

Queensland



Parliamentary Debates  
[Hansard]

**Legislative Assembly**

**WEDNESDAY, 12 SEPTEMBER 1945**

---

Electronic reproduction of original hardcopy

**WEDNESDAY, 12 SEPTEMBER, 1945.**

Mr. SPEAKER (Hon. S. J. Brassington, Fortitude Valley) took the chair at 11 a.m.

QUESTIONS.

STRIKE OF DREDGE WORKERS.

Mr. NICKLIN (Murrumba—Leader of the Opposition), for Mr. BRAND (Isis), asked the Secretary for Labour and Employment—

“1. Does the strike of dredge employees of the Treasury Department, which commenced on 14 August last, still exist?”

“2. If so, does he intend to exercise his power to direct an inquiry by the Industrial Court as he did in the case of the tramway strike?”

“3. Does he propose to exercise such power in the case of the strike in the saw-milling industry?”

Hon. V. C. GAIR (South Brisbane—Secretary for Labour and Employment) replied:—

“1. Yes.

“2. No. My direction to the Industrial Court to inquire into a certain phase of the recent tramway strike was made necessary by the unconciliatory attitude of the Lord Mayor, who rejected a proposal by the Acting Premier for a conference on the roster and refused to make available the blue prints of the roster until the men went back to work. Unlike the Lord Mayor in the tramway strike, the hon. the Treasurer has shown his willingness to meet the dredge employees and discuss their grievances, with the result that an early termination of the strike is expected. In the circumstances there is no necessity for me

to exercise my powers under the Industrial Conciliation and Arbitration Acts.

"3. No, but the hon. member can be assured that every appropriate action is being taken to ensure an early and complete settlement of the dispute."

STATE'S CONTINGENT LIABILITY ON SEMI-GOVERNMENTAL LOANS.

**Mr. NICKLIN** (Murrumba—Leader of the Opposition) asked the Treasurer—

"What was the contingent liability of the Government in respect of loans raised outside the State Treasury by local authorities and semi-governmental bodies at 30 June, 1945?"

**Hon. E. M. HANLON** (Ithaca—Treasurer) replied—

"£26,130,669 11s. 3d., allocated as under:—

	£	s.	d.
Bureau of Industry—University, Bridge Board, and Industries Assistance Act	2,286,860	2	7
State Advances Corporation	485,026	10	5
Bureau of Rural Development	92,039	1	10
Local Authorities	20,526,514	12	6
Harbour Boards	690,419	4	10
Hospitals Boards	1,127,442	1	7
Fire Brigade Boards	80,173	13	5
Commodity Boards, &c.	307,028	14	0
Other	535,165	10	1
	£26,130,669	11	3

AGRICULTURAL BANK LOANS.

**Mr. WALKER** (Cooroora) asked the Treasurer—

"1. What was the total amount of advances by the Agricultural Bank—(a) applied for, (b) approved, in 1944-45?"

"2. What was the total amount of special loans for rural development approved in 1944-45?"

**Hon. E. M. HANLON** (Ithaca—Treasurer) replied—

"1. (a) £1,012,896; (b) £456,704.

"2. Advances for cotton production .. .. . 6,752

Advances to contractors for purchase of machinery and plant for developmental work on farm lands .. .. . 11,347

£18,099 "

GARRATT LOCOMOTIVES.

**Mr. AIKENS** (Mundingburra) asked the Minister for Transport—

"1. Has the Railway Department purchased any locomotives of the Garratt type? If so, (a) when, (b) from whom, and (c) at what price?"

"2. Were the unions vitally concerned—viz., the A.R.U. and A.F.U.L.E.—consulted before such purchase was made?"

**Hon. E. J. WALSH** (Mirani—Minister for Transport) replied—

"1 and 2. The department has not yet actually purchased any Garratt locomotives, but it has agreed to purchase ten from the Commonwealth at £18,000 each. Payment

has not yet been made. There have been numerous conferences between the Commissioner and representatives of the A.R.U. and A.F.U.L.E., also in conjunction with Federal Transport Authorities, regarding the operation of Garratt locomotives in Queensland, and the union representatives were made aware of the intention to purchase ten."

DEPENDANTS' ALLOWANCES, SOLDIERS IN STATE GAOLS.

**Mr. PATERSON** (Bowen) asked the Attorney-General—

"1. What are the weekly payments or allowances made to wives and children of Australian soldiers serving in State prisons sentences of imprisonment imposed for military offences?"

"2. Are these payments provided for by the State or Commonwealth Government?"

**Hon. D. A. GLEDSON** (Ipswich—Attorney-General) replied—

"1 and 2. Payments to wives and children of Australian soldiers serving in State prisons are not provided for by the Prisons Department of the State. The information can be obtained from the Commonwealth Army authorities."

INFERIOR FLOUR, NORTH QUEENSLAND.

**Hon. T. A. FOLEY** (Normanby—Secretary for Health and Home Affairs): Following a question by the hon. member for Mundingburra about the condition of flour stocks at Townsville, further investigations have been made and I table reports received in connection with the matter.

Whereupon the hon. gentleman laid the paper on the table.

PAPERS.

The following paper was laid on the table, and ordered to be printed:—

Report of the Auditor-General under the Supreme Court Funds Act of 1895 for the year 1944-45.

The following paper was laid on the table:—

Order in Council under the State Development and Public Works Organisation Acts, 1938 to 1940 (August 30, 1945).

QUEENSLAND INSTITUTE OF MEDICAL RESEARCH BILL.

INITIATION IN COMMITTEE.

(The Chairman of Committees, Mr. Mann, Brisbane, in the chair.)

**Hon. T. A. FOLEY** (Normanby—Secretary for Health and Home Affairs) (11.11 a.m.): I move—

"That it is desirable that a Bill be introduced to provide for the establishment and maintenance of an Institute of Medical Research, and for other purposes."

At the present time there is a world-wide awakening to the value of research work in all its aspects. Science offers the solution of many of our medical problems. In general scientific research the results achieved in the last few decades have been wonderful, indeed astounding, and of great benefit to the community. In recent years marked development has taken place in the control of electric energy. Wireless has played an important part in the conduct of the war. Then we had the wonders of radar, which also has played an important part. Then we had the astounding development of the aeroplane, followed by the rocket bomb. Towards the close of the war the atomic bomb was revealed, the handiwork of upwards of 200 scientists at a total cost of £600,000,000. This bomb had disastrous effects on the enemies of the Allied forces. There is no doubt that as time goes on further successful efforts will be made to harness the atom in the interests of mankind.

In the field of medicine many investigations have been carried out by scientists over a long period, and in recent years there have been remarkable developments in the production of such drugs as sulphanilamide and penicillin, with a saving of thousands of lives as a consequence.

In scientific development we cannot stand still, research work must continue, so the Bill is really the first shot in the new war, the war against disease in Queensland. It follows upon a request made by me on behalf of the Government to Dr. Derrick of the Department of Health and Home Affairs to advise as to how to approach the question of the extension of medical research in Queensland. On 17 November 1944 Dr. Derrick submitted a report and recommendations to the Government. His recommendations provided for plans for immediate implementation and plans to be developed during the post-war period. His recommendations for immediate implementation provided for the appointment of a Medical Research Advisory Committee whose functions would be to plan an Institute of Medical Research, and to advise how the scheme could be carried out, step by step. This committee was eventually appointed by the Government. It consisted of Dr. Derrick, Dr. A. Fryberg, Mr. H. W. H. Marley, Accountant, Department of Health and Home Affairs, Mr. A. J. Anderson, of the Brisbane and South Coast District Hospitals Board, Professor J. V. Duhig, Professor D. H. K. Lee, Dr. Alex. Murphy, Dr. S. Julius, and Dr. G. C. Taylor. It will be seen that the representation is very wide and that the appointees possess a very broad knowledge of the matters they were expected to advise upon. This committee very enthusiastically entered upon the work entrusted to them. I desire here today publicly to thank its members for the very fine contribution they have made towards bringing into operation a Medical Research Institute in Queensland.

I might also state that not all the recommendations of the advisory committee have been adopted. Some of them conflicted with

Government policy. Of course, they were not to know the Government view on every point they discussed and reported upon. On 30 July 1945 the whole matter was presented by me to Cabinet. Cabinet considered it and eventually approved that the Director, who has yet to be appointed, shall be the key man of the institute. Cabinet also resolved that a salary of £2,000 a year should be offered for the post. We hope as a result of that offer to attract a man who will give good service to the State. Cabinet also agreed that the Director should have adequate periods of leave to visit other research centres to investigate what is being accomplished and any new methods being adopted in approaching any phase of medical research, and that his travelling expenses should be defrayed by the council eventually to be set up when this Bill is passed. The period of appointment of the Director is to be seven years and the appointee shall be eligible for reappointment.

The appointment of the Director will be made as soon as possible so that he may get to work on the development of the institute from the outset, as well as plan permanent buildings. It has also been approved that the Director on no account must be loaded with administrative duties, that he shall be free to superintend the research staff and do research work that he may undertake himself.

Only such staff will be appointed as will be required to meet immediate problems. The remaining permanent members of the research staff will be appointed by the Governor in Council, having regard to the advice of the council, after the appointment of the Director. It has also been decided that the central establishment of the institute should be in the grounds of the Brisbane Hospital. It will thereby be brought into close touch with medical problems calling for solution, as well as have available the widest available range of necessary clinical and pathological materials.

It was further approved that the institute should be housed in the same block as the Pathological Department of the Brisbane Hospital, if possible, and that a close relationship between the institute and the Pathological Department was essential. Every effort will be made to put those principles into effect as time goes on.

It was also approved that co-operation be arranged with the hospital authorities for the Pathological Department to carry out routine procedure as required by the institute, and that the institute provide for investigation on problems of research where required by the hospital; in other words, the greatest degree of co-operation should exist between those two organisations to the mutual benefit of both and to the community also. It was further agreed that there should be a free interchange of instructive material and a sharing of any amenities regarding laboratory facilities that may be set up in the institute, that negotiations should be begun by the Brisbane and South Coast Hospitals Board on the matter of having suitable

accommodation for the institute incorporated in the board's building programme, and that the permanent building to be occupied by the institute should be planned as a research institute from the outset, and constructed accordingly. It was also agreed that the Government should participate in drawing up the plan in a way that would achieve maximum efficiency, and that wide inquiries should be made before the planning and designing of the institute in order to ensure the latest in laboratory design, and that temporary accommodation be provided for the institute's staff in existing laboratories wherever it can be made available. I will deal with that aspect of the matter at a later stage and set out what we intend to do.

The Cabinet has also approved that the Brisbane and South Coast Hospitals Board be requested to give to the Director and senior members of the research staff of the institute such status in the hospital as will give them access to patients for the purpose of prosecuting research and to allot the beds under the control of approved workers undertaking clinical research.

It was also approved that there be arranged the closest relationship between the institute and the University, details of relationship to be a matter of negotiation between the council of the institute and the University; and that the generally accepted principle that research and teaching should be closely related be adopted. Every research worker should give a course of lectures and every teacher should undertake research to reinforce his critical attitude, and students should be given an opportunity of becoming acquainted with research methods. It was further approved that the new knowledge obtained by research should be diffused and utilised as rapidly as possible and that meetings should be arranged between personnel of the University and the institute and that reciprocal arrangements should be established between the institute and the University whereby each could enjoy whatever special facilities are possessed by the other.

It was further agreed in order that the institute may function promptly that an enabling Bill be submitted to Parliament as soon as possible providing for the appointment of a council and the making of financial arrangements and other requirements, such legislation to be bound up with the health laws of the State and linked with the Department of Health and Home Affairs.

Those briefly are the principles that have been adopted, many of which are incorporated in the Bill that will be presented later to the House.

The Bill makes provision for the establishment of the Queensland Institute of Medical Research under the control of a council known as the Council of the Queensland Institute of Medical Research. The institute will be a body corporate, be capable of suing and being sued and of acquiring property and all that is necessary to discharge its functions.

The Bill provides that the council shall consist of the Director-General of Health

and Medical Services, or whoever may be deputising on behalf of that gentleman, as chairman, one member nominated by the Secretary for Health and Home Affairs as representing the Government, and appointed by the Governor in Council, one member representing the Department of Health, one representing the Senate of the University, one representing the Brisbane and South Coast Hospitals Board, one representing the Mater Misericordiae Hospital, and one the British Medical Association; a total of seven members with very wide representation. The term of office of the councillors will be three years.

As I pointed out earlier the institute is empowered to carry out research work into any branch or branches of medical science. It might be to the advantage of hon. members if I refer to part of Dr. Derrick's report. In his recommendations he said that subjects in which research is most urgently needed are—

"1. Queensland fevers including Q. fever, scrub typhus, leptospirosis. Much has been done on these, but much remains to be done.

"2. Lead poisoning problems of diagnosis; after effects; relation to the high incidence of kidney disease among young people in Queensland.

"3. Virus diseases in Queensland; what pathogenic viruses are present; are certain unexplained deaths of young children due to a virus?"

That paragraph covers a fairly wide field.

"4. An active programme of clinical research.

"5. The effect on health of industrial processes.

"6. The incidence of disease in relation to social and nutritional status.

"7. The incidence of disease in relation to geographical districts and climatic influences in Queensland.

"8. Certain tropical diseases in North Queensland."

Dr. Derrick points out there are many other subjects that require investigation immediately and that there is, in the records of the Brisbane Hospital, a mass of information about all kinds of diseases. Moreover, there are in the Department of Health detailed records of 3,000 post-mortem examinations. All this knowledge is wasted unless it is analysed and the important findings published for the benefit of the medical profession not only in Queensland but throughout Australia and the world.

Power is also given in the Bill to enable the council to make agreements with the University, the Brisbane and South Coast Hospitals Board, the Mater Misericordiae Hospital and any other hospital, the National Council of Health and Medical Research of the Commonwealth Government, and such other bodies as the council by resolution shall decide.

Provision is made for the appointment of a Director and Deputy Director of the institute and it is proposed that the Director

shall hold office for seven years. Subject to the general direction of the council the Director shall be responsible for the research work carried out by the institute; in other words, the Director will be looked upon as the key man. An officer of the Department of Health and Home Affairs will act as secretary. By that we keep a definite link with the Department of Health. Other members of the staff as are required will be appointed by the Governor in Council, having regard to the advice of the council. All officers will be subject to the Public Service Acts, 1922 to 1924, with provision to exempt any officer should occasion arise. The reason for giving power to exempt an officer is that when the institute is established, certain visiting research men or men from the University or medical profession might not desire to become members of the Public Service.

At this stage I might refer to a section of Dr. Derrick's report in which he speaks of the staff that will be required to set up the institute. He says—

“As well as the Director, the staff must include a nucleus of experts. Each of these, in addition to conducting his own particular investigations, will be capable of advising on one of the fundamental branches of medical science. These experts will include—

1. A bacteriologist, if possible holding a diploma of bacteriology.
2. A pathologist. (Many problems need, as a basis, the microscopical study of diseased tissue.)
3. A biochemist.
4. Virologist.”

He points out that a large group of virus diseases is not at present being adequately investigated. He says that it is necessary to determine what pathogenic viruses are causing diseases in Queensland and also to develop diagnostic tests for them, as well as to investigate their modes of transmission.

He goes on—

“A parasitologist will be needed. It is essential to have an officer of the institute, an expert who can reliably identify insect species. Many of Queensland's health problems are associated with insect-borne diseases such as malaria, filariasis, encephalitis (perhaps), murine typhus, scrub typhus, Q fever.”

He points out that there is a big field for research in this direction. Dr. Derrick also says that certain other full-time research workers as from time to time are found necessary will need to be provided. In the branch in which the Director is an expert there will be no need for a second expert. The Director and the nucleus of experts will form a team capable of attacking almost any health problem. They will be available for consultation to the Health Department, the hospital and University authorities. Secondly, there will need to be about six technicians, science graduates who will assist the experts, and also necessary attendants and typists. Thirdly, there will be a group of approved

investigators working on individual research. The institute will offer these workers advice and laboratory facilities, but will not be responsible for their salaries. They may be on full-time or part-time research. Their research work may be voluntary, or they may hold grants from the Commonwealth National Health and Medical Research Council or from the University. Outside bodies should be encouraged to conduct research in the problems that particularly concern them. Of course, that will be purely a matter for the administrative side of the council's work. It will not be included in the Bill.

Dr. Derrick goes on to say that, fourthly, some of the fellowship holders of the Health Department might be attached as juniors to the research staff. Of course, a good deal will depend upon whether any of those young men who are now attending the University or the College of Dentistry seeking a degree in medicine or dentistry are of the type suited to carrying out research work. Time alone will tell that, but every opportunity will be presented to them to take up work at the institute when the time arrives.

I will now go on to deal with the powers or the principles embodied in the Bill. I should mention that there is power for the council to obtain assistance from officers of Government departments should it be found that there is an expert or an officer in any of them who can help them in some direction, of course, subject to ministerial approval.

As to the financial side, it is intended to set up a trust fund at the Treasury, to be known as the Medical Research Trust Fund. That fund will be supplied with the necessary moneys required to meet the charges and expenses of management involved. It is also laid down that the council shall subscribe to the same conditions as to budgeting as are subscribed to by most hospital boards throughout the State. That means that the budgetary provisions of the Hospitals Act will be applicable to the finances of the institute. Each year it will budget for its requirements for the ensuing financial year. I have already said that the institute will be established in association with the Pathological Department of the Brisbane and South Coast Hospital in buildings to be erected by the Brisbane and South Coast Hospitals Board, at the Brisbane Hospital.

Provision is also made in the Bill for the co-operation of the council, the Brisbane and South Coast Hospitals Board, and the Faculty of Medicine within the University of Queensland to carry out any procedures that may be found necessary from time to time, either in the interests of the institute itself, medical research, the medical profession, or the University generally. There is provision for the Director and research staff to have such status in the Brisbane Hospital or any other such hospital referred to in the Bill as will enable them to have access to patients for the purpose of prosecuting research. Hon. members will notice that point is embraced in the Bill as a result of a recommendation by Dr. Derrick.

There is provision in the Bill to vest in the council all discoveries and inventions that may result as time goes on from the work of the staff, or any improvements in processes, apparatus and machines that may be made by officers of the institute. There is also provision to pay bonuses to successful discoverers or inventors working as officers under the auspices of the council. Provision is made that a report shall be furnished at the end of each financial year to be tabled in Parliament, so that Parliament at least will have some idea of the work that is being carried out by this body when eventually it becomes a going concern.

I emphasise that a research institute must, of course, develop gradually. It is clear that it would take a number of years to develop a complete institute, even if men and material were available at once. That is an important point. Naturally, the institute will grow and develop step by step.

May I again quote an extract from the report by Dr. Derrick? He said—

“In recent years there has been a steady loss of first-class scientific brains from Australia. This is a loss the country can ill afford. It is important to provide a Queensland Research Institute where able Queensland researchers can find an environment in which they can produce their best work and where they may apply their efforts to the solution of Queensland problems.

“The most important requisite for research is not the building, nor the equipment, but the research worker. The first-class research worker is rare; he has a particular type of mind that is not commonly found. Great discrimination is needed in selecting a research worker. An appointment should never be made just to fill a position, but only if a candidate of satisfactory calibre offers. If, however, a Burnet is available he should be given adequate assistance and equipment and a free hand. Valuable results can then confidently be expected.

“Dr. Burnet has recently emphasised that the standard of medical and surgical practice generally can be maintained only by close association with research work.

“The establishment of a research scheme as outlined above would put medical research on a sound footing for a generation.”

We have done everything possible to comply with the views of Dr. Derrick, which we know are sound, because he himself is a research worker and has already been responsible for some very fine contributions to medical science.

Dealing with a plan for immediate implementation Dr. Derrick points out that it is impossible to begin any new important work. Of course, he was then speaking of 1944. The war was still on and he realised the difficulty of getting the men required, but of course now that hostilities have ceased the

position will naturally improve. He goes on to say—

“Because of war activities no suitable medical scientists are now available. What should be done immediately is, as already mentioned, to plan the permanent research pattern. With this clearly in mind, it will be possible, as medical scientists return from the war or become available by graduation, to fit them into their places in the permanent plan.

“A good deal of research work was done in the laboratory of the Health Department in pre-war years, and little since the war began. Some of this work has not yet been published, because of the transfer of staff to the Services, and the overwhelming of the Director by routine duties. In additional subjects research has been begun but not completed.”

These subjects are listed in the annual report of the Director-General of Health and Medical Services for 1943-44, at page 7. The doctor points out the difficulties that will confront us until we can get the necessary scientific men. He further points out the tremendous amount of work that has already been begun and not yet completed. However, we are not going to wait for the establishment of the permanent institute; we realise it will take some time to plan and construct a new building and appoint a Director and staff. We intend to advertise the position world-wide so as to obtain the best service that is offering. That is Dr. Derrick's own suggestion.

**Mr. Luckins:** At £2,000 per annum?

**Mr. FOLEY:** Yes. The Advisory Committee suggested an initial salary ranging from £2,000 to £2,500 and Cabinet has agreed to a straightout salary of £2,000 hoping that as a result we shall get a good man to take charge of the institute.

We are not, however, going to wait until a permanent institute is established. The Bill provides for the appointment of a council, as I have pointed out, with certain representation on it and in addition the Cabinet recently agreed to appoint Dr. Derrick as Acting Director to enable him to organise what research facilities exist in Queensland and thus proceed with any research work that is necessary and can be carried out now. The natural corollary to that decision is vesting power in him to get whatever staff is available to meet requirements. I have already pointed out that applications will be called world-wide for the position of Director, the object being to get the very best brains offering.

I next come to the question of the building and the work of directing the institute. Dr. Derrick gives an estimate on the cost of the necessary building. I quote this extract—

“A new building will eventually be necessary to house the institute. For reasons already mentioned it should be erected within the grounds of the General Hospital. The Pathology Department of the hospital will also need a new building

when the building situation eases. I recommend that the two activities should be housed in one four-floor building, two floors be devoted to routine pathology and two to research. I estimate that the Research Institute's share in the building cost would be about £50,000. Equipment would cost about £10,000 more. The annual cost of a fully-developed institute as outlined above would be about £15,000.'

I think I have given a full outline of the whole form of organisation of the institute. It includes the recommendations of Dr. Derrick, those recommendations from the advisory committee that have been approved and accepted, and the principles and the powers contained in the Bill. This information should enable members of the Opposition to get a fair outline of the Bill even before it is presented. I feel certain that as a result of the establishment of this institute and the research work that will be gradually developed in the years to come, we in Queensland can look forward to a similar degree of progress in scientific knowledge as we have experienced from the work of scientific workers in the past, and that has been considerable. The aim of the Government is to set up an institute where whatever scientific brains are available in Australia will have facilities in Queensland to give of their best and as a result of research make some contribution to the future of medicine in this State.

**Hon. Members:** Hear, hear!

**Mr. NICKLIN** (Murrumba—Leader of the Opposition) (11.49 a.m.): At the outset I would thank the Minister for the very full information he has given to the Committee. There is one thing we must always give the Minister credit for and that is he gives an excellent preview of whatever legislation he introduces. That is a great help to members of the Opposition.

It is particularly refreshing to hear the Minister remark that there is need for further scientific research, not only into medical activity but into the industrial and agricultural activities in this State. History up to the present time has shown scientific research to be sadly lacking. I will quote an example. The Department of Agriculture and Stock admitted comparatively recently that it had conducted no research into the problems of the wool industry. Yet this industry was worth £10,000,000 to the State. When we know what has been done by other States in research work one is led to the conclusion that up to the present time the Government have not given adequate consideration to scientific research in Queensland. There are many other directions in which Queensland is sadly lagging behind other States in scientific research.

If the creation of this Institute of Medical Research proves to be a real and not mainly a titular or verbal change, especially if it is indicative of a general recognition by the Government of the necessity for an Institute for Scientific Research, this legislation may be regarded as a valuable reform. Hon.

members can only hope that they will not be disappointed when the provisions of this Bill are put into effect. During the last session the House considered a number of changes in the health organisation in Queensland. We passed legislation to approve of the establishment of health centres and the establishment of medical schools in various parts of the State. We also set up a Health Education Council. Although these bodies have been set up, what have they done up to the present? We set up these high-sounding institutes and councils, and up to the present time we have not seen a great deal of result from the work of those bodies; so I hope when the Queensland Institute of Medical Research is set up we shall get some activity and some very necessary and much-needed research into the medical problems that affect the health of the people of this State.

**Mr. Foley:** A scientific worker may spend years on one subject.

**Mr. NICKLIN:** Admittedly, scientific work is one in which we do not get immediate results; very often an investigator may be working on a problem for years before getting results. Nevertheless we do want to see more activity in those special problems, and I hope the Minister will do as he said when he introduced the Bill—take immediate steps to establish this Council of the Institute of Medical Research so that it can start on the problem of tackling the particular medical research problems that concern the people of this State, particularly with respect to tropical diseases.

The establishment of this institute was forecast by the Minister when he was introducing other legislation last year, and early this year he issued a ministerial statement dealing with its establishment and covering generally the recommendation of Dr. Derrick. He has traversed that more or less this morning. As the Minister mentioned, the estimated cost to the State was: building £50,000, equipment £10,000, annual cost £15,000.

**Mr. Foley:** The council's share would be approximately £50,000.

**Mr. NICKLIN:** Naturally the building will cost more than £50,000.

The advantages claimed for the institute by the Minister earlier in the year were that it would enable masses of information to be analysed and published, and he dealt with that phase of the subject this morning. But there are many records of post-mortems on the victims of virus diseases, and medical science can offer no solution as to how we can deal with them.

That is a real lack at the present time in Queensland; we have no medical research staff to deal adequately with the volume of information already available. I take this opportunity of paying tribute to the work already done under considerable difficulties by officers of the Department of Health and Home Affairs, particularly Dr. Derrick. These gentlemen have been inundated by not only

their own scientific investigations, but much administrative work also, which naturally hampers their real job, and I was pleased to hear the Minister say that the Director of the institute would be freed of all administrative duties. After all, he has a big enough job to look after the research side of its work without being bothered with administrative duties.

An advantage claimed from the establishment of this institute is that special attention would be given to diseases, especially those affecting the Queensland people. We really are the only State in the Commonwealth with a large population living in a tropical area, and there is much work to be done in dealing with diseases that are more or less Queensland diseases. I refer in particular to Q. fever and a number of other tropical diseases, such as malaria, the incidence of all of which may increase after the war. Up to the present, we have been exceedingly free in this State from serious outbreaks of malaria, but with a number of malaria-affected soldiers returning to the civil community and because the anopheles mosquito is indigenous to our coast areas, there is a possibility that there may be a serious outbreak of malaria in Queensland. Research in regard to malaria control has been advanced very considerably during the war, and I take it that it would be the work of this institute to obtain the latest data to enable us to deal with an outbreak of malaria should it ever occur in this State. Dr. Derrick says there would be continuous research into subjects that were now neglected, because existing officers have too much work to attend to.

Another point made by Dr. Derrick is that the institute should seek registration by the National Health and Medical Research Council as an approved research institute entitled to receive grants. There is one point I raise in that connection: would this institute in any way conflict with any other body that may be established by the Commonwealth Government under the extended medical services the establishment of which they envisage in Australia, or would it be complementary to and co-operate with any similar bodies that they may establish?

**Mr. Foley:** You can be assured it will give the fullest co-operation with any other research body.

**Mr. NICKLIN:** That is important. We do not want a duplication of bodies or research institutes such as this, and I take it that registration with any national body would overcome the problem of duplication. As the hon. member for Windsor reminds me, it is also essential that any research council established should maintain the closest contact, not only with any national body but with any international body, so that we shall have the opportunity of taking advantage of any discoveries made in other parts of the world.

The Minister made two or three important points, one being that there would be a tie-up of this institute with the University of Queensland, and with the Brisbane and South Coast

Hospitals Board. There will also be a tie-up with any suitable Commonwealth activities, and that is a wise procedure because this institute must have available to it clinical and hospital facilities. It is proposed that the building for the institute be established in the vicinity of the Brisbane General Hospital, and that too is wise, although I am against increasing the size of that institution at that site. I suggest that it should be split up and distributed through the city, but it is the base hospital for Southern Queensland and it will have major possibilities and advantages for clinical investigation. As it is adjacent to the Medical School of the University, all the kindred work will be brought close together and undoubtedly that will be of an advantage to all concerned.

The success or failure of the venture will depend largely upon whether we get the most capable man to direct its activities. I agree entirely with the Minister that the field of choice of the Director should be world-wide. We should endeavour to obtain the best man available to us in the world, and not restrict the choice to this State.

**Mr. Power:** The best man may be a Queenslander.

**Mr. NICKLIN:** If the best man available is a Queenslander I shall be extremely happy, but I do not wish the choice to be restricted in any way, because it is essential that we get the best man.

The question arises whether the salary of £2,000 a year will attract the best man available. No doubt the Minister has gone into this matter, and his advisers apparently think that salary will attract the best man. I do not know what research bodies in other parts of the world pay their men, but if we are to judge from some of the salaries I have seen quoted as being paid to research men in America in particular, where they pay great attention to research, £2,000 seems quite low. If it is a matter of raising the amount to get a better man, I hope the Minister will not be tied to the £2,000.

After we have got our Director comes the selection of the staff to help him. Naturally, the members of the staff also must be first-class men and in getting those men it would be wise for us to look to the younger men coming from our various universities in Australia. A large number of men with experience in the control of tropical diseases in particular will be released from the armed forces in the near future. Some of these men may be particularly suitable for some phases of the work of the medical institute.

On this question of getting young men and brilliant students, I point out that at the moment the Government offer various scholarships to the University, and I suggest to the Minister that he endeavour to persuade the Government to offer special research scholarships, tenable at the University, from which he may get workers whom he will require in the composition of this medical research institute.

**Mr. Pie:** There should be travelling scholarships, too.

**Mr. NICKLIN:** The Minister stressed the point that the workers of the institute would also have the opportunity of travelling to gain knowledge in other parts of the world.

**Mr. Foley:** That applies more to the Director.

**Mr. NICKLIN:** It is important that other members of the staff also should have the opportunity of travel and the suggestion put forward by the hon. member for Windsor that the University scholarships should be travelling scholarships is a particularly valuable one.

I notice that the council is to comprise seven members, representative of all bodies concerned in research activities. It will consist of the Director-General of Health and Medical Services, a ministerial nominee, a Department of Health nominee, a representative of the Brisbane and South Coast Hospitals Board, a representative of the Senate of the University, a representative of the Mater Misericordiae Hospital, and a representative of the B.M.A. I am concerned more particularly with the appointees to be nominated by the Brisbane and South Coast Hospitals Board, the Mater Misericordiae Hospital and, possibly, the Department of Health. They should be medical men and not members of the respective boards. The hon. the Minister did not make that quite clear.

**Mr. Foley:** We shall be guided by their nominees, of course.

**Mr. NICKLIN:** I suggest that the majority of the nominees on the council should be medical men and, if possible, medical men who have demonstrated their ability in research by their work.

**Mr. Dunstan:** Why medical men? Why have medical men for the administration?

**Mr. NICKLIN:** That position will be covered by the nominee of the department or the ministerial nominee. I think it would be much better if the council were comprised of five medical men and two administrative men, because the main job of the Council of the Institute of Medical Research will concern medical problems and research problems, not administrative problems. The administrative side will be looked after by the officers appointed to do that particular job, such as the secretary or whatever he may be termed. The main job of the council is conducting research and the methods of that research. Consequently, they should comprise medical or scientific men who have some knowledge and some experience of that work rather than ordinary members of the Brisbane and South Coast Hospitals Board or laymen from the Department of Health and Home Affairs. I trust that the Minister, in making those appointments, will keep that important matter in mind because the main function of the institute will be research and not administration. It should comprise a majority of men

capable of doing research and who have a knowledge of research rather than a majority of men appointed for their administrative ability.

**Mr. Foley:** To be consistent you would have to say that research workers should be doing research work, not administrative work.

**Mr. NICKLIN:** No, not necessarily. After all, the job of the council would be to direct research and to set out the programme of work to be carried out. That requires medical and scientific knowledge more than administrative knowledge.

The main question to be considered in this legislation is whether the institute will prove to be just something that has been set up more or less as a make-believe. That has happened in other directions in legislation we have considered in this Assembly, particularly that legislation which contains very often an imposing title.

**Mr. Foley:** Don't spoil a good speech.

**Mr. NICKLIN:** Time alone will tell what will be the effect of this legislation. A good deal of research work has already been carried out by existing officers. We must give them due credit for that. But I feel that they would do a great deal more valuable work if they were given some connection with the institute. I refer particularly to Dr. Derriek. I hope that the work that has already been done will be availed of by the council of the institute, but as I said before if we are to get the best work from scientific men they must be relieved of all routine duties. The Minister has estimated the annual cost of the institute to be £15,000. That seems to me to be a rather low amount and perhaps gives one grounds for suspecting that the institute is not going to be a very practical one. I hope that my suspicions are unfounded. I think every hon. member will agree that there is need for further scientific investigation into the medical problems of the State and if this institute should set those necessary investigations in train, it will prove to be a very valuable body in the interests of the health of Queensland. I hope that the opportunity will be given to it to do the big work that is available for it to do and that it will prove a real advantage to the people of Queensland and to public health generally.

**Mr. POWER** (Baroona) (12.12 p.m.): This is another welcome piece of social legislation brought in by the Labour Government for the benefit of the people as a whole, and one that I think will be of untold value to them. Health is of national importance and when we do anything to improve the health of the people we do something that is worth while. Any money spent in the improvement of the health of the people is money well spent, and the expenditure should not be unduly restricted.

At 12.13 a.m.,

**Mr. DEVRIES** (Gregory) relieved the Chairman in the chair.

**Mr. POWER:** We have heard a good deal from time to time concerning the subject of medical research and we know there are many problems calling for attention. I am one of those who believe that prevention is better than cure. If we can by means of medical research prevent people from contracting many of the ailments from which they suffer now our work will have been well worth while. Although a certain amount of money has already been expended on medical research there is still plenty of work to be done. For instance, as a result of investigation it has been possible to discover causes of death previously not known, so it behoves us to carry out whatever medical research is necessary to remove the causes of such disease.

I note that the new research body will be a very representative one. For instance, it is to include the Director-General of Health and Medical Services, who will be the chairman, a representative from the Department of Health and Home Affairs, a representative from the University, a representative from the Brisbane and South Coast Hospitals Board, a representative from the Mater Hospital, and a representative from the British Medical Association. I think the B.M.A. should have a representative.

**Mr. Pie:** It was about time.

**Mr. POWER:** Some time ago the hon. member had a very bad brief from the B.M.A. containing many statements that were entirely unfounded and were bowled out by that excellent man, Dr. Pye, of the Brisbane General Hospital. Fancy the hon. member for Windsor getting up in this Chamber and saying that bugs jumped from bed to bed! That is the sort of tripe that we get from the hon. member for Windsor.

I am pleased to note that there will be co-operation between the various hospitals and this institute. Power will be given to the council to investigate any scientific or medical matter that may arise.

When I was so rudely interrupted by my friend the hon. member for Windsor I was dealing with the subject of causes of death as revealed by post-mortem certificates. I believe—I may be wrong—that the cause of death is outlined on the certificate of death, and that is the end of the matter so far as medical research is concerned, because the necessary authority to make further investigations has not been vested in any body. When this council is appointed authority will be given to it to investigate any matter considered to be in the best interests of the people's health. That will cover all phases of complaints and diseases.

We know that there are quite a number of industrial diseases that are from time to time contracted by workers. It will be very important, not only in their interests but in the interests of industry also, to investigate them with a view to their prevention. I am quite satisfied that such an investigation will lead to a gradual decrease in those complaints. I am also satisfied that employers generally will be willing to co-operate with the council in such an investi-

gation, which will be in their interests as well as of benefit to the workers concerned.

I have given a good deal of consideration to one complaint that affects almost every member of the community, yet up to the present nothing has been done to counteract it. I refer to the common cold. Thousands of people suffer loss of work from one year's end to the other from the common cold. It is interesting to find that over all the years no discovery has been made by the medical profession either to prevent or cure it. It will be admitted that while the common cold rarely kills anybody it causes a good deal of inconvenience. I recommend that the Institute of Medical Research make an early investigation into the causes with a view to its prevention.

**Mr. Luckins:** Common colds lead to serious diseases.

**Mr. POWER:** That is so and it emphasises the necessity for early investigations. We have frequent epidemics of influenza also.

**Mr. Foley:** It is computed that 50,000,000 people have died all over the world from influenza.

**Mr. POWER:** Those figures are remarkable. It is remarkable, too, that this disease occurs only at certain periods of the year. While I do not blame the British Medical Association or its members, who have done a very excellent job in endeavouring to cure this complaint, I do advocate investigations as to its cause and prevention. If the cause is discovered there will be no need to discover a cure. I am interested also in the immunisation of children for the prevention of whooping cough. The Brisbane City Council is giving a good deal of attention to the work and I commend the council for it. Quite a number of infants have lost their lives from this complaint. If we can discover a serum to prevent children from contracting whooping cough then I want to know why we have not found means to offset attacks of the common cold or influenza. There must be something wrong with our research work somewhere, but I trust that this phase of scientific investigation will receive early attention by our scientists.

There has been a reduction in the death rate from kidney disease. Quite a number of pregnant women lose their lives, sometimes before the child is born and sometimes after the birth of the child from this cause. That is a matter of grave importance because not only is the life of the mother lost but perhaps that of the child too. It is a matter of major importance to the State, one to which the institute should give very serious attention.

We know that machinery from time to time has played a part in research work. I refer to the machine that takes a cardiograph of the heart. I know of cases in which medical men have examined patients in the ordinary way and stated that they were quite sound, but later some of them have dropped dead and post-mortem examinations showed that

they were suffering from heart trouble. I know men have been enlisted in the armed forces as medically fit, and later on have been found to be suffering from coronary occlusion. Had those men had cardiographs taken they would never have been enlisted. So the question of machinery plays an important part in medical research. The work of the institute can be of great value to the people of the State if we obtain the right people to do the work.

I am pleased that the Bill will provide for the Director-General of Health and Medical Services to be the chairman of the council, and that the Director of the institute itself will have nothing to do with administration. He will have control of the scientific research and amongst other things will have the right to say who shall assist him in the research. We have a number of medical men employed by the Government in various departments and in other spheres who are purely and simply doing administrative work that could be performed by a first-class clerk; they are paid very high salaries to do work they should be relieved of. I am pleased that under this Bill the Director and other men doing research work will not be called to perform any administrative duties, but will be able to devote their full time and attention to the work for which they are employed.

I am also pleased to know that appropriate provision will be made to enable those who are doing this work to carry it out efficiently. The research workers will have access to any documents and patients they may require to examine. I am glad to know that they are not going to be told by any hospital authority that they have no right to come along and question a patient and examine him. If that state of affairs was allowed to exist chaos would result. There is such a thing as professional jealousy on the part of certain medical people who are anxious to obtain the best results for themselves and will not take advice or help from others.

Research workers of the institute will have authority to examine any patients. That will be of great value in their investigatory work. Much can be done if there is co-operation by the people in all sections of the community. Recently this Parliament passed legislation enabling any person to obtain a medical overhaul, and that will enable the research workers of the institute to investigate any illness from which a person is suffering, if there is co-operation on the part of such person, and thus much valuable work can be done.

In my opinion this is one of the most important pieces of legislation that have ever been brought before this House, but I emphasise that there must be co-operation from all sections of the community. The implementation of the Bill will prove of untold value. Other comments I wish to make I will reserve until the second-reading stage.

**Mr. L. J. BARNES** (Cairns) (12.27 p.m.): I congratulate the Minister on his explanation of the details of the Bill, but I have

no intention of commenting on it to a great degree at present. Much as I regret it, I have not been able to devote as much time as I should like to some scientific problems, and consequently must admit I am not qualified to comment on them, but I do feel competent to comment on one aspect of the Minister's explanation, that is, the hon. gentleman's suggestion that the institute will be housed in Brisbane. Perhaps there is wisdom in this decision, but as two-thirds of the population in Queensland live in the country and only one-third in Brisbane I presume two-thirds of the ill-health of the people of Queensland is to be found outside the metropolitan area. An hon. member reminds me, speaking of insect-imparted diseases, that certainly two-thirds of the insects are found outside of Brisbane.

I really believe that under this Bill it would be possible to overcome a difficulty that has beset us for years, the necessity our people labour under of having to travel from north, south, east, and west to Brisbane under very adverse conditions, because there are no specialists in the country. I quite realise that specialists, for some reason or other, do not appear to want to practise in country districts, but it is logical for us to think that under this Bill it is possible to decentralise to a certain extent. It is well known that the herding together of millions of people into the cities is part cause of these diseases. I suggest to the members of the council to be set up that the first thing they do is visit the Taxation Office and discover why taxpayers from rural areas do not make great claims for medical deductions. If country dwellers do not make these deductions for medical expenses there must be some reason for it. I should prefer the medical institute to discover, for instance, why the hon. member for East Toowoomba is so healthy than to ascertain why somebody has contracted leprosy as the cause is not so obscure in the one case as in the other.

The Minister has mentioned malaria and scrub typhus. Those diseases are more prevalent in North Queensland than they are in the South, and it may be his intention to set up branches of the institute in centres like Cairns, Townsville, Toowoomba, and Rockhampton. I do not intend to say where they should be but I do believe there is great possibility for decentralisation under this Bill. As the private men do not wish to go to the country, I suggest that it would be possible under this Bill to obtain specialists as part-time servants and so avoid the necessity for having to come from north, south, east, and west to Brisbane for treatment.

It seems ridiculous that money should still be the yardstick by which we measure health. I know that approximately £15,000 is set aside as an initial expenditure.

**Mr. Foley:** That is an annual amount.

**Mr. L. J. BARNES:** I appreciate that and it is a move in the right direction, but it is a lasting disgrace to think that in the middle of the 20th century we are talking

of spending only £15,000 on medical research. Money should not be the yardstick by which medical research is measured.

**Mr. MULLER** (Fassifern) (12.32 p.m.): I congratulate the Minister upon the introduction of this Bill. The need for medical research is greater to-day than it has been at any time in the history of the country. I notice from the Minister's remarks that it is intended to house this institute properly in the first place, and that is important. It is proposed to spend £50,000 on housing it and about £10,000 on equipment. It is estimated that the annual working costs will be approximately £15,000. I do not pose as an authority on scientific research, but during the last 20 years I have had a good deal of experience of scientific research into diseases in stock, and as a result I am convinced that the first essential in scientific research is patience. Over the last 15 years the Australian dairying industry has spent about £20,000 annually on scientific research into diseases in stock and it has only been during the last few years that any benefits have been noticed. I must confess that on a number of occasions I felt that the time had arrived when we should discontinue our contributions because the work had been so slow and the time might arrive when we might feel disappointed about the progress of this proposed medical research although we must feel considerably heartened when we remember the discovery of penicillin and D.D.T.

Although we have spent approximately £20,000 on research work in connection with diseases in stock, we feel that the amount we have provided is not nearly sufficient to enable that work to be carried out as it should be.

At 12.35 p.m.,

The CHAIRMAN resumed the chair.

**Mr. MULLER:** Another point the hon. the Minister has provided for in the Bill is that after the setting up of the institute, which I take it will be controlled by the council, it can invite the co-operation of the whole of our medical science and our medical men. That will be a very important feature of the work because our experience has proved that you require a blend of the practical mind with the scientific mind. I believe that the knowledge of many of our medical men will be very helpful to the scientific workers and they should get results.

Another important matter to be remembered in connection with the establishment of the institute is that after accommodation has been provided we have to appoint a Director. I believe we should make an honest attempt to procure the best brains available, but there is some doubt in my mind whether a salary of £2,000 per annum will be a sufficient inducement to attract the best brains available. We have to appreciate the fact that many of our foremost medical men would earn an amount considerably more than that figure in private practice.

**Mr. Foley:** £2,000 in Queensland would be worth the equivalent of a £10,000 salary in America.

**Mr. MULLER:** I am wondering whether there will be any scope to allow the Director to earn any money additional to his £2,000, and for that reason alone I should like to see what are the proposed activities of the institute. A number of qualified men may not apply for the position of Director for that reason.

I have just another thought and it relates to the term of appointment of the Director. I understood the hon. the Minister to say the appointment would be for seven years, with the right of renewal, provided, of course, that the Director wished for a renewal. I am wondering whether it is wise to appoint the Director for a fixed period of seven years. I mention that point with the full knowledge that it may be an inducement to persons to apply for a position that offers some continuity or guarantee of tenure for seven years. On the other hand, it would be a great pity, if an unsuitable person was appointed, if the council had no opportunity of removing him for seven years. I realise that difficulties will occur or may occur, but I do think the council ought to be free to procure the Director's resignation at any time if it is thought that he is not a fit and proper person to carry out the job.

**Mr. Foley:** Provision is made in the Bill for that, if he violates certain principles.

**Mr. MULLER:** Under certain conditions?

**Mr. Foley:** Yes.

**Mr. Hiley:** What happens if he is just no good?

**Mr. MULLER:** I take it the responsibility for carrying out the work rests with the council and the council should be free and should have the opportunity at any time to change the Director if it so desired. After the experience of a few years of investigation work it may be found necessary to alter the policy slightly and therefore I should like to see the council given a free hand to bring about a change in that way.

I mentioned a while ago that we have had scientific work carried out in connection with stock diseases and the preservation of food. We have spent large amounts of money from time to time and perhaps we have not had any practical help and we have been slightly disappointed, but if you meet with occasional success it compensates you and leaves a considerable surplus of advantage over the money you have expended. If you are successful in at least one of your endeavours occasionally it gives you great help. I call to mind what has been done over the past few years in regard to the preservation of food for export. With what we have discovered we have been successful in saving perhaps the cost of a few years of investigational work but the success that has been achieved in that direction has been largely due to the practical mind working in conjunction with the scientific mind. The scientist can lay down ideas but we have to remember that he is more or less in the air, as it were, and must get down to bedrock in

co-operation with the practical man if he is to get results. Only a few weeks ago we had a rather interesting discussion on this subject at a conference and the opinion was expressed that it was not a great deal of good working through scientists alone, that we should be prepared to bring the practical mind to bear on the subject too. As a result of that discussion a further committee was appointed to consult with the Federal Government with the idea of continuing the work we had in hand along those lines.

I feel that the amount of money it is proposed to spend on research work is a mere bagatelle. The preservation of human life is perhaps one of the most important things Parliament can consider. Some years ago a former Home Secretary, addressing a Local Authorities Conference, made the point that the most important duty any local authority had to carry out was the preservation of the health of the people in the shire. That remark impressed me very much and it remained in my mind for a very long time. I believe that it is true. We spend money, large sums at times, on many things that are perhaps not nearly so important as the health of the people. After all, unless we are prepared to exercise our minds and use the brains that we have, we cannot expect to get good results.

At this stage I have nothing further to say than to welcome the Bill, believing that the foundation for scientific work is being truly laid. If it does not meet with all the success we desire, it is our responsibility as members of Parliament to make what amendments we believe to be necessary.

**Mr. DECKER** (Sandgate) (12.43 p.m.): I am pleased that the Bill is to be introduced. We have not seen it and so we can only judge its contents from the outline given by the Minister. It seems to me that the Bill provides for the establishment of an institute on the usual organisational lines. For instance, there is to be a council and the council is to appoint the research men. There is to be the Director and his staff and certain principles are to be laid down governing the research work to be undertaken. However, there are one or two points that give me concern, the most important of which is the proposal to appoint the Director for seven years. That seemed to concern the hon. member for Fassifern too although the Minister explained that the Bill provided that the Director could be removed from office if he failed to carry out certain obligations. I think the whole scheme hinges on the staff, on their capabilities, and particularly the capabilities of the Director. After all, he is the key man responsible for the efficient working of the organisation. I think the Bill should provide that the Director should be appointed on probation for one year at least, or probably two, before he is permanently appointed.

**Mr. Turner:** Would any scientific worker accept the position under those conditions?

**Mr. DECKER:** If a scientist had the necessary qualifications, if he had his work at

heart and he knew that he could fill the position capably he should not hesitate to accept an appointment on probation with a full knowledge of the fact that he would be given permanent appointment for a period of at least seven years after the satisfactory completion of the period on probation.

**Mr. Turner:** He might if he was out of work and could not get an appointment.

**Mr. DECKER:** Medical and other scientific research workers, like a minister, do not enter a profession, generally speaking, for what they may make out of it, but for the good they can give to the people. The object of such a man seems to be to relieve human beings of the causes of their sufferings, rather than to get the actual salary received. The appointment of a Director of this institute, which is the whole crux of the organisation, should in the first instance be for a probationary term before a permanent appointment is made. The salary should be larger, although, as I have said, many scientific men with brilliant attainments do not consider that aspect of an appointment. They place the advancement of science for the benefit of the community before remuneration.

For a long time this State has lagged behind in scientific and medical research work, and has relied largely on achievements in other parts of the globe. The benefit that accrues from the scientist's labour in the laboratory invariably becomes the property of mankind. For instance, penicillin, and the sulfa drugs, when approved, were placed at the disposal of mankind. Australia has developed many medical scientists who have participated in recent scientific discoveries. It is time that Queensland established an institute for scientific research to aid in the general scientific development, and thus accept her share of the responsibilities of the continent as a whole, particularly with respect to tropical diseases. Where do we find an institute devoting time and energy in this State to tropical research? Such an institute is virtually non-existent. Individual medical men have carried on research work in their own time at their own expense and given the benefits of their work to mankind, but, as I said, we have yet to see an institute set up to examine tropical diseases. It is time that we in Queensland, being in the sub-tropical zone and subject to contagion from some tropical diseases—this has been brought home to us more forcibly since our troops have served in the tropics—specialised in these diseases.

I would have the institute go further than the ordinary institute of scientific research. Our research work should embrace industrial diseases and all branches of scientific research work. To my mind, many of our actions are not guided by scientific knowledge. Admittedly, we have made great advances in tackling such problems as T.B. We now have a system under which our dairy herds are tested and that work is likely to be extended over the State generally. Its object is to test dairy herds for T.B., but we lack the

means of scientific approach to the problem. We go through the herds, find the reactors, and destroy them, but we are not perfectly certain yet whether bovine T.B. is communicable to humans. That is an angle of the matter to which scientific and medical research can be applied. Scientific results in such matters would give us more satisfaction than the present theories of some crank doctor, as they will bear the light of day.

If we take the worst possibility and conclude that bovine T.B. can be conveyed to humans, then we shall be on sound ground. It is a fact too that a highly infected beast may not react to a test. I know of instances in which it has been brought to the knowledge of the departmental officer that a certain beast was believed by the owner to be infected but tests showed no reaction. In one case a person at Strathpine was so sure that a beast was useless in the herd that he sold it to a dealer, the dealer sold it to the abattoir and the abattoir condemned it because it had T.B. in every quarter. Yet that beast was brought to the notice of the veterinary who was making the tests, and it did not react. We are told that there are cases in which a beast is so contaminated with T.B. that it does not react to the test.

We have plenty of scope for scientific investigation and research. Up to the present we have been just trifling with the problem instead of tackling it from a true scientific viewpoint. Even in the field of herd-testing for T.B. we could have collected valuable information that might have been of much use from a scientific point of view. Some herds had a high percentage of reactors to T.B. tests, yet people in the area said no-one who obtained milk from them were suffering from T.B. In the case where people have been receiving milk from a herd that has shown a high percentage of reactors would it not be wise to find out whether the people took precautions to scald the milk or whether they used it raw, and whether there are any suffering from T.B.? If we built up scientific data of that kind it would be of great use, not only to ourselves but to the rest of the world. We have had an ideal opportunity of collecting information about herd-testing. We have taken the bull by the horns and framed legislation with the object of purifying the milk supply and reducing the incidence of T.B., yet we are not taking any scientific note of the facts that are there if we like to investigate them.

When we do create a new institute governed by the council, it will be a mistake to put its buildings in the present Brisbane Hospital grounds. The Minister will say that there is an advantage in having it in proximity to the Brisbane Hospital in order to have the various sections of the hospital work available to the scientists for their research work, but I should prefer the accommodation to be absolutely free from the hospital—a more or less self-contained establishment with its own appliances and facilities for investigatory work and in which the research work could be done without interference. There is no reason why the research workers could not collaborate with the University, hospital

board or any scientific body the Commonwealth may have at any stage of their investigations. I fail to understand the reason for putting the extra hospital facilities into one hospital block. We have reached the stage when we must get away from that massing or concentration. Scientific research should be conducted in an atmosphere altogether apart from other activities. The scientists should be able to bury themselves, as it were, in their work. If that aspect was fully considered I think it would be found it would be of great advantage to have the institute in a building away from the hospital, perhaps a mile or even a mile and a-half if possible, where the only environment would be that of research. When men are willing to devote a lifetime to the interests of science they should be encouraged by every available means in our power. Of course, we know there may not be immediate results. Probably there will be no tangible results of the work of an institute of this sort for a number of years. But it may be that by some lucky stroke valuable information will be obtained in a very brief period. We must be patient. As the hon. member for Fassifern said, we must give them time to conduct their investigations from every aspect and confirm the findings before putting discoveries into operation.

The Bill should embrace the private practitioners. Too much private research work is being conducted by private practitioners, who experiment on their patients. No private practitioner should be allowed to carry out research treatment on a patient without the approval of the institute. The Minister should take this aspect of the matter into consideration. There should be control of all specialists and their experimental operations and treatment on public patients. I know that wild experimental work is carried out by some specialists in the treatment of specialised diseases to the detriment of the patients.

**MR. THEODORE (Herbert) (2.15 p.m.):** At the outset I join with the Leader of the Opposition in the fine tribute he paid to the Minister for his lucid explanation of the proposed Bill.

I do not think it is necessary to stress the importance of the work to be undertaken. That must be obvious to us all. The health of the people is of extreme importance, and it is far better to prevent diseases than to go on groping in the dark as we have been over the years in many cases, attempting to control established diseases, many of which probably could have been prevented if research had been conducted into the causes. Improved health can be brought about only by research into the cause of disease, and this too must result in saving thousands of lives.

As soon as the proposed institute is established, I hope to see research work conducted into tropical diseases. I think the first research work undertaken in North Queensland was at Townsville, with beneficial results. The Institute of Tropical Disease in Townsville was established by Dr. Fodsham. He had the full support of the

Universities of Melbourne, Sydney and Adelaide, and of the Commonwealth Government. The first director was Dr. Anton Breinl. He conducted research into yellow fever, sleeping sickness and other diseases of which he had had experience in South Africa. He became infected himself with both yellow fever and sleeping sickness so that he could study them both objectively and subjectively. His work included a consideration of the risks of importation of disease into Australia, and a study of existing diseases in tropical Australia. He also conducted an inquiry into the physiology of the white races.

There are many tropical diseases that still puzzle the medical profession. For five years I suffered from a very serious complaint called sprue, about which very few people have heard, even in Brisbane. It is a serious ailment and has been the cause of many deaths. Dr. Breinl treated me, but he did not cure me. I was getting worse. I was treated by Dr. Breinl, but another doctor, who was not reputed to possess any great knowledge of tropical diseases, was responsible for effecting a cure. I had become very alarmed about my condition because Dr. Breinl had informed me that I should have to leave North Queensland. I know of many big, strong men who suffered from the complaint for five years and then died. They could not be cured. Progress has been made towards discovering a cure for sprue, but it is still not known, so far as I am aware, what causes the disease except that medical men have more or less guessed that it is due to the condition of drinking water. I make this explanation and suggest the necessity for medical research to be extended to Townsville and the tropical North in order to help the men who have to deal with such complaints from time to time.

If we are not careful, possibilities exist for the introduction of such diseases as malaria into North Queensland, particularly when we get increased settlement. There are also possibilities in regard to the introduction of Weil's disease and many other tropical diseases which can cause much alarm among the people.

The influenza epidemic of 1921 was responsible for the loss of 30,000,000 lives throughout the world, I believe. That is a tremendous figure. Many lives were lost in this country. That was an outbreak that followed the end of the first world war. We must guard against dangers of outbreaks of epidemics of that sort. We should be prepared so that we can exercise proper and adequate control, but that would not be possible of achievement without the scientific knowledge of the experts and of medical research institutes such as it is proposed to be established under this Bill.

We should have all the money that is required to be expended on such a laudable purpose as this. The combined incomes of the five research institutes operating in Australia in 1943 was only £52,000 which, when we consider the fact that this is a very important matter affecting the welfare of the nation, is an inadequate sum of money. Certainly, it excluded the £10,500 provided by

the National Health and Medical Research Council, but not all of that money was used for research purposes. Some of it was spent in doing either preliminary or administrative work. When you analyse the position you find that the amount spent on this work in Australia totalled only 3d. a head of the people, whereas our drink bill amounts to £7 a head. I think we are very lax in paying attention to the real things that matter most to the people. I hope that the £15,000 to be provided for in this Bill as a start will be increased and that there will be no hesitation whatever in extending the operations of such a worthy undertaking as this. The Bill will have the support and co-operation of all concerned, and it will be regarded as one of great importance to the community.

**Mr. AIKENS (Mundingburra) (2.25 p.m.):** The danger in this Bill—if there is a danger—is in its title. I listened very carefully to the Minister when he explained the purposes of the Bill but I could find no relation whatever between the purpose for which this council is being set up and the title of the Bill.

We are told that the Bill is being brought down to establish an institute of medical research. Then the Minister went on to set out the terms of the Bill and as far as I could ascertain it was only to set up what might at best be termed a chemical and pathological clinic attached to the Brisbane and South Coast District Hospitals. If that is the intention of the Bill then it is all right. The Minister gave as his reason for the setting up of this research bureau, as he termed it, and which I term a clinic, that in the hospitals the research workers will have immediate access to various types of patients suffering from various diseases, infectious or otherwise. I really believe that such a clinic should be established. When one realises the tremendous amount of good that has been done by world-famous clinics such as the Mayo Clinic at Rochester in the U.S.A. and famous clinics in the British Empire, we get some vague and small idea of what value this clinic will be. I take it that any patient who may be admitted to the Brisbane and South Coast Hospital, whether he comes from the northern, the central or the western part of the State, will be available to the clinic for purposes of research.

At this moment I should like to pay a tribute to the Minister and his various officers for the courtesy and expedition with which they have helped to bring patients from other parts of the State to Brisbane in order that they might receive the special treatment to which they are entitled. I want to pay him my personal tribute for the way in which he has assisted many electors from the Mundingburra electorate to come to Brisbane in order to get the treatment that was not available to them in their own area. No job has been too hard for him to do and no trouble has been too much for him and his very courteous officers to undertake.

If any of the patients in the Brisbane Hospital present a pathological or

perhaps a chemical problem to the specialists dealing with them in Brisbane, it is the intention of the Bill that they should go to the Director of this research bureau or his Deputy Director or the various officers that he will have under his control and say to them, in effect, "Here is a patient, John Jones, suffering from such and such a complaint, and he absolutely refuses to react to any of the known specifics that deal with this particular complaint and so we hand him over to you as a human guinea-pig in order that you might experiment with him and in order that you might find some cure for his complaint." That is well and good, because if I were in the Brisbane Hospital, or in any hospital, suffering from any complaint whatever, and I did not react to any of the known cures, I should have no objection to being handed over to someone with greater knowledge than the specialist who was treating me in order that he might determine by a series of experiments what was the best method of curing me, because in curing me he might accidentally alight on some important cure which would be of benefit to other sufferers from that disease.

And it is for that reason that I do not think it would be wise to appoint a Director for a period of seven years. If he is merely going to be the Director of a clinic—and that is what it is going to be, and I am in favour of it as the first step—I do not think that we should establish a Director in office for seven years. That is because I believe that in that time, or long before the expiration of that period, the Government will find it necessary either to enlarge the clinic or to set up what has been very wisely suggested by the hon. member for Sandgate, a separate research bureau altogether. I agree with him, and any man who has a smattering of medical knowledge will agree with me, that a research bureau should be complete and distinct and apart from any hospital or any building or any place whatsoever where the actual disease is being treated.

**Mr. Foley:** You cannot dissociate it from the hospital.

**Mr. AIKENS:** You must dissociate research from clinical treatment of disease, if you are going in for medical research. For instance, penicillin would never have been discovered in a hospital, all the sulfanilimides and their derivatives would never have been discovered in a hospital, and liver extract for anaemic diseases would never have been discovered in a hospital, but they can all be tried out in a hospital after the research workers have established their efficacy in their research experiments. But a research worker who has to continually leave his laboratory or his work bench, as it were, and go into a hospital and be faced there with the peculiar medical and physical idiosyncrasies of a particular patient will never be able to get right down to the fundamentals of his job. He will never be able to concentrate entirely on his research work and the various manifestations of particular diseases and various types of drugs used to

counteract and exterminate them, and to invent new types of drugs in order to try to find some medical or chemical cure for a disease he is studying.

If the Minister merely means this to be a sort of intermediate research bureau, in between the hospital and the ultimate establishment of a real research bureau, then I say that is all to the good. There is nothing wrong with that. I should not like the council or the Minister to think that this should be the end of research in this State. For that reason the term of the Director should be decreased from seven years to say three or four years in order that the Government of the day can see whether it is necessary to go on with this intermediate semi-clinic and semi-research bureau or laboratory, or whether it is necessary to incorporate it with the Brisbane and South Coast District General Hospital, and set up a brand new research bureau on its own, according to the needs of mankind as actually warranted from time to time.

If the Government intend to go on with this proposal, and enlarge it into a research bureau, then the salary of £2,000 a year for the director is not only small but it is absolutely parsimonious and niggardly. You will not get a man anywhere in the world today to fill that position for £2,000 a year.

**Mr. Pie:** A Minister gets £2,000 a year.

**Mr. AIKENS:** Sir Raphael Cilento is paid in the neighbourhood of £2,000 a year. If I were paying that Fascist spy I would give him an ounce of lead. That is all I think he is worth. I would remind the hon. member that comparisons are odious and because some men get £1,500 a year there is no reason why another man should not get more, any more than another should get less. I could give you some startling examples where much money in the payment of salaries in Queensland is wasted. We have to realise that in the medical profession today there are ordinary medical practitioners getting £2,000 every six months in general practice. We know that there are medical practitioners superintendents of public hospitals in Queensland for whom a salary up to £1,650 a year is being offered.

I read the other day that the Cairns Hospital Board was going to recommend that Dr. Macfie get £1,650 a year as superintendent; and the Townsville Hospital Board will recommend that Dr. Moore get £1,500 a year as superintendent. Those men are worth that money. Both are good men and they do good work in their respective spheres; but the best that can be said is that they are competent and efficient general practitioners. If you find that in a State such as this you can pay a general practitioner £1,650 a year, plus quarters, plus board and lodgings, I think it would be niggardly to offer a scientist £2,000 a year. I think if we want a good man we should not haggle at £10,000 a year. I believe for £10,000 a year we shall probably get a mediocre British or American scientist, or perhaps a Russian or Continental scientist; we certainly will not

get any of the very good scientists or promising research workers from Britain, America or the Continent for £10,000 a year, but we may get a very good mediocre man who can lay the foundation in this State for a research bureau to be established later with a Director receiving a salary commensurate with his ability and his medical degrees and medical knowledge. I know the Secretary for Health and Home Affairs knows my personal opinion of that Fascist spy, Sir Raphael Cilento, and I can only urge him—

**Mr. FOLEY:** I rise to a point of order. Is the hon. member in order in using that term about a public servant?

**The CHAIRMAN:** I think it is rather offensive to a member of the State Public Service. I ask the hon. member to be more temperate in the language he uses.

**Mr. AIKENS:** Very well, I will bow to your ruling. I will say this: the Secretary for Health and Home Affairs knows my opinion of Sir Raphael Cilento, and I know this—whether the Secretary for Health and Home Affairs likes it or not—that my opinion of Sir Raphael Cilento is shared by most of the members of the House, and that my opinion of him is shared by most of the people of Queensland with whom I have spoken about him. Anyone who has read the history of Sir Raphael Cilento's dirty underhand attempt to cripple that courageous and noble woman Sister Kenny must have the same opinion of Sir Raphael Cilento as I have. I only hope the Minister will not place us in this Chamber in the unenviable position that we shall have to vote for a Bill to set up a research institute governed by a board that will have such an unsavoury individual as Sir Raphael Cilento upon it.

**Mr. DUGGAN (Toowoomba) (2.38 p.m.):** I wish to join with other members in congratulating the Minister on the introduction of the Bill. There has been over the years a great deal of steady movement towards an improved medical service, and this Government have given added impetus to that move.

During the last few days we have heard some criticism of the Government for the alleged niggardly manner in which they propose to make available sums of money for the re-establishment of servicemen. The Government, in determining the amount they will make available by way of financial grants to institutions, are guided by the revenue available to them. In the allocation of sums for various ministerial requirements the Treasurer has to be guided by the desire to see that the planned requirements of the State are considered fairly. For that reason we have to be a little bit careful in criticising a Bill on the ground that it makes inadequate financial provision for the purposes for which it is introduced. I view the Bill in that light; I do not think the initial sum of £15,000 will be adequate for the purpose envisaged by the Minister, but I feel it is a start, and as recognition comes from the medical profession and the public of the work performed by the clinic its work will

extend and the necessary financial provision will be made for that extension.

The attitude of Labour Governments in Australia to public health has been very consistent. We have advocated a policy of preventive medicine rather than waiting until the health of the people deteriorates to such a degree that there is grave physical and economic loss to the community. Labour has in the various State Parliaments unfolded a public health programme that is bearing fruit today. When the present Government of Queensland were returned to office in 1932 they set about a very rapid hospital-building policy. The then Secretary for Health and Home Affairs viewed with great alarm the infant mortality rate in Queensland, and consequently an improved maternity and child-welfare service was established. Since that time, financial provision has been made by the Commonwealth Government to help in a patient's hospital expenses. This Government propose to establish clinics to which people in the community may go to have a periodical check up, and this Bill is a logical development in the unfolding of a sound health policy for this State.

I do not agree with the remarks of the hon. member for Mundingburra as to the salary proposed to be paid to the Director of the Medical Research Institute. I believe that there is growing among members of the medical profession a feeling that if they can have a guarantee of some financial security they desire to perform a public service. I should be very sorry to think that future research work, particularly in medicine, is to be determined solely by the amount of money a leading scientific research worker can ask for his talent and time.

**Mr. Aikens:** You would take advantage of his humanitarianism?

**Mr. DUGGAN:** I do not think we should take advantage of it, but there must be some limit to this paying of handsome salaries for men whose attitude to public administration should be the welfare of the community. I absolutely disagree with the opinion growing amongst our people and in our professions that they must embark on some activity that will enrich them so quickly that they can retire at a comparatively early age. Remember the war years. In this State and throughout Australia, and indeed throughout the world, men have been engaged in illicit black-marketing activities and looking round for avenues in which to invest their ill-gotten gains so that they may live a life of comfort and ease. In the professions, unfortunately, there are men who keep separate books of account to evade their obligations to the Taxation Commissioner and in some of the professions the care, skill and attention that should be given are not given, because of the desire to acquire wealth quickly. The aim of all research workers must be the needs of humanity, and I believe that if they get financial security that will guarantee them a place in society and ensure to them a position in which they can have the ordinary comforts that should attach to their status and station in life, they should be satisfied. The hon.

member for Mundingburra goes so far as to suggest that if we pay £10,000 a year we shall get only a mediocre scientist from abroad. If the financial incentive is to be the main incentive, do you think, Mr. Mann, that we shall get a scientist from abroad for a three-years term of office? If the financial remuneration is to be the incentive greater security of tenure will be required.

I should agree whole-heartedly with the hon. member if he suggested to the Minister that before this position was filled very careful attention was paid to the qualifications of the Director. Unhappily, in Australia in the past, we have seen in the various Public Service departments a tendency to appoint the first man who appears to have the necessary qualifications on seniority and if he is not very suitable for the job we find there is conferred on him some very high-sounding title, with possibly an increase in salary to keep him quiet, so that he will not become a disgruntled employee of the Crown. If the hon. member for Mundingburra wants us to search diligently for a man of the requisite qualifications then I am all for that method.

While I might say that, comparatively speaking, a man who has the requisite qualifications for this position might be far superior in medical knowledge to the superintendents of some provincial hospitals, that is no reason why, because there is an inadequate supply of doctors at the present time, hospital boards should compete with one another for the services of doctors to become superintendents of their hospitals. Is it because each of these hospitals is actuated by a desire to get a better medical superintendent than one in another town, or is it because they know there is a shortage of doctors in Australia because of the war and the interruption of medical training at the universities and that there is not a great number of medical men to be had and therefore they must offer these appointments to them? Naturally, being human, the medical men will take the most lucrative offer that is available.

One further point on which I disagree with the hon. member for Mundingburra is the proposed establishment of this institute at the Brisbane General Hospital. I believe that in the interests of efficiency, administration, economy and availability of cases this clinic should be in or near a large hospital centre. Whilst he might say that it is merely my opinion and that it may not be backed by medical evidence, I can say to him that his statement is a mere assertion. If he stated it was undesirable that a chemical laboratory should be in the grounds of the Brisbane General Hospital I might agree. What did he bring forward in evidence in trying to refute the Minister's suggestion? He mentions penicillin, the sulfa drugs and liver extract. They are in the field of chemical research and no-one would suggest for a moment that a chemist should be in the operating theatre of the Brisbane Hospital, and it is not suggested that the men who will be appointed in this laboratory as

chemists will be in the operating theatre. It is not suggested that they will be in the wards of the General Hospital. It may be desirable for these men to continue their research and pursuits elsewhere than the immediate precincts of the Brisbane General Hospital. But the great bulk of this work will not be in the field of chemical research.

Can we say that the great medical discoveries of this country have been confined to the sphere of chemistry? Take the great improvements that have been effected in the technique of plastic surgery as a result of the high incidence of burns from personnel flying aircraft abroad. We have had doctors and others working in the jungles of New Guinea for the purpose of determining what insecticides or control measures against malaria are necessary. Take that skin trouble, dermatitis, which is so rampant in the northern islands of Australia. Doctors have been going to the islands, to America and all parts of the globe to get additional information for the scientific treatment of dermatitis.

We could go on indefinitely speaking of the opportunities that exist for research in spheres other than chemistry. If, for example, the discovery is made of what causes cancer it will probably be found that the solution is discovered with chemists working in laboratories where their work brings them on to the borderline between physics, biology and chemistry.

I go on now to say that for too long in Australia and elsewhere the attitude of the public and Governments to expenditure on public health has been actuated largely by a desire to give just a minimum amount of funds that will satisfy public criticism and, by a feeling that unless there is widespread public criticism of Government policy, allocations should primarily be such as will ensure an immediate return.

That attitude must be reversed, and I believe that as we are insisting upon increased industrial efficiency we must remember that it is dependent upon the research being carried out in the various spheres that have been mentioned by myself and other speakers.

I believe the war has caused members of the medical profession generally to change their policy regarding co-operation with the Government in the implementation of public-health policies. For many years the various medical associations throughout the world have been very conservative. They have refused to co-operate with Governments in the implementation of sound public-health policies. Now many of them have gone straight into government departments. They have become imbued with a spirit of public service. They have taken courses in public administration. They have served in the armies and navies of the various warring powers. They are eager to do the right thing. They realise through their contact with men in the forces and with officials in government departments that their technical skill can be very wisely used if we have

sound administration, and if we see that skilful use is made of the talents and the qualifications of these men.

I found in my own association with the Army an increasing desire on the part of medical practitioners to obtain appointments with the State and Commonwealth Governments. I believe that is a very good sign. I found, in my associations with medical men in Toowoomba, a sincere desire to co-operate with the Government and the municipality in various health programmes. In the elimination of an impure milk supply, two doctors in Toowoomba have been in close consultation with me. I found other practitioners most anxious to co-operate in the work of immunisation against whooping cough. I believe it is merely a question of time before this ultra-conservatism of the British Medical Association will be completely won over. When that time comes, I believe the public of this State will benefit considerably from the changed attitude of medical men.

I believe that in the march of human progress medical science must be in the vanguard. We find that during peace-time and particularly during war-time our most skilled tradesmen and our most eminent scientists are used for the production of increasingly efficient armaments. We find that every possible thing is done to accelerate and make more certain the killing of fellow humans who happen to be opposed to us in war. I believe that if we are constantly asking for this improved skill and these higher standards we must see to it that the great scientific knowledge acquired as a result of the war, particularly in the sphere of medicine, is made available to make a better world, and to make living conditions better for our people. I believe we can do those things.

We know from knowledge that has been acquired over the years that the great plagues that once ravaged Europe and other countries are now quickly brought under control. The time is fast approaching when an intense effort must be made by Governments through making provision for liberal finance, to aid scientific workers in tackling some of the medical problems that still await solution. The hon. the Minister directed attention to specific problems affecting Queensland, and I do not propose to go over that ground again. However, I think all people who realise the necessity for medical research in Australia will be alarmed by the tremendous increase in the growth of cancer and the tremendous increase in the number of deaths from heart disease. Tuberculosis has been brought under control, but the number of deaths from the other two scourges I have referred to is growing each year.

In America one in eight of the people now living will die from cancer. The number who are expected to die from cancer in America this year is 175,000. According to the Commonwealth Year Book for 1940, there were 8,405 deaths from cancer in Australia and the rate is mounting all the time. It is one of those diseases that we have been unable satisfactorily to control. It is said that it was discovered by the Egyptians 3000 years ago

and that it was Hippocrates who gave it its name. Most laymen regard cancer as being any malignant growth. We know that despite the tremendous efforts that have been put into research work, despite the fine buildings that have been erected, especially in America, staffed by eminent scientists, they have not been able to diagnose or successfully diagnose the causes of cancer. It is probably one of those enigmas that will be revealed in the course of time. To do this work we must get skilled and conscientious men. Probably the discovery will come as the result of a fluke or the result of the efforts of a medical-research genius. Who knows that this may not be in the offing? We know that there was a time when the cure for cancer was the destruction of the diseased tissue by operation and that now one of the methods most frequently used is their destruction by X-ray or radium treatment. It is again one of the enigmas of cancer that in its treatment sometimes the cancer will melt away under the rays, while in other cases a resistance is developed against those rays. In other cases too the growth continues at an expanding rate. I hope that in addition to the specific diseases mentioned by the Minister some consideration will be given to the question of helping in research work in connection with cancer.

I should have liked to speak at greater length on the subject of cancer, because there is much that could be said about it that would be perhaps of great interest to hon. members as well as being relevant to the subject of establishing a research institute. The same remarks may be applied to heart diseases, which are on the increase, and for which unfortunately no adequate or effective treatment has so far been found.

Medicine remains international. In the armaments industry the secrets learnt at the trade bench are kept the close preserve of the undertaking of which it is a part. Information that may be beneficial to a world power is kept under close control by the power concerned, but fortunately medicine is truly international in character, and the information gained anywhere goes into a pool. Who knows that this little institute that we propose to establish in Queensland may not some day discover a formula or make some discovery that will assist mankind throughout the world. It does not necessarily follow that the great Mayo clinic or similar clinics will be the only places where these discoveries are made. I feel that if the Government continue to make available sums of money to feed this growing institute, it will find a very honoured place in the community.

I hope this laboratory will not be only a chemical or pathological clinic, but that it will be, in the truer sense of the word, a research bureau. I believe the time is rapidly approaching when there must be co-ordination of effort in this direction. I dissociate myself from the idea that we should exclude the private practitioner who might be prepared to engage in medical research. The hon. member for Sandgate suggested that the Minister should vigorously control research work by the private medical practitioner.

**Mr. Decker:** No, experimental work.

**Mr. DUGGAN:** It would be contrary to the whole course of civilisation to attempt to regiment research work. If there is any man in the community who should not be regimented it is the research worker. From time to time he makes the greatest possible contribution to science by research work in his own clinic. The research worker should be encouraged because he has an exceeding great influence in the scientific and medical spheres and we should by no means accept the suggestion that the only people in the community capable of conducting technical experiments are men such as those who will be appointed to this institute.

I commend the Bill, which will serve a useful purpose in the community, and I hope as the years pass by the Government will be congratulated by the people on their wisdom in establishing this institute.

**Mr. LUCKINS (Maree) (3.1 p.m.):** I, like other hon. members, welcome this Bill. The Minister outlined the functions of the proposed institute in a way that denoted his sincerity and a desire to carry out research work that will be beneficial to the community.

Recently we had before this Committee legislation having to do with research into the incidence of cancer. One would have thought that such work would have been amalgamated with that of this institute. It is not much use expending money on two separate institutes when one might serve all useful purposes. The Minister, however, may have a reason for the two separate proposals.

This proposal for the institution of medical research will find favour with the community generally. I was a little bit surprised to hear the hon. member for Toowoomba at some length castigating the medical profession. It is very easy to court public favour by condemning certain sections of our community but it will be admitted that the medical profession in the last 40 or 50 years have contributed to our welfare in no small measure and deserve at our hands the best and sincerest thanks for what they have done. I am not going to stand here and allow these men, who cannot protect themselves, to be criticised for what the hon. member for Toowoomba imagines they have done against society. If we go back a few years we will agree that the Governments of Australia and other parts of the world have contributed in no small way to the welfare of the community in the investigation and healing of disease. It is not so long ago that we witnessed the ravages by such diseases as smallpox, cholera, yellow fever, enteric and other types of fevers, and diphtheria. It was the medical profession who stepped in at the cost of their own time and resources and without any hope of reward, and engaged in research work to discover cures for these diseases, and for so doing they are entitled to our best thanks.

It is possible that with the establishment of this institute men with scientific knowledge will be attracted to assist in the scientific investigations of disease. Australia is in close proximity to the Eastern countries,

which require very close watching to prevent diseases rampant there from being introduced here. I am cognisant of the ravages of certain diseases in the East, particularly social diseases. I am pleased to say that they have been brought under control to a certain extent, but nevertheless they should be our great concern.

I was in China for a number of years when smallpox, cholera and similar diseases played great havoc with the community. American universities at their own cost sent out scientists with the object of controlling these diseases, and later universities in other countries also sent out qualified people to investigate them. Many men from all parts of the world gave up their time and money to investigate venereal disease, smallpox and cholera in the East, and I am pleased to say they were very successful in finding the cause of and eliminating many diseases.

One disease that calls for investigation by the institute is the dreaded disease of leprosy. That is one avenue in which the clinic can find wide scope for its activities. There are many other diseases such as the common cold mentioned by the hon. member for Baroona, which has not yet been controlled, that call for investigation. The common cold may be the forerunner of serious disease if the person afflicted is not in good health.

I should like to see the institute set up in grounds apart from the Brisbane General Hospital altogether. An institute of medical research should be free and independent of any other institution in the city.

**Mr. Dunstan:** What is the matter with the General Hospital?

**Mr. LUCKINS:** If it was away from the hospital the workers would not be bothered with people coming in and asking a professor or his assistant to come over straightaway and have a look at some case. Those are incidents that do crop up, and I am sure it would be better if this institution was set up apart from the hospital or any other institution controlled by the Government.

The staffing of the institute may cause some concern. I am not unmindful of the Government appointments to these boards. I think the selection should be so wide that we may go outside and have an institute independent of Government control. The average board set up by this Government is controlled by a majority of Government officials.

**Mr. Power:** Whom would you suggest?

**Mr. LUCKINS:** Get men who are qualified to investigate disease.

It has been said that the Labour Party was responsible for the institution of boards for the prevention of sickness, but that policy goes further back than that. While I do not wish to deny the Labour Government any credit that is due to them they cannot take all the credit for the research work that has been going on for years. It is a worthy work and credit should be given where credit is due. There are many men

and women in the community who have allied themselves with this work but they receive no public reward. I refer to Sister Kenny in particular. We had the sorry spectacle in this State of the medical profession—particularly Government men—not viewing Sister Kenny's work favourably, and then we have the officials of the Labour Party being very favourable to her work.

If it was scientifically proved that Sister Kenny's work was worth while to the community, the Government should have been strong enough to put her in a position in which her great talent would be used in the interests of Queensland and Australia rather than have her go to America and get the reward she has received there. That is only one instance. There are many such instances in other walks of life. With an institute of this kind we should be big enough to get away from the parochial idea of acquiring control for the Government or party in power. Rather should it be done in the best interests of the community. An institute independent of and without obligation to anybody in particular would give the best return to the people, and it is generally recognised that a health service is of paramount importance. If money is to be expended on health, I do not think any person will begrudge paying the tax that provides it if it is wisely expended, and by that I mean spent in the best interests of the community and giving the reward to those who are entitled to it because of their great interest in the health of the people.

I pay my respects in this regard to the Brisbane City Council for its wonderful work in the elimination of diphtheria. It has done a splendid work and deserves the thanks of the people.

I am very pleased to know that even at this very late hour the Government are proposing to establish this institute of medical research. If handled properly and away from influences other than those necessary for the work of the institute it will be a timely step towards improving the health of the community. When we see the Bill we shall be able to form an opinion, but in the meantime I give credit to the Minister for sincerity in trying to do something that will be of great value to our people.

At 3.13 p.m.,

Mr. DEVRIES (Gregory) relieved the Chairman in the chair.

**Mr. TURNER** (Kelvin Grove) (3.13 p.m.): This is the most important health Bill ever introduced into this or any other Parliament in Australia. The scope of the institute will be so wide and far-reaching that it will be able to investigate or conduct research into any ailment. Prevention rather than cure will be its aim. It will seek to eliminate causes of disease.

I cannot subscribe to the remarks of the hon. member for Mundingburra, who said we should pay a mediocre general medical practitioner £10,000 a year for his services. I should be opposed to paying £10,000 a year to the most skilled professional man under

present conditions for this reason: a mediocre working man, if any can be so described, receives £6 a week for his working life. Working from 15 to 65 years of age, and if he never loses a day's work because of sickness or unemployment, he receives only £15,600 for his 50 years' work, and until he gets a better deal I shall always oppose the payment of exorbitant salaries to those blessed with God's gift of being able to do something for humanity generally.

A feature of the Bill that I appreciate is the extension of the institute's investigations to dental requirements of human beings. In my hand I hold two photographic blocks made by the dental section of our Department of Health of two sisters, one 14 years and the other 13 years old.

From the day one child started school at five years of age until she left school she had the benefit of care and attention by officers of the department who visit the schools in the country. The other child's parents failed to realise the necessity for dental attention. While the first child has a perfect set of teeth, the other was found to have 50 cavities in hers, and one can imagine how her health was impaired by the deliberate neglect of the parents to take advantage of the dental service the Minister's department has made available to all children. By that neglect, this child has been deliberately made a dental invalid. At 14 years of age, she has not one sound tooth in her head.

I have here an interesting example of what our dental clinics do for country school children. The impression I am holding up is one of the mouth of a country child. It shows that the roof of the mouth is crowded with an extra set of teeth. Our dental officers extracted some and drew others into line with the result that today the child has a perfect set. Had it not been for the institution set up under this Government's health scheme that child too would have been a dental cripple for life. When this impression was taken the child was eight years of age.

The research body to be set up by the Minister will go into all these matters. One important result of its work will be that parents will be able to obtain all information necessary to enable them to rear sound healthy children. There is an old saying in the dental profession that for every child a woman bears she loses a tooth. While she is carrying the child it absorbs from the mother's constitution a certain amount of lime to form bone. Too often do we find that both the child and the mother become dental invalids. If proper attention and advice are available to mothers and mothers-to-be, our children will have good teeth and better physique. As many medical men often say, most of our complaints enter the system through the mouth. When hon. members remember the block I showed them of the mouth of a child who had 50 cavities in her teeth, they will realise what a breeding ground that child's mouth was for disease. If diet charts are given to mothers and they

abide by them, they will eat the right foods for making lime for their expected children without depleting their own systems of the lime that is necessary to their own health.

I have been informed by a very reliable authority that before seven out of every 10 of the Australian fighting services could go into active service certain dental repair work had to be done to their teeth.

That is why there is a scarcity of dentists in our towns today to give service to the civil population. There has been such a demand in the armed forces for dental services that the authorities had to commandeer as many dentists as they possibly could to render that very necessary service to both male and female members of our fighting services. I hope the introduction of this institute in a few years will result in the repair of that fault, and that our future generation will have not only stronger bones and stronger physique, but good sound teeth, which are necessary to a good physically fit body.

There is little more I need say about this proposed Bill, other than to refer to the officers who will staff the institute. I do not think we need go further than the two officers we have already associated with our Health Department. We need go no further than Dr. Derrick himself. He has given his life in service to this State in research work, and by that work he has assisted other medical officers, not only in the department but throughout the State. What he has accomplished is open to every medical man in the Commonwealth of Australia and other parts of the world. He was one of the officers who discovered a cure for Weil's disease. That was something they attempted to do in universities in the U.S.A. and failed to do, but Dr. Derrick and Dr. Johnson, attached to our own Health Department, were successful in discovering a preventive and a cure for the dread disease. Those same two officers were responsible for finding a cure for the dread meningitis. Before they came into the research field and succeeded in their work, one out of every 10 children afflicted with meningitis lived and was left a permanent cripple or an invalid, mentally or otherwise. The result of their extensive research work is that only one out of every 10 dies today and the rest are permanently cured. That was the result of the research work of those two splendid officers. They have done wonderful work and they have succeeded in obtaining magnificent results.

Again let us go to the dental side. Is there another man in Australia who has greater knowledge and who has given greater service to the community and the dental profession than Dr. Vincent Welch? Where is there a more practical man than Mr. C. O. Vidgen, the former superintendent of the Dental Hospital? I knew Mr. Vidgen when he was in private practice in 1906. I have his work still in my mouth. I say he is unsurpassed as a practical man in any part of the Commonwealth. He is still attached to the Government department; although he has been retired from his position at the

Dental Hospital, he is employed in an advisory capacity. Only recently he went to Fantome Island and instructed the nuns there how to care for the teeth of their patients.

**Mr. Hayes:** The lepers.

**Mr. TURNER:** Yes. I had a conversation with Mr. Vidgen, and he told me he was more than pleased with the progress the nuns have made and with the way they had grasped the work. When he left there, after a few months' instruction, they were quite capable of doing a sound job in the interests of the patients in that institution. Mr. Vidgen is one of those people blessed with the ability to pass on his knowledge. We find plenty of people who have outstanding knowledge, but they have not the ability to impart their knowledge to others. Mr. Vidgen is one of those who can impart his extraordinary knowledge to others.

Just before Mr. Vidgen retired from the Dental Hospital I took a child to him from my district. Two of her second teeth had grown from the roof of the mouth and private dentists could do nothing to give her relief. However, when Mr. Vidgen examined her he discovered that the teeth were adhering to the jaw bone but because of his outstanding knowledge he was able to extract the teeth and now the child has a very fine set and her health has improved considerably. That reminds me that the hon. member for Barooka said that something should be done to discover means of preventing the common cold. This child, strange to relate, had been subject to cold after cold but a wonderful change was made in her health as soon as she received dental treatment at the hands of Mr. Vidgen. Since these teeth were extracted four months ago she has not had a cold.

Now here is a wonderful field for research. It may be, as I said at the outset, that some attention could be given to the dental side of health and that in this way many diseases may be prevented. The common cold is really a disease. There are a number of people who claim to have a cure for a cold but that is only after it has been contracted. They publish photographs showing that when a person suffering from a cold sneezes germs float in all directions and that anyone within the radius of those germs may contract a cold. The institute is to be set up for the purpose of preventing disease and for that reason alone I congratulate the Minister on introducing the Bill. I sincerely hope that the persons to be appointed will be concerned more with giving service to the community that has been responsible for giving them the facilities and the knowledge that they possess than with the financial return to themselves.

The suggestion by the hon. member for Mundingburra that the Government should pay £10,000 a year for a good medical man to be appointed as Director of the institute is ridiculous in the extreme. I should prefer to see the whole scheme thrown overboard than to have anyone exploiting the Government and by exploiting the Government I

mean that he would be exploiting the people too. I should prefer to see the whole thing thrown overboard than allow anyone to be appointed to exploit the scheme. The purpose of the institute is to prevent needless expenditure in the construction of huge hospitals to cure diseases. It is to discover means whereby people will not be stricken with disease and so be compelled to go to hospitals to be cured. I commend the Bill in its entirety.

**Mr. HAYES (Nundah) (3.27 p.m.):** This Bill is but another instalment of the humane legislation introduced into this Chamber from time to time by Labour Governments. Legislation dealing with social services, the welfare of the citizens and the people of the State is to be found on the statute book over a long period of years but usually it has been initiated by Labour Governments. This Bill is but another step along the lines that sane legislators consider to be in the interests of the health of a virile people. We live in a part of this continent that may well be regarded as the healthiest, having regard to its even climate and conditions generally.

Special consideration is given in these investigations to climate and general conditions. If we make a searching study of statistics, particularly those relating to the health of our people, the birth rate, or in any direction that affects the health and welfare of the people, we shall see reflected the legislation and administration of this Government that is shaped to build a healthy and virile race in this State in order to make the nation great. It is not my intention on a Bill of this kind to enlarge on that part of the legislation and administration of the Government which affects the health of the people. It is sufficient to state that this Bill merely proposes to extend medical research in directions that will lead to a further betterment in the health of the people.

I was appalled only half an hour ago at the ignorance of a member of the Opposition who viewed the Bill from the viewpoint of political partisanship. The real value of medical research work never entered his cranium. He evidently has no idea that medical research work has been going on in this State for many years. The hon. member for Kelvin Grove made a very fitting answer to his statement. He instanced how Dr. Derrick in the course of medical research in the departmental laboratory evolved a cure for Weil's disease and the successful treatment of cerebro-spinal meningitis. I trust that the hon. member for Maree will wake up and realise that the Government are merely extending medical research work by the creation of this institute.

This work, as the Minister explained, will be controlled by the Queensland Institute of Medical Research. Its council will consist of seven members. Again, the attack made by the hon. member for Maree on this phase of the institute showed that he thought there was something sinister in the creation of the council or in other words that there was a nigger in the woodpile. I would remind him that the Minister pointed out that the

council will comprise the Director-General of Health and Medical Services, one member appointed by the Minister with the approval of the Governor in Council, one member representing the Department of Health and Home Affairs, one member representing the Senate of the University of Queensland, one member representing the Brisbane and South Coast Hospitals Board, one member representing the Mater Misericordiae Hospital, and one member representing the British Medical Association. I am sure that no member will quibble at or raise an argument with respect to such a personnel. The term of office is to be three years. The institute is to carry out research work into any branch or branches of medical science. The Minister further stated that the personnel of the council would include Dr. Derrick, Dr. Fryberg, Mr. Marley, Mr. Anderson, Professors Dubig and Lee, Drs. Alex Murphy, Julius, and G. C. Taylor. Who can quibble with such a constitution? Only one who is absolutely bat-eyed and lacking in all sense of reasoning could find fault with such a board.

At 3.40 p.m.,

The CHAIRMAN resumed the chair.

**Mr. HAYES:** We hope to get somewhere in this matter. The Minister outlined the proposed Bill and explained the whole of the reasons for the establishment of the organisation. He went on to say that a Director would be appointed at a salary of £2,000 a year. The job of work he will be appointed to do will call for the capacity of an extraordinary man, and he will not have any time to carry out executive work; all his time will be needed for research.

The Minister mentioned that it was intended to have the institute housed in the Brisbane General Hospital grounds and an hon. member remarked—I think it was the hon. member for Maree—that he objected to such a thing. In a work of this kind it is important to have the patients near a place that has all the equipment that is to be found at the Brisbane General Hospital, where there is an excellent staff under Dr. Pye.

When we are out to discover the means of remedying human ills we should not be penny-wise and pound-foolish. We must not be afraid of cost, and if we need to spend £50,000 on a building it should be expended as soon as tradesmen can be found to do the work. I hope to God that such releases as are necessary will soon be made.

Subjects into which research is most urgently needed were stated to be the following:—

1. Queensland fevers, including Q. fever, scrub typhus, leptospirosis, lead poisoning, problems of diagnosis, after effects, relation to the high incidence of kidney disease among young people of Queensland.

Many and perhaps all of these diseases are known to us. I should like the Minister to take a note of certain diseases that I shall refer to.

One is known as thrombo angiiitis obliterans, more commonly as Burgher's disease, which has baffled medical science throughout Australia. Recently when in Sydney I made a point of interviewing the Under Secretary for Health in that State with a view to getting in touch with the secretary of the British Medical Association to ascertain if medical science in that State was superior to that in Queensland. I am very pleased to be able to say that the opinion there expressed was that in Queensland we have doctors the equal of any of the specialists there, and I was referred to two men whose names are included in the personnel of the representatives on this institute. They were regarded as equal to the best medical brains in Australia.

Parkinson's disease also is incurable. The medical profession know what it is, and that is about all. They cannot arrest its progress and it causes long years of suffering. In fact, it is merely a matter of awaiting death.

Paget's disease, commonly understood as brittle bones, could also be investigated. A sufferer interviewed me and as he more or less fell into a chair I wondered what all the creaking was about. He asked for a chair with a harder seat than a cane-grass one. This man broke his arm within a few weeks of that interview which took place perhaps three or four years ago, but up to the present the bones have not knitted. Sufferers with such diseases suffer the tortures of the damned in hell, the pain is incessant, but the only thing medical science can do about it is to alleviate the pain by drugs. Hodgkinson's disease is another of this nature.

Then there is anterior poliomyelitis, or infantile paralysis. I believe that real success was achieved by the Sister Kenny method of treatment, and I have always supported her in her work. I recommended for her treatment two cases of undulatory poliomyelitis, one a person named Palfrey and the other Freedman. Both responded to her methods, and the one in which it was a case of contraction of the muscles of both legs and stomach was wholly cured.

Cerebro-spinal meningitis can be imparted to others if not diagnosed quickly by the medical profession. I have had the experience of two men who served in my unit of the A.I.F. who suffered from this disease, but in one case the doctor did not diagnose it as such. There is no doubt in my mind that it was meningitis. He was discharged from the Army, I understand, as suffering from a paralytic stroke.

Within a fortnight after he went out another person became afflicted and was in hospital for about a week before the authorities realised what his trouble was. It was diagnosed as meningitis.

I should like the diseases I have mentioned included among those to be investigated. Just as the scientists of the world can pool their knowledge, to construct the atomic bomb, so can they work together for the prevention of disease. We know that all nations of the world are willing to pay certain rewards to the man who can discover a cure

for cancer. Although the diseases I have mentioned do not occur as frequently as cancer, who is to say that they will not take toll of more of our citizens? At present we hear only of isolated cases of such things as Parkinson's disease. We are told that a germ entering the spine causes this trouble. How it enters the medical profession do not know. All they can say is that it enters the spine and affects the nervous system, eventually causing paralysis and perhaps insanity in later years.

I am sure not one hon. member in this Assembly will cavil at voting £15,000 a year for the expenses of this institute, or £2,000 a year for the Director's salary or £50,000 for a building in which to house this new body. I feel certain that in the interests of suffering humanity hon. members will be only too glad to see this start made to find the cause and the cure of many illnesses.

I have no doubt that when the members of our fighting services return, the institute will have further diseases to contend with. Men will be returning whose bodies have been mutilated and ill-treated, whose limbs will be covered with ulcers as the result of the atrocities perpetrated by the Hun and the slit-eyed Nip. Dormant in them might be many diseases hitherto unknown to medical science.

I congratulate the Secretary for Health and Home Affairs on bringing forward this important measure, and I wish every success to those who will be responsible for carrying out the important job. I hope success attends all their efforts.

**Hon. T. A. FOLEY** (Normanby—Secretary for Health and Home Affairs) (3.51 p.m.): Very few discordant notes have been struck in connection with this important measure. Most hon. members opposite, as well as members on the Government side, spoke in congratulatory terms. I think the only discordant note was that struck by the hon. member for Mundingburra, who feared the possibility that the institute proposed to be set up would become nothing more than an ordinary chemical clinic. I assure the hon. member that it will not. As far as possible the recommendations of Dr. Derrick and the advisory committee I mentioned earlier will be followed. An endeavour will be made as time goes on to set up such an organisation through the medium of this institute that not only Queensland but the rest of Australia will be proud of the work performed.

The hon. member for Mundingburra stressed the need for dissociating such an institute or clinic, as he described it, from the hospital service in Brisbane. He spoke, of course, as if he were some authority, which I do not recognise. For his information and the benefit of the Committee, I would mention that the five medical research institutes in the Commonwealth today are directly associated with hospitals in the States concerned. The oldest and largest is the Walter and Eliza Hall Institute, at the Royal Melbourne Hospital, founded in 1916. The second is the Baker Institute at the Alfred Hospital. Then in Sydney we have the Kanematsu

Institute, and in Adelaide we have the Institute of Medical and Veterinary Science, founded in 1937.

**Mr. Walker:** Should there not be co-ordination between the lot?

**Mr. FOLEY:** Definitely. I think there is a clear understanding between all scientific workers in the scientific and medical research world that they will co-operate one with the other and pass on information from one to the other in order to prevent overlapping and to help as far as possible in bringing their investigations to a successful result. I think members of this Committee need have no fear in that respect.

Dealing with the particular point raised by the hon. member for Mundingburra, I would say that I am following the advice of one of the known medical research men in this State—Dr. Derrick. For instance, referring to the question of association with the pathological department of the Brisbane Hospital, as well as the medical side of the Brisbane Hospital, he had this to say—

“The functions of the research institute would necessarily bring it into close relationship with the University and the General Hospital. This relationship is recognised by the appointment of representatives of these bodies on the advisory committee. The exact relationship would be defined by negotiations with the bodies concerned.”

**Mr. Aikens:** Are you not afraid that too much clinical instead of purely research work will be done?

**Mr. FOLEY:** No, I do not think that will happen. I am acting on the advice of those who know how to carry out investigations in any branch of research work to be undertaken and we have to be guided by them as to the organisation to get the best results. For instance, Dr. Derrick says with regard to the General Hospital—

“A research worker must have a steady supply of material. This shows him what are the pressing subjects that need investigating and also keeps him from becoming too detached from current problems. The best source of pathological and clinical material is the Brisbane General Hospital.

“As regards pathological material this would mean close co-operation with the Pathological Department of the hospital. This could be arranged to mutual benefit. Certain material would be made available for research, and on the other hand consultation with the research experts would be available as required to the Pathology Department. Both research and pathology activities might well be housed in the same building. A close co-operation exists in the four research institutes in the southern States between research activities and hospital pathology departments.

“Most subjects of medical research will have a clinical aspect. Hence proximity to hospital wards is desirable, and approved research workers should, by arrangement, be given the privilege of entry to wards.”

I think we must take note of that advice submitted by Dr. Derrick in his report to me, which eventually led to a recommendation to Cabinet that this institute be set up.

I should also like to disabuse the minds of hon. members and of the public of any misunderstanding that might arise from the remark of the hon. member for Mundingburra that we propose to hand over any patient to the research workers as guinea pigs.

**Mr. Aikens:** Human guinea pigs.

**Mr. FOLEY:** As human guinea pigs. I do not want the idea to get abroad that the Medical Superintendent of the Brisbane General Hospital or any other hospital where research workers are engaged will hand over any patient to the research worker for experimental work. That is not so. However, the research workers will be allowed to go into the various wards to study the external manifestations of a disease and to have access to records so that they may observe symptoms and the effect of the disease on the patients so that they may eventually achieve results from their investigations. I do not want the impression to get abroad that any patient will be handed over to research workers as a human guinea pig. The medical superintendent of any hospital will see to that aspect of the matter, and his reputation and the ethics that prevail among the medical profession will prevent anything of that kind.

Some criticism has been offered concerning the salary that it is proposed to pay to the Director to be appointed. As I said before, we shall endeavour to advertise in a world-wide way so as to get the best that is offering. It is generally felt in Australia that a salary of £2,000 per annum is enough to free the average person of any financial worry and that it is adequate to enable him to educate his children and keep the tucker bill paid while he is doing his research work. After all is said and done, what more does any person want?

Let me go a little further. A man desirous of applying for the position of Director would naturally begin to calculate what £2,000 a year in Queensland was worth to him. The Right Hon. Frank Forde, who was recently in America, said that he had paid 18s. for a steak there. One can readily calculate how far £2,000 in Australia would go as compared with £10,000 in America. That is a process of reasoning one cannot get away from. The purchasing power of £2,000 in Queensland today would be greater than £6,000 or £7,000 in America. That is the actual position. If we make comparisons with Germany, Austria, Hungary or any other European country we shall find that much the same position prevails because of the inflation that has taken place there during the war period. It may be many years before that inflation is rectified. By reason of wise government in the Federal sphere, introducing a system of stabilised prices since 1943, our money values have remained stationary. Consequently, we here are in a

much more favourable position than those countries that have allowed prices to soar, with the consequent depreciation of money. The Government, in deciding to offer a salary of £2,000 for the position of Director, were guided by men who understand what is required in the way of research and possess a knowledge of the cost.

Dr. Derrick estimated that the cost of the institute in the initial years will be £15,000 annually. He estimates that the cost of the necessary buildings will be £50,000 and that £10,000 will be sufficient to cover the cost of equipment. As I pointed out, if it is found that the research work of the institute that is so urgent and necessary in this State must be increased, then the necessary staff will be engaged to enable the institute to extend its operations. If an annual expenditure of £25,000 or £30,000 a year, as the case may be, is required by the institute, then under the system of finance that will govern its activities the institute in presenting its budget each year will set out the amount required and submit it to the Government for approval. The Government are so earnest on this subject of medical research that I feel certain approval will be given to any reasonable request for increased expenditure.

I thank hon. members for their very fine contributions to the debate. I feel confident that as time goes on Queensland will benefit as a result of the setting up of the Queensland Institute of Medical Research.

Motion (Mr. Foley) agreed to.

Resolution reported.

#### FIRST READING.

Bill presented and, on motion of Mr. Foley, read a first time.

The House adjourned at 4.7 p.m.

---