

Queensland



Parliamentary Debates
[Hansard]

Legislative Council

WEDNESDAY, 13 SEPTEMBER 1911

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HEALTH ACT AMENDMENT BILL.

SECOND READING—RESUMPTION OF DEBATE.

* HON. W. F. TAYLOR said: So far the Bill appears to have met with the greatest approval from hon. members who have spoken, and there is no doubt that it contains many provisions of a very useful nature. It gives very great power to the Commissioner of Public Health, but not more than he requires. Those who have had anything to do with public health matters know that it is very difficult indeed to move local authorities, and that it is also very difficult to move private individuals. For some reason or other, as a rule, people prefer to be—I will not say insanitary—but inclined to be insanitary, and they resent with a certain amount of indignation any interference from the sanitary inspectors in carrying out their duties, and inspecting their back yards, drains, and so on. It is very difficult indeed to get them to think and to see that certain alterations are necessary, and that cleanliness is, above all things, to be enforced. The Bill will go a long way towards enabling this to be done. It deals with nearly all matters pertaining to public health, but it omits one or two matters which I shall mention towards the end of what I have to say. There are many things in the Bill which will require elucidation. One of the first things which struck me was in clause 6—

“The Governor in Council may, by Order in Council, prohibit or regulate under conditions the discharge from any house or premises of any waste water or house drainage of any description.”

According to that provision, the Governor in Council may prohibit the discharge of waste water; but what is to be done with this waste water that is prohibited? In a great many portions of this city there is no outlet for waste water except into the gutter along the footpath, which gutter is simply a trench originally dug in the soil; but, through the water percolating down it, holes have been formed, and stagnant water remains, which in hot weather is most disagreeable indeed to passers-by, and must be disagreeable and injurious to the people living in the vicinity, who have, during the hot evenings, to keep their doors and windows open, and sleep with this foul air rising and constantly contaminating the air which they breathe. Of course, the true solution is proper drainage, but in newly-formed portions of suburbs one cannot always enforce proper drainage at once; but I think a system of inspection which will tend to keep these watercourses—they are not drains—clear should be enforced. Such a system of inspection is not enforced as it should be, and I know from personal experience that if these gutters along the sides of the streets are properly inspected, it will do an immense amount of good. All the same, I am curious to know what the householder is to do with his waste water if he is prohibited from running it into the gutter. Probably we shall be able to get some information on this subject later on. Clause 10 deals with foods, drugs, and other articles which are deemed to be adulterated or falsely described. Subclause (ix.) says that a food or drug or article is deemed to be adulterated or falsely described—

“If it is the product of a diseased animal, or of one which has died otherwise than by slaughter.”

This reminds me of the efforts which I and

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The PRESIDENT (Hon. Sir Arthur Morgan) took the chair at half-past 3 o'clock.

PAPER:

The following paper was laid on the table, and ordered to be printed:—Annual report of the Chief Protector of Aborigines.

others made some fifteen or sixteen years ago to endeavour to induce the Government to establish public abattoirs. No steps have been taken in that direction during all these years. At the time it was clearly pointed out that these public abattoirs were very necessary, as there is no guarantee that stock killed and sold are perfectly healthy unless we have the stock under constant and proper supervision. With all these small slaughter-yards scattered throughout the suburbs, it would be impossible to have the requisite supervision. It is necessary to ensure that no diseased meat shall be consumed as food. Certain large butchers do, I believe, employ an inspector, and comply, so far as they can, with the requirements necessary to supply their customers with meat untainted with disease; but I am afraid that all the butchers do not do that. Now, with public abattoirs we would be perfectly sure that stock would not be slaughtered and sold unless it was certain that they were absolutely free from disease, which is one of the most important health requirements of the present day. Attention has been directed to almost every other subject but this. I have been told privately that it is the intention of a company of stockowners and stockdealers to kill stock on a large scale for the purpose of export to Great Britain. I have also been told that they have approached the Government with the view of inducing them to erect public abattoirs. I believe nothing definite has transpired as yet, but I sincerely hope that the efforts of those gentlemen will meet with success, and that within a very short time we shall have public abattoirs at which we may be perfectly certain that the stock killed will be free from disease, and that the meat we are obliged to consume is also free from disease. Coming to the question of putting labels on food, drugs, and so on, I hail these provisions with a great degree of pleasure, because it is very difficult to know what one eats and drinks nowadays. A certain article is sold with a high-sounding name, and is supposed to possess great virtues of a health-giving nature, and the public are induced to buy it, though it may be almost worthless as an article of nourishment, and may be injurious as well. If attention is directed to these articles put up in packages, and the contents of these packages are fully displayed on the labels adhering to them, we shall have some guarantee that what we purchase is really what it is represented to be. A great deal of inspection and care will be necessary in this respect, but when the Act comes into force I am glad to say that the necessary inspectors have been carefully trained here. We shall have no lack of people who will be able to take up the position of inspectors under the Health Act, because lectures and examinations have been held for some years past in connection with the Royal Sanitary Institute of Great Britain, and a number of fully qualified people are here possessing the certificates of the institute. I may say that the good effects of the Act will depend altogether upon the way it is administered. The Act in itself may be exceedingly good—it no doubt is very good—but if it is not administered vigorously it will be of very little use. The labelling of mixtures also is a thing which is highly necessary, and in connection with that I may mention that we have shops—grocery stores and other places—where patent medicines are sold. These patent

medicines are supposed to cure "all the ills that flesh is heir to." Practically each patent medicine is supposed to be a panacea for all the ills we may possibly suffer from, and no one knows what these medicines contain—whether they contain articles injurious to public health or not. People buy them with full faith in the assertions made on the label that they will cure all these ailments, and they swallow them and go on taking them, and the consequence is that a very large trade is done in these patent medicines, and the proprietors make enormous fortunes. In clause 15 it is provided—

"(1.) Where any person sells a food or drug which is a mixture, the ingredients shall be pure and in an undeteriorated and sound condition.

"He shall deliver the mixture to the purchaser in a package, or attached to which is a label stating that the food or drug is a mixture and the names of the ingredients legibly and uniformly written; and, if the mixture is a food, the proportions of ingredients when so prescribed."

That is highly necessary, and I hope it will be strictly enforced, and in that case we shall not have so many of these patent medicines in the market as we have at present.

Hon. T. A. JOHNSON: Print the contents in English.

Hon. W. F. TAYLOR: In addition to this, we have in clause 18 the prohibition of the sale of injurious articles, and in connection with that, subclause (2) provides—

"No person shall advertise or sell any food, drug, or article in contravention of such prohibition, and no person shall print any advertisement so prohibited, and no proprietor or manager of a newspaper or other public print shall publish any advertisement so prohibited."

With this clause in force we shall be able, in a great measure, to put a stop to the large number of advertisements which we constantly see in our newspapers of patent medicines and articles said to be of infallible value in the cure of diseases. In my opinion, this is a great evil, and the consumption of these patent medicines is very injurious indeed to public health.

Hon. P. MACPHERSON: Hear, hear!

Hon. W. F. TAYLOR: A person may imagine that he or she is suffering from some ailment or a backache or a bit of rheumatism in the back. That individual scans the morning newspaper, and he sees a glaring advertisement of a wonderful remedy which will cure this backache, which backache must—according to the advertisement—arise from some kidney trouble. His fears are aroused, and he at once goes and buys this medicine, and keeps on taking it. His backache may probably go away—it may stay a little longer than he imagines it should do—but in any case he is very lucky if he gets off after swallowing a number of these so-called panaceas for the backache. If these patent medicine advertisements confined themselves to anything like truth—if they said distinctly what particular ailment they were to cure, then there might be some reason for them, but not when they profess to cure all sorts of diseases. One bottle is supposed to cure different sorts of diseases. Many unfortunate people will swallow bottle after bottle of these medicines—Doan's Backache Cure and Warner's Safe Cure, and all those things. It is about time some protection was given to these people; they cannot protect themselves, as they are not in a posi-

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tion to do so. Their fears are aroused as to their health, and they hear of this remedy and go and buy it, and keep on taking it. Some years ago, the "Lancet" had a lot of these patent medicines analysed, and as a rule, I am glad to say, nothing very injurious was contained in them, but in some cases they contained drugs of a very potent nature. Now we shall be able to see what people are expected to swallow in order to cure themselves of these imaginary ailments; and, at all events, we shall have some safeguard that the indiscriminate use of these drugs in patent medicines will be restricted. In connection with this matter, I regret to say that it is a very common practice to take, not patent medicines, but proprietary drugs. By patent medicines, we mean medicines the composition of which we do not know, as it is not disclosed; but there is a number of large manufacturing chemists who manufacture proprietary medicines—Borroughes and Wellcome, Parke, Davis and Co., and some others. They give the exact composition of their medicines, and we know exactly what they are. The public also know what they are to a very great extent, and know that they will cure headaches and other things, and the consequence is that the least headache a man or woman may have—perhaps by keeping up too late at night or through reading too much—they will at once fly to these specifics for headaches. They will at once fly to phenacetin or to aspirin, or Stearn's Headache Cure. These are all preparations, valuable in their way, but if taken indiscriminately and habitually, as they are by the public, they lead to serious consequences. Among other things they cause tension and irritation of the nervous system, and lead to neuritis—a state of the nerves which is consequent upon the constant use of specifics for headaches and nervousness of this sort. I wish we could stop people, as they do in France, from purchasing anything in a drug shop that contains any injurious ingredient. I was very much astonished when I was travelling in France many years ago. I wanted to buy some ordinary caustic. I went into a chemist's shop, and I said, "Will you give me a piece of caustic?" "No," the man said, "I cannot do it, unless you get a prescription from a doctor." I said that I was a doctor. He said, "Are you registered here?" "No," I said. "Then," said he, "I cannot give it to you. All I can do is to give you a very small point—not large enough to kill you." That is not so here. Anyone can go into a chemist's shop, and buy almost anything he likes, except opium and morphia, which are very deadly poisons; but you can go and buy phenacetin and aspirin, and Stearn's Headache Cure, and all those things. The consequence is that there is a general deterioration in the public health. People are becoming more nervously inclined, and there is a greater tendency to attacks of neuritis than there was formerly. I may mention one case of a lady suffering from headaches. Finding aspirin was a very good remedy, she was not satisfied to take it when a headache occurred, but used to take from 15 to 20 grains a day regularly. The consequence was that she was suddenly seized with an attack of neuritis, and suffered extreme torture, and was weeks and months before she recovered. I sound this note of warning publicly against the indiscriminate use or the habitual use of these headache cures. I come now to that very much

debated subject of milk—a subject which is ever before us, and one which I am afraid we shall never arrive at a true solution of so long as milk vendors are scattered broadcast over the country as they are now, and so long as people are so careless in storing milk. It is no uncommon thing to go into a house and see a jug of milk, without any cover to it, in hot weather, with the flies buzzing round the room. In fact, one often sees a pan of milk—a dish with a large surface—with flies popping in and out of it. Many people when they get ill blame the milk, and the person who sold the milk; but in point of fact, in a great number of cases it is the fault of the person himself, because he will not take care of an article which is extremely susceptible to any poisonous emanations, and which we know flies can contaminate with the greatest ease if they once get into it. Flies get into the milk, but people take no notice of that. They simply take them out with a spoon; but a fly may be a typhoid or a diphtheria carrier, and the upshot may be that the person who drinks that milk will get diphtheria. The milk supply should be pure, and the difficulty arises how to ensure that purity, because at the very start the milking process is very apt to be carelessly performed. It is a difficult matter to a person who keeps a dairy to ensure that each milkman or milkwoman washes his or her hands, and also washes the teats of the cow, before commencing to milk. As a matter of fact, it is seldom or never done, I believe, and the consequence is that dirty hands are used—hands which have perhaps not been washed since the day before, and the milk must get contaminated to a greater or less extent. To my mind, one of the greatest difficulties we have in ensuring a pure milk supply is the difficulty in ensuring that cows shall be properly and cleanly milked, and clean vessels used by persons with clean hands. How that difficulty is to be overcome, I am not prepared to say, but I think that in course of time we shall have to evolve some scheme whereby we shall adopt the socialistic idea and have milk dispensed wholly by the Government. Under those conditions we might be enabled to secure a pure milk supply. I do not advance this proposition at present, but I really think it is coming to something of the sort, and I see no means by which we can secure a proper means of milk supply except by that method. I am sorry the Lady Chelmsford Milk Institute has ceased to exist, because it really did a great amount of good, and I have thought that there was an opportunity for the Government to take the institute over and work it themselves. I think it would be a good thing if that was done, because I do not hesitate to say that the milk supplied by the institute has saved many an infant's life. I do not want to be a prophet of evil, but I am afraid that now that the institute has ceased to exist we shall have increased mortality amongst our infants. I am very pleased to say that I was glad to avail myself on one occasion of the benefit of the institute for a grandchild of my own who was very seriously ill with gastric trouble. The supply of milk which we got, although good and pure, certainly did not relieve the child. We got some of the institute milk, and the child became well again. It is a matter that ought to be seriously considered from the point of view of the infants, and, if the public have not been

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able to carry on this institution, assisted by a donation from the Government, then, in view of the great amount of good that the institute has done, and which it may do in the future, I think the Government should step in and take charge of it. Let it become more of a paternal Government, like the German Government, and look after the welfare of the people. If the people cannot protect themselves, let them be protected against themselves.

[4 p.m.] The next subject which occurred to me is that relating to the ingredients which are put into beer. Some years ago we had a very animated discussion upon beer and the preservatives which are put in it, and I think the outcome of that discussion was that, although it was advisable, if possible, not to use any preservatives, still a small amount of salicylic acid or salicylate of soda did not do any great amount of harm, even if it did not do any good. But it appears from the list of articles enumerated in clause 29 that beer-makers do not confine themselves to such a comparatively harmless thing as salicylate of soda in small quantities, for in that clause we have this prohibition—

“No person shall sell in any licensed or registered premises or from any brewery any beer which contains arsenic, lead, copper, strychnine, cocculus indicus, picric acid, tobacco, nicotine, or any substance or compound in excess of any proportion permitted by regulation.”

It therefore appears that all these substances may be permitted by regulation to be used. This is certainly new to me, as I was always under the impression that the use of arsenic, at all events, should not be permitted to be used. We have heard recently of a number of cases of arsenical poisoning in England, and they were clearly traced to the beer which these people were in the habit of drinking. The consequence was that people shunned beer to such an extent that brewers were obliged to advertise that their beer was perfectly free from any arsenical compound. Strychnine in small quantities is a good thing, though in large quantities it is a poison, but arsenic, lead, copper, cocculus indicus, tobacco, and nicotine certainly should not be allowed to be used as ingredients in the manufacture of beer, and evidently they are used, otherwise the words “in excess of any proportion permitted by regulation” would not appear in the clause.

HON. A. H. BARLOW: They will be prohibited altogether by regulation. It is only the comparatively harmless things which will be permitted to be used in limited quantities.

HON. W. F. TAYLOR: I hope so, but it is not so stated here. I was very much indebted to the Hon. Mr. Davey for the interesting information he gave us yesterday with respect to boots and shoes, and the way in which barium is used in the manufacture of leather. He raised the question as to whether substances should or should not be allowed to be used in making leather in order to increase its weight. I was anxious to know if molasses or sugar has any injurious effect upon leather, because it is asserted that they increase its weight. Some years ago I was induced to take shares in a patent curing process, and after I had taken up the shares I discovered that the process simply consisted in putting the hides into molasses and allowing them to remain there a certain number of days. Certainly good leather was made, and it was asserted that the leather was increased in weight. Whether that really is the case or

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not I cannot say. We had numbers of analyses made of the product. Those analyses were all very favourable, as most analyses are when you want to sell anything, and especially when you go in for mining. You always get very good analyses of the stuff you send to the analyst. But I would like to know whether it really is the case that hides cured by molasses or sugar are rendered heavier.

HON. A. A. DAVEY: Yes; they are.

HON. W. F. TAYLOR: That was one of the inducements held out to the shareholders, that we would get heavier leather, and consequently bigger prices. The Hon. Dr. Marks drew attention yesterday to clause 64, which deals with the notification of infectious diseases. The clause provides that whenever any person is found to be suffering from an infectious disease—

“Every medical practitioner who attends upon or is called in to visit the patient shall, upon the day on which he becomes aware of the nature of the disease or suspected disease, give notice thereof to the occupier and also to the Commissioner and to the local authority.”

At the present time it is quite sufficient to give notice to the local authority, and why should we also be obliged to give notice to the Commissioner? In such a case we usually notify the householder. We say to him, “This child is suffering from so-and-so,” or “It looks as if this child has so-and-so, and you had better notify it.” But why we should be obliged to give notice to the Commissioner and to the local authority in addition I cannot understand. The local authority gets notice now, and promptly sends it on to the Commissioner. If a medical practitioner fails to give such notice, he will be liable to a penalty not exceeding £20. The provision certainly cannot be enforced in country districts far away from towns, where it would be impossible to send notice to the Commissioner sooner than three or four days. I mean to say that the provision would be no use so far as isolating the patient or making provision for his treatment is concerned. This can only apply in Brisbane. In any case, it is requiring too much of medical practitioners. We spend our time and use our horses in going to a house to attend a person who is sick, and often we get nothing for it, and at the same time we are obliged to sit down and write a notice in the prescribed form to the local authority. Now we are to be obliged to write to the Commissioner of Public Health as well, and for doing all this we are to receive the munificent fee of 2s. 6d. In Committee I shall be inclined to move that notice shall only be sent to the occupier and to the local authority. Another very important subject which is dealt with in the Bill is the typhoid carrier. It is only of late years that it has been known that a person who has had typhoid fever may, although perfectly convalescent and in the enjoyment of good health, carry the disease with him, and be the means of communicating it to others for many days, weeks, months, and even years after he has had the disease. It is rather an astounding fact, and it accounts for the many cases of sporadic outbreaks of typhoid fever which have occurred from time to time in otherwise healthy communities. It is only of late years that this has been recognised, and attention has been drawn to the subject. A good deal of information can be obtained with respect to it. It is a

remarkable thing that the poison germs of typhoid—bacillus typhosus—may remain in a latent condition, so far as the typhoid carrier is concerned, and may pass out of his faeces or out of his urine, and become the means of contaminating water, thereby giving rise to the disease amongst a great many other people. I have looked through some cases, and I find that sometimes people may have such a mild attack of the disease that they are not even obliged to lie up. They feel a little malaise, headache, and so on, but go about, and recover after a few days, and they put down their ailment to influenza or something of that sort. But these cases give rise to about 3 per cent. of these typhoid carriers, and a large number of outbreaks have already been traced to them. At Strasburg, in the year 1906, a female baker gave rise to four cases, two of which proved fatal. Soper relates the case of a cook in 1907 who, in the course of five years, infected twenty-six individuals in various families where she had been employed. Dr. Park, of New York, in 1909, traced two big outbreaks to milk infection. He says—

"Last year we traced over 400 cases of typhoid to infection of a milk supply by a typhoid carrier who had the disease forty-seven years ago. Just recently we traced fifty cases to a dairyman who had the disease seven years ago."

Dr. McWeeney, in Ireland, reported in 1908 and 1909 two outbreaks due to milk infection by carriers, the first being due to a girl carrier employed in a dairy, the milk of which was sent to a girls' school where thirty-five pupils were suddenly taken ill, the second being an outbreak with a similar causation, with over 200 cases resulting. I have mentioned these facts because it may be difficult for some of us to understand what these typhoid carriers are and why all these restrictions should be placed upon them. The difficulty in dealing with these cases in most countries has been due to the difficulty in keeping typhoid carriers under supervision. They are known to be typhoid carriers, but there is no law enabling the authorities to shut them up and keep them isolated. This clause will give satisfaction because it gives power to the Commissioner to deal with such cases in an effective manner. Subclause (4) of the clause deals with isolation—

"Moreover, the Governor in Council, on the recommendation of the Commissioner, may from time to time order that any person found to be a typhoid carrier to the satisfaction of the Commissioner shall be isolated and detained under such conditions, in such place, and for such time as shall be named in such order, and may extend or vary such order from time to time or at any time terminate its operation, and thereafter, if found necessary, renew such order. And every such order shall be sufficient warrant for the apprehension, if necessary, and for the isolation and detention of the person named therein."

This may appear to be rather drastic, but it is necessary; and it is just as necessary to have this drastic treatment as it is necessary to have it in the case of smallpox. We have about twenty persons incarcerated because they have been suspected of coming into contact with suspected passengers on a Dutch steamer that has arrived, and we do not hesitate to isolate them, although the chances are very slight indeed that they are in the least degree carriers of disease. Still, we make them submit to it, and I think we

are perfectly justified in making an effort of this sort to prevent a person who is known to be a typhoid carrier from spreading the disease.

HON. A. H. BARLOW: Do these typhoid carriers ever get rid of it? Otherwise they will have to be shut up for life.

HON. W. F. TAYLOR: If one man carried it for forty-seven years, and cannot get rid of it, you will have to treat him as you do the lepers. A leper is nothing like so dangerous an individual as a typhoid carrier. The leper is not a contaminating centre to any extent, in my opinion. Leprosy is communicated by personal contact, in the opinion of a good many; but still, it is found necessary in all civilised communities to isolate lepers, and to treat them as if they were most dangerous individuals.

HON. T. M. HALL: What do you designate a typhoid carrier? Any person who has had typhoid?

HON. W. F. TAYLOR: No; any person who has had typhoid and still retains the bacillus typhosus in his faeces or his urine. Typhoid depends upon bacilli, which will be found in the excrement or the urine. Coming to the subject of private hospitals, I think private hospitals should be registered, and it is necessary that they should be supervised. I do not think that any person who is the proprietor of a private hospital will object to be registered, and to be subject to inspection. Inspection will have the effect of doing away with the insanitary conditions in some of the private hospitals, and patients will thereby be protected, because it is in the interests of the sick that this legislation in respect to private hospitals is enacted. It will also be a very valuable thing to have nurses registered, though perhaps it is a matter that would more properly be dealt with in the Medical and Other Practitioners Bill. We have a great number of trained nurses; still we have some who claim to be trained, and who are not. The trained nurses of Queensland are an excellent body of women, who are well trained, and well fitted for the work which they have to undertake. I may mention that the training question in the Brisbane General Hospital is most extensive. A person is not only trained in the ordinary duties of a nurse, but she is trained and educated also to a certain extent in anatomy and physiology. She is, in point of fact, in a position to take charge of a patient in a way which very few of the old class of medical practitioners of fifty years ago could do. Speaking from my own experience—and I have had something to do with them in the clinical department of which I have charge—I give lectures to nurses during the year. These lectures consist of nursing, and also the learning the anatomy and the treatment of the eye, and physiology; and it is really most astonishing the interest which the nurses take in these matters. For the last two or three years I do not think that one failed in the examination, and some of them secure from 95 to 98 per cent. of the marks. It is very pleasing to know that we have thoroughly trained nurses amongst us—well trained in practical work, and well trained also in the scientific aspect of the work. I think that this is almost all I have to say about the provisions of the Bill itself; but I would like to say a few words now with respect to a couple of diseases which are not mentioned in this Bill, and which I think ought to receive

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particular attention. I would first refer to ordinary consumption or tuberculosis, the notification of which is compulsory. The difficulties connected with anything like proper treatment of patients in connection with this disease are almost insuperable, because you cannot possibly drag them away from their homes when they show symptoms of tuberculosis by expectoration or in other ways. It is a very difficult subject to deal with, but one which I think ought to be grappled with in a serious manner. It is rightly called the "white plague." It claims more victims in a year than any other disease, and throughout the whole community 50 per cent. of the people are more or less infected with it. In fact, it is asserted that in Germany, out of every 100 *post mortems*, 98 show signs of having had tubercle at some period of their lives. With such a disease in our midst, and claiming so many victims as it annually does, surely we ought to try and adopt some measures which will lessen its incidence, if we cannot prevent it altogether. I remember when I came to Australia, forty-eight years ago, after a few years' work I was struck with the almost total absence of native-born people suffering from tuberculosis. All the cases which came under my observation were cases from the mother country. But now the position is reversed, and the position of the native-born population is almost worse than the position with regard to the rest of the population. Why that should be so I do not understand. People live in the open air to a great extent, and in buildings which are, at all events, fairly well ventilated, and I cannot understand how they contract the disease as they do. One can understand it in the old country, where buildings are in slums, and where there are so many people in one room, where the ventilation is bad, and the food is insufficient, and where it is always dull; but it is difficult to understand why the disease should be rampant here with all the blessings of sunshine and ventilation in our midst. This is a subject which I think demands the attention of the Government, and some decided steps should be taken to ascertain how it is that the disease is so prevalent.

HON. A. H. BARLOW: Is it possibly due to the excessive meat diet?

HON. W. F. TAYLOR: That is a matter for investigation. People all have ideas, but it is evidently a contagious disease—very contagious—and as such it is evident that the precautions which are taken are not sufficient. I go further, and say that we ought to prevent the marriage of consumptive people, because, although it is stated with some show of justice that consumption is not hereditary, still the children of consumptive parents have a tendency to contract the disease. The soil is there ripe for tubercule bacilli, and they effect an entrance and flourish. It is only just putting the question aside to say the disease is not transmissible, because it is to an extent true that individuals born of consumptive parents are more or less liable to the disease. As we are going to experiment in this legislation, and as we are a young, progressive community, we might try and do something to prevent the marriage of consumptives. Coming to another subject, which is the last I shall deal with, and which is not a very nice one to deal with in this House or anywhere else, but still it is one that we must

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face, and one which may not be brushed aside, as we are in the habit of doing, with impunity—I am exceedingly sorry to find that the Government in their wisdom have thought proper to rescind the provisions of the Contagious Diseases Act within the metropolitan area. They make the excuse that they have acted on the advice of the Government Medical Officer and the Commissioner of Public Health. I think that they are not bound to act on that advice, without using their own judgment in the matter. I think that if they took the evidence of any unbiassed person; if they read the evidence in the reports of these two gentlemen, they can only come to the conclusion that the evidence adduced there and the difficulties which they set forth in connection with the administration of this Act are not reasons for the abolition of the Act; but, on the contrary, furnish the strongest possible reasons for its vigorous administration.

HON. A. NORTON: Hear, hear!

HON. W. F. TAYLOR: Think of the nature of the disease, which not only attacks the individual for the time being, but exists in a latent form all his life or for many years, and then manifests its dire effects. Not only does it attack an individual, but unfortunately he may pass it down to his children, and they to their children. Not only that, but a youth who, in an unguarded moment, gives way to his passions, may be permanently injured. One youth I knew became infected, and his life was not only embittered, but he was rendered unfit for his studies, and he endured great mental anguish from not following up his studies as he should have done. He was a young medical student, and his was the saddest case that I have ever come across. There are numbers of cases where young men and youths have, through indiscretion, contracted the disease. They may be supposed to be permanently cured, but there is no evidence to show it. They may seem all right for some years, and eventually get married to pure, innocent girls, and what is the result? The disease is transmitted to them. I do not wish to labour the subject—it is not a pleasant one—but it is fraught with so much danger to the race that it should be grappled with sternly and effectually, and not half-heartedly. We should not, in obedience to the demands of people who, from supposed humanitarian or moral views, object to the way in which this matter is controlled under the Act, discontinue the administration of the Act. (Hear, hear!) That the Act has done good in the past I think may be inferred from the fact that it has been in existence for forty-three years, [4.30 p.m.] that successive Boards of Health up to the advent of the present Commissioner of Public Health about two years ago, and successive Government Medical Officers up to the appointment of the present occupant of the office, have all endorsed the Act and have defended its existence in the face of the most strenuous opposition from a section of the community—opposition which has never ceased from the day the Bill was first introduced until the present time. These successive Boards of Health and Government Medical Officers would not have maintained that the Act was useful and effectual had they not been perfectly convinced of the fact. I can give no reason why it has not been so useful of late years, but even the Government Medical Officer is

forced to admit that it has done some good, for, after giving a number of figures, he says—

“From these figures it can easily be seen that nothing like the proper number come under the operation of the Act.”

Well, if only one case comes under his notice, that is one centre of contagion which is under observation. Each person affected is a centre of contagion, and the disease is being disseminated while such an affected person is allowed to follow her occupation. You cannot estimate the amount of damage that even one such person may do in a community. Still, that damage is done there cannot be a shadow of a doubt, and if one individual is placed under medical supervision, it ought to be done, even in her own interests. The Government Medical Officer tells us that the average number of women examined per week in June in a series of years was 32, 22, 42, 41, 45, 47, 45, 45, 35, and 31. Well that is a very fair average, because in countries where similar Acts are in force it has always been difficult to get women to come for examination in sufficient numbers. All these women who did come up for examination were so many centres of infection taken away from the community for the time being, at all events, and the damage they would have done if allowed to continue in their occupation unrestricted was stopped. Is it not worth while administering the Act if even that many women come forward for examination? I contend that it is. (Hear, hear!) I contend that, if only one person is cured of the disease and kept from contaminating others, that one person is worth all the trouble and expense of enforcing the Act. The Government Medical Officer goes on to say—

“Consequently, I believe the small amount of good derived from the Act does not justify its existence.”

Surely if we can cure or prevent even one case of a dangerous disease like this we are justified in doing it, especially when the disease is so far-reaching in its effects. When a case of smallpox takes place we almost go into hysterics over it; we lock up people for two or three weeks at a time. But smallpox only attacks the individual, and only attacks him once, and when he recovers from the disease he is just as healthy as he was before in all probability. It does not leave the lasting effects of this other disease. We are simply straining at a gnat and swallowing a camel. The Commissioner of Public Health has been good enough to refer us in his report on the subject to an article in the “Encyclopædia Britannica,” which he says gives a good general survey of the matter. That article I would advise every hon. member to read. I have read it and I was very much pleased with it. It is an interesting article, but I think the result of reading it will be to lead anyone to form a different opinion to that which the Commissioner appears to hold. I will read an extract from the article—it is on “Prostitution”—

“In the United Kingdom a Contagious Diseases Prevention Act was passed, providing for the compulsory examination of prostitutes and detention in hospital of those diseased, in the following garrison towns:—Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown. The legal machinery was a justices’ order granted on sworn information that the woman named was a common prostitute. The Act having proved very inefficient, it was amended in 1866 and extended

to Windsor. Two years later an important memorial was drawn up by the Royal Colleges of Physicians and Surgeons in favour of the Acts and their extended application, and in 1869 they were further extended and applied to Canterbury, Dover, Gravesend, Maidstone, Southampton, and Winchester—eighteen places in all. A popular agitation, based on humanitarian and moral grounds, and continuously carried on against the measure, led to the appointment of a Royal Commission in 1871 and a Select Committee in 1879.”

That is what the Government should have done here instead of acting on the opinions of two gentlemen.

HONOURABLE MEMBERS: Hear, hear!

HON. W. F. TAYLOR: The Government should have appointed a commission to inquire into the subject and ascertain whether the Act was really useless or not. The article goes on—

“The direct evidence was strongly in favour of the Acts alike with regard to the diminution of disease among the troops in the protected towns, the absence of complaints, and the good effect on the public order, to which clergymen and other residents testified.”

It may be urged that these remarks only apply to troops in garrison towns. In fact, the Commissioner says that the Act is only applicable to troops in garrison towns; but if it has a good effect upon troops, surely it has the same beneficial effect upon the inhabitants of these towns—

“The majority of the Committee reported accordingly after three years inquiry; but in 1883 the House of Commons passed, by 182 to 110 votes, a resolution condemning the compulsory examination of women. As this would have entailed refusal to vote the money required for the system, it was immediately dropped.”

I would like to give a few statistics taken from the same source to show the results of the operations or similar legislation in continental countries, in the United Kingdom, and in the United States of America. In the German army, during the years 1890-2, the number of cases of this disease per 1,000 was 27.2; in the French army, 45.6; in the Russian army, 43.0; in the Austrian army, 63.5; in the Italian army, 71.3; in the American army, 71.4; in the British army at home, 205.6; in the British army in India, 438.0; and in the Dutch army in the East Indies, 456.6. That shows the results of the humanitarian and moral view taken by these busy-bodies, who induced the Government and the House of Commons to rescind the Act. The principal objection to the Act, I believe, is that women should not be subjected to the indignity of being examined by men. That objection need no longer exist, as there are plenty of well-qualified women medical practitioners to undertake the work. (Hear, hear!) Not only so, but there need be no difficulty in regard to another objection which has been urged—that is, the alleged tyranny of the police—as there would be no difficulty in getting well-qualified women to act as inspectors, having the power to call in police assistance if necessary. These two objections need not weigh with us for one moment; and in the face of that fact, notwithstanding the reports I have just quoted from, I see no reason why the operations of the Act should be cancelled. On the contrary, I see every reason why its provisions should not only be carried out but why they should be strictly carried out. I feel very strongly on this subject. I have lived many years in the

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world, and, in addition to my own personal experience, I have read many reports on the subject, and I know the effects of this disease. I do not wish my own opinion to be taken *ex cathedra*, although, in view of the experience I have had, I think I am justified in expressing an opinion. I would ask hon. members to inquire into the matter for themselves. It is the duty not only of every legislator to look into the question, but of every person who has boys growing up, who, in an unguarded moment, may fall victims to the disease. It is the duty of every person to consider the matter, and try to protect the present and future generations from the effects of this horrible disease.

HONOURABLE MEMBERS: Hear, hear!

HON. A. NORTON: I have no intention of speaking on many points in connection with the Bill, but there are one or two upon which I should like to say a few words. The first clause to which I wish to allude is clause 6. I do not know why these extraordinary powers should be given to the Governor in Council. I cannot conceive any circumstances under which the occupier of a house should be prevented from discharging bath-water into the street. If we are not to be allowed to discharge bath-water or any other water from our premises, what are we to do with it? It may be said that it can be distributed over our gardens; but would it not be as bad—if there is anything bad about it—when used in a garden as when thrown out into the street, and allowed to run down a drain? It seems to me that the power of the Commissioner is too great. What we want, especially in the suburbs, is a proper system of drainage, by which water that is discharged into the streets shall run away at once. In many suburbs at present the water runs down what are called by courtesy side-drains. They are not asphalted in many cases, and are extremely rough. A quantity of rubbish collects in them in places, and the water that passes down has to filter through this rubbish. What we want is not only a system of drainage, but asphalted drains on either side of the road. We also want some arrangement by which the water which runs down these drains should pass to a place where it will be safe. There are many places at present where the water runs down the side drains into the street, and it is turned off, when it comes to a bit of a dip, into somebody's paddock. That person does not want it at all, but the authorities will not come and drain the paddock and prevent disease being caused by reason of the imperfect drainage of that paddock. I know places where there are holes so filthy that to pass by them in dry weather—I do not mean to say when the holes are dry, but when the water is low—turns you almost sick. This matter ought to be dealt with, but it is passed over in the Bill without any reference at all. It is not one of the subjects which is to be dealt with in the Bill, but it is just as important that it should be dealt with as most of the other subjects referred to here. Then clause 27 refers to short-weight goods. Under that clause an inspector is allowed to bail up a man on the street or road, and force him to show the goods that he is carrying from the store, in order that he may ascertain whether they are short-weight or not. That is an extraordinary power to give. Something of the kind was proposed in a Bill which was passed some years ago, in which it was proposed that

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grocers' carts should be liable to inspection when they were carrying goods out, in order that a search might be made for bottles of spirits which they had no right to sell. The provision, as far as I remember, was struck out in the other House. The effect of this clause is just the same. If the goods are to be inspected in order to ascertain whether the weights are right or not, it should be done either at the shop before they leave or else at the place of delivery. I should think that the man who receives short weight should be the one to take action. Reference has been made to preventing the use of milk from cows which are diseased, and also stock which are killed for food purposes. I do not know what we are to consider diseased in a case of that kind. There are many cases we know where, when a beast is killed, it is found that the lung is adhering to the ribs. Is that a case of disease? We know that the companies which buy bullocks, and send frozen meat from this country to the old country, usually refuse to take such beasts. If the lung is found attached to the ribs of a beast, the carcass is rejected. Can that be regarded as a disease? My own impression is that it is not a disease, but the result of a disease which has passed away. I say so because about forty years ago, when cattle were largely affected by pleuropneumonia, the result of that disease on the cattle was that in almost every case when a beast was slaughtered it was found that the lungs were attached to the ribs. I speak from my own personal knowledge, because I used to attend the yards when I lived at the station when cattle were killed for the use of the station and for other people as well. It would be absurd to treat anything of that kind as if it were a disease that affected a beast so as to make it unfit for use, and yet we know that the meat companies used to reject such cattle. The matter is really one of very great importance, and we ought to have some sort of classification which would enable any simple-minded man like myself to know what will be regarded as a disease under the Act. I have known heaps of so-called diseases, which we were told were perfectly harmless. I heard Mr. Pound lecture on one occasion on stock cancer. There were other cases of so-called cancer which he said were not cancer at all, and were perfectly harmless to those who ate the meat. If a bullock got a rap in the eye, the disease would spread over the eye till the ball burst, and if it were not killed it would be in a wretched condition.

HON. A. H. BARLOW: It was a fibroid tumour.

HON. A. NORTON: I dare say it was. Mr. Pound is my authority for saying that the beast is not affected by it. I learned from a cable which was published in the papers recently that the commission which has been inquiring into the subject of tuberculosis in the old country has decided that tuberculous diseases are communicable. I do not know whether that is so or not. The conclusion I arrived at, after watching hundreds of cases, was that they were perfectly harmless, but my opinion is only that of a layman. I wrote a great deal on that subject some years ago in the papers published in the Royal Society's proceedings. I took a great deal of interest in the matter then, and there was a great deal of discussion. One paper—the last I wrote on the subject—was published by the society. After that

Professor Cruikshank came out here, and while here was asked to read a paper before the society, and he chose this particular subject. I showed a copy of the paper I read eight years before he came here to a friend of mine the other day. He had also a copy of Professor Cruikshank's report, and he said they were almost the same, word for word, from beginning to end. Professor Cruikshank said that the disease might be communicable from man to cattle, and from cattle to man, but that the danger was not very serious. I think—unless I make some mistake about the cablegram about the report of the Royal Commission with respect to the communicability of disease through the use by children of milk from tuberculosis cows—it was stated that the disease finds a resting place all along the alimentary canal. These are subjects which appeal a great deal to those whose income depends upon the rearing of stock. I know that on many stations diseased animals were killed, and the beef salted and put into a cask, and it was used as any other meat. In some cases beasts were selected because they were "lumpies." That was done all over the country. I had a personal objection to eating beef that might be thought to be unwholesome, and up to the time I left the station, instructions were given to continue what I had always practised during the many years that I had pleuro-pneumonia in my herd—namely, that every beast which was badly injured, or which showed any symptom of disease, should be taken to the yard, and killed as soon as possible, and the carcass was cut up and put into the pot and boiled for the sake of the tallow. Tallow and the hide were all I got from it. I believe if that had been continued as a general practice we should have heard much less of the spread of tuberculosis among human beings through the disease being conveyed to them through the use of meat which was not wholesome. I hope that in dealing with this Bill anything which applies to cases of that kind will be given serious consideration, because if we are going to destroy numbers of cattle which are really harmless, as we may have to do if the Bill passes, then we shall do great wrong. I have said what I have done because hon. members will understand that I never felt any personal objection to this being carried out systematically, whether the meat was actually dangerous for use or not. I had an objection to eating the beef of a beast which people generally regarded as being diseased. I want to call attention to the matter in order to ask hon. members, while the Bill is passing through Committee, to consider the question, with the view of preventing a wrong being done to a large number of stockowners in the State. Of course, the object of the Bill is a good one—to prevent the spread of disease—but at the same time it may be carried so far that the effect of our good intentions may lead to much harm.

Hon. A. H. BARLOW: Hear, hear!

Hon. T. M. HALL: I listened with very great interest to the instructive speech we have had this afternoon from Dr. Taylor. It seems almost unnecessary to add anything of a technical character to the debate which has proceeded up to the present time. But there are one or two points in connection with this Bill which will be of considerable benefit to the community, and they have

been pointed out to me by some gentlemen who have been considering it from a trade standpoint, and whose recommendations, when the Bill was in another place, were accepted as far as they had gone, with the exception of one matter. Since then several matters have been discussed and considered, and some further amendments have been suggested, but they could not be dealt with in another place without recommitting the Bill. In the Committee stage of the Bill I shall probably confer with the representative of the Government in this Chamber on these points, and, if necessary, move amendments in certain directions. In considering legislation of this character which will be of such great benefit to the community, it is highly essential that there shall be no loopholes, and that in its administration the lines shall be laid down so clearly that there can be no evasion on the part of the persons who are called upon to discharge important functions in connection with the administration of this measure. (Hear, hear!) Matters of this kind appear all right when being legislated upon, but unfortunately the mesh is sometimes so large that escape is made by persons who are designing to do so, and in the administration it is highly important that special precautions should be taken to make clear the law and see that it is carried out to the utmost. In Victoria and New South Wales, where this question has been before the public and before Parliament, advisory committees were appointed, and they enabled the commissioner who had to administer the law to understand the features of the commercial side of questions, with which, as a technical man and as a medical man, he was not conversant, and consequently he was enabled to get a more comprehensive grasp of the conditions than he would otherwise have got had he depended entirely upon his own knowledge. In the United States of America and Germany, and in some other countries, similar conditions and committees exist, and they have been found to work very satisfactorily, on account of the knowledge of those who form the committees, and their familiarity with the conditions and exigencies of trade. It is not suggested that in Queensland a committee should be appointed similar to those in New South Wales and Victoria, because they are in a position to dictate to a large extent to the commissioner, and by a majority vote could probably override what he in his administrative capacity wishes to carry out. It is considered that in Queensland such a committee, if approved of, should consist of men capable of filling the position without remuneration, merely in the best interests of the community and without any right beyond that of being there to confer, and having no power to vote or deal with questions in any other way than by means of suggestions. It will be recognised by hon. members that in the commercial and trading community of Queensland we have gentlemen who are law-abiding, and who will cheerfully concede anything which will be in the best interests of the community, but frequently they are placed in a position of self-defence by unscrupulous traders and manufacturers, and almost, I might say, compelled to get into competition with them through the unfair means which are adopted.

Hon. B. FAHEY: And do shady things.

Hon. T. M. HALL: And do shady things. But it is the desire of the gentlemen who have spoken to me on this question that the

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Act should be carried out in its strictest form, and that everybody should be compelled to toe the mark on the line on which they are prepared to toe it. In connection with some of the recommendations which another place has dealt with, there is a clause which has strengthened the Bill considerably; and there is another clause with which I am concerned, and which I will probably give notice of amendments in, as these gentlemen are not attempting in any shape or form to shield anyone, but rather to impose penalties so as to make evasions more difficult than they are at the present time. In fact, where the Bill leaves it optional, these merchants want to make it mandatory. I am aware that

[5 p.m.] there has been an interstate conference on this particular question, and there is a disposition on the part of the Government to rely upon this conference. But why should we import Federal conditions into this State on questions of this kind? We have our own local conditions, which differ in some respects from the conditions in other places, and, when we are considering a Bill like this, we should make it as complete as possible in every particular. For that reason I shall urge strongly in Committee that, while prepared to give power to the Commissioner to enforce the administration of the Act, those gentlemen who are prepared to assist him should be consulted upon the questions which are to be dealt with. I do not propose to speak at any great length on the present occasion, reserving what I have to say until the Bill gets into Committee. Before resuming my seat I desire to say that I admire the manly way in which the Hon. Dr. Taylor dealt with a question which was recently before the public, and one which is of paramount importance to the community. I do not speak from the standpoint of medical knowledge or anything of that kind, but I do speak from the standpoint of humanitarianism; and, if the present Government are so careful in regard to public health in the matter of food and drugs, I certainly think it is something of a travesty of their own professed views that they should repeal, by a stroke of the pen, an Act which stands for a great deal in connection with the health of the people of this State. I do not know what steps can be taken to deal with a matter of this kind. Many arguments can probably be adduced on both sides, but I am not here to argue the matter at all. I am merely giving expression to my own views, which I believe are also the views of a great many people in the community. I believe that a very unwise step has been taken by the Government in the matter at the very time that they are introducing a Health Bill dealing with the food of the people. With these remarks I resume my seat, and will deal with the various clauses of the Bill in Committee.

HON. B. FAHEY: I do not intend to say much on the Bill at this stage, although there is a great deal that can be said upon it at this stage. I rise to compliment the Hon. Dr. Taylor upon the very capable and searching analysis to which he has subjected this important Bill. If he had made no other speech in that direction, I think the speech he has just delivered eminently justifies his position in this Chamber. (Hear, hear.) Not only this House but the country is indebted to the hon. member for his

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speech. I think also that the Government of the day should be complimented upon the excellence of their legislation so far this session. Up to the present they have introduced four of the most important Bills that have ever come into this House. I suppose this is one of the most important Bills that the Council has ever been asked to consider. It is a Bill which, if brought in by a Government thirty years ago, would have caused such a howl of indignation and so much opposition from vested interests throughout the country that in all probability the tenure of office of the Government that did it would have been very much curtailed. Probably not so far back—particularly in the last twenty years—the breach we have made in those conservative barriers—habits and customs that have bound us since the days of Moses practically without a change—in sanitary matters. That public opinion to-day is sufficiently educated for greater advances in our sanitary systems and in other directions than even this Bill proposes, progressive as it is. The Bill is one that deserves to be closely scrutinised in Committee. It is essentially a Committee Bill, but there is no subject that can engage the attention of Parliament more important than the health of the people, and particularly the health of the children. Children are a nation's greatest asset, and their health should be cared for. For that reason, there is a weakness in the Bill, in my estimation; it makes no provision for dealing with diseased stock in our milking herds. It is well known that the bacilli of the terrible disease tuberculosis, which has been so lucidly explained by the Hon. Dr. Taylor, locate themselves in every part of a beast, external and internal, and for that reason every step should be taken before the Bill leaves this Chamber that some of its provisions should protect the health of the children of Queensland from the introduction into their system of its bacillus through the medium of milk. I will just read the following extract for the information of hon. gentlemen on this subject from the report of the Royal Commission which sat for many years in Great Britain, and whose final report is dated 13th July last:—

“London, Wednesday.

“The Royal Commission on tuberculosis has brought up its final report. The commission concludes that bovine tuberculosis is readily communicable to infants and children with fatal results, and is particularly communicable to the abdominal organs and cervical glands. Cows' milk, it is stated, is a large source of infection, and one-half of the cases of children dying from abdominal tuberculosis are generally traceable to the human germ, but cases of bovine tuberculosis in adults are sufficiently extensive to incapacitate the patients for life. The commissioners recommend the adoption of stringent regulations and Government supervision over supplies of meat and milk, irrespective of whether the bovine disease occurs in the udders or in the internal organs. The cost of the inquiries made by the commission for the past ten years amounts to £75,557. Seven more volumes of reports are promised by the commission.”

That is quite sufficient to justify the Council in adopting stringent measures, while this Bill is before it, to prevent any infection being conveyed by milk to the children of this State. I will now read an article which appeared recently on the subject in the *Sydney Bulletin*—

“The food adulterer is a contemptible and

cowardly thief. The burglar gives you a sporting chance of catching him. He is a brute of audacious enterprise. But the man who waters your milk, "doctors" your bread, or crams a pound of butter with hidden lies is a mean, sneaking rascal who robs the invalid in the hospital and the baby in the cradle. Adelaide was late in beginning its campaign against this reptile. For one thing, the business had not been quite as bad there as in many other places; indeed, in many directions the record had been singularly happy. But Adelaide had not been free from the fraud by any means, and the crime was growing. So the authorities decided to delve seriously into the iniquity of food-faking. In 1908 the Government introduced a Food and Drugs Bill, to repeal existing laws which for many years had been dead as Scrooge. The officials could have been as dead as him, too, for all the influence they had.

"Yes, in the face of this historic farce, the Government measure actually provided for "voluntary" co-operation on the part of the local bodies.

"Dr. Borthwick, Officer of Health, and Mr. T. E. Ellery, Town Clerk, of Adelaide, long-sighted and long-headed men, saw that it would not do. Very few do anything voluntarily when it hurts; and, as this was going to hurt, the law required provisions with hooks on them. Dr. Borthwick and Mr. Ellery seized the skirt of opportunity, and, with the powerful aid of the Adelaide City Council, got the voluntary clauses knocked out; and, before many were aware of it, Adelaide and suburbs had been fixed with an amendment embodying the principle of compulsion. Most of the local institutions had been asleep for twenty years, and they awoke up with a yawn. That was the birth of the Metropolitan County Board, and Dr. Borthwick and Mr. Ellery are its proud parents. Who is the father and who is the mother need not be fought out. There is the child, sixteen months old, a healthy, progressive, useful infant.

"Not yet, but by and by, the authorities intend to deal with everything you swallow. When you read the results of analyses, it makes you shudder to think what you have passed down your throat since the food-faker got abroad in the land—so many frauds that we can thank Heaven we started off scratch with our mothers anyway! The most elusive food-thief is the milk vendor; and Adelaide quickly found it must get a motor-car to catch him. Dishonesty goes on fleet foot, and the inspectors can tell of many exciting captures of these offenders against the confidence of the purchasing public. Samples are bought from the carts every day, Sundays included. The municipal policeman carries a supply of small bottles. He takes out three, and has them filled from the big can. The milk-seller may have one for a check analysis if he pleases. Another is sent to the Government Analyst, the third is kept in the office. Of course, the milk adulterer usually says he is as innocent of fraud as the baby he is starving. But, humanly speaking, the analysis cannot lie; and there are the figures. Then excuses trip on the vendor's tongue. The cow was not up to the mark, and he had been going to get rid of her for a long time. Or a boy had turned the tap into the can while he (the vendor) was in the hospital—and he never explains how the boy learned the trick. Occasionally the dairyman stands up and argues that the analysis is a liar. A fine settles the dispute. Under the county board law £20 is asked for the first offence; after that, £50 and £100. If the initial fraud be a particularly flagrant one, the magistrate may make the fine £50, and the next time the milkman goes to gaol for six months to think it over. Where there has been a second conviction the name of the individual is published right throughout the metropolitan area as a malefactor. And this means that 180,000 people or more, scattered over 155 square miles, hear about him. It is the brand of Cain.

"This step has already been taken in one instance, following a heavy fine. The policy of

"no quarter" has had excellent results. Before the county board began its campaign for honest food, milk adulteration, fed by official ineptitude and administrative inefficiency, was common. Now, according to the chief inspector—

"In no metropolitan area of equal population in any part of the world is a purer milk supply, as a whole, guaranteed to the consumer than is supplied in this metropolitan county district."

There is every reason to believe that these big words are true. The authorities go back to the source. Dairies are inspected and kept up to the mark. The board has the handle of the whip—it issues the licenses. The habits and history of the vendors of the milk are noted, and a person with a communicable disease is promptly dismissed from the business. No detail is too small, since it relates to the people's food. In the first year of the board's operations 1,800 inspections of dairies were made. It was a busy twelve months for dairymen. This year the chief inspector has a bolder scheme still. He is going to make a bacteriological examination of the milk. As a matter of fact, arrangements have been made already for examining it for tubercle bacilli. Dr. Borthwick's object is to secure such a supply as shall be safe enough without the pasteurisation and sterilisation which destroys useful bacteria. An eye is kept on all consignments of country cream and butter. As a rule, the merchants heartily co-operate, and say where the stuff comes from; and, hand in hand with a powerful body like the Central Board of Health, whose operations extend far afield, no time is lost in tracing the suppliers who are in need of a few earnest words of advice. Samples are constantly being obtained, and these tell the tale. Butter or cream if obviously "off colour" is promptly destroyed."

I have taken the liberty of reading that long extract to the House to show how much the authorities in Adelaide have been alive to the necessity of supplying the people both there and in the country with pure food. Although great credit is due to the Government for bringing this Bill in, they have brought it in not a day too soon. I believe they might have brought it in earlier, but the present head of the Government is not responsible for that. The Hon. Dr. Taylor has referred to another subject, and I regret the absence of any reference to it in this Bill, by way of resuscitating the clause in the present Act which has been practically repealed by the advice of two Government officers.

Hon. A. H. BARLOW: We may restore it.

Hon. B. FAHEY: I am pleased to hear it, because in all the list of our communicable diseases there is nothing known to the profession—there is nothing known to history—more appalling, more dangerous, and more terrible in its never-ending effect to the general public than the disease of syphilis. I believe myself that it is the origin and the source of the Biblical quotation, that "The sins of the father visit the children to the third and fourth generation."

Hon. C. F. MARKS: It was not known in history earlier than the time of Columbus.

Hon. W. F. TAYLOR: It was known in the time of Moses.

Hon. B. FAHEY: I believe that it is the earliest disease that we know of. I believe that it is as old as leprosy, and as far as leprosy, cancer, lupus, typhoid, tuberculosis, yellow fever, and all those ailments that are so severe, and at times decimate whole communities, are concerned, I believe, from what I have read of this dread disease, that they are merely trivialities in the domain of disease compared with syphilis. What in the name of Providence are the churches

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doing in a country like this in not aiding to check the spread of this disease—in a young country with a climate which is, more than any other we know in Australia, productive of early precocity? What are they doing? They are our moral guides, and yet they allow this dread disease—this terrible social scourge, this unthinkable evil to the community—to take its course unhampered in this State.

HON. A. H. BARLOW: The argument is that you must not make vice easy and safe.

HON. B. FAHEY: You must regulate and check it in a stern manner. There are vices great and vices small. This is not a vice. It is an evil, and you must handle it firmly. We are not supposed to breathe a word about it in public; we are not supposed to refer to it by its proper name. If we do, we offend delicacy; we offend the moral canon; we outrage good taste. It is nearly time that the hon. gentleman and his colleagues got rid of this false idea and the false prudery that they seem to affect, and deal with the terrible evil in a more effective manner. I was pleased to hear Dr. Taylor—coming from a man with his long professional experience and observation—condemning it in the unmeasured manner in which he did, and, so far as I am concerned, I shall have something more plainly to say on this aspect of the Bill when it reaches its Committee stage. I do not know that I shall detain hon. members any longer. This is a Bill that a great deal more could be said upon in the second-reading stage, but the proper place to deal with it is in Committee. I may tell the hon. gentleman who leads the Government in this House that, if there was not another amendment made in Committee even, I should look upon the Bill in its present form as one of the most important that ever came into the Chamber, and one of the most important to the community; but in Committee I believe we shall be able to make some amendments, and I intend to give notice of one or two myself, which will tend to its advantage. I entirely concur in the views of those hon. members who have foreshadowed their intention to give notice of amendments; the wisdom of this House should enhance its worth. I approve of and shall support the Bill. (Hear, hear!)

Question—That the Bill be now read a second time—put and passed.

HON. A. H. BARLOW: I propose to take the same course as I did with the Police Offences and Summary Jurisdiction Bill—postpone any clause for which there may be good reason for postponement. I move that the consideration of the Bill in Committee be an Order of the Day for Tuesday next. I hope hon. members will get their amendments ready. The Parliamentary Draftsman will give every necessary assistance, and as soon as *Hensard* is published I shall send a copy of it to the Commissioner for Public Health, and he will be in attendance during the Committee stage to answer any questions that may be put to him through me.

Question put and passed.

ADJOURNMENT.

HON. A. H. BARLOW: I beg to move that the Council do now adjourn.

Question put and passed.

The Council adjourned at twenty-nine minutes to 6 o'clock.

[*Hon. B. Fahey.*]