with its neatly 'packaged' and utilitarian first aid certificates, the 'product' of the former was intangible—a sense of satisfaction in having been of service.

*Structure and authority*

Despite the Brigade/Operations Branch name change, the organisation remained hierarchical, tradition-bound and disciplined. It was also a *voluntary* agency, whose members were free to quit whenever they tired of the constraints on their liberty which all this implied. By the 1990s several generations of Australians with no direct experience of wartime discipline had grown up. They were the 'Dr Spock' generations, educated to believe in exercising freedoms and gratifying needs. Such people were unlikely to find fulfilment in a disciplined body like the Brigade/Operation Branch.

One aspect of the Brigade/Operations Branch structure holding less and less appeal for the postwar generations was its promotional system and the insignia of rank, which closely paralleled those of the armed services. When service medals and civil decorations (including St John's own stars and medals) were added to these, the uniformed St John member looked more like a police or military officer than a civilian. There were good reasons for wearing a uniform: it was quickly recognisable in

*The Brigade achieved its peak membership in WA about the time of this photograph of the nursing cadets, who participated in the youth rally held on 22 November 1962 in conjunction with the British Empire and Commonwealth Games in Perth that year.*



crowds, was said to strengthen *esprit de corps* among members, conveyed a sense of self-confident competence if worn well, and represented a long and proud tradition. Other voluntary bodies, from the Salvation Army through Scouts and Guides to national sporting teams, dressed their members in uniforms for similar reasons. But, arguably, their uniforms did not cloak hierarchical structures and sets of regulations quite as elaborate as those of the Brigade/Operations Branch. In an era when 'industrial democracy' and 'lower-and-flatter' promotional pyramids were being introduced in the workplace, the undemocratised Operations Branch hierarchy began to appear obsolescent.

*Leadership*

Unlike the Training Branch, the Operations Branch resolutely remained a preserve of the volunteers. The only paid staff it employed were several at the clerical-secretarial level in its Wellington Street head office. Its leadership, too, continued to consist of volunteers; and it had never taken the step of appointing a high-level, fulltime professional manager, as had the Association. Each of its commissioners since its inception in 1904 had

*The 1975 visit to Brigade headquarters, Perth, by Princess Anne (later the Princess Royal). Here she meets nursing cadets, whose worldwide commander she subsequently became. St John loyalists prize such royal connections.*



*Members of the Brigade's Northam combined (mixed male and female membership) division practising a patient retrieval drill using stretcher and ladder, late 1960s. They are wearing the white overalls and hard hats adopted by specialised 'rescue' units which operated in some states at that time. The rescue units, intended to appeal to younger recruits by adding excitement and challenge to Brigade work, were popular until their role was taken over by the state emergency services.*



been men; until BF McInerney's appointment in 1990 all had been medical practitioners with busy private practices to run; and all had been appointed from within the organisation. Membership of the medical profession and seniority rather than administrative-political abilities or organisational flair had thus been the principal criteria for selection. There was no obvious reason why Operations Branch could not look beyond itself and Perth's medical fraternity to appoint a professional manager. Funds of course were a contraint, but even if they had been readily available the Brigade tradition of voluntarism stood in the way of professionalised management.

*Cadet Troy Bates (Armadale cadet division, St John ambulance Operations Branch) and nursing officer Sandy Luxton treating a casualty with a head injury in the first aid room, Perth Royal Show, 1991. (Photograph by Robert Garvey)*



### Links with the ambulance service

Unlike the St John ambulance services in South Australia and the Northern Territory, where the Brigade had customarily provided most volunteer staff for the ambulances, the Western Australian service had always cast its net wider. Unlike them, and as an Association-run service, it had not been obliged to regard the Brigade as its main recruiting ground. Although in earlier decades many volunteers had also been Brigade members, no necessary nexus had existed between the service and the Brigade. One of Kaye-Eddie's earlier innovations was the elimination of volunteers from the metropolitan service, in order to remove a source of industrial dissatisfaction which continued to plague the sister St John service in Adelaide. Another had been to raise the profile of the 'St John Volunteers', the people who in country districts operated the ambulances and wore a uniform, but not that of the Operations Branch. Without an Operations Branch–Ambulance Service link in the metropolitan area, and with an alternative to the Operations Branch elsewhere, people who wished to do ambulance work had no urgent reason for joining the latter. In addition to that, many volunteers who had once been Brigade members allowed their membership to lapse after they began to feel they had little reason for continuing in it.

By the 1990s, Operations Branch strength in Western Australia and some eastern states had fallen to the level where its continuation had become a matter of serious concern. The membership in Western Australia was aware of the crisis that had crept upon the organisation. During 1987 a series of articles in *The Brigade*, the quarterly journal of the Western Australian district of the Brigade/Operations Branch, indicated the concern felt by at least one member. The subsequent action of the hierarchy in stifling further comment suggested that the organisation had much to learn about the value of open comment and free discussion in maintaining corporate health.

The articles began with one written by *The Brigade's* editor, David Evans. Provocatively titled, 'The Brigade: Will It Survive?', it traced the statistical trends of the organisation's declining membership, then went on to suggest strategies for helping the Brigade 'move out of its Nineteenth Century torpor'. Among the suggestions were measures for improving (i) administration (e.g. 'all superintendents to publish goals', 'management training for all officers', 'appointment by management ability', 'advertise vacant positions'); (ii) image and recruiting ('recruiting of professionals', 'stop discriminating on the basis of age', 'adopt a consistent uniform', 'enforce efficiency requirements' etc.); and (iii) training ('appointment of ambulance officers', 'more efficient use of surgeons/nursing officers', 'training of new members on duty'). The article then concluded with the assertion that 'the Brigade in Western Australia has been dying for over twenty years, . . . is . . . in a parlous state' and 'without adopting [these] suggestions . . . will cease to exist before the year 2000'.[1] This article was followed by one from Keith Bradley, the District Superintendent, in *The Brigade's* next issue. The latter advised members that Evans had been relieved of his duties as editor. It went on to cite Brigade regulations about appointments, efficiency, and retirement, before concluding with the advice that, under 'Reg. 6.5, if a member considers he/she is unable fulfil his/her obligation, he/she should either (a) apply for a transfer to the Reserve, (b) resign from the Brigade'.[2] This was followed by an article from Cedric Etheridge, a previous editor, who argued that statistics like those produced by Evans failed to tell the whole story because 'a well trained and disciplined force few in numbers will always overcome multitudes of those without control'. His concluding comments were to the effect that 'under no circumstances is [*The Brigade*] an OPEN FORUM to express criticism or denigrating comment . . .'[3]

Gagging a dissident editor might have soothed injured pride but it failed to halt the decline. From 1,509 members in 1986 (the year in which Evans had ended his statistical survey), District strength plummeted to 930 in 1990—a drop of 38 per cent in just four years. At that rate, strength would fall below 300 by the year 2000, in which case Evans's prediction would have been fairly accurate: with so few members, the kindest official action to them might be to close the organisation down. Perhaps the situation was not beyond recall; but it was certainly one of urgent concern for the entire St John community, federal as well as state.

Contemplating the Operations Branch future, and its more recent past, was sad for those who had grown up in the Brigade and had served it loyally. They could perhaps take heart from the growth in other branches of the St John vine. But as they faced the beginning of St John's second century in Western Australia, that was poor consolation if their own branch was withering.

*Kevin McIlldowie (Scarborough division, St John Ambulance Operations Branch) and Elizabeth Gent (Corps officer, Cadets, North Metropolitan zone, Operations Branch) treat a casualty who had fallen from a horse, Perth Royal Show, 1991. (Photograph by Robert Garvey).*



*NOTES*

1 *The Brigade*, February 1987.
2 *ibid.*, May 1987.
3 *ibid.*



CHAPTER NINE

# AMBULANCE OFFICER TRADE UNIONISM

*Ambulance officers performing the public relations function of their job. With the rise of ambulance work as a para-medical profession, ambulance officers devoted increasing effort to promoting their professional image as caring, competent, skilled and highly trained operators in their 'industry'.*

In the last thirteen years of its first century, the St John movement in Western Australia began subjecting itself to a continuing process of self-scrutiny. The result was a wholesale 'organisational restructure', the term then fashionable in 'Managementese', the esoteric language spoken by students of corporate affairs. The remodelling formally began in 1977, when the Association council appointed a four-man sub-committee under its president, John Manford, to review the organisation's operations. What prompted the review were institutional stress lines. These were becoming increasingly obvious, and were threatening the collapse of the service. Most obvious was industrial strife within the ambulance service. Throughout the '70s controversies over the service had frequently featured in the news headlines, and most often the underlying causes were ambulance officers' dissatisfaction with their conditions of work, duty rosters, training and equipment.

Disagreement between the Association council and its ambulance employees went back to the early years of St John control. The first formal dispute occurred in 1925, when the West Australian Carters and Drivers Industrial Union of Workers brought an action against the Association before the industrial magistrate. The union claimed the Association had failed to pay correct wages to one of the fulltime ambulance drivers, E Caddy. It argued that because the patients were charged for being carried and ambulances were like charabancs and taxis, Caddy should be paid at the rates applicable to drivers of those vehicles. The magistrate referred the matter to the arbitration court, which in June 1926 decided by a majority vote that ambulance drivers were neither charabanc nor taxi drivers. When this profound verdict was passed down to the magistrate, he dismissed the case, and awarded costs against the union. Caddy and his colleagues, presumably, had to be content with a weekly wage of £4, compared with £4 12s 6d for taxi drivers. 'The difference in transporting a . . . badly injured person from an accident scene to hospital, and a passenger from the shops to home, seem fairly obvious, . . . [but] not . . . to the employer of the day', an ambulance union official, Mark Doyle, has observed.[1]

After that, little more is heard of ambulance officer discontent for almost another 40 years. In mid-1963 the tension between ambulance officers and the St John management again surfaced. This time the issue was the proposed introduction of legislation making the wearing of seatbelts in motor vehicles compulsory. Ever keen to find or create controversy—their stock-in-trade—the news media ran interviews gauging ambulance officers' reactions. Several expressed fears about drivers' being trapped by their belts during accidents. The St John management, however, approved the legislation. An influential Association council member, a former council president, said he regarded officers' speaking out on such issues as insubordination, and those who had done so should be fired.[2]

The former president unwittingly stirred the salaried ambulance staff into exactly the action he and his fellow council members would have deplored. His comments made ambulance officers realise their vulnerability in an occupation with no safeguards against arbitrary managerial action; and they now provided a focus for the officers' dissatisfaction with their lot under St John rule. A number of issues perturbed the officers. First was their uncertain job security, which

ultimately depended on the grace and favour of the council. Second, the use of volunteers to supplement their services meant that the council had an effective weapon it could use in disputes: if they took industrial action, the council could always call in the volunteers to defeat them. Third was their lowly status among the medical and paramedical professions, a matter emphasised by the reactionary medical men on the council, who either patronised them or made plain their view that ambulance officers were menials. Fourth was their lack of training. The council provided no systematic pre- or in-service training for its recruits; all that was required was an interest in the job, as demonstrated through previous service as a volunteer. Fifth was the minimal provision of equipment. Much of what they needed they provided themselves; for instance, most of them became adept at 'acquiring' bandages, towels and linen from the hospitals. And sixth was a concern for their own self-image, which found expression in the matter of their uniforms. Garbed in the St John Ambulance Brigade's uniform, they felt that the council did not recognise their special professional skills, and saw them simply as fulltime first-aiders. Concern over matters like these generated animated discussion among ambulance officers in the wake of the seatbelt controversy. From this emerged the idea of an organisation to represent ambulance staff interests. A series of meetings were then held with that in mind during 1963–64, and these ultimately led to the formation of the Ambulance Services Union of Workers of Western Australia (ASUW) in October 1964.[3]

The St John management hardly welcomed this development. A conservative body, its 21 members were a cross-section of 'respectable' society. (Among them were six medical practitioners, a barrister, a leading businessman, a retired naval officer, a member of the Legislative Council, a police inspector, a delegate of the railways commissioner, and the commissioner and district nursing officer of the St John Ambulance Brigade.) Like employers in other 'caring' professions—nursing, teaching, social work—the council had effectively dampened any tendency towards industrial militancy by appealing to their employees' altruism. Ambulance work, so the argument ran, was a humanitarian vocation; being called to it was a privilege; self-sacrificial service was expected and should be given unstintingly; the client's welfare was always the predominant concern, and the dedicated ambulance officer should put that before all personal considerations; St John workers in particular had to live up to the noble traditions of the Order's mottoes (*Pro fide, pro utilitate hominum:* 'for the faith, for the service of humanity'), and so on. Until the '60s the rhetoric proved effective in maintaining worker quiescence. Ambulance officers worked extraordinarily long hours—an average of 72 hours weekly (the roster required officers to work four successive 10-hour day shifts followed by three 14-hour night shifts, then one day off). They were also expected to do overtime for no extra pay, and to volunteer for duty with their local St John Ambulance Brigade division in their spare time; they taught first aid voluntarily; and during the annual fund-raising appeal they gave up their days off to shake collection tins on street corners.[4]

With workers so compliant, the Association might have been expected to resist the emergence of ambulance officer unionism. It was no surprise, then, that when the new ASUW appeared before the Industrial Commission in February 1965 to apply for registration, the Association formally objected. The Commission subsequently rejected the objections, and the union was registered a fortnight later. The 24 members comprised all the salaried ambulance officers the Association employed. Even at this stage the ASUW was preparing a log of claims, and had begun discussions with the Association about an award. They lodged their claims with the Industrial Commission in June 1965; the hearings took place in early August; and a decision was handed down at the end of the month. Among the gains they made were a reduction in working hours (down to 56 weekly), a salary increase plus additional margins for extra responsibilities, and—a significant victory in their view—the title 'ambulance officer' (instead of the previous 'driver' and 'attendant'). In January the next

year the ASUW went on to affiliate with both the Trades and Labour Council of Western Australia and the Australian Labor Party. Then in July 1967 the ASUW members voted unanimously to seek amalgamation with the Miscellaneous Workers Union (MWU). The reason for this was their small size, which precluded the appointment of a fulltime secretary to guide their affairs. The amalgamation was finalised in January 1968; an Ambulance Services Section was created within the MWU to accommodate the ambulance officers; and the ASUW was subsequently deregistered, in July 1969. Another log of claims had been lodged by now, and a second award made, in March 1969. However sordid Association councillors might think their descent into the industrial cockpit, it was an arena from which there was now no escape.[5]

The Association council's distaste for and inexperience in an industrial relations role made for trouble. In the absence of ground rules for the council and union to resolve their differences, each side instinctively adopted an adversarial stance. The council saw its duty as resisting unionists' demands, while the latter responded by using the press and parliament to vent their grievances. For almost a decade, from the late 1960s through the 1970s, the Perth public became accustomed to the adversaries' claims and counter-claims as they strove to promote their own particular viewpoints through the news media. For instance, in September 1976 a West Australian journalist, Cyril Ayris, wrote a feature article headed 'Drivers say ambulance service is inadequate'. Ayris's informants in the union told him that the service as run by St John had four major faults:

- it operated via one-man rather than two-man crews;
- it relied heavily on volunteers with little training;
- it ran too few ambulances, particularly on the night shift;
- officers were not properly trained.

These claims were later taken up and amplified in the state parliament by a Labor politician, Ron Thompson.[6]

Over succeeding years the union gained countless metres of newspaper column space as they prompted journalists and prodded politicians. More perceptive members of the public might have noticed that certain themes recurred. Among them were these:

- the conservatism of the Association council in approving the introduction of new ambulance technology was endangering patients' lives;
- the government should investigate the administration of the ambulance service to identify its inadequacies;
- the government should assume control of the service because of St John's inability to provide an adequate service;
- the government should increase its subsidy to enable the service to employ more fulltime ambulance officers, and in particular the presence round the clock, 24 hours a day, of fulltime staff;
- work bans were being imposed by the unionists, to protect the public and to highlight the inadequacies of the service (the issues provoking the bans included speed limits, work rosters, the use of volunteers, and the upgrading of subcentres).[7]

The Association council was ill placed to answer such criticisms effectively. The union officials, particularly after the amalgamation with the Miscellaneous Workers Union, proved past masters at maintaining pressure on the Association management. To them the campaign was just that—a series of tactical moves to upgrade union members' salaries, conditions of work and employment prospects. To Association council members, however, the campaign was a series of publicity disasters. The 'bad press', they felt, destablised the service by shaking their own self-confidence, distracting the executive staff, promoting general staff disharmony, and undermining public faith in the service. Government, they also believed, could probably solve many of their problems by granting funds at a level high enough to accommodate the unionists' demands; but the government was content to let matters ride until such time as the St John service proved unmanageable.

As well as the council's unpreparedness for its industrial relations role, two other issues were germane during this period. First, the ambulance service

itself was changing. New communications technology, improved vehicle design, better casualty care procedures and life support equipment, the rapid growth in the workload, the expansion of the service across the state, heightened public expectations about access to and standards of ambulance care, and mounting budgets to accommodate the cost increases were all having an impact. The emergence of ambulance officer trade unionism was only one factor in the milieu of change. Thus, by the 1970s the Association found itself commanding an ambulance system rather different from the one over which it had presided from the '20s through the '50s. The service had changed from medical charity to government-supported industry. What the council now had on its hands was an increasingly complex public utility, one of the state's essential services. The notion of the Association's being a deserving charitable cause—the idea that had sustained successive generations of council members since 1892—was now singularly inappropriate. A new mind set was needed. To their credit, the councillors of the late '70s were prepared to acquire it.

The second pertinent point was that ambulance work had also changed. Ambulances were no longer vehicles operated by people with first aid certificates and driver's licences. The modern ambulance, with its array of electronic communications gear, oxygen revival equipment, electrical defibrillators, saline drips and fracture management aids, was a self-contained life support system. Skills other than those of the 'driver' or 'attendant' of yore were required to manage it. As the job had become more complex, a new type of ambulance officer had emerged—one better educated, more multi-skilled, and with a more sophisticated knowledge of casualty care. Knowing their 'craft' had developed into a separate branch of paramedical practice, the ambulance officers of the 1970s were determined that their professional status should be recognised. That is, they wished their salaries and conditions, training and qualifications, promotional structures and acceptance by other health care specialists (doctors, nurses, physiotherapists etc.) to reflect their enhanced position within the general division of labour. And ambulance officer trade unionism had arisen as the means through which they could sustain their upward professional mobility.

The longest running dispute between the ambulance unionists and the St John management was over weekly working hours and the duty roster. Erupting in mid-1974 and continuing until early 1975, it arose from the union's wish to introduce the '2.2.4.' roster. So called because it provided for ambulance officers to work two 10-hour day shifts, followed by two 14-hour night shifts, then four days off, it was an idea the union put forward in June 1974 as a means of reducing the 56-hour week to a 42-hour average. It was a similar roster to that worked by Perth's firemen, whose conditions the ambulance officers had long envied. The Association agreed to the 42-hour week but rejected the '2.2.4.' proposal on the grounds that 14-hour shifts were too long, and would impair the officers' ability to work efficiently. The officers countered by saying they had been working shifts that long for 30 years or more. The Association responded by pointing out that long shifts were no longer necessary as the government was now providing enough funds for it to employ more officers and thus reduce overall shift length. A dispute was registered, and both parties appeared before a Board of Reference, which recommended a reduction in hours to 42. The Association agreed, but proposed to achieve this by introducing standard 8-hour shifts. With an eye to the greater number of days off their own scheme entailed, the unionists rejected the '8-hour' proposal. In the face of opposition from the unionists, the Association drew up '8-hour' rosters, which were to take effect at the beginning of the second week in October 1974. No compromise seemed possible and, as this time approached, tensions between management and the ambulance officers mounted to the point where the former made plans to call in volunteers to run the ambulances if the latter should refuse to work the new '8-hour' roster. The unionists said they would work a 42-hour week, but on their own '2.2.4.' roster.[8]

The show-down between the management and the unionists occurred on Wednesday 9 October.

The new roster was supposed to have come into effect two days previously, at 8.00 a.m. on Monday 7th. Watched by the press and various members of the public, about 50 off-duty officers had gathered outside the central Wellington St. depot at that time to ensure that their own '2.2.4.' roster was worked instead. In defiance of management, 135 ambulance officers had then worked the '2.2.4.' for two days. The newspaper headlines on the second day—'Roster works, say ambulance men'—neatly summed up their view, but not that of the Association. The Association's view remained unpublished. It became obvious, however, in telegrams it sent to 118 of its fulltime officers on the Tuesday. The telegrams directed them to accept the '8-hour' roster and to present themselves punctually for duty on their rostered days or face dismissal for misconduct. On the Wednesday morning when the new shift was due to come on duty at the Wellington Street depot, the first seven men reporting for work refused to give the undertaking required by management. Each was told he was dismissed, and then locked out. Another 15 arriving for duty assumed they, too, were dismissed. About 50 ambulance officers were soon gathered outside the depot, forming a picket line to prevent ambulances leaving the building. A second picket line was placed at Royal Perth Hospital. Some ambulances nevertheless managed to operate with volunteer crews, one of which evaded the pickets by driving out the 'In' gateway. One particularly distressing incident followed, when the body of a woman killed in a road accident had to be taken to the Royal Perth Hospital in the same van as her injured daughter and grand-daughter. The picket line at the hospital caused a delay, during which the daughter became increasingly hysterical about sharing the narrow confines of the ambulance with her mother's corpse. The pickets said they were greatly angered that a separate ambulance had not been sent for the corpse; the management said that had not been possible because of the picket line. To prevent further deterioration in an increasingly ugly drama, the Industrial Commissioner, DE Cort, entered the fray by calling a compulsory conference between the union and the Association the next day. He ordered the Association to take back the seven sacked officers without loss of privileges, and then persuaded both parties to maintain the service until the dispute came before the Industrial Commission.[9]

The commission heard the dispute a month later, on 6 November 1974. Cort again presided. His decision was that the service should run on both rosters, the '2.2.4.' and the '8-hour', for a trial period of two months as a means for deciding which was preferable. The '8-hour' roster would apply at the Wellington St. depot, while the '2.2.4.' would operate elsewhere. To ensure no disagreement over the '8-hour' roster, he attached to his judgement a trial roster he had drawn up himself. He directed both parties to confer at the end of the two months to decide on a compromise. In handing down this decision, he made plain his displeasure with both parties. The Association, he said, had acted 'precipitately' by sacking the seven officers, trying to force the introduction of its own roster, and failing to seek a conference with the union before the commission. For its part, the union had behaved 'irresponsibly', and against the principles of the Industrial Relations Act. He also seemed highly sceptical of the unionists' motives: their own roster, he scornfully noted, 'would virtually give them a three-and-a-half day working week'.[10]

In the end, mid-January 1975, the dispute resulted in a victory for the unionists. At the end of the two-month trial period they voted to reject the '8-hour' roster. After the vote was taken at a union meeting on 15 January, the secretary of the Miscellaneous Workers Union, DC Lippiatt, told the press his members were still 'incensed' at the behaviour of the Association management back in early October. When called on for comment, the Association's general secretary, HV Bray, said he knew the union officials were 'upset', and he and the Association's industrial committee would meet the union's delegates the next day. The union-management meeting duly took place, and afterwards Bray and Lippiatt issued a joint press statement announcing their agreement to introduce the '2.2.4.' roster at Wellington Street immediately, thus bringing the main depot

into line with its suburban satellites. Although a great victory for the union, it was not perhaps a great defeat for the Association. The council had finally acceded to union demands, and in the face of the unionists' determination this had probably been the most realistic way to end the dispute.[11]

A week after this the union enjoyed a second victory. This came when the Association released to the press pictures and details of a new uniform all fulltime ambulance staff would begin wearing the next week. Instead of the khaki of the St John Ambulance Brigade, the new uniform consisted of a white 'Dr Ben Casey'-type shirt, blue trousers and zip-up blue tunic. Agreed to by both the management and the ambulance officers, who had buried their differences in jointly designing it, it had no buttons or buckles which might become entangled in patients' hair or get caught in wrecked vehicles. The ambulance service superintendent, Murray Allum (one of the founders of the the former Ambulance Service Union of Workers), described it as a 'working uniform', in contrast to the previous uniform, which 'belong[ed] to the parade ground'. On a lesser scale, perhaps, than the union's huge victory over rosters, the new uniform was nevertheless highly symbolic, for it meant a break with the past. The past had been a time when the main difference between the salaried ambulance attendant and the Brigade first aider was that the former had worked fulltime and the latter part-time; it had been the time when ambulance staff had been 'drivers' rather than 'officers', and had lacked professional training, status and self-esteem. Emerging from the khaki chrysalis of the old uniform to venture forth in blue thus represented a spectacular professional metamorphosis.[12]

The antagonism between the Association council and the ambulance unionists could well have continued into the 1980s but for a change of attitude within the council. By the late '70s a new power bloc had emerged in the council. In contrast to the elderly medical men

*The reformers on the St John council of the late 1970s, each in turn a president. The process of internal reform they helped institute eventually brought industrial peace to the ambulance service.*





who had held sway during the previous 80 years or so, a group of generally younger and more pragmatic businessmen and public administrators had come to the fore. Among this group were John Manford (proprietor of a major freight firm and member of the Fremantle Port Authority), George Boucher (proprietor of a leading engineering firm), Hugh LeBreton (an enterprising pathologist) and George Shea (chairman of the Metropolitan Transport Trust). This group, recognising that the service had entered a period of rapid change, in 1977 formed a sub-committee to examine the structure of the organisation, with a

*From left to right: JG Manford (president 1974–78), EG Le Breton (president 1979–83), GA Shea (president 1984–88).*



view to adapting this to changed circumstances. Soon realising the grand scale of what they were attempting, they called in a management consultant, Bill Ellis, to review St John operations. Over the next year he produced a series of reports on the organisation which recommended a complete remodelling of the Association's administrative machinery. One of his proposals was the appointment of an experienced and versatile professional administrator to become general manager, with responsibility for running the service and implementing a program of reform. The job was duly advertised, and Ian Kaye-Eddie selected for it in June 1978.[13]

We have already noted Kaye-Eddie's impact on the public first aid training program. He had a similar effect on industrial relations. He later recalled that, at his first meeting with the union delegates in the council room of the Wellington Street headquarters, the atmosphere was, as usual, strained. The unionists were sitting on one side of the table, with the council's industrial committee opposite, each party glowering across the polished jarrah at the other. He broke the tension by walking in with a hard hat on his head. Everyone laughed; they all relaxed; and the hard hat wasn't required because for once brickbats were not being tossed back and forth. In succeeding months he placed special emphasis on bringing the unionists and executive together amicably to discuss differences, establish ground rules, negotiate the restructuring recommended by Ellis, and plan streamlined sets of procedures. Both parties came to appreciate each other's authority, responsibilities and limitations. Importantly, they came to recognise their common objective—the provision of a high standard ambulance service to safeguard the welfare of Western Australians. Holding this notion before themselves as their shared ideal, they learnt to resolve their disagreements without resort to the news media as a weapon for intimidating each other.[14]

All this was well and good. The more accommodating council attitude since the rise of its pragmatic 'young turks', and the conciliatory approach of the new general manager, might have rendered management-union dealings less confrontationist. They did not, however, end the unionists' agitation. One major source of disagreement remained—the volunteers, who had long worked within the service. Until the volunteers were removed the unionists would continue to regard their previous victory as only partial. The presence of the volunteers had enabled the service to continue on a 24-hour basis during the industrial disputes that had often disrupted it during

the past decade. Whenever there had been bans on overtime, stop work meetings and workings to rules, they had continued coming on duty so that the public would not be left without ambulances. The unionists, who remained public spirited humanitarians despite their protest actions, had generally been tolerant of the volunteers' presence at such times. They were nevertheless perturbed by the volunteers' potential as strike-breakers, as demonstrated during the sackings and lock-out of 9 October 1974.

After the events of late 1974 the unionists redoubled their efforts to remove the volunteers. Most of the latter worked from the Melville, Wanneroo, Gosnells, Armadale and Rockingham, which were mostly in outlying parts of the metropolis. They usually went on duty at night and weekends when the pressure of calls was lighter. Though it was a point the unionists might have disputed, the volunteers served with reasonable efficiency—as did the volunteers of the country sub-centres, most of which could not have existed without them. In this campaign the volunteers' efficiency was not the issue; their very existence was. The campaign was subtle, and proceeded on several fronts. Part of it involved denigrating the volunteers. Thus, articles questioning the volunteers' qualifications began appearing in the press. The volunteers defended themselves in letters-to-the editor; and people who believed they owed their lives to volunteers wrote letters of praise. The argument would then shift to a debate about the needs of modern society. An ambulance service relying partly on volunteers might have sufficed in decades gone by, the articles claimed, but modern society needed a fully professional service. Then the argument shifted again, to economics and politics: a modern, i.e. a volunteerless, service could be provided if the niggardly government provided the necessary




*A sight no longer seen in Perth: fulltime professional ambulance officers (right) assisted by part-time volunteers (left). The professionalisation of the metropolitan service led to the elimination of the volunteers by early 1980. Volunteers continued staffing the vans at some outer suburban depots, e.g. Armadale, where Brigade volunteers Mr and Mrs L Pilgrim (left) were photographed with station officer Bert Vosbergen and ambulance officer Gary Grafham.*

funds to employ additional fulltime staff. In a further shift, the argument focused on the urgent need for the depots using volunteers to be upgraded, i.e. assigned only fulltime crews, because of recent population growth. And, as usually happens when ambulances are at the centre of a controversy, there were dire warnings about citizens' lives being at risk because of inadequate facilities.[15]

The campaign continued for four years, until August 1978 when a new season of direct industrial protest action began. What sparked it was the possibility of the government's cutting the St John subsidy.

*The graduating student ambulance officer class, June 1990. The 20 students, the largest induction class to date, had been winnowed down from 600 applicants. Among them were seven women, reflecting St John's increasing emphasis on gender equity. The systematic tertiary-level training they received had been a goal for successive generations of ambulance officer unionists.*



The government actually increased the subsidy (from $1.9 million in 1977–78 to $2.3 million in 1978–79), but had not advanced the full amount the Association had requested. Any hint of budgetary reductions was sufficient to provoke the union, for cuts implied continued reliance on the volunteers. The union responded with a new round of work bans and limitations, which continued into 1979. Union-management debate at a compulsory conference called by the Industrial Commission indicated that the two sides were no longer in disagreement over principles, but only over the means of effecting a solution. Both union and management made direct appeals to the Premier, Sir Charles Court. They eventually persuaded him that industrial unrest in the ambulance service was likely to continue until the Association was granted sufficient funds to replace the volunteers with paid staff. He and his health minister agreed to reconsider the subsidy, which was subsequently raised (to $2.5 million for 1979–80). On the understanding that the necessary funds would be forthcoming, the Association now undertook to phase out the volunteers in the metropolitan service by early 1980.[16]

The last volunteer crews, at Armadale and Gosnells, performed their final duty over the last

weekend in January 1980. It meant the end of a 29-year link between the St John Ambulance Brigade and the Armadale ambulance, and a 20-year connection with the Gosnells ambulance. The last volunteer at Gosnells, Bill Hannan, told a newspaper reporter he felt sad his 15 years there had ended. He was not the last of the volunteers, of course, for the country subcentres would continue to rely on them. But even for country subcentres the union victory in the metropolitan service had established an important principle, viz. that where urban development suggested the need, fulltime staff should be appointed and volunteers dispensed with. Indeed, as one recent case—Port Hedland—demonstrated, failure to provide fast-growing provincial urban communities with fulltime ambulance crews could stir up political trouble for both the government and St John.[17]

As the union was achieving its goal of a metropolitan service wholly staffed by fulltime salaried ambulance officers, it had also made steady progress on another front—training. Their inadequate training had been among the earliest of the ambulance officers' grievances. In response to union pressure, the Association council had begun formalising training in 1968, when it appointed its first fulltime salaried training officer, JF Byrne. His duties encompassed the whole training field: he was expected not only to (a) train the fulltime ambulance officers but also to (b) teach the volunteers, (c) organise the public first aid instruction program, (d) instruct the demonstrators who assisted in the public instruction classes, and (e) arrange first aid instruction for medical students at the University of Western Australia and trainee nurses at the Royal Perth Hospital (on the curriculum of each of whom the council had recently succeeded in installing first aid as an obligatory subject). Somehow he managed to fulfil all these tasks to the council's satisfaction, for within two years the Association president, John Lavan, was describing him as 'enthusiastic and seemingly tireless'. At first his method of training the ambulance officers, salaried and volunteer alike, was to conduct seminars. He conducted a series of these in Perth and various provincial centres over succeeding years.[17]

Other than Byrne's initial appointment, the most important step towards systematic ambulance officer training came in 1973 when the council, again with union prompting, decided to set up an ambulance officer school. Known as the Ambulance Officer Training Centre (AOTC), it opened for business the next year in a house the council had obtained in South Perth. In its first year 56 of the salaried staff in four batches underwent the training program Byrne had devised for them. The classes, taught by an assortment of doctors, nurses and various paramedical specialists, were aimed at confirming the officers' promotional gradings. (By this stage fulltime staff were being classified according to skill and seniority into two grades, Ambulance Officers Grades I and II.) In its second year, 84 ambulance officers in seven classes passed through the AOTC program. After Kaye-Eddie took office in 1978 increasing emphasis was placed on upgrading AOTC activities. Following organisational restructuring during 1978–79 (discussed in the next chapter), Byrne departed and his AOTC function was taken over by a senior ambulance officer, PEL Markham. With superintendent's rank and two fulltime training officers to assist him, Markham's sole responsibility was the AOTC. As an increasing volume of ambulance staff, volunteer as well as salaried, passed through the school, more staff were appointed. By 1981 Markham's staff consisted of a second superintendent, Don Fewster, and three deputy superintendents; and together they were training over 400 country volunteers annually, mainly through weekend-long seminars in 26 provincial centres, in addition to the regular classes for salaried officers.[18]

In 1981 the union's ambitions for its members' professional status received a boost when the Association management began negotiations with the state's Technical and Further Education (TAFE) authorities for official recognition of the AOTC program. These came to fruition the next year, when the Mt Lawley TAFE college agreed to become the agent through which graduates of the AOTC program for salaried ambulance officers would be awarded an accredited Certificate in Emergency Care. The standard of training for the course was to be linked to the

skills manual the AOTC had produced the same year, 1982. The new manual for the first time systematically set out the basic skills ambulance officers were expected to master, together with the requisite measures of performance. The first 50 officers to receive the new certificate completed their studies in 1984.[19]

Formal Education Department recognition of the AOTC course and the certificate was granted in 1985. By this time the course had been extended to three years, and the training program had been regularised. The program provided for each year's intake of new recruits to undergo in their first year a five-month fulltime course of intensive training in the AOTC. In this time they studied five subjects. These were: (a) driving (the Hendon method) and vehicle maintenance; (b) the social environment, a socio-psychological unit aimed at helping them 'read' the social situations in which their work might be set; (c) anatomy and physiology; (d) fundamentals of emergency care, a practical, 'hands-on' unit covering basic ambulance skills; and (e) patient extrication. The trainees then went out on the roads in the vans for seven months, accompanied by an on-road tutor, before returning to the AOTC for a two-day session of practical skills training. In the first half of their second year they continued working on the vans while taking a unit called Case Studies A, which required an intensive study of 10 cases they had experienced, followed by an examination in the means of handling a typical emergency scenario. Then came a five-day refresher course, and Case Studies B in the second half of the year while continuing to work on the vans with a tutor in an apprentice-master relationship. The latter subject involved a further 10 cases, with a hospital follow-up study for five of them. In the third year the trainees returned to the AOTC for an eight-week block course, during which they took three further subjects: (f) advanced emergency care, (g) pregnancy and pediatrics, and (h) disturbed and abnormal behaviour. Having completed all this they then qualified for the TAFE certificate. A further, more advanced TAFE-accredited course was subsequently introduced for officers seeking promotion to managerial ranks. This involved a three-year part time course of 15 subjects taken over three years, leading to the award of the Associate Diploma of Ambulance Administration. Within the space of 18 years the union had thus achieved one of its primary objectives—ambulance officer professionalisation, as attested by recognised tertiary educational qualifications. The rigour of the new credentials was such that those who managed to pass through the AOTC program successfully could boast of being a paramedical elite, among the nation's best trained of their profession.[20]

Neither the victory over the volunteers nor the achievement of professional recognition meant the

*A student ambulance officer training exercise in 1984, the year the first batch of ambulance officers completed studies for the Certificate in Emergency Care.*



end of ambulance officer union campaigning. Periodically events occurred to bring them and a reluctant Association back into the spotlight. For instance, in May 1981 the Association management suspended two ambulance officers who had walked off the job at the Kwinana depot, claiming that fumes from the freshly painted interior made working there intolerable. The union imposed work bans in protest, but the dispute was quickly settled when, after another compulsory conference ordered by the Industrial Commission, the men were reinstated without loss of pay. Another case attracting wide media publicity was the suspension of the union vice-president in 1983, following his unsatisfactory handling of a call to attend an Aboriginal patient, who later died. An internal disciplinary tribunal, convened under a magistrate, found him guilty of neglect of duty and reduced him in rank. He later resigned.[21]

Publicity of this sort became less and less common during the 1980s, as the Kaye-Eddie approach to industrial relations began paying dividends, and the angry direct management-union confrontations of the '70s receded into the memory of older unionists. The St John head office news clipping scrapbooks for the '80s are consequently slender volumes. There are fewer articles, fewer banner headlines, shorter stories, and few of the 'exclusive exposés' with which the scrapbooks of the previous decade are replete. The range of themes is also narrower, less controversial and more mundane. Instead of 'ambulance officers impose bans', 'patients' lives endangered' and 'government should assume control', the stories are now about 'new subcentre opened', '"Life-pack" now carried by all ambulances' and 'subscription scheme membership tops 100,000'.[22]

The new approach to industrial relations could also be seen in the higher proportion of their time staff members spent in meetings. Decisions affecting ambulance personnel were implemented only after thorough canvassing among those affected. This more democratic approach to management, with staff being encouraged to become involved in decision-making, required them to spend correspondingly longer periods in discussion with each other and their senior officers. Finally, the new approach was evident in executive staff appointments. The senior staff appointed during the late 1970s and the '80s tended to be those who had been prominent in union affairs during the late '60s and early '70s. In the intervening decade they had become enthusiastic participants in management—a far cry from their discontent of the '60s, from which ambulance trade unionism had sprung.[23]

Looking back over his achievement during the '80s, Kaye-Eddie summarised his industrial relations philosophy as follows:

> *[Among] the reasons for [our] success . . . was the ability of managers to resolve dilemmas . . . [We] took into account the realities of power and the limitations of human nature . . . Honesty and integrity were considered essential for building long term relationships. Appeals to 'reason' and 'goodwill' seldom have lasting effects because they ignore the entrenched interest groups and insecurities and fears of individuals. Regular meetings and communication are essential if industrial harmony is to be maintained. Factors such as positive attitudes, employee involvement in key decision-making matters, and open discussion allow parties to shift away from adversarial positions to become partners who have to live and work together to achieve organisational and community goals. We live in an imperfect world, and St John recognises that in order to survive, flexibility and common sense in . . . industrial relations are essential.*[24]

It was the view of a pragmatist, and it meant that at times cherished St John principles might be expediently overlooked. This had been apparent in the matter of the metropolitan volunteers. Voluntarism was perhaps St John's oldest and most revered tradition, but this had not been apparent in 1979–80 when the volunteers were phased out. But despite the sacrifice of an ideal in that matter, Kaye-Eddie's response to the union's campaign had been realistic. Without his flexibility then, the unionists within the service would probably have been so antagonised that another decade of industrial unrest might have unfolded. And if that had occurred, the government could well have relieved St John of its public responsibilities.

## NOTES

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3 Ian Howie-Willis, notes of discussions with ambulance staff, Perth, 1987–1989; Nolan, *loc. cit.*

4 Howie-Willis, *loc. cit.*

5 Nolan, *loc. cit.*

6 Ian Kaye-Eddie, 'An overview of union-management relations at St John, 1970 to 1990', briefing paper for St John Ambulance historian, St John Ambulance Belmont headquarters, 1990.

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14 Kaye-Eddie, 'St John Ambulance Western Australia: Organisational Structure'.

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18 SJAA, WAC, *Annual Reports*, 1972–73 to 1981.

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21 Ian Kaye-Eddie, personal communication.

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AMBULANCE

CHAPTER TEN

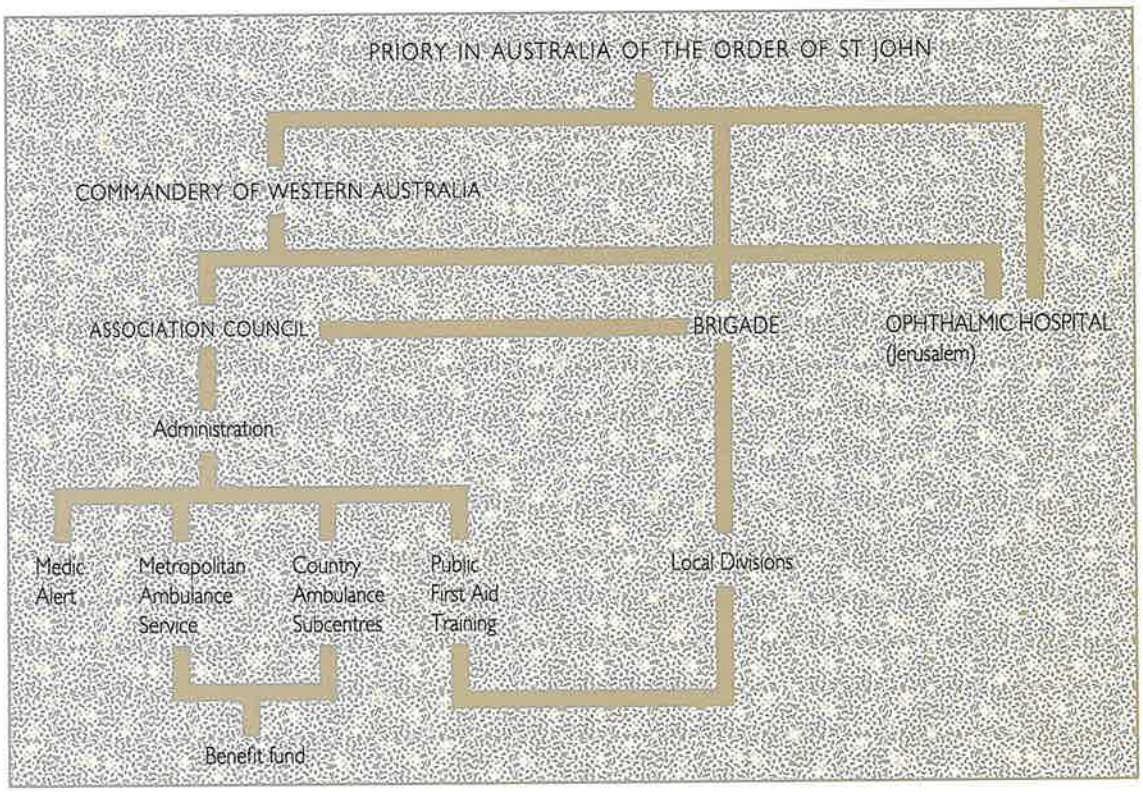
# STRUCTURES AND RESTRUCTURES

By the mid-1970s St John in Western Australia was a structure greatly in need of rebuilding. A large, ramshackle edifice cobbled together over a long period, it now threatened to collapse under the weight of increasing use. As Chapter 8 indicated, the workload had grown markedly between 1970 and 1975: the number of metropolitan patients had risen by 76 per cent, and the number of kilometres travelled by 96 per cent, compared with increases of only 28 per cent and 51 per cent respectively in the previous five-year period. The organisational arrangements for managing the various St John tasks were fast becoming inadequate, as the upsurge of industrial strife within the ambulance service during 1974 suggested. The structures built in the 1920s were plainly unable to cope with the demands being made of them a half century later.

As the organisational chart of the mid-'70s indicates, the St John mansion housed various suites at different levels. The passageways connecting them were not, however, as direct and orderly as the diagram might suggest.

*The interface between the professional ambulance officer and the first aider: Hazel Goldacre (district nursing officer, Operations Branch) hands her patient over to ambulance officer David Winter (left) and station officer Michael Cubbage, Perth Royal Show, 1991. (Photograph by Robert Garvey)*

ST JOHN AMBULANCE IN WESTERN AUSTRALIA: STRUCTURE IN MID-1970s



## THE PRIORY

In nominal control at least was the Priory, the federal national body located in Canberra. Like all federal organisations, it was afflicted with an innate tension between its governing council and its constituent state branches. The three branches running state ambulance systems (Western Australia, South Australia and the Northern Territory) were more likely to assert the 'states' rights' principle because they had strength on their side. Individually they each commanded substantially greater resources than the Priory and all the other state branches combined. In addition, their responsibility for publicly funded ambulance facilities and their reliance on government funding demanded accountability to their own state governments. In effect answerable to two masters, at times they had to play both off against each other, in arguments with the one pleading their obligation to the other.

## THE COMMANDERY

In Western Australia the situation was further complicated by the Commandery, the semi-autonomous peak St John organisation set up in 1947 as a means of securing Western Australia's affiliation with the Priory while accommodating its strong separatist tendency. The Commandery, which existed within the Priory, was permitted a degree of independence no other state St John branch enjoyed. As such its form reflected that of the Priory in miniature: thus, its head, usually the state governor, was called the Knight Commander, and had parallel functions to those of the Prior, the national head, usually the governor-general; similarly, its governing council, the Commandery Chapter, composed of members of the Order of the rank of Knight/Dame and Commander, paralleled the Priory Chapter; and its executive, headed by an officer called the Commandery Lieutenant, had similar functions to the Priory's chief executive, the Chancellor. (Other state branches simply had a St John Council, without the monastic paraphernalia of Chapter and 'Great' Officers borrowed from the ancient Knights Hospitaller.) Despite the grandiloquence of its officers' titles, the Commandery from its inception remained mostly a ceremonial body. Its chief functions were to appoint new members to the Order; maintain its museum and archives; raise funds for the St John Ophthalmic Hospital in Jerusalem (which, with both Association and Brigade, was one of the Order's three 'foundations' for fulfilling its practical mission); and oversee the ritualistic aspect of the Order's life (mainly investitures and annual church parades, at each of which members wore their regalia). As in the decades before the establishment of either Commandery or Priory, the Association council remained the most influential actor in St John affairs in Western Australia, because of both the resources at its disposal and its widespread network of subcentres.

By contrast with the Commandery, the Priory gained in power, evolving from its original ceremonial function into an agency exerting considerable influence over the state branches. Its Canberra-based executive emerged as a force to be reckoned with. As guardian of the Order's impeccably respectable reputation and credentials as a Royal order of chivalry, the Priory executive scrutinised state St John activities jealously to ensure that the good name of St John was everywhere respected. Its ultimate power was vice-regal: its Prior, Deputy Priors (the state governors) and in Western Australia the Knight Commander could be relied on to uphold the authority of the Order by withdrawing recognition from dissident state branches, officials and members. Though such action was very rarely resorted to, its possibility was a powerful sanction. A tactful hint that the Order's reputation was at issue usually ensured ready conformity.

## THE BRIGADE

The Brigade remained in an anomalous position. It was generally weaker than the Association. The reasons for this were various: it had entered the field 12 years later than the Association; without the Association's assured income from teaching first aid and operating the ambulance service, it remained dependent on charity and its own members' fundraising efforts for its revenues; it was almost wholly

volunteer, and for many years lacked even a full-time clerical-secretarial staff; it was not an 'essential service', had no 'product' to 'sell', and simply relied on the voluntary efforts of its own members. It was represented on both the Commandery executive and the Association council, and indeed at various times its senior officers had also been Association council president, but its links with the Association remained fragile, depending more on the personalities of individual officers than on structural bonds. In truth, Association and Brigade operated in different spheres, through different types of people, for different purposes; and often the only common elements were the name St John and the eight-point cross emblem.

Then there was the Brigade's direct link with its national head, the Chief Commissioner for Australia, the member of the Priory executive under whose authority the state Commissioner and Brigade hierarchy functioned. The Brigade always operated according to its own regulations, which the Chief Commissioner determined. It therefore had two masters—the Commandery at least nominally and, in most matters of substance (those impinging on regulations), the Chief Commissioner. Where Brigade members also served as volunteers with the ambulance service there was therefore the possibility of a conflict of interests: while aboard the vans they were under the control of the service's Chief Superintendent, but they also remained answerable to their Commissioner. Fortunately for all concerned, the issue of divided loyalties for such volunteers rarely arose, as it did next door in South Australia's St John ambulance service. (The continuing turmoil in the South Australian service from the mid-1970s and through the '80s was partly a result of severe tensions between the Brigade, its volunteers in the service, the service management and the ambulance officer unions.) In Western Australia there was no necessary connection between Brigade membership and service as a volunteer on the vans, as there was in South Australia, and so volunteers joined the service on the understanding that their first loyalty while aboard the vans was to the service.

## THE ASSOCIATION

The final suite was the large one occupied by the Association. The Association in Western Australia, by contrast with some other states, was very much the St John 'senior service', at once the oldest, most influential and best established part of the organisation. The Association's various interests were run by the Association council, though for practical purposes much was delegated to the administration, that is the head office staff, who were answerable to the general secretary (from Kaye-Eddie's time known as general manager, then from 1990 as executive director). By

*Ambulances participating in a Medic Alert campaign, outside Perth railway station, late 1980s.*




the late '70s the interests included, firstly, the public first aid training program, the original purpose for the Association's formation. Second were the ambulance services, metropolitan and country. The former (as the previous chapter indicated) was wholly professional from 1980; the latter continued to rely wholly on volunteers in smaller towns and remote areas, and on a mix of professional and volunteer staff in larger towns. Third was the benefit fund, or contribution scheme, a form of insurance against the eventuality of having to be moved by an ambulance. In return for a regular premium to St John, members

would not be charged if they had to be transported by ambulance anywhere in Australia. The benefit fund was administered by Belmont headquarters for the metropolitan area, and by the individual subcentres in the country. Finally there was Medic Alert, a scheme through which people with hidden medical conditions wear a bracelet to alert ambulance and hospital staff to their particular needs. Medic Alert was really an outside agency, run by its own council, which was affiliated with a parent body, Medic Alert International. In Western Australia the scheme had been administered by the Association since July 1972, soon after its foundation in Western Australia. It was another area of growth: from 566 in 1972, it grew to 12,500 members in 1978, and then to 41,700 in 1990.

To maintain an overview of these functions, the Association council worked through a series of committees. The number and composition changed from time to time, but generally they were seven-member bodies, and their titles indicated the areas of their concern—Executive, Transport, Finance, Education, Properties, Industrial Relations. The usual route for an aspiring Association council president was, first, nomination to the Association council as a representative of one of its constituencies—the medical and legal professions, the Brigade, the business community, the major public utilities (police, fire brigade, transport authorities), and the country ambulance services. Then, after an apprenticeship as a committee member, followed by service as a committee chairman, a 'grooming' period as vice-president usually followed before final election as president. The president was the most prominent and powerful St John official. He (in a whole century never she) was the one most often quoted in the press; at times of controversy he was the one who had to justify the council's action to the public; and he was the one most often called on to fly the St John banner, for example at the opening of country subcentres, at the unveiling of new models of ambulances, at presentations of service awards (usually life memberships) to the hundreds of loyal volunteers on whom the organisation depended to maintain its expanding network of subcentres. He also exercised the most power: thus, he dealt with the fulltime general secretary (in whose appointment he had the final say), he led the deputations to the Premier and Minister for Health, and (after the Commandery Lieutenant) was the person most likely to be in contact with the Priory. Earlier presidents were mostly prominent Perth medical specialists, but after the shock of the industrial conflicts of the mid-'70s, council members conceded that other skills were required. Subsequent presidents were accordingly men of proven managerial talent.

*Association council presidents from the late 1940s to the mid-1970s. Photographs of the other presidents of the era are included in previous chapters.*



*AL Dawkins*
*(Comm. Lieut. 1969–73)*



*BC Cohen*



*JH Stubbe*



*JM Lavan*
*(Comm. Lieut. 1973–84)*



*IO Thorburn*

The background of the postwar presidents indicates the shift:

JJ Holland (1931–49), surgeon;
AL Dawkins (1949–54), surgeon;
BC Cohen (1954–59), medical practitioner;
JH Stubbe (1959–64), surgeon;
JM Lavan (1964–69), barrister (and later judge);
IO Thorburn (1969–74), physician;
JG Manford (1974–77), company director;
EG LeBreton (1978–83), pathologist and company director;
GA Shea (1984–88), Metropolitan Transport Trust head;
GA King (1988–89), barrister and head of a legal firm.

The form of organisation outlined above had served St John well from the time it had taken over the ambulance service in 1922, through subsequent years of growth, the rapid expansion of activity during World War II, the period when a national St John organisation had emerged, and most recently the postwar growth spurt. By the mid-'70s, however, conditions had changed and new structures were needed. As the previous chapter indicated, the rise of the ambulance officer as a professional paramedic plus the emergence of ambulance officer trade unionism were the developments that first exposed the weaknesses in the way St John was handling its responsibilities. The four-man sub-committee of the council (John Manford, George Boucher, Hugh LeBreton and George Shea) appointed to review Association operations called in a management consultant, William Ellis, to investigate Association affairs in detail. Ellis, with a distinguished record in diagnosing corporate ailments, had most recently been working for the Prime Minister of Singapore, producing a management plan for the nation's ports. It was to be his recommendations which became the blueprint for the reorganisation.

## ORGANISATIONAL CHANGE

Ellis's progress reports covered these areas: (i) the administration, (ii) the transport division, (iii) the honorary staff and their committees, (iv) the public teaching program, (v) the Association's financial year, (vi) country operations, and (vii) the benefit fund. His findings for each reduced to these points:[1]

### ADMINISTRATION

Administration had become a succession of day-by-day crisis management episodes ('fire-fighting' expeditions) because:

- the growth of Association activities over recent years had outstripped the ability of the administration to control them;
- people had been given higher levels of responsibility for which they had neither the training nor experience;
- people had been loaded with additional responsibilities without consideration of their capability and capacity;
- no one was receiving management training;
- planning received insufficient attention;
- the committee system was cumbersome, and delayed decision-making.

In large part the solution to these problems was the appointment of a modern senior management team consisting of general manager, and specialist managers for each of the six major functional areas of operations, viz., ambulance transport, first aid training, financial administration, personnel and industrial relations, marketing and public relations, and medical practices and standards. Carefully drafted job specifications, which Ellis himself wrote, would ensure the appointment of the right people.

### TRANSPORT DIVISION

The existing structure of three senior supervisors was unworkable because there was insufficient delineation of each one's responsibilities, and therefore unnecessary overlap. Again, the solution

was the appointment of appropriate staff to specialised positions, and again Ellis drafted the job descriptions. He recommended the creation of six senior positions: transport superintendent, to whom the general manager would delegate responsibility for conducting the ambulance service; superintendent of metropolitan region operations; superintendent of country region operations; air ambulance co-ordinator; ambulance staff training officer; and vehicles, equipment and communications officer. Below these six should be a layer of middle level managers—shift supervisors, control room supervisor, roster officer, duty officers, switchboard operators, fleet supervisor, driving instructor, and station officers.

## HONORARY STAFF AND COMMITTEES

The honorary staff were those members of the Association council who worked part-time and voluntarily on the various council committees—Finance, Transport, Education etc. Their presence, and that of their committees, created many problems:

- because there was no clear understanding of the role of the committees, the committees had usurped the management function instead of only giving advice;
- much needless time was being spent in committee work;
- the committee system was slowing down decision-making, particularly in matters referred from one committee to another;
- with so many people involved in decision-making, confusion and uncertainty resulted, and these led to stress, conflict and poor management.

The solution was to scrap the committees, and to hand over their decision-making and management functions to the proposed management team who, through the general manager, would be responsible to the council president.

Committees had a place, but they should not be of the permanent 'standing' type. Rather, they should be formed on a short-term basis for particular projects, for instance reviewing the budget, or planning a new headquarters. (The latter was another recommendation: Ellis advised that the Wellington Street building was no longer adequate.)

## PUBLIC TEACHING PROGRAM

Sadly, the morale and motivation of staff managing this endeavour were at a low ebb. Though public instruction was the original St John function, and was still a major objective, it was poorly organised and badly administered. The popular demand for first aid training was growing, yet Ellis found 'a pervading air of lack of purpose and neglect'. This was revealed in:

- the inadequacy of teaching materials;
- poor preparation for new courses;
- no training in, or upgrading of, teaching skills;
- lack of support for, and guidance of, the instructors;
- no opportunity for professional advancement;
- the financial deficit the program incurred;

The root problem was that the manager responsible for the program was more interested in ambulance officer training than teaching the public. The solutions were to:

- keep the program separate from the ambulance officer training;
- raise the status of the program;
- promote the courses more vigorously to potential major 'consumers' such as industry and government departments;
- exploit the revenue-raising potential of the courses by redirecting effort towards such major 'consumers' and away from the client groups currently favoured (i.e. schools and community groups, who yielded little revenue);
- appoint a professional public training co-ordinator, who would work according to specific guidelines (Ellis wrote a set of appropriate duties here), and would receive a salary that acknowledged the importance of the program;
- plan ahead to cater to particular areas of expected need (e.g. daytime and evening courses in general first aid, occupational first aid in industry, short courses in basic life support techniques, first aid training for motorists, home nursing instruction etc.);

- adjust course length to the type of training offered (e.g. 10-session courses extending over several weeks for general first aid, half-day courses in basic life support techniques, 5-day courses for occupational first aid in industry etc.);
- standardise course presentation and quality by developing appropriate kits of instructors' lesson notes and audio-visual teaching aids;
- raise the standard of instruction by training the fulltime instructors and improving the quality of the volunteer instructors.

## ASSOCIATION FINANCIAL YEAR

The Association was observing two financial years. The first, January–December, was for annual report and annual general meeting purposes; the second, July–June, was for budgeting and financial control. Maintaining two sets of figures meant unnecessary duplication and effort. The solution was to bring the first in line with the second, that is run all activities according to a July–June schedule.

## COUNTRY OPERATIONS

The country subcentres presented a mixed bag of problems, including demands for services equal to those available in the metropolitan area, parochial pride and sense of community, difficulties inherent in vast distances and sparse populations, and the uneven quality of service among the subcentres. Ellis saw the problems, and appreciated their dimensions. Thus, he observed:

- the trend towards greater use of paid ambulance officers: as the workload increased, voluntary effort became less able to handle it; moreover the effect of appointing paid staff was to reduce volunteers' willingness to participate;
- the country subcentres wished to retain their autonomy, which guaranteed that their local ambulances would remain the focus for communal endeavour; they would consequently resist efforts to rationalise the service by reducing them to mere depots of a centralised ambulance system;
- the subcentres needed more guidance and assistance than St John had previously provided because there were 'significant variations' in the way they managed their affairs, and in the training they required of their volunteer drivers;
- a current experiment with regionalising the country services—setting up the Pilbara as a semi-autonomous region with an administration and regional board based on Port Hedland—had resulted in a markedly large deficit.

The solutions were many and varied, and included these:

- The subcentres should be autonomous, but accountable to the Head Centre, i.e. Association council and administration, for their performance;
- The Head Centre should prepare and distribute a manual of policy guidelines, administrative procedures, operating instructions, and a checklist of essential requirements which all subcentres should follow;
- In addition, Head Centre should provide back-up support to subcentres, in the form of training, counselling and financial assistance to maintain an acceptable standard of service;
- Each subcentre should be treated as a separate 'cost centre', i.e. responsible for financing its own activities, but credited with transport fee and benefit fund revenues and debited with expenses. Any deficit would be funded by its own fund-raising effort and Head Centre subsidies. Head Centre subsidies should be granted according to a needs formula. At the same time the Head Centre should establish a central investment fund in which subcentres should invest their surplus funds, and from which they could borrow for making improvements;
- Where a permanent station officer is appointed to a subcentre, he (not 'she' yet) should have responsibility for the operation of the ambulance, and should have control of the volunteer attendants. The subcentre committee should be responsible for providing finance, the vans, equipment and volunteers. Wherever possible the permanent paid staff of country subcentres should be recruited locally;
- The subcentres should be grouped into a series of districts, each district to be superintended by a

permanent 'District Supervisor'. This officer would be based in Perth but would frequently visit the subcentres within the district, liaising with them, providing support and keeping them in communication with the Head Centre. The District Supervisor would be responsible to the Superintendent of Country Region.

## BENEFIT FUND

Although the fund had grown appreciably, due to the efforts of its manager, PC Cameron, the objectives needed sharper definition. It was not sufficient just to offer people an opportunity to insure themselves against the risk of ambulance transport costs. Instead, the fund should be regarded as a prime source of revenue, and greater benefits for members should be offered. In addition, since pensioners provided the bulk of patients, and paid a discounted rate for membership, ways of overcoming this disadvantage should be sought. Thus, these goals should be pursued:

- the fund should be extended to offer contributors ambulance cover anywhere in Australia;
- an annual surplus of revenue over claims of 20 per cent of gross revenue should be the financial target;
- a more aggressive approach to promoting and marketing the fund, particularly among younger and non-pensioner sections of the community, for whom there should be a 15 per cent increase in the contribution rate;
- a common benefit fund should apply across the whole state.[2]

*Senior executive staff (director level) of St John Ambulance in WA, 1990. Left to right: Colin Weeks (personnel), Graham Wilson (finance), Ken Ford (first aid training), Ian Kaye-Eddie (executive director), Andy Cathles (marketing), Kevin Smith (ambulance transport), Harry Oxer (medical).*



Ellis's 12 progress reports had been spread across four months. In the process he had given the Association in Western Australia the most thorough scrutiny to which any branch of St John anywhere in Australia had been subjected up till that time. It was a tribute to his analytical skills, and also his ability to appreciate the dynamics of complex organisations, that the Association in Western Australia was soon reshaped along the lines he had recommended. It was a tribute to the foresight and practical wisdom of the Manford-Boucher-LeBreton-Shea group on the council that his recommendations were promptly implemented. And it was a tribute to the administrative flair of Kaye-Eddie, whom they had expeditiously recruited, that the new structure he envisaged was erected over the next couple of years.

Kaye-Eddie, appointed even before Ellis had finished his reports, set about effecting the proposed organisational changes, and placing appropriate personnel into the new management positions. Some staff he found within the organisation; others were brought in from outside. As transport superintendent he retained Kevin Smith, a former policeman who had joined the ambulance service in 1967, been a prominent ambulance officer trade unionist, and had risen through the ranks to the management level. He kept Dr Harry Oxer as Medical Director. Oxer, who also retained a position as anaesthetist on the staff of the Fremantle Hospital, had been appointed as part-time medical adviser to the service in 1976. RAM Ashley, promoted as Administration and Finance Manager, was another internal appointment, one of the staff members who had been actively pushing for

change. He moved on from the organisation in 1982, and was replaced by Graham Wilson, a financial administrator recruited from the Uniting Church. The Personnel and Industrial Relations Manager, RJ Lambert, was recruited from Western Mining Corporation. He remained until after industrial quiescence was achieved, and was succeeded in 1984 by Colin Weeks, previously with the Colonial Sugar Refining group. The Public Relations and Marketing Manager, Murray Allum Snr. (Murray Allum Jnr. also worked in the service as an ambulance officer), had been with the organisation since 1955. Also a prime mover in the formation of the Ambulance Services Union of Workers, he had risen through the ranks to serve in various management positions, most recently as Assistant General Secretary. The person promoted from within to be Public Teaching Manager eventually proved inadequate and in 1981 was replaced with Diane Tomsett, whose contributions were outlined in Chapter 8.

Perhaps predictably, the changes were not to everyone's liking. One who felt particularly aggrieved was the previous general secretary, DC McAllister. Successor to such luminaries of the past as WC Brear (1928–51), N Hilton (1951–60) and HV Bray (1960–75) —his predecessors as joint Association secretary-ambulance service chief executive—McAllister had been in the job for three years when Ellis arrived on the scene. He soon fell out with the latter. (He later described their relationship as one of 'smouldering animosity'.) He thought Ellis had approached St John with preconceived notions, had then given it only a cursory examination, had ignored the views of senior managers like himself, and had failed to comprehend the difficulties under which they were labouring. Overlooked in the quest for a general manager, but prepared to work in a lesser position (he was assigned to supervising Medic Alert), he believed the new management appreciated neither his talents nor seven years' loyal service. The principal casualty of the reorganisation, he left St John at the end of September 1978.[3]

Whatever criticisms might thus have been levelled at the new-look management, the organisation quickly adapted itself to the changes demanded by the Ellis blueprint. Within 18 months or so it had settled into the new routines, and was beginning the growth spurt discussed in Chapter 8. By this time it was operating out of its smart new, spacious and utilitarian headquarters on the Great Eastern Highway in Belmont, formerly the Belmont city administration offices. The move had been one of Ellis's recommendations. The promptness with which the property had been obtained, plans drawn up, tenders let, and reconstruction completed was evidence of both the vigor of the new management and the

*The new Belmont administrative headquarters, occupied 1979 and seen here several years later, in the early 1980s.*



commitment of the Association council—now under LeBreton's presidency—to the Ellis reforms. At the same time peace was being won on the industrial front, as the demands of the ambulance officer unionists were finally conceded and mutual trust between them and the new management was established. Thus reinvigorated, the Association entered the 1980s in perhaps better shape than at any time in the preceding 88 years.

The overall benefit to the Association of the physic Ellis had prescribed became apparent on 15 November 1985. That day the Public Accounts Committee (PAC) of the Western Australian parliament presented its Report No. 25 to the Legislative Assembly. PACs of varying membership were convened from time to time to review the activities of publicly funded agencies. PAC No. 25, a 5-member committee chaired by IF Taylor, MLA, had been delegated the task of investigating the state ambulance system. Its inquiry, which began in August 1984, examined all ambulance facilities, including those provided by the Royal Flying Doctor Service (RFDS), hospitals, and private organisations like the mining companies; but its report was essentially an examination of the St John service. The committee started by advertising in the press for submissions from interested parties who wished to comment on the service. Altogether 43 accepted the invitation. Apart from the Belmont Administration, 28 subcentres made submissions; so too did the five major Perth hospitals (Royal Perth, Fremantle, Sir Charles Gairdner, King Edward and Princess Margaret), the RFDS, the state Health Department, the Hospital Benefit Fund of Western Australia, the ambulance officers' section of the Miscellaneous Workers Union, and several individuals. After absorbing these, the committee held preliminary discussions with both the St John management and the ambulance officers' union. It then conducted interviews under oath with individual St John managers, union officials, hospital staff and Health Department officials. Then it went on tour to see ambulance facilities for itself and hold discussions with the subcentre community. In the process they visited Albany, Kalgoorlie, Denmark, Walpole, Manjimup, Mount Barker, Esperance, Kambalda, Norseman, Cervantes, Jurien, Moora and Bindoon, as well as the Belmont Head Centre.[4]

Apart from several quixotically eccentric proposals, the report's 21 recommendations endorsed the St John management. It began with a statement affirming 'that the Association is not grossly mismanaged or funding itself in inappropriate ways'. (This was an odd choice of words: even during the Association's darkest days, during the strike of 1974, no one had ever accused the council of such sins.) Next the report gave a historical résumé of the development of the service, went on to discuss the salient points made in the submissions and during interviews, then presented the recommendations. The first of these, the main issue under consideration, was that the Association should continue to be the state's principal provider of ambulance services, ultimately accountable to the Minister for Health. The second acknowledged the Association's pre-eminent first aid training role in the state. Other recommendations included these:

- The state's 90 or so non-St John ambulances should be formally registered with the Health Department; they should measure up to approved (by inference St John's) standards; and the word 'ambulance' should be restricted by regulation to vehicles carrying acutely ill patients;
- To save costs, effort should be made to introduce a two-tiered ambulance system. That is, in addition to the present high-cost 'hightech' vehicles, which were most appropriate for acute cases, a second type of vehicle was needed. This would involve introducing a system of low-cost minibuses for walking patients under transport to regular clinic appointments;
- Station officers—the ambulance officers in charge of depots and subcentres—should be given greater autonomy; and those at the remote single officer subcentres should be assigned a second officer so they need not answer calls alone;
- The country service should be decentralised, along regional lines;

- The responsibility for the benefit fund should be transferred from the Association to the private health insurance funds;
- Women should be given fair and equal opportunity to become permanent ambulance officers;
- The ambulance officers should be given a seat on both the Association council and its executive.[5]

Though pleased with the parliamentary approbation the report generally implied, the Head Centre was perturbed by several of the recommendations. Those with which it disagreed strongly were these:

*A two-tiered service*

This had already been tried. The Association had previously run a clinic bus service, but had closed it down in 1982. To reintroduce it would add extra costs. Transporting clinic patients by taxi would be more economical.

*Decentralisation and regionalisation*

Regionalisation had been tried—in the Pilbara—but had failed. To regionalise would add another $1 million to annual expenditure. In any case, the service was effectively decentralised through its 101 country subcentres.

*St John Ambulance Association council, 1989, immediately before the organisational restructure. Left to right, back: LJ Richardson, BF McInerney, HR Irvine, R Blizard, RD Irvine; centre: HK Smith, D Frearson, T Hamilton, KJ Young, RL Pearce, RA Pederick; front: IL Kaye-Eddie, I Day, GA Shea, GA King (president), EG LeBreton, NM Wreford, HF Oxer; absent: FB Webb, KH Raymond.*



*Station officers' autonomy*

The recommendations here reflected the union's argument to the PAC. Head Centre argued to the contrary, that the station officers already had adequate authority and responsibility—as demonstrated by their duty statements. It was inappropriate for an integrated service to have fully autonomous depots.

In relation to second salaried officers for small subcentres, the additional cost did not justify the proposal, particularly when trained volunteers were available. The recommendation could be implemented, however, if the government made the necessary extra funds available. In the meantime the workload at each subcentre was continually monitored; and if it expanded sufficiently consideration would be given to providing paid staff.

*Union representation*

This, too, reflected the union's view. The Head Centre's countervailing view was that union members were already involved at every level of operational decision-making through the consultative processes. Moreover ambulance officer unionists were only one of various sectional interest groups. If every such group were accommodated on the council and executive, both bodies would become too unwieldy.

With these objections in mind, the Head Centre drew up a response to the PAC report. This was submitted to the PAC in April 1986. It shrewdly debated the contentious recommendations on economic grounds, including detailed costings. The latter at once demonstrated the organisation's concern to be seen as being financially prudent and responsible, while also indicating its foresight and careful planning. On other points the response simply accepted the PAC recommendations. For example, in relation to the proposal for a higher proportion of female ambulance officers it observed that the Association was now an 'equal employment opportunity' employer, and was actively implementing the recommendation.[6]

To assess how far the Association had complied with the PAC No. 25 recommendations, the parliament in 1988 established a second PAC, No. 11, to make a follow-up inquiry. Again, a 5-person committee was appointed, this time chaired by DL Smith. Their report was tabled in the Legislative Assembly on 15 December 1988. If Report No. 25 had indicated general parliamentary approval for the Association, Report No. 11 was an enthusiastic endorsement of Head Centre management. The union had argued forcefully on some points (e.g., management had become top-heavy, with too many superintendents in head office but too few ambulance officers around the depots and subcentres), but in almost every issue the PAC accepted the Association management's view. Indeed, Report No. 11 largely consisted of an endorsement of the Association's April 1986 response to Report No. 25. The conclusion to Report No. 11 left little doubt that the PAC was well pleased with St John:

> The Committee considers that the improvements made to the ambulance services of Western Australia following the [PAC's] original report have been significant and beneficial. The Committee acknowledges that the St John Ambulance Association fulfils a vital role within the health services of this State and does so efficiently and effectively . . . The Association . . . is acutely aware of the issues raised in [PAC] No. 25 and is taking steps to ensure the best possible ambulance service is provided to the people of Western Australia. The Committee believes that the close liaison that has developed between the Association, the Health Department and the Ambulance Officers' Union will ensure the continued improvement of ambulance services in this State.[7]

In accepting this compliment, George Shea (now Association president) could look back with pride over the past decade at the reforms he and his predecessors, Manford and LeBreton, had instigated.

The restructuring described above mainly affected one part of the Western Australian St John organisation alone, the Association. And although it was the largest, best known, most powerful, best endowed and most multi-faceted part of the organisation—the tail that wagged the dog—it was not the entire body. Other limbs and appendages included the Commandery, the nominal head of the state body, and the Brigade. During the late 1980s they, too, would be reshaped, but in their case it was the Priory which undertook the remodelling.

# RESTRUCTURING THE PRIORY

By the mid-'80s the Priory, like the Western Australian Head Centre a decade before, had begun thinking seriously about the need for reform and restructuring. Various trends and events had prompted it. Among them were these:

## A NEW CHANCELLOR

In 1982 the Priory had appointed a new Chancellor (i.e. chief executive officer), Sir John Young, the Chief Justice and Lieutenant-Governor of Victoria. Among matters coming to his early attention were several where the Priory's legal liability were an issue. At his urging, the Priory executive began reconsidering means of streamlining its organisation so as to be legally less vulnerable.

## THE ST JOHN CENTENARY

In 1983 St John celebrated its centenary of activity in Australia. One aspect of the celebrations was the publication of a centenary history, *A Century For Australia: St John Ambulance in Australia 1883-1983* (written by the present author). As well as charting organisational growth and achievement, this book examined the conflicts, failures and shortcomings of the past century. That in turn stimulated discussion about the directions St John might take in future.

## INDUSTRIAL DISCORD

The recent industrial disputes in the Western Australian ambulance service and continuing strife in the South Australian St John service focused Priory attention on the organisation's responsibilities for state ambulance systems in the three western states/territories. The contrast between the harmony achieved in Western Australia and the continuing discord in South Australia (where a very different institutional framework had evolved) suggested that the root cause of industrial conflict was structural.

## THE DECLINE OF THE BRIGADE

The decline of the Brigade in nearly every state and territory, relative to population even if not in overall strength, was a cause for concern. Another concern was the ageing of the Brigade: many leaders had come into the organisation 40 years before, during the 'golden age' of World War II; very few cadets continued as adult members; and notably lacking from the ranks were people in their 20s and 30s. Also worrying were tensions between the Brigade and Association in some states, within the Brigade in South Australia in particular, and also between a section of the Brigade and the St John Council in South Australia. The possibility of structural solutions to such problems was consequently canvassed among senior Brigade officers and Priory officials.

## INSTITUTIONAL IMAGE

The Priory's very name suggested an image problem. 'The Priory in Australia of the Grand Priory of the Most Venerable Order of the Hospital of St John of Jerusalem' was not only impossibly cumbersome; it was probably the most pompous title of any voluntary agency offering its services to the Australian public. In an era of catchy brand names, neatly packaged for instant recognition, such ponderously grandiloquent titles seemed calculated to set the public yawning. Utterly respectable the institutional image might have been, but unfortunately that also suggested something utterly conservative and archaic.

The complexity of institutional arrangements, and the confusion these led to, were also matters of concern to those wanting to update the St John image. How, for instance, could the St John official explain to a television reporter in just one line the difference between the St John Ambulance Association and the St John Ambulance Brigade? Without creating confusion, how did one explain to a parliamentary committee of inquiry that the Priory was the federal body for the Order of St John (short title), which sponsored three foundations (Association, Brigade and Ophthalmic Hospital), the local branch of one of

which—the Association—conducted Western Australia's state ambulance service? When most St John senior officials, let alone ordinary members, had difficulty mentally mapping the organisation, what could the public be expected to make of it? Simplified structures, perhaps, might help answer such questions.

Concerns like these persuaded the Priory in 1985 to set up a Structure Review Committee (SRC). The SRC reported to the Priory Chapter (titular national governing body) in June that year. Among other matters, the report covered these:

## NAME AND TITLE

The SRC proposed scrapping the familiar name, 'The Order of St John in Australia', the shorthand form conveniently used in place of the cumbersome full title. Even the 7-word contraction of the 21-word full title created confusion: what the public recognised was 'St John Ambulance', so why bother with 'The Order'? After debate along these lines, the SRC opted for 'St John Ambulance Australia'. This title, it was felt, summed up more accurately the functions of the organisation. At the same time it kept members' attention focused on the real purpose for the organisation's existence, while discouraging those with an unwholesome fixation on the chivalric lore of long-dead Knights Hospitaller.

## IDENTITY OF THE FOUNDATIONS

The Association and Brigade each had very different functions and traditions. The one existed to provide first aid training and to produce authoritative, up-to-date first aid manuals; its members wore no uniforms; and increasingly they were fulltime salaried employees —professionally trained, specialist health educators. (In Western Australia there was the additional function of conducting an ambulance service.) The other existed to provide a practical first aid field service; it was uniformed, disciplined, and took pride in its paramilitary organisational forms; and it was wholly voluntary, this being its most hallowed tradition.

The SRC proposed a rationalistion of the two foundations, which had often worked independently of each other. Each foundation would still retain its own management committee in each state, as previously, but they would become more closely co-ordinated by being brought under the same administrative and financial umbrella. To emphasise the unity of purpose under the new 'St John Ambulance Australia' banner, the names 'Association' and 'Brigade' should be abolished. These, the SRC thought, had induced a state of institutional schizophrenia. Names more conducive to the mental health of the body corporate were 'Training Branch' and 'Operations Branch'.

Henceforth people joining the organisation would identify themselves as working for simply a branch of St John Ambulance Australia, either in training or in field operations. As such, they would carry with them neither the burdensome mental baggage of a distinct tradition nor a destructive sense of rivalry felt for some separate foundation.

## STATE ST JOHN COUNCILS

Pushed by the Priory, the state St John branches established general co-ordinating bodies, or councils, during the late 1940s and early '50s. The councils drew their representation from both Association and Brigade, and became the bodies in which St John property was vested. In every state/territory, with the exception of Western Australia (where the Commandery had created exceptional circumstances), the St John Council became the peak body, and its president the most powerful St John officer. But despite the pre-eminence of the councils, the Association and Brigade had remained separate, with different administrations. Indeed in some cases, separately located headquarters had maintained the administrative distance between them.

The SRC now proposed that the councils become directly responsible for both foundations, and administer them through the one management team. The council's fulltime general manager in each state would henceforth be responsible for administering both the Training and the Operations Branches.

The Priory Chapter approved these changes in principle, and the SRC then proceeded to redraft

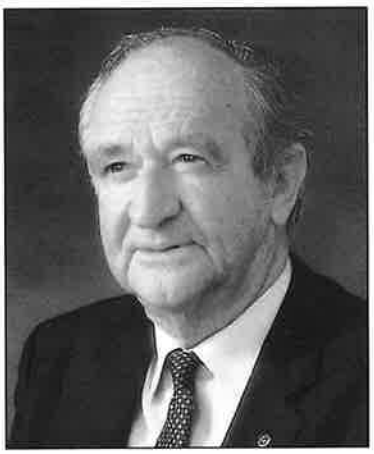
Priory regulations to enable the restructuring to proceed. The new regulations were approved at the annual Chapter meeting in June 1986, and came into effect on 1 January 1987. For most rank and file St John members the changes probably made little difference at first. It simply meant that formally they now taught first aid in Training Branch or went on public first aid duty with Operations Branch. Periodically reminding themelves they were no longer with the Association or Brigade was perhaps the most difficult part of the change.

## THE RESTRUCTURE IN WESTERN AUSTRALIA

In Western Australia the transition to the new national structure was complicated by the existence of both the Commandery and the ambulance service. For Western Australia it was not therefore a simple matter of merging Association and Brigade administrations. Major constitutional rearrangements were required, and these took time to negotiate. They eventually came into force on 1 July 1989. In brief, the new arrangements were as follows:[8]

- The former Commandery, renamed *St John Ambulance Australia (WA) Inc.*, became the supreme governing body for all major policy decisions affecting St John in Western Australia. Certain titles from the former Commandery were retained. Thus, the chairman was still called the Lieutenant, and the position was retained by Dr Dermot Foster, who had been the Commandery Lieutenant. Other ceremonial titles (Director of Ceremonies, Registrar, Librarian, Hospitaller) were also continued but the positions were filled by people with strong affiliations with the former Association. Thus, Hugh LeBreton became the Hospitaller, FB Webb (formerly treasurer to the Association Council) became the Registrar, and KJ Young (formerly a council member) became the Librarian. In addition, GA King (previously Association president) took a place as chairman of the newly created ambulance board (see below), and his deputy, RD Irvine (formerly Association vice-president), also took a seat.
  The Brigade/Operations Commissioner, Dr RL Pearce, and Superintendent, BF McInerney, took places by virtue of the Operations Branch positions, while the ninth member, the Director of Ceremonies, Dr ER Griffiths, had been Pearce's predecessor as Commissioner.
  The position of ex-officio Chief Executive Officer, or fulltime admininstrative head, went to Kaye-Eddie, who also stayed on as permanent head of the ambulance service (with the title of Executive Director: see next page).
  With five of the nine positions, plus the Chief Executive Officer, the former Association had the balance of numbers in the new 'power house' of St John affairs in Western Australia. This did not imply that the various parts of the organisation had been competing for seats on the new body. It simply reflected the numerical weight of each of the parts.
- The former Association ambulance service and public first aid training wing was renamed *St John Ambulance Australia WA Ambulance Service Inc.*
  The former council now became known as the Ambulance Board. Gerard King became its

*Dr DC Foster, Comm. Lieut. 1984–90.*



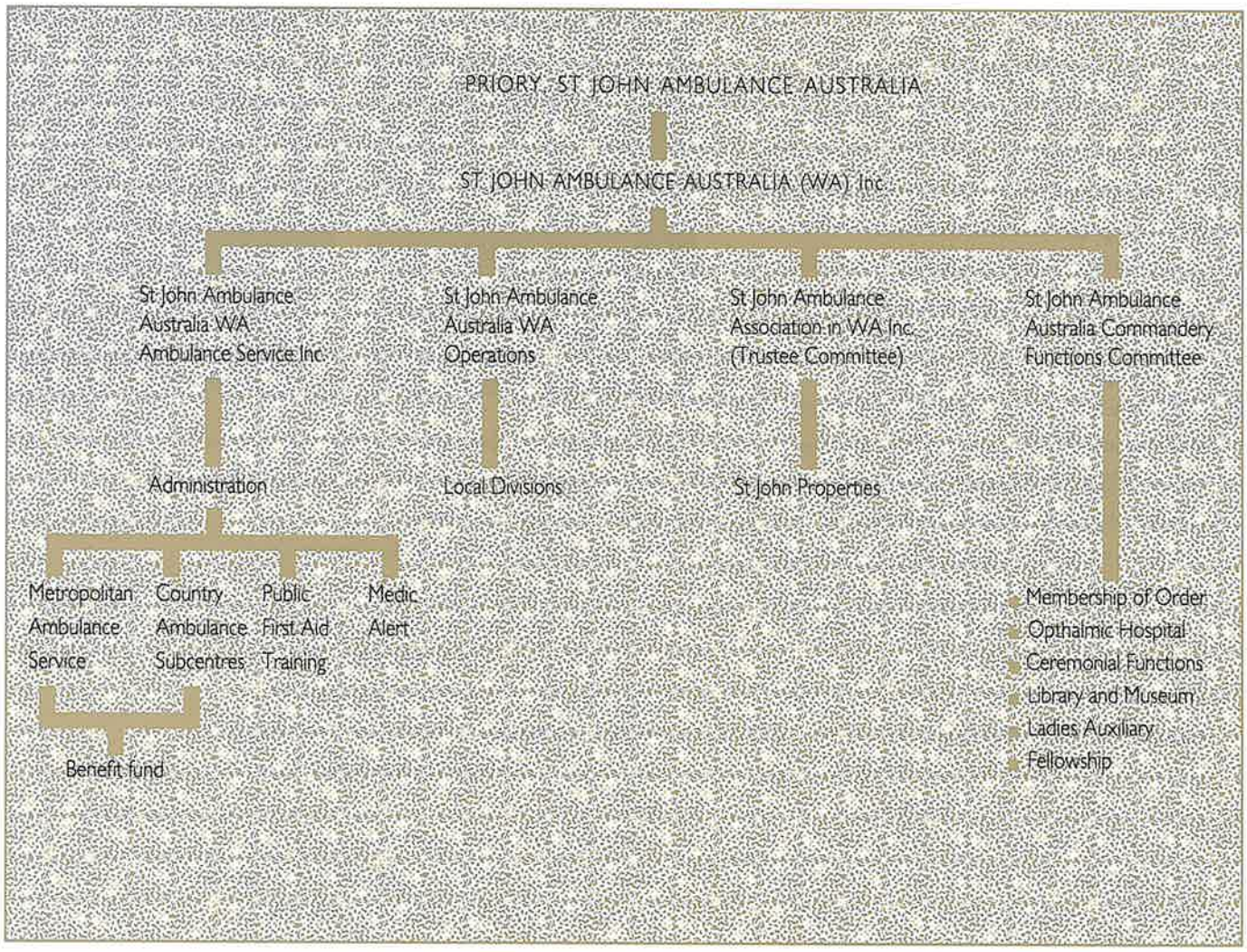
*GA King, president of the Association council.*



chairman (George Shea having retired), RD Irvine its deputy chairman, and four of its five other members had also been on the council. Kaye-Eddie continued on as its permanent head, but with the new title of Executive Director. Its functions remained the same as before—management of the metropolitan and country ambulance services, public first aid training, and Medic Alert.

- The Association itself did not entirely disappear. The name *St John Ambulance Association in WA Inc.* was retained for legal reasons, but instead of a council it was now run by a newly constituted Trustee Committee, chaired by Dermot Foster, and with King, LeBreton, Irvine and another former council member, R Blizard, as its fifth member. This committee became the property trustee, the formal title holder to all St John properties in the state.
- The former Brigade District took the new title *St John Ambulance Australia WA Operations,* its functions overseen by a 5-person committee of its senior officers chaired by its Commissioner, Pearce. Thus brought in as a constituent part of a

ST JOHN AMBULANCE IN WESTERN AUSTRALIA: STRUCTURE IN 1989-90



dynamic larger organisation, the Operations branch would hopefully become revitalised. Placed alongside the other vigorous branches, it now had a chance to rebuild its strength, recruit new members, add new divisions.

- Finally, the ceremonial aspects of St John life were passed from the former Commandery to a new body, a 9-person *St John Ambulance Australia Commandery Functions Committee,* chaired by Foster and drawing its membership from other parts of the organisation. Its functions would be to make recommendations to Priory about admissions to and promotions within the Order; raise funds for the Ophthalmic Hospital in Jerusalem; supervise ceremonies like the investitures and annual church parades; administer the library and museum; be responsibile for the Ladies Auxiliary, a fund-raising social committee; and promote the embryonic Fellowship foundation—a proposed venture into social welfare work being canvassed around the Priory.

The new structure could be diagrammatically represented along the lines shown in the figure opposite.

How durable the new structure would prove as St John approached its second century in Western Australia remained a moot point. Further rebuilding, greater simplicity and improved cross-links might still turn out to be necessary as the St John community grew more accustomed to life in the new mansion. Only time would tell. Meanwhile, however, the organisation had become more cohesive than at any time in the preceding century. Indeed, few other institutions in Australia facing the beginning of a second century could probably do so as optimistically as St John Ambulance in Western Australia.

*NOTES*

1 WJ Ellis, Progress Reports 1–12, Review of St John Ambulance Association, March–July 1978, SJAA records, Belmont, Perth.

2 *ibid.*

3 DC McAllister to EG LeBreton, 18 October 1978, SJAA records, Belmont, Perth.

4 IF Taylor (*et al.*), 'Ambulance Services in Western Australia', Public Accounts Committee Report No. 25, Legislative Assembly of Western Australia, November 1985.

5 *ibid.*

6 St John Ambulance Association in Western Australia Inc., 'Supplementary Response to the Public Accounts Committee Report No. 25, Ambulance Services in Western Australia', April 1986, SJAA records, Belmont, Perth.

7 DL Smith (*et al*), 'Ambulance Services Follow Up Report', Public Accounts and Expenditure Review Committee Report No. 11, Legislative Assembly of Western Australia, December 1988.

8 St John Ambulance Australia (WA) Inc., *98th Annual Report 1989/90*, pp. 2–3.

PART TWO



# AMBULANCE WORK

## VIEWS FROM WITHIN

Professional ambulance officers belong to one of many specialised, skilled occupational groups devoted to keeping people alive and well. Theirs is a 'caring' profession, one whose practitioners work to relieve suffering, restore welfare, and strengthen the community's sense of physical and emotional security. By its very nature, their work forces them to see the best and the worst of the human condition. They witness acts of courage and endurance which most other citizens know only at about fourth hand from televised fiction. They also see how cowardice, egotism and callous disregard for others manifest themselves in day-to-day events. Through familiarity, the bizarre and freakish for them become merely the mundane. And the fragility of human life is ever before them, broken bodies and grieving relatives daily demonstrating the practical dimensions of mortality.

In this part of the book a group of ambulance officers of long experience talk about their work as they answer a series of questions put to them in interviews. They begin by saying what drew them into their profession, and go on to describe some of the cases they remember particularly from among the thousands they have individually handled. In doing so, they also discuss the pleasures and rewards of their work, the anguish it brings, and the humorous situations in which it sometimes lands them. They say how they cope with the horrors they witness; they describe the changes in their work as Australian society has changed; and they conclude by telling us what they consider makes the ideal ambulance officer.



# Why I became an ambulance officer

The reasons for becoming an ambulance officer are many and varied—as numerous indeed as the 290 officers working in the service in 1991. Some reasons, however, are common to many. A wish to be of use to the community, the chance of doing something practical to help others, is probably the basic reason. Seeing someone injured but lacking a knowledge of what to do in such situations has been an experience to switch many people towards a new career in ambulance work. For many, ambulance work has been a natural progression, the end result of pursuing an interest aroused through learning first aid. The drama and excitement of the 'Priority 1' call—the flashing red beacon and wailing siren of an emergency case—were alluring for some. For others the trim uniform, unassuming air of competence and camaraderie of the professional ambulance officers were added inducements. Job security, the wish to escape from a dead-end occupation into something more satisfying, a well-defined promotional path, semi-professional career status, a tertiary educational qualification achieved through in-service study, and fairly high esteem within the community are also ingredients in the mix.

These motives are all apparent in the responses of sixteen senior ambulance officers who volunteered answers to the question 'How and why did I become involved in the ambulance service?' As the responses also suggest, ambulance officers come from varying backgrounds. Thus, of our 16, three had previously been ambulance officers elsewhere; six came from the police or armed services; several came from managerial or professional positions, some were skilled tradesmen, others had been in semi-skilled labouring jobs; three had been immigrants from Britain, and the other 13 were native-born Western Australians. Their responses follow in random order.

### DOUG BAXTER
SENIOR COMMUNICATIONS OFFICER

*I used to live down in Katanning. One day I was at the railway station and saw the local Railway Division of the St John Ambulance Brigade carrying a bag of wheat with a stretcher. I asked them what they were doing.*

*'Training in first aid', they replied. 'Want to be in it? We need a patient'.*

*I took up the offer, and had a go at being patient. I thought it might be interesting so I joined their division. I soon started going on the ambulance van, and made many trips to Perth. I was an apprentice grocer at the time, and my boss used to allow me to take time off to take cases up to Perth.*

*On my trips up to town I used to meet the metropolitan ambos [i.e. ambulance officers] and one of them told me a vacancy could be coming up. I decided to move up to Perth and apply for the job because I'd lost all my hair through living next door to the flour mill in Katanning. I'd become allergic to pollen in the flour. One day when I was in Perth I'd met a pharmacist called Bingham who said he could cure my hair loss. He had a gunky potion that had to go on my head, and I used to wear a hat to hide it from view. I got a job in Boan's grocery downstairs while having the treatment. When my hair came back I linked up as an ambulance volunteer with the Brigade's Victoria Park division, and got a job with Chamberlain's Tractors. Eventually, when a vacancy occurred at the Wellington Street depot, I applied and was accepted. I was interviewed by ———— [the Association secretary of the day] and Hec Adams [the superintendent of the service], and got the job. ———— later got the sack. It's said that he had an extra petrol tank fitted under his car, and*

*was filling this with company fuel, then selling it on the black market.*

### KEVIN SMITH
AMBULANCE TRANSPORT DIRECTOR

*As a young man I was heavily involved in church affairs, first the Methodists and later the Baptists. This gave me a commitment to working for society. I was a fitter by trade, and for a while thought seriously of joining the ministry, with the Mission Air Fellowship, where my trade training would have been useful. That didn't work out, so I joined the police, which also had a social orientation. After*

*Ambulance week, 1988: the St John fleet parades through Perth. Publicity promotions like this indirectly assist in attracting new staff.*




*a time I came to see police work as negative, and as I didn't enjoy locking people up, I began looking round for other forms of employment.*

*As I'd been in the police traffic branch I'd seen many traffic accidents, and had become familiar with ambulance work. I was also a former next door neighbour of Murray Allum [formerly St John Ambulance public relations and marketing manager for WA], so one day I asked him about joining the service. He said, 'Join the [St John Ambulance] Brigade!', so I joined Osborne Park [Brigade division]. That was about 1966, when I was 25. I didn't know much about the organisation; for example, I didn't appreciate the difference between the Brigade and Association. As a Brigade member I used to attend the Claremont subcentre as an ambulance volunteer at weekends, and as a result I became aware about mid-1967 that paid attendants were to be recruited to assist the fulltime ambos. I thought I'd like to try it, so I applied to Harold Bray [the St John secretary] and was successful. I started on New Year's Eve, 1967.*

### KEN FORD
FIRST AID TRAINING DIRECTOR

*I had been an accountant. I became involved in ambulance work at Midland, after I'd done a first aid course at the invitation of a neighbour. When the course was completed I joined the Midland division of the Brigade, and subsequently worked as an ambulance volunteer for the next five years. I then transferred to Victoria Park as a volunteer. I was an accountant then, but came to prefer ambulance work and decided to do it full time. I was invited to attend Saturday classes for an eight-week induction course, at the end of which we were examined. I passed and was accepted into the service on 22 December 1970 as one of the first of the two-man crews.*

*The two-man crews were an innovation. Some of the senior officers opposed the idea. They didn't like having to work alongside a second officer, and weren't very welcoming. I found myself very busy, jumping from ambulance to ambulance joining 'Priority 1' calls. Occasionally I had to work as a one-man crew. I also took my turn on the 'para-buses', taking paraplegics and disabled people to the sheltered workshop. My first two years were at the Wellington Street centre, then came moves to various subcentres—Osborne Park, South Perth, Victoria Park, Midland.*

### KEN NEWINGTON
SUPERINTENDENT OF THE METROPOLITAN AMBULANCE REGION

*I'm now [1989] in my 20th year in Western Australia, after 11 years as an ambulance officer in Brighton, UK. I arrived here in 1969 as a '£10 wonder' (the fee the migrant then had to pay). I came out thinking I'd be able to start work in the service immediately. I had written in advance but had received no reply. When I arrived and made further inquiries I was told there were no vacancies. I hadn't planned for other employment, but as I'd trained earlier as an upholsterer in England I was able to find work in that*

*trade, then bided my time until a vacancy occurred in the service. I was eventually accepted into a 16-week Saturday morning induction course with no promise of employment. I was simply told that if I proved suitable I'd be put on a waiting list. Halfway through the course Harold Bray came to us and announced the organisation had run out of cash, and could make no promise of eventual employment. Half the class said they wished to continue, and went on to complete the course. I was one of these.*

*After another 18 months' waiting I was called in by Murray Allum (Snr.) who said a vacancy existed at Bassendean. This wasn't a popular posting because Mick Hanlon had been there on his own for years. Murray explained, 'This man won't work with* anyone!' *I went out to introduce myself. 'You're not coming in here with me. You can sit outside in the car,' Mick said. I went back to Murray and reported that Mick seemed too aggressive and antagonistic for me to work with, so Murray posted me to Midland to work with Mick Milanos and Jack Coyle. It turned out to be the roughest ambulance service I've ever been involved with. No training was required, and all you needed was a B-class (truck driver's) licence. I decided I'd give it two years' trial, on the principle that if one doesn't seek improvement one doesn't improve.*

### JOHN GORIN
### SUPERINTENDENT OF METROPOLITAN OPERATIONS

*I'm Western Australian born, from Wiluna. I've been 15 years in the ambulance service, after being a policeman in Papua New Guinea for six years; and before that I was in the Western Australian police. After returning from Papua New Guinea I couldn't get back into the police force here. I thought I'd like to try ambulance work because it's a job in which you're helping others, so I went along to do a first aid course. My wife did too. After completing the course I applied for a job as an ambulance officer. I was interviewed by Kevin Smith, who'd been on the motorbikes with me in the police force. I was hired on the understanding that I'd do training two nights a week and Saturday mornings for three weeks, with the possibility of employment at the end of the training. Twelve people did the course.*

*Two months after completing the course I was offered a job on a para-bus, one of the 6 clinic vans being run between the Sir Charles Gairdner and Fremantle Public Hospitals. People were hired on a one-for-one basis as someone retired or resigned. The practice then was to start out on the para-buses. The other 'ambos' wouldn't talk to me because they looked down on para-bus drivers. The para-bus was nevertheless good experience in (a) acquiring a knowledge of the metropolitan area, and (b) talking sensitively to patients, whom we got to know very well. Many of the para-bus patients were 'regulars', for example multiple sclerosis sufferers, and we'd miss them greatly when they died.*

*After three months on the para-buses I was posted to the ambulance staff at Central Depot. It was a time of industrial turmoil over rosters. The union had begun working out its own roster and the St John management were working out another. The union cancelled my posting to Central and sent me to Midland instead, so that's where I went, and that's where I spent the next two years.*

### DON FEWSTER
### SUPERINTENDENT OF PLANT AND COMMUNICATIONS

*I started off as a builder with my father. Later I was a clerk with the tobacco firm WD & HO Wills. I had done army national service, and had been assigned to the No. 5 Dental Unit as a driver with the mobile dental surgery. That aroused my interest in ambulance work, then during my subsequent compulsory 3 years with the Citizens' Military Force I met other volunteer ambulance officers, who persuaded me to join the St John service as a volunteer. I enjoyed that, so in 1965 I decided to join the service fulltime.*

*I was soon disillusioned with the standard of the service. In one of my early cases as a volunteer I had to attend an accident with another volunteer, my senior. I began treating the patient, and after a few minutes I became aware that I was on my own. 'Have you seen the other ambulance officer?' I asked one of the bystanders. 'Yes. He's round the front of the ambulance reading a book'. I went round the front, and there he was reading the first aid textbook on how to treat a broken femur. I was shocked to think training in the service was so poor my senior officer didn't already know what to do in a case like this.*

### BILL BRYANT
AMBULANCE OFFICER GRADE III

*I was 33 years old and working at the Turana Boys' Home in Melbourne after leaving the British Army, when a friend talked me into joining the Victorian ambulance service. That was in 1970, the week the Westgate Bridge fell down. I spent three years in the Victorian service, then came to Western Australia because of a three-week strike we had in Victoria. I found I couldn't catch up the money I'd lost because of the strike, and already had a sister over here, so I sold up in Victoria and came to Perth. I was accepted almost immediately, and held my Victorian rank.*

### DAVE HERVE
AMBULANCE OFFICER GRADE III

*I came from the UK, aged 25, in 1967 because I was tired of the strikes we were always having in the factory where I worked. I got a job in my own trade as a jig and tool design draftsman. I'd been through grammar school studying science at home, I'd done an apprenticeship, and had then gone on to engineering training; and I'd always been interested in the St John Ambulance Brigade. After I came here I joined the Brigade's Westrail Division, near Midland. I then joined the ambulance service in 1974, after doing a fortnight's fulltime induction course.*

### GRAHAM BUTLER
AMBULANCE OFFICER GRADE III

*I had five years in the police force. I was heavily involved in the accident section, meeting the ambos regularly and taking statements from them. I wanted to do more to help people, and felt I could do more for the patients I met in police work, so I applied for entry to the service. I did the induction course, then joined the service in early 1973. I was posted out to Midland, but was involved in a near-fatal motorbike accident soon after. It took me five years before I could come back into ambulance work. I returned via the para-buses, which I worked on for 14 months. I had a great 'welcome back': my very first job was an attempted suicide. The person jumped from four storeys up, but survived the drop. The legs broke up on impact, however, and we had to carry them away in a bag.*

### HENRY SIENKIEWICZ
AMBULANCE OFFICER GRADE III

*I used to be a dogman in a steelworks. One day a chap working on the roof fell through the fibro-cement roofing, and landed in a crumpled heap just behind me with multiple fractures. I ran off and got the first aiders, who called the ambulance. I was impressed with the way the ambos handled the case, and cleaned up the patient. I went out and did a first aid course, but still didn't feel competent to handle cases like the one I'd seen at work, and so I asked St John if there was an advanced first aid class. They asked me if I'd like to train as an ambulance officer, so I enrolled in the induction class in 1971, and passed the exam. Nine months later they offered me a job. I love the job, and have done ever since I joined the service.*

### RAY MARSHALL
SUPERINTENDENT OF
THE COUNTRY AMBULANCE REGION

*I joined the service in December 1967, a week before Kevin Smith. Before that I'd been in management, and had been with Telex Australia Pty. Ltd., who make hearing aids. I'd started as a radio technician, then qualified as an audiologist. I became assistant manager at Telex, worked for them in Sydney for three years, then returned to Perth in 1960.*

*My interest in ambulance work began that year. I was out driving one day and saw a child walk on to the road. It was hit by a truck and suffered severe head injuries. I didn't know what to do to help, so afterwards I enrolled in a first aid course, with my wife, then became a volunteer with the Canning Bridge-South Perth division of the St John Ambulance Brigade. I worked on the Thursday and Saturday night shifts with Norm Lacey until 1967.*

*I was becoming dissatisfied with my job at Telex, so I thought I'd try ambulance work full time. I asked Harold Bray, the manager, if that would be possible, and he said, 'Start on Monday at Victoria Park'. I spent the next two years there on my own as a one-man ambulance. Ken Ford was one of my volunteers. I then came into the town depot in Wellington Street to take over van No. 7 and to be a relief officer.*

## BOB BARKER
### SUPERINTENDENT OF THE AMBULANCE OFFICER TRAINING CENTRE

*I grew up at Donnybrook, near Bunbury. I'm now 44; and when I was 16 I left home to travel and work around Australia. When I was 20 I joined the Navy, and spent 9 years in it, the last 18 months in WA. I was doing underwater demolition in the Navy, but there are no applications for that in civilian life, and so I began thinking of what I might do when I left the Navy. A newspaper ad. for ambos in November '74 caught my interest, so I applied and was accepted. I did the induction course over three weekends, my name was put on the list, then at the end of January 1975 I got a call to begin work on the para-buses. After four months of that I was put on a van. I became a station officer in about 1982. A job as deputy in operations later came up, and I did that for two years, then became superintendent of metropolitan operations. When my present job (Superintendent of Ambulance Officer Training) became available in October 1987, I applied for it and got it.*

## CLIVE WILLIAMS
### STATION OFFICER AT BUNBURY

*I came into the ambulance service as a result of my contacts with Dermot Foster [the Commandery Lieutenant, a resident of Bunbury]. I had done first aid training through St John in Bunbury before I joined the army in the late 1960s. I was a corporal in the medical corps when serious injuries I suffered during my period of service in Vietnam, 1969–70, ended my army career. I was 21 when I was injured. It happened on 18 March 1970. I was in a party riding in a personnel carrier through the Long Hai hills near Nui Dat when the vehicle was struck by a rocket-propelled grenade. Two of the men aboard were killed and eight were injured. Both my ear drums were blown out, my spine was fractured and pieces of shrapnel lodged in my head and legs. I remained conscious through*

*An ambulance crew about to transport a patient just retrieved after a rooftop accident. The ambulance officer behind the patient's head, Henry Sienkiewicz, was drawn to ambulance work after witnessing a similar accident.*



*out but couldn't get up. Even though immobile I was able to tell the others what to do to tend the injured. A helicopter evacuated us, and I was brought back home to hospital in Australia, where I spent the next twelve months. Dermot Foster helped me during my rehabilitation after I was released from hospital by arranging for me to do unpaid work on the Bunbury ambulance, taking ambulances to Perth. This eventually led to my joining the service as a trainee ambulance officer in August 1973.*

*The cases we handle as civilian ambulance officers are very different to those you meet in wartime army ambulance work. In civilian work it's mainly car crashes, with a broken leg or arm, and only rarely the horrific wounds you encounter in army medical work. Army cases are typically gunshot wounds, which usually tear limbs off the victims, or wounds following explosions. In Vietnam most cases I treated were the result of 'jumping jack' mines, which spring into the air when detonated and blow the limbs off those nearby.*

### JIM BYRNE
#### STATION OFFICER AT OSBORNE PARK

*I joined the Army in 1965. I had six years in it, including two in Vietnam, and the last three in the Special Air Service (SAS). During SAS training I did a course at the Army School of Medicine at Healesville in Victoria, and in connection with that was seconded to St John Ambulance for two weeks then to the Royal Perth Hospital for two weeks. I only had three months to go in the Army by this stage, and was thinking of what I could do when I quit, so I arranged to do the ambulance officer induction course. I finished with the Army in August of '71, then went straight into St John, at Osborne Park.*

### ALWYN DAVIES
#### AMBULANCE OFFICER GRADE III

*I was working as a supervisor at Monier concrete works in 1968. A chap there got crushed between a fork lift and a section of track. I didn't know what to do in such cases, so I later arranged a first aid course for the workers. I did the course too, but when it was over I felt that simply learning first aid wasn't enough, and so I became an ambulance volunteer at Armadale. The more I learnt the more deeply involved I became, and in the end I did the ambulance officer induction course in 1973, and was lucky enough to be offered a job within a week.*

### DAVID WINTER
#### AMBULANCE OFFICER GRADE III

*In 1964 I was working with Commonwealth Industrial Gases, and was made responsible for delivering medical oxygen to ambulance stations. On my rounds I used to chat with the ambulance officers at the central depot in Wellington Street. Eventually I was invited to spend a Friday evening on an ambulance. I accepted, and was put with Arthur Griffin in ambulance No. 8, a very old vehicle, a Dodge 114. One of the cases we went to was a fatal traffic accident. A young woman, aged 23, had been thrown from a car and had hit her head on the kerb.*

*The accident terrified me. I felt frightened for 6 months afterwards; I couldn't sleep properly; and night after night I dreamt the girl was standing by my bed. I decided I'd do a first aid course, then joined the Brigade's Perth No. 1 Division, and helped out as an ambulance volunteer.*

*The fatal accident I'd seen still worried me, and I thought I'd never be any good at ambulance work. I used to speak with the older officers, and found they'd all experienced similar feelings to mine. The bad cases continued to worry me, especially when children were involved. The most stressful cases for ambulance officers are those with children—cot deaths and pool drownings for example. I still get upset by these, but I've never shed a tear on the job. Most males are embarrassed about shedding tears, but most nevertheless do when they witness something shocking enough. These days there's more to cry over: the volume of work has increased, and there's more violence now, plus drugs. The drugs are creating work for us; for instance, some time ago a bad batch of heroin went on to the streets, which led to five deaths in a couple of weeks.*

*I spent three years as an ambulance volunteer, and eventually someone suggested I should join the permanent staff. I applied and was accepted, and started in the service in 1968 aged 19. The superintendent at the time, Hec Adams, made me an emergency driver.*

# The service as it was

The older generation of Western Australia's ambulance officers—those who entered the profession in the 1960s and early '70s—look back on the service they joined with mixed feelings. A sense of outrage expressed with a wry humour pervades their memory of the service as it was. Common themes as they recall their early years on duty are their poor preparation for the job, the lack of equipment, the long shifts they worked, the absence of continuing in-service training, managerial parsimony, organisational adhockery, and the low esteem in which both St John management and the medical profession held them. These shortcomings, they point out, turned them into active trade unionists. Their nostalgia for an earlier era, however, softens their resentment of the service as they first found it. The 'old days', they now appreciate, was a time when the service was smaller and more intimate, they knew most colleagues personally, enjoyed a 'first-name' relationship with their managers, played pranks on each other, and felt strongly united through serving the community.

## EARLY YEARS

Looking back to his early years in the service, the mid-1960s, DON FEWSTER recalls that:

*The service really was an amateurish operation by today's standards. Our uniforms reflected it. We used to wear the drab khaki Brigade uniform. All that distinguished us from ordinary Brigade members was a brass steering wheel badge on the sleeve. Later on the management thought they were making a big step forward by introducing epaulettes with a 'T' for 'transport'.*

*We were also obliged to help with fundraising. For example, to raise money for the air ambulance we had to sell Apex Club boxes of matches. On the day of the annual St John street appeal we had to come in if it was our day off, and stand on a street corner from 8.00 a.m. to 6.00 p.m. shaking a collection tin.*

*In those days we used to work four 10-hour day shifts followed by three 14-hour night shifts. If overtime was required on top of this we did it for nothing. We got two days' sick leave a year, so if you were sick for longer than that you'd ring up a mate to cover for you.*

*The first station I worked in was the old South Perth depot near the Canning Bridge. We worked a 50-hour week and the duties included driving the ambulance, being janitor and gardener, and doing traffic reports for radio station 6PR. 6PR used to ring us every 15 minutes during the morning and evening peak hours for a report on the highway traffic.*

*The long shifts used to lead to various problems. One evening I was walking through the Wellington Street garage when I heard someone going 'knock, knock' on the inside of a parked ambulance. When I opened the door I found a patient lying in the back. It was a little old lady. 'How long am I going to be in here?' she wanted to know. The driver had been so tired at the end of his shift he'd forgotten about his patient and had gone home.*

*We used to make our own dressings in those days. One of our regular duties was to roll out sheets of gauze, place cotton wool over them, cover them with more gauze, then cut them into squares and seal with a rubber band. We used to make our own roller bandages from old sheets we obtained from the hospitals.*

*We had to sterilise the catheters we used for airways by boiling them up on the station stove. Occasionally we'd be called out before we'd finished this job. By the time we'd returned, the pot would have boiled dry and melted the catheters.*

*In those days Fremantle and Perth ran rival ambulance services, both of them St John. If a call came from halfway between the two centres, there'd be body snatching because the payment went to the service which brought the patient in.*

*In Perth there were only three paid staff on duty at any one time—the duty officer taking the calls, and two one-man drivers.*

*Hec Adams was the superintendent. If the shift was busy the duty officer would take over a van, then Hec would have to be called out from his flat upstairs in the Wellington Street depot to take over as duty officer.*

## ONE-MAN AMBULANCES

Vans crewed by one officer alone—'one-man' ambulances—were a continual annoyance. They now provide a rich lode of ambulance service yarns. DON FEWSTER again:

*The one-man ambulances were inefficient because an ambulance officer couldn't carry a stretcher alone, and had to waste time looking for someone to help carry the other end. Their use led to numerous difficult situations. For instance, there was an incident where a driver was called to a heart attack case. He had to knock up one of the neighbours to help carry the stretcher. The neighbour then had a heart attack, so the driver had to call up a second ambulance.*

*On another occasion, George Rudland went out to pick up a patient. At first he couldn't find anyone to help with the carry, so he radioed for help, and I answered the call. When I got to the house I could see George coming down the driveway carrying the front end of the stretcher. No one appeared to be carrying the back end—it just seemed to be levitating along. When it got closer, the 'missing' bearer turned out to be a dwarf.*

KEVIN SMITH also worked on 'one-man' vans. In the years before he rose into senior managerial ranks he was an active unionist. His dissatisfaction with the 'one-man' vans was a factor here. He remembers that:

*There were many one-man ambulances. There weren't enough attendants or volunteer assistants to go round. It was absolutely criminal to send out one-man ambulances: one man can't carry a stretcher. I was appalled at the poor quality of the service, and became involved in the ambulances officers' union as a result. The union had begun pushing for more staff so that all the ambulances would be two-man vehicles.*

*I once attended a call to Balcatta, which was then a market garden area. I found that an elderly chap had died. I couldn't leave the body at the house, and as I was in a one-man ambulance I had to drag the body from the house and into the ambulance on my own. I remember binding padding to the corpse's heels so as not to damage them as they trailed along the ground. I felt angry I had to resort to measures like these, and angry the St John management understood the needs of the community so poorly they'd allow this type of situation to continue. I wasn't sure exactly who the St John management were, but I felt they were doing a poor job.*

*Another experience I had in a one-man ambulance was in Shenton Park. An elderly lady had fallen and broken an ankle. I took the call in a one-man ambulance. She was heavy, and as no one was available to carry the other end of the stretcher, I had to hop her out to the ambulance. Incidents like these explain why the ambulance officers' union was formed. It was the lack of equipment, of training, of back-up support and of uniformity throughout the service which had prompted the ambos to form their union. In addition there was the lack of respect for ambulance officers' skills. For instance, we weren't allowed to have oxy-viva equipment, which had become standard in other services. 'Too dangerous!' was the management verdict.*

*I became actively involved in union affairs as a union representative about 1970–71. I came off the road in '72, to go into the communications centre. I guess management moved me 'inside' because of my union activity, in the hope of keeping me quiet.*

## BADLY EQUIPPED VANS

The poor equipment aboard the vans was another cause of discontent. KEVIN SMITH again:

*The equipment we had was so scant we used to steal much of our equipment from the hospitals. We would bring in a patient with, say, a fractured leg and while one ambo was delivering the patient and keeping the nurse preoccupied, his partner would sneak down the corridor and load up with bandages.*

DON FEWSTER also remembers how the best equipped vans were those driven by the most 'enterprising' officers:

*When I started things were very primitive as the ambulances had little equipment. Ambulance officers soon learned to 'acquire' things. One of my first acquisitions was a spiral plastic plug specially designed for forcing between the teeth of patients suffering epileptic seizures, in the mistaken belief that they would otherwise bite their tongues off. It turned out to be a useless, dangerous tool because the pressure it exerted used to break the patients' teeth.*

*We used to make much of our own equipment. I thought I was pretty smart inventing this Y-shaped two-way oxygen line. I made it to administer oxygen to two patients simultaneously because the ambulances were only equipped with one-way lines. Nowadays ambulances have facilities for giving oxygen to four patients.*

*One of the few bits of equipment we were issued was a brass spanner for changing over the oxygen bottles. They were so rare you had to keep yours in your pocket the whole time so no one else would nick it.*

*We always had problems if a patient vomited. We had a kidney dish for use on such occasions. As soon as it filled we simply chucked the contents out the window. I must have been careless doing this one day, because an irate motorist came up to complain that I'd just splattered muck all over his new car, and had stained the paintwork.*

*The early ambulances were of inefficient design, too. The driver's cabin and patient's compartment were divided by a bulkhead with a window. There was a rear-vision mirror in the cabin for visually checking the patient's progress. If attention was needed, the driver had to halt the vehicle, jump out, run to the back, open the door and get in. On one occasion the handle broke as Bert ('Stumpy') Thorpe was clambering in at the back, locking him in. He had to stay there banging away on the wall until a policeman happened by and released him.*

## EARLY TREATMENTS

DON FEWSTER and KEVIN SMITH also recall that some treatments in the 1960s were not only based on false physiological premises but were likely to do patients further injury:

*In earlier years, when it was still believed that epileptics could choke on their own tongues, ambulance officers carried a large bulldog clip in readiness for cases of epileptic seizure. The clip was fastened to the end of the patient's tongue. Another method was to put a safety pin through the tongue, then tether it to the patient's clothing with a string.*

KEN FORD remembers the suspicion with which some 'old hands' regarded new technology and eager newcomers who, like himself, were keen to use it:

*Back in the early '70s I was sent out to Bassendean to work with Mick Hanlon, who was famous for being a loner.*

*Deputy Superintendent Peter Andrée (left) and station officers Ian Downing (centre) and Axel Kraft practising the use of a cervical collar at the ambulance officer training centre, Belmont, 1991. (Photograph by Stephen White)*



*After I'd been there an hour or so, I asked if I could see the ambulance so I could check it out.*

*'What do you want to check it out for?' he asked. 'It's OK'.*

*'It's the normal thing to do when you're new at a station', I replied.*

*When he finally let me see the van, there wasn't any oxygen gear in it.*

*'Where's the oxygen equipment?' I asked.*

*'We don't need any of that stuff here!' he said. 'We sold it. The sub-centre is short of money!'*

*The old chaps were pretty rough. They had no training, and little time for 'new-fangled' inventions like oxygen apparatus.*

## ABSENCE OF FORMAL TRAINING

The low value management placed on training until the mid-1970s is a matter that still rankles with older officers like KEVIN SMITH.

*When I started the ambulance service ran three shifts, with an attendant assisting each professional ambulance officer. As an attendant I spent my whole day jumping from one ambulance to another, accompanying whichever officer needed an attendant. My only qualification was a police first aid certificate, which I'd gained through St John. No formal training was available through the service. All you needed was the basic St John certificate. You picked up your knowledge on the job from individual experienced officers like Murray Allum and Don Fewster.*

*In those days the subcentres were autonomous. Thus, Claremont and Fremantle had different uniforms, radio frequencies, pay, equipment and vehicles from Central. The staff attached to one subcentre had no idea of what was happening in other subcentres.*

*In one of my early years, about '69 or '70, I attended an accident in Guildford Road, Maylands, as a one-man ambulance. A motor cyclist had run into the back of a stationary delivery van. When I got there the chap was lying on his back unconscious, breathing noisily. A lady was dancing round agitated.*

*'I'm a nurse. Don't touch him,' she said.*

*I put him on a stretcher, loaded him into the ambulance, and got the policeman to drive it while I attended the patient. Coming down Lord Street, approaching the hospital, he stopped breathing. I put an airway down his throat, and started resuscitation. By the time we got to the hospital he was dead, but I didn't know it. The cause of death was asphyxia. I was shocked to discover later that a patient had died at my hands. It brought home to me my lack of training and inadequacy. It also made me hostile to St John for the inadequate service it was providing the community, and convinced me that the union was the only way to improve the organisation.*

DON FEWSTER says that in the absence of formal training, keen officers arranged their own:

*When I joined the service there was little training apart from the ordinary St John first aid certificate. In those days you made yourself a professional because no one else would. We used to go to hospitals on our days off, visit the casualty wards, work with the staff in the intensive care, psychiatric and cardiology units, and attend the nurses' lectures. Eventually Harold Bray banned this because he was afraid we'd start making claims for more pay. We also used to form private training groups, meeting in each other's houses for training sessions. As a way of obtaining equipment for training, Rupert Masters and I ('Steptoe and Son') used to do the rounds of big industrial firms like Alcoa, offering training for their staffs. In return we'd accept donations of training equipment like an overhead projector or slide projector.*

## RELATIONS WITH MANAGEMENT

The contemptuous attitude towards ambulance officers of some within the St John management was widely resented. DON FEWSTER again:

*The St John council were tough in those days. Dr ———— and Dr ———— (two council presidents) and ———— (a council secretary) used to regard ambulance officers as an inferior species. They used to treat us like dirt. The only two with any sympathy for us were Hugh LeBreton and John Manford.*

*One councillor we held in high regard was BAR Stokes, one of Perth's top neuro-surgeons. He was appalled at our lack of formal training, and used to come down to the Wellington Street depot to give us informal lectures. He used to say that ambulance officers were the most under-rated of the health professionals. We were so grateful for his*

*positive attitude we used to wash and clean his car for him. Eventually the ambos demanded that he be brought on to the council. He only lasted there 12 months before resigning in protest against council's inactivity over training. He subsequently helped set up our training school.*

Ambulance officers had their own means of evening the score with haughty council members. Holding the offender to ridicule was one. It achieved little, perhaps, but appeased injured pride. In one session with the present writer, a group of veteran ambulance officers related a yarn about a deceased former Association president:

*He used to patronise us ambulance officers. In part this took the form of giving us hints to help us with our work. For example, in the interests of hygiene he advised us never to touch our penises when urinating. He used to demonstrate his own 'no-touch' technique. This required a complex routine of opening the trouser fly, lowering the underpants, and wiggling the hips until the penis protruded. Water having been passed, he would bounce on his toes to shake off the last drips, followed by further wiggling to complete the replacement.*

KEVIN SMITH had another anecdote about the same man:

*One day I took up an offer he'd made to vaccinate us, so I dropped by his surgery. As he was swabbing my shoulder with surgical spirit he stressed the need for strict cleanliness on such occasions to prevent secondary infection. Having dabbed the requisite dose of serum on the disinfected spot, he then seized on the nearest available sharp implement to prick it in—a rusty pin retrieved from a dusty ashtray on his desk. I guess his view of hygiene was 'Do as I say not what I do'.*

In decades gone by ambulance officers resented nursing sisters who were condescending towards ambulance crews arriving at the hospital casualty wards. Here, too, ambulance officers savour yarns calculated to deflate the pompous. One such, another of the 'Do as I say not what I do' genre, goes like this:

*A 'SRN' [State registered nurse] was teaching a group of ambulance officer trainees an aseptic technique for preparing intravenous drip kits. The type of kit then in use had to be stitched together manually.*

*'First take your needle, making sure you do not allow it become contaminated', she said, holding up a newly unwrapped needle in antiseptic surgical gloved hand; 'and now get your thread, keeping it uncontaminated as well'.*

*'You now have to thread your needle', she continued, licking the thread to ensure it slid easily through the eye.*

## STRENGTHS OF THE THE SERVICE

If poor training, badly equipped vans and low esteem for ambulance officers among the medical professionals were the glaring weaknesses of the Western Australian service, there were also strengths.

*Ambulance officers recruited during the 1950s and early '60s were often left feeling inadequate and aggrieved through their poor preparation for the job. Their colleagues who joined the service 30 years on were trained pre-service to be thoroughly proficient—like Maria Nielson, here being congratulated at her graduation by GA King, chairman of the St John management board.*




DON FEWSTER recalls those that stood out in his early years:

*Despite the deficiencies of the service, the personal dedication of the officers was great. There was much more* real *empathy for patients among ambulance officers in those days, and they used to go out of their way to do things for their patients. We got to know our geriatric*

*patients very well. They used to look forward to their contact with us, and used to do things to please us; for instance, if we provided the wool the women would knit jumpers for us—good occupational therapy.*

*One patient we got to know well was an eight-year-old girl from up the northwest. She had spinal cancer, and I met her first when I had to pick her up from a 'plane at Jandakot airport. She'd been on the 'plane a long time, so I stopped off on the trip to hospital to buy her an icecream. Later on we used to take her out to the movies at the Innaloo drive-in. She couldn't sit right through a movie, so we'd take her on three successive nights. That way she could see the movie as a three-part serial.*

*We also used to make a regular habit of taking paraplegic patients out for drives in our spare time.*

*There was also a high degree of empathy between the salaried managers and the ambulance officers. I remember Hec Adams comforting a driver one day after he had had a bad case. Hec gave him money to go out for a drink to take his mind off things.*

RAY MARSHALL has similar memories about the strengths of the service. He remembers that:

*A great sense of camaraderie existed between the ambulance officers, police accident squad and the Royal Perth casualty staff. We all knew each other by name, and developed a team approach between the services. These days that doesn't exist to the same extent because staff in each service are shifted round much more frequently. The close links with the casualty staff used to provide us with a lot of informal training. We used to discuss our cases with the casualty ward doctors and nurses, and picked up a great deal of useful knowledge that way. This made up for the poor level of training St John provided.*

Stories like the above tend to become legends over time—part of the folk lore that every profession builds up around itself. Told with relish as members of the profession sit yarning, they serve several important purposes. They are not only just entertaining, for they help strengthen *esprit de corps*. They also confirm the positive views members of the profession have of the work they do; and, conversely, they help refute the negative views outsiders might hold. Then, too, they help promote professional solidarity by conveying an optimistic view of the profession. They show it to be progressive, one that has successfully made a transition from the 'bad old days' to the 'enlightened present'. The transition has occurred, so the legends imply, through the members' unity of purpose. The richness and variety of ambulance yarns is a measure of the extent to which ambulance work has developed as a profession in its own right. Learning this folk lore is akin to a rite of passage for recruits—a means through which they discover essential knowledge that more senior colleagues regard as professionally important.



# Worst cases

All ambulance officers see horrifying sights, and these impose a heavy emotional burden. The load they must all bear is compounded from the memory of what they have seen, the thought that the victims could have been their own loved ones, the stress of dealing with the victims' distraught kinfolk, and self-recrimination over the possibility that they might have saved lives if they had acted differently. In this section 15 officers describe the cases that have been most difficult for them.

## KEVIN SMITH

*You never forget your worst cases. My own worst cases, those where the lasting impression is most vivid, are fairly typical.*

*Early in my career I answered a 6.00 a.m. call to the Perth railway yards, where a chap had been struck by a train. My father worked in the same railway yards, and I clearly remember the mixed horror and anxiety I felt as I went there, wondering if it might be my dad. Fortunately it wasn't Dad; but the sight awaiting me renewed my sense of horror. The chap had been completely scalped, and I can still see his skull glistening in the cold morning air, with steam rising from it.*

*Another of my worst cases is a common type for ambos—an early morning call to East Perth, to a derelict house where the occupants were obviously very poor. It was still dark when I arrived. Someone met me, took me into the house and showed me a baby wrapped in a grubby blanket. The baby was already dead, and the mother and father were both in hysterics. I had no assistant, no training in how to handle a situation like this, no knowledge of whom the parents might turn to for help, and my own daughter was about the same age as the dead baby. I could hardly find my way out to the ambulance with the baby because of the tears in my eyes. And there was no one to discuss the case with.*

*One night in the late '60s I was on duty with Arthur Griffin, when we got a call to a burns victim at a wirenetting factory. The chap had stepped into a tray of molten zinc, and had then flung out his hand to steady himself. Both hand and foot were cooked. The flesh looked like overcooked chicken meat, hanging off the bones in shreds.*

*The only case where I really lost control was in 1969 or '70, when David Winter and I answered a call to an accident on the Lord Street railway crossing near Royal Perth Hospital. A train had hit a pedestrian. When we got there, cars were banked up, and crowds of onlookers were leaning over the fence to catch a glimpse of us at work. We had to walk the length of the train, peering under the wagons, picking up bits of the body from wherever we found them, and dropping them into a pillow case. We couldn't tell whether the victim was male or female. The biggest bit we found was a piece of thigh, and the brain, intact. We put the brain into a kidney bowl with a towel over it. Just then a reporter rushed up and asked, 'How are they?' 'Ask them!' I said, removing the towel from the bowl. The reporter fled, and the story was never published. It was only later, when we got to the mortuary and deposited her clothing and spectacles, that we realised the victim had been an old lady.*

## KEN FORD

*Certain cases stand out in one's memory. Until my first case in 1970 I had never seen death. My first case in my first week on the job was a triple death traffic accident one Saturday afternoon at City Beach, a man and two young women in the prime of life. I felt absolutely devastated. I worked with Ken Newington for a long time. We had*

*many trauma cases arising from the accidents that occur in Perth because of the series of cross roads here. We got used to handling masses of bodies. On one occasion we were returning from a head-on accident when we saw a motor cyclist run head-on into a light pole. By the time we got to him he was dead.*

*I find cot deaths very depressing. At one stage when I was working night shift I got calls to three cot deaths within six days. In each case babies who had apparently been healthy were well dead by the time I arrived. The parents were always distraught, and I always felt very inadequate dealing with them.*

*The unforgettable horror of a bad traffic accident, 1988, Perth. An ambulance officer is inside the car administering preliminary treatment as two colleagues, police and fireman struggle to extract a victim.*



## JOHN GORIN

*In 1977 or '78 I was on night shift at Kwinana when we got a call to an accident on the Old Mandurah Rd. near Kerosene Lane. When we got there we found it was a head-on smash between a station wagon and a car. A quick check around the scene revealed a dead couple in the station wagon and a dead driver in the car. The people in the station wagon seemed to be covered in paint. We could hear a voice coming from the back of the vehicle. I climbed in through the back window, and found there a girl aged about 8 covered in blue paint trying to 'wake' her grandpa and nanna. The dead couple, the grandparents, had the wagon loaded with cans of paint, and were on their way to repaint their holiday cottage at Mandurah. It was very upsetting to find the poor little girl thinking her grandparents were asleep.*

## DON FEWSTER

*My worst case was an accident at Greenmount Hill. Another ambulance had attended a call there, involving a car which had run off the road. The car had gone over the side of the hill, hit a tree and burst into flames, incinerating the two teenage occupants. I was called in to assist the first ambulance. As we were handling the case, a crowd of bystanders had gathered. Two of these, another pair of teenagers, were stickybeaking and generally making our job difficult, so I told them to shove off. Shortly after this I got a call from the police to attend another accident about a half mile down the road—another case of a car over the side of the hill. It turned out to be the same two teenagers we had just told to shove off from the first accident. They had also hit a tree and been incinerated. I had to bring all four bodies back to town in my ambulance. The stench of human flesh burning is something that can't be forgotten; nor the sight, because the bodies just fall apart. To this day I can't stand the smell of parmesan cheese, which reminds me of it. If I'm in a restaurant and someone has parmesan cheese, I have to walk away.*

## BOB BARKER

*In 1978 I answered a call to an accident at the Darling Range Tavern at Greenmount. When I got to the T-junction there I saw a chap with blood on his face sitting in the middle of the junction. I stopped to look at him, and while I was doing so a woman ran down the road from the tavern and said, 'Come quick, someone is cut in half'. She was the publican's wife. I walked back up with her, and alongside the tavern I could see the nose of a car. I shone my torch at it, then saw a pair of legs, pointing out at right angles to the pelvis, then I saw intestines, and then about 15 feet away a torso. Two passengers were in the back seat of the car, and when I went over to look at them I kicked against something. It was another body, decapitated above the nose. The pair in the back were OK; the two dead had been the front seat passengers; and the chap sitting at the T-junction was the driver. The car had been coming down the hill when*

*it had hit a pole. The two chaps killed had been thrown out. The driver and two other passengers had only minor injuries. Trauma cases of that sort are fairly horrifying. You handle them by talking about them with others. You even make jokes about it: the black humour helps you cope.*

### DOUG BAXTER

*One case I can never forget was a traffic accident I attended with Murray Allum in the early 1960s, and was biggest I'd ever seen. Seven young chaps and a girl in a big Ford hit a tree in May Drive, Kings Park at 150 miles per hour. They were boozed. It was one of the most horrifying crashes I've seen. Three were dead. A chap on the bottom was alive, with a chap on top of him dead. The girl had the gear shift through her neck, and was hanging like a side of lamb. We were lifting the car up to get the bodies out when we heard a chap cry out, 'Don't step on me!' He'd been thrown out, and was cut from the foot right up the inside of his leg, across the crotch and down the other leg. We ran a shuttle service getting the bodies and the injured out. There were complaints later from residents of Upper St George's Terrace about the noise of ambulances going to and from the scene.*

*Another horrible traffic accident I attended was on the corner of Flinders Street and Morley Drive in Yokine. A young chap, who was drunk, went through the red lights and crashed into another car. One of the passengers in the second car was dead, and there were several injured. After we'd cleared them out I noticed a bit of material under the dashboard. It turned out to be a girl who'd been compacted underneath. She had come over the seat, skidded up from the floor, and was wedged into the space below and behind the dash. The fire brigade had to cut the vehicle apart to get her out.*

*Personally my worst case was one evening about 1963, when Murray Allum, who was duty officer at the time, sent me on a call to a traffic accident at Mt Lawley. It was about 6.00 o'clock, raining and dark. As I was driving along, a semitrailer started turning out of Lord St. into Bulwer St., so I slowed to let him through. I took off again, and then became involved in an accident myself. I hit a pedestrian crossing the road near the Norwood Hotel, an old chap who'd been having a few drinks with a couple of mates. He'd been cleaning up for his daughter, so she'd given him 5 shillings for a beer. He and his mates had been engine drivers. As it was pay day, they'd had a few more drinks. When he'd come out of the hotel, he'd pulled his hat down over his eyes because of the rain, then ran straight across the road and into the driver's door. He hit his head on the door handle and was killed instantly. I just heard the thump. I had a nurse with me, and she screamed, 'You've hit someone!' I pulled up, gave the mayday call over the radio, then froze—I couldn't go near the body.*

*Murray Allum heard the call, came straight away, and attended to the body. The chap had been scalped: as he'd hit the door handle it had taken the top of his head off above the ears. (I later discovered a burn mark on the door, where his head had hit, near the sign saying 'Ambulance No. 5'. I polished and polished the spot, but couldn't remove the mark he'd made because it was burnt into the paintwork.) Murray took the body away, and I took my ambulance back to the depot. When I got there, shock set in. They had to call my brother to take me home, and later to hospital for a needle to sedate me. I wanted to see the old chap's family, so my brother drove me to see them on the way back. His daughter understood what had happened, and told me it hadn't been my fault. I couldn't stop thinking about the accident for weeks afterwards. Every time I closed my eyes I could see it, and had to take sleeping tablets. At the inquest later on, the coroner questioned all the witnesses then asked me a series of questions. 'There was nothing you could have done', he concluded. Back at St John my superiors gave me a warning, 'Be more careful in future!' These days ambos are taken off driving for three months if they have an accident.*

### ALWYN DAVIES

*In 1976 I attended an accident where there had been a previous accident, near the Belmont racecourse. After the first accident, a chap had been pointing out where it had happened to a policemen. The policeman was busy writing his notes when he heard a bang—the chap being struck by another car. The chap was killed outright, 'shelled' like a pod of peas, with his guts stripped out. The driver of the car that ran into him, a deaf mute, was later given three months in gaol and fined $1500. There was nothing I could do for the chap who'd been hit, but I had to treat the policeman for shock.*

*In 1978 I attended an epileptic case at the Swanbourne nudist beach. I had to bring the chap in in a helicopter. It took only 9 minutes from receiving the call to delivering him to the Royal Perth Hospital, but he still suffered brain damage.*

*Then in about 1979, two New Zealanders, each married, were killed while going home to New Zealand for Christmas. They were in a group who'd been mining up north, and were driving through Sawyers Valley when their car was struck by a car of young chaps who were racing another car. One of the New Zealanders killed had been in the back seat without a seat belt. On impact he was thrown forward, and his head smashed into the head of his mate. Nowadays you don't get so many of that sort of injury. With seat belts compulsory, you don't see the facial, head and chest injuries, or the broken femurs, from car occupants hitting the dashboard during an accident.*

### JIM BYRNE

*One of my early jobs, about 1971–72, was one of my saddest. I was called to a house with an 11-year-old boy who had blacked out during an asthma attack. I tried to revive him at the house for half an hour, but eventually lost him, in the house.*

### DAVID WINTER

*Burns are the very worst of cases for ambulance crews. Bodies that have been burnt just fall apart. The awful smell of burnt flesh gets into your clothes and seems to seep into every corner of the ambulance. It takes weeks to get rid of the smell.*

### RAY MARSHALL

*My worst case was in Nicholson Road, Forrestdale, in 1968. Nicholson Rd. was then a truck route short cut. A truck carrying steel pipes swerved to avoid two cars which had collided, and ran into a mound of sand. The load came forward, wiping out the cabin and pinning the driver. Because of the massive size of the load I was unable to free him, so I called the police and fire brigade. I couldn't tell what injuries he had, but could see he was haemorrhaging. I called for a medical team from the Royal Perth Hospital. He bled to death, and knew he was dying, but kept on talking about his wife and kids. One of the police, Constable Alan Johns, crawled in and cradled his head and talked to him. Alan Johns should have got a medal for this. He and I always had a great sense of camaraderie together afterwards. I felt very inadequate, having to watch the chap die. He was only in his 30s. When we eventually got him out, we found his leg had been severed at the lower thigh. He asked me to 'phone his wife and say good-bye. He had given his life to save the people in the cars he'd swerved to avoid.*

### BILL BRYANT

*You handle so many cases you forget many, but flashes of memory of your bad cases keep recurring. One I remember was where a father had accidently driven over his baby's head and flattened it. That has been one of my worst cases. Some cases I find especially hard. I don't like suicides in front of trains, because my own brother suicided that way.*

*Another of my bad cases was in 1985 or '86. Five Aborigines were sniffing petrol in the back of a truck at Laverton when it rolled over and burst into flame. They were burnt inside and out—burnt to a crisp—but still alive. I had to pick them up from the airport and transport them to hospital. They all died later.*

### DAVE HERVE

*The cases that really affect you badly are those that could have been yourself or someone close to you. If you get a call from your home suburb you wonder if it's your own family. You develop various defence mechanisms. I like to be able to tell someone about my work—my girlfriend, my colleagues. Despite the bad cases, it's one of the few jobs where you look forward to coming to work, because there's great job satisfaction.*

### MAURIE CALDWELL

*My most stressful case was an 18-month-old child who was being looked after by a neighbour. It fell into a green, slimey swimming pool. I resuscitated it successfully, but it suffered brain death.*

### BILL LYNTON

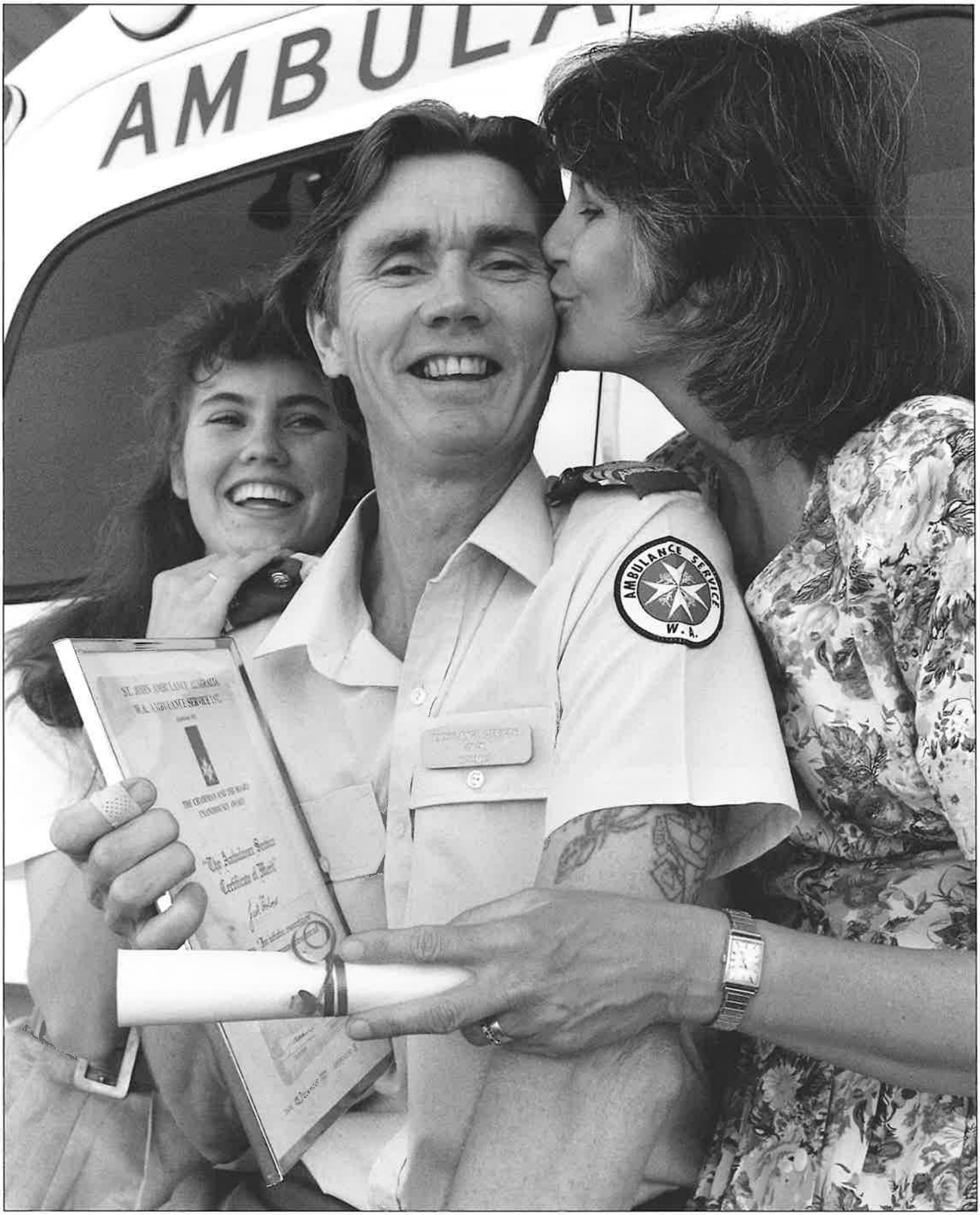
*There are two cases that have bothered me particularly. The first was a child of 12 months who had caught its head*

*in its cot and strangled. I had a daughter the same age. The child was already dead when I got there, but I started to perform resuscitation in the hope that there might still be some life. The parents were waiting expectantly as I did so. Afterwards, I went home and picked up my daughter from her cot and cried, knowing that it could just as easily been her.*

*The second was a young family who had just returned from a holiday in New Zealand. When they arrived home the wife took the child inside and was ringing her mother to say they'd arrived home safely. While she was doing this, the child slipped outside, ran in behind the family car as the father was moving it, and was killed. The mother couldn't accept this: she wouldn't believe the child was dead. I answered the call, and the only thing I could do to help was call a doctor to sedate the mother.*

### IAN LORIMER

*My most stressful case was the first cot death I attended. The child was acromegalic [i.e. suffering a hormonal growth disorder which can result in gigantism], and only four months old. It was still quite warm to the touch, so I started to resuscitate it. I later came to suspect that the father might have killed the baby by suffocating it, because he abused me for trying to resuscitate it and physically wrestled the baby from me. 'The baby has its dignity!', he yelled.*


AMBULA
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W.A.

# Best cases

Offsetting the anxieties aroused by the worst cases is the satisfaction felt in other cases. Reflecting on a life saved against all odds, when the ambulance officer's skill alone has kept the patient alive, helps compensate for the horrifying sights, grief and self-recrimination of the bad cases. The calls bringing the greatest satisfaction—the best cases—are remembered long afterwards. Thirteen officers here outline the ones they regard as their best.

*Ambulance officer Jack Holmes congratulated by his wife Jo-An and daughter Jenni after being presented with the Certificate of Merit of the St John WA Ambulance Service, December 1991. Six months before he had clambered down a 30-metre rockface at the Blow Holes, near Albany, to treat and help rescue a man who had fallen over the cliff. (Photograph by courtesy of* The West Australian *newspaper)*

## KEN FORD

*One of my early successful cases was the resuscitation of a boy aged five who had fallen into a swimming pool at Bayswater. Someone had started resuscitation by the time I got there, but the patient wasn't breathing. I kept working on him in the van. He suddenly vomited then commenced breathing as we drove along Thomas Street near the Princess Margaret Children's Hospital. A case like that is very rewarding.*

*Another case I felt pleased about occurred early one morning when I answered a call with Ken Newington to Victoria Park, where a woman was in labour. She gave birth along the Canning Highway, and I delivered her. It was a huge baby, a boy of 9 lbs. The father began jumping around for joy in the middle of the road. Eventually we got him back into the ambulance, and took the family on to the South Perth Community Hospital.*

## BILL LYNTON

*No case really stands out for me; they all contribute to my fund of memories. One that does come to mind, however, was a young chap who had a heart attack in Wanneroo in 1981. He was brought into a doctor's surgery, and I picked him up from there. He arrested [i.e. suffered heart failure] in the ambulance on the way to Royal Perth Hospital, but I revived him successfully. I saw him eight weeks later in the local shopping centre. He was OK, and was shopping with his kids.*

## DAVID WOODWARD

*I had a case earlier this year, when I took a call from the Warwick depot. A young chap was shot through the neck with a rifle. There had been a struggle at a party. The rifle discharged, and the bullet went through his carotid artery. He was still alive when we got to him, but he arrested on the way to Sir Charles Gairdner Hospital. We stopped the van, worked on him, and got him going again, then radioed ahead to let the hospital know to expect us. They operated on him in casualty, and he later recovered.*

## CARL CAREY

*In 1981 I was working on the air ambulance, which had just been equipped with a defibrillator. We flew up to Three Springs near Geraldton, where a chap in his 50s had fibrillated. We collected him from the hospital, and he seemed to be in a stable condition. As we approached Perth, however, he fibrillated again. We defibrillated him in the 'plane as it was landing. We transferred him to the road ambulance, and he went into fibrillation again on the way to hospital. Two days later I went into the hospital with the pilot to see him. He was sitting up in bed talking.*

## MAURIE CALDWELL

*In 1985 I was working at Morley with Len Perry. We got a call to a house to a chap being resuscitated by his daughter, who was acting under instruction by 'phone from Alec Watt in Headquarters. We went inside, and made a quick examination. He looked dead, but because his daughter had been working on him we continued with resuscitation.*

*We kept working on him, and one of us hooked him up to the 'Life Pack'. This indicated agonyl (i.e. his heart was failing), and so it seemed as if he was dying. We kept working on him, however, and to our surprise about three minutes later he gave a big sigh and took a breath. He began functioning spasmodically, so we had to continue working on him, but by the time we got him to Royal Perth Hospital he was breathing on his own. The daughter had thus kept her Dad alive. It was a lesson in the value of first aid; but it taught me another lesson too—don't rely on the 'Life Pack', because it can make mistakes.*

LINDSAY FORD

*In 1984 I got a 'Priority 1' call to a doctor's surgery in Greenwood, where an English chap had turned up complaining of pains in his chest. The doctor was writing him a prescription when he had collapsed. The doctor hadn't recognised that he was in trouble. I saw that he'd collapsed, and so I put him on the table and began working on him. The doctor had another look and said, 'You're wasting your time!' We kept working on him, however, even when another doctor came in and said the chap had gone. Eventually we got him going, and took him to the Sir Charles Gairdner Hospital. Several days later I was in the hospital, so I*

*A case successfully completed: ambulance officers Tim Carroll and Merv Peters at the point of handover, the hospital reception ward.*



*visited him. He was sitting up in bed reading a newspaper. He wouldn't have been able to if we'd listened to the doctors out in Greenwood.*

### DON FEWSTER

*My best case was in January 1969. It was a traffic accident one afternoon on the corner of Orrong Road and Cohn Street in Kewdale, only a few houses from my home. I was in bed after night shift, when one of the neighbours rushed in to say I was needed at a crash that had just happened. A Dutch lad of about 16 was the front seat passenger in a Volkswagen that had collided with a Falcon. He hadn't been wearing a seat belt, and as he had been thrown forward his head had smashed through the windscreen. As he bounced back into a sitting position, the jagged edge of the windscreen had deeply lacerated his throat, severing the carotid artery and tearing the windpipe. By the time I reached him, he had stopped breathing. I held the ends of the artery together, and managed to get him breathing again. A one-man ambulance arrived soon after, and I kept working on him as he was loaded aboard and delivered to Royal Perth Hospital. The surgeons worked on him for hours, and he subsequently had to undergo numerous other operations, but he eventually recovered. Three years later, after he had fully recovered, the* Daily News *ran a feature article on the pair of us. It was my most rewarding case, because I know if I hadn't been there to help him he'd have lost his life.*

### BILL BRYANT

*My best case was earlier this year [1989]. It was a collapse case at a service station at Balcatta. I got the call and was on the scene within four minutes, and found a chap aged about 65 lying on the forecourt. An Asian chap, who turned out to be a doctor, was performing CPR [cardo-pulmonary resuscitation]. The patient was in asystole, that is had no heart output. We had just been given permission to do defibrillation, and I tried that, but it didn't work, so I began the resuscitation routine. As we were putting him into the ambulance his heart started, and the chest started to rise. About a week later we called in to see him in hospital. He was still alive, and greeted us with a cheery 'G'day boys!' as we entered the ward. He knew he owed his life to us.*

### DAVE HERVE

*My best case was a truck driver up Mt Helena, near Mundaring, who had hit a tree. The truck cabin ended about 8 feet up the tree. I climbed up and looked through the window, and as I did I heard him stop breathing. In the position he was in he had blocked off his own airways. We ripped the door off and got him out, with me supporting him with my head. He started breathing again as we got him out.*

### RAY MARSHALL

*I got a thrill after following up a case I'd attended in Welshpool Road, Orange Grove, in about 1969. It was a severe accident in which one car had crashed into one of a row of stationary vehicles. A girl aged about 18 in the back of the stationary car had suffered severe neck injuries, and possibly had a broken neck. I got her out, sandbagged her neck, and drove her to the Royal Perth Hospital at 5 miles per hour. It turned out she had a fracture-dislocation. She later went to the Shenton Park spinal treatment unit. About five months later I was in the Royal Perth, and met her walking with the aid of a metal stick. Later on she made a complete recovery. The doctors told me that if she'd been handled badly she would have become a quadriplegic.*

*Another of my best cases was about 1974 or '75, when Ken Ford and I were working as a team, we attended an accident at the corner of Welshpool and Treasure Rds. It was a multi-car pile up, and a young woman of about 18 had suffered a fractured skull and bleeding as well as chest injuries. On the way to hospital she 'died' twice. We got her going again both times, and delivered her safely to hospital. She turned out to be the daughter of a well known trotting identity. Several months later he came into the depot to thank us, and he wanted to donate us $100 each.*

### BOB BARKER

*In 1979 I got a call to a drowning at Redcliffe at about 10.00 one morning. It was a two-year-old child. When I got there a neighbour was resuscitating it. I took over, and got the child breathing. It turned out that the mother and child had been visiting friends about five houses away. The child had wandered away, saw the pool, and*

*climbed the fence. The woman who owned the pool came out, saw the child in the pool, panicked, and, without getting it from the pool, ran into the street shouting, 'There's a baby in my pool!' The mother heard her, guessed it was her own child, ran to the house, dived in and pulled the child out. The neighbour then arrived and started resuscitation. The mother was having her period. She was dripping wet and covered in blood when we arrived. We wrapped her in a blanket and resuscitated the child, then took it to the Royal Perth Hospital. Three days later its photo was in the paper. It was sitting up in bed completely recovered.*

*Saving a child's life is particularly satisfying for an ambulance officer. Even a public relations visit to a primary school, as undertaken here by Bob Walker and Steve Carlin, is a rewarding experience.*



### DOUG BAXTER

*In the early '60s I attended a maternity case in Victoria Park about 10.00 o'clock one night. I was on my own, and had to pick the woman up to take her to the maternity hospital in Cottesloe. Near the corner of Barrack Street and St George's Terrace she began calling out. I pulled up, and a policeman came over. He kept back the crowd that started forming, while I climbed in the back and delivered the baby. After I'd done that we set off for the hospital again. We got out near Bayview Terrace, along the Stirling Highway in Claremont, and the woman screamed again. She was having twins. I remembered there was a small hospital, Lucknow, nearby. I stopped there, raced in and asked a sister for help. She said the baby wasn't due yet, and I could still make it to Cottesloe. We set off again, got to the maternity hospital, and the baby was born five minutes later. The mother later named one of the babies Douglas after me. For years afterwards she sent me a 'thank you' card on the baby's birthday.*

### JIM BYRNE

*Just after I'd joined the service, in 1971 when I was at Osborne Park, I was called to a home where a baby had suffered asphyxiation. The mother was waiting for us on the lawn, with the baby apparently dead in her arms, when we arrived. I resuscitated the baby and kept it on oxygen until we reached the Princess Margaret Children's Hospital. Having a success like that just after I'd started in the service helped me along greatly.*

### DAVID WINTER

*One Sunday evening about in the early 1970s at about 6.00 o'clock I got a call to a drowning at Raffles Hotel near the Canning Bridge. Three or four young blokes had decided to swim across the river there, and one of them had gone down. A doctor on the scene had got the body and had tried resuscitation. I arrived and tried to revive the chap for 20 minutes. Suddenly he started to breathe. I took him to the Royal Perth Hospital, where he was put in intensive care. When he was discharged four weeks later, there were no signs of neurological damage. A case like that gives you a great sense of achievement.*



# Awkward situations

Ambulance officers need to be mentally agile. They have to size up a situation instantaneously, take immediate appropriate action, and swiftly change tack as circumstances dictate. From time to time they find themselves in situations where sensitivity and tact are called for. At other times they must be very firm, or even rude. On occasions they bluff their way through. From time to time their own lives are imperilled, and they survive by their own wits, courage and determination. And sometimes they are caught in chains of odd coincidence that defy all logic. In thus handling the odd and unexpected, intuition and flexibility are important allies: the ability to 'read' events, then respond at once in the most suitable manner, are resources as valuable as medical knowledge and first aid skills. This is evident in the answers 12 officers gave to a question about awkward situations.

## BILL BRYANT

*One advantage of our job is that there's always something new around the corner. But some jobs we don't like. We don't like cases where people are going to be obstructive. Domestic disputes, and pub brawls with drunken yobbos are often like that. For example, in Victoria I attended an accident where two of a group of bikies were killed. The others all got very stroppy because they didn't think we were doing enough to save their mates. Sometimes people don't want to be taken to hospital, but often we can persuade, trick or bluff them into coming along. 'You won't last long!' is fairly persuasive.*

## DAVE HERVE

*Persuading people to go to hospital can be difficult. I once had a case out at Gidgegannup, out from Mundaring. A farmer there had a seven-year-old son with pneumonia. He was dehydrated and had a high temperature, and was obviously very ill. It took me three-quarters of an hour to talk the father into letting him go in the ambulance. In the end I had to abuse the chap, telling him what a despicable grub he was, before he agreed to let the boy go.*

*Air ambulance work used to create difficult situations. One air ambulance case I recall was a chap from Bunbury who had tried to dive into the harbour from a crane but clipped his head on concrete on the way down. I was in the air ambulance which brought him back to Perth. When we got aloft he started crying out because the lower air pressure was somehow affecting him, so we had to bring the plane down to 700 feet, where it was more comfortable for him. His heart stopped soon after we set out, and I had to do CPR [cardio-pulmonary resuscitation] on him nearly all the way.*

*Another air ambulance case, in 1980 or '81, involved two sailors from the British warship Arrow, who had been in a party of four which crashed a car into a tree while on shore leave in Albany. One died instantly, and one died as he was being loaded into the air ambulance. We flew the remaining pair back to Perth. I had to monitor them and administer CPR for the whole flight, which took an hour and a half.*

## BOB BARKER

*In 1979 I was working with John Gorin at the old South Perth depot, when we got a call to an accident at Labouchere Rd. A motor cyclist had gone through a dead-end road, ripping out the metal barrier at the end. He had lacerations. When we got to him, he was full of fight, and wanted to fight anything that moved. When the police arrived a couple of minutes later, he took off down the road, and hid in a yard a couple of hundred metres away. The police found him and handcuffed him. A plainclothes policeman arrived soon after and calmed him down, and got*

*him to agree to come quietly. They took the cuffs off him and put him in the ambulance. They had him lying calmly on the stretcher. When I went to clean up his lacerations, he flared up again, grabbed his crash-hat, and began swinging it round like a club. He would have beaten my head in, so I backed against the bulkhead and pushed him out the door with both feet. (The ambulance hadn't started up yet.) The police handcuffed him again, and this time strapped him to the stretcher. He had probably been drunk and on drugs as well.*

### DOUG BAXTER

*All ambos have accidents, and I've crashed several vans myself. One night I was coming down Newcastle Street, taking a patient to hospital after an accident. (He was a milk vendor who had been drunk and had run into a tree in Loftus St.) This night I had a police escort, but a woman in a car with no headlights ran into my rear end, lifting the ambulance at the back and sending it skidding. The ambulance tipped on its side, spun down the road on its side with enough force to grind down the petrol cap, and ended up against the fence. I had to climb out through the window. In the back of the van I had a volunteer, Stan Robertson, who worked at the Red Cross blood bank. He'd helped tip the ambulance over by throwing his weight over the patient to protect him. The patient wasn't hurt further, though he later tried to sue me for £4,000. Stan and I were both injured: Stan suffered a broken collarbone from a flying oxygen cylinder, and I was cut by flying equipment. Bystanders helped us open the rear door and shift the stretcher to another ambulance. The three of us were then taken to hospital for treatment. On my way home afterwards I nearly had another accident. I was being driven in an ambulance, and the door flew open as we rounded a corner. I would have fallen out, but the driver grabbed me by the shirt.*

*One of the odd cases I remember occurred out at Kewdale in the early '60s. I had the badges burnt off my sleeves by live power lines brought down when a chap was killed in an accident. I was down in a ditch attending to him, and must have brushed against the wires because I was thrown out of the ditch and set the grass alight where I landed.*

*Another time I was carrying a patient with a broken leg across the road on a stretcher after an accident. The stretcher was knocked from my hands by a car. The car driver was a father trying to quieten his kids. He didn't see us, and ran into the stretcher. The patient ended up under the car and was killed.*

*Andy Cathles, recently promoted from station officer to St John marketing director, happened upon this accident while returning to Perth from a visit to the Bunbury subcentre in January 1990. His colleagues had the situation so well in hand he only had to operate the camera.*




### CLIVE WILLIAMS

*In 1973 or '74 one of our crews was down at the Bunbury wharves rescuing a chap who had slipped off the wharf and was trapped between the wharf and a ship. While they were there, a second call came through to an accident at the causeway nearby. I was in the crew that went to the second case, a stolen car which had skidded off the causeway into the water. Five people had been in it. Three had escaped, one had drowned, and one was still trapped in it. We couldn't see how he was trapped because only his head was above the water. The police were there, and were holding his head above water and pulling on the seat belt to try to free him. Each time they pulled, he yelled. It turned out that the seat belt was round his ankle. Each time they pulled on it, it tightened further around the ankle. When we realised what was happening, we cut the belt and got him out.*

*I had another unusual case a year or so after this, about 1974 or '75. I answered an early morning call to a*

*chap who had been injured in a road accident the night before. He had been at the Bunbury drive-in, and had been driving home along a back road when he hit a tree and broke his leg in two places—a 'tib and fib' [broken tibia and fibula bones, those between ankle and knee]. He had been calling out, but there was no one around to hear, so had tried crawling down the road to get help. He had only managed to go about 40 metres, and was freezing cold, when someone found him about 7.00 o'clock the next morning.*

### JIM BYRNE

*I once delivered twins in Nollamara. They were for a couple who'd moved there from Scarborough because their child had drowned in a swimming pool. I delivered the first baby in the house, and the second in the ambulance. The second one had respiratory distress, and unfortunately suffered brain damage. The press and TV heard about my double delivery, and wanted to make a fuss with feature stories, but I wouldn't be in it.*

*Another of my unusual cases was a Karrinyup chap who'd thrown petrol on a fire. Somehow the burning fuel blew back down his tracksuit. He was badly burnt right down to his ankles. He got under the shower, with his clothing still alight, but it didn't put out the flames. His wife then dragged him out, threw him into their pool, and kept dunking him in it. The dunking saved him, because he'd inhaled burning fuel and his throat was swelling. Without the dunking, he would have asphyxiated. As it was, he was shockingly burnt, and was still in hospital five months later.*

### IAN LORIMER

*In 1984 I got a 6.30 a.m. call to a Priority 3 case in Armadale. My partner called for me, and we set off. As we were driving along, the control room asked us to state our location. Control then directed us to a job only 200 metres away. It was an old man who had arrested [suffered heart failure]. We defibrillated him and got him to hospital. He recovered, but died 12 months later. He would have died 12 months before he did, however, if we hadn't got to him exactly when we did. If I'd been right on time when we set out that morning, we'd have been an extra 300 metres down the road when we got the call; and he would have died in the extra minute or so it would have taken to reach him.*

### DON FEWSTER

*My most frightening experience was back in 1979, when we were running the air ambulance. Ken Ford and I were then the only qualified air medics. Our pilot was Dennis Rogan, whose nickname was 'Captain Camel'. We answered a call one dirty night, when the 'plane had landed at Jandakot for maintenance and wasn't going to be flying because of the appalling weather conditions. I got a call at home for a mercy flight, to pick up a child in a critical condition and requiring intensive care, and possibly needing resuscitation, at Merredin. I rang Ken and said we should both go. We got to Jandakot at about 9.00 p.m. The*

*The Norseman subcentre buildings: top, the old; below, the new. It was from the former that Ken Newington set out on his 30-hour adventure among the kangaroos in 1975.*






*aircraft had to be refuelled, but there were no refuellers because the whole airport had been shut down. We rang the BP refuellers and asked what they could do. They said they couldn't help because they couldn't get a car, so Ken and I decided we'd get the tanker and do the refuelling ourselves.*

*We found the tanker parked at the side of the strip, facing into the bush. We started it up but couldn't find reverse gear, so Ken had to drive forward through the bush in a big circle. The pilot was then able to do the refuelling, while we got ready for taking off. We took along an extra bottle of oxygen, which Ken cared for, wrapping his arms and legs around it to keep it secure.*

*Eventually we took off, but had just become airborne, about 1,000 feet up, when we were hit by a fierce wind gust.*

*'We're in trouble', Captain Camel said, 'and I don't know what I'm going to do!'*

*It was pitch black, and the only thing I could see was the whites of Ken's eyes each time there was a flash of lightning. We flew for a quarter of an hour, due east in a straight line towards Perth airport into a head wind. The wind was so strong the 'plane was almost standing still. Normally the flight to Perth would take 5 minutes, but we still hadn't reached there after 15.*

*'Let's turn back!' Ken and I eventually said to the pilot.*

*'We can't. We'd flip over and break the wings off!' he replied.*

*By this time, Perth airport had closed because of the poor visibility and bad weather. We kept flying for another quarter of an hour, still without reaching Perth, while the pilot spoke to Perth airport on the radio, trying to resolve how to get us down without crashing. In the end Perth gave us permission to lose height. Fortunately there was a lull in the wind just then, and we dropped down to 500 feet (152 metres) and were able to get in.*

*In the meantime, the child from Merredin had been brought to Perth by road, but had died on the way.*

## KEN NEWINGTON

*About 14 years ago the government decided to put ambulances across the Nullabor, and I accepted the job of station officer at Norseman. I was at Kalgoorlie Hospital delivering a patient one Saturday afternoon at about four o'clock when a call came through saying a chap had walked into the Eucla Hotel complaining of stomach pains, and that the Eucla ambulance was bringing him towards Norseman. I rang Balladonia and Mundoorabilla advising them to move out towards Eucla to meet the ambulance and take over the patient. I then set out to return to Norseman myself.*

*On the way down to Norseman I got a call saying that the Mundoorabilla ambulance had flipped over after hitting a kangaroo. The driver was injured but the patient was OK. I radioed the Balladonia ambulance to proceed to pick up the Mundoorabilla ambulance, and when I got to Norseman I arranged for the police and tow truck there to come out to the wrecked ambulance. Half way to Balladonia we got a call saying the Balladonia ambulance was now out of action because it had just hit a 'roo, about fifty miles on the Norseman side of Balladonia. When we got to it, I picked up the patient from Eucla and the driver from Mundoorabilla, who had a broken arm. I brought the two patients back to Norseman, while the tow truck driver went on to retrieve the two ambulances. About 100 miles out of Norseman, at about 1.00 a.m., we came on a big 'roo sitting in the middle of the road. As we approached, he leapt up, crashed straight through the 'roo bar and crumpled the engine. I tried calling Norseman Hospital, but they were out of radio range, but somehow my call got through to Port Hedland (1,300 kilometres away), who 'phoned a message to Norseman Hospital. The hospital then sent out another ambulance and tow truck. Eventually the tow truck arrived. The driver jacked up the front of my ambulance and towed us back to Norseman. As we were on our way back we got a call from the back-up ambulance saying a 'roo had hit the side of the vehicle but they were still mobile.*

*We finally reached Norseman at 5.00 a.m. on the Sunday, with damage to four ambulances struck by 'roos. When we got to Norseman Hospital we discovered there was nothing wrong with the chap from Eucla. He had only wanted a free ride into Norseman. I then had to ring Murray Allum to explain he had four crippled ambulances because of our wild goose chase. The story made it into the* News of the World *in England.*

## JOHN GORIN

*One case I remember was a chap sleeping in a railway truck which caught on fire. We were called to treat him for smoke inhalation, but we found that he was drowning in the*

*water the the fire brigade had poured into the truck. We had to treat him for smoke inhalation and drowning.*

### RAY MARSHALL

*One night in the early '70s I answered a call in West Perth, which was then a slum area with many Aborigines. When we got to the house there were no lights, and as I went through the front door I suddenly dropped. All the floor boards had been pulled up. We had to step across the joists to collect our patient, a chap who'd been hit on the head with a bottle. Our next case after delivering him to hospital was a call out to Dalkeith, to pick up a millionaire architect's wife. There's a great variety like this—fringe dwellers one moment, millionaires the next, and so you meet all types.*

### DAVID WOODWARD

*Bart Maverick was called to an odd traffic accident early one morning at Forrestfield in 1987. When he got there he found a VW Kombivan with a broken windscreen parked at the side of the road. A girl with a lacerated head was standing beside it. She said a horse had run on to the road and collided with the van.*

*'What happened to the horse?' he asked.*

*'It's in the Kombi'.*

*He looked in and saw the backside of the horse. It had gone through the windscreen, and was wedged in.*

*Just then another girl came by, and asked if anyone had seen her horse.*

*What to do about the horse was the main problem. They had to call the fire brigade to cut the top off the Kombivan so as to get the horse out.*

### IAN LORIMER

*In 1986 I was called out to the Captain Stirling Hotel, near where there had been a traffic accident. A young girl driving a Jaguar had turned in front of a motorbike. The 'bike had run into the car, and the motorcyclist had been thrown over the top of the car. He was lying on the road. Three resident doctors and some medical students from the Sir Charles Gairdner Hospital had come on the scene and were trying to resuscitate him, but he was already dead. The ambulance crew was about to load him when one of the doctors asked if we had an endotracheal tube. We said we had. When the doctors saw our equipment, they all helped themselves, and began putting tubes and lines into the motorcyclist. It looked like one of those scenes from* MASH *where the entire hospital descends on the patient. We'd clearly lost control, but in the end we managed to get the body into the ambulance. All the doctors and medical students piled in too. When we got to casualty at Charley's [Sir Charles Gairdner Hospital], they all clambered out to claim a piece of the action. It was the most chaotic situation I've ever been in. If the motorcyclist hadn't been killed it would have been a comedy.*

### KEVIN SMITH

*Our vans are sometimes involved in odd mishaps. For example, out at Wanneroo on one occasion an ambulance crew attending a case had left one of the van doors open. A passing car tore the door from its hinges, then sped off without stopping. The police gave chase, and when they caught up with the car, they found the ambulance door embedded in its front end.*

*But one of the most difficult and unusual cases I personally handled was during 1969. Billy Bruce and I were called to an accident at the Narrows Bridge construction site, where they were putting down 28-foot [8.5 metre] diameter caissons, inside which they were sinking the bridge pylons into the riverbed. A chap working at the bottom on the inside was hit on the head by a falling jack hammer. He later died, but was still alive when we arrived. We had to climb 140 feet [42.7 metres] down a steel ladder to get to him. We brought him up on a frame, winched from cross members placed across the caisson head. As we neared the surface, the frame tilted sharply. They nearly lost the lot of us—the patient, Billy, me and the site foreman.*

SECTION SIX

# Psychiatric patients

Emotionally disturbed and suicidal patients cause special problems for ambulance staff. Apart from the bizarre behaviour these patients occasionally manifest, unpredictable incidents are more likely to arise in handling them than with the more conventional cases. If the patient turns violent the ambulance officer can become the victim; and where a suicide or murder has occurred, a grisly sight often awaits the ambulance crew. In this section eight ambulance officers recall their psychiatric cases.

## JOHN GORIN

*About 1976 I was working with Graham Blyth at the Victoria Park depot, and we were having a busy day. We got a call from the duty officer, George Southwell, to go to a house in Cannington to check a call. It could be a hoax, he said, and if it was we should let him know straight away because he had another case for us, a patient with a cut hand.*

*We pulled up outside the house at about 2.00 p.m., and went up the front path. We could see a woman behind the flywire door, wearing a dressing gown with a towel around her head as if she'd just had a bath.*

*'Cut hand, love?' we asked.*

*'No, cut head'.*

*She then unwound her 'turban'. She seemed to be half scalped. All the hair was gone from one side of her head, and she had three holes in her scalp.*

*'How did you do it?', we asked.*

*'I bored them'.*

*She took us into the house, and there was an electric drill on the floor. She showed us how she'd drilled the holes in her head. Her life had been saved when the hair had wrapped round the drill, preventing it from going any deeper. She had been trying to commit suicide. Now she was concerned that her son would soon be home from school soon, and might be frightened if he found her injured. We took her to the Royal Perth Hospital without further ado.*

*About a fortnight later I was called to the Bentley Psychiatric Hospital to convey a patient to the Graylands Psychiatric Hospital. My patient looked familiar, but I couldn't quite place her at first. Then I realised it was the Cannington woman. I hadn't recognised her at first: she now had a full head of hair because she was wearing a wig.*

## DON FEWSTER

*We have to live partly by our wits. One day, for instance, I got a call to the Wandana flats in Subiaco, where a girl was reported as bleeding. When I got to the flat and went inside I found a chap with a carving knife, and a girl dead in the bath.*

*'I'm going to have you now, too!' he said.*

*'The police are just behind me. They'll be here in two minutes,' I bluffed, 'so why not get away now?'*

*The bluff worked. He ran off, and was caught by the police soon after.*

## ALWYN DAVIES

*I once attended a mental patient who was so violent we had to call a policeman to assist us in putting her into a straightjacket. We got her to the Royal Perth Hospital.*

*'Get that thing off her!' the female doctor on duty angrily demanded.*

*We advised against it, pointing out how violent the patient was, but the doctor insisted.*

*'Now what's the trouble?' the doctor asked her when the jacket was off.*

*Smack!*

*Without a word the patient let go a king-hit that felled the doctor where she stood.*

*Mental patients can be enormously strong and destructive. There was another case where a mental patient was being taken by ambulance from Balcatta to Mount Hawthorn. The chap suddenly went beserk, started throttling the driver, then wrecked the cabin, and tore out the dashboard. The police were called to take him over, and he later tore up their vehicle too, and later still the lock-up when they put him inside. Yet he seemed calm whenever anyone spoke with him.*

### JIM BYRNE

*I attended a rollover accident at Waterman, where a car had rolled down off the highway and came to rest on its roof. A girl was in the front seat, held safely by the seat belt. We got her out and put the car back on its wheels. She had suffered only minor injuries, and was able to walk back up the hill unaided. She said she'd been trying to kill herself because of an argument with her boyfriend.*

*I comforted her, trying to tell her there were plenty of other chaps she could choose, she had a good family, and so on. I asked her why she'd kept her seat belt on if she'd been attempting suicide.*

*'It didn't occur to me to take it off!' she replied.*

*Another attempted suicide I handled was a young chap who'd overdosed on drugs and alcohol. He'd been taken to Royal Perth Hospital, where they pumped out his stomach. When he got home again he started drinking once more, curled up in the dog kennel. I was called to take him back to hospital, and on the way he was complaining that he'd become so sleepy he'd forgotten to turn on the gas to kill himself.*

### KEVIN SMITH

*'Stumpy' Thorpe was delivering a psychiatric case on one occasion in one of the old-style vans which had a fixed partition between the driver's and patient's compartments. This particular partition had two gaps, one on either side, for crew to observe the patients. The patient became obstreperous as 'Stumpy' was driving along, and was doing his best to throttle 'Stumpy' with the hose of the oxygen bottle. To keep out of his reach, 'Stumpy' had to keep shifting from side to side, between the gaps in the partition.*

### DAVID WINTER

*Apart from burn cases, my two worst cases have been first, an ex-criminal who committed suicide in Kings Park by strapping seven sticks of gelignite around his waist and blowing himself up. Second was a call I answered to a house behind the Metro drive-in. When I got there I discovered that a mentally deranged woman had killed her baby. A tomahawk was still imbedded in the baby's skull.*

### BILL BRYANT

*Murder-suicides are distressing. I've handled several in this category. The first involved a chap in 1976 who tried to commit suicide by driving backwards and forwards across the Narrows Bridge until something came along he could crash into. Eventually a Mercedes came along and he smashed into it, killing the driver and a small boy. He wasn't killed himself, although his vehicle was so badly wrecked he had to be cut from it. His leg had to be amputated, but he lived.*

*Another such case was in 1978. It involved an Army warrant officer, an ex-Vietnam veteran who killed his kids by hitting them on the head with a hammer. He then drugged his wife and buried her in an underground bunker, but she escaped and went to the police. He was in the bunker too, drugged. I had to go with the police, trying to find the bodies of the victims.*

### DAVE HERVE

*Suicides have been my most distressing cases, and the worst have been 'topping' jobs, where people suicided by decapitating themselves. One I keep remembering was a bloke who was depressed because his sons hadn't visited him over Christmas. He put a hauser round his neck, tied the other end to a stump, then drove off down the driveway, 'topping' himself.*


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# Ambulance humour

Most ambulance officers give high priority to a sense of humour when listing the essential qualities of the good crew member. As they sit around their depots waiting for the next call, the conversation often turns to amusing cases they have handled, odd characters they have met, or strange and freakish events they have seen on the job. They also play pranks on each other. Some of the more notorious of these, having long since passed into the folk lore of the profession, are handed down to successive generations of new recruits. There is a gallows humour about many ambulance officers' yarns. This, they explain, is a defence mechanism—a means of relieving oneself of the stresses of the job. A sampling of ambulance humour follows, as 10 officers recount their favourite tales.

*Ambulance officer Mike Tindale guiding the reconstructed T-Model Ford ambulance onto a trailer to tour country subcentres around WA during the 1992 centenary year. It became the object of much frivolous comment.*

## BILL BRYANT

*Occasionally we get the giggles. It's a defence mechanism—releases the tension in a stressful situation. I was working with Hughie Jones once when we got a call to Dianella. The patient was already dead when we arrived. We were moving the body out, rain was pouring down, and there was this bald parrot in a cage squawking at us. I was making an effort to be solemn, as appropriate, when Hughie gave the parrot the 'finger up' sign. That gave me the giggles.*

## DAVE HERVE

*I was called to a case of a ruptured aorta once. When I got there the chap was dead, and there was blood everywhere. The floor was covered in blood. It was hardly funny but somehow seemed so surreal I got the giggles, and had to go outside to contain myself.*

## JOHN GORIN

*There are also lots of sleep-on pranks among the night-shift crews—like changing over the shoes or trousers of the people having a sleep. There was one officer who had moved out of home and was living in his 4-wheel drive vehicle in the station carpark. He was slovenly and dirty, and hadn't washed in ages. His feet began to smell overpowering, so the others on duty got the message about hygiene to him by filling his boots with honey.*

## DON FEWSTER

*We used to have Brigade volunteers on the ambulances until the early '70s. The Brigade nurses in particular did a terrific job, but only up to 10.00 p.m. (After that they weren't allowed on duty because management was afraid of the hanky-panky that might go on.) We used to play tricks on the Brigade nurses, for example covering the seats in their toilets with condensed milk. They'd retaliate by smearing our steering wheels with vegemite. We'd also play tricks with the newspaper reporters, who used to drop in to glean stories and have a cup of tea. We'd drop a 'Lasix' (diuretic) tablet in their tea, after which they'd have to keep dashing to the 'loo every ten minutes for hours afterwards.*

*We often had a fire at central depot in Wellington Street because it used to get very cold there. Fuel was a problem because Hec Adams, the manager, was stingy, and wouldn't lay out enough money to keep the duty room in firewood. We devised an effective trick for obtaining fuel: we used to turn a hose on the engine drivers shunting trains along the railway track behind the depot; they'd retaliate by throwing coal back at us; and when the train had moved on, we'd go down to the track to retrieve the coal.*

*There was always a lot of horsing around on night shifts. We had an 'initiation ceremony' for novices:*

*'Go and burn off the garbage in the bin downstairs', we'd say.*

*The newcomer would do as instructed, not knowing the bin was filled from a chute descending from the manager's flat above. The smoke billowed up through the chute into Hec Adams's flat, and he'd then come thundering downstairs.*

*'Who burnt the garbage?' he'd demand.*

*'Me, sir'.*

*'You bloody idiot! Don't you know . . . ?'*

### DOUG BAXTER

*Arthur Griffin attended an accident once where one of the victims was partly dismembered.*

*'Do you want a hand?' asked a copper who arrived on the scene as Arthur was picking up the bits.*

*'Which one?' Arthur asked, holding out two severed hands.*

*The copper fainted.*

*Another time I was called to an accident where a pedestrian had been hit by a street sweeping machine. The machine had swept him up off the road and through into the bin. When we got him out he was red raw.*

*'How was your patient?' someone asked when we got back to the depot.*

*'He looked well brushed up!' we replied.*

### KEVIN SMITH

*Bob Wigley's mates played a trick on him one night when he was suffering from a bad cold. He had a large bottle of linctus he kept sucking on throughout his shift. He also had an orange he intended eating later on. The ambos got to his orange, and pumped it full of his linctus, which they injected from a hypodermic syringe. When he got round to eating it, he was puzzled.*

*'That was the juiciest orange I've ever had!' he exclaimed. 'A pity it tasted like linctus!'*

### CLIVE WILLIAMS

*About 1984 I was bringing a patient into Bunbury when a kangaroo leapt out from the left side of the road into the front of the ambulance. It bent the 'roo bar slightly, so I had to put in an accident report. On the accident report form there's a space marked 'Cause of Accident', so I wrote in 'failure of kangaroo to give way to the right'.*

### DAVID WINTER

*Some years ago down at Fremantle the night shift crew were being plagued by hordes of wild stray cats. They set up a cat trap, and over the next two weeks caught 10 cats. How to get rid of their catch was the next problem. They decided to gas them in an old disaster vehicle widely known as 'The Emu'. They put the cats inside, and hitched a hose to the exhaust, but that was a failure for the cats showed no signs of slowing down, let alone dying. In the end they killed the cats with the defibrillator: each cat was given a hefty charge, and that did the trick. They then ceremonially buried the cats, and planted a St John Ambulance flag above the grave.*

As the above sampling suggests, many ambulance yarns embody a harsh black comedy. For the present writer, however, the deprecating ironies of ambulance officer humour are best exemplified by a trophy he saw hanging on the wall of the Osborne Park ambulance depot one morning in mid-1989. It consisted of an old shovel painted silver, with a metal plate affixed bearing the inscription 'I save lives for a living', and a long list of names and dates. My question, 'What is it?', was answered by an embarrassed pause. Then came the brief explanation that it was an award the Perth ambulance officers annually present to one of their colleagues. Further prodding revealed it to be for the year's highest tally of DOA's—patients 'dead on arrival' at hospital.

A number of ambulance officer stories concern quaint characters whose eccentricities become the stuff of legend. The following anecdotes are just a few of many hinting at the human dottiness that helps enliven ambulance work.

### DON FEWSTER

*In the early days, some of the ambulance officers were real characters. One chap, Arthur Griffin, used to eat absolutely anything. One evening he came back from the Belmont races with a snake he'd killed there. He cooked it on a shovel over the fire in the Wellington Street depot. We also used to attract some odd characters who just liked*

*being around ambulances. One was a chap [who for the purposes of this story shall be called] Crockter. He was in the Brigade, and his nickname was 'Doctor'. He had a cleft palate, and when asked what he did he replied, 'Firth Ai'. He used to display a sign outside his house announcing, 'First Aid available at the following hours . . . ' He also used to keep a stretcher in the back of his station wagon, and cadged free petrol from service stations by telling them he was a St John scout car, locating accidents for the ambulance service. Eventually 'Doctor' Crockter became such a nuisance that Kevin Smith had to get the police on to him to put him out of business.*

*One 'Doctor' Crockter incident involving me happened after a Metropolitan Transport Trust bus had driven between a patient I was attending and the ambulance. This was foolish of the driver, so I tipped off the reporters, who ensured that a small item about it appeared in the newspapers. A little while after this the MTT manager wrote to our manager demanding that I be disciplined. I was later called in to our manager's office to explain my actions to him and the MTT manager.*

*'That's not Don Fewster!' the MTT manager said when I entered the room.*

*'Yes, it is.'*

*'That's not the chap who came into my office and ticked me off!'*

*It turned out that 'Doctor' Crockter had read the newspaper item, gone round to the MTT, and had impersonated me in delivering a reprimand to the MTT management.*

*Another odd character was the woman who used to throw fake epileptic fits in crowded public places to attract attention. After a while the ambos got to know her, and when they'd arrive on the scene they'd simply say, 'Get up, Mary, you're not sick!' The crowd would be horrified at our apparently callous attitude, but Mary would inevitably oblige by getting up and walking away.*

*There were a couple of other fakers. One chap made a habit of dining out in restaurants, then collapsing. An ambulance would be called, he'd be taken to hospital, where he'd quickly 'recover'. It was a good trick to avoid paying the restaurant bill, but eventually the police caught up with him. Another chap used to fake comas. One day, after he'd been taken to hospital, the doctor guessed he was faking, so he filled his navel with surgical alcohol and lit it. It flared up instantly, and the chap was up and away, and never seen again.*

## KEN NEWINGTON

*In about 1974 I was on duty with Ron Jefferies, an old time ambulance driver who was a very enthusiastic bee keeper. He used to help people by removing swarms that settled around their homes. He used no protection, and used to pick up the swarms by hand. We were at the Canning Bridge ambulance station one evening about 6.00 p.m. when he got a call from his wife to pick up a swarm in a tree in Como. He always carried a spare hive with him just in case he got a call like this.*

*'What happens if we get a call?' I asked as we drove away from the station.*

*'We won't! I've disconnected the radio'.*

*We were over in Como within a few minutes. He collected the bees, loaded the hive into the ambulance, delivered them to his home, and then reconnected the radio.*

## KEVIN SMITH

*Years ago we had an ambulance officer who used to have bouts of odd behaviour, when he'd become a little strange. During one of these periods, he was on duty at the Wellington Street depot when he got a call to an accident on the corner of Pier and Murray Streets. Responding promptly, he ran off up the road, forgetting to take the ambulance along.*

*Some of our volunteers have been characters, too. In the early '70s one of our volunteer officers at Southern Cross was an Anglican vicar, Peter Harrison. He was a boisterous chap with a big black beard and a very loud voice. When he was on cases he used to drive like mad. One day he was driving off to a call, and without realising it he ran a semitrailer carrying a bulldozer off the road. On the way back from the call he noticed the semi off the side of the road, and pulled up.*

*'Can I help?', he obligingly asked.*

*'You're the bloody idiot who ran me off the road!' the driver exploded.*

*He was going to thump Peter, who saved himself by explaining how he'd been rushing to an urgent case.*

Some cases are inherently funny. If a situational comedy series for television were ever built around an Australian ambulance service, these anecdotes would be grist for the scriptwriter:

### KEN NEWINGTON

*I call this the case of the phantom ambulance. I was on duty with Ron Jefferies at the old Victoria Park station, when we got a call to Forrestdale, which was then very undeveloped. It was about 1.00 a.m., and a pedestrian had been knocked over. When we got there we found the patient already dead, very mangled. The police wanted to take photos. While they were doing this we could see flashing red lights of an ambulance approaching. We were puzzled because we hadn't called for a back-up ambulance. The ambulance drove past us, pulled up, its crew got out, said nothing to us, picked up the body, and drove off.*

*'Who was that?' the police asked.*

*'They're the phantoms from Fremantle', said Ron, 'and we're on their territory'.*

*In those days the Fremantle crews were very territorial, and they resented the metropolitan crews coming into areas they regarded as their own. On this occasion we didn't mind them taking our patient because it was a messy job.*

### JOHN GORIN

*In 1974, when I was still on the para-buses, there were two para-buses doing training runs. I was teaching Graham Platt, and Colin Sylvester was teaching Daryl Bucket. Graham and I had just made a practice run to the Sir Charles Gairdner Hospital, and were having tea and bickies with Daryl when Colin came in and said, 'Get Graham to tell you about the rack'.*

*The story was that Daryl had to load a patient who had no control over his movements. Daryl had taken the chap from his wheelchair and strapped him into the bus. The bus was fitted with an electric hoist, and when Daryl came to open the door to unload his patients he couldn't get the hoist to go down, so he stood on it. He could only get it to go down about halfway. Then he heard a pitiful voice saying 'I can't stand much more of this!' He discovered that the chap he'd strapped in had a seatbelt round his neck. Daryl had tied a spare seat belt round the hoist, and hadn't released it when he tried to lower the hoist, which was why it wouldn't go down. When he'd stood on the hoist it had pulled on the seat belt round the chap's neck, stretching him as if he'd been on a rack.*

*Despite the grimness of much of our work, there's lots of humour like that in the ambulance service as there's a funny side to many cases.*

### RAY MARSHALL

*Brian Mitchell used to drive van no. 1. In about 1970 he got a call to pick up a clinic case, a Down's syndrome boy, whom he put in the front seat. Brian then got another call, to pick up a repatriation case to be taken to the repatriation limb factory. He picked up this chap, who had no legs, brought him out on a stretcher, sat him in the back. He then went back, got his artificial legs, put them on the other stretcher, and placed a blanket over the top. The Down's syndrome boy looked over his shoulder, saw the chap on one stretcher with his legs on the other, and went into a panic. He thought the chap had been cut in half.*

### KEVIN SMITH

*Round about 1969 Russell Bodle and I answered a call to Scarborough Beach Road in a 108 Dodge van, which had a very short cabin. A schoolgirl aged 13 or 14 had been knocked by a car and had a fractured leg. A gale was blowing, and was so strong it blew away first the pillow and then the sheet, which bystanders retrieved for us. We had to put a long centre splint on the leg, but in the confusion we put it on back to front. When we came to put the girl in the ambulance, we found that the long splint wouldn't fit in the cabin. To get her in, we had to saw the protruding end off the splint. The girl's mother was present, and became very agitated when we got out the saw.*

*Another case involved a chap who'd been riding home on his bicycle from the shops with some hot meat pies. He didn't have a basket or bag, so he'd put the pies down his shirtfront. He came off his bike and was hurt, so someone called an ambulance. The hot pies were still inside his shirt when the ambos arrived, to find him groaning in agony. They didn't know about the pies, and, suspecting chest injuries, bound a chest bandage firmly around him. With the pies pressing more firmly against his flesh, he screamed louder than ever.*

*Volunteer officers have been the source of many permanent ambos' yarns over the years. For example, Ivan Cheeseman was duty officer one evening when a country volunteer*

*arrived at the city depot to fill up with petrol. When he'd finished, he replaced the hose nozzle on the bowser, but didn't notice that he'd looped the hose around the van's bumper. When he took off in his van he ripped the bowser from the tank, amidst a great shower of sparks. It was a miracle the depot wasn't blown sky high. Another time a volunteer driver had to top up the oil in his van's engine. He couldn't find the inlet, so poured the oil down the dip-stick hole drop by drop. It took him half an hour to do the top up.*

*Another volunteer yarn—a favourite among ambos—is about a race meeting attended by a professional crew and some Brigade volunteers. During one of the races a horse fell, injuring both itself and the jockey badly. Both ambulance crew and Brigade team were on the spot within seconds, each keen to demonstrate the efficiency of their own branch of the St John organisation. The ambulance men took control immediately.*

*'We'll look after the jockey,' the senior ambulance officer told the Brigade men; 'and you take care of the horse. It looks like it needs mouth-to-mouth resuscitation!'*

*The ambulance crew quickly had the jockey aboard their ambulance, and were away to the nearest hospital. Behind them they left the Brigade men, still puzzling over how to give a horse the 'kiss of life'.*

*One of my favourite yarns is about the time Brian Mitchell was polishing an ambulance in the Wellington St. depot. To do the roof he climbed on top. Unaware of this, Maurie Venables took the van to answer an emergency call while Brian was still at work. Brian saved himself from a nasty fall by grabbing hold of the aerial and wrapping his legs round the beacon. The van sped down Wellington Street with Brian clinging on for dear life.*

*Stout patients can cause problems. I once had to carry a very fat patient, a woman weighing 24 stone (152 kg). We had to struggle to lift her into the van, then as we were driving along she rolled off her stretcher and became firmly wedged in the narrow aisle between the stretchers.*

*Another story about a big person concerns Eric Turner, one of our ambos, who was really huge. One day he attended a case, and as he was getting some details from a witness, a passing motorist, he leaned against the chap's car door. He managed to twist the door out of alingment by doing so. The irate driver later came into headquarters to complain. I pacified him by arranging for our panel beaters to repair his car for nothing. The job had just been done, and the car was parked in our car park waiting for him to collect it, when an ambulance entering the yard crashed into it. The poor fellow couldn't believe it when he turned up to collect it shortly after.*

### DAVID WINTER

*One famous story which most ambulance staff now know is about the time I was transporting a paraplegic and his wheelchair. He had to have his urine bottle with him, too, so we'd secured him on a stretcher in the back of the van, and placed his chair alongside him, with the bottle on the seat. As we were coming up the Kwinana freeway we heard a noise up the back, and were alarmed to discover that the chair had burst free and the rear door had swung open. The main thing I remember seeing in the rear vision mirror was the wheelchair and urine bottle bouncing along the freeway.*

### BILL BRYANT

*There was a crew from Wanneroo who picked up an epileptic fit case. As they were taking him to hospital he must have started coming round, because a radio request came through for the crew to diverge and pick up another case along the way.*

*'The chap here is going to die; he's terminal; he probably won't make it to hospital!' the nursing sister who was with the crew said.*

*The epileptic heard this, got out as soon as he could, and bolted off down the road.*

*Then there was the case of a woman who died in a motel. When we got there she was propped up in bed, naked. A young chap was in the room with her.*

*'Do I have to be mentioned in your report?' he inquired.*

*'Well, she is dead', we explained.*

*'Yes, but she's my boss's wife'.*


AMBULANCE

SECTION EIGHT

# The effective officer

*The good ambulance officer is service-oriented, relates well to others, and can handle every situation —as this preliminary first aid class for junior secondary school students suggests.*

In this section we briefly look at ambulance officers' ideas about the personal qualities of the ideal ambulance officer. Some of these are tangible and measurable, others indefinable and not readily quantified. Some are intellectual, some emotional, and some from the grey area of intuition between these two. Some are practical, oriented to the world of things; some are social, to do with dealings between people. And some can be learnt and improved through practice, while others are inherent in the individual's personality.

Except in one instance, the points enumerated here arose during collective discussions, when the writer met separately with two groups of ambulance officers.

## BILL BRYANT

*Most ambulance officers will handle anything. You find the same sort of people in ambulance services throughout the world. If you can't handle anything you meet you don't last long.*

*Next, you have to be good at the job; you need the medical skills the job requires.*

*You also have to be able to get on with your workmates. You need to be able to mix well with groups. (The loner doesn't do very well in ambulance work.) But you have to be an individual.*

*You need to be service-oriented, to want to help others.*

*And you need to be able to relate to people, to impart a sense of caring and compassion.*

## MAURIE CALDWELL, CARL CAREY, LINDSAY FORD, IAN LORIMER, BILL LYNTON, and DAVID WOODWARD

This group suggested the following as the seven essential qualities for the effective ambulance officer:

Practical skill

*You need thorough training, backed up by experience, to develop the skills required. After initial training followed by four years or so on the road, an ambulance officer will have acquired the necessary range of experience.*

Optimism

*You have to keep on trying even when you think you have lost your patient.*

Common sense

*You need to have nous—to know instinctively what's appropriate in every situation, to do what's most sensible and most practical.*

Empathy

*You have to be able to feel for the patient, to appreciate how things are for them.*

Ability to communicate

*The effective ambulance officer can talk to people of all ages and backgrounds, so as to put them at their ease and gain their confidence quickly.*

Partnership

*You need the ability to work closely with other ambulance officers, forming a co-operative team whose members are bound by their reliance on each other.*

Sense of humour

*It's a necessary defence mechanism. You have to be able to detach yourself from your work, and to see the comical side of the situations you experience.*

## BOB BARKER, JOHN GORIN, DON FEWSTER, RAY MARSHALL, and KEVIN SMITH

This group also nominated seven qualities which the good ambulance officer must possess if he, and now also she, is to succeed:

- *have empathy with, not sympathy for, the patient;*
- *have a sense of humour;*
- *be inventive, flexible;*
- *be decisive;*
- *believe in the value of the job;*
- *be a leader, be able to take control of the situation;*
- *be honest.*

Many aspire but few are chosen. Each time a school for trainees is advertised, about 600 applicants apply; this is narrowed to 100; and after final interviews about 16 are selected for training. After initial training is completed some of these will fall by the way, but once the trainee has completed the three-year training cycle, few are eliminated. In the past decade recruiting rounds have been conducted annually because there is an average wastage of about 6 per cent (or about 12 ambulance officers) a year.

*Ambulance Week at Maddington Metro store, 1989, enables Merv Peters to demonstrate the ambulance officer's communication skills.*




The discussion swung to complaints the public make about ambulance officers. These, too, fall into seven categories:

- *allegations that an officer has made sexual advances;*
- *the account is too high;*
- *the ambulance took too long to arrive;*
- *the treatment given was wrong;*
- *the officers were rude—most often a complaint by hospital staff;*
- *the officers were light-fingered—an infrequent complaint;*
- *various complaints from Aborigines, often imputing racism to the officers.*

Much is expected of officers, they are proud of their high professional standards, and so all such complaints are taken seriously.

# In years gone by . . .

The ambulance officers interviewed in preceding section have essentially given a recent view of Perth's metropolitan ambulance service. Their recollections, recorded in the late 1980s, extend back no further than the early '60s. When the most senior amongst them first joined the staff, St John had been running Perth's ambulances for 40 years or more. In the intervening years probably hundreds of ambulance officers had passed through the service. What did they make of their work? Were their experiences greatly different from those recorded in the preceding sections? Fortunately, we are able to answer questions like this: sufficient ambulance staff from the earlier decades have left accounts of their work for us to look at what they did, and compare it with the experience of more recent years.

## EDWARD WILLIAM CADDY

The first of the former officers to have thus recorded his recollections is Edward William Caddy, aged 84 and living retired in Sydney in 1988, who joined the Perth staff in September 1925. We have already met Caddy briefly in this book, in Part 1, Chapter 9. It was he whose case the Australian Carters and Drivers Industrial Union of Workers took up that same year, when it argued before an industrial magistrate that the Association council should be paying him the same wage received by charabanc and taxi drivers. Caddy recalls that he was the third permanent driver appointed to the St John service, and that he replaced one of the original pair of drivers, who had just been dismissed. He worked for St John until early 1929, when he left to become superintendent for the Yellow Cab taxi company. Murray Allum, St John public relations and marketing manager at the time of his retirement in 1988, interviewed Caddy in 1988. Allum's notes read as follows:

*Some early cases recalled by Caddy were [firstly in 1927, when] he attended a traffic accident at New Norcia, some 125 kilometres from Perth. On arrival he found a car had overturned with one dead, three seriously injured and one walking wounded. The deceased was the brother of the then Association honorary general secretary, JR Campbell. A woman passenger had a fractured pelvis and battery acid burns to her lower abdomen. The acid burns were treated by making a paste of starch powder moistened with water drained from the ambulance radiator (excellent improvisation, don't you think?). This patient was placed on a stretcher, as was her daughter (multiple fractures). The father of the child also had fractures, and was placed on the floor between the stretchers. The deceased was tied in a sitting position, and shared the ambulance cabin with the walking casualty and Driver Caddy.*

*Caddy also remembered delivering a baby in St Mary's Cathedral during mass one Sunday morning in 1928. Mother and baby were transported to King Edward Memorial Hospital.*

*On 28 May 1942 Caddy was in charge of the National Emergency Service on Garden Island when the Japanese launched the torpedo attack, sinking the training ship HMAS Kuttabell with 28 young sailors aboard. About half that number survived the attack, and were rescued by Caddy and his team.*[1]

Another case Caddy handled during his period with St John involved a psychiatric patient he transported in September 1926. His report later described what happened:

*Received a phone message to proceed to Hay Street West, where a man had taken a fit. On arrival I found a man lying in the passage of the house in a fit. I spoke to his mother, who told me he was subject to fits, and*

*that he was the contractor to that sad South Perth well tragedy. He came to, and asked me for a cigarette, which I gave him and lit. While I was still speaking to his mother about taking him to hospital he suddenly sprang to his feet and started to abuse me. Thereupon he rushed me, and we both went down on the floor. Being a heavier man than myself and having this mad turn, he overcame me by pinning me down and putting the carotid hold on me and hitting my head on the floor knocking me dazed. I struggled with him to free myself but it was a strenuous task. And when I did manage to free myself he again rushed me, and picked me up, and trying to free myself, we became tangled in some curtains which were hanging in the hall, which in the struggle came down and being round my neck he pulled them tight, and close nigh strangled me. At this stage Const. McInnes and Const. Tonkin arrived who were phoned for (on my behalf because they thought he would kill me) and with their assistance I tied his arms and legs. Then removed him to hospital with the two policemen inside to hold him down. I would also like to add that I have no straps or anything in such cases to strap patients to the stretcher for their own protection.*[2]

The patient's mother later explained his problem to Constable McInnes:

*Her son had been subject to fits since his return from the War owing to shell shock and malaria fever. He is the man who was working with Evans when he and Evans were entombed in a well at South Perth last week. Apparently this has played on his mind as he had no sleep for five nights and on top of that his father was taken to hospital yesterday.*[3]

Our next glimpse of earlier ambulance work comes from 1943, when a group of ambulance volunteers recorded notes of their calls over several days. Two whose notes are reproduced here were Mrs G Sherriff and Mrs E Blacklock. They appear to have been Brigade members serving with VAD units, and were perhaps women who stepped in to fill a wartime breach left by men away in the armed services.

### MRS G SHERRIFF

Mrs G Sherriff spent a week in early January as a volunteer assisting a driver (unnamed) on one of the Perth vans. Her report, perhaps unwittingly delivered in 'stream of consciousness' style, is now as interesting for its value judgements of the patients, and its snapshot view of social conditions in the early 1940s, as for its descriptions of medical conditions.

January 3rd

*We attended six cases, the first being an elderly lady that had fallen and broken a femur, then we had four medical cases, of which there was nothing out of the usual to report, the last case of the day being a collapse case, supposed to have been a fit, but when he had recovered from an overdose of drink, I think he would be able to go home. Being a very hot day we really expected more collapse cases, but being a holiday the folk with weak hearts etc. must have stayed at home and rested.*

January 4th

*Attended eight cases, mostly medical, one case being a bad haemorrhage case. I took special notice of her colour, being quite yellow. My last case being a maternity case we could not take the van near the house to pick up the patient so we had to walk over a sand hill about half to three-quarters of a mile, and just as we got in sight of the house a lady came and met us and said the baby was just born, so the driver sent me in to see what I could do, but being my first experience I asked him to come and help me, so when we entered the back door we found the patient lying on top of a bed, fully dressed with the little babe just as it had peeped into the big world, there were two ladies there, and they had a kettle of boiling water, but could not find any soap or tape, but over on another bed (a boy's bed judging by the rubbish on it) I spied a little first aid box that some Scouts had put there, so as I went to open it the lady said 'Oh that belongs to some Scouts' and she wasn't keen on me using it, but I told her it was going to be put to some good use, so I opened it and found a cake of 'Lifebuoy' soap and some roller bandages that had not been opened, so I used a piece of this to tie the cord and cut and wrapped little Marian in a piece of sheeting, while we attended the mother we sent two men, the father being one, who arrived home just after we arrived for 21 days' leave, a brother being the other, back to the road for a stretcher, so the driver and these two men carried the mother and I carried the baby Marian back to the van and off we set for St John of God's Hospital. So ended my second day and the best day.*

January 5th

*Attended seven cases, the first being a paralysed man who had fallen off a chair and cut his eye and cheek badly;*

*it was a very pitiful sight; he was only about 30 years of age but had been paralysed for over 20 years with a twin sister attending to him all that time. He could not move hands or feet and could not speak; it makes us wonder why these people live. We took him to Perth Hospital. His eye and cheek were stitched and the other van took him home later in the day. Our last trip being to transfer three old ladies from hospital to the Old Ladies Home, they were three stretcher cases and had to be carried up three ramps to the top floor, I was very glad there were not six of them . . .*

January 6th

*Attended eight cases, one being a lady to Heathcote, a very pathetic case, she did not want to leave her little three years old girl, blamed her husband for all her troubles and advised all girls never to marry, to have babies by all means, but don't tie yourself to one man, she was a beautiful musician and could sing well. We also had a paralytic shock case on this day which was rather interesting.*

January 7th

*Attended nine cases, the first being haemorrhage from the lungs, a young woman spitting and vomiting blood, then seven medical cases, not very interesting, then an elderly lady that had fallen and broken her arm, hard to tell whether it was a dislocation or fracture, treated for fracture, and enquired next day about the injury and found it was a fracture of humerus in the upper third and gross displacement, a nasty business.*

January 8th

*Attended only four cases all day, the first being an elderly man to go to Sisters of Mercy and he refused to go, and my word could he swear? We put him on the stretcher and he said he would make a scene in the street, but the driver put a pillow over his face, so no one could hear anything he said and he got properly mad about it, but when we arrived at the Home, he was all smiles. 'Oh what a change?' So ended my week with 42 cases, being a fairly light week [of] 59 and a half hours.*[4]

## MRS BLACKLOCK

Mrs Blacklock has left us record of three days' service on the vans in the months of September and November 1943.

September 17th

*The cases to which we were called out were both varied and interesting . . . A hurried call and we were off to an accident in Newcastle Street. Here a despatch rider had come to grief. Anxious bystanders had made the patient as comfortable as possible. 'Hell nurse, what the hell hit me?' was the way we were greeted. A quick diagnosis revealed a broken wrist and lacerated forehead. The driver told me to attend to the wrist while he rendered first aid to a nasty cut on the head. At a military hospital several white clad figures appeared from different directions, and one enquired of me of the nature of the injury. I suggested a Colles fracture. Someone unwrapped it and diagnosed a 'dislocation'. A third party said definitely 'a break'. A voice from the stretcher drawled 'For Christ's sake put me to sleep while you decide whether I have a Colles fracture, a dislocation or a fractured arm!' We followed this case to the X-ray room, and watched the much discussed wrist being photographed, the patient informing them it was all unnecessary as he knew it was broken because he could feel the bones grating . . .*

*An urgent call to go immediately to a certain address sent us hurrying out to the ambulance. A man had hanged himself. The driver dashed into the kitchen, and emerged with a knife. To my query he replied 'To cut him down, as the message says he is still hanging'. After a speedy trip we arrived to find the unfortunate man had been dead for many hours. I understand the ambulance does not convey corpses, but in the absence of a doctor to certify death, we were obliged to treat the case as a casualty, and take him to Perth Hospital. I was relieved for once when the driver refrained from saying, 'Ride inside nurse please!'*

*There were a number of other medical cases to be transported to various hospitals, and for the last case of the afternoon a fast ride out to Osborne Park, and hurry a maternity case to King Edward Hospital.*

*I was [again] on duty from 9 a.m. until 6 p.m. on November 10th and 12th . . . The following is a list of the cases.*

Wednesday 10th

- *A case of bronchial asthma to St John's.*
- *Two mental cases from Heathcote to Claremont. I expected a mild amount of excitement here, but was surprised to see two very dazed women supported, led out and helped into the ambulance by two nurses who accompanied them. On reaching Claremont they were once more supported and led to their new quarters. 'They seem extremely docile', I remarked to the nurse*

*as I helped weigh and measure them. 'Docile', said the nurse, You should just see them when they're not doped. One is a champion plate thrower!'*

- *This was a case of collapse whom we picked up on a street corner in Claremont and transported to Perth Hospital. Papers on him showed that he was subject to epileptic fits and had been an inmate of a mental institute.*
- *Was a convalescent from St John's to her home.*
- *Another case of bronchial asthma for Perth Hospital. While there we picked up . . .*
- *a lady patient and transported her to Heathcote. This woman was more difficult and after much persuasion we had to almost carry her to the ambulance. She realised her condition and where we were taking her and insisted on clinging to me all the way and pleading pitifully to be taken home. I was relieved when we had her safely in bed.*
- *The seventh case was the final case of the day. A Chinaman in the last stages of TB was transported from James Street to Perth Hospital. (He died the following week.)*

Friday 12th

- *A case of collapse to Perth Hospital.*
- *A medical case to St John's.*
- *A young woman with arthritis to Perth Hospital.*
- *A lady who had suffered a relapse from her home to Avro.*
- *A collapse case from East Perth Loco' Sheds to Perth Hospital. This man was dead when we arrived.*
- *A man with injured back from Perth Hospital to Mount Pleasant.*
- *A young woman from home to St Anne's.*
- *A woman collapsed on a city corner. We removed her to Perth Hospital. Then I went home to tea.*[5]

An ambulance officer currently working in the Perth metropolitan service would recognise much that was familiar in these reports. The variable mix of cases handled in any week is similar—mostly medical transfers, a few patients a little reluctant, several maternity cases, a couple of accidents in the home, road accidents involving severe injury, one or two psychiatric cases with their sad, disturbing glimpses of normalcy disrupted, and a suicide.

Other aspects of the ambulance work of half a century ago now seem alien. Attitudes towards mental illness, for instance, have changed. Thus, epilepsy is no longer seen as a form of lunacy but as a temporary neurological malfunction; and psychiatric disturbances are seen as that, and not as shameful curiosities. Then, too, ambulance officers' medical skills, knowledge and responsibilities have risen to professional levels. Fifty years ago, the person in charge of an ambulance was simply a driver: his medical knowledge was barely rudimentary, and his confidence in his own skills was so low that (in one of the cases cited above) he was content to send off an inexperienced volunteer to handle a maternity case while he remained sitting behind his steering-wheel.

### MURRAY ALLUM

Murray Allum's own recollections provide yet another perspective on the earlier service, this time as it operated on Perth's outer suburban fringes in the mid-1950s. Allum spent 33 years in the service, first as a volunteer at Serpentine, then as a salaried ambulance officer (and a co-founder of the trade union), and later as a senior executive. His story:

*My association with St John commenced in June 1955 at a little country town called Serpentine on the South Western Highway, 55 kilometres south of Perth. After attending a first aid course I joined the local division of the St John Ambulance Brigade . . . I also joined the Armadale-Serpentine subcentre of the Association. In 1955 the only ambulance between Perth and Pinjarra was at Armadale, which was housed and operated from the Armadale bus depot. Volunteers from Armadale and Serpentine were rostered to man the ambulances.*

*Because of the lack of volunteers available during the day in Armadale, permission was granted by the Department of the Navy to house and operate this ambulance from the Byford naval armament depot during working hours. A number of St John volunteers were employed by the Navy at Byford and management generously allowed staff time off, if the ambulance was called. It was from this depot that I attended my first ambulance call, an imminent birth, and I took the ambulance out in great trepidation. However, I needn't have worried as baby was safely delivered in the Armadale hospital some time later.*

*In 33 years with St John, the most vividly memorable incident I have attended, either as a first aider or an ambulance officer, happened on the South Western Highway near the 35-mile peg early one December morning in 1955. This was my baptism of fire. As I left home to ride my motor cycle to work, I was informed that a bus accident had happened two miles south on the highway, and that children were lying all over the road. I received this information with some scepticism; however, as a raw, keen first aider I decided I'd better take a look.*

*On arrival at the scene, some two miles south of Serpentine, I was staggered to find a bus had come into collision with a table top truck whilst rounding a slight right hand curve and crossing a small culvert. The table top had sliced through the bus from just behind the driving seat; the whole side of the bus was cut open. This bus, from Clontarf orphanage, was carrying some 40 boys, 19 of whom lay injured on and beside the road. Two lads lost both legs and three others lost one leg. Another 14 boys had a variety of injuries. Someone at the scene shepherded the uninjured and shocked boys away from this scene of carnage.*

*As a rookie first aider with my brand new certificate, I had believed until that moment I could handle any*

*The new boot-loaded FJ Holden ambulance, introduced in 1955 mainly to provide comfortable transport for patients needing little treatment en route. It is demonstrated here by St John ambulance superintendent Hec Adams while Jack Faulkner (honorary general secretary) looks on. (Were they pondering the possibility of the boot door dropping on the patient?) The Pinjarra ambulance, a similar van to this, attended the Serpentine road disaster later that year. (Photograph by courtesy of* The West Australian)



*situation. My moment of truth had now arrived. As the first person on the scene with any first aid knowledge, I knew I had to act. Never in my life had I felt so hopelessly inadequate.*

*Using whatever material we could get—torn up shirts and towels, broken packing cases etc.—I and other passing motorists splinted and bandaged to the best of our ability. Someone had summoned the Pinjarra ambulance, which arrived eventually driven by a police sergeant.*

*This ambulance, a converted Holden station sedan, carried one stretcher, boot loaded. The sergeant and I loaded a seriously injured boy, and took a decision to transport the remaining injured in whatever vehicles were available at the scene. Some were loaded on to the backs of utilities, and others were placed in cars for transport to hospital. A second ambulance driven by Des Franklin, an Armadale volunteer, arrived some time after the last casualty had been evacuated.*

*This experience changed my whole attitude to ambulance and first aid, and I determined to better equip myself to meet future first aid challenges. In 1955 there was no formal training for ambulance officers—not even advanced first aid, so I enlisted and served for six years in a medical unit of the Citizens Military Forces, qualifying for the grade of ward master (i.e. ward sister) . . . After five and a half years as a volunteer . . ., I decided to make ambulance a fulltime career, joining headquarters staff as an ambulance officer on 20 November 1960.*[6]

What subsequently happened to the five orphanage boys whose lives were forever changed by their summer outing in 1955 is unknown. We can safely assume, however, that they probably owed their lives to the keen young volunteer ambulance operator who arrived on the scene. Allum's experience in one respect was unusual: even veteran professional ambulance officers are seldom required to handle disasters in which five people have lost limbs. In another respect his behaviour was typical. Thus, he remained calm and objective in the face of a horrifying spectacle; he acted swiftly, decisively and effectively to alleviate the suffering of his patients; where proper materials were lacking, he improvised to preserve life; and he gained the purposeful co-operation of bystanders. This was the essence of good first aid practice. And, as we have seen from the recollections of the ambulance officers in preceding sections, these principles still underlie professional ambulance practice.

*NOTES*

1. MK Allum to I Howie-Willis, 30 June 1988.
2. EW Caddy to Dr Tymms, 26 September 1926, papers in Caddy's possession.
3. AB McInnes, report of 23 September 1926, papers in Caddy's possession.
4. 'Ambulance duties 1943', St John Ambulance records, Belmont.
5. *ibid.*
6. MK Allum, 'A brief resume of the ambulance service in W.A. 1955–1988', paper written for St John Ambulance centenary history project, Belmont, 1988.

SECTION TEN

# A superintendent's day

Without the Belmont nerve centre, the well co-ordinated effort of the ambulance officers 'on the road' would hardly be possible. All aspects of the ambulance system's operations are carefully supervised by a small squad of senior ambulance officers located at Belmont. Eight superintendents and deputy superintendents are responsible for the metropolitan region, five for the country region, five for the ambulance officer training centre, and two for the plant and communications branch—a total of 20, all of whom have risen through the ranks.

In this section of the book, three of the 20 describe a typical working day. They are WK (Bill) Lynton, one of the two superintendents in the ambulance officer training centre; MG (Maurie) Caldwell, a deputy superintendent in the same centre; and JA (Alan) Wright, a deputy superintendent for the country region.

## BILL LYNTON

*For the last 30 minutes of my work day, thought is given to the next day's work load. Items that have not been attended to that day and areas that need to be addressed are placed on the action sheet for the following day.*

*The following day starts at 5.50 a.m. A morning ritual is performed as follows:*

- *newspaper retrieved from under car;*
- *visit to smallest room in the house;*
- *shower;*
- *30 minutes of Tai Chi;*
- *dress into uniform.*

*The time is now 7.00 a.m., so . . .*

- *make pot of tea;*
- *wake up the children;*
- *help wife with the breakfast;*
- *eat breakfast with the family.*

*Time waits for no man, it's now 7.30 a.m., and so we converge on the Association station wagon, son carrying briefcase, daughter brings the lunch, kisses all-round then off to Belmont.*

*Arrival at Belmont normally coincides with the digital clock in the car signalling 8.10 a.m.*

*Within 5 minutes I am normally at my desk checking over the action sheet that I made out the previous day, adding any additional thoughts that I've had during the trip to Belmont.*

*Having established my work pattern for the day, my feet lead me to Supt. Barker's office where morning pleasantries are exchanged and Bob's leading question is asked, 'What have you got planned for the day?' Having just read my action sheet I can appear very brilliant and give him a glimpse of what I have scheduled for myself.*

*Having done this the next thing is to find out if there is anything specific that he wishes me to perform for him.*

*Back to my neck of the woods I go, by this time the rest of the staff have arrived. 'Good Morning' is said to all, during this time I establish the staff's work pattern for the day and make sure it coincides with the direction that I wish it to take.*

*To talk about a specific day in my working life would be very difficult as I believe it changes so much from day to day. What I would like to do at this point is give a broader view of what I do and how I go about achieving the department's goal and thereby assist the association to accomplish its goal.*

*What do I see as being the department's goals? I'd nominate these:*

- *to be able to instruct and demonstrate correctly all relevant theory and skills of ambulance care to the Association's fulltime and volunteer ambulance*

*officers, thereby enabling them to provide a first class ambulance service to the people of Western Australia;*

- *to be able to act as a resource for all ambulance officers in Western Australia, providing them with information and support whilst performing their duties as ambulance officers;*
- *to maintain open conmunications with all departments within the Association, in particular Country Region, Metro Operations and Plant & Communications;*
- *to promote the professional and progressive image of the St John Ambulance Association to outside organisations at every available opportunity.*

*As the operational superintendent responsible for the day-to-day running of the AOTC, I believe in promoting a team approach and encourage the active participation of all those working within the department.*

*In my opinion it is essential that clear instructions are given to all staff and that they have full understanding of the task they are being asked to perform. To ensure this, any project that I ask a person to undertake is discussed in full and put in writing so that a clear understanding of the task is established.*

*A time frame is considered and agreed upon between myself and the other person. When discussing these projects the person is encouraged to advance any ideas that may improve the end results. If an individual puts forward an idea that is unacceptable to me they are told why, but if it is a good thought they are thanked for it.*

*This may seem very elementary; however, I have found in my experience that people are very rarely given this sort of opportunity and feedback. I believe it leads to a better understanding.*

*Where possible I plan all the projects a year in advance. For instance, this year [1989] my objective is to bring together all the resources of the department and place them into categories and resource packages. This will establish a pool of subject information and teaching aids for instructors to prepare their lessons and breakdown sheets, thereby creating a better standard of presentation.*

*Whilst short-term planning is part of my job and helps me to be proactive, the main part of my job is dealing with people and people problems and this has a tendency to make my job very much reactive (but not stamping out fires) and deals very much with problem solving.*

*What I also see as being a very important aspect of my job is moving around the department monitoring, and encouraging the staff in every way I can.*

*My role is extremely interesting and enjoyable, it requires me to be sensitive to people's feelings so that I can nip any problems in the bud and promote a team atmosphere within the department. It is necessary to be a good communicator, problem solver and on some occasions a cross between Merlin and Solomon.*

*No matter how well I manage my time throughout the day, somebody always manages to sneak past me and sabotage the clock on the wall by turning it forward a couple of hours, because before I am aware of it the time is 4.30 p.m.—time to head home.*

*Before I do battle with the traffic, I take the time to pull out the action sheet and cross off the things I have accomplished over the day and make out the next day's sheet.*

*Then it's off home I go. When I arrive home the tranquility of the drive is shattered—the wife is at her wits end, the kids are fighting. Lo and behold, the problem solving and pacifying start again. Then the penny drops: I haven't been a cross between Merlin and Solomon during the day—I've just been a good dad!*

### MAURIE CALDWELL

*My designation within the organisation is Chief Driving Instructor within the Ambulance Officer Training Centre (AOTC), a position I have held for nine months. No day in my current working life could be construed as being 'normal' but similarities do regularly occur and the following resume is perhaps as close to 'typical' as I can relate.*

*Not only am I a light sleeper but need little, resulting in me waking with warbling magpies at daylight. Consequently summer holds long days for me.*

*Unfortunately the rest of my family contain metabolic clocks which are not compatible with reduced rest periods so early mornings are opportune time for me to read or to study as necessary.*

*The real day, as routine takes precedence, commences at 6.20 a.m. where making lunches and breakfast falls to the early riser. I am domesticated.*

*I leave home for work about 7.40 a.m. and depending on the task for the day I may pick up an ambulance en-route.*

*Generally I do not, and journey to work in the next half hour listening to the ABC News and the 'AM' program.*

*My work sometimes requires a lot of writing, considerable thought and much organisation. I applaud punctuality, deplore incompetence and like to be totally organised. I try to ensure that any task assigned to be completed, runs smoothly. I believe thorough planning reduces the probability of mistakes.*

*As a consequence of these characteristics and feelings I place emphasis during each day on the organisation of future events. It is necessary for me to be informed well in advance of driver training requirements for both metropolitan and country training to be successfully organised.*

*I am fortunate to be surrounded by competent and conscientious members of the AOTC and consider it only necessary when instructed to carry out a task, to outline the requirements to those personnel relevant and in conjunction with various aids supplied, rest confident in the knowledge that the proper job will be done.*

*In order to properly conduct a full training session consisting both of the theory and the practical aspects of driving, training aids are very important and it seems to me, being quite new at AOTC, much thought and considerable expense has been provided to this aspect of our employ.*

*Notwithstanding the fact that our equipment is most helpful, it still requires many hours of sometimes tedious work to collate ideas and facts into a sensible sequential order which will allow an often complicated subject to be easily learned by the uninitiated.*

*It must be seen at times to others walking past our office area that I spend a considerable amount of time at my desk reading or writing, or talking to other staff. Not only may it seem so, it is also factual. Of necessity I do spend long hours reading and collating and writing and cutting and pasting and discussing ideas, but the culmination of all those facets of my job results in a comprehensive, relevant and easy-to-use instructional base with clear, accurate hand-outs which together should (and hopefully will) promote better driving and a more comprehensive knowledge of the road laws within our service.*

*Once all information is compiled it is sometimes part of my daily routine to lecture to students. I enjoy this area of my work and obtain considerable satisfaction from the reciprocal banter which flows. I have found that the in-depth knowledge of the road laws by our staff is not high and appears to be keenly accepted. As professional drivers I feel our knowledge of driving laws should be considerable.*

*I am occasionally called upon at short notice to conduct a driving assessment on newly employed civilian staff or others requiring a driving assessment check. In such cases the range of driving skills varies widely and the driving standard required is one of safety and competence, not necessarily the accompanying smoothness which is required to drive an ambulance efficiently.*

*The atmosphere at the AOTC is one of friendliness and cordiality which surely must assist efficiency. It appears to me that no matter how busy the staff are, there is always a moment to assist when required.*

*Lunchtimes appear to be set aside for unbelievable conversations between staff of all departments in the lounge area. The conversation consists of tall stories, lies, exaggerations, bragging, Pom-bashing, Aussie-bashing, and the occasional sensible remark. I find it refreshing to have no animosity evident and again that surely must assist efficiency.*

*There is the occasional day where it is necessary to check an area for a driving course or a specific purpose. It has been known for Kevin Smith (Ambulance Transport Director) to attend and offer smatterings of his knowledge on such occasions, or to contrive a situation whereby someone finds themselves armpit deep in mud or sand and manual labour is a singular choice option for extrication. I always find such days most educational and thoroughly enjoy the plot from which knowledge is gained.*

*Some days I am aware when the work day is complete. Other days unless the sun sets I lose track of time. I surmise that is normal if one is busy and becomes involved in an interesting pastime. I thoroughly enjoy driving a vehicle of any description and consider it a challenge to do it well. Unfortunately that is not the opinion of all personnel with whom I come into contact and whilst most perform satisfactorily under assessment conditions, many revert to incorrect and lazy habits when out of sight. Driving to those people is merely a means to an end, and something to be proficient at when necessary.*

*This is an attitude problem which I consider the single most difficult matter I need to overcome in order to greatly improve the driving within the service.*

*'Rome wasn't built in a day', 'A leopard can't change its spots' and 'It's hard to teach an old dog new tricks' are adages which may certainly relate in some way to areas of my training problems and the personnel involved; but my counteracting maxim to these is 'There's more than one way to skin a cat'; and 'skinning the cat' is the aim I will certainly continue to pursue.*

## ALAN WRIGHT

*A day in my working life probably goes something like this, 30 November 1988, which I recorded as follows:*

| Time | Task |
|---|---|
| *06.10* | *Out of bed.* |
| *06.20* | *Shower, breakfast etc.* |
| | *Water and talk to pot plants. Abuse grubs.* |
| | *Dress for work.* |
| | *Battle with traffic whilst practising to be a better driver. Watch other drivers and try to guess what they are thinking—most still half asleep, yawning, eating breakfast semi-conscious. Seemingly driving by remote control.* |
| *08.20* | *Arrive at work. Unpack case.* |
| *08.25* | *Telephone Kununoppin re 000 line in 090 area and testing. Telephone Kununoppin re presentation of plaques. Jean arrives, speak to her.* |
| *08.36* | *Send AF 3 & 4 form to Wyndham.* |
| *08.45* | *Discussion Act. Supt. R Oliver—vehicle and equipment servicing.* |
| *08.50* | *Visit Property and Supply re (i) new locker door, Bullsbrook, (ii) new rear step cover, Bullsbrook, (iii) Oxy-Viva modifications for Dalwallinu. Return Demand Valve to Store—wrong type.* |
| *09.00* | *Cup of tea.* |
| *09.02* | *Memo to D/S Kerslake re Lucy Hinke. Moving from Bullsbrook to Two Rocks.* |
| *09.07* | *Rang Waroona re small plaque details.* |
| *09.10* | *Write travel manifest for visit to Harvey and Pinjarra for insurance.* |
| *09.15* | *Telephone Mullewa re progress on building Not in—will 'phone back.* |
| *09.16* | *More writing on subcentre secretaries' Manual.* |
| *09.33* | *Steve Irvine re telephone diverta ready to pick up and return to a subcentre.* |
| *09.34* | *More writing as at 09.16.* |
| *09.46* | *Memo to D/S G Davies re ambulance duties at country.* |
| *09.50* | *Resume writing as at 09.16.* |
| *10.00* | *Discussion with R Oliver re subcentres.* |
| *10.09* | *Tea.* |
| *10.19* | *Rex to telephone Ken Turner re Kalgoorlie subcentre.* |
| *10.21* | *'Phone call from Williams S/C re ambulance service.* |
| *10.24* | *Memo to C Nicolaides re Williams land lease.* |
| *10.28* | *Resume writing as at 09.50.* |
| *10.44* | *Jack O'Brien rang re Car 19 required one night to take head off to stop pinging.* |
| *10.50* | *Viv Siemons, Bularing, tested 000 OK. 'Phoned in.* |
| *10.55* | *Vicki rang from Norseman re 'phone connection re Rod Hatch.* |
| *11.00* | *Resume writing as at 09.50.* |
| *11.14* | *Replace desk calendar.* |
| *11.20* | *Perused Northampton file re fire wall. Sent to Central file.* |
| *11.25* | *Telecom letter 000 to Rex Oliver—completed.* |
| *11.29* | *Create file AOTC exam results.* |
| *11.30* | *Memo from PJ Bridges re Williams ambulance loan OK 7/12/88.* |
| *11.31* | *Memo to Fleet Supervisor re Williams ambulance loan.* |
| *11.35* | *Order Williams subcentre charger plug and charger Roberts.* |
| *11.37* | *'Phone Roberts Electrics book in Williams ambulance. N/A.* |
| *11.39* | *Write details in D/S book for follow up of work to be done re ambulance while I am away.* |
| *11.43* | *'Phone Roberts Electrical advised me to 'phone Mike Paull.* |
| *11.45* | *Private 'phone call in.* |
| *11.49* | *'Phone Mike Paull re Williams ambulance.* |
| *11.52* | *See J Berry re switch vehicle battery danger.* |
| *11.54* | *Comfort break.* |
| *11.57* | *Change Trevor's book re 11.39 detail to Paull and Warner.* |
| *11.58* | *Sort out mail tray, file some.* |

12.12 *Lunch.*

13.12 *Back. Pick up Diverta phone.*

13.55 *Rivervale return to store.*

13.55 *Tea.*

13.57 *To Accounts for subcentre balances.*

14.12 *Complete S/C visit files.*

14.30 *Discussion R Oliver FW5O stretchers.*

14.35 *Chris Nicolaides rang re Busselton land.*

14.36 *Uses and leases (3) required assistance in clarification of use.*

14.37 *Discussion R Oliver, W Lynton re Cert. Emergency Care.*

14.56 *Letter to Northam re old ambulance to Busselton Vintage car club.*

15.00 *'Phoned Darkan re radio test Selcal and if it doesn't work take it to Narrogin or Katanning. No answer. Ring again later.*

15.10 *Rob McDonald re Williams ambulance order. Wanted date for P & W couldn't help him yet. Lynford will have it first (Wed. 7/12/88).*

15.20 *Switch rang please ring Bill Banks Pinjarra at home.*

15.21 *Rang Bill Banks re Comms. Centre. Monday and Tuesday. Rang Emergency 'phone. C/R stated they couldn't ring back to cancel call. Telecom said emergency 'phone cannot be engaged. C/R please take note of times and dates and advise S/C.*

15.30 *Rob McDonald clarifying order for battery charger.*

15.31 *Memo to Supt. Metro. Ops. re Comms. Centre and 'phone calls above re Pinjarra.*

15.37 *'Phone from Chris Nicolaides clarifying Williams land leases.*

15.50 *Completed memo re Comms. Room.*

15.58 *Read Flimsy file.*

16.10 *Discussion R Oliver re Geraldton SES regional meeting 6/12/88.*

16.13 *Discussion R Oliver re Chittering Gingin and Bullsbrook account Rally Australia.*

16.14 *Phone call from Rob McDonald re Bullsbrook locker door.*

16.16 *Prepare diary for tomorrow.*

16.25 *Rang Darkan again—no reply.*

16.30 *Depart Belmont.*


NO SMOKING

# Communications

Modern ambulance services could not function without 'hightech' electronic communications networks. The communications system keeps the ambulance vans in most parts of the state within touch with 'Central', that is the switchboard and allied systems located in the St John Ambulance central depot, at the Belmont headquarters, which controls and co-ordinates ambulance movements.

*Ambulance officers performing the public relations part of their job. Community support for the St John service is strengthened by goodwill gestures like this.*

Originally, in the 1920s, the system consisted of no more than a telephone staffed by the superintendent, who received incoming calls and then told the duty driver where to collect the patient. After the introduction of two-way radio equipment the system became progressively more sophisticated, and the average response times faster. Communications became the province of specialised ambulance officers, who not only understood the medical conditions likely to confront the on-road staff, but were also experts in manipulating the electronic hardware keeping the central depot in touch with the vans as they moved around the metropolitan area.

John Berry was St John's communications technical adviser from 1983 until he retired in 1989. He had trained as a communications engineer with the British firm Cable and Wireless Ltd, and had spent most of his working life with the company in various postings around the world—Nairobi, Hong Kong, Dar es Salaam, Kampala, Saigon. He arrived in Perth via Hong Kong, where he had designed the electronic communications system for the mass transit railway network. St John was fortunate to recruit him soon after his arrival. Berry has written an account of changes since the communications base was moved from Wellington Street to Belmont in 1980. This recounts the hazards of the improvised system on which the Wellington Street base relied; the tribulations of establishing more adequate and permanent facilities at Belmont; and the difficulties, man-made and natural, of extending the network across the state.

## JOHN BERRY

*In the beqinning, there was 'Central' at 298 Wellington Street, Perth. Before Central was established, there were several parochial centres, but Wellington Street Centre eventually emerged as the focal point for metropolitan ambulance communications.*

*Central communications centre was located on the ground floor of the St John Ambulance Association building in Wellington Street. The Centre comprised a room about 15 feet long and 9 feet wide, with a door at one end and a window used as a serving hatch to pass tickets to the crews stationed in the Depot. The room is still there—a ghost of the past.*

*A long table on one side carried the equipment whilst the other side was lined with personal lockers. The equipment consisted of two radio control units, one for the Central area and the other for the Fremantle area. To the right of these, and within reach of the single operator, was an ancient telephone exchange or switchboard of the eyeball type. On receipt of a call, an eyeball would drop into view above the calling line. This was accompanied by a loud rattling sound compelling action to stop it.*

*Underneath the table there were three huge footswitches, one to control Channel 3 base station on the Royal Perth Hospital roof, another controlled the Fremantle area from a base in Roleystone. The third pedal was the time check and busy call to the mobiles. Beneath the desk there was a maze of wires carrying every form of service, power, telephones, bells etc. looking as though someone had tossed in a huge bowl of red, black and white spaghetti.*

*Power distribution was unique and lethal! It consisted of a single power point into which was pluqged a train of multiplugs, connected one into the other and branching in every direction, like a child's game of Lego. The plug itself and the wiring were hot to touch, the temper having completely vanished from the tired and overloaded contacts. Consequently, the Lego set stuck out limply. Such was the frightening tangle of wires and plugs underneath the table that to work under it was extremely hazardous. In fact, some of the Telecom technicians refused to work under it unless the power was switched off, i.e. the station was put off the air!*

*To add to the conglomeration under the table there was a large battery pack driving the telephone switchboard! On one occasion someone tapped something underneath which took the technician seven hours to find. It proved to be the plug which appeared to be 'in', but was in fact 'not quite in'.*

*A whole battery of telephones (one of them Red) adorned the top of the Control Desk. The Red Phone was used for 'urgents', the others connected with the Police, Fire Brigade, Hospitals, Royal Flying Doctor Service etc.*

*Besides the potential time bomb under the table, there were serious hazards to the operator on top. During a lightning storm, the eyeball switchboard would burst into*

*The efficient ambulance system depends on effective technical support— communications and vehicle maintenance. Jack O'Brien, pictured here, has spent 46 years keeping St John vans roadworthy.*




*Another feature of the Control Desk was that any clumsy movement of the feet would cause flashes, crackles and acrid smells of burning. Not infrequently the station went off the air and power would be restored by delicately kicking the plugs with a size 9 boot, in preference to touching anything with bare hands for fear of an early and unscheduled appearance at the Pearly Gates!*

*life at every flash of lightning or clap of thunder. Every one of the twelve eyeballs fell and glared, snarling at the operator with a crescendo of rattles, flashes and thunder claps, ensuring the terrified operator remained alert. Now they tell us never to use 'phones during lightning storms!*

*Wellington Street control room seemed to attract every hazard in the book. At one time, during an attempt to*

*improve the acoustics of the communications centre, the operator, diligently employed at the desk whilst the workmen retiled the ceiling above, was suddenly cracked on the head with a falling spar and found he had acquired an outsize necklace in the form of a ceiling tile.*

*In the evening, at times, there was only one man on duty. That an operator might have been under some pressure to relieve himself was often evident when his relief arrived. The operator, by this time cross-legged and completely cross-eyed with constraint, simply leapt from his chair, and, without the courtesy of a 'good evening' or equivalent salutation, tore past him, like a bat out of hell, towards more blessed relief.*

*On the other hand, the lone night duty operator who became a little bored with having to stay alert occasionally thought with envy of the crews at all the depots connected to the eyeball exchange in front of him. All asleep no doubt! There is record of one operator who was quite intolerant of this status and regularly sought to compel a more equitable situation by interconnecting all the depots via the eyeball exchange and mischievously ringing the interconnected depots. He would then sit back and gloat with satisfaction at the chaos that ensued as each depot accused the other of pointlessly calling them from rest to answer the 'phone.*

*It would be remiss, perhaps, not to record the fact that the crews' quarters at Wellington Street comprised a dormitory with bunk beds and some folding beds. There is a report that one encumbent snored intolerably and, in consequence, found himself folded like a jack-knife trussed up with his head between his legs, in a folding bed out in Wellington Street—an object of curious compassion by the less sober of the night revellers. Many a crewman has been awakened by the alarm for an urgent call and, wondering whilst dutifully carrying a stretcher why his feet were cripplinq him, finds he has odd shoes on. Some prankster had decided to switch everybody's shoes around in the dormitory.*

*All this was soon to evaporate, and the last message passed through the hatch from the control room to the duty crew outside. The Road Authority had decided that the building that is still the St John Ambulance original headquarters in Wellington Street, interfered with their plans to broaden the street, and a new headquarters had to be found. The present building in Belmont became available for development as the new headquarters and communications centre.*

*On June 8th, 1980, the move into Belmont and some transportables [placed nearby for additional space] was made and a new era in ambulance communications started. During 1982–83, whilst the new extension in Belmont was being built, communications were in a state of flux. The Transport, Metropolitan and Communications operations were temporarily housed in transportable shelters in Belmont, behind the present administrative wing. During the rains the whole place became a quagmire. Duck boards to walk on promptly sunk into mud which oozed over shoes so patiently cleaned the night before. The engine for emergency power supply was in a dilapidated garden shed that leaked with impunity on an equally dilapidated diesel engine. The switchboard was ancient, with open knife blade switches, not too securely mounted on the slate board. There seemed to be no floor in the shed, although the engine enjoyed a concrete base. Everything in the shed was 'live' and the whole system defied electrical isolation, even though all known isolation switches were pulled.*

*There were now three operational radio channels, Channel 6 at Roleystone, Channel 8 at Darlington, and Channel 3 at South Perth (Windsor Towers). All were controlled by expensive but not very reliable landlines with emergency links, or trigger bases for Channels 6 and 8. Four main hospitals were connected to Channel 3 via a line concentrator at Wellington Street. Channel 7, located at Kalamunda, was used for administrative purposes. None of the channels could be operated independently because of mutual interference.*

*The temporary control room at Belmont was well designed, although it seemed dark and was artificially lit, reminiscent of a plush and expensive night club. Silence was imposed by a prominent red light which came on when transmission was taking place. The operator wore a headset continuously and used a footswitch.*

*An HF installation, which never seemed to be used, utilised two 30-foot lattice masts to support two dipoles.*

*All base stations were on rented group sites. This was a serious limitation since, besides being expensive, they were inaccessible to our own staff when performance was suspect.*

*An emergency communications unit (the 'Comms. Bus') was available but it was not very efficient since the cross talk between channels made two-channel operation very difficult at times.*

*When building at Belmont actually commenced the whole site became a large swamp. Bulldozers ploughed through landlines, telephone cables and Electricity Commission mains in turn. The resultant panics were borne with stoic patience (on most occasions), however, a burst of choice Australian expletives, sometimes reaching profane pinnacles of obscenity, effectively relieved the pressure, and things got back into gear somehow. The noise from building operations was almost unbearable at times, but work in the prefabricated buildings continued through eighteen long months.*

*The new building had been put in the hands of consultants as far as communications were concerned. This is rarely a beneficial exercise because consultants never have to live with the consequences of their own advice. The great American authority on management, Townsend, defines a consultant as 'someone who borrows your watch to tell you the time'. Certainly on this occasion, although passable provision was made for telephones, a 'broom cupboard' only was prescribed for the radio equipment. Remedies had to be found in the form of a hut on the administration roof and a huge meter cupboard on the outside of the store.*

*Although telephone capacity was projected as adequate for the next five years, the present switching capacity has been fully committed [since 1986].*

*STC equipment was recommended for the control room radio. Eighteen months after installing the equipment STC closed its two-way radio operations in WA leaving the Control Room without manufacturer's back up and spares.*

*Despite the construction phase difficulties, during which numerous after hours call-outs occurred, invariably at night, in pouring rain, the cut-over from the temporary installations to the new communications centre, scheduled in mid-December 1983, went surprisingly smoothly.*

*There remained one or two details during the cleaning up phase preparatory to laying tarmac on the car park. The transfer of the ubiquitous engine to its newly built engine room was perhaps noteworthy. The electrical contractor involved asked where the isolation switch was, only to hear that no one knew with any certainty since the machine had never been successfully isolated in the past. The unbelieving contractor located an underground conduit carrying four wires. With professional dexterity he promptly cut each wire in turn with heavily insulated pliers, dutifully taped up the severed ends and went to check that he had indeed permanently isolated the engine. Using a test lamp he confirmed this carefully and establishing that, whereas prior to severing the cables, a lighted globe indicated live cables, now as expected all were 'dead'. The old engine, however, as though resenting being moved around, promptly gave him an almighty jolt as soon as he touched it. The problem was resolved by cutting and taping every lead entering and leaving the hut and burying the cable ends permanently beneath the tarmac. They are there to this day. Beware!*

*Another incident raised an eyebrow or two during an otherwise smooth cut-over. There were two lattice steel masts which had to be dismantled before tarmac could be laid. It was decided to lower both masts to the ground instead of dismantling them section by section since a 'jin pole' was not available. This meant that careful rigging preparation had to be made and this was meticulously demonstrated when lowering the first mast. The engineer was called to attend to a meeting. His two assistants confidently suggested the preparation for lowering the second mast be left to them. It seems that they had decided careful rigging in preparation for gently lowering the mast could be dispensed with. Muscle power, with which they were richly endowed, was all that was required. Unfortunately, the available muscle power proved woefully inadequate to keep the mast vertical and, a few minutes later, the mast teetered with a crash onto the roof of the prefabricated lunch room. Miraculously the roof withstood the impact although the mast sections were irredeemably distorted in the drunken fall.*

*The new communications centre at Belmont operated as then designed for nearly three years but it was plagued with bugs and many cold wet nights were spent by the engineer trying to maintain communications with exasperated ambulance crews. In the end it was decided to replace about one third of the installed equipment, i.e. all the control equipment. This eliminated most of the problems.*

*As the metropolitan system was developed it was also decided to eliminate the costly method of calling the ambulance depots. The system as prescribed by the consultants used direct private lines connected to a Telecom commander exchange. This method, although effective, was inordinately expensive in terms of landline rentals and was prone to interruption during line or mains failure. The commander was fitted with an uninterruptable power supply*

*(after a technical tussle with Telecom), and the landlines were gradually eliminated by substitution with radio alarms, fabricated from ambulance radio equipment which became redundant when it was replaced by the new Philips FM 900 radios.*

*The rising cost of telephone services compelled further significant landline and service rationalisation by using common telephone lines to the depots for red telephone service and crew call out, backed up by radio alarms. Now [1988] this reorganisation is nearing completion.*

*Control of all the outlying radio base stations was systematically converted from landline to radio, thus, by the end of the year the only private wires (rental landlines) in the Headquarters system will be those associated with the administration computers.*

*On the operational side, in the metropolitan region, selective keying of transmitters by the same radio link using a continuous coding signal (continuous tone coded squelch) was introduced. This enabled a degree of sharing of radio channels permitting increased flexibility in the use of our limited frequency assignments.*

*Vehicle ID (identification of all calling vehicles) and vehicle status (coded location, departure and arrival signals 79, 80, 81 etc.) has been introduced and the selective calling of a particular vehicle is now available. These features are preliminaries to the introduction of computer-aided despatch and automatic vehicle location.*

*Selective Calling (SELCAL) has been introduced throughout the state whilst, in the metropolitan area, all the major hospitals have been linked bv UHF radio and can be contacted at any time independently of the Telecom network.*

*An emergency communications unit has been equipped which has great flexibility and can meet almost any type of communications need in the VHF, UHF or HF field. It is equipped with a mobile radio telephone unit so that Triple-O and other important links can be maintained by arrangement with Telecom.*

*The emergency communications unit has a pneumatic aerial mast which is the pride and joy of the Plant and Communications department and the cause of near apoplexy to the engineer when used for training exercises. Of necessity, the mast is of light metal tubing, being in fact, a series of telescopic tubular pistons and cylinders. It is essential that no element, neither piston nor cylinder be bent or distorted. The mast must therefore, be erected absolutely vertically. Imagine the effect on the cardio-vascular system when some enthusiastic student is firmly holding one of the three guide ropes used during erection, without paying it out gently as the mast is pumped up. The mast will be bent like a bow! It might look quite straight from the student's angle, and so he or she is likely to become bewildered by the screams of colleagues, observing from other angles, to pay out more rope. Of course we now have ladies amongst the students just as good (and just as bad) as their male colleagues. The only constraint now seems to be that the expletives are more refined.*

*All the major hospitals in the metropolitan area can now be connected to an ambulance in an emergency. The VHF Service Area involved in this operation (Channel 3) has been augmented to give improved coverage, especially in the Fremantle area, by the addition of a new channel, Channel 21.*

*In 1983, development of the country systems throughout the state commenced. Some of the established systems did not give satisfactory cover, some were unreliable, whilst others did not come under the Association at all, but under the aegis of the then Medical Department. Many isolated stations relied upon unpredicable HF [High Frequency Radio] as the medium whilst the stations or hospitals they worked were not geared for 24-hour short and long range cover by this medium.*

*With the co-operation (and financial help) of all the subcentres, a plan to fill the huge gaps in ambulance communications within the Association was developed. New stations were installed at Pingelly, York, Beverley and Brookton, followed by Dumbleyung, Ravensthorpe and Lake Grace. In general, the country installations had to be surveyed before the base station could be established. Some of these surveys are memorable occasions for the staff concerned.*

*The Ravensthorpe survey will be remembered for a long time by the subcentre team. The survey was conducted from Mt. Short. On that day, it chose to rain. On the mountain the wind blew a gale and the temperature fell to near freezing. The 180-foot mast had to be climbed to erect the test aerial and the metal rungs of the mast were so cold they felt as though they were made of ice. The misery of the operation was aggravated by an icy wind and freezing rain.*

*In spite of this, the survey was completed satisfactorily and Ravensthorpe now has an excellent VHF station.*

*Pingelly supplied and erected its own mast, using local volunteers. A 50-metre conduit was drilled under the road between the subcentre and the hospital. Just how the landline conduit appeared under the road without cutting a trench remains one of the subcentre's secrets! York subcentre also supplied and erected its own mast and shelter on Mt. Brown, entirely with local helpers. A week after installation sheep flocked around the equipment shelter because it afforded some shade during the day and shelter from the wind at night. The aerial feeder was consequently damaged by their activity and the station went off the air. The moral: always build a fence!*

*Kununoppin subcentre erected two masts using a local team mustered by the subcentre, and built its own equipment shelter on Mt. Gray. Kununoppin, uniquely amongst subcentres, monitors three VHF radio stations at the hospital and probably monitors an area second only to Perth and Bunbury. The equipment failed three times within days of installation, but finally, the supplier got his act together and the system now works as planned.*

*Denmark finally secured a repeater on Mt. Leay after years of patient pressure. It is the only subcentre using Channel 10 (a reverse channel).*

*Bunbury probably now enjoys the finest repeater sites in the state—Channel 9 on Roelands Hill and Channel 5 on Newlands Hill. Jointly these two sites combine to give Channel 59 coverage from Waroona in the north to Donnybrook and Nannup in the south.*

*After months of battling with the Department of Communications, Margaret River and Augusta secured a useful solar-powered site on Mt. Boronup, filling a large gap in the coverage of the South West. However, the offshore winds are highly saline, which means the mast and rigging must be regularly inspected and painted.*

*Even Broome in the far North West now enjoys VHF ambulance service covering 100 km around the town from the subcentre despite the Department of Aviation restricting the station mast height to 65 feet and the impossibility of finding a technician to do the installation. An installer was sent from Perth.*

*Geraldton upgraded their radio station and their ambulance fleet. The original station was in a bowl with consequent restricted range. The new station is up in the hills surrounding the town, giving much improved cover, extending to Dongara.*

*Kalgoorlie, Coolgardie and Kambalda were centred on an excellent repeater on Mt. Burgess, which was established by the efforts of Coolgardie subcentre. The access road to Mt. Burgess via Mt. Burgess station, is about the worst in the state. The Ford Falcon manufacturers might have been proud to see their product, with never more than two wheels in contact with the road, climb the steep and rocky gullies. On the other hand, they may have instantly disclaimed any liability and called the ambulance (or the police). It is still like riding over the Bungle Bungle range on a push bike!*

*Kambalda established its own radio station on John Hill by courtesy of the Western Mining Company with support from the subcentre.*

*Gingin, Bindoon and Lancelin were eventually able to operate their new station built on One Tree Hill in Gingin, 15 months earlier after a marathon application problem between the Association and the Department of Communications.*

*Three Springs radio station was rebuilt and redesigned using, for the first time in the country, a UHF repeater hub technique, which permits any number of Simplex VHF stations to work a common hospital. Coorow and Perenjori were linked to Three Springs hospital in this manner whilst each station enjoyed its own VHF Base Station to give local cover. The system was first used in the metropolitan area (probably for the first time in the state) to link all the major hospitals with the Ambulance Service. The UHF hub technique is also applied to give Donnybrook radio access, in this case without even building a radio tower. The UHF Simplex link from Newlands to Bunbury was intercepted and Donnybrook became part of the South West network.*

*In the development of the metropolitan area, one near disaster may be regarded as noteworthy. Reference is made to the new base site at Byford. The site, located in the heavily wooded hills south east of Perth, has an access road through strictly four wheel drive country. Nevertheless, the would-be racing drivers amongst us seem to see the route as practice ground for doing wheelies in the ubiquitous Falcon, and the F-100. The very isolation of the site is at once a blessing and a curse. Among the blessings could be listed a quiet radio environment free from industrial noise. The curse of isolation is the need for solar power and, curiously, lack of security.*

*Byford site was originally a barbed wire compound with two strong, colourbond sheet metal, wood-lined equipment shelters, one belonging to the Bush Fires Board and the other to the Association. Both parties shared a common 180-foot mast giving an effective antenna height of 1,140 feet above mean sea level. After a long spell of rain and cloudy weather, it became necessary to recharge the batteries and for this purpose a portable petrol generator was provided. On this occasion the engine was left running chained to a concrete pier, to recharge the batteries. Six hours later, when the party returned to collect the motor generator, it had disappeared. The compound fence had been breached and the heavy chain cut, presumably with massive bolt cutters.*

*The damaged fence was repaired, the engine replaced, but with belated wisdom it was never again left unattended at the site. Nevertheless, two weeks later, the site was raided again. Finding no engine outside the shelter, the thieves decided it was stored inside and, although the heavy door had hasp and staple locks at the top, bottom and middle of the jam, it was jemmied off its hinges and the shelter looted. The thieves must have been disappointed to find there was no portable generator. Although the radio equipment was damaged the only item of any value taken was a full jerry can of petrol, later redeemed empty in the bush.*

*It was decided to replace the shelter with a huge vandal-proof prefabricated concrete shelter, 7-feet diameter and 8-feet high, weighing 5 tonnes. The door was of welded steel (battleship grade) with hinges permanently set and pinned, and internal dead locks. The problem was transporting this huge prefabricated structure over unmade tracks of the worst kind, through thick bush to the site. But this was accomplished by the dexterity with which the low loader and the crane, with their reluctant drivers, were cajoled onto the site. Having been enticed along the track, just a little way to prove it really wasn't too difficult, they found themselves in a position where they could not turn round until they reached the site. Committed to completing the task they were engaged for, however unwillingly, the loader and the crane eventually reached the compound with the 180-foot stayed mast and the vandalised shelter. With great difficulty the massive concrete shelter was manoeuvred into position, the radio equipment having been transferred from the old shelter and reinstalled in the gigantic concrete pillbox.*

*The greatest difficulty for the loader and the crane was manoeuvring between the network of wire stays, and, inevitably, the jib of its massive burden occasionally snagged a stay which, although in tension, seemed compliant enough during the hasty corrective manipulation which followed. Eventually the crane work was satisfactorily complete. It extracted itself safely from the network of stays and fences surrounding the site and trundled laboriously back down the track, to the relief of everyone concerned.*

*The team from Head Centre set diligently to work fitting the solar array and battery system, connecting the permanent feeders and repairing the wire fence. At 5 p.m. with sun setting, the operation was complete. Everyone stood back and admired the impregnable fortress as though they had just finished building the Pyamind of Cheops. Tired and weary perhaps, but satisfied, the team set off for home in the two support vehicles, one a four wheel drive the other an ambulance adapted as a mobile workshop.*

*The four wheel vehicle drove out of the compound and waited for the converted ambulance which had to back around to drive out. No one saw it happen, no one heard anything but, in backing, one of the steel wire stays had slipped over the ventilator in the roof of the ambulance. On attempting to drive out the wheels beqan to spin. Understandably, the driver thought for a moment one of the wheels was in a rut and gave the engine a little gun. As the mobile suddenly surged forward there was an ominous twang when the trapped stay was released. Then silence. The driver froze as the dreadful realisation dawned, only too evident from the fearful faces of the observers in the waiting vehicle outside the compound.*

*The big mast fell slowly and silently buckled, section by section and then collapsed like a concertina in a matter of moments, although it seemed an age. Nothing but a mass of twisted metal sections, tangled stays and steel wire mesh lay on the ground. Mercifully, the driver was unhurt, the mast having collapsed in the opposite direction.*

*The pillbox was intact, only two or three of the solar panels on top were struck by the falling mast sections. Weeks of planning and tedious work lay in a crippled heap on the ground. Yet, unbelievably, the Bush Fires station continued on air although the antenna system was shattered on the ground! In the spirit of the Association at such times, temporary service was restored the next day and the*

*site cleared. A new mast was erected, and full service restored three days later. We will not record how the incident was explained.*

Berry had retired before St John took its next major step in communications technology. This was the linking of a new UHF radio communications network to computers, in early 1991. The new system, state-of-the-art technology, enabled the service to monitor calls more effectively, respond more promptly, retrieve data more swiftly, and achieve better integration with other health and emergency services. Some possible future steps were still in the realm of science fiction. They included the closer integration of the various state services to achieve an Australia-wide link-up of road and air ambulances, perhaps co-ordinated via orbiting satellite; centralised assessment and monitoring of the patient's condition via video camera, and consequent advice to on-road staff from Central medical experts; computer-aided navigation of vans; and perhaps even centrally monitored temporary suspension of life processes for critical cases, pending delivery to hospital. These were in the future. But, given the application to ambulance technology of minds as inventive as Berry's, they were steps that could eventually be taken.

# Medic Alert

Medic Alert is a scheme through which people with medical problems can alert health care workers to their condition should they be unable to do so personally. The scheme relies on the potential patient wearing a bracelet with a small engraved medallion that gives advance warning of his or her condition. The scheme is administered by St John. The following outline of its growth in Western Australia was compiled by Ian Kaye-Eddie.

The first Western Australians to wear the bracelets were the three Baker children, Alan, Wendy and Doug. For six months after the death of her husband, John, Meryl Baker lived in fear. John Baker died after being clawed by a lion at Wanneroo Park. He died not from the mauling but from malignant hyperesna, an extremely rare condition causing a reaction to the general anaesthetic administered to deal with his wounds.

Mrs Baker was told her three children had this same rare condition. For the next six months she was afraid to let the children out of her sight in case they were involved in an accident. Then in July 1972 Medic Alert was launched and her three children became recipients of the bracelets, and have never been without them since.

The Baker story is but one of the many that could be told about the 40,000 members now belonging to the scheme in Western Australia. The original idea of the Medic Alert Foundation came from the United States of America, where the scheme started in 1956. The founder was Dr MC Collins, who recognised the need for some early warning device when his daughter was given a routine anti-tetanus injection after a minor schoolyard accident. Her reaction to the injection was violent and almost fatal, and he realised that she needed some form of future protection. Since then the scheme he developed has spread around the world.

Medic Alert is available in Australia through two registration centres—St John Ambulance in Perth for Western Australia, and St John Ambulance in Adelaide for the rest of Australia. The Perth centre is responsible for roughly 30 per cent of the Australians registered with the scheme.

Medic Alert in Western Australia was officially launched on 22 July 1972 by the Lord Mayor of Perth, Sir Thomas Wardle. The St John Ambulance Association had undertaken to administer the scheme three weeks previously. The Rotary organisation had originally sponsored it, and still maintains a close interest, but passed control to St John because the latter's statewide network of ambulance subcentres provided a ready means through which the scheme could be conducted. In addition it was felt that, as a voluntary non-profit enterprise, Medic Alert shared the St John humanitarian ethic.

The scheme is operated by a council with strong St John and Rotary representation, and is serviced by the St John administration. The first Rotary representative on the council was Jack Sweeney. His fellow councillors included Harold Bray, Don McAllister and Hugh LeBreton, all from St John. Another foundation councillor was Ray Hennessy, who was appointed advisor to the US organisation for Australia and later various Asian countries. In 1982 he was awarded Medic Alert International's prestigious 'volunteer of the year' prize. Another leading personnality in the organisation has been Dr Dermot Foster, an active Rotarian and the St John Commandery Lieutenant 1984–90. Many others have been involved,

including Les Wearne (Rotarian, and chairman for eight years, 1981–89), Dr Richard Lugg (representing the State Health Department), Marjorie Maughan (Country Women's Association), Dr Ken Collins (Rotarian and prominent medical practitioner), Peter Dowling (Australian Life Underwriters' Association) and various representatives of the Police Department. All these council members have given unstinting support to the scheme, and have contributed towards formulating effective policies to take it beyond the year 2000.

From 1972, when membership totalled 566, until today, when membership exceeds 40,000, St John has continued providing effective administration for Medic Alert. All the membership bracelets are processed at St John's Belmont headquarters after application forms from potential members have been authenticated by a medical practitioner. The registration of members, together with their medical problems, is computerised. The data are available 24 hours a day to authorised medical personnel via St John's radio control centre.

The steady growth of the scheme in Western Australia results from a combination of factors. Firstly, there were enthusiastic, highly motivated council members who were always searching for new ideas for increasing membership. Secondly, the link with the statewide St John organisation facilitated the scheme's rapid extension. Thirdly, there was a need. People with common medical conditions like diabetes, asthma, heart conditions, epilepsy, hypertension, reliance on anti-coagulants, and common allergies (to things like penicillin, sulphur, tetracyclines, anaesthetics, bee stings and sticking plaster) could now be protected with a Medic Alert bracelet.

Many forms of promotion have been used to create public awareness of Medic Alert. On one occasion parachutists landed on the Esplanade alongside the Swan River near downtown Perth while the state Premier, Sir Charles Court, was addressing a crowd on the virtues of the scheme. Ministers of Health at various times have presented bracelets to members when certain membership levels were reached. Annual parades proceed through the streets of the city advertising the scheme during 'Ambulance Week'. Televised 'Community Clips' featuring prominent politicians and entertainers promote the scheme's usefulness. Newspaper articles highlighting stories about how the scheme has helped certain individuals are another effective means of communication.

The St John marketing department also promotes Medic Alert regularly through a range of outlets, including the facilities presented by shopping malls, pharmacies, hospital foyers, old age homes, immigration centres, and doctors' waiting rooms. In all such venues the scheme is publicised alongside the materials promoting subscription to the ambulance insurance fund. Support from the medical profession is critical, and to that end articles and advertisements are regularly placed in professional journals. In addition ambulance officers and superintendents are also kept abreast of developments in the scheme, and quietly promote its use. As well as this, the police and other emergency services help promote it, and require their officers to know what action to take in the event of a medical emergency.

The increasing volume of memberships, the need for fast efficient access to data, and the growing complexity of meeting the needs of people with potential medical problems have required St John to plan well ahead. At present (1991) the organisation is operating according to a plan drawn up by the finance and administration manager (Graham Wilson) which looks ahead to the year 2000. This predicts a levelling off in the mounting volume of new memberships, and ensures that the scheme remains both professionally and financially viable. The council has endorsed the plan, and has lodged it with the international Medic Alert parent body in Turlock, USA.

By the end of 1987 the Medic Alert scheme had over 2.6 million members worldwide, spread across some 20 nations. Australian membership, about 100,000, represented about 4 per cent of the total. St John's affiliation with the scheme was yet another means through which the Order of St John in Australia was honouring its pledge to serve humanity.

SECTION THIRTEEN

# The Easton bandage

The most basic item of first aid equipment is the triangular bandage. Also known as the 'St John' bandage, this is a strip of calico shaped as a right-angle isosceles triangle with the two equal sides being about 80 centimetres long. It has many uses, including an arm sling, securing a splint applied to a broken leg, a binding to keep in place an anti-bleeding pad on almost any limb or part of the body, and (with several tied together) as a lashing for securing patients to stretchers. Anyone who has joined a St John first aid class is familiar with it as several sessions of the course involve learning to apply it. Older generations of first aid students remember it was once printed with pictures illustrating its use. (The same pictures were used for many decades. They depicted gentlemen with Edwardian hair styles who, swathed in triangular bandages, resembled partially unwrapped mummies. When the pictures were discontinued some time in the 1970s they seemed almost as antique as the ancient Knights Hospitaller.)

Like the modern nursing procedures which Florence Nightingale pioneered, the triangular bandage is said to have been a by-product of the Crimean War. It has remained unchanged since then. It is so simple, versatile and cheap that improving it would seem impossible. Yet that is what one particular thoughtful and enterprising Perth ambulance officer has done. His name is Darryl Easton, and he is an Ambulance Officer Grade III in the metropolitan service. He describes here how he invented and developed the 'Easton' bandage—a device even more simple, versatile and effective than the St John bandage.

## DARRYL EASTON

*In 1969 I joined the St John Ambulance Association as a fulltime ambulance officer, starting at Perth central depot. I then transferred to Fremantle depot in 1970. It was during these years that I used to watch a retired supervisor, Hec Adams, working in his room at central, where he made all the wooden first aid boxes and triangular bandages. The bandages were cut out of large bolts of calico imported from India. Hec used to boast to me how he still used the original pattern unchanged.*

*After a couple of years' service at Fremantle I became frustrated with the limitations of the triangular bandage, and started experimenting with hospital towels and safety pins. I found this was very successful in the management of pelvic girdle trauma, and in packaging lower limbs with a pillow between the legs. At this time we did not have traction splints, MAST suits [i.e., inflatable medical anti-shock trousers] etc. Virtually every traffic accident resulted in multiple trauma as compulsory seatbelt wearing had not yet been legislated.*

*I then decided that I could do something to improve the situation with the triangular bandage. The main problems I identified were: (1) having to be trained in the use of multiples of single pieces in rigidly laid down sequences; (2) having to tie knots, which resulted in a severe pressure point affecting peripheral circulation and tissue plus associated pain; (3) difficulties in applying the bandage in dark or confined environments; (4) the absorption of blood and fluid with infection potential; (5) the difficulty of removal; (6) the bandage was not generally reusable; and (7) constant training was necessary.*

*I realised that the basic concept of the triangular bandage was quite sound, and that I would have to conform to its general standard. I decided to base my 'Easton' bandage on the dimensions of one narrow triangular bandage. The available materials at this time were vinyl leatherette and Velcro self-sealing tape, which was an exciting new product but then very expensive.*

*With my experiments with the towels I integrated this and the triangular bandage together. This was done by making up a prototype set of Easton bandages, which were made up of multiples of single narrow-folded triangular bandages. The set consisted of four parts: (1) an Easton bandage corresponding to one narrow triangular bandage; (2) an Easton bandage corresponding to a half narrow triangular bandage with a window; (3) an Easton bandage corresponding to three narrow triangular bandages; and (4) an Easton bandage corresponding to six narrow triangular bandages. Number 2 in the set was for pediatrics, and the centre window could be used for support of a mandible, and also as a head dressing bandage allowing early warning of blood seeping through the dressing. The Velcro tape was stitched on opposite sides and ends with sufficient travel to permit adjustments for length.*

*I started unofficial testing of the 'Easton Pillow Bandage', as I then labelled it, in 1972. The prototype set consisted of two of each bandage. This was then found to completely cover all requirements for rescue work, for example for lashing a patient to a stretcher for evacuation by crane or helicopter.*

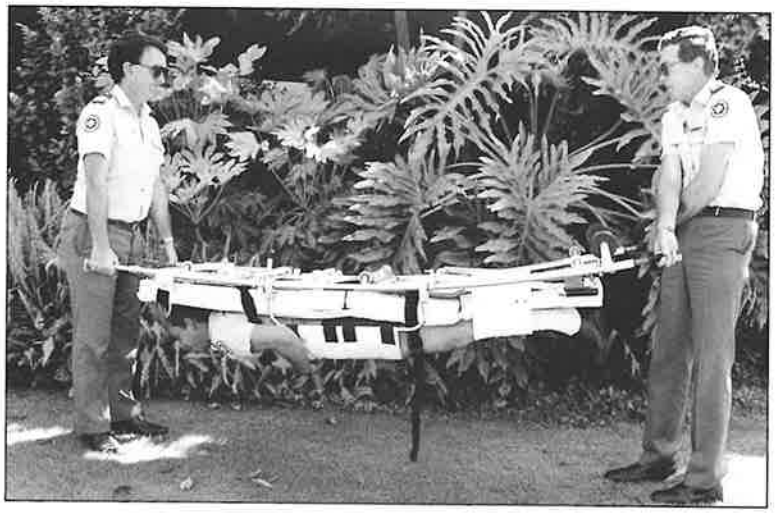
*It was during this period that the Royal Flying Doctor Service of Western Australia ordered a consignment of custom-made Easton bandages. These were all extra long, narrow ones for lashing patients to stretchers, and included foam blocks for stabilising patients with spinal injuries. If you should see some long narrow green vinyl straps on Flying Doctor planes you will know they are the first Easton bandages to have been used operationally.*

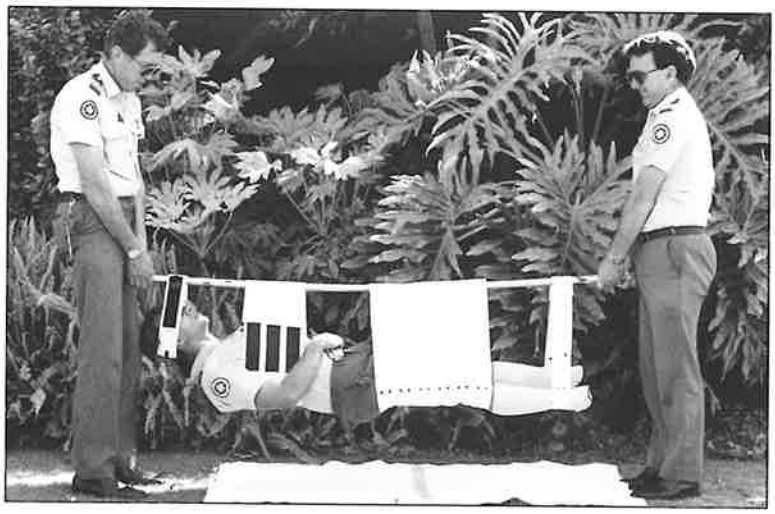
*After 12 months I was satisfied that the Easton bandage could do all that the triangular bandage could do, plus a whole lot more. The reactions of patients, casualty staff and colleagues were very positive. I then approached Don McAllister, the manager of the ambulance service at the time, to arrange formal trials. This was agreed to by the management team, with two exceptions. An initial effort was made to patent the Easton bandage, but this was found to be a futile exercise.*

*The trials were very stringent, with all major metropolitan and some country hospitals participating. After nearly two years the Easton bandage had passed the trials with flying colours, except for the following two points: (1) venting holes were required to overcome the heat retention factor—easily solved during the trial period; (2) the stitching and vinyl absorbed blood, creating a host for cross-infection—a problem not readily solved at the time.*

*I tried some local welded plastics firms to take on the project, but could not raise any interest among them. I then presented the Easton bandage to a meeting of the Western Australian Inventors Association. They voted it the winner for that meeting, and arranged for me to go on the Australian Broadcasting Corporation television show, 'The Inventors', in Sydney. I was fortunate enough to win that show as well. (Yes, I was paid actor's rates!) The national television exposure produced an amazing response, and I*

*Ambulance officers Daryl Easton (the inventor, left in the top photograph) and Phil Benbow demonstrate the versatility of the Easton bandage, being used here to support their colleague, Hank Janssen.*





*was flooded with mail from interested parties (even the Swedish firm Draeger).*

*I was subsequently visited by the state representative of the company Alsafe Industries, who negotiated an agreement with me to manufacture and market the 'Easton Alsafe Bandage'. A welded, specialised plastic, resistant to leaching of polyvinyl-chloride, it was packaged in an inflatable pillow. Alsafe did their own field trials with the Victorian ambulance service and verified all my claims for the new bandage's usefulness.*

*Dr Harry Oxer [the medical director for St John] officially approved the Easton bandage as ambulance equipment, and it was introduced into the Western Australian ambulance service in late 1975 and early 1976.*

*A few years later it was my pleasure to receive the inaugural award of the Institute of Ambulance Officers of Western Australia for an original contribution to ambulance practice.*

*The Easton bandage has now been widely accepted for the following five main uses: (1) immobilising and supporting splinted fractures and pelvic girdle trauma support; (2) the direct application of small to very large area dressings for wounds, burns etc.; (3) securing a patient to a stretcher, carrying chair or other rescue equipment; (4) lifting a patient in a confined or very difficult situation, including the restraint of upper and lower limbs of the deceased patient; and (5) for use in conjunction with the Jordan multi-lift frame when rigid slats cannot be used.*

*The advantages of the 'Alsafe Easton' multi-purpose bandage over the triangular bandage are many. They include these: (1) faster and more efficient application, in daylight and darkness; (2) minimal training required; (3) no tying of knots, and no patient discomfort from knot pressure points; (4) vastly improved support area plus greater dissipation of the stress factor over the peripheral circulation; (5) wider choice of application with fewer pieces; (6) any one piece can be added to another, and any set can be used with another; (7) can be used efficiently and promptly in very difficult and confined situations; (8) easily and rapidly removed from the patient; (9) reusable after simple washing; (10) is completely inhospitable to bacteria because of the use of specialised medical polyvinyl-chloride; (11) is radio translucent; (12) efficient management of the patient with the 'Alsafe Easton' multi-purpose bandage greatly reduces the time lag factor, and therefore also the patient's exposure to the crisis situation, thus facilitating a more prompt and and professional presentation of the patient to the hospital.*


THE ST JOHN AMBULANCE ASSOCIATION

# The netball team

*A St John premiership team—the sub-junior T-ball team, winners of their competition in 1987.*

The women's netball team is yet another aspect of the multi-faceted St John organisation. 'Company' teams play in various sporting competitions. Often they are a barometer of the level of *esprit de corps* among employees: workers have built their fellowship in the workplace to the point where they wish to enjoy it after hours on the sporting field as well. To that extent they are perhaps an indicator of the sensitivity of the management in encouraging fruitful and harmonious staff relations. If this is correct, the St John management has cause for satisfaction, for the St John netball team has prospered and grown since its formation in 1981.

The following outline of the netball team's history is by Jean Campbell-Brown, its first coach and the only member to have continued her active participation to the present. This is a much abbreviated version of her original account, which traces the team's fortunes from season to season in great detail. The orginal shows how marriage, pregnancies, child-rearing demands, overseas travel, jobs won elsewhere and injuries have ensured a continuing turnover in membership. Despite that the team have maintained a unifying camaraderie through good seasons and bad. This is obvious even in the following shortened version, which provides a window on an endeavour that has become a focus of common interest among the female secretarial and administrative staff of the Belmont Head Centre, and also among their male colleagues.

## JEAN CAMPBELL-BROWN

*The origin of the St John Ambulance Association netball team dates back to 5 June 1981. On behalf of Mr Murray Allum, the public relations manager, I circulated a memo to all female staff members seeking interest in participating in a netball team.*

*The memo was received back with 16 names. For various reasons this number dwindled somewhat. However, the team began training on Thursday 18 June 1981 at the Belmont Park Primary School adjacent to the office building.*

*A goalpost was erected, with the assistance of Superintendent JA Wright, in the car park and this was subsequently used for a goalathon to raise much needed funds.*

*The original skirts were black with SJAA embroidered in white. The white tops had a black trim, and black bibs with white lettering. Mr Allum assisted with the purchase of the skirts and bibs. The social club donated $25 and the team was able to purchase a couple of cheap balls and a timer.*

*Two scratch matches were arranged with the male staff from administration. These were a great success and gave the girls some hard training.*

*Towards the end of June 1981 a PBS Savings Account was opened to save for further equipment and trophies.*

*The first official match was played during the summer 1981–82 season on 19 October at the commencement of the season of the Belmont Netball Association.*

*The team that season consisted of Di Adams (goal keeper and captain), June Ayre (wing defence), Lorraine Doris (goal attack), Tania Fitzgerald (goal shooter), Lee Harridge (goal defence and vice-captain), Louise Harrison (wing attack), Vicki Jackson (wing defence), Vicki Redfearne (wing attack), Sue Thomas (centre), Gyda Thoroddson (wing attack), Liz Tuohy (goal shooter), and me, Jean Campbell-Brown (coach).*

*The first match was a disaster with SJAA being defeated 19 to 35; however, the team went on to win the B4 grade grand final. They beat their opponents, the Mixtures team, 35 to 26. Sue Thomas and Di Adams played such a strenuous game they both pulled ligaments and were on crutches for a while.*

*The first end of season celebrations were at the Kin Wan Chinese Restaurant, where trophies were presented to Liz Tuohy (fairest and best), Lee Harridge (runner-up), and June Ayre and Vicki Jackson (most improved). The 'Dickette' trophy (a humorous award for the most 'fallible' player) came in the form of a beautiful white plastic potty with an eye on the inside, and came complete with toilet paper. It was presented to Louise Harrison, who suffered from a nervous bladder during the season and frequently kept players and umpires tapping their feet whilst she made a 'dash for it'. This was a wonderful end to their first netball season which was full of teething troubles with the members trying to find their own level of development.*

*The next competition the team entered was the 1982 winter competition. Wales Tours kindly donated twelve black and white bags for the girls to carry their track suits etc.*

*With hard work and determination, a medicine ball and wobble board were purchased to assist training. Some jelly rubber was introduced to gently build arm muscles. Acknowledgement must go to SJAA staff who were generous in their support in the many fund raising ventures.*

*Promoted to Bl grade, another good year was experienced with a grand final result of Aquarians 21 to SJAA 20. This match was a draw at full time and, so extra time was played. It was just a matter of who was lucky enough to be in front at the siren.*

*Records are a bit vague for the next two seasons. The coach was hospitalised and off work for five weeks and June Ayre snapped her achilles tendon during one of the games, resulting in an operation and crutches for many weeks. Still playing Bl we were again runners-up in the grand final of the 1982–83 summer season, this tinie to Pink Panthers. The scores were 33 to 29.*

*The 1983 winter season began with a mixed game between the netball team and administration males. The result was a 15 to 13 win for the women's team, with a little help from the umpires.*

*Attired in their new white skirts with black SJAA embroidered on the white skirts, and white tops with black trim and white bibs with black lettering, the initial seven players registered looked extremely smart and fresh. The team finished towards the end of the ladder but didn't quite get the wooden spoon.*

*During the 1983–84 summer season we registered an excellent team in B1 grade. The team was determined to obtain a premiership and with the plenty of ups and downs won the grand final against Jaffas by the usual one goal. They certainly thrived on cliffhangers. So, with five seasons together the team had two premierships and two runner-up places to their credit.*

*For a change, and to keep warm and dry during the cold winter months, we decided to give indoor netball a try, and so we registered for the indoor competition at the Victoria Park recreation centre for the 1984 winter season. Although requesting B grade status we were assigned to A*

*The St John netball team, 1982, a year after its formation.*



*grade, and ended up with the wooden spoon. It was an experience although most of the team said they preferred outdoor competition.*

*Unfortunately, we had our netballs stolen whilst playing at this venue. Sharon Burke was 'Keeper of the Netballs' at this point in time and was devastated when she realised she had left them behind and they had been stolen. She redeemed herself wonderfully by raising a total of $90 for us to purchase two new netballs. There were some horrific rumours about how she acquired so much, such as, collecting twice, twisting arms, coaxing a few superintendents behind closed doors, threatening to disclose some unsavoury pasts, to name but a few.*

*On 30 July 1984 the SJAA netball team was challenged to a game of netball by the ambulance officer inductees. As usual this mixed match was great fun with SJAA netball winning by a goal or two.*

*During the 1984–85 summer season we played in A3 grade. The team consisted of the same players as last season with the exception of Tania Fitzgerald, who wished to branch out and play indoor cricket. The team was minus a first class shooter. However, they battled through and ended up fifth on the ladder. The Dickette trophy that year went to Sandi Smith, who had experienced knee problems throughout the season and was given a doll complete with exposed knee components. (Originally a set of knee and corresponding leg bones was purchased from the butcher. However, even after numerous washings, scrubbings and soaking in bleach they remained very smelly and after presenting these to Sandi the coach took them home to air and dry out on her front verandah. One can only surmise that a hungry dog came strolling past, thought they smelt very tasty and stole them, because two mornings later they were missing, never to be recovered.)*

*The 1985–86 summer season, in B1 grade, began with four girls from SJAA and the balance made up from outsiders. Helen Brown hurt her ankle during the first game and was out for the rest of the season. The team did quite well considering lack of experience by some members and the absence of Lee Pascoe as she was hoping to start a family.*

*The 1986 summer season commenced with great enthusiasm from female staff members with the result that two teams were registered and played in the C3 and B2 grades. Another set of skirts and bibs were donated by the public relations department and the girls took to the courts looking very fit and smart. The season also ended with great enthusiasm as both teams won their grand finals. The results in B2 grade were SJAA 38 to Kewdale-X 31, and in C3 grade SJAA 36 to CSR 29.*

*For the 1987 winter season the girls elected to keep dry, and were accepted at the Venville recreation centre, Maylands. One team was nominated in C division, playing on Wednesday and the other team in B division, playing on Thursday. The girls had some tough games during the season and did well to reach the quarter finals.*

*Tragically, during this season one of our players, Lisa Wyatt, was killed whilst trying to help a stranded motorist. Team members, together with St John Ambulance staff raffled a food hamper and raised enough money for a perpetual shield in her memory to be presented to the most consistent player in her team. James Souter, the assistant accountant in the accounts branch, had shown talents in the woodworking area and was asked if he could tackle the job of making a shield. I obtained a pattern from the local athletic club and the resulting shield was beautiful. The Association paid for the emblem, gold lettering and plates. As things happened, the recipient turned out to be Lisa Wyatt, who was chosen from votes put forth each week by various umpires, and the shield was given to her family for them to keep until the next presentation.*

*During this season the B grade side, after the first few games, was put up to A grade. They had some very hard matches during the season. Vicki Gibb became pregnant and finished the season with only five months to go. Initially in third place, the team made its usual stupendous effort, after a draw in the semi-finals, winning by one goal and winning the grand final by five goals against Combines.*

*For the 1987–88 summer season one team elected to stay at Venville recreation centre, whilst the other players decided to try their hand at an outdoor season at Belmont Netball Association. The latter was quite a short season with the girls playing in Bl grade. The competition was very weak and the team had no trouble in winning their Grand Final against JJ Pearls 48 to 34. The team playing at Venville enjoyed excellent competition throughout the season, reaching the grand final undefeated. Unfortunately, a severe attack of nerves was evident during the game and the*

*girls lost by one goal. It was an extremely frustrating game to watch, knowing the girls were playing well below capacity. The final score was SJAA 24 to Independents 25.*

*The student ambulance officers and SJAA netball team had a 'friendly' match after work on 16 March 1988, which resulted in a draw of 23 goals each. These matches are always enjoyed by players although the student team members invariably arrive at work next day covered in bruises. (As they discover, we're tough!)*

*With no rest between seasons, the 1988 summer competition commenced at Venville on 16 March 1988. We fielded a team in B division. Another team was registered at the Victoria Park recreation centre in A grade. The first game they were defeated by about 30 goals, the second week by seven and the third week by only one. It is usual for the management of recreational centres to rearrange teams as they feel necessary at the commencement of the season, and thus the A team became B which was a quiet relief to most players.*

*On Wednesday 25 May 1988 we were delighted to attend the official unveiling of our much awaited trophy cabinet. Ambulance officer Mike Cubbage kindly gave his time and talents to this project and Colin Weeks, the personnel manager, found money available in his budget to pay for materials.*

*The coach had been contemplating the use of a 'tag' for the teams, as it was very difficult trying to differentiate between the two teams and she didn't want a 'them-us' situation to occur. As one team had more SJAA employees than the other, she decided to call one team (with the most SJAA employees) as Inners and the other team as Outers. This was agreed.*

*In the grand final Inners met Koala Kiwis again in the grand final and this time had a comfortable win of twelve goals (32 to 20) over Koala Kiwis. Outers were not quite so fortunate in their grand finals. Having done extremely well throughout the season, they had played some good solid games but were defeated by two goals against Impacts in the grand final.*

*Another season at Venville began on 31 August 1988. The Inners were lucky to stay in B grade and not be promoted to A grade for this season. Netball finals provide strange and interesting contests. In the quarter finals this season we were beaten by The Blues 20 to 22, and were very nervous when the siren went for commencement of the grand final, which we romped in 21 to 9.*

*The Belmont Outers team was placed in A2 in a competition which began on 19 September 1988. After the first round we were informed that we had been regraded to A1. We had won all our games comfortably in A2; however, the girls were happy to relax a bit and weren't very impressed with being upgraded. With our points from A2 we had the pleasure of being the top A1 team for a few weeks. The girls rose to the occasion and finished fourth on the A1 ladder.*

*For the summer 1988–89 season the Inners played at Venville, and the Outers played at the new Loftus Street recreation centre. The Venville girls were firstly placed in B grade and were doing quite well, although not winning by heaps. Regardless, they were upgraded to A division and experienced some really frustrating games. There was a very rough element appearing at this venue, both physical and verbal which the girls found hard to handle. We did not finish the season and registered at Strikers in Belmont. The team at Loftus Street was much luckier. The venue was lovely, the umpires were good and the competition pleasant. Competition with a couple of the teams was quite close and we fought our way into the grand finals against Vespers, against whom we went down fighting 25 to 34.*

*In July 1989 one team commenced at Strikers. Again the team was put into A grade and struggled very hard. They were by this time a bit fed up with being put into a high grade and after finishing the season decided to have a rest for a while. Later in the year another team, Outers, began at Belmont for a summer outdoor season. They began in B grade and were promoted to A grade after the first round. They had a good season, nearly beating the top A grade team and beating the teams who ran second and third, during weekly competition. They came a very creditable fourth in the final ladder. The season ended on a really high note for Sandi Smith, who won the overall A grade fairest and best award at Belmont. All eight teams who played A grade were involved, so it was really thrilling that one of our team members won the trophy.*

*A few players and their friends got together for a social fill-in game at Belmont one Tuesday and it was decided to recommence the second team if we could find a suitable venue. Two teams were nominated for Loftus Street for the*

*1990 winter season, beginning in April, one on a Tuesday and one on a Thursday. After a slow start to the season the Tuesday team reached the grand finals, played on 4 September 1990. Unfortunately, nerves seemed to play havoc with the team, which went down by 33 to 27 goals to Taskforce.*

*The Thursday night team was more fortunate in its competition and won the grand final against Vespers on 4 October 1990 by 38 goals 21. The grand final team consisted of Stacy Smith (goal keeper), Joanne Salvaris (goal defence), Lea-anne Morgan (wing defence), Sally Campbell-Brown (centre), Sandi Smith (wing attack), Allison Leonard (goal attack) and Vicki Gibb (goal shooter).*

*A great time was had at the Turn 'N Tender restaurant for our end-of-season function. Awards for the Tuesday team went to Sally (fairest and best), Allison (runner-up) and Mairead Gavin (the Lisa Wyatt perpetual shield); and for the Thursday team to Sandi (fairest and best), Sally (runner-up) and Stacy (most improved). Another award went to our most loyal supporter Alex (who received a pair of our special underpants embroidered with SJAA).*

*We followed the 1990 mid-year competition with an end-of-year season. We entered a team in the Monday outdoor competition at Belmont, and continued with the Tuesday team at Loftus Street. The season at Belmont was very successful but a trifle disappointing. We played Cavaliers in the grand final and lost by only one goal—always a frustrating score. In the Tuesday team at Loftus Street we had Sheila Fay, who had just arrived from the UK and was looking for a team to play in. She told us that if we thought she was no good we could tell her, 'Be on your way, Sheila'. Not knowing her name at this stage, some of the girls thought she had quickly acquired a very good command of the Australian language.*

PART THREE



# THE COUNTRY SUBCENTRES

## VOLUNTEERS' WORK

As we saw in Part 1, in Western Australia the fully professional metropolitan service carries by far the larger burden of the annual ambulance casework. In 1989–90, for instance, the metropolitan share was almost 80 per cent (69,000 thousand out of 87,000 patients) of all cases transported. The country subcentres and their army of volunteers were nevertheless a crucial part of the state's overall network of ambulance facilities. Without the 2,103 volunteers who supplemented the 40 salaried ambulance officers in the country ambulance region, 24 hours a day statewide ambulance cover would be impractical, unless of course the government were prepared to invest huge and unproductive quotas of funds into the non-metropolitan operations.

If a professional subculture has evolved around the salaried ambulance officers and the metropolitan service, as Part 2 suggested, something similar is true of the country services. There are common features of ambulance work regardless of Western Australia's vastness and regional variety. The distances the vans must travel are long, whether in the empty interior, on the far north coast or in the more populous southwest. Calls involving hundreds of kilometres and hours of driving are still common, for all the improvements to the flying doctor service. Then there are regional characteristics dictating the nature of much casework. Mining areas, for instance, have mining injuries; timber towns have forestry accidents; railways settlements have railways accidents; ambulances in port towns serve ships at sea as well as their rural hinterlands, and likewise for those nearest offshore drilling rigs; while those in remote desert communities contend with high temperatures as well as distances. And finally, the country ambulance subcentre is a focus for local community endeavour, in much the same way as are the local schools, hospitals and churches. It is run on the principle of self help. It cannot therefore exist unless the local community is prepared to keep battling to raise the necessary funds, recruit the workers, instil them with the voluntaristic ethic, retain their enthusiasm for long hours of unpaid work which demands that they see distressing sights, maintain their ambulance skills at a high level, and keep in contact with the St John's Belmont Head Centre.

In this part of the book we will hear at first hand from a cross section of the workers who make it possible for people across rural Western Australia to enjoy the security of fairly ready access to an ambulance service. The workers, who include several professional ambulance officers but are mostly volunteers, here describe cases they have handled, the difficulties of the work in their part of the state, and the efforts they must make to keep their subcentres open.



# Remote calls

The ambulances in the sparsely settled north and east of the state are those called on to travel the longest distances. Distances create problems of their own, as do local conditions, as the following accounts suggest.

### TERRI and KARL JORDAN, MARION and BILL WRIGHT
WITTENOOM SUBCENTRE

*In earlier times, before the Flying Doctor was servicing the district regularly, out-and-back ambulance trips of 800 kilometres were not uncommon. We used to do these without reserve fuel tanks.*

*Running out of fuel wasn't the only difficulty. In those days we always took a nurse from the hospital on our longer trips. One of our volunteers was a Hungarian volunteer officer who always tried to 'race off' the nurses on the way home from a long trip. In the end no nurse would go out on ambulance calls, so we had to get rid of him.*

*Over recent years we've had a number of emergency calls. In 1985 a chap fell and was badly injured while climbing in the Wittenoom Gorge. We had to carry him out to Port Hedland, about 260 kilometres away. The next year we had two fatalities. A bus from the Hale School in Perth crashed a few miles out of town, killing one of the boys aboard. Then the son of one of the park rangers slipped while climbing in the gorge. He fell down the cliff face and into a pool of water. We brought him out, and the Flying Doctor flew him down to Perth, but he died later in hospital.*

### DENISE GILLGREN
BROOME SUBCENTRE

*We get depressed when we lose a patient we've fought hard to save. For instance, we had one case a few months ago where a truck had overturned about 250 kilometres down the road. By the time we had received the call and got down there, the driver had been trapped for five hours. We got him out, and brought him back to Broome. He was talking with us all the way back, but was suffering from crush syndrome, in which the body releases toxins after sustained heavy pressure has been withdrawn. He died on the way to Perth in the Flying Doctor's 'plane. The crew was very distressed when they heard this as they'd successfully completed a difficult retrieval.*

### SYD BYRD
HARVEY SUBCENTRE

*In 1964 we had big floods when the Harvey River rose. We had to evacuate the hospital to the high school, and had two ambulances doing a shuttle service between both places. My job was to organise the loading of the patients at the hospital. One of the women we moved, a maternity case, had twins half an hour after we had completed the transfer. Earlier this year one of the twins was bridesmaid at my daughter's wedding.*

### AUBREY KEIGHTLEY
ALBANY SUBCENTRE

*In earlier decades, the trip to Perth by ambulance was always an adventure—a 270-mile [436-kilometre] cross-country trek. For example, consider George Morrison's first trip up to Perth in the ambulance in the late 1950s. The ambulance broke down near Kojonup, 150 kilometres. northwest of Albany. A passing motorist, who happened to be a Ford mechanic, stopped to offer help and was able to fix the problem. Morrison and his assistant, Neil Crawford, a volunteer, continued on their way, but the vehicle broke down again. They then agreed that George would flag down a passing car and go into Kojonup to fetch help while Neil*

*remained in the ambulance with the patient. George soon managed to hitch his way into Kojonup. After he had gone Neil thought he might as well try starting the engine so he could move the ambulance to the side of the road. To his surprise, the engine fired and he was able to drive into Kojonup, where they had the necessary repairs made before setting off again for Perth.*

### JIM McCULLOCH
RAVENSTHORPE SUBCENTRE

*In the early days we sometimes used to take patients across to Albany [290 kilometres east] in the ambulance. They were all gravel roads then, and the big ambulances of the period were not much good on gravel. On one trip I had aboard a patient whom our local matron said must be got to Albany without delay.*

*'Don't waste any time along the road or he'll die,' she said.*

*The chap's wife came along too, and when we got to Chester Pass she wanted me to stop and check how he was. He was covered in dust from the road, so she insisted we take him into a nearby house to clean him up. While she cleaned him, I held him so he wouldn't fall into the water. When he'd been cleaned up, he didn't look too dead so the delay hadn't killed him. Before we set out again I shook out the blanket, which sent up a dense cloud of dust. Eventually we made it into Albany. When Dr Hanrahan saw my patient he said, 'Why did you bring him here? There's nothing wrong with him!' Dr Hanrahan was our 'local' doctor. He used to fly his own Tiger Moth aircraft across from Albany to Ravensthorpe once a month to see cases and check our hospital; but if there were emergencies, like the case my patient was supposed to have been, we'd take them to him.*

### BOB AURISCH
BRUCE ROCK SUBCENTRE

*Occasionally I have to take patients all the way to Perth [240 kilometres to the west]. The round trip is 300 miles [480 kilometres] so it always takes a long time. I had one very long trip there in 1984. It was a pregnancy case. The call came through to me from the hospital while I was at a dance. Because the Royal Flying Doctor Service was covering our district by then, we had instructions from the St John Ambulance head centre in Perth not to bring patients into Perth by road. The Flying Doctor had been called, so I took the patient out to the airstrip. While we were waiting there, another call came from the hospital saying, 'The case has been downgraded; bring the patient back'. This meant we were no longer top priority for the Flying Doctor, and would have to wait our turn. I returned the patient to the hospital, then took her out to the airstrip again at midnight, when the 'plane was now expected. The 'plane didn't arrive. After waiting a while, I rang up to find out what was happening. I was told the 'plane couldn't land because of fog.*

*'There's no fog here!' I pointed out, but they wouldn't listen to me.*

*'The 'plane can't land because our information is that you do have fog,' came the reply, 'so please drive the patient to Cunderdin'.*

*'By the time I get there I could be in Perth,' I protested, 'so how about Corrigin [64 kilometres south of Bruce Rock]?'*

*'The fog would be there too'.*

*It was obvious I'd have to drive to Perth, as we couldn't risk further to-ing and fro-ing around the countryside. It was 2.00 a.m. by this stage. We reached Perth at 4.30 a.m., and the baby was born within an hour of our arrival. On the trip back home I got so tired I had to hand over the driving to the nurse who had accompanied us. In the end we got home at 8.00 a.m. It had turned out to be quite a night. It had been my birthday, too!*

### STEVE DUFF and STEVE DUNCHOUK
MOUNT TOM PRICE SUBCENTRE

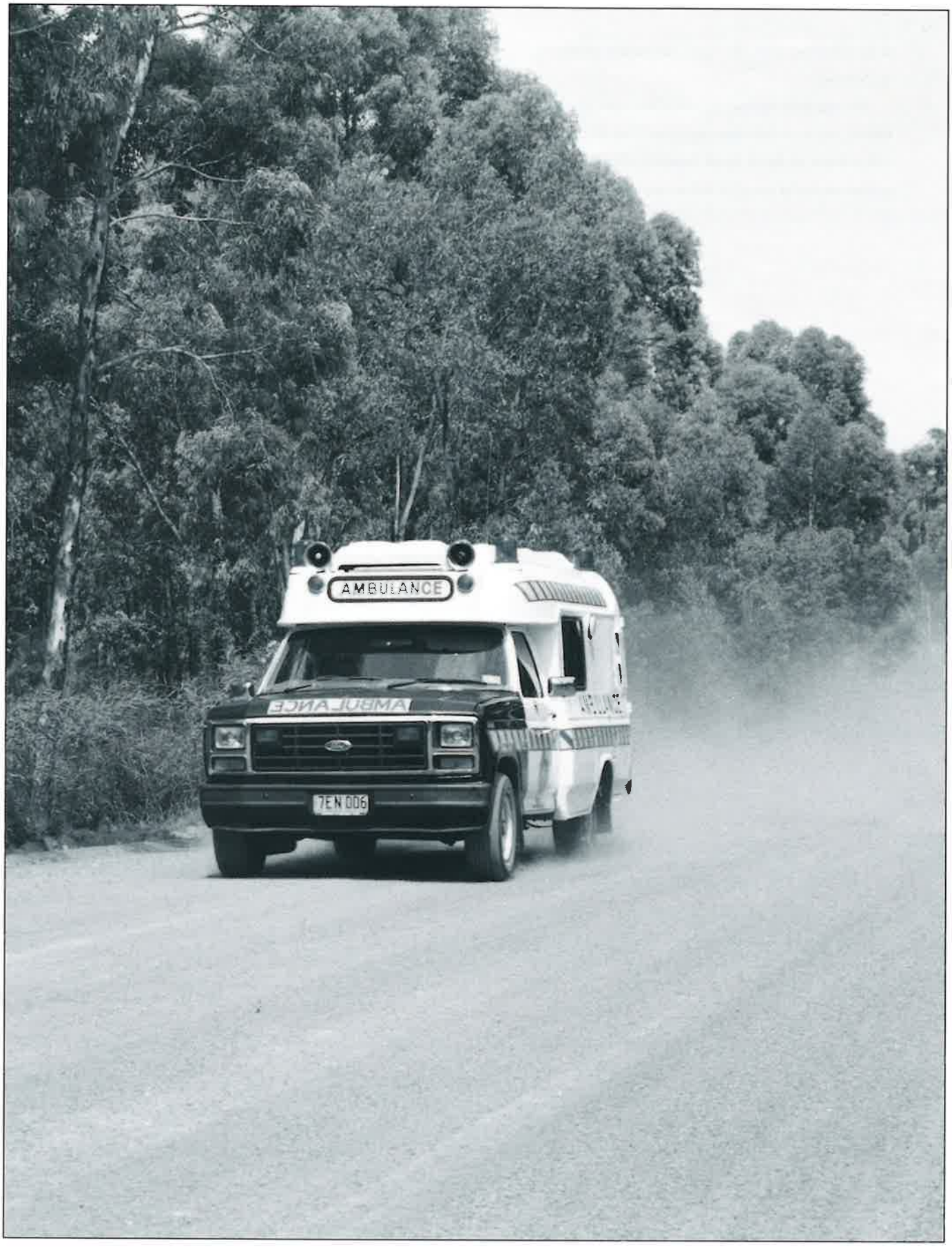
*On the night of 7 September 1984 we answered a call to a suspected helicopter crash somewhere out past Mt Farquhar, about 130 kilometres west-northwest of Mt. Tom Price, using a Hammersley Iron Co. Toyota 4-wheel drive ambulance, which is also fitted with rail wheels for use on the railway line if necessary. We had only recently passed out as Ambulance Officer Grade I's. After collecting a few essentials and letting our wives know that we would be away for a bit, we departed with the police vehicle in the lead.*

*Just out of Hammersley station the company FM communications radio had reached its limit, and the police hand-held radio given to us couldn't get through the vehicle static, even to the vehicle in front of us. Being accustomed*

*to the northwest roads, this wasn't too great a problem to us, however.*

*We eventually reached the area of the crash just before sunrise, and met a helicopter despatched from Karratha with a doctor on board. Again communications became a problem as neither one of us had a common frequency.*

*To cut the story down a little, we didn't have to bring back the patient because the Flying Doctor had managed to locate him first. We returned to Tom Price after driving some 360 kilometres round trip without the patient, minus also the ambulance 'Mickey Mouse' lights, but we did bring back a fair sample of Pilbara dust.*


AMBULANCE
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# Local problems

*Poor roads, long distances and rough terrain are common problems for ambulance crews of most country subcentres in WA.*

In many parts of Western Australia local conditions create special difficulties for ambulance crews. High temperatures, extreme aridity, harsh light, lack of shade, rough terrain, sparse settlement, poor or even no roads, thick scrub, high seas, inaccessible locations, damage to vehicles and equipment in remote places, wandering livestock and free-ranging kangaroos—all are hazards sooner or later encountered by the emergency services, as the following experiences indicate.

### JOHN O'DONNELL
MOUNT NEWMAN SUBCENTRE

*One time I had to bring in a badly injured fourteen-year-old boy, who had fallen about 20 metres while climbing around Mt. Newman with a party from his school. He had been lying there all night with a compound fracture of the skull, while three of his mates had been sent in through the scrub to fetch help. It was so rough he couldn't be moved on a stretcher; and he stopped breathing three times on the way out.*

### KEITH WHINNEN
ROEBOURNE SUBCENTRE

*One of our most trying experiences was in January 1987. Bob Hart and I were on duty one afternoon when a motorist came in to report a road accident he had passed near Python Pool, about 83 kilometres down the road to Wittenoom. A panel van had rolled about seven metres down an embankment, and there was a girl trapped inside with a suspected broken back.*

*The day was atrociously hot—about 50 degrees in the open sunlight. Taking a policeman with us, we set off, and were only about 25 kilometres out of town we came on another car that had just overturned. It was on its side, 'parked' on its doors, with the occupants still in it and unable to get out. We helped them scramble free and right their car. They drove off, limping along, though we learnt later that they had had to abandon the car.*

*In the meantime we got going again, but the air temperature was so high our fuel started evaporating. The only way to keep it cool was to spurt mouthfuls of water over it every few kilometres; and we had to keep this up all the way out to the accident site. It took us an hour and a half to get there, and by the time we arrived, the girl had been trapped in the van for five hours. The other three occupants, who were unhurt, had clambered out but had been unable to do anything for her other than ask the passing motorist to call us out when he had reached Roebourne.*

*Getting her out was our first problem. The van was pitched over on its left back wheel on a 30 degree slope. The only way to extricate her was to manoeuvre the stretcher in and out through the front door window. The van was so hot you could have fried eggs on the panel work. The patient was badly dehydrated and in pain, so while we were moving her we had to swab her down, administer oxygen and give her penthrane painkillers.*

*The trip back to Roebourne was even worse than the drive out. The petrol continued vaporising. I became car sick, and had to administer oxygen to myself. We tried calling the Wickham ambulance to come to our assistance, but we couldn't get the call through. Then about 30 kilometres out of Roebourne one of the tyres blew out. The wheels were so hot we couldn't touch them, and so we had to limp home on a shredded tyre.*

*We eventually reached Roebourne after a five-hour round trip, but on getting there discovered that the local doctor was unavailable. We therefore had to take our patient a further 12 kilometres on to Wickham, where the Flying Doctor picked her up to fly her on to Port*

*Hedland. By this stage our patient, a New Zealand tourist who had only arrived in Australia the day before, must have been wondering why she had ever wanted to see the Pilbara.*

### GORDON WILLIAMS
WICKHAM SUBCENTRE

*We once had a case at Wickham here that we had to deliver to the Flying Doctor. The 'plane became bogged in some sand at the end of airstrip, so we had to help the pilot by pushing the 'plane. It was in fairly deep, but we pushed it free in the end, with the help of the patient.*

### GEOFF SMITH
STATION OFFICER, NORSEMAN SUBCENTRE

*Before I came here I had my share of exciting cases. In 1986 I took part in a helicopter rescue from a ship off Bunbury, and received a commendation for my action. A seaman had fallen off a pile of containers on the deck of the* Posnan. *He had a fractured skull and both legs were broken. I was taken out by helicopter to retrieve him. The helicopter had to land on top of the containers. The pilot must have been impressed by the way we handled the case because he has now joined the ambulance service.*

### BRIAN SMITH
KAMBALDA SUBCENTRE

*In 1970 I had to rescue a chap who had fallen while working in the headframe of the Durtsin mineshaft, which was then 200 feet [61 metres] deep. He hadn't been wearing a safety harness, but luckily for him he landed on a beam across the shaft. His pelvis was smashed. I went down to him in a bosun's chair, and eventually got him out by sliding a Stokes basket stretcher underneath him. Then there was the case of the giant Norwegian—a huge chap, six feet seven inches [2.07 metres] tall, weighing nineteen-and-a-half stone [124 kilograms]. He was suffering from a respiratory complaint in a stope underground. We got a stretcher down to him, and started bringing him up. He decided this was good fun—it reminded him of tobogganing back home in Norway. He wanted us to toboggan him back down the shute on the stretcher, which would have meant a top speed of 200 miles [322 kilometres] an hour into a blank wall at the bottom.*

*Ambulance officers Mike Tindale (left), Tiffany Mander and Rob Possingham with Ford ambulances ancient and modern, on the South Perth foreshore with the towers of central Perth in the background, 1992. Tindale is wearing an ambulance officer's uniform of the early 1920s. The reconstructed T-model vehicle was the type of vehicle used when St John assumed control of the Perth metropolitan service in 1922. The Mark IV vehicle is the standard van 70 years later. (Photograph by Dirk Wittenberg)*



*St John House, Wellington Street, Perth, 1991, 12 years after the St John administration had moved to new premises. Built in what was then the still fashionable 'Art Deco' style, it was completed and opened in 1940. It was one of Perth's most graceful buildings in its time. After the administration moved out the building was retained as Commandery headquarters and museum, central city ambulance depot, Brigade/Operations Branch headquarters, and for first aid classes and public meetings. (Photograph by Robert Garvey)*



*St John administrative headquarters, Great Eastern Highway, Belmont. Formerly municipal offices of the city of Belmont, the building was remodelled and occupied by St John in 1979, then extended over subsequent years to include training facilities. (Photograph by Robert Garvey)*



*The Commissioners of WA District St John Ambulance Brigade/Operations Branch 1969–91. They are, left to right, Drs ER Griffiths (1981–84), AJ King (1969–72), M deC Clarke (1977–81), NH Colyer (1972–77), RL Pearce (1984–91). They are wearing the army-style khaki uniform worn until 1989–90.*



*Knights of the Order of St John: the late Professor Gordon Reid (left), Governor of WA and Knight Commander of the Commandery of the Order in WA, and Sir Ninian Stephen, then Governor-General of Australia and Prior of the Order in Australia, with Lady Valery Stephen (left) and Mrs Ruth Reid, Commander Sisters of the Order, after Sir Ninian Stephen had invested Professor and Mrs Reid into membership of the Order, 1984.*








*Top left: Standard of the Commandery in Western Australia. The black swan, superimposed upon the emblem of the Order, is a symbol of the separate integrity of the organisation in Western Australia.*

*Bottom left: The St John Ambulance Association shield awarded for teams competition in first aid.*

*The interior of a Ford Mark IV ambulance: station officer Mike Cubbage is measuring the blood pressure of his patient, Mrs Colleen Davies. (Photograph by Dirk Wittenberg)*



*Fleet supervisor Charlie Natale inspecting an ambulance in the Belmont workshops, 1991. (Photograph by Stephen White)*



*A Royal Flying Doctor Service pilot (nearest camera) assists ambulance officer Ken Newall in removing a patient from his 'plane, Jandakot RFDS base, 1991. (Photograph by Robert Garvey)*



*A Royal Flying Doctor Service medico (centre) monitors the patient, as ambulance officers Ken Newall and Lisa Smith transfer him to their ambulance to transport to hospital from Jandakot RFDS base, 1991. (Photographs by Robert Garvey)*











*Cadets Dirk Sunley and Sharon Cangemi (Melville division, St John Ambulance Operations Branch) with Kelly Brown (Morley division) treat a casualty who had lacerated an arm in a fall, Perth Royal Show, 1991. (Photograph by Robert Garvey)*



*Above: Moira Watson and cadet Dirk Sunley on duty, Perth Royal Show, 1991. Below: Cliff Oakes (Fremantle division, St John Ambulance Operations Branch) using a two-way radio to call for assistance while on patrol at Perth Royal Show, 1991. (Photographs by Robert Garvey)*





*In decades gone by the St John management required its ambulance 'drivers' to have little training, and provided none itself. The modern service demands not only high-level initial training but continual retraining thereafter, via exercises like this airport disaster simulation.*



*Carol Jones (supervisor of country first aid training) instructing Aboriginal students at the Marr Mooditj Foundation, Bentley, in resuscitation techniques, 1991. Aboriginal health needs provide St John with ample scope for its services. (Photograph by Dirk Wittenberg)*



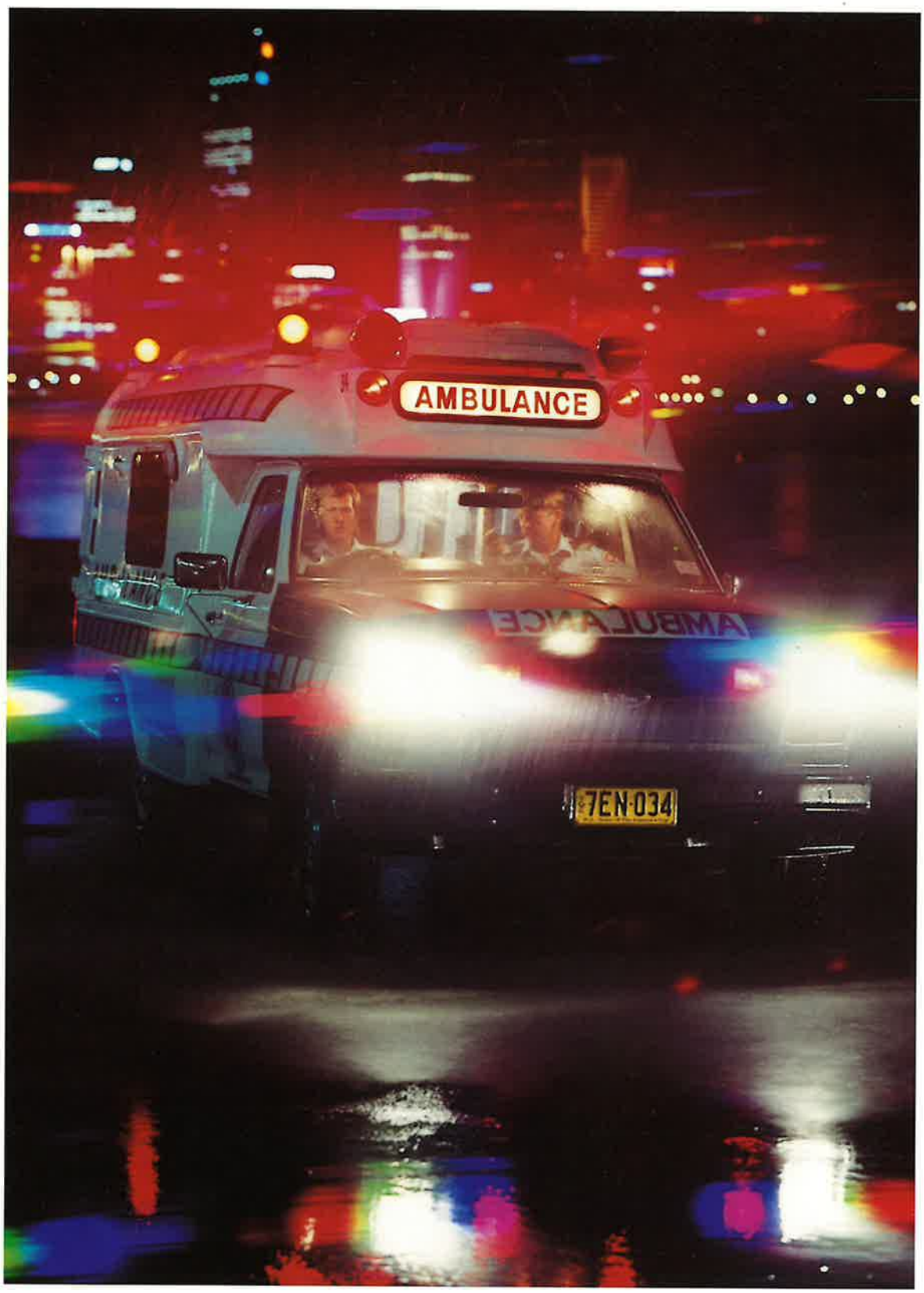
*Station officer Mike Baker wheels former Commonwealth boxing champion, Lou Cafaro, into Royal Perth Hospital, December 1991. Cafaro had been seriously injured in a shooting incident in nearby Bayswater. Bleeding heavily from shots in the chest and leg, he had staggered 150 metres before collapsing inside the door of a shop, where Baker's crew retrieved him. (Photograph courtesy of* The West Australian *newspaper)*



*Station officer Mike Tindale (left) carrying 'Oxy-Viva' apparatus from a Mark IV ambulance, while station officer Mike Cubbage carries a defibrillator, Belmont, 1992. (Photograph by Dirk Wittenberg)*



*Ambulance officers Julian Smith and Charlie Staniforth in a Ford Mark IV van, mid-1980s, Perth. The modern ambulance, a mobile life support system, is regarded as an essential public utility in industrialised societies.*



# Difficult cases

We have seen the type of cases the professional ambulance officers dislike. For them burnings, cot deaths, suicides, domestic brawls, and drowned children in backyard pools are the types of cases that cause the greatest stress. For the ambulance staff in country regions, there is a corresponding fear of failing the patient through inexperience. The smaller subcentres are at a disadvantage here because they might be called on to handle fewer than a dozen cases a year. After those have been divided among several volunteers, the individual officer will receive little in the way of actual case practice. Despite the best efforts of the St John training staff, and the high standard of the obligatory training and retraining provided, the volunteers in quieter subcentres are left feeling culpable if they lose a patient. The other great fear is of having to handle the death of a friend or neighbour. Having to do so is always an unwelcome possibility in small communities especially, as the following comments make clear.

### TOM REIMERS
ESPERANCE SUBCENTRE

*Sometimes you do your best, but your best isn't good enough. We had one case here years ago, about 1968, when one of our women answered a call to a car accident out in the bush. When she got there, three or four other people were already there trying to help a chap who had been injured. He had been complaining that his back was very sore. The reason it was sore was that he was lying on a stone as big as your fist. They didn't know that, however, and wouldn't touch him because they thought he had a broken back. He had panicked and had started vomiting. By the time our volunteer arrived on the scene he had drowned in his own vomit.*

### JOHN O'DONNELL
MOUNT NEWMAN SUBCENTRE

*The hardest cases to attend are those where you know the patient, which is not uncommon in a town the size of Newman. Several cases come to mind here. A few years back we had to go out to attend a local chap who had been paragliding, and had fallen into the scrub from a height of 180 metres while being towed. We got him back to the hospital safely enough, but he died there later from a ruptured aorta. It's particularly bad for us when we turn up at the scene of a bad accident not knowing who's hurt, then recognise the car involved as being a friend's or neighbour's. Once, the night before our local Fortescue Festival, I answered a call to a crash at a T-junction. When I arrived there I could see the wrecked car belonged to the son of my best friend.*

### MAL PALMER
WICKHAM SUBCENTRE

*One of my worst cases was a chap on a motorbike who had been involved in a head-on crash. His chest split open over the handlebars. The wound was so wide the pair of us had our four hands in his chest cavity, each finger plugging the hole. We got him to hospital, where they began giving him blood transfusions. He needed blood so badly the hospital staff had people from around the town giving him blood donations direct. They kept him alive for two hours but in the end he died. It was difficult for me because I knew him quite well. He was the brother of one of my friends.*

### BRIAN SMITH
KAMBALDA SUBCENTRE

*In country towns like this you nearly always know the people in the cases you treat. For example, some time ago I*

*was on ambulance duty when I had to go to an accident where a nineteen-year-old lad on a motorbike had crashed into a car and had been killed. When I examined the body I recognised him. It was one of our former Brigade cadets. When Greg Rayment was in Geraldton he had to answer a call to a case of suicide, which turned out to be one of his best mates.*

### BOB AURISCH
BRUCE ROCK SUBCENTRE

*The difference between the city and country cases is that the city ones are impersonal whereas at a place like Bruce Rock you personally know 99 per cent of the patients you handle. Knowing the patients creates problems. In one case a girl had an epileptic seizure under the shower. She was scalded all over the back, the front and the arms. I'd been to school with her; and so it was embarrassing for us both to know I'd been handling her naked and in that condition. In another case I was called out to a car accident in which one of my best friends had been killed. I knew it was him as soon as I saw his wrecked car.*

*Even when you don't know the patient well, the work can be distressing because there's often a tragedy behind every case. One case that sticks in my memory because it was so sad was an accident which happened during a polocrosse match in about 1981. A girl from Capel came off her horse, which fell and rolled on her. She was in a coma for seven weeks. She was only sixteen years old. I don't know what's happened to her since, but there's a fair chance that she suffered brain damage.*

### BULLSBROOK SUBCENTRE

Some of the volunteers in this group believe that dealing with death affects volunteers quite severely, especially when they feel that they could have done better. This results in a great burden of guilt being placed on them. One volunteer ambulance officer was involved in three serious accidents, and on each occasion, the patient died. A lot of counselling needed to be provided to ensure that she could cope with future accidents in the ambulance service.

As a result of the experience of this volunteer, the Ambulance Officer Training Centre at Belmont is ensuring that volunteers are provided with a course in their training on handling stress factors related to the death of patients.



# Psychiatric cases

Psychiatric cases, as these accounts suggest, enable ambulance staff to exercise skills other than those pertaining strictly to first aid. Empathy and simply being prepared to listen are worthwhile assets for the volunteers to acquire, particularly if they work in communities with an unusually high rate of mental illness.

### JOHN O'DONNELL
MOUNT NEWMAN SUBCENTRE

*The psychiatric cases are of a kind on their own. I was in the depot once when a woman rang in to say she was going to commit suicide. I spoke with her for an hour and a half.*

*'Well, that was good', she eventually said. 'I'll call you again when I need you!'*

*There are a lot of potential suicides in remote mining towns like Newman; but very often you can talk them out of it because all they want is for someone to talk with them sympathetically.*

### TOM REIMERS
ESPERANCE SUBCENTRE

*If you work as an ambulance volunteer for long enough you'll see some odd cases. Once I had to collect a woman who had attempted suicide. She must have thought I was alright, because as I was taking her into the hospital she propositioned me.*

### BRIAN SMITH
KAMBALDA SUBCENTRE

*Being a mining town with a lot of drifters in the community, we handle more than our share of psychologically disturbed cases. One night several years ago I answered a call from a doctor with a patient who had been running round naked. When I got there, the doctor said, 'To Kalgoorlie hospital!', so as instructed, I drove the chap up to Kalgoorlie [58 kilometres north]. I had only just got home here to Kambalda when someone rang for an ambulance.*

*'There's a chap outside here running round naked,' the caller said.*

*We went round, found the chap, sedated him and took him to the local hospital, and then went home to bed. Very early next morning I got another call.*

*'There's a bloke here running round naked!'*

*I could hardly believe it—the third identical case in one night!*

### GEORGE GARDNER
NORTHCLIFFE SUBCENTRE

*Tom was a nice bloke, gentle, caring and a good neighbour; but sadly he was prone to periodic bouts of mental illness at which times he had to have treatment in the city. He didn't particularly like the police and on no account would he travel with them, so it fell to the local St John Ambulance personnel to deal with him. The law usually remained out of sight, following the ambulance at a discreet distance. On one occasion he decided not to travel with the ambulance either, for fear of being lodged at the police station instead of at the doctor's place. After much arguing and coaxing, he agreed to travel on condition that his neighbour Bill took him in his old utility. So away they went, with us bringing up the rear. On the way Tom became a bit unsettled and fidgety. Bill noticed this and said,*

*'There's a* Farmers' Weekly *paper at your feet, Tom. Open it up and have a read'.*

*Tom picked up the paper, but seemed to have some difficulty getting the wrapper off. Bill, noticing this, picked up from the floor of the ute a large butcher's knife he used*

*for cutting the strings on the hay bales. He handed the knife to Tom to assist in the unwrapping job. Tom took the knife, gave Bill a funny amused look, felt the cutting edge with his thumb, and said to Bill,*

*'You know Bill, my friend I have no intention of cutting your throat. The knife is too bloody blunt!'*

*According to Bill, for the rest of the journey there wasn't much space between the accelerator and the floor.*



# Road accidents

In some respects road accidents are more horrifying for the volunteers than for professional ambulance officers. For a start, even the busiest volunteer is likely to handle far fewer such cases than the professional crews of even the quietest subcentres. And then there are reasons why the worst accidents country crews must handle are even more ghastly than those occurring in the metropolitan area.

### GEOFF WILLCOCKS
PEMBERTON SUBCENTRE

*One road accident our volunteers recall well happened in the early 1980s. A party of four English tourists driving along Seven-Day Road ran off the road and hit a karri tree. They suffered various injuries. The ambulance reached them promptly, but one of them died later from a haemorrhaging split liver.*

### BRIAN SMITH
KAMBALDA SUBCENTRE

*We handle a lot of road accident cases. There have been fifty road fatalities in ten years on the Kambalda-Kalgoorlie road. The basic reasons are boredom, the lack of social facilities, drink and tiredness. Typically, a party of people from here will go up to Kalgoorlie for a night out and will crash on the way back. As a result we've had some of the worst road accidents in Australian history. One of them was in 1970, about 24 kilometres out of town near the open cut mine. Eleven people were killed, and the only survivor was a two-year-old child. In one of the cars three generations of a family were wiped out—children, parents and grandparents.*

### THELMA HARPER
SOUTHERN CROSS SUBCENTRE

*Most of the work from this subcentre is with traffic accident cases, and much of it is along the Great Eastern Highway. We've had 156 calls in the last twelve months, and about 80 per cent of these were traffic accidents. Most accidents are vehicle roll-overs—city people on long, straight country roads; they've left home early in the morning, they're bored, and by the time they're in this district they're tired and losing concentration . . . About 95 per cent of the accidents would be like that.*

### SID ELKES
SOUTHERN CROSS SUBCENTRE

*Some of the road accidents we attend are horrifying. One of our worst cases here, which I attended with David Hatch, Mick Guerini and Thelma, was six months ago, on 6 November 1987. It was a three-vehicle collision between a semi-trailer truck, a motor cycle and a Valiant sedan. The truck and the Valiant were going in opposite directions on the highway. The motor bike, with the rider and his pillion passenger, a girl, who were going to Kalgoorlie for the weekend, tried to overtake the Valiant, but got sandwiched between it and the truck.*

*The woman driving the Valiant had seen the accident coming, and had frozen in fright into the foetal position, so the car was going down the road driverless. The motorbike's front fork bent out the car's mudguard, which became a knife and nearly severed the left legs of both the bike rider and pillion passenger. Both of them later lost their legs, and the family group in the Valiant were peppered with glass.*

*Just after the accident a 4-wheel drive vehicle coming down the highway went over the motorbike, which had come to rest on the road. The driver drove on and didn't stop. The force of the collision threw the girl pillion passenger up and over the tray of the truck, and she slammed into its tailgate. Her boot was later found on the back of the 'semi', under a 44-gallon drum of scrap steel, which she'd probably knocked over on her way through.*

*The girl was amazing. She didn't utter a whimper, and even joked with us. I thought her leg was broken, so I went to put an air splint on it.*

*'That's a funny place to be doing mouth-to-mouth resuscitation! she said as I tried to blow it up. 'I never thought I'd see a policeman doing that!'*

*I tried to raise the leg for the splint, but when I took hold of it there was just nothing there. Thelma Harper then lifted the towel she had put across the leg, and showed me that a big chunk was missing. The girl knew she was going to lose her leg.*

*'It's useless now; it will have to come off', she told the doctor when we got her to the Royal Flying Doctor Service 'plane, which was taking her to Perth.*

*She rang up several months later to thank us for the help we'd given her. She said she was now on an artificial leg and was doing OK.*

*Ambulance staff, police and a tow-truck operator handle the aftermath of a country road accident, on the South Western Highway north of Bunbury.*



### CHRIS HODGSON
### SOUTHERN CROSS SUBCENTRE

*I work at the state battery, 8 kilometres south of Marvel Loch. I look after the ambulance at Marvel Loch. I attended a bad accident on the road between Marvel Loch and the Great Victoria mine on 16 July 1987. It happened some time between 6.16 and 6.30 in the morning, about 5 kilometres from the mine, 12 or 13 kilometres from Marvel Loch. A panel van with four blokes who had just come off shift at the mine ran head on into a water truck with two blokes who were taking drinking water out to the mine. The van driver had been tired after a 12-hour shift, and had allowed the van to drift on to the wrong side of the road. The water truck crossed to the wrong side of the road to avoid the collision, but then the van tried to cross back over again and the two vehicles struck.*

*The driver of the van and one of his passengers suffered injuries to the head and leg and had possible internal injuries. A vehicle from the mine had come along, and brought them into Marvel Loch. I called in the ambulance from Southern Cross to collect them, then took the Marvel Loch ambulance out to the accident site to pick up the other three patients. One of the passengers in the van had suffered serious head and chest injuries and had been killed. The left side of his jaw had been pushed in; and his chest had been stoved in or maybe the truck had run over it. I took the other three chaps back to Marvel Loch, then returned to the accident site to pick up the body of the bloke who had been killed and deliver it to the mortuary.*

*In the meantime the driver of the van had been causing trouble for the ambulance crew from Southern Cross. He had become delirious and was thrashing round, so they restrained him with bandages, which he ripped off. They tried sedating him before putting him aboard the Royal Flying Doctor Service 'plane. A massive amount of valium was pumped into him, but he wouldn't react to it. He had to be strapped down aboard the 'plane, so Phil Rafferty climbed aboard to help restrain him. As soon as the patient was in the 'plane someone slammed the door, and the 'plane took off for Perth with Phil still aboard.*

### IAN HOWIE-WILLIS
### OBSERVATIONS AT SOUTHERN CROSS

*As Ian Kaye-Eddie, Murray Allum and I were approaching Southern Cross from Kalgoorlie on 12 May 1988, we passed a semi-trailer with a load of nitric acid which had caught fire and burnt out the truck. We had earlier heard a warning from the Kalgoorlie radio station that the fire was sending toxic fumes across the highway, but by the time we reached the scene, the fire was out and the fumes dispersed. We mentioned this to the people at the*

*St John Ambulance subcentre in Southern Cross. They told us that 130,000 tonnes of hazardous chemicals pass through the town by road weekly on the way to mining sites. The local police, ambulance and fire brigade, they felt, would be hard pressed coping with the disaster that might easily occur if there were a major accident involving trucks carrying cargoes of volatile or toxic chemicals.*

### A MEMBER OF THE QUAIRADING SUBCENTRE

*A Japanese touring party in a car left the road and hit a tree about 40 kilometres outside Quairading. Fortunately, there was an official St John First Aid Post situated on a nearby farm. St John has First Aid Posts in isolated areas in the country. At these posts farmers or family members who are properly trained are prepared to provide first aid in emergency situations.*

*The Japanese tourists received efficient first aid attention and were then taken to hospital. Fortunately, in the town at the time there was a Japanese exchange student who was summoned to help with the translations as none of the tourists spoke English. This story illustrates something of the hazards and isolation in parts of Western Australia, and also highlights the effective service that St John provides. The Japanese consul in Perth was most appreciative of the service we provided.*

### BROOKTON SUBCENTRE

Close co-operation with the police is important for country subcentres, because traffic accidents are one of the major hazards in the country. In several subcentres the police get actively involved with subcentre activities during their off duty hours. A few policemen have qualified to the level of 'Grade I Volunteer' at several subcentres. In Brookton, one day there was a bad traffic accident on the highway outside the town. Evidently one of the-off duty policemen was the first to arrive at the scene and with the training he had received from St John, he was able to attend to the patient, whilst awaiting for the ambulance to arrive. This story illustrates that the more trained people that are on the scene of any accident, the more chances there are for the patient to recover.



SECTION SIX

# Running subcentres

St John Ambulance in Western Australia maintains 87 country subcentres which are wholly dependent on volunteer staff, of whom there were 1,803 in 1989–90. Another 9 subcentres, mainly in the larger regional centres, had a mix of professional and volunteer staff—40 of the former, 143 of the latter. Each of the 96 subcentres thus served represented an enormous investment of civic pride, community spirit, and supporters' spare time, effort and labour. Forming a committee to liaise with the St John Head Centre in most instances was the first step towards forming a subcentre. Next came a season of local fundraising effort to purchase an ambulance; meanwhile the prospective volunteers were beginning their training. Van purchased and volunteers trained, the subcentre opened for business, usually from temporary premises—the local hospital, motor service station, municipal garage or doctor's surgery. For ambitious subcentres, further fundraising would eventually result in the securing of a block of land, and the erection of a St John building, which might be replaced several times, each replacement grander than the last, depending on the volume of 'business' and the civic pride of the local community. In the end, if the caseload justifies it, salaried staff will be sent from Perth to help manage the subcentre and operate the vans.

*Ambulance officer George Hastwell instructing volunteer ambulance officers Carlo Capriotti and Margaret Birch during a visit to the subcentre at Mandurah. (Photograph by Stephen White)*

Something of this evolutionary process is evident in the following accounts.

### JOAN WILSON and DENISE GILLGREN
### BROOME SUBCENTRE

*Our service covers a large area, from the Sandfire roadhouse, 330 kilometres to the southwest, to a point 110 kilometres up the road to Derby to the northeast, and 250 kilometres north to the Aboriginal community at One Arm Point.*

*We completed our new subcentre building in November 1986 at a cost of $75,000, $30,000 of which came from St John in Perth, $35,000 from a Westpac loan and $10,000 from subcentre funds. We raise our funds from bingo, the benefit fund, the flea market and from special events like putting an entrant [Jenny] in the local Shinju ['full moon'] queen festival.*

*The service started in 1982 after a public meeting which only five people attended. A second meeting was better attended, and that got the subcentre going. We started off with an old ambulance that year, and two years later had enough money for a new one. Ansett Airlines donated a fare to Perth so that someone could fly down to drive the new vehicle back. The Lions Club donated the radio, which cost $1,381, and the Lionesses donated another $1,800 for equipping the ambulance. We couldn't get anything from the Shire Council, which is more interested in getting more tourists into town than supporting the local community. Unlike most other local government councils, this one didn't donate the land for the ambulance station; instead the subcentre committee had to buy the land.*

### RON SWANSON
### BUNBURY SUBCENTRE

*At one time we used to fit out the ambulances ourselves. We brought the bare ambulance bodies down from Perth, then Steve Milonas, who had been a motor body builder, would fit them out for the subcentre. We also used to have personalised number plates for the vehicles, each beginning with the Bunbury abbreviation, BY–1000, BY–2000, BY–4000 and so on. When we switched over to St John Ambulance prefixes, and numbered our ambulances SJA–1 to SJA–5, we sold the old registration plates to raise funds.*

*As a volunteer officer, I often used to make seven trips to Perth a week, 340 kilometres for the round trip. I'd be on leave from work at the time, and used to take my annual holidays so I could stand in for the fulltime officer when he was taking his leave.*

### TREVOR LEMKE
MOUNT TOM PRICE SUBCENTRE

*All the town (population 6,000) got involved in the project of building our new ambulance station. The Hammersley Iron manager donated the block on which the station has been built. The cost of the building was*

*Tom Price subcentre, built with voluntary labour and opened in 1987. The two ambulance vans are both Ford Mark IIIs.*




*$60,000. A grant of $30,000 was obtained from St John headquarters in Perth, and $40,000 was raised locally from activities like quiz nights, raffles and cake stalls. There are two ambulances, one bought from funds raised by the subcentre committee, the other donated by the country club.*

*All this effort has been made because there is a need. Mount Tom Price is a hard-working, hard-drinking and hard-playing town, in that order; and it is the last two of these that led us to establish St John here.*

*All costs of living in Tom Price are high. Supplies come by road from Perth, 1,500 kilometres away; and the children get kidney stones because of the high calcium content of the local water.*

### IAN KAYE-EDDIE
GENERAL OBSERVATION, TOM PRICE

*The new Tom Price subcentre facilities are appropriate to the needs of the local community: they're functional and adequate for all purposes without being too lavish. Occasionally subcentres get carried away by their own enthusiasm when planning new facilities. It's the 'Taj Mahal' syndrome, the wish to produce something monumental. The danger in doing so is that the building might take over, to the cost of other activities. If the building program is too ambitious, a subcentre might neglect fundamental tasks like recruiting suitable volunteers for ambulance work, maintaining high standards of ambulance officer training, and extending first aid skills among the general public. In some instances where very large buildings are envisaged, the space could be superflous to real need. All that's required in most cases is adequate space to garage the ambulances, storage room, and a place for meetings and training classes.*

### GEOFF WILLCOCKS
PEMBERTON SUBCENTRE

*I'm a timber worker with the state forestry authority. I recall that I came round to thinking the town should have its own ambulance in 1963 when my wife, Julie, was having a baby. Up till then the town's long-serving medical practitioner, the late Dr ('Doc') Ryan, used to transport patients in his own car whenever an ambulance was required. I got together a group of about thirteen interested townspeople, who formed a committee to raise the money to open a subcentre. The Lotteries Commission put up a third of the cost; the state sawmills put in £500 and the local shire council £300; business people in the town contributed well; and there was an encouraging response from the public. To house our ambulance we got hold of an old garage from the sawmill and re-erected it at the hospital.*

*In 1971 the committee built a new subcentre, and once again our donors responded generously. This building, which houses the ambulance and a small meeting-training room, is an important focus in our members' social and community life. In contrast to many St John folk*

*elsewhere, our members are youthful and keen, and have succeeded in making the subcentre one of the town's main community organisations.*

### LEN PRICE
RAVENSTHORPE SUBCENTRE

*I started Ravensthorpe's ambulance service soon after World War II, when I returned to Ravensthorpe in October 1945 after my time in the army. I put in for an ex-army Chev ute [Chevrolet utility truck], and got to the top of the list of tenderers because I was a sheet metal worker. We moved into town soon after this so my daughter could go to school. At that time the town had no ambulance. The Chev had a cover over the back, which made it the most suitable vehicle in town for use as an ambulance, so whenever anyone had to be taken to hospital I used to take them in my ute. The nearest hospital was at Lake Grace [180 kilometres to the northwest], and to make the patients comfortable for the long drive, I got hold of a stretcher, which I used to block into place in the tray. Before I started offering this service, the only way of getting someone to hospital was to get them down to Hopetoun [50 kilometres south, on the coast], then out by boat to Albany [240 kilometres by sea].*

*In the very early days, things were much worse. May's mother was the first white woman to live in Ravensthorpe, back about the turn of the century. It took her four days to get here from Esperance [187 kilometres east]. When she became pregnant, there was no midwife here to help her, so she had to go back to Esperance again by dray, then up to Kalgoorlie [326 kilometres north of Esperance] by coach.*

*The ambulance service I started in my Chev ute was funded by local citizens. They each paid £5 into a fund for general expenses, and if they had to be taken up to Lake Grace the trip cost them another £5.*

*I ran the service like this until the end of 1947, when Bill Everett, the owner of the hotel at Hopetoun donated an ex-RAAF 13-hundredweight Bedford ambulance. It was based at Hopetoun but covered this district too. It ran for a couple of years, but there wasn't much demand for it down there so it was brought up here and garaged at The Palace, our local hotel. The publican, Charlie Powell, used to drive it. It was a terrible vehicle—a dust collector and bone shaker. We had to put a false floor in it and fill in the space beneath with rocks to weight down the springs. In 1950 we replaced the Bedford with a Dodge we obtained from St John Ambulance in Perth, but we didn't form an ambulance committee and become a subcentre until 1953.*

*We made our first ambulance trip to Perth (550 kilometres northwest) in the early 1950s. The case was a young chap down from Perth who was shot in the back of the head during a rabbit shoot. His mates brought him into town, and someone fetched Charlie Powell. Charlie found a lad to assist him, and they set off post haste for Lake Grace dressed just as they were in singlets and shorts only. Out along the road they came across the town policeman, so he joined them too. Like them, he was only wearing singlet and shorts. When they got to Lake Grace the nurse there said the patient would have to go to Perth, so off they went with no money or proper clothes. They got by by borrowing things along the way.*

### JIM McCULLOCH
RAVENSTHORPE SUBCENTRE

*We had a battle financially before 1965, when the mine opened up here and brought more money into the town. In 1959 I went up to Perth to see the Minister for Health. I told him we were struggling, and he promised to do something. A cheque for £50 arrived soon after, and the health department sent us that amount annually thereafter. Some time after this HV Bray, the St John head centre secretary, asked me to come up to Perth for a talk. He wanted to know how we'd managed to get a guaranteed sum like that because head centre had been trying for years to get something of that sort without success.*

*We also had trouble with our previous ambulance station. Water got under the cement slab and made it rise. This jammed the ambulance against the rafters. We ended up having to break the concrete to get it out.*

### IAN KAYE-EDDIE
OBSERVATIONS IN KAMBALDA SUBCENTRE

*Some of the local St John people here are proud of the co-operation between the Western Mining Corporation and the St John ambulances. For instance, if there's a major accident, both ambulances will attend and help each other.*

*Kambalda, like some other mining towns in Western Australia, has received more than its share by having paid*

*staff for a low volume of patient transports. The reasons for this have been numerous, some being the transient nature of the population and shift work, which limit the supply of local volunteers. Also important is the political lobbying power of large mining companies and unions, which cause local members of parliament to pressure Ministers of Health to ensure special preference is given to a particular town.*

*Kambalda is also interesting for another reason. It's one of only nine country subcentres with combined professional and volunteer ambulance staff. They've had paid staff here since the 1970s, but they've only ever had one salaried officer because the caseload—only about 250 a year—doesn't justify more; and apart from Norseman they have the lightest caseload of any subcentre with paid staff.*

*If the workload increases to the point where present arrangements are inadequate, a second officer will be posted here. There's a consistent pattern to this: as the workload increases at an all-volunteer subcentre, the volunteers will eventually come round to thinking they need salaried staff to assist them. One or two of them will get the idea that they could do the work fulltime, and could be taken on as the salaried officers. The subcentre then begins agitating for salaried staff. After the professional staff have been appointed there will be a rift between them and the volunteers, and the volunteer component will drop away. That in turn leads to pressure for more professionals.*

*Another aspect of the pattern is that when medical services are improved usage will be greater. And so when salaried officers are stationed at a subcentre the workload increases. We can see this in, say, Karratha and Port Hedland, both important regional centres, in the Pilbara district, and with populations of similar size. Karratha, with a part-time, all-volunteer staff, does 250 calls a year while Port Hedland, with a fulltime salaried staff, does 900 or more. Eventually Karratha will probably ask for salaried staff, and when they get them the caseload will increase steadily.*

### STAN FARRELL
### BRUCE ROCK SUBCENTRE

*We formed the subcentre in October 1948. We obtained our first ambulance van the next year. It was an International which cost £850. We built our first subcentre building in 1958 for £1,000, then extended it to its present size in 1967 for $2,500.*

*How did I become involved? I've lived here since 1913, when I was seven. I've been a farmer, garage owner, farm worker and the town projectionist in both the village hall and the drive-in. I'd always been interested in anatomy since I was a lad, so it was a natural progression for me to learn first aid and take up ambulance work. We used to have the Encyclopaedia Brittanica at home, and that's where I learnt anatomy. By the time I was 14 I knew and could name all 205 bones in the human body.*

### IAN HOWIE-WILLIS
### OBSERVATIONS IN ESPERANCE SUBCENTRE

*This is a very lively, community-spirited subcentre with an active committee. When I visited here in May 1988 with Ian Kaye-Eddie and Murray Allum, subcentre members had been working hard to raise funds to extend the subcentre building. Work on this had only been completed several days before our visit. The remodelled building, now a large, tastefully furnished two-storeyed structure, is a tribute to their dedication and strong support among the local community.*

### DR DERMOT FOSTER
### BUNBURY SUBCENTRE

*The country subcentres can often be relied on to find suitable solutions to local problems. For instance, during the late '40s the ambulances were not allowed to carry sirens or warning lights. Bunbury got round this difficulty by equipping the local vans with Claxon horns which blared out 'A' [for 'ambulance'] in morse, 'dit-daa'.*

*Another example of local enterprise was what* ELSIE ANDERSON *of* CAPEL *arranged. In those days Capel was not large enough for an ambulance of its own, so Elsie took it upon herself to be Bunbury subcentre's Capel representative. When she had a patient, she would ring Bunbury, then wait at the side of the road with the patient until one of the Bunbury volunteer officers came out with the ambulance. She would then accompany the patient back into Bunbury.*

### SHIRLEY JOHNS
### ESPERANCE SUBCENTRE

*In this subcentre we've always prided ourselves on our ingenuity, but sometimes it fails us. For example, a few years ago I was rostered for ambulance duty at the race*

*course with Dennis Cahill. We'd only driven a short way down the road from the subcentre when the ambulance conked out. Dennis, who is a mechanic, couldn't get it going. He walked back to the subcentre to collect some extra tools. He eventually traced the problem to a fuel blockage. We finally got to the race course with a few minutes to spare before the first race so Dennis switched off the engine. When he went to start it again to follow the first race round the track, it wouldn't go. The race had to run without us.*

*'The ambulance did not win that race!' the commentator announced over the public address system when it was over.*

### JIM McCULLOCH
RAVENSTHORPE SUBCENTRE

*Over the years we've had some trouble obtaining dependable volunteers to serve on the ambulance roster. Mining towns usually have a large floating population, and the problem with that is that people who know they're only going to be here for a while don't develop the same commitment to our work which the much smaller population of more permanent residents do. Some of our volunteers have proved unreliable: some wouldn't do cases when the trip was going to be over 20 miles [32 kilometres]; some wouldn't take patients they didn't like; and we had one chap who didn't have a driving licence.*

### GEOFF SMITH
STATION OFFICER, NORSEMAN SUBCENTRE

*Retaining trained first aiders is a problem out in this part of the state. Our subcentre is responsible for ensuring that there are trained first aiders at the half-dozen road houses along the Eyre Highway. [The Western Australian section of the highway runs east from Norseman for 725 kilometres across the Nullabor Plain to the border with South Australia.] There's very high staff turnover at the road houses, and no sooner have we trained a batch than they choof off somewhere else. At Balladonia [230 kilometres east of Norseman] they went through several hundred staff in one year!*

### THELMA HARPER
SOUTHERN CROSS SUBCENTRE

*Ours is an ageing community, so many of our cases are calls to elderly people with various illnesses. We have ten volunteers to handle the work. There's a group calling system with eight 'phones connected to it, and so volunteers can be contacted quickly.*

*With so few volunteers, in many cases you have to call on help from whoever's available. For instance, a while ago I was called to a twenty-three-and-a-half stone [149 kilograms] patient who had collapsed upstairs in the hotel. I got there within minutes, but he had already died. To get the body out of the hotel I had to call up one of the policemen, a builder and his apprentice who were working nearby, and one of the shire councillors who was passing by. We strapped the body to a stretcher, and it took the five of us to carry it down an external staircase to the ambulance.*

### BOB AURISCH
BRUCE ROCK SUBCENTRE

*We only have about seven volunteers. Fortunately I'm usually available to handle many of the calls. I work for the shire council as the manager of the local swimming pool. The council are very understanding about the demands of the ambulance work, and they let me go any time there's an ambulance call. There's a lot of variety in the work here, but it's a rather quiet subcentre and we don't handle the volume of casework that larger towns have. To keep up my ambulance skills, I usually use a week of my annual holidays to go down to Perth, where I spend the time riding as an observer on the metropolitan ambulances from 10.00 a.m. to midnight. I see more cases in a day that way than I would in a year at Bruce Rock.*

### JOAN WILSON
BROOME SUBCENTRE

*Bad debts, false alarms and patients who cheat are all problems for country subcentres. The pub gives us a lot of our work. The typical pub case is inebriation, or injuries inflicted through fighting after drinking. Very often, after the patient has been delivered to the hospital, he recovers and walks away without paying either hospital or ambulance.*

### GAIL KIEWIET
BROOME SUBCENTRE

*The false alarms can be very annoying and wasteful—like one trip we had to Beagle Bay, about 140 kilometres up the coast over a dreadful road. There had been a call,*

*but it was from Lagrange, 180 kilometres in the opposite direction. The crew had gone out in good faith, but had been given the wrong instructions.*

### DI AUSBURN
### KARRATHA SUBCENTRE

*We meet our share of dishonest patients. Once we made an out-and-back trip of 370 kilometres to Nanutarra to collect a chap who had suffered a heart attack. He was a seaman, and had just stepped off a tourist coach at Nanutarra when he had his attack. The ambulance from Fortescue also turned up, and it had a round trip of 250 kilometres. We got the patient safely to hospital here in Karratha. He eventually recovered, but never paid his bill. He were unable to trace him because he had used a false name and address.*

*Some patients will do anything to avoid paying. When Maggie Lancaster was working here she got so sick of patients trying to welch on their obligations that she used to go through their pockets to collect the fee. Once she picked up a couple of chaps who had injured each other fighting over a dollar. When Maggie asked, 'Who's paying for this trip?' they started fighting again.*

### BEVERLEY SUBCENTRE

Beverley, 100 kilometres east of Perth, is one of the few subcentres in Western Australia that does not have its own subcentre building. They share their facilities with the Fire Brigade and the State Emergency Service groups. One day when volunteers were returning their fire truck to the building, the whole floor of the garage collapsed under the weight of the vehicle, because the premises had been eaten away by white ants. On further investigation, it was found that all the records—the subcentre manual and other books of 'importance' had been consumed by the white ants as well. This reflects the need for subcentres to have their own buildings, and to be responsible for maintaining high standards.

### BULLSBROOK SUBCENTRE

This subcentre, on the outskirts of Perth, 25 kilometres north of the built-up area, was only established in 1984. The reason it was established was because the present secretary, Mrs Fran Wisdom, fractured her hip in her home. She had to wait over two hours for an ambulance to come from the Midland or Bindoon area. Unfortunately, on that day, there was confusion on which vehicle should be sent and hence the delay. The result was that she became extremely angry about St John's inability to respond quickly to such an accident, so a meeting was held to arrange for an ambulance service to be established. Members from Chittering-Gingin subcentre agreed that there was a gap in the area between Bindoon and Perth and they lent Bullsbrook an ambulance. Bullsbrook then battled for its independence, and although it was a highly motivated group, it found it difficult to raise funds and establish a regular roster. There were some inevitable personality and boundary clashes with other subcentres, but fortunately, these have now been resolved and the subcentre is beginning to function well.



# Regional variations

Ambulance work in non-metropolitan Western Australia may vary according to where it is done. These accounts show something of the regional differences, and of what volunteers might expect if they chose to do their ambulance work elsewhere in the state.

### JOAN WILSON and DENISE GILLGREN
BROOME SUBCENTRE

*We've had a great variety of cases over the years. Several times we've flown out to the off-shore oil rigs to pick up sick or injured workers. One was a chap who had been crushed when a buoy moved. He was very badly injured and died on the way back in the helicopter. Another time we flew to an inland mining camp to pick up a chap with an iron bar through his head. If he hadn't been wearing a steel hat he would have been killed. By the time we got him back here it was three hours after the accident, and he was still bleeding.*

*A lot of our work is with the 'golden oldies'—the tourists who die in Broome. The town population is about 5,200 but there will be 20,000 here for the Shinju Festival. A lot of the tourists are elderly. Often their doctor has told them they have a limited lifespan left, so they set off on a final round-Australia trip, then die in Broome. A typical case was one recently, where a chap had a stroke in his campervan. We had a lot of trouble lifting him out—the van was cramped, he was large, and the door was narrow.*

### DENISE GILLGREN
BROOME SUBCENTRE

*We feel very pleased when the patient in a difficult case survives. One case like this was a diver attached to the WA Museum who was with a team diving from a survey ship out on Rowley Shoals. He was one of their most experienced divers, but, for some reason he couldn't explain later, he surfaced too quickly.*

*One of our volunteers, Gary Hussey, received the call to go to his aid and went out to the ship aboard the ship's helicopter. When they got out to the ship, the swell was so great they couldn't get close enough to pick up the patient. They had to return to shore, and so HMAS* Bendigo *was asked to go out to retrieve him. The* Bendigo *developed engine trouble on the way out, but eventually got there and brought him back here. He had to be lifted out of the boat by crane, and we then took him by ambulance to the airport, where we handed him over to the Royal Flying Doctor Service. He was then flown down to Karratha, where he was put in Woodside Petroleum's recompression chamber. He was subsequently taken down to Perth by ambulance, and survived.*

### GAIL KIEWIET and DENISE GILLGREN
BROOME SUBCENTRE

*Sunburn is a cause for a number of our calls. Tourists and people who've arrived to live here from further south often don't appreciate how intense the sunlight is up here. It's particularly distressing to see little children, often only babies, who've been badly blistered because their parents have been taking them around without any protection from the sun. Some cases are so bad the parents ought to be charged with neglect.*

*We get a lot of drifters who need attention as they pass through the town. One we attended was a 'bikie' who had fallen from his motorbike and broken an ankle while 'stoned' on 'grass'. The break was so bad his foot was just dangling by tissue; and so we gave him a painkiller, 'Penthrane'. He wanted to know what it was and where he could get some because he thought it was better than marijuana. He couldn't have cared less about his foot:*

*getting hold of a supply of the exciting new drug was his main concern.*

### GEOFF WILLCOCKS
PEMBERTON SUBCENTRE

*Many cases handled here are injuries suffered by timber workers, who spend their working day in the karri forests all around the town. Big karri trees grow over 60 metres tall. Apart from accidents with chainsaws and timber-loading machinery, there is the danger from falling branches. Even a twig can inflict fatal injuries as it nears terminal velocity after dropping 60 metres or so. Timber workers call these 'sailers' or 'widow-makers'.*

### PETER MASTERS
PEMBERTON SUBCENTRE

*Another typical case here is the road accident involving tourists who have come to the area to see the karri forests, and particularly the renowned 'Gloucester' tree, a 60-metre living karri used as a fire lookout tower. The tower was built in the top branches during the 1940s, and is reached by a spiral ladder made of alternating wood and iron bars driven into the trunk at intervals of a half-metre. It was named after the late Duke of Gloucester [Grand Prior of the Order of St John, and at the time Governor-General of Australia], who performed the opening ceremony in 1947. I'm a timber worker myself, and in 1986 I had the job of replacing the ladder's wooden steps.*

*One road accident everyone here still talks about happened in the early 1980s. A party of four English tourists driving along Seven-Day Road ran off the road and hit a karri tree. They suffered various injuries. The ambulance reached them promptly, but one of them subsequently died from a haemorrhaging split liver.*

### BILL THOMSON
METRO. AMBULANCE OFFICER, FORMERLY A VOLUNTEER AT PEMBERTON SUBCENTRE

*We had two difficult cases at the Gloucester tree during the early 1980s. Both involved men who suffered heart attacks while climbing it. In the first, the victim was on his way down the ladder when he had his attack. He slipped through the rungs and fell to the ground. He was dead by the time the ambulance arrived, and if he hadn't died during his seizure, the fall would have killed him.*

*In the second case, in 1984, a man from a tour bus collapsed in the lookout tower at the top of the tree. I answered the call, and had to haul the heavy oxygen revival equipment all the way up the ladder, only to discover that the man was already dead. I called this out to the police below, and they cleared visitors away from the base of the tree while the other ambulance volunteers retrieved the body. They also arranged for the other tourists on the bus, including the dead man's sister, to be taken back to the town and given a cup of tea.*

*Getting the corpse to the ground presented technical difficulties: carrying it down the spiral ladder was too dangerous, nor could it be simply lowered on a rope because of the branches and ladder in the way. Someone then suggested a flying-fox cable and pulley arrangement between the tower and ground, which the volunteers obtained from one of the timber mills and soon put in place. (It is still there, in case of future similar emergencies.)*

*Securing the body to the hook beneath the pulley was the next problem. This was overcome when someone got the idea of borrowing a hang-gliding harness from a local hang-glider pilot. The final difficulty was the foliage through which the cable passed, but this turned out not to be a problem for the body cleared its own path while descending.*

### AUBREY KEIGHTLEY
ALBANY SUBCENTRE

*One of the popular local tourist spots is The Gap, a vast blowhole in the granite seacliffs southwest of the town. On the seaward side of the blowhole is a huge natural arch. At low water it stands about 20 metres above the sea, but during high seas occasional giant waves break over it. It has a fascination for tourists, and the more venturesome ones always want to clamber across it.*

*Over the years a number have been swept into the sea from The Gap. In some instances the bodies have never been recovered; in others there have been miraculous survivals. During the 1970s, Jimmy Hart, the skipper of a 'chaser' [whaling boat] standing just offshore, saw a young chap washed into the sea at The Gap. He dived overboard and rescued the lad.*

*On another occasion, a pair of English tourists in a hire car from Perth were doing the sights of the southwest. A huge wave swept them from the arch into the blowhole,*

*where it might have seemed they could have no chance of survival. The next wave, however, swept them high up on the blowhole's landward side, and they were able to scramble free. Both suffered scratches and abrasions, and one had a broken arm. They found their way to the local hospital unaided, and when their injuries had been treated they got back in their car and drove back to Perth.*

*The best known local case of a sea rescue is that of Captain Chesney Studds, the skipper of a whale 'chaser' who lost a leg in a freak shipboard accident in the 1970s. He was standing next to a coil of rope attached to a harpoon as the harpoon was being fired. As the coil unravelled one of his legs became entangled in it and was torn off. Crew members gave him first aid and contacted their whale spotter 'plane by radio. They then laid a trail of oil on the sea around the 'chaser' so that the 'plane, which was equipped with floats, could land and come alongside. The pilot, John Bell, landed safely and Studds was transferred from boat to 'plane without mishap. Bell radioed ahead to the whaling station at Cheyne's Beach to arrange for an ambulance to be waiting at the harbour. The ambulance was standing by as he put the 'plane down at Emu Point. Studds survived, and later returned to seafaring.*

### VINCE DAWE
ESPERANCE SUBCENTRE

*An important aspect of the ambulance work in Esperance is picking up patients from passing ships at sea. Usually Don McKenzie or one of his sons (the local tugboat proprietors) goes out to the ship in one of their boats, taking along a couple of ambulance volunteers to bring off the patient. It is often hazardous work, particularly if the seas are high. There was one incident about 1978 when a ship called the* Vishva Vikus *radioed for help with a heart attack victim. Hugh McKenzie (Don's son) went out to the ship. With him were the ship's agent, Dick Gendle of Dalgety's, the customs officer, John Love, and Tom Reimers as the first aider. The ship was twelve miles out to sea. As the* Water Lily *(the McKenzie's motorboat) approached, the ship went into reverse to make it easier for us to come alongside, but this nearly tipped us over. Despite this near miss we got the patient, an Indian, safely back to hospital. He hadn't had a heart attack, we learnt later. He only had indigestion.*

### FRANK MURRAY
ESPERANCE SUBCENTRE

*In 1982 I had to go out with the tugboat master, Don McKenzie, to pick up a seaman with an acute ulcer. It was mid-June, a winter gale was blowing, and the ship, a 100,000-ton Mobil tanker, was 25 miles out from shore. The sea was so rough we took four hours to get out there. Both the shipping agent and I got seasick. There was a huge swell, 30- to 40-foot, so big that the bulb on the ship's bow was rising clear out of the water. To give us some protection from the gale as we took off our patient, the tanker changed course and went across wind, creating a windbreak*

*Esperance subcentre; the two-storey extension was added 1988.*



*for us. We came alongside. The patient, who was strapped on to a Neil–Robinson stretcher, was then lowered over the side. The stretcher did three complete 360-degree spins on the way down, which made the patient, a non-English-speaking Asian, lose bowel control. We were so busy getting him on board that I hardly had time to bother about the mess he had made of himself. Strangely, my seasickness vanished too.*

*A year or so after this I had to do another patient transfer at sea. He was a Danish ship's captain who had broken his upper arm out in the [Great Australian] Bight. David Ross and I went out to get him in Don McKenzie's tug. The ship was only four miles off shore, which meant about a two-and-a-half hour round trip for us. Getting him off the ship was difficult because we had to get from the bunk in his cabin, put him in a Neil–Robinson stretcher, carry him down three decks, then get him over the side. He'd been in his bunk for 36 hours, and couldn't walk. The stretcher spun once as it was lowered down to*

*us, but as soon as we had him aboard the tug it was all plain sailing.*

### BRIAN SMITH
### KAMBALDA SUBCENTRE

*As a mining safety officer, a lot of my ambulance work is at the mine. Mining accidents are basically of three types—rock falls, people falling down shafts, or injuries from machinery. One of the worst of recent mining accidents in Western Australia was in 1975 at the Agnew mine near Leinster, 430 kilometres north of here. Five men were coming up the shaft in a kibble when the winding machinery malfunctioned. They hit the headworks and were crushed, then the kibble fell to the bottom of the shaft. Three of them were killed instantly and the other two died later. They were all gamblers, because when their bodies were stripped, $1,200 was found in their socks.*

*At our mine here in Kambalda there have been fourteen fatalities at the mine in twenty years, which is really a very good safety record. In earlier days, back in the 1970s, the accident rate was terrible—370 accidents a year. Currently the rate is down to about 37, which is better than in retail stores like Coles and Woolworths.*

### THELMA HARPER
### SOUTHERN CROSS SUBCENTRE

*Here we handle various railways cases, picking up patients who've become ill on the transcontinental train or collecting sick railway gangers from out along the line. Collecting gangers sometimes causes difficulty, for example recently, when there was a call out to a case just after an inch of rain had fallen. The dirt tracks alongside the line were impassable, so the volunteers had to drive the ambulance 85 km along the railway line.*

*Calls like that can often keep the volunteers out in the ambulance for hours on end. Last week, for example, there was a call to the railway station at 3.10 a.m. to pick up a patient from the transcontinental train. It was a pregnancy, and the baby was delivered only twelve minutes after the mother reached the hospital. The baby arrived prematurely—only a 27-week pregnancy—and weighed only 500 grams, the smallest ever born at the hospital.*

*In cases like this, the Royal Flying Doctor Service and the 'flying squad' pre-natal team from the King Edward Hospital in Perth are called in. The volunteer crew therefore had to contact the Flying Doctor, turn on the airstrip lighting system, collect the Flying Doctor and the 'flying squad' from the airstrip, then transport them and the mother and baby back to the airstrip for the flight to Perth. The crew finally got the ambulance back here to the ambulance station at 11.00 a.m. By this time they'd done a whole day's work since receiving the call. Fortunately most employers in town understand the demands of ambulance work, and don't mind their workers being involved in the service.*

### QUAIRADING SUBCENTRE

Quairading has promoted Safety in Agriculture and organised the first such 'EXPO' in Australia. The St John subcentre was involved in this project and advice and support was received from Headquarters in Perth. First Aid instructors were sent to the 'EXPO' when it was held, to promote how important First Aid is in the agricultural scene. There are many hazards in farming, such as tractor accidents, motor bike accidents, chemical spills, windmill accidents, wiring accidents etc. This story illustrates the contribution made by St John to the community at large in promoting First Aid and Safety at all levels.

### BULLSBROOK SUBCENTRE

In February 1988 there was a large bush fire on the boundary of Bullsbrook. The local ambulance responded and helped the fire brigade employees. Apparently, a group of Conservation and Land Management volunteers were isolated by the fire, but wisely, two of them managed to stay in the vehicle whilst the flames roared around them outside. When the fire subsided they scrambled out of the car with severe burns and smoke inhalation. The Bullsbrook volunteers attended to the injured firemen and took them on a Priority 1 call to Perth.

### CHITTERING-GINGIN SUBCENTRE

This area is famous throughout Australia now for the annual Bindoon Rock Concert, which started in 1986. The concept of this concert is presented by The Coffin Cheaters' Motor Cycle Club. They organise

six bands which play throughout the weekend. The venue is a property on the road between Bindoon and Moora on a 40-acre block in amongst a pine plantation, with a dam nearby.

People come from throughout Australia to this venue and most of them are 'bikies'. In 1989 it was estimated that 40,000 people attended this event. The organisers maintain that the success of the concert is based on the policy of no violence being permitted and no one is allowed to be aggressive. There is no official police presence—the police are dressed as 'hippies' or 'bikies'.

The role of St John at this concert is to provide first aid services and then move in with the ambulance and medical emergency services if necessary.

There are approximately 100 St John volunteers that get involved in this exercise, and they come from the following subcentres: Bindoon, Bullsbrook, Three Springs, New Norcia, Two Rocks, Wongan Hills, Toodyay and Lancelin. They are also supported by some paid staff from Belmont Headquarters, who provide additional ambulance equipment and the radio network.

The types of injuries include broken bones, cuts, sprains, burns, fitting, eye injuries, and in 1989, back injuries, which were caused by 'bikies' being thrown from a 'mechanical bull'! Serious cases are sent to the doctor at Gingin and those needing ambulance transport are sent to the Swan Districts Hospital or Perth major hospitals.

This outdoor concert is the largest outdoor rock concert in Western Australia and indeed may be in the whole of Australia.

St John volunteers treat this exercise as a 'major disaster' as it provides practical skills experience for those taking part, and also develops an *esprit de corps* with country volunteers living in the area.

The 'bikies' appear to co-operate closely with St John and they know where they can get treatment during the entertainment.


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ST JOHN
AMBULANCE

# Quaint characters

Like the metropolitan ambulance service, the country services handle their fair share of strange souls whose eccentricities add to the variety of ambulance work. The service also attracts its quota of human oddities—quirky individualists, divergent thinkers and non-conformers whose doings become the subject matter of ambulance subcentre yarns for years to come. The following is a sampling.

*A quaint concept: the restored T-Model Ford ambulance (attended here by Evelyn Savage and Mike Tindale in Albany) proved immensely popular during the centenary year, 1992.*

### GEOFF WILLCOCKS
PEMBERTON SUBCENTRE

*'Doc' Ryan, was a bush 'character'. He taught us a lot about ambulance work. There are plenty of stories about him. Once, after he had been called out to a patient who had died in an outlying settlement, he brought the dead man back to Pemberton in his car. When he got into town he had some shopping to do, and so he parked his car in the usual place, outside the club. Rather than cause alarm to passers-by by leaving the corpse sprawled across the seat, he propped it up in the front seat and put his hat on its head, as if it were asleep. As usual, numerous townsfolk wanted to chat with 'Doc'.*

*'Come and have a drink,' various ones suggested, 'and bring your mate in, too!'*

*'Sorry,' 'Doc' replied, 'but I know he won't come'.*

*Another time I was called out to a road accident in which two drunk men were in a car that had overturned. I didn't think they were injured, but took them round to 'Doc's' house in the ambulance to have them checked over. Just as we were arriving there a policeman turned up, wanting to question the two men.*

*'You can't see them until 'Doc' has!', I said.*

*As this conversation was going on, 'Doc' came out in his dressing gown. The policeman thought he was another patient who had also been in the car. He began firing questions about the accident at 'Doc', who was reluctant to be interviewed. By the time the confusion had been sorted out, the policeman had forgotten the original purpose of his visit. The two drunks escaped arrest. They probably never knew they had 'Doc's' dressing gown to thank for it.*

### GAIL KIEWIET
BROOME SUBCENTRE

*Among local events we attend are the motorbike races at the speedway. The injuries riders suffer can be quite severe. Some time ago one of the riders gashed his forehead badly in a fall. It needed stitching, but he didn't want to go to hospital as we advised him to. While we were dressing his wound we managed to persuade him that he ought to go to the hospital. After he had had the stiches, he came back to the speedway and continued riding. With his head swathed in bandages he looked like he was wearing a turban.*

### GORDON WILLIAMS
WICKHAM SUBCENTRE

*When I was at Northampton I attended a road accident call with the local doctor. Two people in a station sedan had been killed. One, a big fellow, 6 feet 2 inches [1.88 metres] tall, was so heavy we couldn't lift him. The doctor asked an onlooker to help. This chap simply picked the victim up by the belt and dropped him on to the stretcher.*

### VINCE DAWE
ESPERANCE SUBCENTRE

*Bert Bloxham was our second Brigade superintendent and the subcentre chairman. He was the driving force behind the construction of our initial subcentre building. He got a call to a case one night just as he was about to leave home for his lodge meeting. He took the call as he was, all dressed up very smartly in his 'black tie' formal gear. When*

*he got to the house and knocked on the door, the chap who opened it said, 'I wanted an ambulance, not an undertaker!'*

*In the mid-1960s Bert and another volunteer were on ambulance duty together when they were called out to pick up a road accident patient who was one of six in a car that had rolled over. The chap had a long cut across his buttock, and kept up a loud wailing all the time Bert and the volunteer were treating him. In the end Bert silenced him by threatening, 'Shut up or I'll thump you!' The volunteer took exception to this, and when they got to the hospital he protested to the doctor on duty that Bert's language had been unprofessional.*

*The annual Priory church service of the Order of St John in Australia, on this occasion held in St George's Anglican cathedral, Perth, in June 1987. As this photograph was taken, the robed members of the Priory Chapter had just moved into the cathedral in procession behind the bearers of the sword, banner and cross of the Order. The annual church service is one of the few ceremonial occasions observed by the Order in Australia. Admitting members to and promoting them through its ranks are the highest rewards the Order can offer its legion of voluntary workers. Membership of the Order is accordingly prized by the thousands of volunteers who assist the organisation via the WA country subcentres and/or the first aiders of St John's Operation Branch.*



*'Where's the bastard?', the doctor demanded.*

*'Bert?', asked the volunteer.*

*'No, the patient!'*

*They brought in the patient. When the doctor had examined him, he ordered Bert and a nursing aide to stitch up the wound, and gave them a needle and cotton to do it with.*

### IAN KAYE-EDDIE
BELMONT HEAD CENTRE

*Some of our helpers develop a fascination for the chivalric aspect of the Order of St John. The symbols and ceremonies become very significant for them. For instance, there's a leading figure in one of our country subcentres who is a C St J [Commander in the Order] who takes such pride in the Order that he flies its Maltese cross flag outside his house. For the first few weeks he did so, he got things a little wrong. He flew the flag upside down, with the 'Queen's Beasts' [the lions and unicorns at the centre of the cross] lying on their backs, legs aloft, instead of defiantly prancing upright like heraldic beasts are meant to.*

### A MEMBER OF THE CATABY-DANDARAGAN SUBCENTRE

*A young man was involved in a car accident some miles outside the small village of Badgingarra. When he was extricated from his smashed vehicle, which had rolled over several times, and lifted into the ambulance, he lapsed into a foreign language which the volunteers thought was a sign of shock. In fact he turned out to be from Malta, and in his confused state after the accident, thought he was back on his native island when he saw the sign of the Maltese Cross on the ambulance. Only later, when he had fully recovered in hospital and was speaking English again, did he realise he was in isolated Western Australia.*

*Another time five ladies were going to play bowls one morning when they came across a car which had rolled over 10 kilometres south of Eneabba. The driver, a young man who was slightly confused after the accident, staggered smilingly towards the car full of what he thought were nursing sisters. One of the ladies in the rear of the car immediately leaned out the back window and began waving her hat furiously to attract other passing vehicles. Asked why she was behaving so strangely, she replied that the young man might have intended to rape them all! The response of the other four, who included an ambulance volunteer, was 'wishful thinking!'*

### A MEMBER OF THE MOORA SUBCENTRE

*Sam Ferguson was an avid St John supporter. He was a linesman, and had a terrific physique. This helped him on his regular tours around the town to collect ambulance*

*membership subscriptions. Unfortunately his memory for names was not as good as physical appearance, because the notations in the collection book had entries like:*

*'the man with a long stringy beard',*

*'the lady who always has an apron on',*

*'the bald headed chap with funny glasses',*

*'the man with teeth missing',*

*'the lady who growls'.*

*Fortunately most people could be identified from the description when they claimed to be members in the event of ambulance transport. If not, the subcentre would give the 'insured' patient the benefit of the doubt.*

### A MEMBER OF THE DOWERIN SUBCENTRE

*The golf course here is on the far side of the railway track, opposite the town. One late afternoon a colourful lady golfer returned to town after her golf match. When she came to the rail crossing, for some unknown reason she turned her vehicle and proceeded to travel down the railway track, which ran parallel with the road for a distance.*

*Unfortunately a train came up behind her, crushed the car, and carried it several hundred metres before coming to a halt. The ambulance was called, but miraculously the woman was not injured. The volunteers knew she was OK when they heard her using some marvellous Aussie expletives describing the train driver's recklessness.*

*By the time the tow truck arrived it was dark. Everyone got excited and abused the tow truck driver, as he was unable to extricate the crushed vehicle from the front of the train. The tow truck heaved, and the wheels spun, but the car remained stuck fast. Eventually someone in the crowd of bystanders observed that the tow truck chain and hook was wound around the cow-catcher on the front of the train, and it was unlikely the tow truck would pull the engine off the line.*

### A MEMBER OF THE WYALKATCHEM SUBCENTRE

*A local truck driver was busy loading sheep into his three-level sheep loader truck. While he was on the top level of the truck directing the sheep and shouting to his sheep dog to keep the sheep moving, he slipped and fell to the ground. When the ambulance arrived, the injured driver was delirious and semi-concussed. Whilst travelling to hospital he kept shouting, 'Buster, Buster, ooh, Buster, ooh!' The nurse attending the ambulance could not make out what he was saying, but thought he was bursting to urinate, and so passed him the urine bottle. He knocked it away. Later they established that he was worried about his sheep dog, 'Buster', and was calling out for him.*

### A MEMBER OF THE KELLERBERRIN SUBCENTRE

*Des Hind, a faithful old volunteer, was transporting a patient from Kellerberrin to Perth one Christmas Eve. As they were travelling down the Great Eastern Highway, Des saw police lights flashing behind him. Although he was not on a Priority 1 call, he thought the police were being helpful in making his way through the traffic a bit easier. However, when the ambulance reached the Causeway bridge, the police car pulled alongside and directed the ambulance to pull over. The policemen got out of their car, the traffic was beginning to bank up, and they asked Des to take a breathalyser test. This was very embarrassing for all concerned. Des pointed out that he had not been drinking. The police claimed they had to carry out random breath tests, and the ambulance on this occasion was one of the sample. It later turned out that the police had been given a message that a country ambulance had been seen outside a pub at Guildford on the boundaries of Perth. No one ever identified whose ambulance that was!*

### BRIAN HAMPSON
### ESPERANCE SUBCENTRE

*When I was working as an ambulance volunteer in Kalgoorlie, I got a call to Double Dip, about 100 km out of town on the railway line. Three fettlers' girlfriends had been in a car that had hit the first dip at 140 km an hour, and had then rolled over as it bounced into the second dip. One of the girls had a broken leg; the second had dislocated her shoulder; and the third had bad bruising from landing hard on her coccyx. I splinted the first one's leg, padded and strapped the second one's shoulder, put a cold compress on the third one, then took them back to the Kalgoorlie hospital. About three weeks later I was going into Woolworths with my wife when the third girl spotted me.*

*'Me bum's alright now, love!', she shouted from the other side of the store.*

*Another time I answered a call to a house in Boulder, where there was a reported case of stomach cramps. When I got there I found a girl, about fifteen years old, in the final stages of labour and about to give birth. I had to deliver the baby there and then, with the girl's mother helping me. Her father didn't seem to know she was having a baby, because after we had delivered it, and I was getting the stretcher from the ambulance to take the girl and baby to hospital, he came up to me.*

*'Whose baby is this?' he asked.*

*'Your daughter's,' I said.*

*'Not* my *daughter's!' he replied, 'She's a good girl!'*

### KEN ('DOC') TURNER
KALGOORLIE SUBCENTRE

*My work in St John [54 years as a volunteer by 1988] helped me become a mine safety officer at the Lake View and Star mine. I used to look after the miners in any way I could, for example in helping them with claims for compensation. We were mates so I reckoned I ought to help them. A lot of miners used to fake injuries to get compo. They used to do things like this chap I once helped. He needed money so badly he deliberately put his foot on the tramline down the mine one day, so a passing truck would run over it. His big toe and second toe were cut off. The only problem was he'd taken off his boot before he put his foot on the rail, so as to make sure the toes were cut off. I realised what he'd been up to as soon as I got to him because his boot wasn't marked. I said nothing, but took away the boot and threw it on a fire so no one would ever know what he'd done. I reckoned he deserved his compo if he was brave enough to cut his toes off!*

### STAN FARRELL
BRUCE ROCK SUBCENTRE

*One of our early ambulance drivers was a resourceful chap called George, who was the local tank maker, carpenter and undertaker. He was very good at getting people out of accidents.*

*'You're very well qualified, George!' we used to joke; 'if you can't get them out you can bury them!'*

*Another of the early drivers was one of the local ministers, the Rev. Jack Pickerell. On one occasion he was rushing an emergency case to Perth with a police escort. When they got to the Royal Perth Hospital he apologised to the police driver, 'I'm sorry, but I had trouble keeping up with you'.*

*'Keeping up!' replied the policeman; 'I had trouble keeping out of your way!'*

### GEORGE GARDNER
NORTHCLIFFE SUBCENTRE

*Tim, a local character rather too fond of the grog, one dark evening over-imbibed at the local club. Feeling rather shakey and sleepy, he chose as his place of rest and recovery the back of his mate's table-top truck, without informing his mate of his intention.*

*At about 2.00 a.m. the owner of the truck hopped in and headed for home. Tim remained asleep until the first right-angle turn, where he was shot from his place of rest on to the bitumen road. An acquaintance following picked him up, skinned and bleeding, and delivered him to the local nursing post. The sister was none too pleased to be got out of bed at such an early hour to attend someone 'under the influence'.*

*Our town had a nursing post and ambulance only, so I was called on at 3.00 a.m. to deliver Tim to the doctor in the next town. When we walked in with the stretcher to pick him up, Tim looked relieved.*

*'Thank goodness you've turned up, with your knowledge of first aid!' he exclaimed, totally ignoring the sister's efforts to patch him up; 'I've been worrying about what I'd do if my old ticker stopped beating'.*

*'If your old ticker had stopped beating, Tim, the trouble would have been mine,' I answered, 'because as you should know I'm the local grave digger'.*

*Tim was rather quiet on the journey to see the doctor, who wasn't too happy to be called out to see him at 4.00 a.m.*

### IAN KAYE-EDDIE
BELMONT HEAD CENTRE

*On Wednesday 18 October 1989, the Donnybrook subcentre was conducting a first aid class for 24 students. One of the assistant instructors was Hugh McCabe, who was a stalwart St John volunteer. He also like bringing realism to first aid instruction, and would realistically act out the parts of patients afflicted with various ailments. This evening Hugh was demonstrating CPR [cardio-pulmonary resuscitation] to*

*his students, when he collapsed clutching his chest. All the students initially thought he was feigning the role of an acute heart attack patient. They joked and prodded Hugh, suggesting he stop acting and get on with the demonstration.*

*Suddenly one student realised that Hugh had suffered a genuine heart attack, and that they had a real emergency on hand. The instructors, Ethel Farley and Laurie Hewson, were called and immediately performed CPR; and the ambulance was called. Unfortunately, however, all attempts to save Hugh failed. Although CPR did not revive Hugh, who was 74, it highlighted the importance of knowing first aid skills, which you might be called on to use at any time.*

### FLORENCE TURNER
ONSLOW SUBCENTRE

*When I was matron of the Onslow hospital I was on duty one day when one of the local citizens, a heavy drinker, arrived at the hospital with symptoms of internal bleeding. I suspected a perforated ulcer, and called the Flying Doctor, giving them my tentative diagnosis. The patient was duly removed to Port Hedland. Next day I received a telegram saying, '[Patient's name] admitted, died have ulcer'. I duly reported this to his mates in the RSL club, who then gathered to commemorate the departed in the traditional manner. Not long afterwards, however, he reappeared, alive and well. The telegram should have read 'did have ulcer'. The RSL did not let me forget that for a long time.*

### IAN BLAIR
ONSLOW SUBCENTRE

*One evening there was a call to an accident at the 'turn-off'—the junction of the Onslow road with the North-West Coastal Highway. I answered the call with the local policeman, and set off in the old Dodge ambulance, with its bare board floor. When we got there we found the overturned vehicle, but no occupants. Clearly, they'd all been picked up and taken off, up or down the highway, so we turned around and set off back to Onslow. As can happen, we hit a kangaroo. The policeman said it would make a meal for the prisoners in the town lock-up, and he should pick it up. I protested that it was bleeding profusely it would make a mess of the ambulance. The policeman said that was no problem; he'd get the prisoners to swab the van down in the morning. This duly happened, but later another subcentre member remarked to me that it must have been a horrific accident I'd attended the night before, judging by the copious quantities of blood seen being scrubbed out of the van.*

*Another occasion I drove the ambulance to an accident on the main road, where I came across, and loaded, four injured persons. They had a greyhound with them, and they insisted that it be loaded with them. As I was about to close the door, a second dog appeared, racing out of the night, and leapt straight into the ambulance. When the journey was some little way along, the two dogs began a fierce tussle, so I stopped the van and expelled them into the night, against the loud protests of the owners.*

### A MEMBER OF THE QUAIRADING SUBCENTRE

*The Brigade is reasonably active in this town, and each year they march down the main street on one of the local festivals. On one such occasion, as they were marching down the street towards the subcentre building, the sergeant-major in charge of operations issued the order for all marching in the procession, to turn left, instead of right, and the result was, that all the Brigade members stumbled into the bush and dispersed in a confused manner in the thick under-growth, much to the amusement of the large crowd watching.*



# Unusual cases



*Jackie Davidson (supervisor of metropolitan first aid training) instructing student Jodie Grogan in fracture management skills, Belmont training centre, 1990. (Photograph by Stephen White)*

In a state as vast and varied as Western Australia, we might expect that, among the 19,000 or so cases the country services handle annually, some cases will not be 'typical'. The following anecdotes, many of them oft-repeated, illustrate the immense variety in human responses to mishaps, injury, destruction, death, rapid changes in fortune, and the swift ruination of hopes and dreams.

## GEORGE GARDNER
### NORTHCLIFFE SUBCENTRE

*I had just sat down with my visiting family to enjoy New Year dinner when the 'phone rang.*

*'Sister here. There's been an accident on the main highway. Ambulance needed. Can you come quick?'*

*So much for my family reunion and New Year dinner. We arrived at the accident scene to see a car slammed head on into a fairly large tree. The laminated windscreen had a large jagged hole punched in it, and there was much evidence of blood. We took a look, and there was the driver, a young man, terribly cut about the face and arms, slumped in the seat. Dead, we thought!*

*We managed to get the offside door open, and I started gently to move the corpse.*

*'Go easy, mate!' said a very subdued voice; 'I'm not feeling very well. I put my head through that wind-screen and pulled it in again, and I seem to be in a bit of a mess'.*

*Quite an understatement. It took over 70 stitches to put things right.*

*I met the chap some time after, and he related to me his story of the accident. He was a comparative stranger to the district, and had travelled the road only twice before. On both occasions, he told me, he had a premonition that one day he was going to hit that tree. On the third occasion he did. Was it a premonition come true, co-incidence, a normal accident, or just plain stupidity?*

## LINDSAY MCQUEEN
### MOORA SUBCENTRE

*In 1934 Head Centre in Perth transferred one of its Model T Ford ambulances to Moora. One day an urgent call was received from one of the nearby farmers to attend an imminent birth to a farmer's wife. The Model T was mobilised and together with a doctor made haste to the farm. On arrival the doctor quickly assessed the situation, loaded the pregnant woman into the back, and instructed the driver to get to the hospital as quickly as possible. The officer, being keen to oblige the doctor, travelled too fast down the farm road toward the main intersection at the gate. The driver tried desperately to turn the vehicle into the main road, but going too fast he lost control. The ambulance spun around twice on the sandy road before he could control it. During the double spin twins were born in the rear of the ambulance—or so the story goes. The evidence in the patient log book shows twins were born in the ambulance but whether this occurred during the double spin is open to question.*

*Another unusual case happened on 9 May 1946. Frank Gregson, a farmer who lived at Cockleshell Gully, 85 kilometres northwest of Moora, inadvertently fell off a haystack, and landed on an upturned pitchfork, which pierced his stomach. The ambulance at Moora was alerted and travelled all the way to Cockleshell Gully on the bumpy, dusty road. The officers stabilised Frank, and began the long journey back along the corrugated road to the hospital. The surgeons removed the pitchfork, and commented that the correct procedures carried out by the officers contributed towards saving Frank Gregson's life.*

### GERALDTON SUBCENTRE

Two schoolmasters at Geraldton were successful in obtaining their first aid certificates. A week later, while they were golfing on the local links, another golfer collapsed on the fairway near where they were playing. They both rushed over, and after establishing that it was a heart attack they started the cardio-pulmonary resuscitation procedures they had learnt no longer than a week ago. They successfully managed to resuscitate the patient, who was taken to hospital and later fully recovered. This was an incident which clearly illustrates the importance of learning first aid. The likelihood of a successful recovery from a heart attack is greatly increased when correct first aid is rendered immediately after an attack.

### MULLEWA SUBCENTRE

The Mullewa hospital received a message that a station hand had a lacerated head injury. The manager of the station would be travelling south with the injured man in a car, and would meet the ambulance half way. The Mullewa ambulance was mobilised, and headed north towards Murchison Bridge. When they met the manager's car, they found the station hand had blood all over his face and head. What was said to be a cut on the head was in reality a fractured skull with a hole so large that the grey matter of the brain could be clearly seen. The man was fully coherent, but later lapsed into unconsciousness. He was taken to hospital, operated on, and fully recovered.

The station hand's story was remarkable. He had apparently rolled his utility truck in an isolated part of the large station. That was when he fractured his skull. He climbed out of his smashed vehicle, and walked several kilometres to a small shed where he knew there was a motor cycle. He then rode the motor cycle about 15 kilometres to the farmstead, where the manager contacted the hospital, and drove south to meet the ambulance. The lacerated head injury was a classic story of rugged survival, and how an apparently simple injury turned out to be a major one.

### A MEMBER OF THE DALWALLINU SUBCENTRE

*In 1957 Ken Flatt, a local police constable and ambulance volunteer, and Brian Fidbig, another volunteer, went to Paynes Find to pick up an Aboriginal patient. They drove a specially designed 1952 Chevvie ambulance. On the return journey they hit a rock, blew the front tyre, and crashed headlong into a tree trunk. The driver, Ken Flatt, was stunned; and so Brian went off to get help as he was uninjured. Fortunately the patient was unhurt too. When Brian returned with help, Ken Flatt was unconscious, and later died in hospital.*

Since St John first began operating ambulances in Western Australia, Ken Flatt is the only known volunteer ambulance officer to have been killed while driving an ambulance.

### A MEMBER OF THE WYALKATCHEM SUBCENTRE

*The town policeman always demanded that the ambulance service should advise him if there was a sudden death before the volunteers went on a call. This particular policeman was on holidays when the ambulance received a call that a patient had 'passed away'. The volunteers went to fetch the ambulance and slowly drove to the relieving policeman's house to tell him about the death. The new policeman did not appear at all concerned, and he passed the time of day swapping a few yarns with the volunteers.*

*About 30 minutes later the ambulance arrived at the address of the deceased patient. On arrival the volunteers were confronted by distraught relatives and anxious neighbours.*

*'What took you so long?'*

*'Well, we had to advise the policeman about the deceased patient'.*

*'He's not dead—yet!' they all cried.*

*The embarrassed officers rushed in to render first aid. Apparently the hospital had been advised that the patient had 'passed out' not 'passed away'. Fortunately the patient survived. The story shows the importance of correct communications.*

### GERRY RUTTEN
PROFESSIONAL AMBULANCE OFFICER
PORT HEDLAND SUBCENTRE

*We're the only ambulance service in the world which has ever treated a man who was knocked over by a house. A*

*low loader was shifting a house from one site to another. The town drunk wandered into it and was bowled over as it was being shifted. When we got him to the hospital and were giving the details to the admissions sister, she was amazed. 'It's not April Fool's day, it is?' she asked in disbelief.*

### SYD BYRD
HARVEY SUBCENTRE

*We've had some odd cases over the years. About 1939 we had a case at the Harvey Show where a chap in the log chopping contest severed his toe. While some of us took him off to the hospital, others searched around for the toe. We discovered that someone had souvenired it. The souvenir hunter had it in a matchbox and was very reluctant to part with it.*

*Another story from the 1930s is about a case we took up to Perth one night, just after white lines had been painted along the middle of the road. We could see a strange, huge dark shape on the road ahead of us. When we got up to it we discovered it was a Clydesdale draft horse. It had its nose down, following the line down the middle of the road.*

### RON SWANSON
BUNBURY SUBCENTRE

*About 1967 we picked up a hermit who was living out at Waterloo. He had been kept alive by blowfly maggots, which were eating out a huge ulcer he had. The hermit didn't want to be moved. He was quite happy to stay on alone with his blowflies. When we got to him, the 'blowies' buzzing round him were just like bees around a beehive. The policeman accompanying us vomited when he saw it, and the nurses at the hospital did too. We wrapped our patient in a blanket to staunch the smell, and had to fumigate the van afterwards. We couldn't get the smell out of our clothes, so we had to burn them.*

### ONGERUP SUBCENTRE

In September 1986 a hot water boiler exploded at a football match, killing one person. The 200-litre boiler landed 100 metres away in the driveway of a house. Fifteen people were injured badly, one dying later. They suffered burns, head injuries, broken ribs and limbs, cuts and shrapnel wounds. The injured ranged in age from 4 years to 54; the two who died were boys of 10 and 12. Some St John-trained first aiders who were present coped well. They set about treating the injured while eight ambulances were called in from Ongerup and other subcentres in the district (Jerramungup, Pingrup, Albany and Katanning). It was an outstanding example of how well-trained laypersons can manage the aftermath of a disaster. It also demonstrated how St John headquarters in Belmont goes about managing a disaster relief operation. The following account is from the St John headquarters report on the incident.

*Two young boys died and fifteen people were seriously injured when a wood-fuelled hot water heater (heating water for the players' showers) exploded during a football grand final in Ongerup on Saturday 13/9/86 at approximately 1730 hours. About 2,000 people from the surrounding districts were gathered at the ground.*

*Ongerup is a small farming community situated 325 kilometres southeast of Perth. The local Ongerup ambulance was the first to respond, and was followed shortly by neighbouring subcentres of Gnowangerup [50 kilometres west of Ongerup] with two vehicles and Jerramungup [40 kilometres to the east] with one vehicle. These four ambulances initially coped with the injured. Three ambulances from Albany and one from Katanning arrived subsequently to assist with patient transfers.*

*Our personnel from the scene indicated that things moved along reasonably well, with most members of the public assisting where possible. First aid training was evident among these people, which was pleasing to see.*

*The patients were taken first to Gnowangerup Hospital. Four critically injured were later flown to Perth by two Royal Flying Doctor Service planes [one adult to Royal Perth Hospital, three children to Princess Margaret Children's Hospital]. Six were later transferred to Albany hospital [120 kilometres south of Gnowangerup], two to Katanning hospital [50 kilometres northwest of Gnowangerup], and two remained at Gnowangerup hospital. Meanwhile, a semblance of order was being restored at the disaster site.*

*At 1830 hours the Communications Centre in Belmont was notified via the station officer from Albany [130 kilometres southwest of Ongerup], who had been requested to assist with the evacuation of patients from Gnowangerup*

*hospital to Albany hospital. Plans were then formulated, and senior staff contacted to assist in the co-ordination of this operation.*

*The superintendent on duty, Neil Ford, responded immediately, manning the Disaster Centre at Belmont. Superintendent Peter Bridges went to the Royal Flying Doctor Service depot at Jandakot airfield, and was transported to Gnowangerup by the next available aircraft. Superintendents Peter Markham and John Hewit, who were running a training seminar at Lake Grace [145 kilometres northeast of Ongerup], went to Gnowangerup. Arrival of these senior officers at Gnowangerup hospital was 2030 hours, and most patients had been treated and assessed. Patient transfers were then arranged. Total number of patients initially recorded were between 20 and 30, however these numbers reduced to actuals of 15 with one deceased [and one subsequent death from injuries].*

### JENNIFER MAUGHAN
HARVEY SUBCENTRE

*Several years ago I answered a call to a car accident in which a woman called Ellen Livingstone had lost a hand. Her main concern seemed to be that a ruby ring was missing from one of its fingers. When we got her to Fremantle Hospital we found that the ring had been wrapped up among the bandages as I'd been dressing the wound. Ellen later wrote to me to say she was coping well without the hand: she could do up her bra, play the piano and go fishing with only one hand.*

### AUBREY KEIGHTLEY
ALBANY SUBCENTRE

*On one occasion George Morrison answered a call to a case where a timber getter was suffering from bee stings. The latter had felled a tree containing a hive, and the bees had attacked him. Morrison took Sister E Home with him. To get to the man, they had to follow a rough bush track off the Denmark road. Eventually the road became too rough for the ambulance, so they left it and walked in the rest of the way. By the time they got to the man he was breathing with great difficulty. Sr. Home gave him an injection of adrenalin, which probably saved him. They then brought him out to the ambulance on a tractor, which someone located.*

*Albany is one of the country towns where the Brigade is still fairly active. Members have their own characteristically 'Brigade' stories. One they tell against themselves is about the time a group of women from the Brigade's local Nursing Division were doing voluntary work at the hospital. They were given the job of cleaning all the elderly patients' false teeth. They did the job most thoroughly, and were standing back admiring their handiwork—a box full of brightly burnished dentures—when someone voiced a doubt, 'How do we know who belongs to which teeth?' The only thing to do was spend an anxious day fitting dentures to likely mouths by trial and error.*

### VINCE DAWE
ESPERANCE SUBCENTRE

*Unlike the Canadian 'Mounties', we don't always get our man. One of our drivers is a Scot, Tom King, who's always telling jokes; but this story is a joke on him. A while back he and Christine Bull answered a call out along the road to Salmon Gums [106 km north]. The message was that a patient was being brought into Esperance in a Datsun 120Y. The ambulance had to meet it and bring back the patient. They'd be able to recognise it because its hazard lights would be flashing. There were two unexpected problems, however: Tom thought '120Y' meant the number plate not the model of car; and the Datsun driver couldn't find the hazard light switch. Tom was so busy trying to read the number plates of the oncoming cars that he couldn't tell one make of car from another. When the Datsun driver saw the ambulance go past, he did a U-turn and gave chase, but he couldn't catch it. In the end he gave up, and drove all the way to the hospital himself.*

### BRIAN SMITH
KAMBALDA SUBCENTRE

*Greg Rayment and I delivered the first two babies in Kambalda. That was back in 1967, the year after the mine opened. We had been called round to a house to collect a woman in labour, but the baby began arriving just as we got there, so we had to deliver it there and then in the house. We had just finished delivering it when a chap who lived across the street knocked on the front door. He had seen the ambulance and had come for help. 'My wife's having a baby,' he said. So Greg and I went across the road and delivered the second baby.*

*On another occasion I had to deliver a baby as we were taking the mother from the front door to the ambulance. The baby was born under a tree in the front garden.*

*One other time the resident mine manager's wife was having a baby. When the ambulance officers got into the house they realised they'd have to take her out on a stretcher. The doorways were too narrow to take her out through the door, so they told the mine manager they'd have to pass her through the window. When he heard this he picked up a chair and threw it through the glass of the nearest back window to clear a way for the stretcher. The only trouble was that the back windows were 14 feet [4.3 metres] from the ground. He then had to repeat the operation on his front window, which was near ground level.*

*In 1979 I answered a call to a house where a two year old boy had been injured. He had climbed up a rotary clothes hoist and caught his scrotum. His mother had then called a doctor, who in freeing the child had caught his own thumb. He had managed to raise the hoist to free it, but it dropped suddenly, hitting the mother on the head. I had to take all three of them to hospital together in the same ambulance.*

### BOB AURISCH
### BRUCE ROCK SUBCENTRE

*Not all of our exploits in the ambulances here have involved our patients. The 'non-patient' adventure most likely to go down in Bruce Rock ambulance history was the time the ambulance was stolen, back in 1983, the night before the Federal election.*

*I'd left the ambulance van parked outside my home. Just after midnight the chap living next door to me saw the van being slowly pushed past.*

*'Bob's having trouble with the ambulance,' was his first thought.*

*Just then he heard the engine start and the van accelerate away fast. He thought it was odd, so he rang the police, who rang me and said,*

*'We think your ambulance has been stolen!'*

*After they'd broken the news to me, the police set off after the ambulance. They were able to follow where it had gone because they found its blankets and pillows strewn along the road. When they found the oxygen bottle on the road too, they knew they were on the right trail.*

*They 'phoned ahead to the next town to see if the ambulance had reached there, and were told 'An ambulance has just gone through here with its light flashing. They then 'phoned ahead to the next town, Kellerberrin, and the police there went out to stop it. When it got to the town its flashing light came on again, but the police caught it there.*

*The thieves turned out to be two young chaps, 17 and 18 years old, whose car had broken down. The police brought them back here for questioning. I was present for this. When the police asked them why they'd taken the van, they said they'd found it at the side of the road. The police then pointed to me and said,*

*'He's the driver, and he'll say he was treating a patient at the side of the road when you snuck up and took it. That's looting, and we can shoot looters!'*

*When they heard this, the two young chaps admitted stealing the van and damaging its equipment. They'd tossed out everything they could—oxygen, sheets, first aid material, everything—leaving litter all the way from here to Kellerberrin. In the end nearly all the gear was returned to us, all except for one small first aid kit. Worst of all was the damage they did inside the van. As they'd been driving along they'd smashed up the dashboard for the heck of it. Each of them eventually got three months' prison, but that was no consolation for the damage they'd done to the van.*

### A MEMBER OF THE
### CUNDERDIN SUBCENTRE

*Near Cunderdin, 135 kilometres northeast of Perth, is a local landmark known as the Darmody Birthing Tree. It got its name like this: in 1983 Peter Darmody, one of the rostered volunteer ambulance officers, was called to transport a patient near Tammin. The call was received at midnight and his regular attendant could not accompany him because he had just recently broken his leg.*

*When Peter arrived at Tammin, he found that the patient was a pregnant woman, about to deliver. Peter and the husband carefully loaded the patient into the rear of the ambulance and they made post haste for the Cunderdin hospital. However, before they could reach their destination, they had to stop the ambulance, under a tree, to delivery the baby. The result was that the big gum tree outside Cunderdin was christened 'The Darmody Birthing Tree' and it is still known as that to this day.*



SECTION TEN

# Country superintendents

*Absolutely basic: the Coolgardie subcentre. Helping subcentres upgrade facilities is an important part of country superintendents' duties.*

To co-ordinate the country ambulance services, St John maintains a special country region directorate at the Belmont headquarters. For administrative purposes, the state is divided into eight country zones:

- North (the coastal strip north from Perth, through Geraldton to Kalbarri);
- East (from Perth north to Wongan Hills, east to Mukinbudin, and south through Merredin to Kondinin);
- South Eastern (from Brookton south through Narrogin to Walpole, east through Albany to Ravensthorpe, then west through Lake Grace);
- South West (from Perth south through Bunbury to Augusta, east past Northcliffe, then north past Williams);
- Pilbara (Learmonth east to Newman, then north-west to the coast east of Port Hedland);
- Eastern Goldfields (from Southern Cross eastward of lines drawn south to Esperance and north to Leonora);
- Central Gascoyne (from Carnarvon eastwards beyond the north-south line drawn through Meekatharra and Mount Magnet);
- Kimberley (everything north of an eastward-running line drawn south of Broome and Halls Creek).

The more compact and populous zones (i.e., the first four above) are subdivided into three or four districts, each of which consists of from four to seven ambulance subcentres. The sparsely settled zones (i.e., the last four above) consist simply of between four and eight subcentres. At Belmont four deputy superintendents are responsible for the eight zones, each 'DS' supervising two zones, and there is a superintendent overseeing the whole country region. In 1991 the superintendent (country region) was Ray Marshall, and the four deputy superintendents were Rex Oliver, Trevor Southall, John Watts and Alan Wright. These four regularly visited their zones, travelling widely within each to meet subcentre committees, inspect ambulance vehicles and equipment, arrange training for the ambulance volunteers, accredit instructors for the public first aid training program, and maintain liaison between the subcentres and Belmont.

Supervising the zones demands energy and devotion of each 'DS'. That is obvious in the following accounts, by Rex Oliver and Trevor Southall, of the duties performed by the 'DS'.

Rex Oliver has written entertainingly about a country tour of inspection he undertook through the Eastern Goldfields during 1988. The following extract covers the first day. Having arisen at 5.00 a.m. for his early morning flight, he reached Kalgoorlie a couple of hours later. We join him as he picks up his Budget hire car at the Kalgoorlie airport:

### REX OLIVER

*I'm given the keys to a red Falcon and I hurry outside to the hire car parking area, locate the vehicle and drive it back to the terminal just in time to slip in behind a taxi. Just as I get out, the baggage trolley arrives and I quickly locate my luggage, heave it into the boot and drive from the airport . . . It's still only 7.20 a.m. and as I drive through the town, which looks fresh and a bit deserted . . . I swing right into Dugan and then into the Ambulance depot drive. The building is old, typical goldfields style with its once cream paintwork tinged with that red desert dust that is ubiquitous in Kalgoorlie.*

*One of the two roller doors is open and the Mark III ambulance sits there waiting patiently. I grab my briefcase and march into the crew's quarters. David is sitting at the lounge table with a cup of coffee, reading the morning paper. We shake hands and then Tom appears from the direction of the toilet. Tom is the Station Officer so I sit with him in his 'office' which is a desk in the room next to the lounge that doubles as the kitchen. David makes us some coffee as we get down to business. Tom is off-duty at 8.00 a.m. so we quickly get the paperwork over and then inspect the ambulances and buildings. Soon two other officers arrive; the day shift. I'm quizzed about what's happening in Perth and feel that they expect me to tell them something profound, but, the grapevine being what it is, I can tell them nothing more on the industrial front than they already know. I do give them some information on the proposed new subcentre and listen to some of their suggestions and gripes. All in all they're pretty happy though. I tell them I'll be back in town on Tuesday as I have an evening meeting with the committee scheduled for that evening and I'll call in during the day when I get back from Leonora.*

*I'm soon back in the car and on the road north to Menzies and Leonora. The road is good and I'm soon speeding past new mining ventures and tracks leading into the bush . . . Despite all the work going on in the bush I do not encounter much traffic and at 10.30 I swing round the long bend into Menzies. This is probably the poorest (in financial terms) subcentre we have, however the people in these parts are fighters and they keep the ambulance on the road.*

*I slow down to below 60 kph and scan the town as I go. I enjoy these old semi-ghost towns with their grand old buildings dotted around in a seemingly random manner . . . I pass the Shire office and general store. Behind them the railway station stands as a sentinel to the size and importance the town must once have been. The architecture is superb: huge jarrah beams ornately carved support the roof; the main entrance is a splendid arch in stone; plasterwork ornately patterned covers the ceiling of the foyer . . .*

*I pass the Ampol Service Station and turn left onto a dirt track which leads to the Nursing Post. This building stands alone and looks quite imposing up on a slight rise. As I get closer I can see a small gathering of Aboriginal women standing outside and, peeking from behind the building, the incongruous shape of an aircraft tailplane. The Flying Doctor is in town. I pull up outside the garden gate and on alighting, say G'day to the ladies. They acknowledge me shyly. I press the door bell and wait for Sister Rogers to answer.*

*'You've just come at the wrong time,' she announces.*

*'Doctor's in town on his clinic run. Come in though. We have the painters in and they're having morning tea in the kitchen. Would you like one?'*

*What a silly question!*

*During tea Sister Rogers comes back and announces she will be about half an hour. I organise possession of the ambulance keys and make my way back to the car. The ladies are still waiting by the front fence. They must have the largest waiting room in the world.*

*I call into the Police Station hoping to talk to the subcentre chairman, who happens to be the local sergeant, Steve Jervis. His wife answers my knock on thc office door, she is doing the cleaning and Steve is out on a morning patrol. I let her know who I am and where I'm going and say I'll be back later.*

*My sojourn takes me to the yard at the rear of the Shire Office. There is a large shed with two pairs of wire mesh doors, behind one stands a rather dusty Dodge ambulance. I unlock the doors of the ambulance and climb inside. It's fairly clean inside which is more than can be said for the outside. I note the mileage and switch on the ignition to check the fuel; all is OK. I alight from the cab and check under the bonnet. The oil looks a bit black and the water is down a bit but otherwise everything looks OK. I make a mental note to ask about servicing, slam the bonnet down and check the tyres and the state of the body in general. This van is a disgrace to the service in this condition and something will have to be done. I climb in the cab again and start the motor. One thing about the old Dodges, two pumps of the throttle, half choke and away they go. I ease her out of the shed and onto the main road, turn left toward Kalgoorlie and give her a 10-kilometre run to get everything warmed up.*

*Back in town as I make my way to the police station I see the police ute parked by the nursing post so I turn left and make my way there. Just as I pull up there is a roar of powerful engines from behind the building, a cloud of dust accompanies it as the Flying Doctor aircraft disappears*

*down the strip. I join Sister Rogers and Sergeant Jervis around the kitchen table again and we talk business with regard to the ambulance—its housing, maintenance etc. etc.*

*Time is getting by so I have to make my apologies, so I can immediately make my way to Leonora, some hour and a quarter away. I leave the ambulance at the Nursing Post as the Sister's husband is going to wash it out and the Sister wants to replace some of the gear that I had found missing on my inspection. We have agreed that something has to be done about upgrading the ambulance so that is an objective under my belt.*

*The good road soon peters out to . . . simply a single vehicle strip of tarmac, which is fine while you have it to yourself but once you meet another vehicle then it's two wheels onto the gravel, slow down and hope the prevailing wind is blowing the dust away from you.*

*Time is getting away from me as I have a meeting at Laverton late this afternoon and an evening meeting at Leonora that night. Sometimes these trip schedules work out tight to please the local volunteers. Everything is going fine until about 20 kilometres from Leonora. A Ford Falcon GT comes toward me going like the clappers. I slow down quickly to about 80 kph and pull over as far as I can without dropping my offside wheels off the tarmac. He pulls over too but doesn't slow down. Sure enough, crack! The screen goes opaque, however an area in front of me is clear enough to see through. I slow and stop at a safe rate and not so quietly curse the idiot in the fast receding car. I climb out of the car and look at the screen. The day is hot and the flies soon discover a better playmate than a dead kangaroo—a live human!*

*I retreat to the interior of the car like a troglodyte, taking a number of my new found friends with me. The screen is still intact and I prefer to leave it like that rather than knock it out and be exposed to the elements. Stealthily, I drive onto the tarmac and keep my speed down to about 60 kph. At least for now I am in an air-conditioned environment. Everything goes well until I am just outside Leonora. As you come to the town limits there is a sweeping left hand bend and then a railway crossing. This is my undoing. I try to tiptoe over the lines, but to no avail. Whoosh! There I sit with a great load of glass granules in my lap and a searing desert wind blowing through my hair.*

*I pull over to the roadside and stop. Gingerly I alight from the car trying to take as much of the glass with me as possible and deposit it on the roadside. I take my handkerchief and dust myself down, then, using it to protect my fingers, pick out pieces of glass still attached to the screen edge, but loose. I then dust the driver's seat, removing all the small slivers of glass possible.*

*Back on the road I drive slowly into town and pull up outside the Post Office. A few Aborigines are hanging about and give me a careful looking over. The uniform has them puzzled for a while. A 'phone call to the hire car company in Kalgoorlie soon has me driving 50 metres down the road to a local garage housed in what used to be several shops and probably a warehouse. I explain my plight to the owner and he disappears into the shop next door which is now his store. Two minutes later he emerges and announces that I'm lucky he has one screen left for my model car. Next question; how long to fit?*

*The answer I receive has me re-arranging my schedule. About four hours is going to have me in Laverton at about 6.30 p.m. I try ringing the secretary at Laverton. No answer. I then try the chairman at work. I am put through to him and I explain my plight and change of plans. Could we meet later at about 7.30 or 8.00? He says it is OK with him and he will try to contact the others and let them know. The venue would be the same—at the hospital. What I have decided to do is conduct my business in Leonora now while I am stuck here, have a meeting in Laverton tonight, then drive back to Leonora and stay in the motel there.*

*I walk back to the Post Office and telephone Stan, the Leonora subcentre secretary. He listens to my story with sympathy and asks me to walk down to his place of employment—the railway station. We sit in the parcel delivery office and over coffee conduct our business as best we can with the discourse punctuated with deliveries of goods and usually an introduction of myself to the deliverer.*

*Eventually Stan is able to shut shop and we drive in his old ute to the hospital where we meet with the matron and administrator. The ambulance is kept under a carport at the hospital so we inspect it and talk about modifying the carport to help keep the sun off the ambulance in the afternoon. Our business complete, we drive to the power house where another staunch member of the subcentre*

*works. Here we meet with Graham, who is the treasurer, and I obtain as much information from him as I can for my report. We leave Graham, and Stan drives me to the motel where I book in . . .*

*Time has passed so we make our way to the garage to see how things are going. The mechanic is finishing vacuuming the glass from the interior. I check to see what paperwork requires completing, say goodbye to Stan and drive toward Laverton.*

*The drive to Laverton usually takes one hour and I push along as I want to get there before the sun goes down. That's when the kangaroos come out. Apart from a scare by a flock of sheep crossing the road, the journey is uneventful and I cruise into town at 6.00 p.m. I go to the pub, The Desert Inn, aptly named and, lo and behold, it's Monday night, the dining room is closed, but I can have a counter meal in the bar. It's Buckley's choice so I order a shandy and my meal and sit at a table waiting for my number to come up. As the locals come in I'm given the once over to make sure I'm not the Police or Agriculture Protection or somebody.*

*The meal over I drive to the hospital and make my way to the rear where the ambulance is kept in a garage. I'm checking out the back of the van when a Toyota Landcruiser pulls up and the chairman, John Coleman, jumps out. Gradually others drift in and we end up with six people gathered at the back of the ambulance. Time for a meeting.*

*We quietly walk through the hospital and I'm introduced to the night Sister on the way. The meeting is held in the hospital lounge and we discuss a variety of subjects as I go through my report. This subcentre was very poorly supported until recently but the new chairman is generating interest and is also organising for one of the nursing sisters to be accredited to teach first aid so we have much to discuss. Time flies and it's soon 10.30 p.m. Two of the people have already made their excuses and left so the meeting is closed and we adjourn outside again. Everyone says their good-byes and leaves, except John, and we stand at the front of his Landcruiser and talk for another half hour.*

*About half an hour out I'm suddenly startled by a whole group of kangaroos crossing the road. It really wakes me up and I slow right down to seventy kilometres an hour and scour the roadside for evidence of more. It all seems clear now but I keep the speed down as that last lot was a good warning that there are plenty about.*

*The next few seconds happened in a flash. I'm sure to this day that the kangaroo jumped over the car just to get in front because all of a sudden there he was. I anchored on, both feet hard down, one on the floor the other on the brake. I braced myself behind the wheel and THUNK, hit him fair and square in the middle of the grill. Strange noises emitted from the engine compartment and not so strange from me. I switched off the engine and coasted to the side of the road.*

*I sat there cursing my luck for a moment then got out to survey the damage. Both headlamps were still intact but the front grill was stoved in and the bonnet buckled upward. Water was dripping onto the gravel. I pulled the bonnet release lever and was able to lift the bonnet. By the muted glare of the lights I was able to see that the radiator had been pushed back into the fan and the blades had cut a neat arch into the top of the fins, nicking a few of the tubes. I released the radiator cap and discovered that there was still water in the radiator but it was definitely leaking out. I started the engine and there was a real clanging going on as the blades hit the radiator. I stopped the engine immediately and had a go at shifting the radiator with no luck whatsoever.*

*I then inspected the fan blades and discovered one was bent forward. I straightened this and bent the others back a fraction and started the engine again. No noise; we were in business again. I left the radiator cap loose so there was no pressure, clipped down the bonnet and started on my journey again after peering back down the road to see where 'roo was. No sign of it. During this drama not one vehicle had come my way. The next 50 kilometres or so were spent with one eye glued to the temperature gauge and the other on the road while I tiptoed along at about 60 kph. I eventually made it to the Leonora Motel, and fell into bed.*

*'Boy, was that an eventful day!' I thought. 'If that was day one of this trip, what would the next day in the life of a Deputy Superintendent bring?'*

Trevor Southall here describes a typical day's work at Belmont, in verse:

## A DAY IN THE LIFE OF A 'DS'
## BY TREVOR SOUTHALL

*A day in the life of a Deputy Superintendent*
*Means doing 'the job' as it's intended.*

*Out and about, checking windows and doors*
*And looking to see that they're cleaning the floors.*

*Hours and hours, sitting in cars*
*Just to check that they're cutting the grass.*

*Ambulances and Depots too numerous to mention,*
*All deserving undivided attention.*

*Talking to troops wherever they're found*
*Helps to make long hours go round.*

*Ten-hour days and fourteen-hour nights*
*Protecting the Officers' and Association's rights.*

*Training, supervising, advising and all*
*Means being at everyone's beck and call.*

*Friend and confidant of all on the shift*
*Is usually enough to give one a lift.*

*Radio transmissions and SELCAL facilities,*
*Continually plagued, creating liabilities.*

*Enough to do, one way and another,*
*Growing workloads and continual bother.*

*Enough to make the best men wilt*
*But that's not the way Deputies are built.*

*Summer, Winter, trouble and strife*
*Make for a very interesting life.*

*Should disaster occur, such as fire or bomb,*
*The Deputy will handle it with a degree of aplomb.*

*Highly trained, efficient and keen*
*Is the basis for a good Country Team.*

*What is it that makes Deputies content?*
*To continue to earn and pay the rent.*



# 'As far as I recall . . .'

*Newly promoted to the rank of Knight/Dame of the Order of St John are the late Reg Hogg (Commandery treasurer, left), Joy McDowell-Connolly (member of St John Ambulance Association Council) and Richard James (Commandery secretary). Shown here in 1984 after their investiture in the ballroom of Government House, Perth, each had given many years of outstanding voluntary service and leadership to the organisation in WA. Admission to the Order is remembered by many St John workers as the high point of their St John careers.*

St John is fortunate in having succeeded over the years in securing the loyalty of a legion of volunteers, on whom its country ambulance services depend. Most country subcentres have a nucleus of faithful St John workers who have given decades of their spare time to ensuring that their community has an ambulance. There is a pattern to their service: they have often started by taking a first aid course, and have then gone on to work on the ambulance, serve on the subcentre committee, raise funds, contribute to subcentre social activities, teach public first aid classes, turn out with the local Brigade division, undergo retraining, help maintain the subcentre building and equipment, and bring new recruits into the service.

The rewards for all this are few. In some cases a small degree of local prestige is conferred through occasionally seeing one's name in the local newspaper as subcentre chairperson or secretary; elsewhere the fame is scant—one has the job because no one else wants it. Working in team with one's fellow citizens is one benefit, as belonging to an organisation that draws the community closer together is satisfying. So, too, is the knowledge that one has contributed to the welfare of others. Great satisfaction comes from saving a life; but that is often cancelled out by the unforgettable horrifying sights and the lives that could not be saved. St John itself rewards a few of its most loyal servants, raising some to Life Membership and admitting a small quota to the ranks of the Order. The opportunity of controlling a notable local public utility will motivate a few; others will find pleasure in handling the 'hightech' equipment on which it depends; and others still will thrill to the siren and flashing lights of the Priority 1 call. Apart from these attractions, ambulance work means many late nights, long drives, meals foregone, and much hard work, tedium and disappointment. Devoting years of one's life to a local subcentre therefore requires dedication, and those who are prepared to keep at it year in year out are special people.

In this section of the book we listen to the recollections of just one of the elderly St John workers who have given most of their lives to the organisation. The hazards of life in a community without adequate ambulance facilities go some of the way to explaining their dedication. The person is the late Mervyn Roy Towler of the Collie subcentre. Merv, who died in 1990 after more than 55 years in St John, began his interest in first aid and ambulance work in Bunbury. He was one of the few country volunteers admitted to the Order, through which he rose to the rank of Commander (C St J). When the present writer met him in 1988 he had just celebrated the golden anniversary of his ambulance career. Looking back on his earlier decades, he seemed surprised by the changes that had come about during his life. Travel times were one such: when he had to drive ambulances from Collie through Brunswick to Perth in the 1930s and '40s, the 400-kilometre round trip took nine hours, about double the time it might take 50 years later. Merv's story:

## MERVYN ROY TOWLER

*In many country towns the same procedure appears to have been adopted in forming an Association subcentre or Brigade division. Many have gone through three stages:*

- *First aid classes for men were taught in the instructors' homes. Women would provide supper and because of the interest that men took, women also took up first aid. Classes would compete against one another for neatness and efficiency.*

- *Public duties were an essential aspect of first aid work, and men would attend with their first aid boxes. To get a patient to hospital transport would be needed. Then an ambulance would eventually be purchased.*
- *A meeting would be called to deal with the finances of the vehicle, viz. for petrol, tyres and repairs in general. Even though they did not know at this stage, a subcentre had been formed. The subcentre, consisting of the town's citizens and businesspersons, would get together to handle the finances, and from this the first aid men would give some thought to forming a Brigade division.*

*In Collie this is what took place after the turn of the century, when the Amalgamated Collieries looked for a first aid man to teach and demonstrate how first aid could be administered to the injured. The Amalgamated Collieries, consisting of the Co-op and Cardiff mines, plus the Proprietary mine, ensured that the above process was followed. I came to Collie much later, but that is what happened.*

*I began my ambulance work in Bunbury. I know little about Bunbury before 1918, but I do know I learnt how to spell 'ambulance' at an early age. At my young age of six years the garage which housed the ambulance was situated against the railway fence facing Stephen Street, with 'AMBULANCE' brightly painted in a red colour. This could be distinctly seen from Victoria Street, and particularly when walking to the top of a railway bridge. This was one word I was well acquainted with when I attended the infants' school at the corner of James and White Road, later known as Stirling Street. As far as I recall, a Mr Strawn, a lumper on the wharf, was the main driver. Of course very few people had a driver's licence in those days, and the vehicle, which was not used very often, was very hard to start. I have no knowledge of who supplied this ambulance or anything associated with the vehicle prior to that year.*

*First aid was taught in a small shed at the north end of the railway station, behind the milk and butter factory situated in Simmons Street, and I do not recall any ambulance centre or other amenities that provided teaching of first aid. Railways were the main source of instruction.*

*In 1927 I recall several railway men who were given first aid instruction by a Dr Joel Snr. His son also in later years practised in Bunbury. They consisted of Arthur Orchard, Jack Hyde, Ernest Rendell, Bert Harwood and another two men, Harvey and Barsch. These and others gave sterling service for many years. Others who followed in the early '30s were Joe Hore, Sam Kelly, Clem Hallo, Jack Barnard and myself. These chaps had long and distinguished years of service.*

*In later years others who followed were Leo Stutchbury, Roy Cronin, Paddy Malone, Pat Lyons and Jack Flaherty. The only other drivers I was aware of were Jack Barnard and a Mr Smart who worked for the Narrogin Inn store. Before the present ambulance centre was constructed [in 1936] Jack was used up more than any other driver for the service of Bunbury and district.*

*I attended a couple of lectures and demonstrations in first aid several years before I decided to attain my first year's certificate. I was asked to act as an attendant in the ambulance. As usual the driver could not start the ambulance, and that left me to ride my bicycle with a first aid box on the handlebars to a farm property this side of Capel. For seven miles on the Bussell Highway to the bend at Muddy Lake was gravel, and the remaining journey consisted of a sand track to Capel. Arriving at the farm, I found an employee had his leg fractured (tib and fib). The farmer harnessed up a draft horse and the casualty was loaded into a cart with his leg dangling over the end of the cart. Dr Joel congratulated me for treating the patient by not doing a thing. He said I had served a great purpose by allowing extension of limb by it hanging from the back of the cart. Naturally the horse and cart was returned and I rode my bike back to Bunbury the next day. This was my first experience in rendering first aid.*

*What encouraged me to start learning first aid was the encouragement given me by my father-in-law, Mr Ernest Rendell. But I think what really put the cap on it was that I was employed by a firm, William Brittain & Son, Undertakers. I received a call that a man had collapsed near the pier and Gordon Hotel. Victoria Street was then a part gravel road. On arrival at the hospital a Mr Morse, who was the orderly, asked me what I had on the stretcher. I mentioned that I was not sure whether he was alive or otherwise. He was placed in the morgue, and I reported what had taken place to my boss. I was pretty sure we would have a funeral on our hands, but this was not so. It appeared that if he had had a coronary. I had probably*

*resuscitated him because of the bouncing on the main street, as we never received notification of his death.*

*Soon after this I enrolled in a first aid class. The class was well attended. Dr Joel had completed his talk, and then asked if there were any questions. A well known lady at that time said that her husband was suffering from boils and running sores, and wanted to know how he should be treated. The question was far from the subject presented. The doctor's reply was that he knew her husband well and that being a big man his health required attention, with correct food and rest. Doctor went on to say that he lacked the attention she should have been giving him. At another class, after the doctor had spoken for one and a half hours on the subject of bleeding, haemorrhage, circulation of the blood etc., time was getting on and he asked if there were any questions. Silence. The doctor then said he could not understand that there were no questions, as he had studied the subject for seven years and the students learnt all that he knew in one and a half hours.*

*When I started working as an ambulance volunteer one of my first calls was down to the pier, where a chap had been injured. No one was giving him first aid because no one knew how. All they could do was stand around and argue about whether he was going to live or die. Some were even making bets on his chances of surviving.*



SECTION TWELVE

# The aerial ambulance

For two years, May 1977 to June 1979, St John in Western Australia operated an aerial ambulance. It was introduced to serve the rural southwest of the state—everything west of a line drawn through Geraldton, Kalgoorlie and Esperance. This was an area not then routinely covered by the Royal Flying Doctor Service (RFDS). The RFDS, which devoted its main effort to the sparsely populated territory further north and east, would handle only emergencies in the southwest—not routine clinical cases. To operate the air ambulance, as it came to be known, St John hired two pilots, RA Hart and D Rogan, appointed a superintendent, Don Fewster, and a secretary, V Redfearne, and trained ambulance officers in aeromedical procedures.

*Ambulance officers Lisa Smith and Ken Newall prepare their patient from a Royal Flying Doctor Service 'plane to their ambulance watched by a RFDS doctor (centre), Jandakot RFDS base, 1991. (Photograph by Robert Garvey)*

The air ambulance proved an efficient means of moving patients swiftly, saving countless thousands of hours of ground ambulance time, but eventually St John surrendered it. The reason for this was an institutional demarcation dispute: the RFDS saw the air ambulance as competition, and pulled political strings to have it put out of business. One prong of the RFDS campaign was publicity—letters-to-the-editor and public statements from prominent citizens protesting a purported duplication of services. Another was political: certain politicians used the parliamentary forum to argue in favour of the RFDS and against the St John service. Yet another ploy was to manipulate the 'Establishment': the RFDS approached its patron, the state Governor, Sir Wallace Kyle, to bring his influence to bear on the government. The Governor also happened to be the Knight Commander of St John. With the two patient transport bodies he headed in dispute, he referred the matter to the state Premier, Sir Charles Court, for adjudication. Court solved the problem by personally appealing to the St John management to withdraw its aerial service, assuring them that the RFDS would henceforth cover the southwest. That, plus a Commonwealth subsidy for the RFDS, settled the issue. St John passed over its air ambulance facilities to the RFDS, which then began handling clinical as well as emergency cases in the southwest. Since then the two agencies have co-operated in providing complementary services. The following account of the aerial ambulance episode is by Dr Harry Oxer, the St John medical director and one of the principal figures in establishing the service.

## DR OXER

*The need for an air ambulance had been appreciated by the St John Ambulance Association council for some time. [Discussions of the feasibility of introducing a St John air ambulance had begun in 1969.] Although the RFDS fetched urgent cases with its aircraft, it was not interested in providing transport for patients needing transport for medical reasons, but who were not seriously ill and classed as emergencies.*

*Many country subcentres were forced to call out volunteers from their work, and to allow their only ambulance to be away for many hours, to transport a patient to Perth. For example, an elderly patient crippled by severe arthritis and needing to go to Perth for an operation might need the facilities of an ambulance, but would not qualify as an emergency. Transport of such a patient from, say, Esperance would involve a road journey of a full day, an overnight stay for the crew, and another day to return. This was clearly unacceptable in the long term.*

*The idea of providing aerial transport for such a patient was not new. Aerial ambulances attached to the road*

*ambulance transport systems already existed in New South Wales, Victoria and South Australia. In South Australia the aerial ambulances were based in Whyalla and operated by St John, which as in Western Australia is the state ambulance authority.*

*APEX, the community service club, enthusiastically adopted the probject, and set about helping St John raise money to purchase an aircraft.*

*The RFDS at first stayed aloof, and appeared to believe the air ambulance would never happen. When it became clear that an aircraft was on order, however, the RFDS used its powerful community voice to speak out against the idea. Despite being totally unwilling to take up the ambulance role itself, it now mounted a determined attack against the idea of St John's doing so.*

*About this time the Association had appointed me as Medical Director. Recently retired from the Royal Air Force, I had extensive experience in aerial ambulance work, my last position having been the operation of the air retrieval system for the British armed services around the world. This background enabled the Association to answer effectively the claims that only the RFDS had expertise in the area.*

*An aircraft was bought and modified to meet our needs, but was not quite ready for service on the appointed*

*The St John aerial ambulance, 1977. Ambulance officers Kim Mann (left) and John Gorin load the patient while Jim Byrne, an aero-medic, checks him.*



*day. The Association therefore hired a Beechcraft Baron, and on the first day of the operations undertook a public relations flight around the southwest region. We took in Bunbury, Busselton, Manjimup, Augusta and Albany on the first day, and returned up through the wheatbelt the next. The day was crowned by picking up our first patient, a baby from Katanning, and transferring it to Perth.*

*The Association's own aircraft, a Piper Seneca 2, code number SJO ('Sierra Juliet Oscar'), was commissioned a day or two later, and was dedicated at a ceremony on Busselton airfield. It was named 'Miss Apex'.*

*A training course was set up for air ambulance attendants, and those who qualified wore with pride the air ambulance wing insignia on their uniform. Many still do. During its two years the air ambulance carried over 3,000 patients over millions of air kilometres with never an accident, and never a written complaint about patient care. There were many written commendations, and many lives saved [as some of the anecdotes in Part 2 of this book relate]. The dedication and skill of all associated with this service was quite extraordinary, and was largely responsible for its success.*

*The RFDS, seeing that the service wouldn't go away, began to compete with us, while still keeping up a barrage*

*St John–Royal Flying Doctor Service co-operation: a patient transfer at the Kalgoorlie airport in 1987.*




*The air ambulance was an unmixed success, despite a great deal of sniping, which involved at times politicians and even the Premier. Most criticisms were remarkable particularly for the fact that none of the perpetrators ever came to see the operation, nor to talk to its crews and operators.*

*One of the accusations levelled at the air ambulance was that no one except a triple certificated nurse was capable of caring for patients in an aircraft. This manifest nonsense ignored the fact that ambulance officers regularly and skilfully cared for patients in their road ambulances every day. An air ambulance is merely a different shape, with a few extra minor problems of physics for good measure.*

*of public criticism. For instance, RFDS employees made allegations of a lack of patient care on the air ambulance, and these were amplified in parliament by their politicians. On all occasions the accusations were baseless, and the service continued to operate steadily, successfully and professionally.*

*The air ambulance stayed strictly within the southwest region, which the RFDS had always refused to serve other than for emergencies. We made no attempt to compete or encroach on RFDS 'territory' beyond the southwest. Our service built up a tremendous relationship with the country subcentres we served, and always called up the ground ambulance on radio on the way in to make the necessary ground arrangements.*

*The aircraft was worked hard. It had engine changes twice as each came due, but eventually the time came for a major overhaul or replacement of the aircraft. At this stage the state government pointed out that times were hard, and that if they replaced the air ambulance it would have to be wholly funded by the state. If it were replaced by an extra aircraft in the RFDS fleet, half of the funds would come from the federal government.*

*Faced with this fiscal reality [and the personal appeal from the Premier alluded to in the introduction above], the St John management had no choice but to accede to government pressure, and thus to discontinue the service. It did so to the great disappointment of the many who had staffed the service, and the people in the country it had served so well.*

*The state government now assigned to the RFDS the task of taking over the role of the air ambulance in the south-west, and the Health Department arranged for me, as medical director of the St John Ambulance Association, to join the medical committee of the RFDS to smooth the process of amalgamation.*

*Even though St John had thus passed over its aerial function to the RFDS, it had achieved its objective in setting up the air ambulance, that is to provide air ambulance transport for the people of the southwest living more than 100 miles [161 kilometres] from Perth.*

*A very significant part of the workload of the RFDS is now carried out in the southwest. Aerial ambulance initiatives such as the dedicated neonatal retrieval stretcher equipment, which was designed and built by St John, are now in developed form in use by the RFDS. Much operational and equipment material developed by the air ambulance was handed over to the RFDS, and contributed significantly to helping the RFDS develop its aeromedical operations.*

*St John's aerial ambulance service was a bold initiative. It was also a proud episode in the the organisation's provision of ambulance services to the community in the more distant reaches of the southwest. It is commemorated still by one of the RFDS aircraft, a Piper Navajo named 'Miss Apex'. This recognises the great contribution made by the community through the APEX clubs in raising the money which started this valuable and continuing service.*

SECTION THIRTEEN

# The Aborigines

Western Australia probably has the third highest Aboriginal population among the Australian states and territories. At the 1986 national census the state had an Aboriginal population of about 37,800 compared with 61,300 for the largest 'Aboriginal' state (Queensland) and 59,000 for the second largest (New South Wales). As a proportion of the total state population, Western Australia's Aboriginal community ranked second. They represented 2.7 per cent of the total, compared with a huge 22.4 per cent in the Northern Territory (proportionately the largest) and 2.4 per cent in Queensland (ranked third on proportions). Since then, the Aboriginal population of Western Australia has probably continued to grow: assuming the same rate of growth during the late 1980s as earlier, the total would have risen to at least 45,000 by the early '90s—a slight proportional increase, to about 2.8 per cent of the state population.

Even though Western Australia's Aborigines are a small minority of their state's population, theirs is still a visible presence. Few of the state's cities, towns or rural communities are without local Aboriginal communities. Furthermore, because the pattern of distribution is uneven, some places have noticeably heavy concentrations of Aborigines. St John staff are consequently in fairly frequent contact with Aborigines.

It would reflect well on St John's reputation if we could report that the organisation universally adhered to its hospitaller's credo—its willingness to render aid without fear or favour—and that this was best exemplified in its dealings with Aboriginal groups. Such, however, is not always the case, for most St John workers are simply members of their local communities. Their views reflect local attitudes; thus, white stereotypes of Aboriginal behaviour are prominent in the tales told by St John workers. Explaining this in terms of 'Australian racism'—ever popular Aunt Sally of the 'Liberal Left'—is a little too easy. The reality is more complex than that, for what is obvious is that the animosities are not one-sided, and that significant cultural differences between Aboriginal and other Australians are an important element here.

For the ambulance service the differing perspectives of either race have immediate and tangible effects. For instance, whereas white Australians might be loth to call an ambulance unless in an emergency, the high fee being a consideration, Aborigines may be less reluctant, and less concerned by the cost. To ambulance staff at least, Aboriginal communities seem to regard the ambulance service as just another social service provided by a government that owes them something. At the same time, they feel no special gratitude towards ambulance staff, even when the latter are working voluntarily, and can be relied on to protest if the service fails to meet expectations. Contrasting attitudes fuel mutual antipathies. There is the circularity of the self-fulfilling prophesy in the outcome: ambulance staff expect to be used as a free taxi service by the improvident; Aborigines expect they will be regarded as pariahs; the antagonisms continue.

That the relationship is vexed is apparent in the following accounts. These suggest something of the difficulties St John people (and perhaps other health-welfare agencies) experience in matching rhetoric and practice. They also help explain how there are cultural and geographical reasons why Aboriginal communities might not receive the same standards of service enjoyed by other Australians.

### IAN KAYE-EDDIE
BELMONT HEAD CENTRE

*Wiluna, a small town about 950 kilometres northeast of Perth, was the scene of an experiment in making the ambulance service more accessible to the state's Aboriginal communities. The population of the area is small—approximately 1,500, consisting mainly of Aboriginal, mining and service people.*

*St John's involvement in this area gives an interesting example of the Aboriginal and other sections of the community co-operating in the formation of a new subcentre. Late in 1985, Mr R Walker, the community advisor to the Nganggannawili Community, wrote to St John suggesting that an ambulance service be provided in the community. They were prepared to allow St John to use their ambulance for this role.*

*A public meeting was held early in 1986, to discuss the formation of a St John subcentre in Wiluna. After all the relevant criteria were complied with, a new subcentre was formed and the Nganggannawili Community donated the ambulance to St John, for use in that area. At this stage the operations were co-ordinated by the Nursing Post in the district, which handled approximately 6,000 patients a year. Some of these obviously needed ambulance transport.*

*In order to fund a new subcentre, the Wiluna community suggested that the Aboriginal families, which totalled over 200, should contribute about $5,000—approximately $25.00 per family per annum. The subcentre then got under way, but it was not long before some problems arose. There was confusion as to who had the right to use the ambulance donated by the Nganggannawili Community. Many Aboriginal people felt that they needed ambulance transport, whereas St John has reasonably strict guidelines as to when ambulances can be used to transport patients. The sister at the Nursing Post also had difficulty in controlling the rosters, and people trained by St John, especially teachers, never stayed in the Wiluna area very long.*

*The local medical practitioner was foreign trained, and only had a licence to treat patients in the Wiluna area. Although the Aboriginal community was rather reticent about using him, he has subsequently earned their respect, and now co-operates with St John in patient transport matters and also helps the volunteers wherever possible.*

*Because of the confusion on the use of the ambulance, St John headquarters supplied a second-hand ambulance to the subcentre at no cost to the community. Although there are still teething problems, when one considers that this subcentre has only been functioning for a few years, the Wiluna subcentre project could be considered to be a reasonably successful one, by St John standards.*

### TREVOR LEMKE
MOUNT TOM PRICE SUBCENTRE

*How many Aborigines are there here? You don't get Aborigines in the Pilbara mining towns. Towns like this are company towns, and so the police run them out of town if they come in. You find them instead in government-run towns like Port Hedland, because they come in there to pick up their welfare cheques.*

### JOHN O'DONNELL
MOUNT NEWMAN SUBCENTRE

*Some of our longest trips have been out to the Jigalong community, an Aboriginal settlement, which is only about 100 kilomtres west of here. There are no roads out that way, and so it's easy to get lost, especially at night. One night about 11 p.m. several years ago we were called out to a stabbing case there. The van broke down several kilometres before we reached Jigalong, so we walked the rest of the way. We got the nurse there to 'phone for a new ambulance to come out.*

*The new van lost the track, then mistakenly followed another fresh set of wheel tracks that took it miles to the south before fading out near a windmill. The van eventually arrived at Jigalong at 6.00 a.m., in time to see the sun rise. By this time the police who had come out to investigate the stabbing had already taken the victim back to Newman. We realised later that the fresh tracks the second ambulance had followed were probably been those of some rustlers out stealing beef. When the rustlers had realised they were being followed, they had most likely hidden their truck in the scrub, then covered their tracks.*

### DI AUSBURN
KARRATHA SUBCENTRE

*Once we picked up an Aboriginal woman who had a pet goanna she took everywhere. If she went to the pub the*

*goanna had to go along too, and sit on the bar. One day she got badly smashed up in a car accident. The goanna was unhurt. She wouldn't get into the ambulance without the goanna. In the end we had to let it come along, sitting up on the front seat. When we got her to the hospital we handed it over to the police, who kept it in a box for her until she was well enough to take it away.*

### IAN HOWIE-WILLIS
### OBSERVATIONS AT ROEBOURNE

*The chairman of the Roebourne subcentre is Dave Stephens, pastor of the local Aboriginal Church, an evangelical, apostolic body. He had arranged a meeting between his local ambulance subcentre people and a St John party from Perth, consisting of the general manager, public relations manager and myself (who, as the historian, had to write about subcentres like this). The main purpose of the meeting was for the general manager to inspect the ambulance station and present first aid certificates to sixteen recipients, including three Aborigines, who had recently undergone the first aid training course.*

*Among those present was Alec Tucker, one of Roebourne's volunteer ambulance officers. Alec, who works for the local branch of the Aboriginal Medical Service as a counsellor in*

*Roebourne subcentre. The local municipal authority supplied the building. Subcentre chairman David Stephens (left) and subcentre first aid instructor Tony Howe, both volunteer ambulance officers, are standing beside a Ford Mark II ambulance, 1991. Behind them is a Toyota 'Coaster' disaster support vehicle. (The building is shared with the Fire Brigade and the State Emergency Service.) Roebourne was the first subcentre in WA to engage an Aboriginal volunteer ambulance officer.*



*its alcoholism rehabilitation program, was originally from the Wittenoom area. He has been in Roebourne for ten years, and is the first Aborigine to serve as an ambulance volunteer.*

*Roebourne was the scene of severe racial conflict in the early 1980s. In 1983 rioting erupted following the death in police custody of a local Aboriginal youth, John Pat. In the official inquiry that followed, it was alleged that the police had beaten him, then allowed him to die. Five police were subsequently charged with manslaughter over his death but later acquitted.*

*The troubles in Roebourne were widely reported in the Australian media. ABC television, for instance, ran a program on Pat's death, during which grieving Aboriginal mourners at his funeral were seen being preached at by the officiating clergyman. The latter, a white pastor of a fundamentalist sect, delivered a graveside homily along the lines that 'the grog killed John Pat'.*

*After the presentation of the certificates I was asked to outline to the Roebourne subcentre people meeting my ideas on the Western Australian St John centenary history project. In doing so I said that previously all I had known about Roebourne was the racial strife I had seen on television, events still fresh in memory. In view of Roebourne's reputation around Australia, what I was witnessing at the subcentre was reassuring. I pointed out that Australia would soon be celebrating the bicentenary of European settlement, a 200-year period of conflict between black and white Australians. Hopefully, the next 200 years would see an improvement over the first 200, with the races learning to live side by side in mutual respect and peace. Perhaps Roebourne was showing the way here, despite its reputation. The rest of the nation could learn from what the St John subcentre in Roebourne was achieving. If the town's black and white citizens could co-operate in running the local ambulance service, Aboriginal and other Australians elsewhere might also learn to work together for their mutual benefit.*

### GERRY RUTTEN
PORT HEDLAND SUBCENTRE

*Many of our cases involve Aborigines, who seem to have a different way of thinking about health. A few months ago I was called out on a case where an Aboriginal couple had a sick newborn baby at Strelley station, about 60 kilometres down the Marble Bar road. When I got there I couldn't find them. I found out later that they had already come into town in a utility truck. The baby subsequently died, which wasn't very surprising: they had simply wrapped it in a blanket and put it in the back of the ute while they rode up in front.*

*When you come from Perth to a place like this you begin to realise that the suburbs are far behind you. One of my first cases here made me see the difference. I had to collect a case which turned out to be an Aboriginal girl. When I came to enter her address in the book, she said she had several—Yandeearra (about 110 kilometres southwest of here), Strelley (about 40 kilometres southeast), Twelve-mile (a settlement just out of town), 116 Paton Road, and the drain tunnel.*

### DENISE GILLGREN
BROOME SUBCENTRE

*A lot of our work is with the Aboriginal communities. A common problem among them is 'fitting'—alcohol-induced epileptic attacks. It often begins in childhood. They forget to take their pills, then drink to excess. There are also a lot of injuries as a result of fighting—stabbings and spearings. But many of the calls are for what we call 'taxi rides', just trivial things like 'Give me an Aspro'.*

*Payment is often a problem with the Aboriginal cases. We have overcome this with one Aboriginal community, at Lagrange Mission, 180 kilometres southwest of here. The community there is run by a council of elders. The community pools its funds and has a paymaster who pays out money to the people. 'Calms' (KAMCS, the Kimberley Aboriginal Medical Council Services) maintains a list of the people permanently living there. There are about fifty families and about 180 people. We send out an annual account to the elders' council.*

*Many Aboriginal cases demand that we just 'turn off'. If we thought too much about what we experience we'd become too angry or too depressed. Among some Aboriginal cases that spring to mind here are these:*

- *An Aboriginal chap who was drunk and was trying to climb through a broken window stripped the skin from his arm. We were called, and took him to the hospital. When he realised where he was his main concern wasn't his shockingly lacerated arm; instead he wanted something done about the nits in his hair.*

- *Another Aboriginal chap called for the ambulance, saying he had cut his head. When the crew got there they found he hadn't cut his head. He just wanted them to give him a pillow so he could have a comfortable sleep.*
- *We had to go out 60 kilometres to pick up an Aboriginal woman with an injured back. She had fallen off a utility truck, and had been one of about 20 being carried in the rear section. Although the distance wasn't far, the out-and-back trip took eleven hours: not only was the track very rough but we had to drive slowly because of her suspected spinal injuries.*
- *Another Aboriginal woman we retrieved died of the injuries she suffered when a 'ute' she was travelling in overturned. She was one of a group of passengers in the rear section who were on their way to a funeral. She was crushed when an unsecured 44-gallon drum of fuel rolled on top of her as the 'ute' overturned.*
- *An Aboriginal chap who was a victim in a hit and run accident was so drunk at the time he didn't know what had happened, and couldn't even tell our crew what was the matter with him. The crew could see something was wrong with one of his legs, even though superficially it seemed sound and they could get no pain response. The sister at the hospital couldn't tell what was wrong with it either when they got him there. When the doctor took hold of the leg to examine it more closely it virtually fell apart. It turned out to have been broken in five places. The patient subsequently spent three months in hospital in Derby while the doctors there reconstructed it.*

*Cases like this, where we don't know what's wrong with the patient, are the ones we find distressing. Often the patient is Aboriginal, and often we're called too late to assist.*

*We find the treatment of old Aborigines very distressing. Often the old ones are just left to die. The Aboriginal kids will nick their food. One old chap we used to care for was called Old John. He'd get dehydrated. We'd pick him up and revive him. We arranged for him to receive 'meals on wheels'. We seemed to be the only people who cared about him. Another old chap we helped was called Jupiter. He lived in a humpy and had been abandoned because he and his tribe were waiting for him to die.*

*The treatment of the babies is also distressing. We had one case where a baby who had had an operation for a hole in the heart was suffering from 'flu. Its mother left it under a tree with no clothing while she went to the pub.*

*Calls out to the Aboriginal settlements often take a lot of time to complete. We had one case recently where we brought in an Aboriginal patient with head injuries. He was from the Lagrange area. His people brought him in to the half-way point, about 90 kilometres out from here, then one of our crews brought him back into town to the hospital. We had another waiting at the hospital in case it was later decided he had to be taken to Derby by 'plane. While the second crew was standing by they got a call from the Lagrange people, who'd run into a bull on their way back from the half-way point. One of the women aboard had broken both legs. The second crew went out, collected her and brought her back to Broome. The whole episode took eight hours—from 11.00 p.m., when we got the call to the chap with head injuries, till 7.00 a.m., when the woman was delivered to the hospital.*

### HK SMITH
### BUNBURY SUBCENTRE

*Being secretary of the Harvey subcentre from 1956 to 1970, and a driver 1950–70 inclusive, I had the ambulance 'phone at my house and received most of the night calls. One incident I would relate happened at approximately 9.00 p.m. The doctor rang requesting that I go to Warup farm gate approximately five miles north of Harvey on the main road. I was to bring a pregnant Aboriginal lady into the hospital. I proceeded to the destination, then reversed to the other side of the road facing back towards Harvey.*

*I stepped out of the van and stood at the passenger side of the vehicle. The patient was to come from a camp on the east side of the highway. It was a pitch black night. Suddenly someone tapped me on the shoulder and said, 'You waiting for us, boss?' I just about leapt over the front of the vehicle I got such a fright.*

*I duly loaded my patient into the ambulance and, with a further seven members of her family aboard too, proceeded to the hospital. What a great taxi service we provide!*

### VINCE DAWE
### ESPERANCE SUBCENTRE

*A couple of years ago, about 1986, one of our volunteers, Tom King, answered a call to a road accident*

*out on the Old Smokey Road, about sixteen miles [26 km] east of here. A group of about sixteen Aborigines who had piled into an old Ford Falcon were on their way to a barbecue when they overturned. One was killed and several injured. Someone on their way home to Condingup did initial first aid until Tom arrived in the ambulance. One of the injured women had suspected back injuries, so Tom got out the Jordan frame to lift her. As he was sliding the frame under her he felt something squashy. For a moment he thought it might have been internal organs protruding; but as it was cold to the touch he realised it couldn't be, so he pulled it out. It was a string of sausages.*

### CHRIS HODGSON
SOUTHERN CROSS SUBCENTRE

*Before coming to Marvel Loch, I was working at Menzies [132 km north of Kalgoorlie], where I also used to be an ambulance volunteer. We used to handle a lot of Aboriginal cases up there, many of them injuries from fights. One patient I had to collect was an Aborigine with a deeply cut leg. He had carved into his own thigh with a pocket knife while he was drunk to prove his manhood. He had really bad body odour; and when I took his arm to put it over my shoulder so I could help him to the ambulance, the smell literally threw me backwards. Anyway, I helped him into the ambulance and we set off for Kalgoorlie. Halfway there he wanted to urinate, so I stopped the ambulance and the nurse who was accompanying us passed him the urine bottle. He filled it, and she emptied it, but he hadn't finished so she passed it back to him. When he had finished he threw it all over her. A hostile reaction like this is typical from younger Aborigines in particular. You don't get it so much from the older ones, who are a bit more appreciative. Anyway, we did the rest of the trip in record time and dropped him off as soon as we were able so she could shower and change.*

### IAN HOWIE-WILLIS
IMPRESSIONS FROM VARIOUS SUBCENTRES

*While I was in Port Hedland in 1987, one of the salaried ambulance officers took me for a drive to see the sights. On the way we called in briefly at the Twelve-mile Aboriginal settlement. The squalor could not be described without condemning the society that allows it to exist, for here in boomtown northwestern Australia was the worst the Third World can offer. Here, almost within walking distance of the port through which flows much of the mineral wealth on which Australia's prosperity depends, were Calcutta's shanty towns, Johannesburg's Soweto, drought-stricken Ethiopia and Skid Row rolled into one—human wretchedness and degradation beyond comprehension.*

*I was troubled by the deep hostility towards Aborigines evident in a conversation I had in a St John subcentre in the southwest of the state in 1988. I had asked a group of volunteers for details of a road accident a couple of them had attended.*

*'It was one with coons!', a female volunteer proffered, spitting out 'coons' with a derision I hadn't heard for twenty years.*

*The last time I had heard someone use the word like that had been in Papua New Guinea in 1968. The occasion then was an argument with a reactionary, racist coffee planter whose contempt for Papua New Guineans' political aspirations was notorious. This was barely five years before self-government, yet he could only deride the idea that such a people might one day be allowed to govern themselves. The ferocity with which he uttered 'Coons . . . ' seemed a fair measure of the obscenity of the notion.*

### A MINGENEW SUBCENTRE MEMBER

*In 1964 Jim Northrop, a local farmer and ambulance volunteer, was asked to travel to the local Aboriginal reserve and transport a sick patient back to Mingenew. On arrival at the reserve Jim was unable to trace the sick patient. Being new to the role of ambulance work Jim shouted to all and sundry:*

*'Anyone who is sick and wants a lift to the hospital, get in the ambulance. I'll be leaving in a few minutes'.*

*Jim's attention was then diverted. [Purposely?] When he arrived at the hospital and opened the ambulance doors, 18 'patients' fell out. None was serious enough to warrant hospital treatment.*

### A THREE SPRINGS SUBCENTRE MEMBER

*Many years ago Harry Morgan had to go out late one night to transport a pregnant patient to hospital. It was late and dark, and he was tired. He arrived at the reserve where the campfires were burning. About 30 Aborigines gathered around to listen to him. When the Aboriginal woman stepped forward he shouted:*

*'And who's responsible for this girl?'*

*There was silence. Harry said he wouldn't transport the patient until he had the fee of £6 in his hand for the transport costs. Eventually a young man claimed responsibility and said he would pay the fee tomorrow. Harry refused to move until he had the cash. Several Aborigines disappeared into the bush and returned with the £6, and so Harry transported the case to hospital. She left the hospital the next day, no treatment being needed. This incident illustrates the difficulty St John has in obtaining payment for transport accounts, and how on many occasions the ambulance is called out unnecessarily.*

### A WYALKATCHEM SUBCENTRE MEMBER

*This case involved Aborigines living in Railways Department houses, and it shows how volunteers often get involved in domestic disputes which are not of a real medical nature.*

*At about 11.00 one night there was an urgent call for the ambulance. A young Aboriginal woman was apparently in dire straits. The ambulance was mobilised, and when the officers arrived at the house there were several people milling around outside, and several more inside the house chasing the patient around. Although this seemed more likely to be a police call, the volunteers thought they had better immediately help the screaming woman inside.*

*Women at the Marr Mooditj Aboriginal foundation in Bentley (a southeastern suburb of Perth) undertaking a first aid course, 1991. People from Aboriginal communities, and particularly Aboriginal health workers in agencies like the Aboriginal Medical Service, made increasing use of the St John first aid training courses from the 1980s. (Photograph by Dirk Wittenberg)*



*Soon all the people in the house, together with the ambulance officers, were chasing a stark naked woman from room to room. One volunteer, Rob Rimmer, shouted to the woman to get to the main bedroom, then jump through the window and get into the back of the ambulance, which was standing nearby with the doors open.*

*Imagine the surprise of the onlookers when a naked woman burst through the open window into the back of the ambulance, closely followed by two St John volunteers!*

### KEN NEWINGTON
BELMONT HEADQUARTERS

*A case I remember from my Norseman days occurred during my first week on duty there. I could hear someone knocking on the door at about 3.00 a.m. It was a big Aborigine. 'Boss, can you help me? My woman havin' a baby', he said.*

*We drove out to where they were living, in a humpy in the bush about five miles out of town. I got out my torch when we got there. 'Where is she?' I asked. 'There', he said, pointing to a woman sitting in a kitchen chair.*

*The baby was lying on the floor crying, still attached to the umbilical cord.*

*I got them on to the stretcher, having decided not to cut the cord because of the dirt on the floor. I radioed the hospital to let them know I was coming. I was a one-man ambulance, so the husband helped me carry the stretcher.*

*I later heard that a month later the baby had died because the mother had rejected it. Despite this the local Aboriginal community were very grateful for what I'd done, and after that they treated me like a king.*

### IAN KAYE-EDDIE
BELMONT HEADQUARTERS

*Many complaints about Aborigines come into St John central administration from country subcentres. Certain themes recur. The Aborigines don't pay their ambulance bills; the ambulance officers were verbally abused at an Aboriginal settlement, or someone threw a stone at the ambulance; or Aborigines use the ambulances like taxis, for instance the ambulance went to collect a patient and sixteen people piled in for a free ride into town, and so on.*

*On the other hand, Aboriginal groups sometimes get media coverage with protests about the local ambulance not picking up Aborigines.*

*On such occasions we in the St John central administration endeavour to use the Aboriginal Medical Service as an intermediary between the Aboriginal communities and the ambulance subcentres. The AMS is a useful mediator: if any trouble occurs, St John contacts the AMS, whose officers will call on the elders and explain, 'You can't throw bricks at ambulance officers, otherwise they won't come out to your settlement'.*

*The subcentres' resentment is understandable, because about 90 per cent of Aborigines fail to pay their ambulance accounts; but the subcentres are not really losing funds through this. Bad debts are built into our costings of the service. In addition, the state Department of Community Services gives the service an annual sum, $12,000 in 1988, to help cover the costs of Aborigines and wards of the state. Then, too, each subcentre is obliged to submit an annual return of bad debts, for which it receives a* pro rata *allowance. Many subcentres have such large sums of bad debts, they regard the matter as a joke and do not bother claiming the allowance. Others, particularly those in which hostility towards Aborigines is severe, take care to itemise every cent of Aboriginal bad debts.*

The extent to which either St John or the state's numerous Aboriginal communities could do much about any of the problems hinted at in the above anecdotes was a moot point.

The problems were deep-rooted in Western Australia's colonial past. They arose from tangled causes. Among these were (i) the original dispossession of the Aboriginal clans as the frontier of white settlement moved north, south and east from the Swan River throughout the nineteenth century; (ii) the violence accompanying that movement, as a result of which few parts of the state were settled without blood being spilt; (iii) the sexual use of Aboriginal women by white men; (iv) the drastic reduction of the Aboriginal population from introduced diseases and loss of livelihood; (v) heavily paternalistic government policy on Aborigines, who for generations until the 1960s were denied civil rights as basic as being allowed to live where they wanted, marry whom

they pleased, raise their own children themselves, travel where they wished, seek the jobs they preferred, and keep the money they earned; (vi) the dependence of the state's pastoral and mining industries in remote areas on Aboriginal labour, and the paltry wages paid for it; (vii) the Aborigines' determination to retain aspects of their traditional culture; (viii) harshly punitive treatment of Aboriginal offenders by the law enforcement agencies (the police—official 'protectors' of Aborigines—were still neck-chaining Aboriginal prisoners in the 1940s; Aborigines were still dying from bashings in police custody in the '80s); (ix) continuing prejudice and discrimination, both personal and institutional; (x) the appalling poverty and squalor in which many Aboriginal Western Australians continued to live, despite the vast sums spent by the federal and state agencies responsible for Aboriginal affairs; (xi) popular white stereotypical notions about Aboriginal behaviour; (xii) Aboriginal abuse of alcohol, and associated violent and/or anti-social behaviour; (xiii) Aboriginal bitterness at the legacy of over 160 years of injustice; (xiv) huge cultural differences, which led blacks and whites to place value on different priorities, and so on and on and on.

It was perhaps expecting too much to think that St John alone could do much about the overall problem of mutual white-black antagonism, or the structure of a national class system in which Aborigines seemed fated always to comprise the very lowest stratum.

St John was nevertheless obliged to make something better than token effort. The challenges confronting the organisation in relation to Western Australia's Aboriginal people were, in the opinion of this writer at least, among the greatest it had ever faced. In his opinion, too, there were steps the organisation could take. First, it must rid itself of institutional racism—easier said than done in communities with a history of poor black-white relations, given that St John workers are ordinary citizens with the common prejudices. Despite the latter handicap, there was much St John and its individual workers, professional and volunteer alike, could do to improve relations. They could, for instance, start by trying to understand how the state's history had contributed to present problems. They could also ensure that personal racial prejudice, with its clutter of cultural stereotypes and racist jokes, became taboo. In much the same way that individuals and institutions were striving towards the ideal of a non-sexist society, St John workers could play their part in making theirs a non-racist state.

Second, St John could promote greater Aboriginal participation in its many endeavours and at all levels. Again, easier said than done in an organisation drawing heavily for inspiration on European history. Making much less of the cherished but apocryphal connection with the ancient Knights Hospitaller, and emphasising that St John was an Australian organisation for Australians, black and white alike, was something that could help here. So, too, was employment. In the latter connection St John had begun making progress on another front: by the 1990s some 40 per cent of volunteer ambulance officers were women, and St John was actively recruiting women to the ranks of professional ambulance officers. In 1991 twelve of the 248 on-road staff were women, and though this was only a minuscule proportion (5 per cent) it indicated that tradition-oriented, conservative organisation at last recognised that women could be employed in other than clerical-secretarial duties. On the Aboriginal front, however, St John still had to enter the field, for no Aboriginal people were among the professional on-road staff, and the 2,000 volunteers included only one Aboriginal person. If St John seriously wished to do its bit to improve black-white relations in Western Australia, there was ample scope here.

Third, St John could explore further a notion it had tentatively experimented with already—Aboriginal self-management. This was a 'buzz word' in vogue in the early 1990s, like the discredited 'protection', 'assimilation' and 'integration' had been earlier. Unlike the latter terms, however, self-management was an idea offering Aboriginal people dignity and pride. St John began building bridges between itself and Aboriginal communities during the '80s with the

arrangements put in place for the Wiluna ambulance, and with the training of Aboriginal first aiders at Roebourne. And again there was a need to build more bridges, and to make them stronger. In doing so it would probably be of advantage for the St John managers and their subcentre 'troops' to remember that Aborigines probably needed to run their own affairs in their own way, and that their priorities and manner of making decisions were not necessarily those familiar to whites.

Finally, St John could take pains to work closely with other agencies with an interest in Aboriginal health, for instance the state Aboriginal Affairs Planning Authority and the Aboriginal Medical Service. During the 1980s it had begun making a start here, through contacts it made with the Aboriginal Medical Service. These began with a conference between the two organisations in 1984. There was a need for such links to be strengthened, and given structural form. Cross-representation of each other's committees was one such means of achieving that.

The present writer is an historian based in Canberra, where the Aboriginal population is proportionately the smallest of any state or territory—only 0.5 per cent of the total—and mainly middle class. For him thus to prescribe remedies for far distant communities may well seem cavalier because there are no easy answers to the cumulative effects of the 14 or more problems alluded to above. Indeed, in view of the enormity of the difficulties, even to suggest there might be solutions seems frivolous. Yet for all that, St John and its kindred welfare agencies were obliged to continue searching for answers if they took even half seriously the humanitarian doctrines on which their constitutions were premised.

At the end of its first century in Western Australia, St John could claim to have become a widely popular institution. In every corner of the state where its eight-pointed white cross flew above an ambulance depot, local communities looked on the organisation as their own, and took pride in being associated with it. This was one of its great achievements. If it were true that nations are judged on the way they treat their minorities, it would probably also be true of institutions. And that being so, it might also be true that St John's claims to being one of the state's major humanitarian agencies might ultimately rest on what it did to ensure that Aboriginal Western Australians, too, accepted it as their own.

*A student in a public first aid class practises expired air ('mouth-to-mouth') resuscitation on a 'Resusci-Anne' manikin at the St John Ambulance training centre, Belmont, 1991. 'Resusci-Anne' was developed and has been marketed worldwide since 1960 by the Norwegian doll-making corporation, Laerdal. The manikin's face is modelled on the death mask of a drowning victim, possibly a suicide, an unknown young woman whose body was retrieved from the River Seine in Paris about the beginning of the twentieth century. Her serene expression struck Asmund Laerdal, who came across the death mask half a century later and decided it would be appropriate for his firm's manikins. (Photograph by Stephen White)*



PART FOUR



# SUBCENTRE HISTORIES

## HISTORY IN THE MAKING

In this part of the book we look at the St John Ambulance organisation at the grassroots level, among the 106 local subcentres which by the 1990s were responsible for St John activities beyond the metropolitan area. We will do so by reviewing the development of 25 subcentres which opted to contribute to this centenary history.

The individual subcentre histories which follow vary in format, scope, detail and authorship. Some are of the first generation of subcentres, those founded in the late 1920s and early '30s; others are of newer subcentres, barely out of their 'teens. Some, set out in diary form, are synoptically spare; others are elegantly crafted essays by local antiquarians. Some, produced by founding fathers or mothers, dwell on the earlier years; others focus on recent times, for which memory is fresher. Some, produced under pressure of more immediate tasks by busy subcentre officials, are mere outlines; others have been written by people who, now retired, had more time to lavish on the fine detail of local events. Together they form a mosaic displaying St John subcentre work in all the richness of its varying historical depth, regional character and human idiosyncracy.

Together the following accounts also add weight to an argument implicit in much of this book, viz. that the success of the St John organisation beyond the Perth metropolitan area has been possible because of local effort. The network of ambulance depots across Western Australia, nearly all of which fly the St John flag, has come into being because local citizens felt the need and were prepared to act. Except in the case of several mining camps with a company-run van, the ambulances in the state's provincial communities are present through neither government, corporate nor St John headquarters initiative. In every other case the ambulance is there because local citizens organised themselves, set about raising funds, rallied the interest and support of their district communities, learnt to work through the administrative framework St John had established, and above all were willing to commit themselves to a huge investment of personal toil to ensure their vans give efficient service.

In taking its service to a statewide clientele, the great success of the central St John management has been to capitalise on the good will of thousands of civic minded voluntary workers in regional communities across the entire state. Without that, St John could not fulfil its obligations to the state government and many communities would lack a local ambulance service. Their public spiritedness is alone insufficient, however, for modern ambulance work relies on elaborate medical and communications technology, advanced educational practice, and sophisticated administrative and financial services. What the St John management has accomplished is the development of an organisational structure permitting the highly motivated local volunteer to work productively within well defined guidelines. In the Western Australian branch of St John Ambulance altruism and regional civic pride have thus been grafted to a national institution. As a result, a paramedical service popularly regarded as essential can be delivered efficiently across enormous distances to many of the nation's most remote and isolated settlements.

# ALBANY

## BY KJ ARNOL (1982)

*22 June 1915*

Public meeting to make arrangement for a First Aid class, to commence 28 June 1915.

*18 October 1915*

Brigade formed. Savings account opened in the name. Albany Division of the St John Ambulance Brigade Overseas.

*1 November 1922*

Tyres-tubes for hand ambulances (now housed at the Old Jail Museum).

*1914–1918*

Division disbanded during war.

*May 1919*

Purchase of 2 dozen whistles.

*10 October 1922*

Brigade reformed.

*23 December 1924*

Interest waned until Albany Town Council decided to take ambulance shelter shed for motormen (taxis). A protest meeting held at the telephone box.

*9 January 1931*

Albany Division of St John Ambulance Overseas disbanded. Members linked up with Railway Branch of St John Brigade.

*11 September 1933*

Inaugural meeting to form subcentre of St John Ambulance Association. Annual subscriptions scheme started. Rates: Family—5 shillings; single—2 shillings 6 pence.

*25 April 1934*

Austin Ambulance purchased for £35. Much repair work needed, to cost £56 12s 11d.

*27 June 1934*

Repairs completed (ambulance now housed at Manley Motor Works, Peel Place).

*16 December 1939*

Official opening of St John Ambulance Association building, previously occupied by the Fire Brigade Board (near Town Hall, York Street).

*1942*

New Dodge ambulance, chassis/body costing £704, plus £50 for equipment.

*June 1943*

New ambulance begins service.

*18 October 1943*

Hand ambulance shelter handed over to Women's Rest House Committee.

*21 May 1946*

Secretary-collector appointed £3 per week.

*11 April 1947*

Both sexes now allowed to attend lectures and practical classes training together.

*11 June 1948*

Human skeleton arrived on scene, a new training aid on loan from railways.

*1950*

A division of Brigade Nursing Cadets (girls) commenced.

*May 1950*

Training aid purchase—one skeleton, cost £50.

*6 November 1950*

Weekly cribbage tournaments begin. All proceeds to St John Ambulance, Albany. Still going strong.

*1 December 1950*

First JW McKeown ambulance, a 1949 Ford Custom line, went into service. Cost £505.

*May 1951*

File card system of members contributing to ambulance transport benefit scheme commenced, with 1,003 enrolled.

*1951*

1942 Dodge ambulance sold December.

*March 1952*

LS Barnett 1951 Dodge ambulance dedicated.

*12 March 1954*

First full time paid driver-secretary, Mr AG Morrison, appointed.

*31 March 1954*

Mr AJ Collins retired after more than 20 years' service, 1933–1954.

*June 1954*

Ambulance benefit fund subscriptions increased to 10 shillings a family, 5 shillings single. Charge for transport to Perth now £25.

*Albany subcentre: one combining paid and volunteer staff.*



*25 July 1955*

First major accident involving Albany ambulance.

*12 July 1957*

Tender of £1 accepted by Albany Town Council for galvanised iron garage (former meat inspection shed) for re-erection on Centennial Oval as first aid post.

*1957*

From the estate of the late Annie B McKeown, Albany subcentre received approximately £4,732.

*1959*

Ford Mainline ambulance A94 commenced serviced 1 January 1960. Cost £2,230.

*12 June 1964*

Request that Brigade's nursing division members be allowed to work on ambulances.

*14 October 1965*

Mr AG Morrison now station officer. His duties require service over unrestricted hours, six days a week.

*10 October 1965*

Subcommittee formed to check out sites for proposed new subcentre building, preferably near corner Campbell and Middleton Roads.

*13 April 1966*

Brigade division of Ambulance Cadets (boys') commenced.

*August 1966*

1966 Ford F100 ambulance A93 with 'Bodycraft' fibreglass body ordered. Cost $4,622. $500 donation received from LS Barnett. Went into service August 1966.

*10 February 1967*

Ambulance benefit fund subscription rates are now $2 for a family, $1 single.

*1 June 1967*

Building appeal fund to open. Tenders to close 4 August 1967.

*8 September 1967*

Ladies Ambulance Auxiliary formed.

*8 December 1967*

Neil Robertson stretcher purchased for $55.

*10 December 1967*

Training aid purchased: a Resusci-Anne manikin for $24.

*15 June 1968*

New F100 Ford ambulance A92 dedicated for Service. Cost $4,903.

*12 July 1968*

Final cost of new subcentre building is $65,700, financed as follows: Lotteries Commission, $5,000; Shire of Albany, $4,000; state government, $10,000; Town of Albany, $16,000; building fund appeal, $5,000; the balance ($25,700) raised by St John Ambulance Albany subcentre.

*25 July 1968*

Tenders accepted to have lower ground floor area completed for Brigade use. Cost $1,200.

*12 July 1968*

Block of land on northern side purchased for parking area. Cost $1,200.

*June 1969*

Smith estate: sale of bequeathed property in Vine Street returns $1,500.

*June 1970*

Lower ground floor lecture room completed. Floor tiles laid. Cost $390.

*July 1970*

Driveway parking area retaining walls completed. Cost $1,200.

*December 1970*

Bitumen surfaces and kerbs to car park area completed. Cost $1,930.

*8 January 1971*

1951 Dodge ambulance sold for $250.

*16 April 1971*

Second paid ambulance officer, Mr CV Williams, commenced duties.

*24 April 1972*

Two new Brigade cadet divisions registered: Spencer Park and Mt. Lockyer.

*9 June 1972*

Ambulance benefit fund subscription rates are now: family, $5; single, $3; pensioner, $1.

*11 July 1972*

Training aid, 'Anatomic Anne' purchased for $110.

*14 July 1972*

Ambulance carry chair purchased. Cost $85.

*11 December 1972*

Secretary-office girl appointed.

*4 January 1973*

Installation of emergency after hours telephone system. Eight phones connected.

*9 January 1973*

VL65l two-way radio system in operation.

*12 January 1973*

Galaxy stretcher donated by Albany Apex. Cost $272.

*18 January 1973*

Mr KJ Arnol commenced duties as station officer.

*11 January 1973*

Albany Apex donation of $1,064 towards purchase of A94 station sedan ambulance.

*February 1973*

1972 Fairmont station sedan A94 into service. Ford Mainline ambulance A94 traded in for $300.

*9 March 1973*

Rotary Club donation of an oxy-viva unit. Cost $224.

*9 May 1973*

Albany Lions Club donation of $1,000 towards two-way radio equipment.

*June 1974*

RSL donation of an oxy-viva unit. Cost $320.

*12 August 1974*

Gestetner duplicator purchased for $420.

*November 1974*

1974 Ford panel van ambulance A95 into service. Cost $5,220

*9 December 1974*

Ladies Ambulance Auxiliary donation of $1,000 to purchase Jordan multi-lift stretchers, Trilene dispensers, Oxy-viva resuscitation equipment.

*August 1975*

1975 Ford panel van ambulance A94 into service. Cost $6,310

*8 September 1975*

Apex Club donation of $1,300 towards replacement of station sedan ambulance for panel van A94.

*February 1976*

1974 Ford

F100 'Bodycraft' ambulance A93 into service. Cost $13,361. 1966 Ford F100 traded in for $1,000.

*March 1976*

Ladies Auxiliary donation of Washington ferno-flax stretcher. Cost $600.

*9 May 1977*

Ambulance benefit fund subscription rates now: family, $12; single, $6; pensioner, $4.

*April 1977*

Overhead projector purchased for $145 by Ladies Ambulance Auxiliary.

*1977*

Transfer from VHF to UHF installation of FM828 talk through repeater two-way radio system with battery back-up power.

*May 1977*

St John Air Ambulance commenced service.

*June 1977*

Eastern boundary retaining wall and asbestos fence completed. Cost $2,110.

*November 1978*

Dr Leslie retires after 20 years' service in presenting lectures to Brigade members.

*February 1978*

1977 Ford F100 ambulance with West Australian body into service. Cost $13,700.

*March 1978*

'Lifepak 5' monitoring unit purchased for $6,000. Donations from: Albany Lions, South Coast Lions, Ladies Ambulance Auxiliary, and Manypeaks Rodeo Association.

*August 1978*

Mark II life size resuscitation manikin purchased $630 cost shared by Albany Apex and Ladies Ambulance Auxiliary.

# BRUCE ROCK

BY STAN FARRALL

The first meeting to be held for the purpose of forming an ambulance subcentre at Bruce Rock was convened at the request of the Bruce Rock Hospital Board, on 23 October 1948. Fifteen people attended. It was decided to set up a committee to raise funds and call a public meeting to elect a committee to purchase and manage an ambulance. It was resolved that a Bruce Rock District Ambulance Fund account be opened at Bank of NSW. The target set was £950 including Lotteries grant.

After two further committee meetings, a public meeting was called on 26 January 1949. Eighteen persons attended. Mr Perry was elected as Chairman and Mr Illingworth as Secretary Treasurer. It was resolved that a unit of St John Ambulance Association be formed, that all donors who had given five shillings or more be admitted as members, and a committee be formed to purchase an ambulance and administer the subcentre.

The committee comprising Messrs JC Perry (chairman), Slaven, Gorside, Jones and Buegge met after the public meeting. They decided to purchase an International van, apply for affiliation with St John Ambulance Association, and ask the Roads Board to arrange suitable housing. Also Transport Members fees should be five shillings for a year to cover family to age of 18 and transport only within Roads Board area.

On 23 August 1949 the Roads Board advised that the ambulance had arrived, housing was arranged, and petrol supplied at cost. It was arranged that the ambulance be officially handed over on Show Day in early September. It had cost £850.

On September 7th a committee meeting was held, and a report on the condition of new van given by Mr S Farrall of Farrall and Steadman which was very critical of the workmanship. Cracks were visible around edges, floor bearers had been allowed out to where they could fit on tyres, dust came in the upholstery, the drivers seat was a thin pad. It was claimed by the makers of this box on wheels that the General Secretary of St John insisted that thick spongy upholstery would allow drivers to relax too much and possibly doze off. Mr Farrall was co-opted to the committee.

At a committee meeting held on 29 November 1949, a driver back from a Perth trip had a very critical report. However after some modification, a return to builder for sealing, fitting shock absorbers, and the removal of some spring leaves, the van was gradually improved.

Happily it was a very stable van to drive, quite fast for its ungainly shape. It could build up to almost 130 kph. It must be realised also, that most of its journeys, in common with all country ambulances were or unsealed roads. On 9 April 1951, Mr Perry resigned and Mr Farrall was elected as van officer. He was to hold that position for the next eleven years. In 1952 Dr Stewart again suggested Bruce Rock, inquire about a new ambulance.

Concurrently of course with the establishment of an ambulance subcentre, was the instruction in first aid, undertaken as soon as it was decided to form a subcentre. It was fortunate that Dr Stewart was a fairly practical lecturer and also Mr Slaven was local chemist. For some time Dr Stewart had to supervise the practical side as well as give lessons on theory.

The rule of doctors giving the lectures was of course the general rule, until fairly recent times. If you had a doctor who would go by the book and make his lecture so laymen could understand all

was well. However in some cases doctors got carried away. I remember in a neighbouring town, a class member told how a doctor had given them a lecture on the thirteen blood clotting factors, which as he said told us a lot about blood, but was 'no bloody use to us in keeping it from running on to the ground'.

It was noticed at first very few women attended the First Aid class. The first classes were felt to be for drivers-to-be. There is one important factor in learning First Aid and that is the ability to use it. In Bruce Rock rather amusingly, one of the best chaps to take to the scene of an accident was one George Baxter, a very calm and resourceful character. He could assess a situation and arrive at the best method of getting victims out of a crash and their general treatment. 'Well', said one helper one day, 'George has one advantage over us. If he can't fix 'em he can bury them'. George was also the local undertaker.

In September 1957, it was finally agreed to build our own subcentre building, consisting of meeting room and garage. At the same time subscriptions were raised to £1 1s 0d for families, and ten shilling and six pence for singles. In July 1958 a tender of £1,858, from EW Slattery was accepted. Building to be completed by October 31st, penalty £5 for each day over that time. The first cost of the building was £1,983 which left a balance of £185.

The present subcentre was opened on November 8th 1958, by the Minister for Agriculture, Hon Lionel Kelly MLA. It was dedicated to the Order of St John by Revs Pickerel and Watts in a simple dignified ceremony. The first use of the new building was 24th November 1958, when Dr Purcell examined a First Aid class. So after eleven years of having our van in a shed on the extreme west side of town and holding our meetings in CWA rooms, we had a home of our own. At our first meeting it was resolved to thank the CWA for the free use of their hall for those years, and also to the Shire Council for making available the land which belonged to them, and housed the Fire Brigade on one side.

Pressure for a new van was growing, and on 25th August 1959, the committee decided on an International panel van, which was delivered on 2nd November 1959. The old van was sold to Narembeen for £450 and they took delivery on that day.

On 12th January 1960, Lou Holme resigned as secretary-treasurer, owing to poor health and increasing work load. He was local station master. It is fitting here to pay a tribute to Lou, now sadly passed away. He was a talented organiser of more than ordinary ability. This was recognised by many of the local bodies fortunate enough to have his services. The successful running of the subcentre and getting funds for our subcentre owed a considerable amount to his work.

Shortly after Narembeen took over the old van Messrs Farrall and Hamilton went to Narembeen to instruct those interested on the loading and unloading of patients and also the elementary principals of First Aid.

On March 2lst 1964, Quairading started what some years later became quite a strong organisation of zone councils. For some obscure reason, possibly lack of liaison, the movement did not seem to be welcome to Head Centre, who for a short while did not appear to quite understand it. Bruce Rock sent delegates and have been represented fairly well ever since. They did and still do form a very excellent forum for an exchange of views and experiences between subcentres.

In early 1969, it was decided to buy a single berth van for more comfortable transport of patients to Perth. On the 4th December 1967 committee decided to purchase an automatic Valiant sedan for $2,593. At the same meeting a tender from W Green of $2,530 for extension to the present building in order to accommodate a second van was accepted.

After retiring as president on l2th April 1966, Mr Farrall as senior vice-president once again was elected as president owing to the resignation of Mr Fennel who as a bank officer had been transferred. He finally retired in favour of Mr WJ Riley, on l4th April 1967.

On 9th March 1970, the Valiant was replaced by a Holden panel van. Also at this meeting transport members' subscriptions were raised to $2.50 per

family to age of 16. At this meeting, too, the secretary Mr Farrall, who had taken over this duty from Mr CH Butcher on condition Mr Butcher carry on as treasurer, strongly advocated that subcentres transport each other's members as a courtesy free of charge, having been very impressed by the argument in favour of this move at the annual conference by a delegate from Bunbury, who was a doctor, and who stated that Bunbury, a major tourist resort, had adopted this practice over the last 12 months and had only transported 6 members of other subcentres. The idea was favourably received and Bruce Rock did not again charge transport fees to any member of another Subcentre. It was also to charge non-members 40c per mile one way.

On 2nd February 1972, It was decided to replace the 4 berth International panel van, with the latest model then being made by Paull and Warner, having a walk through body. The International panel van was sold for $600. On 7th October 1972, a special meeting was held to discuss a Head Centre proposal of free reciprocal transport and standard fees. The committee agreed with the reciprocal proposal, but rejected the standard fee.

In 1974, the local Apex and RSL Ladies Auxiliary donated an air conditioning unit for the 4 berth van, a suitable small plaque was installed in the van to acknowledge the gift.

In July 1976, the subject of air ambulance service to Bruce Rock was discussed. At this time the town had a strong aero club with a resident instructor and an excellent air strip. Being situated on gravelly ironstone country, it was ideal and very solid. Also at both ends were open paddocks. The Aero Club decided to install an electric flare path to which the committee donated $1500 and later another $500. The Shire Council also provided two flood lights for the tarmac. The Aero Club asked for an opinion on radio control of flare path. The committee thought the manual system was positive and gave the person who turned the lights on a chance to drive along the strip in case any sheep or kangaroos were about.

In 1980 Head Office became concerned that the subcentre did not hold a title deed for the land on which the depot was built, and suggested action be taken to remedy this. Unhappily the position was a little complicated by the fact that having the Fire Brigade along side, the fire hose cleaning trough and drying tower came a little behind the subcentre building. Although the committee understood the concern of Head Office they had full confidence in the Shire, who had always been fully supportive having convened the first meeting, supplied housing and maintenance for over ten years and had a liaison Council member always on the subcentre committee. The Shire Clerk , Mr J Murphy, pointed out that, owing to the intrusion of the hose trough and tower, surveying would be costly judging from their experience with surveyors. It was decided that neither the Shire nor subcentre would object if Head Office paid for it.

A letter to this effect was accordingly sent to the officer handling the matter, and he replied asking if the Shire or Head Office would instigate the necessary proceedings, and added a rather foolish last paragraph, '. . . of course your subcentre will be responsible for all expenses'. The letter was given to the Council liaison member, who just smiled and said, 'I think your Head Office may as well forget it'. The council formally declined any further action. On the 8th September 1980, on the resignation of Mr Brandis as treasurer, the duties were taken over by Mr R Aurisch. This was a most fortunate man for the committee for Mr Aurisch proved to be the most efficient treasurer the subcentre ever had. He had two principles: (1) always get the accounts out promptly and for the full amount, and (2) see that they are paid. As a result of this, and of course the hospital to hospital subsidy, the finances of the Bruce Rock subcentre are very sound.

On the matter of finance, it is to the credit of the subcentre that they have purchased over the years, 4 only 4 berth vans, 3 single berth vans, and built a brick and tile meeting room with two garages. For rescue work, a porta pack, jaws of life, sundry rescue tools, Jordan frame stretcher. For teaching, an early model 'Resusc. Anne', to now the latest full length model and a baby 'Resusc.', overhead projector and slides, 90-odd transparencies, a TV with video and

appropriate tapes, and at no time has any money been borrowed. There has always been a credit balance, and for some years IBDs now built up to quite a fair amount.

To end this resumé of our history a short account of our First Aid instructor, one of the vital duties of any subcentre. As mentioned, Bruce Rock has been fortunate in early years in having doctors who could come down to laypersons' comprehension and would co-operate. It has been amusing over the years to note the different attitudes. Dr Purcell, was a good lecturer, but when examining a class member he would never fail anyone. 'They have come along to learn', he would say, 'and that's more than a lot of people do, so if they can't answer one question, I give them another'. Another quite recently insisted students must learn and demonstrate pressure points or they fail, and we had a most likeable little Chinese doctor, very competent, but his command of English was somewhat less. Fortunately his efficiency as a doctor was very good. Then we had a doctor who refused to go to Shackleton 24 miles west, where we had quite a large class in readiness. We could see his point, 90 per cent of residents took their medical problems to Kellerberrin, which to many was closer and the doctor was a specialist surgeon. David's view was, that if Kellerberrin doctors treated Shackleton patients, then they could conduct their First Aid Classes. It was a slight impasse.

It was easily resolved by the writer who on a visit to Perth told the then general secretary, Harold Bray, that he would conduct the classes both theory and practical. The result was amusing and if he had been told we were going to give a lesson on Pros and Cons of prostitution his amazement could not have been more. Couldn't a doctor be obtained for the next input of two or three subjects? No! The class was held and it was well attended. A doctor from Narembeen came to examine the class and was very pleased with their answers.

The subcentre held classes at Ardath, 12 miles south of Shackleton. Here we were fortunate in having the services of an extremely competent and likeable person, Sister Radford. Sister, whose husband had a business in Shackleton also had a First Aid post, a road sign indicating its whereabouts. Sister not only did this but she gathered up pupils for First Aid classes, on two occasions holdinq them in her home. A most delightful person, she also was a member of our committee and we were very sad when the family left the district.

Another First Aid outpost exists 14 miles out on the Corrigin road, where we have provided Mrs John Foss with First Aid facilities. Her house is on the edge of the road and a sign shows 'First Aid Post', which she covers when not home.

Possibly the most rewarding work in First Aid instruction was that given to the schools. The staff at Bruce Rock school gave excellent co-operation, allowing double periods at times. We could arrange very practical exercises in getting 'victims' from wrecked cars, or providing simulated casualties. A mother of one of the girls who learned First Aid at Bruce Rock and who started on a nursing career, told us that 20 young girls were sent off to do bandaging and her daughter was the only one who knew what to do. She had learned that at Bruce Rock school classes.

Classes were also held at Shackleton. At an early stage when there were enough children for a junior class a weekly trip was made. Later however one full day was given. This reminds the writer of a humorous incident on one visit. It was about 2.45 p.m., and the lesson had finished, but when the children were told, they stood around in a rather anxious group. I sensed something was up. After a few moments' hesitation a senior girl said,'Could you tell us something till break-up, because if you go now we will have to have another lesson, and our teacher is an old bag'. I kept a straight face, and continued more lessons. I thought the lady in question a nice pleasant girl, but the average child is you will find, a fairly good judge.

At a committee meeting on 8th September 1980, the matter of uniform fees was discussed in answer to a query from Head Centre. It was resolved to leave them at $10 for a family, $5 single and $2.50 for pensioners. On the 27th April 1983, It was agreed to sell the Holden panel van and purchase a Mark III 4 berth van, also purchase a walkie-talkie radio for use,

primarily by Mr Aurisch who now did most of the driving. This could allow him to be called at once. It was appreciated that the Shire released Mr Aurisch for ambulance duties at any time without loss of pay.

It was found that the doorway of the garage used by large berth vans had to be raised to allow a 4 berth van to use it. K Ward and Co. did this for $1500. The new committee was not very happy but agreed to pay it. The new van arrived in April 1984. The Holden was sold for $2270.

This concludes the history of Bruce Rock. It is barely possible to acknowledge the help given by various persons to the subcentre over the years. The attendance at annual meetings has always been disappointing but that is unhappily common with such organisations. Possibly the one person to whom special appreciation should be given is Bob Aurisch, not only as a most efficient treasurer, but as the one almost permanent driver, a Grade II Ambulance Officer, an accredited and very good instructor, he well deserves the Life Membership Certificate he received from the Association and from the Bruce Rock subcentre.

The organisation of St. John has progressed beyond recognition, one of the most important factors is the standardisation of First Aid instruction and the higher levels of instruction, the various seminars held throughout the state and the visits to each subcentre of the overview officers maintaining close liason between subcentres and Head Office.

In recent years the Bruce Rock ambulance has handled about 50 cases annually. Over the years the range of medical problems they have presented has been wide. In the remaining paragraphs I will outline some cases that come readily to mind.

Ambulance Officer Aurisch received an urgent call early one morning, a rollover ten miles out on Merredin Road. The car had rolled into a patch of Mallee and was on its nose. Taking a Sister from the hospital he hurried out and sure enough the car which must have been travelling at a fast rate and going towards Merredin had rolled possibly three times. The boot was caught up on a stout branch, the nose on the ground, a certain amount of debris and mechanic's tools were on the side of the road. His attention was immediately taken by a sheet of material lying half on the road, half on the verge and across the kerb. Coming closer he saw it covered a body. The feet were sticking out and no sign of life. Starting at the feet he carefully lifted the material back until he uncovered the face of the 'corpse'. Then suddenly it spoke. 'Hullo!' Certainly not dead and not very much hurt. Just then one of the local police who had just arrived and gone on to inspect the car found a body in the front seat collapsed over the wheel. 'Here's a dead one here', he said. This 'corpse' never shifting said, 'I'm not'. It transpired the two men had come from Perth the previous day, stopping for a few drinks en route home to Merredin. They then decided to go over to Bruce Rock to some function there, drinking still more. At 2 a.m. they decided to make for home and ten miles out went off the road as described. Fortunately, they were fastened in their safety belts and despite the dramatic roll, which incidentally forced the boot lid open and threw a lifting jack and a spare tyre, which were lying loose in the back, out of the car another four feet further into some bushes. A radio instrument was also thrown out and hung above the car caught on a limb. The bottom of the boot could only just be reached, the car being at an angle of about 45 degrees.

The shock had cleared their drunken heads a bit and they decided to walk on towards Merredin. After walking a short distance they were not sure which way they were going so came back to the car, the driver getting in and propping himself against the steering wheel, his mate, unable to stop there because of the angle, got out and went back to the side of the road, lay against the kerb, covered himself up and they both went to sleep. He was not seen by the motorist who reported the accident. They were placed in the ambulance and taken to Merredin and no sooner had the driver been put in the van when he collapsed from shock. This was one of our most spectacular and comical accidents. The driver lost a lot of valuable tools, but he brought it all on himself. Another all too obvious case of not being in control if you have had too much to drink. They could just have easily gone nose first into a tree.

Another accident with an amusing incident was recalled by Bob Aurisch. He received an urgent call one morning: a roll over of a utility eight miles east of Bruce Rock; two men trapped and could be seriously injured; bring a doctor. He responded at once. On reaching the scene he found two men who had been in the overturned vehicle, one unconscious and injured. Two vehicles had been travelling in company, the front one being equipped with a small crane. The driver of this vehicle saw the following one roll over. He immediately came back and found the two men trapped inside their vehicle, which was on its roof with the roof crushed. He got his crane around and took the weight off the crushed roof and got his mates out and then went for help. All four men were Italians and none spoke English. Bob found one man unconscious, the driver, and not able to ascertain the extent of his injuries especially spinal, got him carefully onto a Jordon frame, conveyed him to Bruce Rock Hospital where he was very carefully put to bed. The two men in the leading truck had also got a lift into Bruce Rock in order to find out how their mates had fared. After this was done Bob offered to drive them back to the scene of the accident so they could continue their journey. He was naturally anxious to learn how this man got the driver from the crushed utility. 'Oh', he said, 'da truck roll and roll so I go back fast. I thinks I no getta him out and the ute him get lower and lower, so I getta da crane and I lifta truck to take a da weight off, see?' Yes, Bobby saw that alright, but he asked how he managed to get him out of the truck? 'Ah, dat was-a easy, I getta by-a da head an I pulla him out, see? Bobby saw quite well. 'All that care we took', he said, 'Jordan frame to lift him, then all that care in hospital, and he was pulled out by his head!'

One phase of ambulance work now hopefully very much reduced are the long drives from country subcentres to Perth due to the service given initially by St John Air Ambulance and now the Royal Flying Doctor Service.

Looking back to our past 60 years one must reflect on the work done and the responsibilities undertaken by country doctors. In those days, the early 'twenties, country doctors had to treat patients and perform operations which as soon as ambulance service became available were sent to Perth. Operations for gall stones and serious fractures were carried out very successfully by local GP's. As medicine grew more specialised, the role of ambulance driver became much more important. At one time the latter was only a driver. A qualified nursing sister and sometimes a doctor always attended the patient. Driving at high speeds sometimes at night demanded the utmost care and skill. Drivers observed the old adage, 'steady into a bend, never brake in it, keep power just on, come out a little faster than you went in'.

The writer recalls two occasions when taking urgent cases to Perth the 160 miles were covered in 160 minutes. This always with a police escort who gave splendid service in getting urgent cases through traffic. At night police would man all traffic lights and a motor cycle escort would take an ambulance through to the chosen hospital. Some trips were not without some humour. Bruce Rock was well served by some of the ministers of local churches who could take the day off. On one occasion the priest from the Anglican Church had to drive an urgent case to Perth and was met by a police escort motorcycle at Mundaring. Jack Pickerel had trouble keeping up to his escort, he was, he said, up to 70 miles an hour at times. When he got to Royal Perth Hospital he apologised to his escort police officer for not keeping up close behind. 'Keeping up!' said the policeman, 'I couldn't keep out of your way, I thought I would end up in your bloody van!'

Possibly the greatest strain on a driver was to drive to Perth and back during the night after working all day. If the nurse or sister was able to drive then it was not too had, but surprisingly not many could or would. One such trip I remember well was a case where a three year old girl got into a bath with four inches of near boiling water and got badly scalded. It was the result of an accident and a busy and not thinking mother. Installed in their farm house sixteen miles from Bruce Rock was a slow combustion stove, very popular 25 years ago. Normally

it only had enough fire to have the water hot enough to hold a hand in. Each night she would run some water into the bath and her young daughter would get in. This night her parents-in-law were on a visit and she was cooking a roast dinner so the water was very hot. The child got in as usual, her screams brought help at once. She was rushed to Bruce Rock where the doctor took one look at her and said 'Princess Margaret Children's Hospital!' at once. He rang me and I was right by the phone and was at the hospital in five minutes and travelled as fast as we could at night. Just at Guildford, attracted by our red flasher and haste, a roving policeman ran alongside, and asked if we needed help. We said we had an urgent case to Princess Margaret and I wasn't too sure of the way. 'Follow me!' and the game was on. No going around the causeway roundabout. The constable cut that, up St George's Terrace, siren going, we got to hospital in good time. We thanked out escort for his help. Our little patient, though suffering from shock and only semi-conscious, made an excellent recovery and as a doctor observed, she only had a small scar and it wouldn't show.

This time my accompanying nursing sister was a country girl who could drive anything she took over. Her parents had retired to a nice riverside home on the west bank of the Swan at Guildford. We stopped there at 11 p.m. and had a cup of tea and went on home. There was a sequel, three in fact. When we stopped at Wellington Street to refuel, the night officer asked if we had just driven up the Terrace with a police escort; if so what was the case. The *West Australian* wanted to know so we gave them details which were duly relayed to the West. Next day, The ABC radio rang. Was there a story? So they were given the details, and later the *Sunday Times* also rang. All because of our escort speeding up the Terrace with siren on.

On another trip at night I recall, this time with a patient from Narembeen, was a delayed maternity case. Bruce Rock had her because the Narembeen doctor was away and he feared troubles. He was right. We had troubles all right! Coming into Quairading main street about 9 p.m. we saw a woman pulled up alongside the kerb and facing the wrong way, and she pulled out right across our bows. Happily we were not going very fast and in day light may have got around her. As it was we hit her amid ships, she collapsed at the wheel from shock but was not hurt. I got a cut wrist from broken glass from the partition behind me, Sister's head broke it. The crash brought several people out. We had not suffered any serious damage, straightened up a headlight and drove on. Our patient produced results, water broke before we got to the King Edward Hospital, and she gave an easy birth not long after we got there. Sister was a bit concerned that she may have had the baby in the van. That was the only accident any of our vans ever suffered. Usually we never drove fast unless asked to do so.

We had to transport a patient from Narembeen once, who was the victim of sheer greed. 'You have heard', Dr Dallas said to me, 'of a man eating until he is full to the neck?' Well, this is what this man did, filled his stomach and his oesophagus ruptured at the back of course, just to make it hard to sew up.

We were appalled to hear of a practice by drivers from another subcentre who used to try to beat each others time to Perth until the habit got known.

These instances are only some of those encountered in the days of road transport, rarely done now, as it's only on odd occasions the doctor will tell us to take the patient by road.

Seemingly miraculous accidents frequently happen. This one concerns a motor cyclist riding a bike on the Perth road and in a hurry about a mile and a half east of Shackleton, where the road curves in three places. The rider hugged one curve as he approached the railway line. By the time he had got within 30 yards of the crossing, the road was curved the other way. He was going so fast (his speedo jammed at 135) that his bike would not come over. He crashed into the sign, knocked it over, then into the railway warning signal post and knocked it out of its base. He was then thrown through the air for 30 yards. He cleared two guide posts before landing sideways into a thick shrub against the steel post of a

road sign post. He suffered a broken leg and shock. He was conscious and said, 'I just couldn't get the bike over'.

A couple of years before this the victim had not been so lucky. This young man left Narembeen early in the morning after a 'bucks' party. He was to be married in one week's time and was driving to Perth to complete some arrangements concerning his wedding. Before the road crosses a washed out creek at Langdon's corner, it comes down a three mile straight and the Perth side is a down grade. The road starts to curve just east of the bridge. Apparently the driver was going very fast as he came near the bridge and his car left the road and crashed into a granite boulder as big as a piano, and was reduced to a splintered tangled wreck almost torn in half. The young man was hurled from the wreck into the bed of the creek about 60 feet. He lay there possibly for two hours or more when a passing motorist decided to look at the wreck and found him. Winton Langdon heard the crash while still in bed but thought it was his sheep in the yard next to his house. The Bruce Rock ambulance was called, but as there was no doctor at Bruce Rock at that time the patient was taken to Kellerberrin. He only survived an hour. He suffered internal injuries and severe internal bleeding.

About 1980, when several cars were returning to Merredin from a football match at Corrigin, at a spot called Belka Valley, 12 miles out from Bruce Rock on the Merredin road just a quarter of a mile past Belka road, a car driven by a lady who had a friend's ten year old daughter in front seat with her, and her own daughter about the same age in the left hand rear seat. Apparently the little one in the back kept up a constant chatter which irritated the mother. Also she did not have a seat belt on—couldn't find it she is alleged to have said. This section of the road is lined with splendid salmon gum trees. The mother apparently half looked back to tell her daughter to keep quiet and she pulled the car, possibly travelling at 50 mph or more straight into a ten inch Salmon gum. It came to rest against the windscreen. The complete engine was between the two front occupants. Its flywheel had broken from the crankshaft and was lying on the floor in front of the back seat. The little girl was thrown through or into the windscreen and received severe cuts and internal injuries. She died before we reached Merredin. The mother was unconscious for a while with some cuts and bruises. The other little girl had a broken leg, a nasty cut on her cheek and a cut over her eye—not serious and neither was the mother, later sent to Royal Perth Hospital, where she spent eight days. The little girl with the broken leg was in the Children's Hospital for about three weeks or more.

This accident was an example of a simple human reaction, but the consequences for everyone concerned were far-reaching. The two injured were admitted into casualty at Merredin. The driver after a quick examination sent into a ward, the little girl with a broken leg needed more attention and she looked a mess. The little deceased girl was on the stretcher on the verandah covered by a blanket. A middle aged man came up quietly and asked how she was. I knew she was dead, and I took him to be her father. I said 'Well she is unconscious, but I am not competent to say what her condition is'. He knelt beside her, lifted the blanket from her face and said in a steady voice, 'She is dead'. He kissed her goodbye, covered her again, lit a cigarette leaned back against the rail, then quietly went into the night.

I knew the father of the injured girl. He was called to the hospital and when he arrived we warned him his daughter looked bad but was not seriously hurt. He took one look and became frantic. His wife worked at Bruce Rock as a nurse. 'I must get my wife!' he screamed, and got into his car and drove like a maniac until the police, still at the wrecked car, saw him and managed to stop him. Incidentally, he passed his wife on the road, who was being driven to Merredin by the matron. They had been informed of the accident. We are all so emotionally different; we react to grief in different ways.

# CARNARVON

BY DANNY NORTON

The very first ambulance for Carnarvon was driven from Geraldton by a Mr Eddie Bird. This is a trip of over 300 miles and in the early days there was only a gravel track.

The great day arrived when our first ambulance arrived in town. The first day of its life in our wonderful town it was commandeered by the police, who had an emergency call to Moogooree station, about 190 miles from Carnarvon, to bring in a maternity case.

This turned out to be a very eventful trip. It appeared the manager of the station and the Carnarvon police officer were not very good friends and they engaged in some fisticuffs to start the return trip off, then the ambulance had a flat tyre, and guess what! No jack. Luckily the angry manager was following in his ute and reluctantly lent a hand with the flat tyre. The police officer reportedly drove like a mad man the rest of the way. The poor lady eventually arrived in Carnarvon and had her baby safely but swore never ever again to ride in the Carnarvon ambulance if the police officer was to drive.

Within days it was once more called on to make a station trip. This time Danny Norton and Eddie Bird drove to Marrilla station, approximately 188 miles from Carnarvon. There had been heavy rain and at the time the station roads were no more than dirt tracks with many creek crossings to be forded. The patient had been thrown from a horse on to a white ant nest and had several ribs broken off his spine and was in need of hospital treatment. After reaching the station and settling the patient Eddie and Danny had a short cat-nap and then started on the way back. This round trip took 24 hours. It sure was hard in those days.

Another station trip Danny Norton made was a long and tedious one because the patient had a severe case of dysentery which involved stopping ever 30 or 40 miles to administer to the patient's comfort.

Fund raising found many novel ideas coming forth. One was a mock court held on the back of a truck outside the Port Hotel, and then at each hotel in Carnarvon. Trouble erupted when they arrived at the Carnarvon Club, which was then known as the squatters' hang out. I cannot reveal why we were thrown out of this establishment.

Then there was the time I was called out from a Masonic Lodge meeting. The owner of Booloogooroo station, about 80 miles north of Carnarvon had had a heart attack and was on his way into Carnarvon. I met them and Mr Butcher was transferred to the ambulance with me decked out in all my Masonic regalia.

One of our volunteer officers was in her husband's service station when she witnessed a vehicle hit a pole on the New Harbour Road. Subsequently the ambulance arrived and she went to the assistance of the regular ambulance officer. One victim was badly hurt and the stretcher was being used to transport him to the ambulance. At this stage our ambulance officer was giving instructions to the one who had arrived on the scene to help.

One of the bystanders started to take over and when our chap realised he was causing more discomfort to the patient by trying to carry the stretcher himself after more or less pushing the assistant out of the way, explaining he was a qualified paramedic, our officer told him in no uncertain terms that he was in charge and to get out of the way. The patient was then transported to the hospital. While sitting waiting the officer said to the assistant, 'What was that chap on about?', and the assistant explained that he was saying he was a 'paramedic'. The officer laughed and said, 'I thought he was

saying 'paralytic', and I was just about to say, 'Interfere much more, fellow, and you will be paralytic!'

Most times the persons conveyed in the ambulance are most grateful and our officers feel they are rewarded for all the time and effort they put into this very valuable voluntary service, But there are times of course like when two officers were called out to go to a station over 100 miles from Carnarvon on a road used by the construction crews of the gas pipeline. The road was feet deep in bulldust and corrugations so bad that the officers said if they had taken our small ambulance instead of the Mark 111 they would have lost it in the corrugations. Anyway after a harrowing trip out they arrived at the station where a chap was supposed to have back injuries. He had been in a car accident early that morning on one of the station roads and the car had been righted and they continued on their way to the station. After having a sleep he had woken up stiff and sore and the station manager suspected back injury, and as it was not a life or death situation was unable to get in the Flying Doctor, so it was a job for us. When they got to the station the chap had recovered somewhat and was able to walk to the ambulance and was brought into

*Carnarvon subcentre, with volunteers (left–right) Ian Pittick, Judy Mitchell, Cheryl Foot, Shirley Ward and Norm Lyon.*



the hospital. Because of the condition of the road, it was a long and uncomfortable trip for both patient and officers. The officers were not very pleased when the next day they saw the patient out of hospital and the worse for drink down town. It's times like this when they do wonder why they give up their time and energy.

I think our situation in Carnarvon is uncommon in that all calls go through the Hospital, which then calls the officers on roster. Of course we all have heard the cry, 'It took ages for an ambulance to get there!' This day it was a tragic accident and a young electrician was electrocuted in a shopping centre in town. I was not at work that afternoon so did not hear about it until next day when I got all the flak about how long the ambulance had taken.

The story was that a policeman had to run up to the hospital and drive back with a bottle of oxygen. Before getting up on my high horse I found out the officer on roster and went and saw him and inquired just how long he had taken to get to the scene. He advised that from the time he got the call till he arrived at the shopping centre it would have been well under seven minutes. This would be to take the call, get in his own car, drive to the ambulance subcentre, unlock the door and garage, get the ambulance, and travel to the scene of the accident. He did not even have to go to the hospital to pick up an attendant as he was advised that there was a doctor on the scene.

I then told the officer about the policeman having to go to the hospital for oxygen as it was assumed that at this time the ambulance had not arrived. 'Assumed' is the right word but in fact our officer had been on the scene a good 15 minutes when the policeman shot off for another bottle of oxygen. One had already been emptied.

Another person who complained about the ambulance not arriving explained that she saw someone working on the patient, but she had been unaware that that someone was our officer and he had had to park the ambulance at the side door, and everyone had been so concerned with the accident that they had not realised that the ambulance had arrived. We did have white overalls and uniform shirt, but when an urgent call is made there is no time to change out of working clothes.

Another time we were accused of only having one stretcher in the ambulance. Once again I only heard about it and this time I steadfastly denied the fact.

The story was that there had been a nasty accident on the local race track. It was only the trials and generally an ambulance did not attend, but one of our officers is a keen racing fan and decided to take the Mark II out to the track.

*Carnarvon, Three Springs sub-branch.*




One jockey had very bad head injuries and the other a suspected broken leg. Our officer loaded up the head injury patient, left a stretcher for the second patient and headed for the hospital. Correct procedure, as it was urgent that the head injury patient be admitted to hospital with the minimum of delay. Our officer intended to go back for the other patient but someone brought him in a station wagon after strapping him to the stretcher. This is why we were accused of having only one stretcher in the ambulance when in fact it is a 4 berth ambulance. Our officer's quick thinking probably saved the life of the head injury patient.



*Augusta subcentre: the new building (below), completed in 1991, is an extension to the original 1965 building (top). Many subcentres, like Augusta, work hard at upgrading their facilities.*





# CHITTERING AND GINGIN

BY BOB BLIZARD

For many years there was no ambulance service in Bindoon or any of the surrounding districts, nor was there any recognised first aid personnel in the district. Any occasion when an ambulance was required, or someone had to be rushed to hospital, meant a one to three hour wait for an ambulance van to be sent from Midland. The other alternative was to get Mr Allan Hill to do the trip in a voluntary capacity. (Mr Hill, one of the local transport services, had undertaken first aid duties during his war service.)

The first move to overcome this complete lack of an essential service was taken by the Junior Farmers Club in 1958 when a local trained nurse was asked to run a course in First Aid. As a result of this course about 12 people obtained their first aid certificates. The following year, Allan Hill organised another larger group of people, and a St John Ambulance Brigade instructor from Wanneroo (Mr Bill Mowatt) travelled to Bindoon once a week for 13 weeks to conduct the first aid course.

In 1961 and again in 1962 Mr Mowatt, together with several members of the St John Ambulance Brigade from Wanneroo, taught First Aid classes in Bindoon. Following the examination at the conclusion of the 1962 class (22 November), those who took the examination were asked to join a group to form a division of the St John Ambulance Brigade in Bindoon. Twelve people volunteered: Messrs AR Hill, CJ Price, BS Morison, SA Caporn, R Blizard and MA Kay, and Mesdames J Ferguson, A Patterson, BM Read, N Gray, F Price and P Smith.

This group met regularly in an unused workman's cottage attached to the main garage at Bindoon Transport Service, owned by Allan Hill. First Aid classes were held every year and the Division of the Brigade gradually grew. A first aid service was being provided in Bindoon, at considerable cost both in time and money to the Brigade members as they were using the station wagons of several members as emergency ambulances.

Following a horrifying traffic accident about August 1965, two public meetings were called, one at Bindoon on 7 October and the second in Gingin on 15 October. From these meetings an interim committee was formed, and this committee later became the founding committee of the St John Ambulance Association, Chittering-Gingin subcentre, and was located at Bindoon. Seven volunteers from Bindoon were appointed on 7 October: Messrs EC Gray, FI Tishler, SA Caporn, R Blizard, J Price, BJ Thompson and FA Dewar. Mr AR Hill was nominated to represent the Bindoon division of the St John Ambulance Brigade. On 15 October seven people were elected from Gingin: Messrs NT Fewster, EJ Butler, NH Wallace, C Peterson, GR Alp, RO Pollard and Mrs MA Vallentine.

At the first committee meeting the following officers were elected: Mr AR Hill, chairman; Mr EC Gray, vice-chairman; Mr R Blizard, secretary; Mr FI Tishler, treasurer.

A very successful fund raising drive was held and a new ambulance van was ordered, and on 1 April 1966 the St John Ambulance Association began operating an ambulance van at Bindoon under the control of the Chittering-Gingin subcentre. This van, a Dodge, was fully paid for and cost the subcentre the enormous sum of $4,415.99. Funding came from a state government grant, $1,388; a Lotteries Commission grant, $1,600; and subcentre funds, $1,427.99

To house the ambulance, a lean-to garage was built alongside the Brigade meeting rooms on Bindoon Transport premises, and the Brigade members manned the service as unpaid volunteers.

The ambulance service continued in this manner for over seven years, and for most of that time used the local postmaster (Mr Gus Clune), who was also the operator of the manual telephone exchange at Bindoon, to call out ambulance crews on a 24 hours a day basis, seven days a week.

During 1973 the Chittering-Gingin subcentre was offered the Chinkabee Tea rooms, owned by Mr & Mrs H C (Manny and Vera) Martin as a subcentre headquarters, and this offer was accepted at a cost of $11,000. A double garage ($2,250) was also built. These buildings are those now in use at the Chittering-Gingin subcentre. Funding for this expansion came almost equally from the Shire of Chittering, the Shire of Gingin and the local population via a doorknock appeal. The Chittering-Gingin subcentre buildings were officially opened by Mr EHM Lewis MLA on 18 November 1973.

*Chittering-Gingin subcentre.*



To upgrade the service, a modern Ford Ambulance (Mark II) was bought in 1976 at a total cost of about $15,000. Due to increasing use it was decided to buy a second ambulance in 1979, and this was achieved in November of that year, when a second hand Ford van (Mark I) was bought from the metropolitan ambulance service. This van was stationed in Gingin, first at Mr David Fewster's residence, and then at the present location in a garage behind the medical centre. The Gingin van was eventually replaced by a new Ford (Mark III) ambulance van in February 1984, at a total cost of about $27,000.

With further calls for expansion of the ambulance service in the South Midlands area the old Gingin ambulance was retained, and on 1 May 1984 it was returned to service at Bullsbrook. At the present time a new Ford (Mark IV) Ambulance is on order to modernise the Bullsbrook sub-branch at an expected cost of $46,000.

During the twenty years there have only been three subcentre chairmen, and three subcentre secretaries, and all have been Bindoon representatives. The chairmen during that period were: 1965–1976, Mr AR Hill; 1976–1985, Mr EC Gray; 1985–present, Mr R Blizard. The secretaries were: 1965–1978, Mr R Blizard; 1978–1985, Mrs V Cheriton; 1985–present, Mrs B Brisbane.

With the ever expanding demand for the ambulance service, due to increasing population, and the greatly increased traffic flow on the two main highways running through our ambulance area, we are looking forward with confidence to our 25th anniversary in 1991 and our 50th Anniversary in 2016.

# DENMARK

BY JOY JOWETT (1982)

The inaugural meeting of the Denmark subcentre was held on 11th February 1938. Officers elected were: chairman, Mr HS Thorne; vice-chairman, Mr WJ Morgan; and secretary-treasurer, Mr LR Brown. By April of that year the committee comprised some seven persons. Benefit fund subscription was 2s.6d. per annum. First training lectures were conducted by Dr Williams assisted by two Albany Brigade members, Messrs Collins and Barrow. The original Denmark Brigade contingent, formed as a Section of the Albany Division, comprised Messrs F Holmwood, T Hamilton and W Gillingham.

In November 1938 F Holmwood and W Gillingham were co-opted onto the Association committee and served for 32 and 31 years respectively in their dual capacities. Mr Tom Hamilton is still a serving officer after 42 dedicated years.

In latter years one of the ambulances has been dedicated to Wally Gillingham, a second ambulance to Tom Hamilton, an earlier ambulance having been named for WJ Morgan, who was Denmark's Association president for many years. The Denmark subcentre has now been given the title of The Fred Holmwood Ambulance Centre in recognition of the many years' service given by Fred Holmwood, and happily he was able to be present at that ceremony in 1981.

In 1939 funds opened for the purchase of a motor ambulance, and dances, concerts etc were organised for this purpose and to raise funds for the purchase of equipment. Home nursing classes had also been held during that year with practice tests at the Denmark Hospital; 21 certificates and vouchers were subsequently awarded. First Aid demonstrations were held and two classes organised. The 'town class' members practised twice a month in Denmark, and the Scotsdale class lectured regularly by Dr Williams.

In March 1940 the ambulance van was purchased from Narrogin subcentre at a cost of eighty pounds, forty-five pounds of this total being donated by the Lotteries Commission. A charge of nine pence per mile was made for non-benefit patients using the van.

Up to 1942, meetings, classes and demonstrations had been held in hired premises, but in October 1942 a block of land was purchased on which to build a subcentre; and a building fund was started. At the 1943 AGM it was reported that van mileage for the previous 12 months had totalled 659 involving 40 calls; and coverage was extended to include the Walpole area for a subsidy from them of twenty pounds per annum. By 1944 there were 12 serving Committee members, plus the president Mr Morgan, vice-president Mr Gillingham and the secretary-treasurer Mr Holmwood.

In April 1946 the van began attendance at the football sports ground when required. Also in 1946 a new van was considered and negotiated; the old van to be sold for one hundred pounds. Fund raising activities continued including chocolate wheels, dances, raffles etc.

In 1947 the first meeting was held in the new subcentre garage; and the new van was dedicated to the late M Morgan; this came into commission in that year and also the new depot was officially and ceremoniously opened.

It is interesting to note that in 1948 there were several cases of poliomyelitis conveyed to Perth, for which ten pounds per trip instead of the then usual fifteen pounds was charged. Total benefit fund membership in December 1948 reached 226, covering

577 persons. First Aid classes continued at the depot and were also being conducted at the Agricultural High School in Denmark, 35 certificates being obtained.

It is recorded in 1951 that benefit fund subscriptions were 5 shillings per family, 3s. 6d. per individual; and a membership of 270 had been reached. A charge of one pound ten shilling was made to subscribers for a trip to Albany, and one shilling per mile each way for non-members.

In 1952 our two teams won the WJ Morgan and the Sam Barrow shields at the Inter-District first aid competition in Albany.

During this and the following decade, the Brigade membership was stable at around eight or nine members—still insufficient to form a Denmark division and so continued to act as a Section of the Albany division.

In 1952 also, five hundred pounds was received from the Lotteries Commission towards the cost of a new van, which was to be of a 4-berth type and this was purchased and the old van sold in 1953. And in 1953 the inter-district first aid competition was held in Denmark. That year also saw life membership awarded by Head Centre to Fred Holmwood.

*Denmark subcentre: the commissioning of the new Ford Mark II ambulance, 1980. Subcentre chairman Les Brenton (left) and St John Ambulance Brigade divisional superintendent Tom Hamilton congratulate each other.*



In 1954 a new building extension was commenced at the subcentre, and our team won the WJ Morgan shield again, at Mount Barker. The new subcentre constitution was adopted.

Fred Holmwood was made a Serving Brother in November 1955. In 1956 AJ Millard, Tom Hamilton and J Herd were presented with life membership, and W Gillingham and F Holmwood were awarded the Grand Priory Vote of Thanks.

In 1957 Walpole formed its own subcentre with van, thus reducing our area of coverage.

A fence had been erected round our subcentre building. And our team regained the Sam Barrow shield.

In 1958 the president, W Gillingham, reported that since the inception of a Denmark Ambulance, the van had travelled 63,000 miles and transported 1051 cases.

In 1960 the Sam Barrow shield once more became ours.

By 1961 the membership and fund-raising drives were still being enthusiastically and successfully held. Also in 1961, a Minute was recorded to build additions to the subcentre comprising kitchen and store-room.

1962 brought the WJ Morgan shield back to the Denmark team; and during that year the old van was traded in and a new one purchased.

In 1963 Fred Holmwood was made an Officer Brother, in February. During 1965, '66 and '67 an Air Viva Resuscitator was bought; and the subcentre extensions completed. Mr W Gillingham became a Serving Brother.

Mr Tom Hamilton was made a Serving Brother in November 1968 and received his award for services to St John Ambulance in 1969.

A 'Resusci-Anne' was purchased in 1971. Subscriptions to the benefit fund had by now reached $1.50 family; $1 single and 50c for pensioners. A combined church parade and social luncheon was held on St John's Day annually in co-operation with Mount Barker and Albany. Since our Denmark Brigade division has been formed, we have held our own Church Parade and Reception on St John's Day each year, and it has now become an established ceremony.

During 1971–72 the Denmark combined Brigade division was inaugurated; Mrs Ellen Silver had conducted first aid classes from which the Brigade was formed, and Mrs Alice Procter had received her instructor's certificate.

1974 saw a new ambulance purchased and the old one sold. A skeleton was purchased for the division. Denmark took second and third places during the inter-district competition at Wickepin, in the men's team and home nursing respectively.

Also in that year it may be noted that subscriptions had risen to $2 family, $l single, 5Oc pensioners;

*Denmark subcentre.*



with $3 call-out plus 23c per kilometer. The journey to Perth was charged at $125.

In December 1974 the division held its first Christmas Party at the subcentre, a tradition which has been maintained.

January 1975 saw the dedication of the new ambulance which was named The Wally Gillingham. Also the Denmark division won the Allen Shield at the inter-district competition.

In 1976 work began on new extensions to the subcentre. Alice Procter was promoted to Corps Officer and Ellen Silver to Divisional Officer in the Brigade.

Voluntary labour, busy bees etc. completed and furnished the subcentre extension. One Brigade member won the cup for home nursing in the individual competition at the annual inter-district competition and the shield for the most aggregate

points, which qualified her to represent No.6 Corps in the state championships. The men's team came second in their competition.

First aid classes continued to provide the division with qualified members. Donations and funds raised supplied up-to-date equipment in the van, such as porta-power, oxy-viva etc.

In 1977 Brigade member Mr H Sloan was promoted to sergeant and Garth Roberts to corporal. The first aid classes at the Agricultural High School were continuing up to this date and had done so for the past 20 years. The Allen Shield was won by Denmark at the annual inter-district competition.

1978 records that all entrants for the first aid and home nursing exams passed successfully. And in 1979 the Allen, Dr Walker, and WJ Morgan shields were won by Denmark. Our Washington-Ferno stretcher was presented to us by the Lions Club and the new Resusci-Anne by the Apex Club of Denmark. From the First Aid classes 11 members of the public, 23 students and 20 Brownies passed with high aggregate.

In 1980 a new van was purchased and dedicated in June of that year to Divisional Superintendent Tom Hamilton. This was fitted with two-way radio. A decision was made to retain the old van as a back-up ambulance, and this is now also fitted with two-way radio.

Twelve members of the division attended and passed successfully at the training seminar in Albany. Tom Hamilton received a Commandery Commendation award. The annual inter-district competitions were held and hosted in Denmark. Our division again won the Allen Shield and two trophies.

A new filing and card index system was installed by the Association at the subcentre for use by both Association and Brigade. New benefit fund rates were $14 a family, $7 single or pensioner couple, $4 pensioner. In the 1980 divisional report it was recorded that the Brigade comprised 4 officers, 6 privates, 7 nursing members. The vans had travelled 9,408 kilometres carrying 99 cases during the preceding 12 months.

In January 1981 the naming of the Fred Holmwood ambulance centre was conducted in an impressive ceremony. The subcentre also held a reception and dance as part of this commemoration and Mr Fred Holmwood was guest of honour.

Again, all members of the division passed with high marks in their exams, and retained the Allen shield at the competitions.

During 1982 first aid classes continued. The new base radio station was funded by monies raised locally and through the efforts of members of the subcentre. It became operational mid-year.

# HARVEY

## BY THE SUBCENTRE HISTORIAN (1985)

A Harvey ambulance appeal committee was formed on 24 April 1935. Its original meeting was attended by Dr Jacob, Miss Eyres, Miss Howlett, Messrs Spurge, Campbell, Moir, Gamble, Jenkins and Byrd. The committee was formed to:

- arrange First Aid and Home Nursing classes;
- form a branch of St John Ambulance;
- raise finance to purchase a motor ambulance and increase first aid equipment.

Dr Jacobs was elected President and served until July 1935 when he resigned and Mr TWD Smith was elected President.

In the golden jubilee year of the subcentre, 1984–85, the committee consisted of Mr Brendan Buck, chairman; Mr Jamie Morley, vice-chairman; Mrs Julie Budd, secretary; Mrs Jennifer Maughan, treasurer; Mr Arthur Jones, immediate past chairman; Mr Syd Byrd, Mr Otto Gerschow, Mr Norman Oliver, Miss Kath Byrd, Mr Charlie Gerschow, Mr Allan Smith, Mr Peter Green, Mr John Bradshaw, Mr Bill Lofthouse, Mr John Byrd, Mr Peter Brown, Mrs Dawn Bishop, Mrs Pamela Mooney, Mr David Hendry, Mr David Morgan, Mr Ian Jones and Mr Ian Byrd. The honorary auditor was Mr Jim Rake.

Interesting snippets from the Minutes Book over the past 50 years include these:

*December 1935*

First ambulance purchased, a Ford V8 Panel van, at a cost of 360 pounds. Decided that Police be asked to look after, and drive, ambulance during Christmas holidays.

*April 1936*

Purchase of two hot water bottles and a tourniquet. Secretary to write thanking Mr Lowe for the use of his truck to remove a hospital patient to the train owing to the ambulance having just transported an infectious case.

*July 1936*

Charges to be 6 pence per mile.

*October 1936*

Ambulance driven by Mr Lucas involved in accident at Armadale. (In December 1937 it was decided to make allowances of £3 3s 0d to Mr Lucas for his suit damaged in the accident.)

*June 1937*

Voluntary drivers offered 5 shillings expenses for trips to Perth.

*December 1937*

Decided that in future drivers, attendants and patients be insured.

*August 1938*

Donation of jackets for hot water bottles received. Also suggested that a hatchet would be of considerable use.

*September 1938*

Mr EG Green to be allowed use of back half of the Newell Street block for paddocking horses.

*December 1938*

Resolved to purchase three whistles for use by First Aid men on duty at sports meetings.

*January 1939*

First meeting held in new ambulance centre in Newell Street.

*April 1939*

Official opening on March 18 by Dr JJ Holland, President of WA Centre. Total cost when completed was £314 13s 6d.

*October 1944*

Reported that van and equipment were up to standard with the exception of a stretcher which was broken while carrying a heavy patient.

*July 1945*

Mr Byrd reported that when the new tyre was fitted, the wrong one had been taken off.

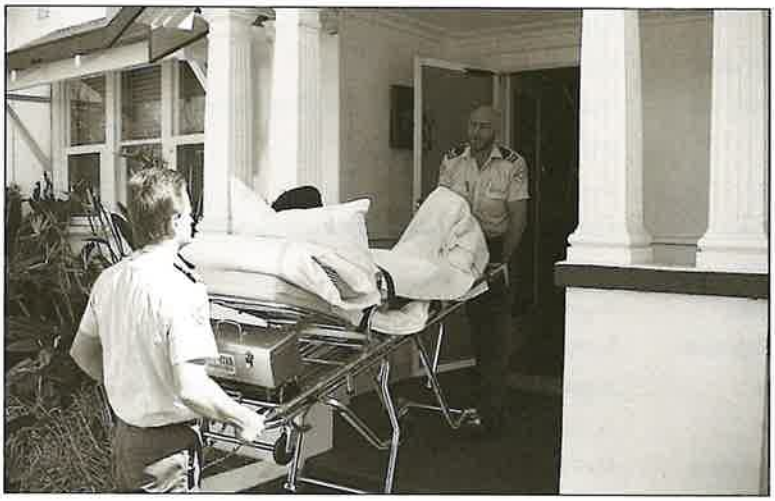
*July 1949*

Mr Wooders raised question of forwarding some tea to Head Centre for the use of drivers because they provided tea for Harvey drivers when in Perth. Miss Woodier gave sufficient coupons for a half a pound of tea.

*April 1957*

A request was received from Harvey branch of Marching Girls for the ambulance and First Aiders, preferably ladies.

*Volunteer ambulance officer Michael Fielden (left) and Jim Mills of Harvey subcentre conducting a house call, 1990.*



*September 1957*

Harvey Rotary Club volunteer to answer all calls in August, thus enabling regular drivers to have a well earned rest.

*July 1958*

Discussed the need for indicator lights to be fitted to the ambulance.

*March 1960*

Ford van costs for petrol and oil is 3.5 pence per mile and for Holden van is 1.5 pence per mile.

*July 1962*

Skeleton purchased for £14 0s 0d.

*October 1962*

Syd Byrd attended a civil defence training course at Mt Macedon and received a special certificate which is only issued to persons gaining a minimum of 80% in all subjects in the examination.

*August 1964*

Brigade members under the guidance of Syd Byrd involved in evacuating hospital patients during flood emergency remained on duty for 72 hours. 458 miles were travelled during the emergency.

*September 1966*

A decision made to sell the present building to Junior Farmers Club for $8,000.

*January 1968*

First meeting held in the new ambulance hall in Uduc Road, built at a cost of $23,722. Official opening by Dr Jacobs.

*March 1968*

When taking ambulance to accident, Allan Smith hit the roller door with flasher unit which bent the door and broke the flasher unit.

*March 1970*

A Holden car raffled to raise funds for building expenses and was won by Mr William Fry.

*September 1971*

Two way radios installed in vans and base station at Hospital at a cost of $2,666.

*July 1976*

It was decided to adopt a contributory scheme of raising funds, similar to the Head Centre scheme, as from October 1976.

*February 1984*

Hospital now pay all transport accounts from one public hospital to another.

Harvey subcentre has used the following ambulances during the 50 years 1935–85:

- December 1935, Ford V8;
- December 1936, Ford V8 (accident replacement);
- October 1947, 4 berth Dodge;
- June 1952, 2 berth Ford Custom;
- April 1959, second van, a single berth Holden;
- March 1961, single berth Holden;
- December 1961, 4 Berth International;
- July 1965, 4 berth Dodge (accident replacement);

- July 1965, single berth Holden;
- November 1967, single berth Holden;
- November 1970, single berth Holden;
- February 1973, Ford Fairmont;
- January 1976, Ford F100 from Queensland;
- July 1977, Ford F100 from Queensland;
- July 1981, Ford F100 from Queensland (accident replacement).

Office bearers of the subcentre over the 50 years 1935–85 were:

*Chairmen*

- Dr Jacobs (April 1935–July 1935);
- TWD Smith (July 1935–July 1954);
- SG Byrd (July 1954–April 1961);
- AH Spurge (April 1961–June 1968);
- FC Stanford (June 1968–April 1970);
- A Smith (April 1970–November 1970);
- PA Green (November 1974–July 1982);
- A Jones (July 1982–May 1984);
- BJ Buck (May 1984–).

*Secretaries*

- AH Spurge (April 1935–April 1956);
- HK Smith (June 1956–August 1970);
- AH Spurge (September 1970–December 1979);

*Volunteer ambulance officers, Harvey subcentre, 1990. Left to right are (back row) Bryan Taylor, Jennifer Maughan, Steve Smith, Dave Morgan, Tim Devereux, Charlie Gerschan, Marlene Everington; (front row) Jim Mills, Wayne Wroth, Ian Jones, Peter Brown, Gwyn Staz and Michael Fielden.*



- FJ Bennett (January 1980–December 1982);
- JM Budd (December 1982–).

*Treasurers*

- TD Maiden (July 1951–October 1956);
- J Phillipson (October 1956–April 1957);
- AH Spurge (April 1957–April 1961);
- DG Higgins (April 1961–July 1982);
- C Gerschow (July 1982–May 1984);
- JR Maughan (May 1984–).

*Auditors*

- H Greenwood (April 1935–June 1936);
- CP Reynolds (July 1936–June 1939);
- G Cook (July 1939–June 1940);
- EG Davis (June 1940–June 1968);
- CJ Rake (June 1968–).

# KALAMUNDA

BY MARION DIXON

The following is a much abbreviated version of Mrs Dixon's personal history of the Kalamunda subcentre and her and her late husband's experiences in establishing a property in the district. The sections produced here relate to the establishment of the Kalamunda subcentre in 1948–49, and her husband's engagement as permanent driver for the Kalamunda ambulance in 1951.

In the 1940s Kalamunda and the surrounding districts of Lesmurdie, Gooseberry Hill, Maida Vale, Forrestfield, Walliston, Pickering Brook, the Bickley Valley and Karragullen were just emerging from a long period of pioneering by orchardists, market gardeners, and dairy farmers. It was also a place of retirement for persons seeking the healthy atmosphere of the hills.

The district had only one elderly medical practitioner, Dr Barber, until Dr John Thornton arrived in 1948 and resided in Lesmurdie. There was no general or private hospital of any size capable of dealing with the needs of a growing population. The nearest hospital was at Midland Junction. Patients needing hospital treatment were transported by private cars or taxis run by Kostera's bus and taxi service. Roads were mainly gravel, many of them merely tracks. Only main roads (and they were few) were bitumenised, and many areas were not serviced by electricity or water supply.

In July 1948 a meeting of about 200 concerned citizens elected a committee to set in motion an appeal to establish a hospital and ambulance. On 30 September the committee was present at a further public meeting which decided as follows: (i) to form a branch of the St John Ambulance Association and write to the secretary of the Head Centre for instructions; (ii) to set a target of £3,500 for the appeal; (iii) apply to the Silver Chain Nursing Association requesting the establishment of their services in the district; (iv) investigate a site for a garage to house an ambulance, and to purchase an ambulance when funds permit; and (v) make application for a site for a hospital to the Darling Range Road Board for part of Reserve No. 6177.

On 14 October 1948 permission from St John headquarters to form an Association subcentre was obtained. In April 1949 advice was received that an ambulance chassis was available. However since existing funds were in the bank account of Kalamunda Hospital and Ambulance Appeal, the newly formed subcentre had no access to money to pay for the vehicle.

By June 1949 progress was being made towards having an ambulance service in operation. The chassis had been handed over to the motor body builders, Greenwoods, to complete the construction of a four-berth van and to have the stretchers installed. The public responded well to the appeal for finance and money began to flow fairly freely. Also a number of community-minded people donated various items of equipment, and electricians and painters offered their services free.

Preparations were well in hand for the conduct of a gymkhana to be held on the 10 September 1949 and it was hoped that the ambulance van would be ready for the official opening and launching of the service at that function. Organizations in the district also responded well to the appeal for funds.

The subcentre was moving rapidly towards its goal of establishing an efficient and much needed ambulance service for the district, and moves were already being made towards obtaining a site on which to erect a

suitable building to house the ambulance and a meeting room for use by the committee and the official conducting of the first aid and home nursing classes which were already being held in the Methodist Church hall and run by Mr Taffy Drew and Sister Jenoni who had been invited at an earlier date to become members of the Kalamunda subcentre committee.

In August 1949 a report was received that every effort was being made to have the ambulance delivered by Friday 9 September so that it could be on show at the gymkhana on 10 September. Headquarters were notified that the subcentre would be operating from 1 October 1949.

The next most pressing need was to recruit suitable personnel to drive and take care of the ambulance and a special meeting was held for that purpose. The committee agreed that ambulance drivers, where possible, must be qualified in first aid but if such were not available for duty any person with a driver's licence could be engaged.

Mr J Kostera offered to obtain suitable day-time drivers, and the staff of his workshop and the bus and taxi service were the first to offer their services. Mr Kostera offered free maintenance service and petrol and oil supplies on credit until such time as the service became self supporting.

As was to be expected, as in most new undertakings, some teething troubles were experienced and Mr Feddersen, engineer in Kostera's workshops, and Mr Gordon Stewart were frequently called out, often at night, to remedy faults in the van and to advise volunteers on procedures.

A list of volunteers was prepared and handed to the postmaster for the benefit of night shift drivers since the telephone service was manually operated. Those offering to do duty driving were Messrs A Pownall, Bob Kostera, W Martin, J Wilson, L Pember, LM Bennett and Mrs Lorna Bennett.

Prior arrangements had already been made with Midland Junction subcentre and agreement reached between the two committees with regard to boundaries in the field of operation.

As the population of the Hills district increased, the number of calls for transport became more numerous and it became increasingly difficult to secure day time drivers due to job pressures and business commitments, so new recruits were called for. Volunteers were Messrs M Halse, M Feldman and J Watson, who, like those before them, tried to cope with the extra demands being made on the service.

The possibility of employing a permanent driver was discussed but it was felt that until the building of the garage and quarters was completed and paid for, this was beyond the financial means of the committee and the volunteer system would have to suffice.

A number of residents, mainly those of the business community, were circularised with a view to obtaining their services in an emergency. All appeals were directed to persons connected to or in close proximity to a telephone and were told that Dr John Thornton had been requested to lecture to all prospective drivers on maternity and other emergencies and on first aid.

Near the end of the 1950s, Rod McKenzie, the subcentre secretary was finding it increasingly difficult to locate drivers at short notice. One particular day my husband, Jim Dixon, was in Rod's Kash and Karry shop when a call came for the ambulance. Several people called were unavailable, and the usually reliable Lorna Bennett was unable to oblige since she had no one at home to look after her two small boys. Rod was at a loss and was about to answer the call himself and told his assistant of the situation. On overhearing this Jim told Rod he would be willing to do the job if someone would give him a run around the block in the ambulance and explain the procedures, having had no previous experience in ambulance work. A much relieved Rod immediately contacted Gordon Stewart, who readily agreed to his request. The doctor had advised that there was no immediate urgency so fortunately no harm was done. This was the beginning of an involvement of 17 years' service with the Kalamunda subcentre.

Jim had told Rod McKenzie that he would be willing to answer the calls if required. The committee agreed to accept the offer, and our telephone number was added to the list of potential drivers, and posted at the Kalamunda exchange. From then

on it became obvious that the bulk of the calls was being directed to our telephone number since one of us was always home to answer it.

We joined the first aid classes and were invited to become members of the subcentre, Jim becoming a member in 1950 and I in 1951. Leo Feddersen was president of the committee at that time. The demands on our time became so numerous that we were obliged to employ labour at £2 a day on our property. A suggestion was made by Len Pember that since Jim was using his truck and car for the purpose of fund raising, but was not receiving any remuneration for petrol or expenses, and was paying for labour at home, we be paid an honorarium. The suggestion was favourably received by the members of the committee but to comply with the rules of the constitution we were asked to submit a tender for the job. After due consideration we offered to be responsible for night and day driving 365 days of the year, 24 hours a day with assistance of members if and when required in emergencies, and to look after the ambulance for £400 per year. Our offer was accepted, and we were appointed full time drivers for 12 months from 1 November 1951.

# KALGOORLIE

BY ALAN WRIGHT

The first ambulance in Kalgoorlie was a horse-drawn cart. The body was made of hickory wood on a spring cart chassis. the horse was stabled privately and when needed, harnessed, put into shafts and went off to the call.

This ambulance body was then transferred to a 'T' Model Ford chassis. The progression then was to various vehicle bodies, Ford Custom lines, a Volkswagen van (which was rolled over on the corner of Hannan and Wilson Streets one night in front of a crowd going to the picture theatre) and on to the modern ambulances of today.

Kalgoorlie used all volunteer personnel until 1954, when a permanent Officer was employed as the secretary-driver. In 1970 a second permanent officer was employed.

Until 1970 most patients requiring specialist medical care in Perth were transferred by road with a lot also done by Royal Flying Doctor Service. The road trip was 770 miles to Perth and return with two officers driving, a nurse escort and sometimes a police officer and up to four patients and equipment; this meant a big load. Usually only two patients were transported in a station wagon type ambulance. The round trip took a minimum of 15 hours. It was usual to stay overnight in Perth, usually with friends or relatives or sometimes in nurses' quarters.

The normal area covered by the Kalgoorlie Ambulance Service was an 80 mile radius of Kalgoorlie, beyond that was done by the Flying Doctor, although it depended on the weather and ground conditions and if the plane could land. The country is basically red clay and very little rain turned it into a sodden mess. Bush road conditions became hazardous and associated with the semi-desert nature of the area and extremes of conditions—heat, cold, wet, dry—it was an interesting station to work in.

Because of its location, 250 miles inland from the nearest sea at Esperance, it is a long way by road from anywhere. The work load was continuous, varied and interesting. The work load average of 49,000 miles per year, approximately 20 road trips to Perth per year and about 1,200 patients handled as well as most public First Aid classes, were conducted at the depot. A lot of mechanical work was done on the vehicles to keep them in shape by the staff.

There were plenty of kangaroos, emus, sheep and cattle in the remote areas, and these are still a problem today.

With the advent of the increase in mining, Kalgoorlie had satellite stations at Kambalda, Menzies and Coolgardie until they eventually became subcentres in their own right.

Some of the types of cases handled varied from the mundane clinical transports for X-rays and tests to the major trauma of mine accidents, road accidents, those in industry and those in the home.

Kalgoorlie attended the second largest road accident in numbers of victims killed outright with nine in two cars up to that time in Australia. Another accident was seen to happen by the flight crew of an aircraft while on their final approach to the airport over tke Kambalda Road and reported via the flight service.

One chap rode his son's pushbike off the top of a slime dump about 30 feet high in two stages, became airborne and also became a paraplegic and split his face right in half. He was bandaged like putting a napkin on a baby. He was face down on the ground and left in that position for transport.

Kalgoorlie was known for its violent and very wet thunderstorms and the storm drains would fill with rubbish and block. A good deed developed in towing out stranded cars with a 4 wheel drive ambulance.

The country was always generous and finance wasn't usually a problem but development wasn't brisk. The subcentre used to run a Christmas Eve street carnival. The Town Council would close one block in the main street so that stalls could be set up with chocolate wheels etc. This was eventually moved to the sports arena where trotting meetings were held. The last one was held in about 1975. During this carnival the local motor cycle club asked to hold a demonstration ride around the trotting track and two of their members collided and one was killed. A benefit meeting was then held for the man's family. It was then decided that due to various changes and points of view this fund raising venture was dropped. Someone took exception to the local police activity and walked into the Police Station holding some dynamite, which exploded, removing his hand, a part of the Police Station ceiling, and the counter. He survived. Before the officers evacuated the station they rang the ambulance on the direct line, left the button down and left the station.

Ambulance officers from Kalgoorlie occasionally assisted the Flying Doctors on their flights by going into the hinterland to pick up patients. On one occasion a large truck driver was being transferred to Perth by air in a small Flying Doctor aircraft with only the pilot, a very small nursing sister and a big patient with head injuries. A stone had rolled off the back of his truck and struck him on the head. Every 20 minutes he wanted to pass urine and became agitated, so after loading him onto the aircraft it was decided an ambulance officer should also go to assist. No one was prepared for this and had no spare clothing, usual for an overnight stay, so a coin was flipped. He stayed in Perth with friends.

With the advent of time Kalgoorlie increased its staff levels to 6 officers and an office clerk. In days gone by the phone was manned by the senior officer's wife and/or family who lived on the station. If she wasn't available, due to shopping, visiting etc., the phone could be put through on an extension to a volunteer officer's wife.

## SOME KALGOORLIE RECOLLECTIONS BY KEN TURNER

*An ambulance used be stationed with Mr Dick Moore, farrier, later Sir Richard Moore. As volunteer drivers there was a Mr Urgent of Boulder Road, Kalgoorlie, a motor mechanic; and Mr R Croft of the petrol station, Boulder Road. They did a wonderful job in caring for the people of Kalgoorlie and Boulder. The ambulance was a Ford van, and, boy, was it rough! I was a committee*

*Kalgoorlie subcentre (top) and the meeting hall of the St John Operations Branch cadets.*






*member when Kalgoorlie subcentre was getting going, when we financed the hall. It was a good site in the heart of the town.*

*We only had one fulltime driver those days. Most patients for Perth were put on the train if possible, as there*

*was only the one ambulance. If the ambulance did have to go to Perth, the driver would leave in the morning and return in the one day. I have seen Alex Winner have three hours sleep after such a trip, then set off on another return trip. He, and and another early driver, Bill Bignell, would leave Kalgoorlie at about 10 a.m. on their own to Perth, drop off patients, have a meal and start back again. Sometimes they would do some shopping for friends—first ring up with a list of groceries, and collect same and bring back home. Three hours spell then back to Perth again. What do present drivers say to that?*

*Sometimes the van would be stopped by gold detectives to see if any gold was being smuggled down to Perth. When the early drivers went on holiday, there was a group of volunteers who would take their own holidays at the same time so as to be available to drive the ambulance.*

*Drivers had to have a doctor's certificate to get a patient into hospital. The sisters could not admit them otherwise. If we didn't have a certificate, we would place the patients on the verandah and leave because it would take between two and four hours to get a doctor's certificate as there were only eight doctors in Kalgoorlie then.*

# KARRATHA

BY DI AUSBURN

The first meeting of the the St John Ambulance Association subcentre of Karratha was held at the Karratha Senior High School on 4 November 1971. The meeting was chaired by the Rev Gordon Williams. Five people attended, and there were three apologies.

The initial first aid course was held at Dampier on 1 June 1972.

Our first annual general meeting was on 2 May 1972.

Fundraising activities for constructing a subcentre building included barbecues, raffles and the soliciting of donations.

Our new ambulance, an F-100, arrived on 30 May 1974. It was driven from Perth to Karratha by one of our volunteers, Vic Herzog. To identify us, we kept St John arm bands in the glove box. They were designed by two of our volunteers.

Training for the volunteers who would be serving on the ambulance began in November 1974. Our call-out system was also begun the same month.

In September 1975 we began housing our Dodge van at the Fire Station.

Work on the subcentre building began on 28 May 1978. Our first meeting in the new building was on 24 October 1979. The official opening took place three days later, on 27 October.

Between September 1978 and April 1980 the subcentre grew from four active members to 20.

In April 1980 we decided to build a hall, at an estimated value of $61,140.

Our new ambulance arrived on 27 May 1981.

At the 1981–82 annual general meeting the Fortescue ambulance was handed over to our control. At this stage we had handled 160 calls in the year since March 1981; the figure rose to 205 the next year. Our benefit fund membership totalled 757, which included Karratha, Dampier, Tom Price and Paraburdoo.

*Karratha subcentre.*



In 1984 we transported 192 patients; the ambulance travelled 10,750 kilometres; and benefit fund membership was 810 (after 87 had transferred to the new Tom Price subcentre).

In 1985 we carried 215 patients. The ambulance covered a total of 8,796 kilometres. The shortest trip was a kilometre; the longest was 464 kilometres; and seven trips were over 200 kilometres. Benefit fund membership rose to 861.

In 1986 we transported 253 patients over a total of 10,832 kilometres, a considerable increase over the previous year. Dampier Salt donated two Resusc-Annes. During the year we paid our last respects to one of our members, John Grewcock, who died after fighting cancer for more than a year. In spite of his illness John was still able to attend 18 ambulance calls during the year, which indicates his courage and dedication.

Now (1987) we have 31 volunteers. Thirty-two people attended our annual general meeting this year, in contrast to the 10 who attended the first AGM in 1972. We have answered 252 calls in the past 12 months, travelling 7,093 kilometres in doing so. Two trips have been made to Port Hedland—each of seven hours. Almost 360 volunteer hours have been spent on the ambulance, not counting hours put in by volunteers on other subcentre activities. Our average response time is 12.75 minutes from receiving the call to arriving on the scene.

# KELLERBERRIN

## BY THE SUBCENTRE HISTORIAN

On Saturday 24 October, 1942 a public meeting convened by the Kellerberrin Road, Health, Vermin and Cemetery Boards was held in the Regent Theatre for the purpose of forming a branch of St John Ambulance.

Those present were Board members, Messrs L (later Sir Leslie) C Diver, AEC Prowse, and GM Cornell; Revs Bottomley, McAndrew and Woods; Dr Robinson, Messrs E Prowse, Minchin, F Mather, Davis, Priest, Greenwood, Manton, Mason, Wilson, Knapp, J McDonald and E Gardner; and Mesdames A Mather, Podmore, Campbell, Manton, Hammond and Miss Phillips.

In opening the meeting Mr Diver explained the reason for convening and expressed his disappointment at the small attendance. It was however, for those present to decide whether or not a subcentre of the St John Ambulance Association should be formed. The Board had made enquiries and the information gathered would be available to the committee. A first aid class was already operating and trained personnel only required the equipment to enable them to carry out their duties of an ambulance brigade. Such an organisation would be of inestimable value to the district. Mr Manton addressed the meeting and also expressed his feelings on the lack of interest in an organisation which was recognised throughout the world. An ambulance brigade he continued, was long overdue in Kellerberrin and was a most essential service. First aid, home nursing, ambulance work and hygiene were all involved and the district must derive benefit from having trained personnel. Mr Prowse endorsed Mr Manton's remarks and successfully moved that a brigade be formed.

Under the constitution a committee of 15 was necessary and chairman Mr Diver asked those present to signify their intention of becoming members, all agreed to do so. The foundation committee was nominated and those elected were Messrs Diver, Manton, Mather, Greenood, Priest, Mason, Knapp, Minchin, Dr Robinson, Rev Father Woods, Rev Bottomley, Rev McAndrew, Mrs Podmore and Miss Phillips, plus a nominated member from the brigade.

It is interesting to note that of the 25 present at the public meeting, 15 were permanent residents, the remaining 10 being government and bank officials, subject to transfer at any time.

At the first committee meeting Mr Diver was elected chairman, Mr Mather vice-chairman, Miss L Phillips secretary and Mr Greenwood treasurer.

After receiving the estimated cost of an ambulance (£600), the next priority was the raising of funds. Many business people and organisations were approached and representatives from Doodlakine, Banndee and Tammin offered their services to canvass the respective areas. By February 1943 £288 14s 2d had been collected. The member for the district, Mr UG Boyle attended the monthly meeting and advised that he had contacted Mr Kenneally of the Lotteries Commission on the question of a subsidy and had been informed that consideration on a pound for pound basis could be effected if the committee agreed on the payment of the first £250.

This arrangement would require the recommendation of the Head Centre of the Association. The treasurer reported at the March meeting that £511 0s 6d was in hand and the committee decided that Head Centre be informed of the availability of funds to pay cash for an ambulance, also requesting

designs for a combination garage and lecture room. However, in view of the scarcity of labour and the very high cost of building material, it was decided to defer the building to a later date, but to seek advice concerning the housing for an ambulance.

At this juncture Head Centre informed that a vehicle could not be procured under three months, however, the chassis recommended was accepted by the committee.

Several future sites for the building were investigated, those being north and south of the fire station and a lease of land from the Railway Department.

*Kellerberrin subcentre.*



At a subsequent meeting a quote was submitted for a 40 ft by 20 ft garage kitchen and store at a cost of £331. To erect a 30 by 20 foot lecture room would be an extra £170 plus labour.

The first annual balance sheet revealed a bank credit of £766 19s 9d. This healthy financial position included £250 from the Lotteries Commission, dances, and a fund raising function held at the home of Mr & Mrs Frank Mather. In his annual report Mr Diver thanked the public for their generous response. Shortly after this meeting more donations came to hand taking the credit balance to £950, a gratifying figure when it is recalled that the appeal had been launched only nine months previously. Owing to transport difficulties the chassis for the new ambulance had not as yet gone to the body builders, but early delivery was anticipated.

A further setback in the planning occurred in December when Head Centre advised that a permit to build a garage and lecture room had been refused. The light at the end of the tunnel became brighter when Head Centre gave a progress report from the builders and delivery was expected in January 1944. The frustrations of the previous months ended when Frank Mather accepted delivery on the 15 August 1944. The handing over and dedication ceremony took place on Friday 2 February 1945 on the lawn in front of the railway station.

Through the courtesy of the Fire Brigade Board and the local brigade the van was housed in the fire station pending the finding of alternative accommodation. In July 1948 a garage was kindly made available by Mr JG Carger and the vehicle was transferred to the new quarters. After 10 years' service the original anbulance was replaced by a Customline 2-berth unit which was a most progressive step in both patient and driver comfort. This unit was dedicated at a service held on the railway reserve by the Rev F Hart, assisted by members of the Ministers' Fraternal.

It was at this point in time, and 13 years after the formation of the subcentre, that Mr Jack Wakefield's tender of £3,500 for the construction of a depot was accepted. In order that costs be kept to a minimum, the following assisted the building program by donating the use of their trucks by carting the required materials from Perth. Appreciation is recorded to the following: Messrs A Morley, TA Dixon, EC Mitchell, R Harvey, E Crocos, GW Tiller, P Stevens, GH Williams and the Kellerberrin Road Board.

Saturday 17 December 1955 was a red letter day for Kellerberrin when the Premier Mr ARG Hawke performed the opening ceremony of the subcentre. Representatives from Head Centre official guests and local residents were in attendance to witness the opening of a building which over the 13 years of generous donations, conducting balls, operating chocolate wheels at the annual local show had provided the funds for its erection.

Prior to having its own facilities, first aid classes were initially held in the fire station, and later in

Mr Harry Brown's shop. An additional garage was built when it was deemed necessary to operate an extra ambulance.

Early in January 1956 a committee was formed to investigate a system of operating a contributory scheme whereby an annual subscriber together with his wife and children up to 16 years of age could be entitled to ambulance transport free of charge within the boundaries covered by the medical practitioners in the Kellerberrin Road Board district. The scheme also provided for single persons over 16 years of age. It is pleasing to report that since its inception the contributory scheme has proved most successful.

It may not be generally known that until mid-1956, the Kellerberrin ambulance serviced the hospitals of Cunderdin, Kununoppin, and Bruce Rock. As the result of a primary move by the Kellerberrin RSL Sub-branch to its Cunderdin counterpart, the assurance was given of the intention of forming an ambulance brigade in that town. An invitation was accepted for delegates from Kellerberrin subcentre to attend a meeting where information and advice was gladly given. When the towns previously mentioned formed their own subcentres and provided transport, a heavy work load was lifted from the local brigade members. It is recalled that Cunderdin required the Kellerberrin van on seven occasions within 10 days. This was an isolated case but proves how essential it is to have an ambulance.

During the years following the purchase of the original vehicle, replacements have been made through the wisdom of the Association in operating its transport to an economical mileage or period of service. This method ensures that apart from economy the district is assured of a more modern service equipped with up to date medical aids.

An appreciation of the service rendered by the doctors, ladies' auxiliary, and support given by the people of the district together with the staff of the Kellerberrin Memorial Hospital must be recorded. The doctors must be thanked for their professional assistance at classes and the time freely given by them. The splendid work carried out by the Auxiliary provided great financial aid to the subcentre. It is a credit to the community that no appeal was ever denied, the latest for the installation of two-way radios in the vans being given wholehearted support.

In 1984 a new airfield was built and landing lights installed, instead of battery lanterns, as used prior to the new field. As the lighting was requested by the local subcentre we also had to help raise the money and $10,000 plus was raised in less than four months.

In 1986 the subcentre built a garage on the south end of the hangers at the air strip for ambulance use. In 1988 extensive alterations to the subcentre building, doors and roof were the main changes.

In conclusion, the history would not be complete without mention of the service performed by the St John Ambulance Brigade members who at all times were available, irrespective of the hour, to carry out their duties in a most efficient manner.

# LEEMAN-GREENHEAD

BY SUE ARIS (1982)

A convenors' meeting of the proposed Leeman-Greenhead subcentre was called on 4 August 1976 and it was decided a sub-centre should be formed and a new ambulance purchased.

The townspeople of Leeman-Greenhead attended a meeting on 10 August 1976 from which a committee was appointed to form the Leeman-Greenhead sub-centre: Vin Heales, Alan Bentley, Dave Holden, Peter Donetti, Lorna King, Ken Henderson, Allan Tomkins, Alan Hobbs, Barry Woods, Neil McFarlane, Maureen Coulsen, Roy Bell, Peter Jackson, Margaret Routledge, Jack Turnbull. A committee meeting was held immediately after the meeting of townspeople and the following were appointed to executive positions: chairman, Alan Bentley; vice-chairman, Lorna King; secretary, Dave Holden; treasurer, Vin Heales.

At the next committee meeting, held on 12 August 1976, it was suggested that an official application to St John Ambulance head office should be made for the forming of a local subcentre.

Mr Alex Winner, Mr Keith Raymond and Mr Don McAllister, from Perth headquarters, attended a meeting on 24 August 1976.

At subsequent committee meetings, various methods of fundraising were discussed and implemented.

Ambulance training was to begin on 29 March 1977, and be held every second Tuesday.

The committee meeting on April 26, 1977, discussed the cost of a new, fully-equipped ambulance, and prior to the meeting on July 12, 1977, the new ambulance was inspected by the committee. An ambulance familiarisation afternoon was arranged for Saturday, July 16.

The first Annual General Meeting of the sub-centre was held on November 7, 1977. The president reported that until we received our new ambulance we had one on loan from head office. The new ambulance arrived in just under 12 months from the formation of the subcentre. A first aid course was held from December 6, 1976 to February 9, 1977, which resulted in 15 first aiders passing their examanations—instructors Alan Rentley and Margaret Snook. Allan Tomkins was elected chairman; Alan Bentley, vice-chairman; Bronwyn Tomkins, secretary-treasurer. Up to the time of the AGM, 15 transportation calls were undertaken by the subcentre, either in the ambulance or by private transport. Numerous first aid treatments have been carried out by the first-aiders.

At a committee meeting on February 20, 1978, it was decided to hold a revision course for first-aiders. Pat Wiseman was elected to the committee on September 5, 1978, and agreed to undertake the servicing of the ambulance free of charge. He is still doing this for the subcentre.

The Silver Chain centre commenced operations on October 31, 1978, with Sister Win Hinwood in charge. The ambulance was moved to a permanent garage at the centre in November 1978.

In October 1981, Mr Alex Winner presented Dulcie Hunter and Pat Wiseman with honorary life membershio of the subcentre—Dulcie for her sterling efforts in maintaining a first aid post at Greenhead, and Pat for his continued maintenance of the ambulance, the airstrip and the lighting required for night landings of the Flying Doctor.

Alan Bentley has conducted several life-support courses this year and proposed to hold first aid

classes. When this has been done the ambulance drivers will attend the drivers' special courses at Three Springs and Jurien Bay.

On May 11 Mr Bentley presented Charles Aris and Sue Aris with honorary life membership of the subcentre for their work as chairman and secretary-treasurer of the subcentre, helping it become established over a five-year period.

# MARGARET RIVER

BY STEVE ROWE (1982)

The first St John Ambulance first aid classes in Margaret River were held at the railways gangs premises in 1928. An official, Mr A Orchard, came from Bunbury to instruct the class. Later Mr GC Stewart, a group settler who had been an ambulance man in England, started classes with Dr Rigby, Margaret River's first medico. Classes were held each year thereafter.

On 1 September 1935 a public meeting was held in the Road Board hall, convened by Messrs R Forsyth and F Stroud, president and secretary of the United Friendly Societies. The meeting was for the purpose of discussing ways and means of raising funds for the purchase of an ambulance to serve the district's needs. GC Stewart occupied the chair, and representatives were present from Cowaramup, Witchcliffe, Rosa Glen and Forrest Grove. Mr Stewart read correspondence from the Head Centre of St John about the constitution of subcentres.

After considerable discussion the following motion was carried on the motion of Messrs J Thomter and T Doyle: that a subcentre of the St John Ambulance Association be formed at Margaret River. It was then moved and seconded by Messrs C Wyatt and J Thomter that Dr M Mandelstam be elected subcentre patron. Dr Mandelstam accepted the office. The following were elected members of the committee: Mesdames Wyatt and Stewart, and Messrs Stewart, Doyle, Wyatt, Thomter, J Croft, E Willmott, J Bradfield, G Fearn, E Mills, J Haley, C West, W Morris and W Waller. Messrs West and Stewart were elected president and secretary. The secretary was requested to write to Head Centre for all information in connection with subcentres. The meeting concluded with a hearty vote of thanks to Messrs Forsyth, Stroud and Stewart.

The first district ambulance, a 1936 Dodge, was handed over to the subcentre chairman by Capt. JJ Airey, vice-president of the Head Centre, on 18 July 1936. Capt. Airey congratulated Margaret River on being the first subcentre in the southwest to have an ambulance. The first call on the new ambulance service was made on 23 July. The number of patients transported during the first year was 49 (28 medical and 21 accident). The distance travelled was 649 miles; and 141 people joined the benefit fund for 2 shillings 6 pence each.

Having liquidated the debt of purchasing an ambulance, the committee directed their effort towards raising funds for a building necessary for the subcentre. The land granted for the purpose was Lot 89, Wallcliffe Road, Margaret River. Satisfactory arrangements were made with Messrs T Bremner and E Shepherdson of the Adelaide Timber Co. to enable the committee to realise their ambition. A building in the town was removed and set up on the present site in 1937 at the cost of £165 9s 6d. Thanks were extended to Matron Norrish of the Margaret River Hospital for providing a meeting room for the committee, and to Messrs CH West and WH Samworth for housing the ambulance prior to the erection of the subcentre building. Messrs A Zani, J Nilsson and J Todhunter agreed to erect a suitable fence around the block. In April 1938 permission was given to Mr A Abbott to purchase wood necessary for making a table for the committee's use. The table is still in use in the committee room today.

Most funds for the subcentre were raised by holding socials and annual balls, with a collection box at the local caves, and donations.

The initial first aid class run by the subcentre was held at East Witchcliffe, with 11 students. Dr J Salvi and Cpl. J Renner conducted it. Later classes were held at Margaret River, Cowaramup, Forrest Grove and Karridale, the latter sometimes proving difficult owing to the petrol rationing at that time.

The first ambulance team from Margaret River competed for the Tymms Cup in Perth on 6 November 1938.

In June 1940 the sum of £450 was converted into War Bonds.

The drive for benefit fund membership during the early years was made through advertisements in the Margaret River News and on the local pictures (cinema) screen and per medium of the cream van delivery.

In 1941 a charge of £4 was made for a trip to Perth by ambulance.

The second ambulance van was purchased in July 1947, a 1947 Chevrolet. The old van was housed with Mr McDonald at Karridale for the benefit of the southern part of the district.

In 1948 a subcentre was formed at Augusta. This took over a portion of the territory previously served by the Margaret River subcentre. The old Dodge van was handed over to the Augusta subcentre free of charge in 1949. At a meeting between the two subcentres it was unanimously agreed that there be an interchange of benefit fund members.

The next new van for Margaret River subcentre was a 1958 Dodge. The membership of the benefit fund at this time was 572.

Fundraising was started in 1964 for a new subcentre building. A grant of $2,000 was given by the Shire Council, $5,000 was granted by the State government, together with a grant from the Lotteries Commission. The cost of the new building was $19,000, and it was officially opened on 26 August 1967 by Mr TW Doyle. Owing to an accident to the 1958 Dodge, it was replaced in 1964. Mrs J Rowe of Margaret River was thanked for the use of her home for committee meetings while the new building was being completed. In 1973 a single berth van was added to the subcentre—a converted Holden Premier station sedan —to help out with long trips to Perth, leaving the 4-berth van in the district for emergencies. This was replaced by a later model in 1975. 1976 saw the reciprocal transport agreement between subcentres throughout the state, and soon afterwards Australia wide.

In 1977 a new Ford F100 4-berth van was purchased. This van is still in use today.
The subcentre purchased a radio base station and tower in 1980. These were installed at the Margaret River Hospital.

The single berth van was replaced in 1980 with a Ford Falcon GL van capable of carrying two stretchers.

*Margaret River subcentre: the original building, erected 1936.*



This is still in use.

The subcentre was given permission to use the airstrip on Forest Department land at Margaret River for Flying Doctor flights. In the first year the Flying Doctor plane used the strip 10 times. Lights were purchased for night use of the airstrip also.

An honour board was installed in the committee room in 1981. First aid classes for the benefit of the public have continued to be held every year. In recent years basic life support has been taught to primary school children, young mothers and service clubs. The subcentre has kept up with new equipment, which has been bought with donations. The benefit fund membership has grown to 675, and the total distance annually travelled by the vans is now 8,152 kilometres.

# MOORA

BY LA McQUEEN (1982)

I have always understood from remarks by George White and Sam Ferguson, that the St John Ambulance Head Centre, Perth, had put out feelers to private citizens in Moora, regarding the establishment of a subcentre in this town to provide ambulance facilities in town and district. These overtures had not received the enthusiasm expected, so that a subcentre was delayed for a number of years.

In 1932 the Head Centre offered to donate a second hand ambulance van conditional to the forming of a Moora subcentre. This appears to have been on the suggestion of Mr JJ Poynton of Midland railways, who was also on Head Centre committee, and it was himself who wished for Perth's spare van to be offered to Moora.

Our very first Minute book in the minutes of a first general meeting on 29 February 1932, with Mr HD Broad chairman, and Mr GW Lavater as secretary, makes reference to a public meeting held on 17 February. This would be the very beginning of the St John Ambulance Association in the Moora District.

The first general meeting of 29 February elected a committee of 15 members: WA Ingles, OL DeMamiel, L Keamy, S Ferguson, EJ Harrington, RJ McKeever, J McClune, WH Jaques, C Hamilton (Gillingarra), VO Fabricius, HD Broad, R Sanders, Dr Myles, CH Davies and WJ Carrick.

With cash assets of £8 1s 6d the committee met on 14 March 1932 to elect their chairman, Mr OL DeMamiel being chosen. Also at this time it was decided to ask the following people to act as collectors in their districts: Gillingarra, C Hamilton; Dandaragan, WJ Cook; New Norcia, Fr. Ubach; Mogumber, Mr Lanigan; Bindi Bindi, A Loneragan; Watheroo, L Keamy; and Coomberdale, Mr Trim.

The Moora Road Board's offer to house the vehicle, and supply the petrol was gratefully accepted. Right from the very beginning there was a keen awareness of the acute shortage of funds, and there was much discussion on ways and means of raising money. An annual ball was suggested, but dropped in favour of dances in country centres. Whether these were held is not certain.

First aid classes were discussed as early as the first committee meeting in March 1932, Matron Taylor and Mr Bunt (a policeman) to be asked to instruct on behalf of the Moora subcentre. Again in May there was some doubt if Dr Myles would be allowed to examine his own classes in the theory of first aid. Then in August 1932 it was decided to hold an instruction in first aid for males, and a Mr Royce was thanked for offering to act as instructor.

In November 1932 Matron Taylor was to be asked to conduct a Ladies class in first aid. Who were the candidates in these classes and if they passed or not have not been recorded; even if they were ever held at all is not specifically stated. However, in late 1932 the return of Dr G L Myles from England, and his appointment to the committee saw a new era in organisation. A class attendance book was obtained from Head Centre.

The very first page in this book is devoted to class No. 3, commenced on 22 February 1933, almost exactly one year after the founding of the Moora subcentre. Dr GL Myles was the lecturer, starting the course with 15 students. Dr WS (Laddie) Myles examined nine candidates, and all passed. It is fitting that those first recorded certificate holders be recorded here, they were: David Baines, Robert Tonkin, Charles H Davies, Frank Topham,

Leslie J Hollywell, Arther Topham, Alfred C Summers, Walter Saleeba and W Middleton Tocher.

The class attendance book bought in 1933 is still our official record of those who have endeavoured to acquire the knowledge to help the sick and the injured. In 1982 it is so gratifying to read the names of Tonkin and Topham of the second and third generation carrying on the tradition begun 50 years ago. I would like to see a new attendance book opened to replace the present one, whose yellowing pages are becoming fragile, and whose binding is broken and the covers separated; a new book to serve the next fifty years as this one has recorded the endeavours of the past half century. It is also our first half century.

The minutes of those early years reveal inexperienced but cautious men trying to guide a new organisation in its formative years; years of depression, almost no money, primitive transport, and some committee members travelling 15 miles (40 kilometres) and others up to 35 miles (56 kilometres) to attend meetings.

It largely fell on town members to see to the bulk of the administration, with the country members giving support when possible. The first chairman of committee, OL DeMamiel, served in that capacity from March 1932 until August 1934. He was succeeded by WH Jaques. GRD Sanders officiated as secretary for the same period, and his resignation was accepted with regret. His duties were taken on by GF Willgoos, whose clear, copybook script is a joy to read.

Publicising the work of the association, and its need for supporters, was kept well to the forefront in those first years. Essay competitions for the school children of the district were held, the subjects being 'The value of an ambulance in a country district'. The three clergymen were asked to be the judges of the entries. Who were the winners of the three book prizes is not recorded. In the second year the subject was 'The value of a knowledge of First Aid', the same judges to be asked to adjudicate. Again, we have no knowledge of the winners. We may assume that the local press contributed to the publicity campaign, as Mr Ballinger of the local paper joined the committee in 1933.

## THE BUILDINGS

At the onset, the van was housed by the Moora Road Board in their store shed to the rear of the town hall, and then a garage for it was built at the rear near the south fence of the hall block. Who paid for this corrugated iron building, I have yet to find out.

Then there were problems arising from its location, such as occasions when the Road Board employee with the keys could not be found in an emergency. As the van drivers all had keys to the garage, obviously the garage was within the fenced security area of the Board's sheds.

In November 1933 it was resolved that the matter of arranging for the van garage to be moved to the fire brigade, and in January 1934 it was moved that Mr DeMamiel be asked to confer with the Road Board as to the advisability of moving the garage to the fire brigade building. In April the committee authorised Mr Jaques and the secretary to arrange for the garage to be moved as soon as possible. During May it was decided to have the new garage painted, and also to send a letter of appreciation to the fire brigade for their services rendered in removing the garage to its present site. Then in November 1934 the secretary was instructed to write to Mr McLaren thanking him for erecting the ambulance building, and at the same time paying his account of 18 shillings.

This building was to serve for more than eight years, until a new building was completed. I can find no reference to this shed being sold or given to the Moora fire brigade, who used it as a store shed. However, in recent times it was again, with fire brigade consent, used to house the van, which is now used for attending sporting functions; it was in use for about a year until the new steel framed shed was erected behind the ambulance headquarters.

The first hint of thoughts of their own building came in September 1940 when Sam Ferguson moved that an approach to the Road Board should be made with a view to obtaining the strip of land between

the fire station and the town dam, and back to the Country Women's Association boundary, a strip about 25 by 90 feet. The negotiations were protracted but unsuccessful, and next in October 1941 the block at the rear of the CWA was to be inspected to see if it would be suitable. That move didn't bear fruit either. Then in December 1941 the first idea of getting the present site appears on the minutes, when it is decided to get in touch with the owner of the land between the fire station and the Methodist church.

The owner was Mr RS Sampson MLA; he is quoted as offering to give the block of land for the use of the Association, and in a later press report he is commended by having given the block. However, in the account book of the time is an entry of payment to RS Sampson of £120 for purchase of land on 20 February 1942. This was refunded by cheque on 18 September 1942, and the formalities being completed, Mr Stan Watson was authorised to proceed with the new building. Mr Simpson was architect, Stan Watson the supervisor, and it was erected by labour supplied by the Army Engineers, build of cement block, cost of material was stated as £381.

On Sunday 24 January 1943 the opening ceremony for the new hall was held. Mr EHB Lefroy, the patron, acted as master of ceremonies, and after his initial address he introduced Colonel Mitchell, who performed the opening ceremony. Dr Holland of St John Ambulance Head Centre in Perth then handed the building over to Colonel Paxton of the Army Camp Comforts organisation for the use of the troops for the duration of the war. The committee eventually obtained possession at the beginning of January 1945. The building had been finished on 21 December 1942. (Later, an attempt was made to decipher and record the names inscribed in the plaster as a reminder of soldiers who had worked on the construction in 1942.)

This building was demolished on 13 February 1982 to make way for a more modern and convenient structure. It had stood for 39 years, had withstood an earthquake and many severe storms without damage, but the mortar in the walls was crumbling and unsafe, and its demise was four days short of our 50th anniversary.

### THE VANS

The first van, the one given by Perth Head Centre, was a Model T Ford of venerable age. Very early we find that modifications were carried out. Firstly the wheels were painted black instead of clinical white. Then the doors were altered so the lock could be opened from the inside as well as from the outside. The stretchers were located on the floor, so benches were installed to raise them well above floor level, and the stretchers themselves had wooden wheels which broke; the secretary was instructed to obtain a supply of brass wheels. The tyre equipment was probably the standard 30 by 34 beaded edge high pressure, as soon after oversize tyres were fitted, and then our inland dry summer air shrunk the wooden spokes in the wheels and those had to be packed and tightened. Possibly our well corrugated roads added their toll also.

No record appears to be available of who were the patients carried in the first two and a half years, or the area served, but in November 1934 a case report book was bought, and the entry for trip number one reads 'John Cook from Dandaragan to Moora Hospital, fee £1 2s 6d. This book shows that the majority of calls were from around the town, or from Moora Hospital to Moora railway station, as transfers to Perth were by train. It did also go to Dandaragan, Round Hill and Walebing, and did only nine trips for a total of 113 miles before being sold to WJ Carrick and Son for £17 10s 0d. They sold it to Mr Reg Mullett, who made a utility of it and used it in his business and for his holiday trips to Sandy Cape. The van body lay in his yard for many years.

The Model T was succeeded by a second hand Commer, also from Perth Head Centre, who sold it to us for £85. It was put into service in mid-July 1936, and Moora was proud of its up to date ambulance service, which could now go further afield with confidence. The Commer was found to be slow, uncomfortable, top heavy, and dangerously difficult to control on corrugated dirt roads. It

appears to have been reliable for all that, although not called further than Namban, Walebing, Koojan, and Dandaragan. Charles Newman gave a graphic account of a mad dash to Moora hospital from Cranmore Park, with an urgent case. At times he reached 40 miles per hour, and found it almost impossible to keep on the road; with Dr Laddie Myles in the back shouting for more speed, and Charlie yelling he couldn't keep the old box on the road as it was. The Langford twins could justly claim their arrival was an adventure. It did 48 trips totalling 1,004 miles before being replaced at the end of June 1940.

In May 1940 a new General Motors chassis was purchased from Attwoods, as far as can be seen in the accounts for £215, and Boltons Ltd fitted a van body for a further £185, a total of £400. The Commer was probably traded in, as a truck body was put on it, and it then sold to Mr Cliff Royce at Berkshire Valley. However the records make no mention of what the Association did with it.

The General Motors van was handed over to the Association on 13 July 1940, the patron, Mr Lefroy or the chairman of the Road Board to be asked to do the honours. Who did so we don't know. A week later it had its first call, an emergency trip to Perth. This van gave good service all through the war years. It was again the only ambulance in a vast area, doing service in other districts as well. It went from Morawa on two trips to Perth, from Three Springs on four trips to Perth, to Dalwallinu Hospital from Miling at least twice, and from Wongan Hills to Moora Hospital once. It ran for almost 10 years, doing 338 trips and covering 34,931 miles (56,214 kilometres), before being replaced by the first Dodge.

Some of these trips were notable. In 1946 it went to Cockleshell Gully to bring Mr Frank Grigson to Hospital after he had fallen from a haystack onto a pitchfork which penetrated his stomach. As it could not be removed he was brought in as he was, a long difficult journey when there weren't any roads past Mardo, only tracks. Early in the war period it was called to Dandaragan, only to find the would be patient sitting on his suitcase at his front gate. The driver was not amused and said so, by the man was adamant that when he paid his 2 shillings 6 pence he was told he was entitled to free transport to Moora Hospital, and wanted his money's worth.

# MOUNT BARKER

## BY MR COAD

Late 1939 saw a milestone in Mt Barker's history. It was in November of that year that a branch of St John Ambulance formed in the town, the result of efforts of the local medical practitioner, Dr Olivia N Walker, who was very conscious of the need for just such a service. Not only did this busy and public-spirited lady call the first meeting but she donated her own car to be modified to serve as the district's first ambulance. Prior to this, whenever someone in the Plantagenet or Cranbrook districts took ill or was involved in an accident, they were transported to medical aid by whatever means was available, often a truck. Licensed carriers were most frequently called upon, especially to accidents, as they were the most easily contacted by 'phone. Having arrived at the scene the doctor rendered what aid she could, but had to leave the transport of victims to whoever could be obtained to do the job.

Dr Walker felt this situation should be remedied. Having in mind the greater number of vehicles on the road each year, and their increased speed and potential for accidents, she determined to do something about it. She personally contacted a number of local civic-minded citizens, and as a result the original Mt Barker-Cranbrook subcentre was formed at a meeting held in Squire Bros. office on 24 November 1939. Dr Walker herself headed the committee, and Messrs FL and WR Squire became vice-president and secretary-treasurer respectively. The war was on, and those not away fighting were busy on the home front, so meetings were few and far between. As new names appeared on the committee, replacing those 'left on active service', the movement gained momentum gradually. Due to petrol shortages, the ambulance was fitted with a gas-producer. This was particularly useful on long trips taking seriously ill patients to Perth.

In March 1944 the committee resolved to call a public meeting to launch an appeal for funds to purchase a 4-berth ambulance van. Outlying districts were asked to elect a representative to serve on the fundraising subcommittee. Transport benefit subscriptions were set at 2 shillings 6 pence for single membership and 5 shillings for a family. The district showed its support for the venture. Donations from private citizens, business houses and fundraising functions came rolling in, and it looked as if the hard working little group would achieve their goal. But there were more problems ahead. With the war on, vehicles were in short supply. However, the local committee did not give up easily and approached their local member, Mr AF Watts, requesting him to 'watch the interests of the subcentre should any suitable vehicles be shipped to Western Australia'. The committee also began investigating the possibility of purchasing a block of land on which to build a garage, without much success at first. In September 1946 they were given a moral and financial boost when Mr J McNeil Martin donated a block of land in Ormond Road on which a centre and garage could be built. It was not until October 1954, however, that funds permitted the construction of the new building. Named Walker House, it was opened by Mr Watts.

In the meantime the subcentre had weathered a most disheartening time, both financially and in the number of people prepared to train as ambulance volunteers. In fact one year Dr Walker did not conduct first aid classes due to public lack of interest. There was another difficult period when the Mt Barker

District Hospital closed for several months, and the committee bore the added burden of transporting patients to neighbouring hospitals. They consequently approached the Roads Board for help in releasing staff as emergency drivers. 1947 saw a bright spot when the new 4-berth van arrived, and was dedicated to the fallen servicemen and women of World War II. Heartened, the group made an attempt to form a division of the St John Ambulance Brigade, but this failed. The old faithfuls battled on, and by early 1952 things were grim indeed for the willing but grossly overworked little group. At one point, due to sickness and transfer of helpers, and the general lack of interest, only two trained men were coping with the entire work load.

By mid-1953 things had begun to improve, partly due to donations, some coming from sporting bodies, which as early as then were receiving cover in the form of one or two trained first aiders attending functions. Some business houses, too, had gained permission from employees to deduct a small amount from their wages each week to donate to the ambulance movement in the town. Gradually things began to improve. By now the group had their own headquarters for meetings and training sessions plus a garage for the ambulance, which had previously been housed in a shed behind the Roads Board office. In addition, Rocky Gully had now formed its own subcentre, considerably reducing the area covered by the Mt Barker team. Minute books of the period reveal the undiminished enthusiasm of the small band, whose number included Mr JP (Percy) Allan, who is still actively involved at the time of the writing of this article (1987).

In 1959 drivers were again desperately needed to cope with the increasing number of calls, and Sergeant L Fletcher, at that time in charge of the local police station, offered the members of his staff for emergencies. Drs C Bourke and M Owens were both giving up their time to help teach first aid in the town, and committee members were travelling to out-centres to run classes, as well as manning the ambulance on local and Perth trips.

About 1962, although still officially a part of the Mt Barker subcentre, Cranbrook formed a very active local committee to attend to matters in their own area, and obtained a secondhand ambulance from Rocky Gully, which made for a more satisfactory service in their area and relieved the overburdened Mt Barker volunteers.

All sorts of things were on the move in 1962–63, and further efforts were made to form a division of the Brigade in Mt Barker, this time with more success. The first meeting of the new division was on 13 November 1962. This was a great step forward, and in February 1963 the subcentre resolved that 'the manning of the ambulance vans be the responsibility of the Brigade for a trial period of six months'. The experiment must have worked, as the Brigade were still organising the manning of the vans in 1987. In July of 1963 several member travelled to Perth to see Percy Allen and Mr A Tutt receive Life Membership of St John.

*Mount Barker subcentre.*



By this time the ambulance rooms were considerably less spartan. A group of church ladies had provided curtains and the committee had installed heaters. A picture of Dr Walker had been obtained and hung in a place of honour in Walker House. Another proposal the committee were now considering which no doubt would have met with that lady's approval was more recognition of women in the St John movement. The annual inter-town first aid competition for the Barrow shield excluded women, and so it was resolved to purchase a trophy to be

called the Walker shield and to be contested by female first aiders.

On the business side, it was decided to conduct an oats drive among district farmers to raise funds for a much needed single berth ambulance. This would supplement the 4-berth van, and would be much more practical and economical for the long Perth trips, and meant the town would not be without an ambulance during the 10 or 12 hours such trips took. This was acquired in 1964, and garaged at the home of Mr and Mrs H Dovey, who lived opposite Walker House.

A continuing problem for the subcentre was the lack of interest shown by the public in becoming qualified to assist with ambulance work.

Plans were made to extend Walker House to provide much needed extra space for classes as well as an additional garage, but because of various hitches this was deferred.

In the meantime, Cranbrook, combined with Mt Barker for almost 27 years, formed its own subcentre, which further relieved the pressure on Mt Barker. However, as road traffic was still increasing the group were kept busy.

September 1967 saw a Minute on the books referring to building a new Walker House in a more central part of the town. Names like D Stewart and John Gilbert were appearing in the Minutes book. Mr Stewart had already been transport officer for some time, a position he still holds in 1987. In his annual report that year the president, Mr F Chester, stressed the difficulties being experienced by Brigade members who now manned the vans. He warned that if no new helpers came forward, the subcentre might have to close down or considerably reduce activities. The work load now included providing ambulance cover at local race meetings. A team from the local Brigade division competed in the No. 6 Corps first aid competitions, and won their way to the state championships.

In 1969 definite progress was made towards the new subcentre building. The state government promised a grant of up to $10,000 and the Plantagenet Shire Council promised $15,000 plus a block of land in Mt Barker Street in exchange for the original block and building. It was a great day in November that year when the first committee meeting was held in the new $32,000 brick building. The new subcentre was a great improvement with a committee room, secretary's office, lecture hall, kitchen and small store room plus space to house two vehicles. The grand opening occurred on 21 March 1970 with Mr C Nalder, MLA, performing the official ceremony. Dr Walker had declined an invitation to open the building because of ill health, but was present. The spontaneous talk she gave was one of the highlights of the day.

During the ensuing year various rules regarding the use of the new Walker House were drawn up. As well as 'no alcohol', one regarding hiring out stated 'definitely no stomps' (with reference to a current dance craze). A welcome surprise during this year was a donation of £100 sterling. This came from an old friend of Dr Walker, Mrs Rosalie Young Simpson of England, who had heard about the subcentre and wished to be a part of the project Dr Walker had started in 1939.

By this time the subcentre was beinning to feel the benefits of the business acumen, foresight and dedication of the secretary-treasurer, Mr Berliner. He kept a keen eye on all financial matters. Membership levels at this time were poor, so he proposed a membership drive. His plan was to split the Shire into sections of about 20 to 30 residents and appoint collectors to contact everyone in the sections and secure their membership. At the same time a more efficient membership card system was introduced. This proved highly successful.

Things generally became easier financially during the 1970s. Various sporting and service clubs, realising the value of the ambulance, made donations of cash or equipment. Following Mr Berliner's advice, the committee paid off its loans and started a vehicle replacement account so that as ambulances needed replacing there was an adequate sum available. When he finally retired after 14 years in the position he had guided the subcentre into a sound financial position.

Another name which has appeared regularly in our records is that of JP Allan. He was made a Serving Brother of the Order in 1975, and promoted to Officer Brother in 1982. He served as subcentre

president in 1964–65, and again in 1976. He was superintendent of the Brigade's Mt Barker division for 9 years from 1965, and was then promoted to superintendent of No. 6 Corps, remaining in the position until 1985, when he went on the Reserve list. Few people can boast 47 years of active service to an organisation.

During the 1970s the image of the St John movement was also changing on the administrative side, with several women on the committee. Apart from taking an active interest in running the subcentre (two of the ladies were members of the Brigade division), they addressed themselves to more domestic matters. They provided sheepskin seat covers for the vans, foam underlays for greater patient comfort on Perth trips, and curtains for the main hall and meeting room. One woman on the committee was particularly interested in improving the surrounds of Walker House, and so she and another member formed a subcommittee to draw plans, obtain shrubs and trees, and organise working bees. Another woman who has done a lot for the St John movement is Daphne Stewart, wife of the transport officer, David Stewart. She has always done much of the transport organisation; she has been one of the regular collectors, sitting in the local Co-op on Friday afternoons during annual membership drives; and before finances permitted us to engage a cleaner she often did the cleaning at Walker House. Her contributions were recognised by the Life Membership she was awarded in 1972. Two other ladies worthy of mention here are Mrs Flo Alland and Mrs Joy Hall, who take over the transport job when necessary and are always on hand to help with any St John project.

By the late 1970s quite an attractive native garden and lawns had been established around Walker House. Les Clothier, who worked opposite, kept a keen eye on things, watering several times a week. Keeping the lawn mowed was a problem until the Shire President, Mr W Frost, solved it by turning up one day with his lawn mower and doing the job himself. That was in 1978, and he is still the unpaid mower man.

The nature of ambulance transport was changing by the 1980s. The introduction of the aerial ambulance plus the increased hospital and medical services in Albany meant very few road trips to Perth. Thus, in 1981 there were only eight road transports to Perth, compared with 37 to either Albany Regional Hospital or the Albany airport; and by 1985 there were 69 trips to the Albany hospital plus 17 to the airport and no road transports to Perth.

Although being relieved of the long and tiring 720-kilometre round trips to Perth was a relief, the increased use of the ambulances overall was still placing the volunteers under stress. Finding qualified drivers and attendants was becoming a nightmare for the unofficial transport co-ordinator, Mrs Stewart. She was very well aware that all the volunteers had Brigade commitments and public duties to fit in. Added to this was the fact that none of the town members was self-employed, and although employers were generous in releasing them for a local emergency, they could not take two or three hours off for a trip to Albany during working time. The country members, who were mostly farmers, lived anything from 15 to 40 kilometres out of town, which meant a lot of extra travelling for them. (No one ever claimed the reimbursement for travel to which they were entitled.) Their efforts, and the public-spirited attitude of a few emergency drivers, combined with the co-operation of hospital staff, saved the day, but Mrs Stewart sometimes spends much time on the 'phone finding someone.

Of course, all these hospital transfers were a steady source of income, and the finances of the subcentre have improved dramatically in the last few years to the point where the position is very sound indeed. Well aware that their old friends, Cranbrook, were not nearly so well off, the committee accordingly resolved to help them financially. The Rocky Gully subcentre in the western section of the shire were also recipients of substantial help. The committee were only too conscious that if Cranbrook and Rocky Gully could not maintain their services, Mt Barker would feel the effects, so perhaps the help was not entirely magnanimous.

The St John movement in our district has come a long way since that November day in 1939, when Dr Walker chaired the inaugural meeting.

# NAREMBEEN

## BY THE SUBCENTRE HISTORIAN

The Narembeen St John Ambulance van stationed at the St John subcentre or seen regularly at sporting fixtures is a familiar and reassuring sight to most people in the district.

It is now accepted as an essential district amenity but most people are unaware that its establishment in Narembeen is of comparatively recent origin, and only then after many years of frustrated effort and dissention.

In 1941, the Hospital Board discussed the need for a district ambulance as the hospital was without a doctor, and during the war years it was impossible to obtain one. Moves were made to get vehicle quotes, possible aid from the Lotteries Commission with other details. Mr Jarrot was, at this time, hospital board chairman.

Some 18 months later it was decided to forward the pile of correspondence to the Narembeen Road Board, with the request that the chairman call a public meeting to discuss the formation of a St John subcentre in Narembeen, with a view to purchasing an ambulance for the district.

The meeting was held on 1 May 1943. At this inaugural meeting the following residents attended: Mrs AW Latham, Messrs Dunwell, Sargent, Moffatt, Cooper, AW Latham, Cawley, Longhurst, Jarrot and AAG Walker. Mr Dunwell was elected chairman; Mr Cawley was vice-chairman, and secretary-treasurer AAC Walker. Messrs Jarrot, LW Rodgers and JP Cusack were elected committee men.

The sub-committees were formed at a subsequent meeting in September 1943. Messrs Latham, Rodgers and Jarrot comprised the first sub-committee, and they agreed to finance the purchase of an Ambulance until funds became available. The second committee, Messrs Dunwell, Cawley and Walker were to arrange finance for ambulance costs. The chairman, Mr Dunwell, stated that St John's Head Centre had quoted a second hand Dodge Ambulance estimated to cost between £300 to £350, which was duly purchased. A public appeal through the local newspaper brought a good response of £287 14s 0d.

Mr Jarrot went to Perth and took delivery of the ambulance, little knowing that Narembeen subcentre had bought a load of trouble that was not to be resolved for at least ten years. A complete breakdown of the engine happened in September 1944. Discouraged, the committee wanted to accept a sale offer of £120, but it was eventually decided to have the ambulance reconditioned in Perth.

Private cars were put on roster for emergency cases. Owing to petrol rationing, extra coupons were made available. Constable Len Thomson, then stationed at the Narembeen police station, volunteered to drive the ambulance back to Narembeen. Mr Dunwell and Matron Willis were passengers. Unfortunately, the vehicle overturned on the way, and had to be returned to Perth for extensive repairs.

At a public meeting in 1946, Mr Dunwell gave a comprehensive report on the many troubles encountered, climaxed by the breakdown of the ambulance which had crippled them financially. The van was evidently a war veteran and was out of action for a long period.

The Head Centre was unable to offer financial assistance.

Years passed in indecision: should they let the ambulance go? But always they decided to keep it, in spite of some dissension. When finally put up for

sale, the tender of Lafferlys of Inglewood for £145 was accepted.

A final meeting of the subcentre was in February 1949. The money, under the trusteeship of Mr A Walker and Mrs AW Latham, was deposited in the bank, where it was to stay for the next 10 years. During the preceding five years only 35 trips were made by the ambulance.

In 1943 when the ambulance had been purchased, the problem of obtaining shelter for it became paramount. The Road Board offered temporary accommodation, and a site at the northeast corner of the hospital grounds was made available to build a garage. Even more acceptable was Mr Dunwell' s offer of Lot 13, a block which had been willed to him by the late Mr William Adams. This block is the one on which the Shire Clerk's house is now standing. The Road Board considered the site unsuitable and refused permission to build. Mr Bert Walker then offered use of a shed, and when the vehicle was disposed of in 1949, the chapter on ambulance Housing was closed.

As a point of interest, Mr Frank Cooper was the first maintenance officer, offering to start the van twice a week and carry out routine checks.

The first roster of drivers included Messrs Cawley, Cooper, McGeary, G Latham, D Dunwell, A Latham, Anderson, L Rodgers, W Jarrot and HT Walker. The cost in 1943 , was 6 pence per mile and was increased to l shilling per mile by 1947.

During the intervening 10 years between 1949 and 1959, the subcentre was dormant as an organisation and its funds held in trust by the bank. An attempt was made by the hospital board to have the subcentre re-established. Activities began again in January 1952. The attempt, however, was unsuccessful, and it was not until July 1959 that Mr A Craig, then chairman of the Road Board, announced his intention of calling a public meeting to see if an ambulance could be purchased.

The Bruce Rock Ambulance had been made available during the last 10 years for surgical cases that could not be moved by car.

The second subcentre, established in September 1959, was the beginning of a successful era which had led to the splendid facilities we now have. The 30 people who attended the inaugural public meeting were, no doubt, encouraged in their aim by the recent appointment of Dr Wilson to Narembeen. Mr L Holm from the Bruce Rock Ambulance committee attended and explained how a subcentre was expected to operate. Dr Wilson also stressed the importance of having an Ambulance in the district.

Office bearers elected in 1959 were: president, Dr Wilson; vice-president, Mr HT Walker; secretary-treasurer, AA Walker, and later Rev. Apthorp; committee members, Messrs R Slade, RK Moyses, CG Latham, G Palmer, J Murphy, J Nichols, Rex Smith, B Currie and R Thomas.

*Narembeen subcentre.*



The object of the newly formed committee was the purchase of a suitable van, and it seems from the outset, even at the public meeting held on 21 September 1959, there were two schools of thought on the matter. The bank balance was a mere £203 12s 6d. Mr Dunwell, who had been president of the former committee during the war years, outlined the difficulties they had experienced with a second

hand vehicle. In the light of this, with little finance and no building, he thought that it was inadvisable to consider a van at all. Following a spirited discussion, it was decided to buy a second hand International van offered by the Bruce Rock subcentre at £450.

The next matter of importance was a drive for the necessary funds to complete the purchase agreement with Bruce Rock. Immediate support was offered by Messrs W Cooper, A Boase and A Walker, each of whom gave a donation and use of their cars for a canvas of the district. The canvas was carried out in March 1959 by Messrs F Federici, B Currie (Merredin Road), R Richards, B Cusack (Soldiers Road and Mt. Walker), R Thomas, G Palmer (Arrowsmith), Rex Smith, R Cheetham (South Kumminin and Emu Hill), Rev. Apthorp (Bruce Rock Road and Bungulluping).

The public responded so well that besides paying for the ambulance, £200 was invested in short term securities. The committee found a certain amount of opposition about the purchase of a second hand van, but the same people were prepared to contribute towards a new one.

Mr Ernie Mead became subcentre president in 1960, with Mr Bob Watkins as secretary-treasurer. The year 1961 found Mr A Craig as president and Wally Cavanagh as secretary-treasurer. Dr Walkley was made president in 1963, secretary-treasurer: F. Federici, followed by F. Pheasant.

At the Annual General Meeting in 1963, Dr Walkley gave various reasons why the present ambulance was hopelessly inadequate. A decision was reached to purchase a new 4-berth International ambulance for £2,100.

The year to follow was an important one in the history of the subcentre. The public and various organisations responded with donations. Membership increased, private donations in 1963 amounted to £306, membership subscriptions £215, an allocation by the Shire of £200, and also an ambulance subsidy. Because of this overall generosity, Dr Walkley was able to announce that the ambulance was completely paid for.

Maintenance man, Mr B Commons, testified as to the comfort and suitability of the new vehicle. One of the most exacting positions of an ambulance committee has always been that of maintenance officer, which means checking the ambulance regularly with a view to keeping it in first class condition. This is specially important to meet every emergency. In September 1959, Mr J Murphy was invited to perform this service, but a few months later Mr B Commons took over an official maintenance officer. In this capacity he has given untiring and efficient service, ably assisted by his wife, Nell, who over the years has cleaned and laundered the linen. In 1964, the committee presented the couple with two verandah chairs in recognition of their efforts. As a further gesture, in August 1965, Perth St John headquarters honoured the Commons by granting them life membership for outstanding service.

In 1965 instructions from Head Centre stated that committee people be elected for a term of two years. Mr Peter Walker became president in 1964. He held this position until Mr Peter Rieusset replaced him in 1959. Mrs J Moir was made secretary-treasurer in 1966 and was replaced by Mrs T Berry in 1969.

## BUILDING PROGRAM

In 1959, when it was first agreed to purchase an ambulance, the need for a garage was obvious and temporary housing was obtained by the Road Board. There followed a deputation to the Road Board for the purpose of obtaining a suitable block of land, preferably in Yandle Park, on which to construct a garage and Headquarters. A site in the hospital grounds was also suggested, but the more central position was favoured. The site, 1/8th of an acre in Yandle Park, was granted in 1960. A permanent rather than a temporary building was finally decided upon since financial assistance could be expected from the government and Lotteries Commission.

The builder, Mr K Ward, of Bruce Rock submitted a tender of £500. Donations made up £630, with the balance of accumulated funds bringing the total to £2,486, which enabled the building to be opened free of debt.

On 31 August 1962, Mr Hart MLA performed the opening ceremony. The two-roomed building of brick and tile included both lecture room and garage.

# NEWDEGATE

## BY THE SUBCENTRE HISTORIAN

### FORMATION OF A SUBCENTRE

For the formation of a subcentre of St John Ambulance in Newdegate, the members of the Newdegate Jaycees called a public meeting in the Newdegate town hall, on the 2l February 1969. The first committee was then formed to get the project underway. With the help of donations from the Jaycees, and by running a door knock appeal, $1800 was raised; the Lake Grace Shire gave $1300; the Lotteries Commission $1600; and finally a government grant of $1500 made up the balance required to purchase an ambulance. The new C1100 International ambulance was purchased from Howard Porter Pty Ltd in Perth and was handed over to the Newdegate subcentre president, Mr R MacMahon, by the Lake Grace Shire president, Mr J Milverton, on l4 November 1969. The Shire council allowed the ambulance to be kept in an old iron shed on Lot 27 Collier Street, Newdegate.

### RAISING FUNDS AND GETTING STARTED

Fundraising to build a shed to house the ambulance commenced in 1969. Some of the many things held to help toward this project were: Christmas raffles of cakes, hampers and stockings; hot dog stalls; chicken dinners; golf putting; guessing the weight of a sheep at the field day; car rallies; bike gynkhana; barn dance; and sweeps in the Melbourne and Caulfield cups.

Finally, with the help of a government grant, the building was under way. With the help of about 50 hours of volunteer work, Mr Mick Davey built the ambulance shed on a shire block, Lot 32 Collier Street, at the cost of $1,630. The block was cleared by B Derrick, A Baker, U Shalders and C Shalders. Other work done voluntarily was: electrical work by S Goode; water connection by Mick Davey; a set of cupboards built and a sign made by Alex Griffin; and another sign made by P Howe. Many people gave their time in helping but all names aren't available through the records.

The subcentre also ran a book exchange library, which started in 1970 at the home of Mrs H Stevens, and was run on an exchange of ten cents per book. When Mrs Stevens left the district in 1971, the books were moved to R MacMahon's shop. When Mr MacMahon sold his shop to Mr Colin Dunkeld the books remained there until 1978, when use of the room was required by Colin. The books were then moved across the road to the Co-op, into the room which was formerly used by the R & I Bank, and is now the hairdresser's. The books were finally moved to the ambulance building and donated to the CWA library in Hopetoun in 1985.

Ambulance laundry had to be done voluntarily and was done by Mrs H Easton from 1969 to 1970, by Mrs B Dewar from 1970 to 1975 and by Mrs M. Walker from 1975 to 1977, when linen could then be changed over at the hospital.

Maintenance on the ambulance was carried out by volunteers, with A Hall and M Dunkeld doing the more specialised work. Some of the people who gave their assistance with this work, including washing of the van were: B Stewart, J Aly, F Starke, E Bishop and M Howe. Mrs J Shalders put many hours into establishing a garden around the ambulance building and M Howe now maintains the garden and cleans both the building and the ambulance.

In August 1980 a new Mark II F100 4-berth ambulance was purchased from Paull and Warner

Pty Ltd. The old ambulance was sold by tender to Mr Mick Davey.

Transport officers in the service began with Mrs V Aly, Mr H Naisbitt, Mr L Rintoul and Mr M Howe. The work of the transport officer was to take the emergency calls and call on volunteers to assist while taking the ambulance to the place in need. Volunteers were listed on a roster system; but at times when volunteers were only very few, this system could not be used and whoever was available was called upon. If the transport officer was not at home to answer calls, a recording was played of people that were available. In 1982 the recording system was discontinued and a fire brigade, four-way telephone system was connected. The main phone was at the home of L Rintoul with connections to P Nield's, R Newman's and M Howe's private phones. When the ambulance number was rung it would ring on all four phones, with a continuous ring, allowing people with knowledge of who was available to go out on a call, to answer. In 1986 P Nield's connection was moved to the home of P Ness, where it remained until 1988. The main phone is now at the home of M Howe with connections in the homes of D Tonkin, R Newman and S Parr.

*Newdegate subcentre.*



## FIRST AID TRAINING

First aid training started in 1969 with an instructor, Mr Fred Walters, coming from Dumbleyung. Thirty eight people went to this class and 22 sat for the exam. Once first aid training had started, the subcentre had their own lecturers and demonstrators, with assistance given by Dr Dyson and Dr Chong. Names of lecturers and demonstrators were: Mr H Stevens, Mrs J Baker, Mrs H Climas, Mrs M Witham, Mrs J Shalders, Mrs J Newman, Mrs L Evans and Mr M Howe.

Ambulance training, to help in skills, was later brought out to the country by Headcentre in Perth. Grade Two Ambulance Officers' courses were held in Ravensthorpe and some of the people that travelled to these courses were: M Witham, J Shalders, M Howe and B Howe. Later on, when Grade I ambulance officers' courses started, also held in Ravensthorpe, the people that attended were: J Newman, C Howe, M Howe, B Howe, A McDonald, P Marshall, G Guelfi, R Evans, L Evans, Peter Ness, Paul Ness and L Dewar.

In 1981 the subcentre sent Cliff Howe and Gary Guelfi to Perth for a three weeks' Grade II ambulance officer's course, which helped the subcentre to keep up with skills in training. In 1988 the first Grade I ambulance officer's course was held in Newdegate. The Newdegate people who attended this course were: S Parr, M Howe, Mark Howe, B Howe, R McGlinn, A Pither, L Evans and R Evans. Others attended from Kukerin, Jerramungup, Lake King, Lake Varley and Hyden, giving the numbers which made it possible for us to hold this course.

Subscriptions and life membership

Ambulance subscriptions were set in 1969 at $5.25 family and $2.25 single. In 1970–71 the family rate was reviewed and the price went down to $4.25. Subscription rates are now given to the subcentre from Head Centre in Perth, and are set at a minimum rate allowed, which is $18.00 family and $9 single.

In 1969 an honorary life membership was awarded to Mr J Underwood and family for the term of his stay in Newdegate. A life membership can be awarded to anyone that has served in the St John

Ambulance Association for five years and is still an active member. In 1981 Mrs M Witham was awarded a life membership for all her time given as an office bearer, committee member, ambulance officer and first aid instructor for a period of 10 years. In 1985 Mrs Jean Shalders was awarded a life membership for her time given as an office bearer, ambulance officer, committee member and assisting in first aid for a period of 15 years. In 1988 Mr M Howe was awarded a life membership for his service as committee member, office bearer, ambulance officer and assistant lecturer for a period of 11 years.

## EQUIPMENT

Ambulance equipment has been kept up to standard regulations. The equipment has been purchased with the help of ambulance benefit fund, donations and fund raising. Some of the equipment is: an Air Viva, demand valve, Oxy Viva, Jordan frame, blood pressure cuff, Hare splint, air splints, Penthrane analgesia, suction device, cervical collars, maternity kit, jaws of life and basic materials needed for all first aid treatment.

The Jordan frame was purchased with a donation from the Newdegate darts club, the jaws of life equipment was donated by the Newdegate Field Day and the Oxy Viva was purchased with a donation from Telehelp.

First aid training equipment is up to date, with a Resusci Anne torso, Resusci Anne full-length, a Resusci Baby and a Resusci Junior water manikin. The Resusci Junior water manikin was purchased with proceeds from donations and fund raising.


AMBULANCE
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# NEWMAN

## BY FW HALL (1982)

This service was formed towards the end of 1974, when a group of interested people got together to discuss what could be done to form some sort of ambulance cover for the town.

*Newman subcentre with (left to right) volunteer ambulance officers Keith Calder, Joan Wallis, John O'Donnell and Brian Colbran. The vans behind them are Fords, Mark II (right) and Mark III.*

Mt Newman Mining Company had just purchased another ambulance, so it was decided to approach them to see if they could help.

The company's proposal was that if we could guarantee a 24-hour service for one year we could have the ambulance for our subcentre.

This we agreed could be done, so we split into 2-man teams covering the 24 hours. The driver had the ambulance and was called out by Transport. He would pick up his attendant and go to the incident.

We met at the school every Tuesday night. Most of us had first aid certificates, but we were lucky to have a former ambulance officer from Victoria, who gave us much needed and valuable instruction. There was also great help from the doctors and staff of Newman Hospital.

This system worked quite well, but we decided that as the town was growing fast a permanent building was required.

Once again, Mt Newman Mining Company helped by giving us the ground.

The East Pilbara Shire needed an office building in Newman, so they agreed to incorporate an ambulance subcentre in the office and council chamber for the shire.

Plans were drawn up in which a lot of our ideas were used, and the building was commenced with the shire gratefully finding the finance.

It was officially opened on 17 October 1976, when the plaque was unveiled by FJ Welch, JP.

Many thanks must be given to the local firms and people of Newman for donating much-needed items like electric stoves, fridge and office equipment; also the Newman Club for the pool table, which helps pass the hours while volunteers are waiting for a call.

At the end of 1978 we received our first ambulance from St John in Perth. At last we were on our own.

As for myself, the author of this brief history of St John Ambulance in Newman, I left when the work load became too great due to lack of volunteers. We were down to just four.

But I am more pleased to see that our earlier work was not in vain. Once again, interested people came forward to keep this vital service going. I regret I am getting too old to carry stretchers or I would be back.

People of Newman support this vital and necessary service. You never know, you may have to call for them one day.

The following names are some of the original members. If I have omitted some, I apologise (it was a long time ago): Bill Vardy (first president), Dave Rich (first vice-president), Peter Barker, Dennis Thomson, Darrel McBride, Frank Coppinger, Eilien Coppinger, Peter Smith, Alan Russell, Fred Hall, Don Mills, Graham Wallace, Peter Wisky, John Dixon.

All the best for the future of St John's, Newman!

# PINGELLY

## BY THE SUBCENTRE HISTORIAN (1984)

It is interesting to note in Shire records, that in November, 1922, the Town Clerk of Perth offered to sell to the Pingelly Road Board, two horse drawn ambulances, which were used by the St John Ambulance Association. The price was £10 but the offer was not accepted.

A meeting convened by Messrs EO Lange and F Rankin was held in the town hall on 27 November 1951, to ascertain the feelings of the general public, whether the Pingelly district warranted such an amenity as an ambulance service. About 80 people attended, and listened to the guest speaker, Mr Hilton, state secretary of the St John Ambulance Association.

A formal motion was proposed and carried unanimously 'that such a service was essential, and plans be proceeded with, for the establishment of a subcentre'. A committee was formed with the election of these office-bearers: president, Mr EO Lange; vice-president, Mr F Rankin; secretary-treasurer, Mr W Burton.

Fund raising was of prime importance. The district was canvassed for donations, and organisations gave generously, while the local committee arranged a Ball. The outcome was very encouraging, and resulted in the purchase of an ambulance much quicker than anticipated. The cost was £1,200. The vehicle was handed over by Perth Head Centre on 21 May 1952, and on Friday 23 May the ambulance was formally dedicated for service by the local ministers in a ceremony in the memorial park.

It was necessary to commence public first aid classes, and 20 students enrolled. Dr R Rogers gave the lectures, Mr J Hancock was the demonstrator, and Dr Mainland from Narrogin, conducted the exams.

During the first year of operation, the ambulance travelled 4,962 miles (7,985 kilometres) transporting 59 patients.

The main developments after that, year by year, have been as follows:

*1953*

It was decided to continue with an annual ball, as it proved a good source of revenue. The Shire had kindly provided a temporary garage, but now a building was number one priority. Plans were drawn up and tenders called. Mr A Shales was successful. The total cost was £780. The Lotteries Commission donated £300.

20 students enrolled for first aid classes.

*1954*

Mr Burton resigned as secretary and J Redshaw accepted the position. 8 students attended first aid classes. There were now 223 menbers. The ambulance had travelled a total of 2,759 miles and transported 31 patients.

*1955*

A new constitution was drawn up and formally adopted. A letter of appreciation was written to Mr G Curtis, a foundation member, who had given free servicing of the ambulance at his garage, since the inception of the subcentre, this being a very laudable service.

*1956*

There were 64 ambulance calls made. Mr G Wyatt became the first aid demonstrator.

*1957*

Trees were planted in the grounds. Brookton asked if it would be possible to have first aid classes conducted in their town. There were now 229 members.

*1958*

A new cyclone fence was erected, which improved the appearance of the block. There were 8 students attending first aid classes. The membership was now 289, and 4,000 miles had been covered transporting 42 patients.

*1959*

The committee felt a smaller ambulance would be preferable for non-urgent trips. A visit to Collie subcentre was arranged, and as a result we decided to buy a single berth ambulance. A Holden Station Wagon was purchased. The second vehicle was dedicated by Rev. Hardie in the Anglican grounds on 15 July 1959. 14 students attended the first aid classes. 30 ambulance calls were made with a mileage of 2,923 miles. There was a mileage of 3,801 transporting 36 patients.

*1960*

It was proposed that we extend the present buildings to house our 2 vehicles. Plans were drawn up, at an estimated cost of £1,754. The tender of Mr A Scaffidi was accepted. During the renovations, the ambulances were housed at the police station. The annual first aid classes, had an enrolment of seven.

*1961*

In May the new building was officially opened. Dr Cohen and Mr Bray represented Head Centre. The total cost was £1,900. Treasury supplying £500 and Lotteries Commission £500. 18 students attended first aid classes. 42 calls were made in 3,751 miles. 1962 In an effort to boost our funds, the BP Band gave a variety concert in the town hall and it proved a great success. 43 patients were taken over 4, 894 miles. 25 students attended the first aid classes, 23 were examined.

*1963*

Finance was still a problem, so the committee decided to run a chocolate wheel at the annual show. It was quite a successful day.

*1964*

It was mooted that we negotiate with Head Centre and proceed with the formation of a St John Ambulance Brigade. We also decided to investigate the possibility of establishing a subcentre at Wandering, because of the number of accidents on the Albany Highway. In order to help this suggestion become a reality, we offered our 1952 Dodge ambulance to Wandering. The shire council of Wandering responded enthusiastically to our offer, and a public meeting was arranged for 28 November 1964. 17 people attended, and Mr Bray represented Head Centre. Mr W Pennington, Shire president, chaired the meeting. Mr EO Lange, president of Pingelly subcentre formally offered our fully equipped 4-berth ambulance to Wandering. Pingelly members also offered to conduct first aid classes, despite the travelling involved. 15 students registered.

*1965*

Our membership fees were 50 cents and we had 131 members. Lotteries donated $800 towards our new ambulance which was dedicated by the Anglican Bishop of Bunbury, on Sunday 16 May.

*1966*

We transported 60 cases covering a total of 4,919 miles.

*1967*

We purchased a new Holden van to serve as our second ambulance.

*1968*

We held first aid classes on the Aboriginal Reserve, but it wasn't very successful as the children attended with their parents. We transported 52 patients, and attended 12 accidents, travelling 6,122 miles. Our fees were increased to a family $12 single $1. We had 84 members. Aboriginal unpaid accounts were causing a good deal of concern. 16 students attended the first aid classes.

*1969*

As we were operating on an overdraft we decided to have a special membership drive, which resulted in our membership reaching 160. We had a chocolate wheel at the show, and operated a snack and cool drink stall as well. 52 patients were transported, 7 accidents attended and we travelled 6,497 miles (10,456 kilometres).

*1970*

We received 81 calls, 21 accidents, 1 mental patient, travelling 5,787 miles. No first aid classes were conducted.

*1971*

We transported 52 patients, 9 accidents and the distance covered was 4,330 miles. The membership was 106. We conducted first aid classes for Apex and 12 received certificates. We organised an icecream and cool drink stall for the show.

*1972*

Mr EO Lange resigned after 21 years as president. He had also held the position of zone president. Mr EC Frusher was elected to fill the position of president. 14 attended the First Aid Classes, menbership was 112. We received 56 calls, 16 accidents and the mileage travelled was 5,205.

*1973*

The committee decided to have a membership drive, in an effort to improve our financial position. Circulars were posted, showing the relative costs of transport for members and non-members. This was further helped by publicity in the local paper. As a reminder we followed up with a street appeal, when members manned the ambulance in the main shopping area for 2 days. This proved so successful it is now an annual event. Our membership more than doubled, to 239 members. As a result of our publicity, Apex organised a project, and donated $1,200, CWA $200 and the Shire Council $150. Their generosity helped us wipe out our overdraft, leaving us with a credit balance of $2,500. 14 students attended our public first aid classes. In transporting patients we travelled 5,148 miles and attended 17 accidents.

*1974*

We reached a new record for transport menbership 289. This resulted from follow up publicity. A record number enrolled in our first aid classes. 28 students received their certificates. We attended 15 accidents and travelled 4,228 miles.

*1975*

We renewed the paint work on our building, and bought new chairs for the Lecture Hall. With continued publicity our membership rose to 325 members. We held a refresher course for past students and 16 received certificates. We transported 63 patients, attended 13 accidents and travelled 6,775 miles.

*1976*

As a result of regular ambulance notes in the paper, locals have become more aware of our activities. This year our membership increased to 375. With extra income we have been able to purchase new equipment, and we are in a healthy financial position. 26 students attended first aid classes. Some of our members conducted classes at the school. We received 54 calls, attended 15 accidents and travelled 8,032 kilometres.

*1977*

Our membership was 369. 18 students attended first aid classes. A roo bar was placed on the ambulance, making night travelling much safer. During the year we transported 74 patients, attended 24 accidents and travelled 13,064 kilometres.

*1978*

We conducted first aid classes for the school, Scouts, Cubs and Guides. We examined the Brookton and Beverley subcentres. At our first aid classes we had 16 students. For the state's 150th anniversary celebrations we decided to extend our buildings, adding a kitchen storeroom and planting trees and shrubs in the grounds. Membership was 402.

*1979*

We continued our menbership drive and reached an all time high of 409 transport members. A good deal of credit goes to the members who give of their time, collecting subscriptions in the street for two days. We are indebted to the Pingelly Newsagency, who act as a collection office during the year. With the increase in trained personnel, our roster of drivers has increased to 26. We had 20 students at our first aid classes. This year our members conducted classes at the school, Aboriginal alcoholic mission, Scouts, Guides and our public classes. We travelled 7,432 kilometres with 29 medical cases and 7 accidents, and the subcentre received a Citizenship Award Certificate.

*1980*

We had the exterior of our building painted, shelving put in the kitchen, and vinyl floor covering. The lecture hall was carpeted and busy bees organised to clean up the surrounds. To raise our standard of

trained personnel, 6 members attended Narrogin training sessions, and received their ambulance officer grade II certificates. New equipment has been purchased and installed at the 4-berth ambulance. The federal government donated an Australian flag and a photo of the Queen. 22 students attended our first aid classes, 32 school children received tuition. The hospital continues to provide a laundry service for our linen and uniforms. We have farewelled our foundation members, Mr and Mrs T Rayner, who have transferred to Gingin. The Ford ambulance travelled 17,895 kilometres. The Valiant ambulance travelled 4,915 kilometres. We had 104 trips, 11 accidents, 45 transfers, 48 x-rays, travelling 22,090 kilometres.

*1981*

As our trained members have been so enthusiastic, we have decided to host a training seminar for ambulance officers Grade II. 20 students attended, 2 from Beverley, 4 from Williams, 1 from Wickepin and 13 from Pingelly. Arm bandages, white coats and overalls were purchased for accident crews. Several ladies have obtained their 'B' Class Licenses. The Superintendent from Head Centre makes regular visits, and this liaison has proved very beneficial. The instruction of a new teaching manual has been very enthusiastically received. 4 members attended a Demonstration Course at Brookton, and gained their Certificates. 19 students passed their first aid Exams. 32 School children received instruction. This year we purchased membership cards, which will bring us into line with the City, and make it much easier for reciprocal transport. The Shire Council annually gives our Subcentre a generous donation towards our fuel bill. The adjoining Shire of Cuballing gives an annual donation of $50. With the extra publicity, and the enthusiasm of our members , other clubs have given donations to our subcentre. During the past two years we held social evenings, inviting families to be present for the presentation of medals and certificates. A short film is shown followed by awards and supper.

The shire president, doctor and matron participate in the formalities. These evenings have proven highly successful, and encouraged others to show interest in the subcentre. Four personnel attended a seminar at Brookton. 22 students received first aid certificates. We travelled 13,220 kilometres, attended six accidents, eight emergencies and 117 medical cases.

*1982*

During the year three life membership badges were presented, to Mr EO Lange (posthumous), Mr L Cousins and Miss D Watts.

Membership 268. Ambulance travelled 6,254 kilometres. We received 62 calls, three accidents, 18 emergencies and 41 medical. To meet the demand of the public, we held two first aid classes this year—afternoon and evening. 20 students received their certificates. We held the final seminar for Ambulance Officers grade II. Our 14 students passed their exams. This opportunity for further study has created much interest, and gives an incentive to progress beyond the public first aid course, as well as providing a higher standard for trained personnel.

*The Pingelly subcentre, built in stages: first section, 1953; additions, 1961; further additions, 1988. The ambulance van on the right is a Ford Mark III; on the left is a Ford Mark IV.*



*1983*

Enquiries were made regarding the installation of a radio in the 4-berth ambulance. The committee decided it would be an asset when driving emergency patients to Perth, especially at night, and no stopping place through the forest. The necessary information

has been received, and an order placed with Head Centre. The radio is operative, and is proving to be quite an asset. The Apex Club approached our subcentre regarding a radio base at the hospital, and offering financial assistance. After a combined meeting we decided to proceed with the project. The base is now a reality, and functioning well, with hospital and ambulance personnel receiving operational instructions.

Our two first aid classes were conducted and two private students did their exams.

Our membership is 289. One member qualified as an instructor, after attending a course in Perth. We applied for a grant from Head Centre and after notification of approval, we have ordered a new 4-berth ambulance. This will necessitate renovations to the doorways, and a new door. Plans are in hand for repairs.

For a number of years our subcentre has staged a demonstration at the local Christmas carnival. This year, we will distribute litter bags and emergency first aid booklets as a public relations exercise. On quite a number of occasions, we have been invited as guest speakers to various organisations, followed by a question and answer period. The publicity has resulted in further enrolments at our first aid classes.

Following two very traumatic road accidents during the year Dr R Hood, wrote a letter to the local paper, saying 'a job well done': 'I would like to publicly commend the Pingelly ambulance association for their prompt attention to a motor vehicle accident. One man's life was saved and four others with less serious injuries were greatly assisted'. We have a very good relationship with the medical and hospital staff.

Our subcentre has earned the respect of the community by keeping our standards high, and our committee members can feel justly proud of our local subcentre. The ambulance transported 52 patients and travelled 14,968 kilometres.

*1984*

Once again we conducted two public first aid classes. The response this year was excellent. 51 students enrolled and 49 took the exams, all gaining passes.

Our new ambulance will be on display at the Shire Australia Day celebrations and a dedication service will be performed.

Our present membership is 389. We travelled 6,753 kilometres and transported 51 patients.

Our members also conducted first aid classes for various organisations, with a total of 115 students. The aim of our subcentre is to have a trained first aider in every home in the district.

# RAVENSTHORPE

BY JIM McCULLOCH

Mr LC Price ran a utility service, taking persons to Lake Grace during 1946–47–48. I was elected president of our ambulance committee in November 1948. Mr HJ Groves was secretary.

A former St John ambulance van donated by Mr W Everett was presented to Hopetoun as a fishing industry had started and looked as though it could become of some importance. A cannery had been built at Hopetoun by Mr Dan Hunt and worked consistently for two years, 1945–46, then ended its activity. During 1947 the van was held at Hopetoun, until brought to Ravensthorpe later, during 1949. It was garaged free at the Ravensthorpe Hotel by the proprietor, Charlie Powell. The original ambulance was held by us for eight or nine years. Frank Phillips, police constable, was one of our drivers during the early 1950s. Dr Hanrahan was our first Flying Doctor.

During 1953 our committee became a St John Ambulance Association subcentre. In 1955 a mine opened and started operations at the Eldverton. The mine manager, Mr Charsley, attended one of our meetings, and it was made a condition of employment that everyone on the mine paysheet would automatically become a member of our subcentre, with an appropriate fee deducted from their pay every fortnight.

We started our ambulance service with voluntary drivers, but later found it more satisfactory to appoint a particular driver to be responsible for running the vehicle on the basis of an honorarium of £5 for every trip he did. The latter system worked exceptionally well.

In 1954 prior to the mine starting I was appointed to go to Perth as a delegate on my own to interview the Minister for Health, Emil Nielsen, for some assistance towards running our ambulance. He gave me a good hearing and as a result we received a grant of £50 a year to help with our running costs. Mr Bray, the St John secretary, later called me to Perth to find out how I got the money. We continued to receive the grant throughout my 26 years as president.

In 1955 just after the mine started Mr George O'Neil and I collected £400 towards a walkie-talkie radio at the hospital. The walkie-talkie was capable of picking up messages as far away as Kalgoorlie. It was installed at the hospital so the matron could contact the Flying Doctor, and vice-versa. It served a very useful purpose. Prior to this we had a visit from two officers of the Flying Doctor with the aim of establishing a fortnightly service.

In 1961 we purchased our new 4-berth ambulance van. Our first ambulance building had been erected in 1954 through the efforts on Mr and Mrs Pugh, who were responsible for getting a bequest of £800 from Mr Brunwin to build it. Later this building was sold and a new shed was built at the hospital, which is still being used today. It houses two vans.

In 1962 our first £200 was set aside towards our next new ambulance. In 1963 we purchased a Falcon single berth van. In 1964 this was traded for a new Holden single berth van. It cut costs considerably, and kept out the dust better. In 1966 the building was erected at the hospital for both vans. In 1967 we obtained a Weston 2-way radio for the smaller van. In 1968 we placed our fully equipped van at Hopetoun, and the new one was stationed at Ravensthorpe.

I relinquished my presidency in 1964, and Mr Hatter was appointed in my place. I later served as caretaker-driver of the Hopetoun ambulance 1975–81.

# ROCKY GULLY

BY HETTIE MILLS

This account of the history of St John in Rocky Gully was produced as Mrs Mills' speech on the occasion of the dedication of a new Ford Mark III ambulance and presentation of honorary life membership of the subcentre to John and Elizabeth Carpenter in 1982. Mrs Mills was subcentre president at the time.

*It is not often that you receive a new ambulance in a Christmas stocking, but this is what happened in Rocky Gully back in December 1951. The records show that the government of the time made a new ambulance available to the Rocky Gully people, as a letter to the then secretary, Mr Roy Noack indicates:*

> *Following a period of negotiation and arrangement, a new Dodge ambulance was delivered to your branch in the week before Christmas. The cost of this ambulance was £800. This vehicle is a free gift from the government to your branch.*

*Finance was provided by the Health Department and the Lotteries Commission. We cannot find any correspondence pertaining to the first meeting, but feel it must have been some time in 1951. Perhaps Roy Noack would fill us in on what happened in those days. This first ambulance must have fulfilled a very important need, and was still in use in 1962.*

*In May 1962, a special meeting was called to discuss the purchase of a new van, and the offer from Cranbrook to purchase the original one at a price of £295 12s 6d including oxygen equipment. This ambulance sale was the Cranbrook subcentre's first vehicle. Following this decision to update the service with a new ambulance van, a big fundraising effort was desperately needed, and the big event of the year, the New Year's Eve ball, was eagerly sought, as indicated in the Minutes of September 1962 by Mr Tyrer: 'And when the new ambulance was paid for, the subcentre would be completely broke'.*

*The Dodge van eventually arrived in December 1962 and, as you can see, it is still in excellent running order. The original ambulance was delivered to Cranbrook, and the spare battery sold to Mr Charles Douglas.*

*I would now like to give you a brief history of the happenings between 1962 and 1982, covering the service of our faithful Dodge.*

*About this time John Carpenter became chairman of the committee, taking over from Syd Payne, and Mr & Mrs Eric Hill were committee members. Things haven't changed much, and support by one and all was vital in every fundraising venture. Although John and Betty's family were young at the time, Betty was quietly supporting John by making posters to advertise the coming events for subcentre activities.*

*The records show that in January 1964 the secretary was asked to write to Perth Head Centre for an account for the new van, as this was long overdue. This was received and duly paid that year in May, at a cost of £2,030 7s 4d, with the Lotteries Commission donating £800.*

*Things started to look dicey in April 1968, and chairman John Carpenter reported that the subcentre would be bankrupt in two years if similar losses were sustained in that period. Only 30 per cent of local residents were subscribers, and this was nowhere near enough, so an effort was made, with the help of the Progress Association, to gain more support. This effort must have been successful.*

*First positive moves towards a replacement van were made in December 1968, when Mrs Mitchell moved that $500 be invested in Government special bonds at the R & I Bank, and this was duly done in January 1969.*









*Rocky Gully subcentre.*
*Above: the original fibro-cement building, 1982.*
*Middle: The original building with sliding door fitted.*
*Below: The new subcentre building, 1991.*
*Like Rocky Gully, many subcentres began with only basic amenities, and progressively upgraded facilities as funds were raised.*

*The area around the ambulance garage has been cleared on several occasions by Mr Syd Payne, and we notice that it is once more in need of a clean up.*

*Over the years, first aid classes have been held, with instructors coming from Manjimup and Mount Barker until 1976, when John and Betty availed themselves of a demonstrators' course. This was a big step forward for our subcentre, as John and Betty have run several courses for the public, as well as classes at the school for the senior children, and EAR and CPR [expired air resuscitation and cardio-pulmonary resuscitation] demonstrations at the lake for parents of children attending vacation swimming classes.*

*In April 1980 five of our members, namely Mr and Mr Carpenter, Mrs H Mills and Mr and Mrs M Cameron, passed the ambulance officer Grade II examination at a weekend training school in Albany.*

*Our supplementary equipment and training aids are substantial. Equipment includes a full set of air splints, three cervical collars, Jordan multi-lift, a first aid kit and a portable oxy-viva kindly donated by Telehelp. Training aids include a skeleton, Resus-baby and Anatomic Annie. Thirteen people passed a course in First Aid in November 1981.*

*It was moved by Mr S Newman at the 1980 annual meeting that we plan to replace the ambulance in 1982–83. This was a big decision, as support from the government was very doubtful owing to severe budget cuts, but we weren't to be deterred by the razor gang, and forged ahead with our application for the $10,000 subsidy, which was duly granted in September 1981.*

*The Western Districts Lions Club had pledged their support to our fundraising, and it was 'all stations go' from then on to raise the further $13,500 which we anticipated we would need to cover the cost of our new van.*

*With the radio base set up at Mount Barker, we felt a radio was essential, but were a little apprehensive when we learnt that it would cost about $1,000. However, the committee agreed to order the radio, as in an emergency radio contact with the hospital could be vital, so that the extra expense was justified.*

*Our thanks are due to several organisations for their financial support, and these include the Plantagenet Shire, Western Districts Lions Club, Rocky Gully Players, Rocky Gully CWA, and our subcentre committee members, for without them the task of raising such a large sum would be formidable.*

*Now our new Ford ambulance is a reality, but I feel sure that the account for same will not take as long to process as did that of her predecessor.*

*During this account of the history of the Rocky Gully subcentre reference has been made to John and Betty Carpenter, and this was done for a reason. Old ambulances wear out and are disposed of, and new ones take their place, but committee members like Betty and John grow old gracefully, and improve with age. John was chairman of the committee for several years, and has been secretary since 1970. Both work tirelessly for our subcentre, as well as being staunch members of several other organisations in the community. Only last weekend John spent two exhausting but very rewarding days in Perth to gain his lecturer's certificate. We are all very proud of his achievement. It is sad that Mrs Duncan cannot be with us tonight, as I feel sure that she would have had some influence in the early days, of sparking John and Betty's interest in St John, so to her, we say thank you.*

*This gathering was originally planned for tomorrow night, but when we found that Betty couldn't be here on that night, we immediately arranged for the date to be changed. In appreciation of the contribution Betty and John have made to the Rocky Gully St John subcentre, the committee feels that recognition is well overdue. It gives me much pleasure, therefore, to call on Mr Peter Rieusset, deputy superintendent of Country Operations in Perth, to present them with a token of appreciation.*

# SOUTHERN CROSS

## BY ERNA FORRESTER

Prior to 1934 first aid classes for railway employees were conducted in the waiting room of the Southern Cross railway station. These men (conductors, guards, engine drivers) were encouraged to learn first aid. Their fees were paid by the Western Australian Government Railways. The same conditions applied to members of the Volunteer Fire Brigade.

The following are some of the highlights in the early ambulance history of Southern Cross:

*1934*

Members of the public were encouraged to attend first aid classes. A committee was formed, and the railways first aiders merged with this. Peter Fisher was one of the main members of the Railways group. William (Bill) P Forrester became an active member. Other names that come to mind are Messrs Urquhart (the instructor), Casson, Hancock, Goddard, J Reid and P Fisher. The meetings were still held at the railway station.

*1935*

A move was made to form a St John Ambulance subcentre, and to raise funds to purchase an ambulance.

*1936*

The following were the committee members this year: WP Forrester (chairman), Mr Brown (secretary, succeeded later in the year by JK Dixon), J Reid (instructor), Dr LD Hodby (lecturer). Committee meetings were now held at the Club Hotel. A Ford V8 ambulance van was purchased. There were problems finding suitable housing for the van. The committee was provided with temporary garage premises by Ochiltree Motors, Dixon Motors and Fairclough's Blacksmiths.

*1938*

Marvel Loch residents requested first aid tuition. WP Forrester lectured there. He was paid 7 shillings 6 pence per night travelling expenses for the round trip of 70 kilometres. Gas masks were purchased this year. An accident bed was presented to the Southern Cross Hospital.

*1939*

A Brigade division was formed this year. Members were WP Forrester (divisional superintendent), Dr LD Hodby (divisional surgeon), Arnold Nunn, Roy Turner, Jack Geary and others. Practices and drills were held on Sunday mornings. First aid demonstrations were given at various functions. Members attended various sporting meetings. Home nursing classes also began this year. Dr Hodby and Matron Finey did the teaching. In later years members of the local hospital staff assisted with these classes.

Other interesting incidents and personalities from the early years are outlined in the following paragraphs. I have mentioned how the earliest first aid classes were condcted in the waiting room of the railway station. Other early venues were the primary school and the Country Women's Association rest room. Separate classes were held for males and females.

Dr Lin D Hodby, who now lives in Nedlands, was our earliest lecturer. He was later admitted to the Order of St John and promoted to Officer Brother (O St J). As mentioned, he also became the divisional surgeon in the St John Ambulance Brigade. He had great confidence in the first aiders he trained. For example, if there was a serious accident he would attend but would not take charge of the

patient until the ambulance had arrived at the hospital. He maintained that the first aiders were thoroughly trained in the initial assessment and preparation of the patient for transport, and were competent to do any dressing and bandaging that might be required. Another of our doctors was Dr Pat Shanahan. He, too, placed great value on St John, and gave us valued assistance. Another important figure was Bert Wilmshurst, an orderly at the hospital and very keen on his St John work, who gave us great assistance with transport. Arnold Nunn and his wife Bessie (now in Busselton) were both very dedicated. Bessie was our secretary for some years. Arnold was very good at public relations. He helped to raise a great deal of the money for buying the ambulance. Other members of the fundraising committee who worked to purchase the first ambulance were Len Carlson and John K Dixon.

Among the early ambulance incidents I recall was a call which turned out to be a false alarm. It happened late one night, and involved a trip out to Mount Palmer [40 kilometres southeast of Southern Cross], where a man had suffered a reported heart attack. Bill Forrester, who answered the call, was

*Southern Cross subcentre: the first building.*



suspicious of the symptoms, but took the patient to the hospital. Next day he received an early morning inquiry from the hospital—'Where are the man's trousers?' Bill said the man had not been wearing trousers when he had examined and transported him. Apparently the man had spent the evening at the hotel and had got drunk. He was afraid to go home, so he told his wife he had suffered a heart attack, and she had then given him some of their neighbour's heart tablets. Dr Hodby examined the man in hospital, diagnosed him as being drunk, and had ordered him from the hospital. Hence the search for his trousers. The orderly, Bert Wilmshurst, eventually found a pair of spare trousers, and the man was turned out to find his way home to Mount Palmer as best as he could.

During World War II, with petrol rationing some people refrained from joining the ambulance fund until just before a pregnant wife was due to have her baby. They then joined in the hope of benefitting from free ambulance transport. This was definitely not encouraged. On one late night call from Yellowdine (30 kilometres to the east, along the Great Eastern Highway), the pregnant wife insisted on sitting in the front with the driver, while her husband and the female attendant occupied the stretchers in the van.

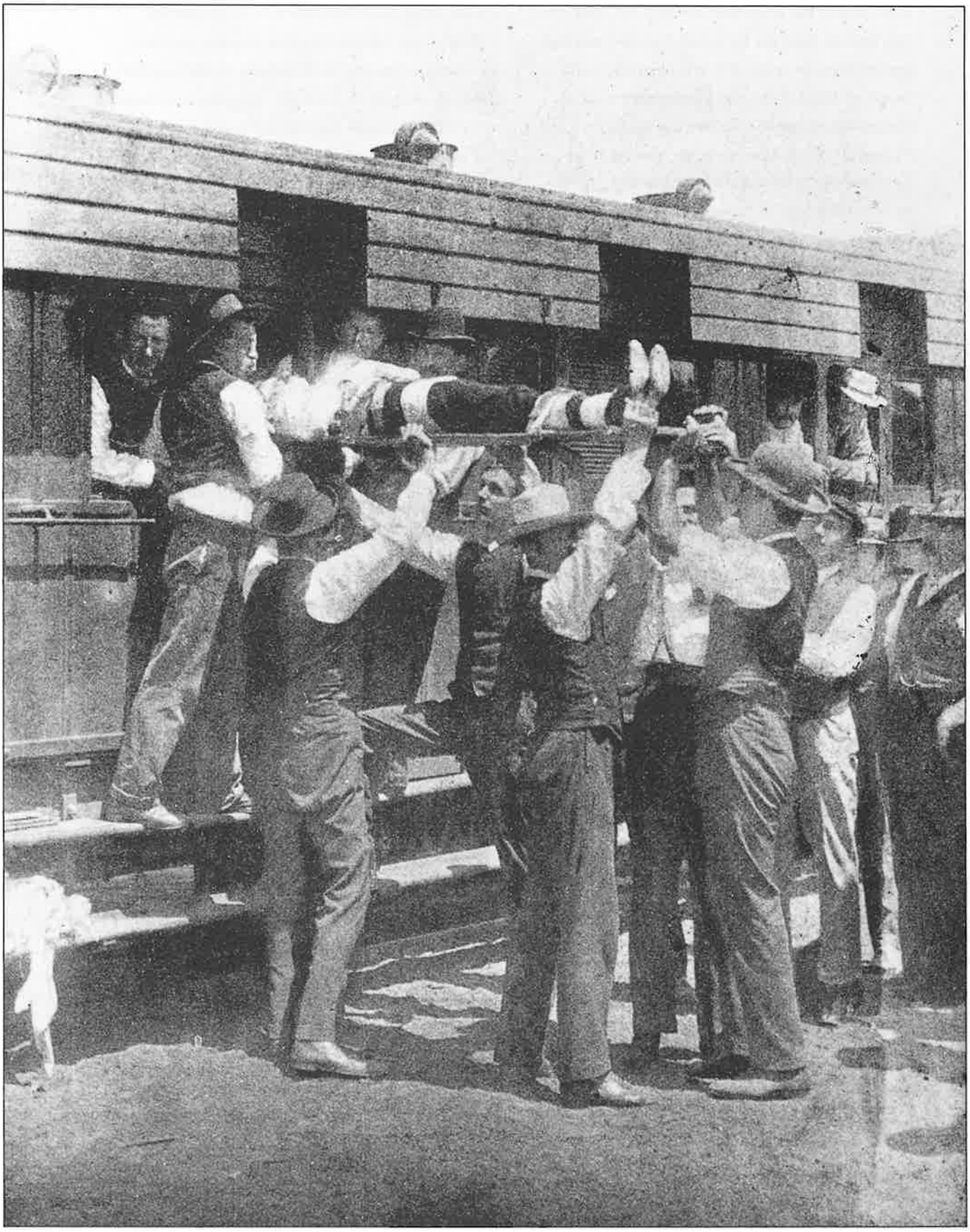
On occasions the ambulance would be called to accidents a long distance away. On arrival there, the crew would sometimes find that the patient had already been transported to the hospital by private conveyance, passing the ambulance on the road but not signalling to it to indicate the patient was aboard.

Before the main highway was sealed, a number of cars, especially those with city drivers, had accidents on the slippery roads—especially during the night.

A roster of the volunteer ambulance drivers was maintained. A list of the drivers was kept at the telephone exchange and at the hospital so that drivers could be easily contacted in an emergency.

*Southern Cross subcentre: the second building (built around the first). A third and completely new building was opened on a different site in 1991.*





# WA GOVERNMENT RAILWAY CENTRE

BY BF McINERNEY and J DiMASI

Messrs McInerney and DiMasi, on behalf of the St John Ambulance government railway centre, have deposited with the St John Ambulance library in Perth a large folio of photographic material which comprises a pictorial history of the Centre. The account below is drawn from the text of the folio.

*A railway ambulance exercise, 1905.*

## HISTORY OF ST JOHN RAILWAY CENTRE

The railways have been involved with the St John Ambulance movement in Western Australia since its establishment in 1892, when the then secretary, MH Jacoby, invited the Commissioner of Railways to join several other dignitaries to form a committee to constitute the Perth Centre.

When the committee arranged the first class of the new Centre in 1892, 10 railwaymen were amongst those enrolled, thus creating the first of railway members' participation in St John Ambulance in this state. To complement this participation, Mr J Davies, the chief traffic manager of the railways at the time, was appointed to the Centre committee.

In 1892 the committee held several more meetings and classes, and it was arranged with the Railways Commissioner for certificated railwaymen to wear St John Ambulance badges on their uniforms. For various reasons, but mainly due to leading figures leaving the scene, the Centre went through a period of the doldrums until revived in 1898. However, during this period the Centre lost the support of the railways members, and as a result the Commissioner at the time formed a Railways Ambulance Corps (RAC). This taught railwaymen first aid for the railways' internal certificate, which is still continued today, almost 100 years later.

In 1908 the RAC was re-amalgamated with the St John Ambulance movement, and provided ambulance divisions and sections of the St John Ambulance Brigade at all principal railway stations.

To facilitate the transport of patients, the railways also provided two-wheeled litters, which were placed at eight main stations—Perth Central, Fremantle, Midland, Northam, Geraldton, Bunbury, Albany and Kalgoorlie. The RAC further participated in ambulance work during World War I, and in 1914 joined other Brigade divisions in helping the Association form a civil defence plan to facilitate mass first aid and home nursing instruction to the public. Many railwaymen volunteered their services to help in the practical side of running the increased numbers of classes.

The Brigade remained fairly static up until the 1920s, when it began a period of expansion. Six new divisions were formed in 1925, all of which comprised RAC men. The new divisions were at Fremantle, Katanning, Midland, Narrogin, Northam and Perth. Other railways divisions followed—Collie (1927), Geraldton (1928), Bridgetown (1929), Merredin and Wagin (1930), Albany, Kalgoorlie and Pinjarra (1931), Meekatharra and Perth Tramways (1935).

The Fremantle No. 1 division was the first railway division to be formed in this state, and early records show that in 1904 Fremantle railway junior stretcher team won that particular state competition. Civilian members were also encouraged to join the division, and over the years there have been many notable members who rose to the highest rankings.

Some of the other original divisions, such as Northam, Geraldton and Midland, have survived the times, and classes in those areas are still being formed today. The Midland workshops railway class, which emanated from the Railway No. 3 division, has in the past (and continues to do so today) provided the largest membership. Like many of the other railway centres, however, particularly in country areas, numbers are becoming fewer each year due to the reduction in overall railways staff numbers. Despite that, many places which originally started with a predominance of railway personnel among

*Midland Junction railway workshops ambulance, with the committee which raised the funds for its purchase, early 1950s.*



first aid and ambulance volunteers are today still being served by such people, particularly in country locations. It could be said that the survival of ambulance services in many towns has been largely due to the efforts of railways first aiders.

## THE RAILWAY AMBULANCE CENTRE

The Railway Centre provides first aid training and facilities throughout the state railway system. The Centre is managed by an executive council. Membership comprises the Commissioner of Railways (Mr I McCullough) as president, a chairman, deputy chairman, two members of the medical profession to act as medical advisers and 14 members representing the various districts and centres of the railway system. Secretarial duties are carried out by the Railway Ambulance Officer. The committee meet bimonthly, and deal with matters relating to the objectives of the Centre, which are:

- the instruction of employees in rendering first aid in cases of accident or sudden illness, and in the transport of the sick and injured;
- the maintenance throughout the service of efficient first aid equipment;
- the holding of competitions in first aid amongst employees as a means of improving their knowledge and skills;
- the promotion of first aid generally within the railway organisation.

## TRAINING

At present (1987), the Centre trains an average of 150 members each year in the complete and comprehensive first aid program, and another 150 in basic life support courses. The courses are conducted in accordance with procedures laid down by the St John Ambulance Association. Most of the full first aid courses are run on a voluntary basis, that is out of working hours, and conducted by railway employees accredited with a St John instructor's certificate. Basic life support courses are run mainly by the Railway Ambulance Officer.

Since the Centre opened, about 5,400 members have qualified in first aid. Another 1,400 have qualified in basic life support courses since these were first taught in 1981.

## AWARDS

Railway employees who comply with the St John Ambulance regulations, and who are successful in passing first aid examinations at voluntary classes, receive a railway first aid certificate and a railway first aid badge in addition to the accredited certificates issued by St John.

After seven years of service a railway gold service medal is awarded, provided the member qualifies in each of the years in a first aid examination and takes an active interest in the movement. Members are also entitled to be nominated for life membership of St John, and for Priory awards subject to their meeting

the necessary criteria. Over the years numerous railway members have been honoured with these prestigious awards since the first, AE Fisher, was admitted to membership of the Order as a Serving Brother in 1920. By 1987 a total of four members (AE Fisher, JJ Phipps, BF McInerney and KW Bradley) had been made Commanders of the Order (C St J); 29 had been Officers (O St J); and 83 had been Serving Brothers (S B St J); 168 had been granted life membership; 8 had been awarded a Priory Vote of Thanks; 13 had received a Commandery Commendation; and 701 railways gold service awards had been issued.

## COMPETITIONS

Railway ambulance competitions are conducted on an annual basis at both a state and interstate level. These competitions provide for senior and novice competitors, in both team and individual events. The events involve four categories of competition: supplied material, improvised material, oral, and treat and transport (stretcher exercise). The competitions are encouraged by the Railways Commissioners and management generally as a means of fostering the railway ambulance movement, and of expanding employees' knowledge of first aid skills.

Competition on a state level commenced early in the century, but interstate competitions did not start until 1920. One of the highlights since that period was in 1937 when a railway team from Collie, after winning the national titles the previous year, was selected to represent Australia at the British Empire competitions in London. They gained third place against eight other competing teams from the nations of the Empire (as it was then known). The members of the team were AE Fisher (manager), AE Stout (captain), HV Keevil, HC Hicks, JC O'Rourke and TW Meadows.

## CONCLUSIONS

From the foregoing it is evident that the railways have played a significant part within the ambulance organisation in Western Australia during the past century.

Today the railways still play a significant role in as much as it is the biggest subcentre of St John Ambulance in Western Australia in terms of membership; and outside of St John headquarters activities the railways provide one of the largest first aid training facilities for St John in this state.

The railways are proud to have been actively associated with the endeavours of St John Ambulance Australia in the past, and our aim is to continue in this vein in the future.

We have pleasure in submitting this collection of data as the Railway Centre's contribution to the centenary history project of St John Ambulance in Western Australia.

*Above: The Westrail first aid competition team, 1981. Left to right are Messrs G Thompson (manager), R Jeakes, F Hassan, L Leeder, R Horton, K Bradley, C Coote and J DiMasi (coach). Below: State finals of the Railways first aid competition, 1987. Left to right are Messrs R Jeakes, J Phyland and M Noonan competing in the transport event.*





# WONGAN HILLS

## BY JF HOOPER (1987)

*1949*

Request by Dr Lovegrove to Hospital Board that an approach be made to Roads Board to call public meeting to form an Ambulance Association. Public meeting was held 9 December 1949, and the Wongan Hills Ambulance was formed. EE Hewett was elected president, and Rev Norton secretary.

*1950*

Busy raising money. £1,300 was needed of which Lotteries Commission would grant £350.

*1951*

Bought some cement, iron and timber to close in verandah of building at back of nurses' quarters to house ambulance. A ball was held on 9 June 1951 to raise funds and dedicate vehicle. Map of district drawn up to show location of farm homes. Ambulance not to be driven at more than 30 mph. Families to pay initial £2 then £1 per year to have free transport. Others to pay 1 shilling 9 pence per mile each way.

*1952*

Fund set up in case drivers needed to stay overnight in Perth. Drivers mostly railway workers. Phoned from hospital. Hospital responsible for cleaning van. Local mechanics serviced it. 22 trips were made in first year of operation.

*1953*

Charge to be 1 shilling per mile return with minimum of 10 shillings 6 pence. Annual members' subscriptions to be 5 shillings. Rev. Norton left district; Mr Ffoulkes took over as secretary.

*1954*

Ambulance free of debt but still belonged to St John Ambulance Association, not the people of Wongan Hills. Could therefore be taken away if not conducted according to constitution. Separate treasurer elected for first time—L McIntosh. Previously EE Hewett combined president and treasurer jobs.

*1955*

Need for more drivers. Dr Lovegrove agreed to conduct first aid class.

*1956*

Mr Ffoulkes left district J Reaney became secretary.

*1957*

News of aerial ambulances prompted donation of £20. Robert Hyde became secretary.

*1958*

By October total mileage registered by ambulance to date was 15,200 miles.

*1959*

George Grainger became secretary. Concern that more first aid classes were needed.

*1962*

Flashing lights to be fitted for the first time. C Brabazon became secretary. Discussed fund to build ambulance centre adjacent to new hospital. Post Master to receive a list of drivers and telephonists to call direct. Dr Lovegrove became honorary life member. Hospital staff still cleaning ambulance. Local mechanics serviced.

*1963*

Contributary scheme introduced for a trial period. £1 fee for family included 5 shilling membership fee.

*1964*

Apex became interested. Offered to look after maintenance of van.

*1966*

Move to procure a skeleton and resuscitation dummy for first aid classes. Demonstration model ambulance at Agricultural Show inspected. F Coate became

secretary. Apex project to raise money for new van. New Dodge ambulance ordered; to be known as the EE Hewett van. Apex plaque to acknowledge Apex contribution. Problem of where to house new van. Undercroft of hospital was not high enough and excavation would cause problems.

*1967*

New ambulance dedicated on 15 April. Tenders called for old van. Decided to try to raise funds for an ambulance building.

*1968*

Suggested because of great use of van a St John Ambulance Brigade division should be formed. Apex raise $1,200 towards ambulance building. P O'Malley replaced EE Hewett as President.

*1969*

Minimum charge for ambulance to be $5. Minimum charge to attend function $2. Complaint re uncomfortable stretchers in Dodge ambulance. Agreed to attend all home football matches. Decided need for heater in van. Price specified for new van $3,200

*1969*

New single berth ambulance dedicated at Hospital Fete 1 November. Successful drivers' course held. Block excised from hospital grounds for ambulance building.

*1970*

Building plan approved by Wongan-Ballidu Shire Council. Minimum ambulance charge to be $10. Contributary scheme raised from $2 to $3 per family. Need for second resuscitation dummy discussed. EE Hewett made honorary life member. Suggestion made that vans be fitted with 2 way-radios. Opening of building (2-ambulance garage) to be 20 November. Cost $7,210, of which Apex contributed $1,200.

*1971*

Complaint received re lack of air conditioning in ambulances. Members impressed that dual purpose of Association was to transport the sick and to teach first aid. Somebody paid to clean ambulances for first time. Tenders called for replacement vehicle for single berth air conditioned van. Tenders called for sale of Holden van. Rural Motors' tender for new station sedan accepted. 2-way radios investigated. New ambulance delivered November at nett cost of $710. Complaints that new vehicle underpowered.

*1972*

On 2 February a minute's silence was observed for EE Hewett's funeral. Talk of need for a 4 berth van and quote sought for 2-way radios. Wongan Hills division of Brigade formed with Bill Robertson Superintendant and Margaret Dawe divisional officer. Continued upward trend in ambulance use. Charge raised to 15 cents per mile. Approached Shire Council for $3,000 grant for a new 4-berth ambulance. Amount granted was $1,500. 6 white coats ordered for use by drivers. Roster system to be introduced for weekend duty—Brigade to organise. 10 members of Brigade examined in First Aid. Fog lights fitted to both ambulances. F Coate made honorary life member. First Aid classes held at Cadoux, Ballidu and Burakin. Subcommittee formed to look into suitable new ambulance.

*1973*

Still enquiring about 2-way radios with base at hospital. P O'Malley resigned as chairman and W. Robertson elected. B Clarke secretary.
CBH wanted $100 for use of mast for two way radios.

*1974*

Talk of extending building to include meeting room, and toilets. Having room of own would save using hospital dining room for classes. 2-way radios insured. Resolved to purchase new Holden from Rural Motors. Panton's quote of $11,300 accepted for extension of building. Suggested that uniforms be purchased for Brigade; to be handed back when person resigns. Sealing of road through Calingiri meant this to be official route.

*1975*

New ambulance dedicated 5 May. Airconditioned. Fee now to be 20 cents per mile. Country demonstrator's certificates granted to B Clarke and D Kruske. Subscriptions raised to $7.50 per family, $5 single. Meeting room added to building.

*1976*

Oxy Viva purchased; Rotary contributed. P Hewett became treasurer. Flashing lights ordered for both vehicles. 30 cents a mile is now the charge. 2-battery system fitted for first time. M Wimbridge elected

secretary. B Clarke president. Annual inspection held for first time in Wongan Hills. Teams from Quairading, Northam, Wundowie, Toodyay, York and Merredin.

*1977*

Brigade now numbered 14 including 2 women. Aerial ambulance used for first time at Wongan Hills.

*1978*

Family fee now $10; single $7. Rotary donated emergency landing lights.

*1979*

Telephone installed at centre. Ford F100 ordered to replace Holden.

*1981*

Family fee now $12.50; single still $7

*1983*

Holden ambulance sold to Wongan District Association for Handicapped $10. Ford Mark II brought up to Mark III standard. Family fee $14; single $8.

*1984*

First aid training equipment now included overhead projector and skeleton.

*1985*

Pat Hewett made honorary life member of Association.

*1987*

New Mark IV ambulance dedicated at Uniting Church. B Clarke made honorary life member. Annual general meeting held in Civic Hotel, as a dinner meeting for a trial. Fees $20 for a family; $10 single; $5 pensioner. Quote for a lecture room $40,000.

*1986*

Plans drawn up for lecture room. Order placed for Mark IV van. Family fee $16; single $8. Land excised from hospital land for future lecture room extensions. Garage door widened to accept Mark IV van.

# YORK

BY JJ McK LITTLETON

The York and District subcentre was established in March 1931. GA Foreman was chairman and AM Hazlehurst was secretary. A motor ambulance had already been operating in the district for a year or two. First aid teaching began the next year, in conjunction with railways employees. Dr Ward helped with these. In 1932 AF Noonan became chairman. He and Mr Hazlehurst continued as chairman and secretary until after World War II. The ambulance was garaged at Mr Noonan's home. About 40 calls a year were answered. The number increased gradually to about one a week in 1937. That year a new, up-to-date van was purchased with the help of the Lotteries Commission. The community provided good support, and the annual first aid classes were well attended.

I first became interested in St John Ambulance Association when I became acquainted with one of the permanent drivers, Bill Hannan in 1938. Perth Head Centre only required four or six ambulance vans in those days. When the basic wage increased by law, the St John Ambulance Association, on two occasions, were unable to meet the increase. The drivers offered to accept their present wage and thus avoid staff reductions.

St John Ambulance Brigade divisional nurses were rostered on day and evening shifts with a driver as assistant. I convinced myself that if these, mostly small women, could cope with emergency illnesses and horrific accidents, I could learn to do likewise which I proudly have done since February 1942 until the present dav. I had attended my first aid course in Toodyay in 1940. At the end of the course I was disappointed that the class decided not to take the oral exam.

After military service, I was manpowered and sat for the first aid exam in 1942 and trained in the Railway Decontamination Squad in war gasses, was Civil Defence warden and trained as a gas detection officer.

In 1943 I was able to take first aid and pass. I then enrolled with Perth Railway Ambulance Division of St John at the Railway Institute. My first public duty was to go by picnic excursion train to Jane Brook in the National Park. The previous Sunday the WA police had charged 38 passengers for hanging outside the coaches, as the train approached the Swan View 600-metre long tunnel. The train crew requested the first aiders to attend an expectcd tragedy. I met my ambulance partner outside Perth station as arranged. We wore ex-Army khaki uniform (only South Africa and WA Brigade members wear khaki by Brigade orders), with St John emblems on the upper arms. He had an interesting five minutes waiting for me. A little boy came to him and asked, 'When is the brass band going to play today? My Dad sent me to ask you'. Then a nice girl came to him and said, 'Will you take me for a ride?' He had a good look at her and she was really beautiful, so he asked, 'What will we go in?' She said, 'Your taxi', so he kindly explained he was an ambulance man and also married.

I did first aid duty 1.00 pm to 6.00 pm while several hockey games were in progress. The Railway Division also attended all Saturday afternoons at Claremont Showground Oval where four games were played. One player sat down in the centre of the field to put on his socks and boots and was hit in the back by a fast ball. We qave him treatment. Another player suffered a broken collar bone. I sat behind him in the car en route to a doctor in Subiaco. I held

his head steady over a very uneven bitumen road. The fracture was too painful to reset, so the doctor told me to tell the patient's mother to sit him up in bed with five pillows behind him. When the patient was asleep his shoulder muscles would relax and allow the clavicle bone to reset itself, which it did do, he told me three months later, at another hockey game in Claremont whilst I was on duty.

Knowing I was being transferred to a country town in three years, I was allowed to attend Royal Perth Hospital Casualty Department from Railways Division, to watch and help to handle patients. The majority were injured drunken men. The experience did reinforce my vow never to drink alcohol, but to help victims. On one Sunday day shift we had eight separate motor cycle casualties. They had stretchers in the passageway, they were so busy the doctor came and thanked me for all my help. He taught me a lot that day too.

I was transferred to York on l6th July 1946. When I stepped off the train I asked if they had an ambulance in the town and was quickly assured they had. I was introduced to Cyril Stephens, Alf Grosser and Bevan McInerney, all Railway Division members of St John. York first aid team competed at Albany for their first competition. At the dinner afterwards the adjudicating doctor said, 'York was last on points, but if I was ever involved in a car smash, I hope that York team would come out and rescue me!'

After the first aid exam we selected a four man team and an individual for a district first aid competition. Because we were all working on different time rosters, it was often seven days between practices. We trained competitors for the Dr Tymms Cup with an individual contestant. We knew it was good training for the real accident in our future. We trained for weeks. We had four Railway first aid boxes in York yard and a branch line guards van. We carried out weekly checks on boxes at Beverley and Brookton, Quairading and Pantapin stations. We did ambulance duty at York races. The van started behind the starting gate and followed the horses over thick sand. The track was grassed near the spectators. I was told years before that a jockey was thrown off his horse and lay unconscious for two hours before he was missed. He was lying in long grass on the outside of the track. The race committee requested an ambulance follow every race from York. This ruling has now become Australia wide.

When York trotting started the club requested an ambulance be positioned in the centre of the oval with a crew of two plus two men on each of the four corners af the track equal to the ambulance officers on duty. We handled spectacular smashes very well. York built the first go-cart bitumen course in Western Australia. We rostered two men for each meeting. I treated one driver whose steering wheel came off in his hands going over the finishing line. He rode 200 metres through bush and broke one ankle.

We attended York football matches (about nine per year). We travelled in the players' bus to handle unconscious players going home and other casualties. We supplied two men at Beverley when the town was short of first aiders for their football matches. We had lots of accidents in York station yard. The driver in charge said one day, 'Have you ever seen so many men hurting themselves for nothing but sheer carelessness?' For example, a guard shunting in York crushed his finger between two wagon buffers. After first aid treatment he was taken to the doctor who said, 'Harry, another eighth of an inch and you would have got £90 for first joint amputation compensation!' Another guard crushed his finger and a week later begged the doctor to amputate as it was smelling. The doctor said, 'Leave it, it is healing OK. I'll never amputate a limb until I have to'. I was in York almost 26 years and 26 men committed suicide, many by shooting themselves, mostly farmers and soldiers who fought in New Guinea. It was the highest rate for suicides in the Southern hemisphere for the size of the town.

York locomotive depot was opened in 1920 when the line was built to Pantapin, and closed on 15 May 1972 due to the introduction of diesel power. Fifty-six railway families were transferred. Everyone who attended the lectures and passed first aid exams was enrolled by me in the division and I taught them their duties and to drive the ambulance to Perth.

A doctor lecturing said he had a patient come to his surgery one evening, after being bitten by a snake on the golf course. He killed the snake and dropped it in his golf bag. Then he played two more holes of golf to finish the game. He arrived at the surgery about one hour later. The doctor asked him, 'Why didn't you come to me immediately?' and the chap replied that he had read somewhere not to panic. The doctor said, 'You had better come with me to the hospital now, for me to give you an antivenene injection!' The patient irately replied, 'Well that's no use. I haven't had my tea yet'.

I once took the ambulance out about 12 kilometres at sunrise to pick up a man who had experienced very severe pain all night because of a strangulated hernia (a loop of bowel gets pinched between the abdominal muscles). In excruciating pain he waited for daylight. He was determined not to disturb my sleep. En route to hospital, over a very badly corrugated gravel road, the patient gave a mighty grunt and excitedly declared, 'The corrugations have shaken my bowel back into place and I'm fit and well to go back now to my home'. I said, 'I am very pleased for you, but I'm not a taxi, so when you have seen the doctor, I will be pleased to drive you home to the farm'.

Another time I took an ambulance 25 kilometres out to a farmhouse with my attendant to pick up a casualty weeping with terrific spinal pain. We carefully lifted her into the ambulance, still crying loudly with pain. I drove slowly round all the potholes in the bitumen road, no other cars in sight. When we got back to the depot, I said to my assistant, 'What did you do to that woman who was crying loudly, so that soon she was laughing?' My assistant said, 'I talked to her nicely, and put her into a good mood'.

One evening I went out 40 kilometres with an assistant to rescue two men who had crashed their car into a huge tree. One had a bad spinal injury. Four first aiders lifted him and four people held the stretcher steady for us. I drove him to Perth Hospital annexe. He stopped breathing at Sawyers but the nursing crew revived him. I went down to visit the patient a week later and he said, 'Who are you?' I said, 'I rescued you and drove you here', to which the patient replied, 'I'm very pleased to meet you. The specialist said I owe you my life; anyone else would have killed me'. Seven people and two nurses had helped me. He had a bad deep scalp laceration between the ears. I could see his skull. He had lost lots of blood.

The best lecturer I ever heard on first aid was a York train guard, Tom James. After twelve years as a sick bay attendant on ships, he joined the WA Government Railway and became a guard. On duty on a passenger train out north of Mullewa, he delivered a baby with the help of two women passengers. Later a doctor was able to come into the coach to examine the mother and baby, and he said, 'The first aiders have done a good job, but next time do something differently'. One woman quickly retorted, 'Doctor, for me there won't be a next time!' Tom had another difficult case when a railway guard who was shunting at Wiluna had both legs severed in an accident. Tom rendered first aid and loaded the patient in a guard's van and set off, engine and van, for Mullewa. The patient was saying, 'Move my legs, Tom', so Tom obliged by hitting both buttocks, and then enquired, 'How does that feel?' The patient replied, 'They feel really good now, Tom'. At Mullewa they summoned a driver to come on duty to take the train on and he refused. They went to a dance hall and asked another driver, who came and drove in his tuxedo suit on the steam locomotive. When they got to Geraldton, the patient said, 'Don't move me, just give me a pencil and paper'. He then wrote a page note to his wife and died.

For prevention of injury to back, and hernia damage, we had to wear a 4-centimetre wide belt on our trousers. When Perry Lakes Stadium was opened for the Commonwealth Games in November 1965 there was a heat wave. For half an hour, we begged the District Superintendent's permission to remove our tunics. It was attended by world dignitaries, such as the Queen and Prince Phillip. Eventually, he said OK. We had up to 40 people out of 200 collapsing with the heat all at once, and sun burn patients. About 10 years ago the police were issued white

summer shirts. It would take three years to get the approval for another colour for us in the Brigade. It was easier to change the police to blue summer shirts, to avoid our ambulance men being assaulted by drunken men mistaking us for policemen.

About 1947 I delivered a patient to York hospital in the York ambulance. Afterwards, I was taken to see York's first ambulance in a small room. It was a stretcher with a cloth and galvanised cover with iron sheeting hinged to go over and protect a patient from the stormy weather. Beneath the stretcher it had two side springs secured to one central axle holding two large bicycle wheels. It was probably donated to the hospital by St John Ambulance.

I was told the first ambulance van was built in York by a wheelwright named Mr Wheeler who built the van from plans and specifications supplied by Perth Head Centre. When the engine and chassis arrived in York, Mr Wheeler put the van compartment on the chassis, which fitted perfectly. He was a good well experienced worker in his trade in those days. This van's photograph appears among original ambulance vans.

In those days the ambulance was parked in Brigade divisional superintendent Albert Noonan's service station, near the front door for emergency departures. The van was nicknamed 'the meat wagon'. The van and tyres were kept in good running order by mechanics Bob Reid, Jim Coen and George Francis, who were all divisional ambulance members and drove the van during working hours when the request was an emergency. We always had a good team of railway men on shift work available for local and transfer trips to Perth, and many public duties in the van. The divisional meetings were held in Noonan's garage on Sunday mornings at 10.00 a.m., followed by the Association monthly meeting and later we were able to hold our meetings in the lesser Town Hall.

On one occasion, the York council refused our desperate request for financial assistance. We considered parking the ambulance outside the York Town Hall for the councillors to maintain. They were legally responsible in those days, so I'm told.

When Albert Noonan sold his garage we had to consider a garage and house upstairs for a station officer's family, on vacant land, diagonally opposite the Castle Hotel corner. We found this cost was far beyond our finances to build. Soon after we were able to purchase a building in Avon Terrace, opposite the Shell garage and northside of the Imperial Hotel. This building cost us £3,000 ($6,000). In working bees the divisional workers and Mr Harvey and his sons all helped to remove the heavy machines and heavier concrete, which was 90 centimetres below the wooden floor. This floor had to be retimbered by Mr Harvey and his sons. At least two of his sons have been divisional members ever since.

The first ambulance occupier was Jim Coen and his family, then Ken Bullen, railway afternoon stationmaster. Then John Avery, a York police constable. Their wives were required to answer the telephone for ambulance calls and to notify a volunteer driver whom she knew was available. It worked very well. The wives also accepted hall bookings.

Eventually the Association business became too difficult for York Brigade division to handle, and so Divisional Officer Cyril Stephens called a public meeting as a result of which the York Ambulance Association was formed of farmers and local businessmen. They served well. We had a good team of railway ambulance shift workers who, when off duty, were able to handle local callouts and Perth transports, and often attended Turf Club races, trotting meetings, football and other sporting public duties with the van. Every adult sat and passed a first aid exam; I enrolled them in the division and taught them to drive the ambulance properly. I was stationed in York almost 26 years and nearly every day I did something for St John or I was thinking about doing it. I enjoyed doing the service with a lot of help and support from a good active continual membership.

Our first Divisional Superintendent, Albert Noonan, was the first Commander Brother to be elevated from Commander Brother to Knight of Grace in the Order of St John. The five earlier knighthoods were Brigade doctors.

## POSTSCRIPT

Since Mr Littleton wrote the above, the present writer [Ian Howie-Willis] was inadvertently a witness of the York St John Ambulance subcentre in action. In Perth from Canberra with the book designer, Maureen MacKenzie-Taylor, to finalise publication of this book, we took a day off to see the upper Avon valley. As we were driving around the outskirts of York we came across an accident that had just happened. A chap was lying on the road moaning, a crowd of curious onlookers was gathering, and traffic was banking up in both directions. Just as we were getting from our car to see if we could help, the local ambulance arrived. We asked the two St John officers what we might do to assist. One of them, John Clarke, asked Maureen to divert traffic around the ambulance, and me to set up the lifting frame to help him raise the patient from the road to the stretcher. While this was going on, the other officer, Geraldine Osgood, was attending to the patient, who seemed to be in great distress. She was also dealing patiently, tactfully and firmly with an interfering bystander determined to tell her and John how to do their job. Within five or six minutes the patient was aboard the ambulance and on his way to hospital. The traffic resumed its swift flow. And we continued our journey to Toodyay and New Norcia, impressed by the quietly competent act of community service we had just seen two St John volunteers perform.

The incident was subsequently written up for this book by another ambulance volunteer, Cliff Osgood, who had arrived on the scene in time to help load the patient into the ambulance. Cliff's report is as follows:

*At 11.55 a.m. on the morning of Thursday 4 July 1991 a middle aged man whilst riding his motor cycle along Panmuir Road, York, was attacked by a dog. This resulted in the man being thrown from his motor cycle at speed and sustaining a bad injury to his left leg. Witnesses to the accident immediately put out a call for assistance from St John Ambulance. The call was received by two volunteer ambulance officers, John Clarke and Geraldine Osgood, who left immediately to render assistance. The first on the scene was Geraldine Osgood, who drove straight to the site as she lived only a short distance away.*

*John Clarke drove straight to the York ambulance subcentre and proceeded to the scene with the ambulance. Geraldine, being first at the accident, was able to carry out both primary and secondary surveys whilst an accompanying friend took control of road traffic. Upon John's arrival with the amublance, 'Penthrane' was administered to the patient as he was in considerable pain. He was then promptly transported to York District Hospital.*

*A witness to this incident was Dr Ian Howie-Willis, St John Ambulance historian, who commented favourably on the performance of the two officers involved, particulary their compassion towards the patient.*

*York subcentre would, however, like it on record that they were unaware of the doctor's presence in York, and disclaim any responsibility for staging this accident, as the patient will no doubt verify.*



# APPENDIX I EXECUTIVE POSITIONS

## KNIGHTS COMMANDER

THE COMMANDERY IN WESTERN AUSTRALIA
OF THE ORDER OF ST JOHN

| | | | |
|---|---|---|---|
| Sir John P Dwyer | 1947–51 | Sir Wallace Kyle | 1975–80 |
| Sir Charles H Gairdner | 1951–63 | Sir Richard Trowbridge | 1980–84 |
| Sir Douglas A Kendrew | 1963–73 | Professor Gordon Reid | 1984–89 |
| Sir Hughie I Edwards | 1974–75 | Sir Francis Burt | 1990– |

## COMMANDERY LIEUTENANTS

THE COMMANDERY IN WESTERN AUSTRALIA
OF THE ORDER OF ST JOHN

| | | | |
|---|---|---|---|
| JJ Holland | 1947–58 | Sir John M Lavan | 1973–84 |
| JR Donaldson | 1959–69 | DC Foster | 1984–90 |
| AL Dawkins | 1969–73 | EG LeBreton | 1990– |

## CHAIRMEN

ST JOHN AMBULANCE AUSTRALIA COMMANDERY FUNCTIONS COMMITTEE

| | | | |
|---|---|---|---|
| DC Foster | 1989–90 | EG LeBreton | 1990– |

## CHAIRMEN OF TRUSTEE COMMITTEE

ST JOHN AMBULANCE ASSOCIATION IN WESTERN AUSTRALIA INC

| | | | |
|---|---|---|---|
| DC Foster | 1989–90 | EG LeBreton | 1990– |

## ST JOHN AMBULANCE ASSOCIATION COUNCIL CHAIRMEN

(UNTIL 924) AND PRESIDENTS (1924–1989)

| | | | |
|---|---|---|---|
| Dr Jamieson | 1892 | AL Dawkins | 1949–54 |
| GF McWilliams | 1899–07 | BC Cohen | 1954–59 |
| W Trethowan | 1907–08 | JH Stubbe | 1959–64 |
| JM Lapsley | 1908–12 | JM Lavan | 1964–69 |
| HG Tymms | 1913–14 | IO Thorburn | 1969–74 |
| G Cunningham | 1915 | JG Manford | 1974–77 |
| JM Lapsley | 1916–24 | EG LeBreton | 1978–83 |
| HG Tymms | 1924–31 | GA Shea | 1984–88 |
| JJ Holland | 1931–49 | GA King | 1988–89 |

## CHAIRMAN OF THE BOARD

ST JOHN AMBULANCE AUSTRALIA WA AMBULANCE SERVICE INC.

| | |
|---|---|
| GA King | 1989– |

## HONORARY SECRETARIES

ST JOHN AMBULANCE ASSOCIATION COUNCIL

| | | | |
|---|---|---|---|
| MH Jacoby | 1892 | JR Campbell | 1924–44 |
| JN Lynch | 1899–1900 | EB McKenna | 1945–50 |
| JA Peart | 1900–01 | JA Faulkner | 1951–64 |
| JOK Jefferson, | 1902–05 | EG LeBreton | 1965–74 |
| RA Geddes | 1905–06 | HR Irvine | 1974–89 |
| JA Campbell | 1907–24 | | |

## COMMISSIONERS

ST JOHN AMBULANCE BRIGADE (OPERATIONS BRANCH FROM 1987)

| | | |
|---|---|---|
| GF McWilliams | 1903–07 | *Assistant Commissioner* |
| W Trethowan | 1912–15 | *Assistant Commissioner, Coastal District* |
| CA Bolton | 1912–15 | *Assistant Commissioner, Goldfields District* |
| HG Tymms | 1915–39 | *Assistant Commissioner until 1928, then Commissioner* |
| JR Donaldson | 1939–63 | |
| JJ Holland | 1941–43 | *Acting Commissioner during Donaldson's war service* |
| AL Dawkins | 1963–66 | |
| LGB Cumpston | 1966–69 | |
| AJ King | 1969–72 | |
| NHM Colyer | 1972–77 | |
| M de C Clarke | 1977–81 | |
| ER Griffiths | 1981–84 | |
| RL Pearce | 1984–90 | |
| BF McInerney | 1990– | |

## OFFICERS IN CHARGE

ST JOHN AMBULANCE ASSOCIATION AMBULANCE SERVICE

| | | |
|---|---|---|
| HW Lilley | 1922–28 | *Superintendent* |
| WC Brear | 1928–51 | *Superintendent–Secretary* |
| H Hilton | 1951–60 | *Superintendent–Secretary* |
| HV Bray | 1960–75 | *Secretary until 1964, then General Secretary* |
| DC McAllister | 1976–78 | *General Secretary* |
| I Kaye-Eddie | 1978– | *General Manager until 1989, then Executive Director* |

# APPENDIX 2 SENIOR MEMBERS OF THE ORDER

## KNIGHT OF JUSTICE (K ST J)

| | | |
|---|---|---|
| Sir Paul MC Hasluck | 1969 | *Prior in Australia 1969–74* |

## DAME OF JUSTICE (D ST J)

| | | |
|---|---|---|
| Dame Alexandra MM Hasluck | 1969 | |

## KNIGHTS OF GRACE (K ST J)

| | | |
|---|---|---|
| GF McWilliams | 1906 | |
| Sir Frederick GD Bedford | 1908 | *Governor of WA* |
| JA Campbell | 1912 | |
| AE Randell | 1912 | |
| Sir Francis A Newdegate | 1920 | *Governor of WA* |
| HG Tymms | 1923 | |
| Sir William Campion | 1928 | *Governor of WA* |
| JJ Holland | 1934 | |
| JR Campbell | 1936 | |
| JR Donaldson | 1945 | |
| Sir John Dwyer | 1947 | *Knight Commander* |
| Sir Ernest Lee-Steere | 1949 | |
| Sir Charles Gairdner | 1951 | *Governor of WA, Knight Commander* |
| C Harper | 1953 | |
| Sir Thomas Meagher | 1955 | |
| AB Krug | 1955 | |
| WC Brear | 1957 | |
| AL Dawkins | 1959 | |
| BC Cohen | 1959 | |
| LM Corbet | 1956 | |
| Sir Douglas Kendrew | 1964 | *Governor of WA, Knight Commander* |
| RD McKellar-Hall | 1964 | |
| AF Noonan | 1964 | |
| IO Thorburn | 1969 | |
| AJ King | 1971 | |
| JH Stubbe | 1972 | |
| Sir John M Lavan | 1974 | |

## KNIGHTS OF GRACE (K ST J) (continued)

| | | |
|---|---|---|
| Sir Hughie Edwards | 1974 | *Governor of WA, Knight Commander* |
| Sir Wallace Kyle | 1975 | *Governor of WA, Knight Commander* |
| LGB Cumpston | 1976 | |
| JG Manford | 1976 | |
| DC Foster | 1979 | |
| Sir Richard Trowbridge | 1980 | *Governor of WA, Knight Commander* |
| TW Doyle | 1980 | |
| Professor Gordon Reid | 1984 | *Governor of WA, Knight Commander* |
| RH James | 1984 | |
| RC Hogg | 1984 | |
| NHM Colyer | 1985 | |
| EG LeBreton | 1985 | |
| HR Irvine | 1986 | |
| Sir Francis Burt | 1990 | *Governor of WA, Knight Commander* |

## LADIES OF GRACE

| | |
|---|---|
| Ethel, Lady Bedford | 1908 |
| The Lady Edeline Strickland | 1912 |
| Lady Newdegate | 1920 |

## DAMES OF GRACE (D ST J)

| | |
|---|---|
| OEM Cohen | 1978 |
| RG Donaldson | 1978 |
| JL McDowell-Connolly | 1984 |

## CHAPLAIN (CH ST J)

| | |
|---|---|
| The Most Rev COL Riley | 1924 |
| The Most Rev HF Le Fanu | 1936 |
| The Most Rev RHW Moline | 1949 |
| The Most Rev G Appleton | 1965 |
| The Most Rev GT Sambell | 1970 |
| The Most Rev PF Carnley | 1982 |

## COMMANDER SISTERS (C ST J)

| | |
|---|---|
| HE Parker | 1936 |
| The Hon Lady Evelyn Gairdner | 1951 |
| M Robertson | 1962 |
| Lady Nora Kendrew | 1964 |
| VA Drew | 1964 |
| Lady Dorothy Edwards | 1974 |
| Lady Molly Kyle | 1979 |
| JM Marshall | 1976 |
| Lady Anne Trowbridge | 1980 |
| RA Reid | 1984 |
| LI Byrne | 1985 |
| NM Wreford | 1985 |
| HA McManis | 1987 |
| Lady Margaret Burt | 1990 |

## COMMANDER BROTHERS (C ST J)

| | |
|---|---|
| JM Lapsley | 1928 |
| EC Rosman | 1936 |
| AE Fisher | 1936 |
| R Griffiths-Bowen | 1941 |
| JJH Airey | 1946 |
| R Connell | 1946 |
| FW Gerhard | 1953 |
| DJ Coleman | 1954 |
| GC Stewart | 1954 |
| DD McCowan | 1955 |
| HW Ward | 1955 |
| RG Cox | 1957 |
| MY Paget | 1957 |
| RJ Cato | 1958 |
| Sir Frank Gibson | 1958 |
| T Tetterington | 1958 |
| JA Ellis | 1959 |
| FHM Hardouin | 1959 |
| JP Meyers | 1959 |
| AR Home | 1962 |
| RC Trewhella | 1964 |
| JC Elley | 1966 |
| RM Johnstone | 1969 |
| AN Jacobs | 1969 |
| FJ Patterson | 1969 |
| JJ Kipps | 1971 |
| EG Fowler | 1972 |
| RJ Hancock | 1972 |
| HFW Jacobs | 1972 |
| N Wells | 1972 |
| AR Spurge | 1973 |
| SG Byrd | 1975 |
| M de C Clarke | 1976 |
| DH Thompson | 1978 |
| WJ Barker | 1979 |
| GF Boucher | 1980 |
| EF Griffiths | 1983 |
| R Blizard | 1984 |
| KW Bradley | 1984 |
| BF McInerney | 1984 |
| TE Prosser | 1984 |
| MR Towler | 1984 |
| KJ Young | 1984 |
| LW Aris | 1985 |
| JJ McK Littleton | 1985 |
| BP O'Reilly | 1985 |
| J Fenwick | 1986 |
| GA Shea | 1986 |
| DCB Mouchemore | 1991 |
| RL Pearce | 1991 |
| FB (Don) Webb | 1991 |

# APPENDIX 3 STATISTICAL TABLES

The following statistical tables relate to the discussion of issues raised in Chapter 8 of Part 1 of this book.

The source of the figures from which the statistics derive is indicated at the foot of each table.

## 1 POPULATION AND PRICE CHANGES: WESTERN AUSTRALIA, 1950 TO 1990

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | GROWTH 1950–90 |
|---|---|---|---|---|---|---|---|---|---|---|
| Metropolitan population ('000) | 315.0 | 360.0 | 420.1 | 465.0 | 663.0 | 832.8 | 922.1 | 1 001.0 | 1 158.4 | *Actual* 843.4 |
| Change over past 5 years (%) | — | 14.3 | 16.7 | 10.7 | 42.6 | 25.6 | 10.7 | 8.6 | 15.7 | *Percentage* 267.7 |
| Non-metropolitan population ('000) | 257.7 | 279.8 | 302.8 | 355.1 | 338.3 | 322.1 | 347.0 | 458.0 | 467.4 | *Actual* 209.7 |
| Change over past 5 years (%) | — | 8.6 | 8.2 | 17.3 | – 4.7 | – 4.8 | 7.7 | 31.4 | 2.1 | *Percentage* 81.4 |
| State population ('000) | 572.7 | 639.8 | 722.9 | 820.1 | 1 001.3 | 1 154.9 | 1 269.1 | 1 459.0 | 1 625.8 | *Actual* 1 053.1 |
| Change over past 5 years (%) | — | 11.7 | 13.0 | 13.4 | 22.1 | 15.3 | 10.0 | 15.0 | 11.4 | *Percentage* 183.9 |
| Price inflation factor (based on consumer price indices) | 1.00 | 1.52 | 1.76 | 1.94 | 2.24 | 3.64 | 6.06 | 9.09 | 12.42 | |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

## 2 INCOME AND EXPENDITURE, 1950 TO 1990
## ST JOHN METROPOLITAN AMBULANCE SERVICE

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | GROWTH 1950–90 |
|---|---|---|---|---|---|---|---|---|---|---|
| **INCOME ($'000)** | | | | | | | | | | |
| Actual | 13.9 | 32.9 | 39.5 | 54.6 | 177.6 | 1 738.3 | 5 071.9 | 14 149.4 | 22 632.8 | |
| Deflated[1] | 13.9 | 21.6 | 22.4 | 28.1 | 79.3 | 477.6 | 836.9 | 1 556.6 | 1 822.3 | *Deflated amount* 1 808.4 |
| Change over past 5 years (% of deflated value) | — | 55.4 | 3.7 | 25.4 | 182.2 | 502.3 | 75.2 | 86.0 | 17.1 | *Percentage (deflated)* 13 010.1 |
| **EXPENDITURE ($'000)** | | | | | | | | | | |
| Actual | 13.7 | 28.7 | 42.2 | 51.4 | 174.1 | 1 684.2 | 5 139.5 | 14 208.9 | 23 408.3 | |
| Deflated[1] | 13.7 | 18.9 | 24.0 | 26.5 | 77.7 | 462.7 | 848.1 | 1 563.1 | 1 884.7 | *Deflated amount* 1 871.0 |
| Change over past 5 years (% of deflated value) | — | 38.0 | 27.0 | 10.4 | 193.2 | 495.5 | 83.3 | 84.3 | 20.6 | *Percentage (deflated)* 13 656.9 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

[1] *Note: $ amounts deflated to equivalent 1950 values*

## 3 MAJOR COMPONENTS OF INCOME, 1950 TO 1990
## ST JOHN METROPOLITAN AMBULANCE SERVICE

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|---|
| **TRANSPORT FEES** | | | | | | | | | |
| Actual amount ($'000) | 8.0 | 15.1 | 19.2 | 23.4 | 52.5 | 393.0 | 2 590.9 | 5 138.1 | 9 473.7 |
| Proportion of all income (%) | 61.4 | 45.9 | 48.6 | 42.9 | 29.6 | 23.3 | 51.1 | 36.3 | 41.9 |
| **GOVERNMENT GRANT** | | | | | | | | | |
| Actual amount ($'000) | — | 8.3 | 11.3 | 23.0 | 96.8 | 1 319.7 | 2 399.8 | 6 825.0 | 8 307.0 |
| Proportion of all income (%) | — | 25.2 | 28.6 | 42.1 | 54.5 | 75.9 | 47.3 | 48.2 | 36.7 |
| **CONTRIBUTION SCHEME** | | | | | | | | | |
| Actual amount ($'000) | — | 2.1 | 1.7 | 1.5 | 2.9 | 17.4 | 305.6 | 2 602.5 | 4 061.6 |
| Proportion of all income (%) | — | 6.4 | 4.3 | 2.7 | 1.6 | 1.0 | 12.7 | 18.4 | 17.9 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

**4** MAJOR COMPONENTS OF INCOME, DEFLATED AMOUNTS[1] AND PERCENTAGE CHANGES BETWEEN 5-YEAR PERIODS, 1950 TO 1990, ST JOHN METROPOLITAN AMBULANCE SERVICE

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|---|
| **TRANSPORT FEES** | | | | | | | | | |
| Deflafted amount[1] ($'000) | 8.0 | 9.9 | 10.9 | 12.1 | 23.4 | 108.0 | 427.5 | 556.2 | 762.0 |
| Change over past 5 years (%) | — | 22.2 | 10.1 | 11.0 | 93.4 | 361.5 | 295.8 | 30.1 | 37.1 |
| **GOVERNMENT GRANT** | | | | | | | | | |
| Deflated amount[1] ($'000) | 0.9 | 5.5 | 6.4 | 11.9 | 43.2 | 362.6 | 396.0 | 750.0 | 668.8 |
| Change over past 5 years (%) | — | 511.1 | 16.4 | 84.4 | 263.0 | 739.4 | 9.2 | 89.6 | – 10.8 |
| **CONTRIBUTION SCHEME** | | | | | | | | | |
| Deflated amount[1] ($'000) | — | 1.4 | 1.0 | 0.8 | 1.3 | 4.8 | 50.4 | 286.3 | 327.0 |
| Change over past 5 years (%) | — | — | – 28.6 | – 20.0 | 62.5 | 269.2 | 950.0 | 468.1 | 14.2 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

[1] *Note: $ amounts deflated to equivalent 1950 values*

## 5 NUMBERS OF SUBCENTRES AND VANS, 1950 TO 1990 ST JOHN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|
| **SUBCENTRES** | | | | | | | | |
| Number of subcentres (statewide) | — | 72 | 85 | 103 | 113 | 136 | 120 | 128 |
| Average number of people per subcentre ('000) | — | 10 | 9.6 | 9.7 | 10.2 | 9.3 | 12.2 | 12.7 |
| **VANS** | | | | | | | | |
| Number of vans (statewide) | — | 102 | 135 | 182 | 249 | 283 | 275 | 281 |
| Average number of people per van ('000) | — | 7.1 | 6.1 | 5.5 | 4.6 | 4.5 | 5.3 | 5.8 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

## 6 NUMBER OF METROPOLITAN PATIENTS TRANSPORTED AND THEIR PROPORTION OF THE METROPOLITAN POPULATION, 1950 TO 1990 ST JOHN METROPOLITAN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|---|
| Number of patients ('000) | 9.8 | 10.2 | 11.9 | 14.2 | 17.3 | 30.6 | 40.4 | 52.8 | 69.0 |
| Proportion of metropolitan population (%) | 3.1 | 2.8 | 2.8 | 3.1 | 2.6 | 3.7 | 4.4 | 5.3 | 6.0 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

## 7 NUMBER OF KILOMETRES TRAVELLED, AND AVERAGE NUMBER OF KILOMETRES PER PATIENT 1950 TO 1990, ST JOHN METROPOLITAN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|---|
| Kilometres travelled ('000) | 135.6 | 143.6 | 152.5 | 186.8 | 281.6 | 552.1 | 997.2 | 1 600.0 | 1 843.8 |
| Kilometres per patient | 13.8 | 14.1 | 12.8 | 13.2 | 16.3 | 18.0 | 24.7 | 30.3 | 26.7 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

## 8 PATIENTS CARRIED AND KILOMETRES TRAVELLED, 1980 TO 1990 ST JOHN NON-METROPOLITAN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1980 | 1985 | 1990 |
|---|---|---|---|
| Number of patients ('000) | 11.7 | 15.8 | 18.8 |
| Proportion of non-metropolitan population (%) | 3.4 | 3.5 | 4.0 |
| Kilometres travelled ('000) | 799.9 | 839.1 | 997.6 |
| Kilometres per patient | 68.4 | 53.1 | 53.0 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1955–90*

## 9 COST PER PATIENT, AND PER KILOMETRE, 1950 TO 1990
## ST JOHN METROPOLITAN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1950 | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|---|
| **COST PER PATIENT** | | | | | | | | | |
| Actual | $0.72 | $2.81 | $3.55 | $3.62 | $10.01 | $55.04 | $127.22 | $269.11 | $339.25 |
| Deflated[1] | $0.72 | $1.85 | $2.02 | $1.87 | $4.47 | $15.12 | $21.00 | $29.61 | $27.31 |
| Change over past 5 years (%) | — | 156.9 | 9.2 | – 7.4 | 139.0 | 238.3 | 38.9 | 41.0 | – 7.8 |
| **COST PER KILOMETRE** | | | | | | | | | |
| Actual | $0.10 | $0.12 | $0.28 | $0.28 | $0.62 | $3.05 | $5.15 | $8.88 | $12.70 |
| Deflated[1] | $0.10 | $0.08 | $0.16 | $0.14 | $0.28 | $0.84 | $0.85 | $0.98 | $1.02 |
| Change over past 5 years (%) | — | – 20.0 | 100.0 | – 12.5 | 100.0 | 200.0 | 1.2 | 15.3 | 4.1 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1950–90*

[1] *Note: $ amounts deflated to equivalent 1950 values*

## 10 METROPOLITAN CONTRIBUTORS TO AMBULANCE SUBSCRIPTION SCHEME AND THEIR PROPORTION OF THE METROPOLITAN POPULATION 1975 TO 1990, ST JOHN AMBULANCE SERVICE IN WESTERN AUSTRALIA

| | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|
| Number of contributors ('000) | 30.0 | 106.4 | 148.9 | 186.2 |
| Proportion of metropolitan population (%) | 3.6 | 11.5 | 14.9 | 16.1 |

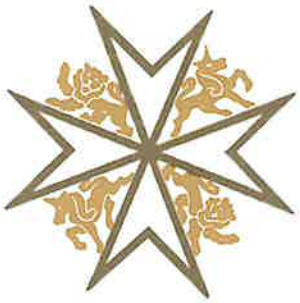
*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1975–90*

## 11 CERTIFICATES AWARDED IN WESTERN AUSTRALIA 1955 TO 1990, ST JOHN AMBULANCE ASSOCIATION

| | 1955 | 1960 | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|---|---|---|
| Number of certificates awarded ('000) | 2.8 | 4.2 | 5.3 | 5.5 | 5.9 | 6.6 | 19.8 | 25.7 |
| Proportion of state population (%) | 0.4 | 0.6 | 0.6 | 0.5 | 0.5 | 0.5 | 1.4 | 1.6 |

*Source: Figures derived from St John Ambulance Association in Western Australia, Annual Reports, 1955–90*

# INDEX



# INDEX

The following abbreviations are used in this index:

| | |
|---|---|
| OSJ | Order of St John |
| SJA | St John Ambulance |
| SJAA | St John Ambulance Association |
| SJAB | St John Ambulance Brigade |
| WA | Western Australia(n) |


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