Queensland

Parliamentary Debates
[Hansard]

Legislative Assembly

WEDNESDAY, 3 OCTOBER 1945

WEDNESDAY, 3 OCTOBER, 1945.

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

ADDRESS IN REPLY.

PRESENTATION.

Mr. SPEAKER: I have to report to the House that, accompanied by hon. members, I this day delivered to His Excellency the

Governor the Address of the Legislative Assembly, adopted by the House on 6 September in reply to His Excellency's Opening Speech, and that His Excellency was pleased to make the following reply:—

"Government House,
"Brisbane,
"3 October, 1945.

"Mr. Speaker and Gentlemen,—

"As representative of His Majesty the King, I tender to you and the members of the Legislative Assembly my sincere thanks for the Address in Reply to the Speech which I had the honour to deliver when I opened Parliament on 14 August.

"It is a matter of great relief to us all to realise that, since I addressed you, there has been complete surrender on the part of all our enemies, and we look forward to welcoming home very soon many thousands of those who have fought and those who have suffered much for us. Already I have had more than one opportunity of meeting on arrival in Brisbane many ex-prisoners of war and many returned from battle areas. The morale of the former prisoners under terrible circumstances was maintained at a high level, while we have every reason to be proud of all the gallant work of the latter. They all may be assured of our deepest gratitude and of every effort on our part to reward them for their great and unselfish services. I pray with you that there will now be lasting peace in the Pacific and in all the world—a peace towards which Queensland has, from the earliest days of the outbreak of hostilities, played a part of which we all have every reason to be proud.

"I thank you on behalf of Lady Wilson and myself for your generous remarks with reference to my retirement from the high office of Governor of this State. I find it difficult—if not impossible—to express in words our gratitude for the great friendship which we have experienced in Queensland over these many years. My belief in the great future of the State has grown year by year from an ever-increasing knowledge of its people and of its resources. I am grateful indeed to His Majesty the King for the confidence which he has reposed in me for so long, and to the Government and people of Queensland for their unfailing kindness."

QUESTIONS.

Finances of Railway Refreshment Rooms.

Mr. YEATES (East Toowoomba) asked the Minister for Transport—

"Will he advise the net profit (or loss) for the years 1943-44 and 1944-45, respectively, in regard to railway refreshment rooms—(*a*) Central Station, (*b*) Toowoomba, (*c*) Helidon, giving bar profits separately?"

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

	Net Profit.	
	1943-44.	1944-45.
	£	£
"Central Cafe, exclusive of bar	*33	801
Central Station bar ..	3,167	3,685
Helidon, inclusive of bar ..	7,049	5,043
Helidon bar..	†2,182	†1,130
Toowoomba, inclusive of bar	8,179	7,475
Toowoomba bar	†1,922	†1,270 "

* Loss. † Approximately.

Tenure of Trades Hall Site.

Mr. MORRIS (Enoggera) asked the Acting Premier—

"1. Was the land on which the Trades Hall is situated given or leased by the Government?

"2. If this land is still a part of the public domain, is it in accordance with the policy of the present Government to allow its use for the housing of Asiatic people?"

Hon. E. M. HANLON (Ithaca—Acting Premier) replied—

"1 and 2. The land on which the Trades Hall is situated was not given or leased by the Government; it was granted as part compensation for other land acquired from the trustees of the Trades and Labour Council for railway purposes. The land is held in fee simple by trustees under nomination of trust."

Cases for Eggs.

Mr. MAHER (West Moreton) asked the Secretary for Agriculture and Stock—

"1. Is he aware that heavy losses have been made by egg suppliers through the failure of the Egg Control to provide sufficient cases for the conveyance of eggs during the spring period when eggs are in abundant supply?

"2. Will he inquire as to the truth of statements made that egg suppliers in close proximity to the metropolitan area get their empty cases returned at once on delivery of full cases of eggs, whilst suppliers in country areas have been obliged to hold their eggs for several weeks whilst awaiting cases?

"3. Will he be good enough to make representations to the Minister for Commerce, Canberra, for compensation to cover the loss made by egg suppliers because of the breakdown in the supply of cases by those responsible for the Federal control of eggs?"

Hon. T. L. WILLIAMS (Port Curtis—Secretary for Agriculture and Stock) replied—

"1. While difficulty has been experienced in obtaining adequate supplies of cases, fillers have not been forthcoming from

southern manufacturers in sufficient numbers to enable all cases that are actually available to be used for the marketing of eggs.

"2. As the hon. member is aware, egg control is a function of the Commonwealth Government. The Acting Minister for Commerce and Agriculture, according to a Press report of the 28th ultimo, has promised to hold an immediate inquiry into conditions.

"3. I have no doubt that the Egg Board, whose duty it is to take steps for the protection of the industry in respect of which it was constituted and/or of the producers engaged in that industry, will give consideration to the taking of any steps or the preparation of any case deemed necessary or desirable by the Board."

PAPER.

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

Report of the State Government Insurance Office for the year 1944-1945.

PERSONAL EXPLANATION.

Mr. PATERSON (Bowen) (11.7 a.m.), by leave: I wish to make a personal explanation.

During his speech on the Address in Reply, the hon. member for Gregory referred to a visit which, according to him, I made to Longreach in 1936. According to the report in "Hansard" he made several statements concerning me and, as one of these vitally affects my moral character I cannot let it go unchallenged.

The passage to which I refer reads as follows:—

"He had a lady with him—I do not know whether it was his lady friend; I suppose he would not be any different from any other man—a person named Jean Devanny. My friend the hon. member for Warrego must have known her many years ago—and I do not direct that remark to the hon. member with any personal implication whatever."

Unfortunately I was absent from the Chamber at the time the hon. member for Gregory was speaking about me, otherwise I would have risen immediately to a point of order and asked for a withdrawal of this statement and suggestion on the ground that they were not only untrue but also very offensive to me.

Later on however I was verbally informed that the hon. member had alleged that when I was in Longreach I was accompanied by a woman named Jean Devanny and that he had suggested that she was travelling with me as my girl friend.

I thereupon took the first opportunity of speaking to the hon. member for Gregory about this allegation and he assured me that he had no intention of suggesting that I was accompanied by Jean Devanny or that she or any other woman was travelling with me as my girl friend. Subsequently, however, while reading "Hansard" I discovered that it contained the passage which I have already quoted.

I therefore spoke to the hon. member for Gregory again and told him what I had read in "Hansard." He again assured me that he had no intention of conveying the impression that Jean Devanny or any other woman was with me on my trip either as my girl friend or in any other capacity. He also assured me that he had no intention of casting any aspersion on my moral character.

For the benefit of hon. members and readers of "Hansard" I wish to take this opportunity of stating that both the allegation and the suggestion are absolutely untrue and without any foundation in fact. The only time that I ever visited Longreach was in 1937 during a public speaking tour of the Central West.

On that occasion I travelled by train from Townsville to Hughenden. From there I travelled by car to Winton with Mr. Frank Seary, a resident of that town. At Winton I addressed a public meeting and then travelled by utility truck with Mr. Tom Brislam, who is now an official of the New South Wales Branch of the Federated Ironworkers' Union. He drove me from Winton to Longreach and then on to Barcaldine, and at each of these towns I addressed a public meeting. I was then driven by a Barcaldine worker whose name I have now forgotten to Blackall, where I addressed a public meeting. From there I was driven back to Barcaldine by the same man and at Barcaldine I caught the train and travelled back by train to Townsville. No other person except Mr. Seary, Mr. Brislam and the man from Barcaldine accompanied me on any part of my journey.

CO-ORDINATION OF RURAL ADVANCES AND AGRICULTURAL BANK ACTS AND OTHER ACTS AMENDMENT BILL.

THIRD READING.

Bill, on motion of Mr. Hanlon, read a third time.

QUEENSLAND INSTITUTE OF MEDICAL RESEARCH BILL.

SECOND READING.

Hon. T. A. FOLEY (Normanby—Secretary for Health and Home Affairs) (11.15 a.m.): I move—

"That the Bill be now read a second time."

On the initiation stage of this Bill I gave a full outline of the main principles embodied in it. I will now review them briefly.

The main principle is the setting up of a Queensland Institute of Medical Research controlled by a council which shall be composed of members as set out in the Bill, who

will be appointed by the Governor in Council. Provision is also made for the appointment of a Director and a Deputy Director. It will be our endeavour to obtain the best brains offering by advertising world-wide and offering an annual remuneration that is considered in Queensland to be a little above the ordinary salary.

The purpose of the institute is to carry on research work in any branch or branches of medical science. That embraces a very wide field. When established the new institute will represent the realisation of hopes long held by many medical men of a link-up between the academic sciences at the University and their practical application to the problems of human disease. These problems have been stated by many scientific men and they are many but unless facilities for research are provided to investigate the causes of disease naturally we shall be so much longer in finding curative measures to help our people. Obviously much effective progress in public health and preventive and curative medicine is possible.

It may be asked, what is the scope of medical research? What are the opportunities of research and the problems that challenge our attention? According to Dr. Burnet, one of the best research workers in Australia, who is in charge of the Walter and Eliza Hall Institute in Melbourne, Victoria, they fall into five great fields. They are nutrition, psychological disease, physical injuries, injury by chemical poisons and infectious diseases. In all of them the noxious agents are from outside the body. He mentions another field, a man's inherited constitution, which he thinks probably never will respond to human action.

Professor Burnet goes further in a treatise that I have perused and gives this opinion—

> "The primary functions of a research institute are to add to the world's store of accurate knowledge. In Australia today we should attract a small but steady proportion of our best graduates into the field of research. We should make available to them the opportunity and financial support they require."

That is what we are endeavouring to do by this measure.

We propose to allocate yearly the sum of approximately £15,000 to the institute. Although there has been comment that that will not go very far, I would inform the House that we are acting on the advice of one of the best men in the Department of Health, Dr. Derrick, who thinks that amount will be sufficient in the earlier stages to conduct the institute properly, and to pay the necessary research workers who will be appointed.

Mr. Pie: Does that include the salary of the Director?

Mr. FOLEY: That is so.

Mr. Pie: £2,000 is the salary?

Mr. FOLEY: Yes. It is estimated that we shall have to offer at least £2,000 to obtain a suitable man. There has been some comment about that also, but I would remind hon. members that £2,000 in Australia works out at a pretty large sum in dollars to a research worker in America, for instance, if he wishes to come here to take up such a position, and we must take into consideration also the cost of living in that country at the present time. If you go to Great Britain, too, you find that recently one authority stated that £1 there at present has the value of 4s. 6d. Compare it with Australian money values and you find that our £1 would go very much further, and that the £2,000 would go further here than £5,000 or £6,000 in Great Britain.

Mr. Pie: Twenty-five per cent. more.

Mr. FOLEY: From the beginning of the war until stabilisation there was a depreciation of 25 per cent. From that point onwards there has been virtually no depreciation whatsoever.

Mr. Pie: You can buy in Australia 25 per cent. more for our pound

Mr. FOLEY: That is correct. In addition to the £2,000 there will be expenses to enable the Director to visit other research institutes in Australia, and possibly outside Australia. We should be able to attract some of the best men throughout the world.

Mr. Plunkett: Salary does not matter as long as you get the right man.

Mr. FOLEY: No, it does not matter very much; still, this is a fair consideration and we expect to obtain a very good man as head of the institute. It is intended that he shall be the key man of the institute as far as research work is concerned, and we naturally shall expect him to conduct the institute in such a way that the maximum results will accrue to the people of Queensland and Australia.

Dr. Burnet classifies the types of medical research that may be undertaken under the following heads:—

> "1. A simple accumulation and analysis of clinical data by a single worker.
>
> "2. Clinical investigations into diagnostic procedures or trials of new drugs in treatment.
>
> "3. The development by a worker of genius of some totally new approach to medical problems.
>
> "4. A planned, experimental investigation into a health problem.
>
> "5. A large-scale, organised attack on a major problem, which requires the co-ordination of many experts.
>
> "6. Research into the basic medical sciences which has an indirect clinical application.
>
> "The two first mentioned types are within the range of young graduates. Much of it will be of minor importance in the general advance of medical knowledge and will often be confirmatory of some overseas development."

It serves, as he points out, to test the ability and aptness for research among many of the graduates who will be attracted to the institution. The most suitable may then be selected for some of the advanced training in research work that will also be required. He goes on to say that clinical research of these types is the channel through which important new advances become incorporated into general practice and if clinical teaching in Australia is to develop in accordance with world trends clinical schools must be associated with adequate research organisations.

In a recent address Dr. Burnet said that the standard of medical and surgical practice could be maintained only by close association with research work. Naturally many of our medical men, with the tremendous volume of practice to be attended to and the shortage of doctors in civilian life, must devote the whole of their time and attention to their practices and to the treatment of disease without any possible chance of doing research, but when this institute is established and normal times arrive we shall probably have a much better opportunity, as he says, to get closer to some of the causes of disease as we know them today.

Sir Alan Newton, another authority, says that all could agree that it would be stupid for a country that was willing to spend many millions of pounds on the treatment of disease to refuse to spend a mere fraction of this sum on research. I think there must be a mis-quotation in that and that what he really said was that a country that was willing to spend many millions of pounds on war—during war-time—should not refuse to spend a mere fraction of that sum on research designed to decrease the demand for treatment and to control disease. What he intended to convey was that nations will spend millions in war-time to destroy but we find them quibbling over a few thousand pounds to enable adequate research into disease to be carried out. A study of the amount now being allocated throughout Australia for research work will, I am sure, disclose that the total is a very small sum indeed. Our quota for the first year will be a considerable percentage of the sum total throughout Australia.

Dr. Derrick, to whom we look in the Department of Health, is a leading research man who already under very adverse conditions and with a good deal of routine work to carry out has done some splendid work in the way of research. He stated recently that some of the subjects requiring urgent attention in Queensland were investigation into Queensland fevers, including Q fever, scrub typhus and leptospirosis. He said that much has been done on these diseases but much remained to be done to enable the medical profession to cope with them adequately and prevent infection.

On lead poisoning he states that the problems of diagnosis, the after effects and its relation to the high incidence of kidney disease among young people in Queensland need a good deal of investigation. I will deal with these in a little more detail later.

Of the virus diseases he asks, "What pathogenic viruses are present; are certain unexplained deaths of young children due to a virus?" For instance, we have what is known as gastro-enteritis which occasionally visits our maternity hospitals. I have with me the Medical Journal of Australia of 27 January 1945 outlining the results achieved by a research worker on this subject.

The article is written by Kate Campbell, of Melbourne, who deals with the visitation of this disease at the maternity hospitals in Victoria. It was so severe on one occasion that in one district the authorities had to close hospitals. It was affecting children from three to four days old up to 10 weeks old, and there was a fairly heavy death rate. It affected both prematurely and normally born children. This is one line of research work that could engage the attention of a team of workers. Some years ago we had a visitation of this disease at the Brisbane Women's Hospital. There were approximately 81 cases and a number of deaths and I can assure hon. members that the whole of the medical profession of the State were engaged in endeavouring to find a solution. Eventually the epidemic was cleaned up but even now they do not know which of the many steps taken was the effective one.

Mr. Aikens: It probably had a definite life cycle itself.

Mr. FOLEY: That is something about which we can only guess as yet. I can assure the hon. member that the people in charge of our maternity hospitals worry when they have such a visitation. The question that has yet to be determined is whether it is a virus disease or it is transmitted in some other way.

Dr. Derrick also indicates that it is necessary to embark upon an active programme of clinical research and investigation into the effect on health of the industrial processes practised in this State. The Industrial Hygiene Section of the Department of Health is doing a considerable amount of work in this direction now. Dr. Derrick says, too, that the incidence of disease in relation to social and nutritional status requires further attention although much is being done in that phase of the work now.

Again, we require research into the incidence of diseases in relation to geographical districts and climatic influences in Queensland. We have very little definite information on that. Professor Lee, of the Queensland University, has been for some time and still is carrying out intensive investigation into the effects of tropical conditions upon the average worker and we shall have his report upon completion of the work. There are certain tropical diseases in North Queensland about which a good deal remains to be done although some research work has been carried out.

Dr. Derrick also points out that there is a mass of information about all kinds of diseases in the Brisbane General Hospital records and other hospitals in the State.

Up to date this information has been accumulating without any opportunity to examine and analyse it with a view to endeavouring to obtain a view of the whole position. Dr. Derrick points out that the Department of Health itself has detailed records of 3,000 post-mortem examinations, many of which he conducted. The doctor performing such a post-mortem places on record the cause of death and other particulars that attract his attention. As Dr. Derrick points out, all this information and knowledge are wasted unless they are analysed and the important findings published.

In general, he says that priority should be given to those diseases to which people living in Queensland were especially subject. He refers to the work of the institute that is about to be established. This phase must be studied here; no workers elsewhere could study it satisfactorily for us.

Yesterday I spoke to Dr. Derrick about Q fever. I had no idea what this disease was. He informed me that it is transmitted by different kinds of ticks. For instance, there are the bandicoot tick, the scrub tick, the shellback type and two types of cattle tick. There are a few cases on record in which the disease has been transmitted directly by ticks to timber workers working in range forests, but there is still room for investigation as to how the disease is transmitted to dairy workers and to workers at the abattoirs. The germ responsible for the disease has been found in ticks, but whether it is transmitted in the form of a dust, which the worker breathes in, and whether it passes through the pores of the skin doctors are unable to say, and because of this lack of knowledge they have not yet reached the point where measures can be taken to prevent the infection of workers in industry. There have been 200 cases of this disease in the last 10 years. The doctor tells me that a patient runs a very high temperature for a number of weeks and that in young people when the critical stage is past recovery is fairly quick but in persons of advanced age the return to normal is much longer.

Then there is scrub typhus. Medical research concerning it has been carried out by military medical men during the war, not only in the North but in the islands adjacent to Australia, and much work can be done in following up their conclusions. Medical men will thus be able to learn much more about it than they know now and so be enabled to take precautions against infection. The tick is responsible for the transmission of tick typhus also, a disease milder in form than scrub typhus. Only about a dozen cases of tick typhus have so far been reported in Queensland. The military people have done some work in this connection and the Walter and Eliza Hall Institute, under the control of Dr. Burnet, is working on it.

Another disease mentioned is leptospirosis which is a mild form of Weils disease, of which there are five forms, all found in the canefields of the North but only three of them in the southern part of the State. Here again the doctor says there is a wide field for research and investigation.

I have already referred to lead poisoning. When I mentioned the matter to the doctor I was surprised to learn that it was one of the most difficult complaints to diagnose properly, even with laboratory tests. I was under the impression that if a man was a painter or worked where lead fumes existed certain symptoms would develop making it comparatively easy for the average clinical practitioner to say that such a person was suffering from lead loisoning, but the doctor tells me that it is only after studying the history of exposure, the symptoms from which the patient is suffering and making an analysis of the laboratory tests that we can arrive at a positive conclusion that a person is suffering from lead poisoning and that even yet the medical world does not know how much lead a person can safely absorb. The doctor points out that here too there is a wonderful field of investigation into the future of workers in many industries, if we are to be able to say positively, without too much trouble, whether a person has absorbed into his system enough to be injurious.

Dr. Derrick points out that there is a wealth of material for research in that field alone. Some time ago, as a result of representations from workers in the shipbuilding industry in Brisbane, an organisation was set up that introduced every possible facility to prevent lead fumes affecting not only the welder but carpenters, fitters and others working in a confined space as well. That committee has been at work for a considerable time and I understand it has done some very fine work. That is one phase of the work of the Department of Health in the Industrial Hygiene Section.

We come now to the virus diseases. As Dr. Derrick says until more work is done in this field of research doctors are working in the dark in endeavouring to cure certain ailments that adults and children suffer from. One of them is anterior poliomyelitis, commonly known as infantile paralysis. There has been a virtual epidemic of this disease in New South Wales; the number of patients in Victoria has reached over 50 this year, and the number in Queensland is round about 40. A peculiar feature of this disease is it occurs at widely distant points, some cases being 1,000 miles apart. Our medical men do not know where to attack the problem in order to prevent infection. Even in schools a peculiar set of circumstances occurs. You may have a boy or a girl in a big class infected, and another case later on. When the doctors begin to follow up the contacts to gain what knowledge they can they find that a boy sitting behind the first patient has contracted the disease, while boys on both sides of him or in front of him were not infected, nor any other children in the class. One can understand the difficult position facing our doctors under those circumstances. The specialists in orthopaedics and the Sister Kenny method help the patient very considerably by reducing the after

effects, the paralysis of the muscles. I understand that Dr. Stubbs Brown is doing some excellent work in Queensland today in this respect. I understand that Dr. Burnet also is working on this disease. Work is being conducted in the research institutes in America also. It is hoped, as time goes on, that a good deal of information on this disease will be obtained. One of the problems confronting our research workers is the difficulty of obtaining monkeys.

It is rather interesting to study some of the recent results of research work. I have before me some information taken from the journal of the American Medical Association. It points out that a trio of medical men reported six cases of pneumonia definitely traced to pigeons. Two patients had handled the birds and four lived in neighbourhoods where they would easily breathe particles from the birds' excreta in dust. This report confirms a belief doctors have had ever since the discovery made three years ago that pigeons—40 per cent. of them in some areas —and many other fowl, sometimes even domestic hens, carry a virus similar to that of psittacosis, the much-dreaded parrot disease. Having found such clues as that medical men will almost certainly solve some of their problems.

We come now to another disease that warrants a good deal of attention, that is, the disease known to medical men as "X" disease, the mystery disease of this State, which has puzzled all our doctors. Professor Cleland and Dr. Breinl proved that it was a virus disease by isolating the virus and transmitting the disease to the monkey, sheep, horse and calf. In 1917 cases were reported from western New South Wales, the Goulburn Valley in Victoria, and Goondiwindi, Townsville and Brisbane in Queensland. There was a lull during the winter but more cases occurred in the following summer and autumn. Over 100 were reported. The disease then disappeared for seven years but 10 further cases occurred in Broken Hill between January and March, 1925. It then disappeared again and has not been recognised since. The disease bristles with queries. How did it spread, and where did the virus lie during the long period between one outbreak and another? Those are points on which no medical man can advise us today. There are certain types of encephalitis, such as Japanese B and St. Louis encephalitis, that are spread by mosquitoes and the occurrence in summer and disappearance in winter of the Australian "X" disease suggests that it also may have been mosquito-borne. Where did the virus come from? Where did it lie in hiding between the two outbreaks? Where is it now? When is another outbreak due? These are questions that have us puzzled.

We come to another virus disease, better known to most of us as influenza and the common cold which affects the respiratory tract and is common throughout every country, except some of the Arctic regions. This disease is very difficult to control or prevent. It is responsible for thousands upon thousands of hours of absenteeism in industry. In World War I. our troops lost more days from influenza and the common cold than from all other diseases. The mortality rate is low except during an epidemic. It may be interesting to hon. members to know that during the 1918-19 epidemic 20,000,000 deaths occurred throughout the world because of influenza, more deaths than were directly caused by the four years of the war.

There is no practical known method of preventing the spread of this respiratory infection. Dr. Burnet and his team of colleagues are attacking the problem. One thing that has puzzled even Dr. Burnet is why the majority of people are not affected. The reason is believed to be that they have a resistance to the disease and Dr. Burnet is setting out to discover the secret of resistance. If he can discover that secret it will be easy enough for him to discover a cure that will probably be of great benefit to human-kind. He has progressed a considerable distance. He prepares a vaccine from developing hens' eggs. The eggs are incubated for 12 days to develop the chick embryo and the virus is then introduced into the allantoic cavity. The eggs are sealed and returned to the incubator for two more days. From each egg about eight to 10 cubic centimetres of fluid full of virus is obtained and this fluid is the basis of his vaccine. A strain of virus is used that has partly lost its virulence for men and when sprayed into the nose produces in most cases only local symptoms.

This mild infection gives an immunity that lasts for some months. That is as far as Professor Burnet and other research workers advanced in solving that problem. They are still working to ascertain if it is possible to produce a vaccine that will give human beings a much longer immunity than is possible today, in much the same way as immunisation from diphtheria and inoculation of cattle for tick fever and redwater nowadays cover a longer period than formerly.

I now come to an industrial disease that affects many of our miners and costs the Workers' Compensation Department of the State Government Insurance Office a considerable sum annually. I refer to silicosis. I understand there is difficulty in diagnosing this complaint even after an X-ray has been taken. An instance was brought to my notice a few days ago; a resident of Charters Towers, one of the first men in Charters Towers to receive many years ago what is known as the silicosis or miner's phthisis benefit, after clinical and X-ray examination. He was reported as being a sufferer from miner's phthisis, which is due to silica on the lungs, but lived long past the allotted span and reached the ripe old age of 83. In the meantime, many of his mates passed on. The X-ray examination disclosed a blur as a result of infection by some kind of dust on the lung but it could not be determined whether it was silica or other dust that can be eventually removed by natural process. That is another field of research for many research workers.

The scientific forces of every country are naturally furnishing their quotas of graduates and others for research work. Scientific men of all nations are united as one in the cause of science and truth. As has been pointed out by many persons, science knows no national or racial boundary; the sincere scientist is as far removed from any consideration of country as the science itself and is a true cosmopolitan. No doubt we shall have our share of research workers when the facilities are given to them and we may reasonably look forward to the time when as the result of the combined efforts of men in Queensland and other parts of the world many of the ills that afflict us now will be avoidable and as a result the allotted span of life of man, which even now has been greatly extended beyond what it was 100 years ago, will reach far beyond the proverbial three score years and ten.

It is interesting to study what has been done by the microbe-hunters throughout the world. Recently I had the pleasure of reading the book entitled "The Microbe-Hunter." It started off with a description of the work of the Dutch research worker of 250 years ago, Leeuwenhoek. He was considered a crank in the community in which he lived. He was always collecting, examining, and studying. He must have had a hunch of some kind that influenced his outlook on life and he gave the whole of his life to research work. It was he who eventually developed the first miscroscope. He realised that there was something more than what he could see with his eye and eventually developed a microscope that enabled him to see deeper. With this instrument he examined his specimens hundreds of times from different angles until he was convinced that what he could see under the microscope was a reality and not merely a freak image. He made hundreds of findings, drawings and notes and passed them on to the Royal Society of England, whose members were so attracted to his work that they sent an investigator to Holland. Research work was started in England, France, Germany, Austria and Russia, all using the microscope, and from that time onwards tremendous progress has been made in ascertaining the cause of many diseases known at that time. Leeuwenhoek, called the first of the microbe-hunters, who was born in 1632 and died in 1723, and who discovered the microscope, passed on this and a host of other facts.

Then there was Spallanzani, who between 1729 and 1799 carried on microbe-hunting and discovered that life comes only from life. An interesting fact is that although civilisation used yeast for making bread 4,000 years before Christ, it was not until a long time after the death of Christ that yeast was discovered to be a living organism. The use of the microscope and other methods of inquiry were responsible.

The next of the microbe-hunters was Pasteur who was born in 1822 and who gave us pasteurisation and directed our attention to the germ theory. Then we have Koch, born in 1842, who discovered germs causing certain diseases and learned to stain all kinds of bacilli with dyes so that the tiniest microbe would stand out clearly under the microscope. Then we have Loeffler, Roux and Behring who between 1888 and 1894 discovered diphtheria antitoxin. Then we have Metchnikoff, born in 1845, who was the first to proclaim the theory that we are immune to germs because we have blood cells called phagocytes to gobble germs—they fight and eventually destroy germs in the blood. We come then to Theobald Smith who was born in 1884, and was the first of the American microbe-hunters. Then we have Jules Bordet, born in 1880, a collaborator of Metchnikoff, who laid the foundation of tests on human blood that led later to the Wassermann reaction for syphilis. Then we come to Walter Reed, who, in 1900, headed the Yellow Fever Commission to Cuba with success. The next was Alphonse Laveran, who discovered the malaria microbe. Then we have Paul Ehrlich, borne in 1954. In 1909 he discovered the magic bullet formula known as 606 and called dioxy-diamino-arseno-benzol-di-hydrochloride.

It is interesting to read how, after noticing the intoxicating effects of certain drugs, someone eventually had sufficient courage to use them to intoxicate a person into insensibility so that he could perform an operation on him. From that point on many forms of anaesthesia have been developed.

All countries in the world conducted research work. We have a Japanese named Kitasato, who is noted for his work in connection with lockjaw. It is interesting to note that an American soldier wounded on a battlefield in the Far East in the last war against the Japanese owes his life to the Japanese scientist Kitasato, who isolated the germ of tetanus.

Mr. Macdonald: What filter did he use?

Mr. FOLEY: I cannot answer that. All I know is that he was the first man who isolated the germ of tetanus and gave it to the medical world.

The medical world is now using the toxoid his discovery made possible by injecting it into the human being to prevent death from lockjaw. A Russian soldier saved by a blood transfusion is indebted to Landersteiner, an Austrian. A German soldier is shielded from typhoid fever with the help of a Russian, Metchnikoff, and a Dutch marine in the East Indies is protected from malaria because of the experiments of an Italian, Grassi.

The research worker is international in outlook, and is willing to sacrifice many hours of labour and even his life in the interests of his science. I have pointed out earlier that many research workers infect themselves with a virus or a serum in order that they may study its effects and thus they take a risk of death or recovery. Some die. The research worker is unselfish in the highest degree. His work involves great sacrifice, it is international in character, and in any country where such an institution as we propose to establish is set up, we must see that they are well paid and that they have the necessary facilities to carry out their work.

In conclusion, I would say that the establishment of this institute in Queensland will eventually lead to the production of the right type of student to carry out the research work in the years that lie ahead, and that their work will add to the sum of medical knowledge and thus benefit humanity and prevent disease amongst the people, especially amongst the industrial workers and infants in hospital who fall victims to many diseases that our medical practitioners even today do not know much about.

Mr. NICKLIN (Murrumba—Leader of the Opposition) (12.9 p.m.): The whole value of the Bill will depend upon whether the Government are really changing their attitude towards scientific research, and are willing to spend a great deal more in that direction than they have in the past.

One of the few advantages the world has gained from the war is a rapid advance in scientific achievement. In various government departments scientific assistance has been sadly lacking because of the cheese-paring methods that have obtained, especially in the salaries paid to scientific and research workers.

Mr. Foley: That has been general over the whole of the Commonwealth.

Mr. NICKLIN: It has, to a certain extent, but in Queensland it has been worse than in some of the other States. It has had this effect, that we have lost some of our good scientific workers to the other States, and to the Commonwealth. I am pleased to see the change of heart that has taken place in Government ranks, particularly in the scientific section of the Department of Agriculture and Stock, where in recent months a reorganisation was made and better salaries were paid to scientific workers. We must admit, however, that the department has lost some of its good men, because it has not paid them the salaries they were worth, or what the other States were prepared to pay. I hope, that under this Bill the Government will not be cheese-paring, otherwise the Queensland Institute of Medical Research will not give the value to the State that we expect from it.

The Bill deals solely with medical research, but medical discoveries are often adaptable to other purposes such as diseases and pests of plants and animals. Personally I am of opinion that there is need for a Council of Scientific Research with general control and supervision of all scientific research work so that discoveries in one line of research can be adapted and applied to other departments and discoveries may be passed on from one to another for the benefit of all. Unfortunately, very often jealousy exists between departments, the members of which keep to themselves any discoveries they make rather than disseminate their knowledge for the benefit of all concerned.

In Western Australia there is a Department of Industrial Development which has been doing valuable work for some years in applying medical and other scientific discoveries to industry. The institute we propose to set up will devote itself, as the Minister indicated, to quite a deal of this research work and to the matter of applying its discoveries. By this means we shall be able to improve industrial conditions and deal with industrial diseases. The Department in Western Australia is not altogether a scientific council but its work is largely of that nature, in that it acts as a co-ordinating body and brings about co-operation between various investigational bodies in that State. In Victoria we have the Walter and Eliza Hall Institute and the Baker Institute which have been in operation for many years. According to reports their work is regarded as of outstanding importance.

The proposals under this Bill can only be regarded as a beginning. It is to be hoped that the old adage, "Penny wise, pound foolish," will be kept in mind. History has shown that very often scientific investigational work is retarded by lack of finance. That is exemplified by the great strides made in scientific discovery during the war when there has not been the same restriction of the amounts available for that work and scientists could get all they needed in money and equipment. The result was, to use the Minister's words, that they added greatly to the store of the world's knowledge. Out of the war has come penicillin, the sulpha drugs, and that great scientific discovery the atomic bomb, the full effect of which we do not yet know. Many of these advances made by scientists were achieved because they had ample funds and they received an encouragement that they often do not receive in peacetime.

We must endeavour to bring about a change of public opinion towards the value of research. Public opinion is very fickle. It likes to see spectacular results. In the field of research we do not see spectacular results very quickly. Therefore, anything that can be done by the Minister through the Department of Health and Home Affairs and in other ways to keep before the public the value of research work by indicating in the annual report the advances that have been made—I understand an annual report will be published by this institute—will greatly develop public interest. The public will be kept interested in the work and that will bring about the change of heart towards research that is so badly needed.

The Minister dealt very fully indeed with the avenues of work that may be pursued. I do not think there was a disease from which a human suffers upon which he did not give us a learned dissertation. I hope that none of the "X," "Y" and "Z" diseases he dwelt on are infectious and that we do not find some new "X," "Y" and "Z" diseases occurring among hon. members.

However, the speech by the Minister did bring to hon. members a realisation of the wide field open to medical research in this State. If as a result of the establishment of this institute something can be done to solve the problems associated with the diseases mentioned by the Minister it certainly will make a useful contribution to medical

research work, not only in this State but in other parts of the Commonwealth and the world.

I do not propose to go into such a learned discussion as the Minister; I shall content myself by referring to one or two of the subjects he said the institute would inquire into. I am particularly interested in the various fevers that are peculiar to Queensland. There is no doubt that the incidence of these fevers, coastal fevers and others, is growing year by year, and the medical profession generally do not know a great deal about them. As a result of the prevalence of coastal fever, particularly among bush workers and other people living in country areas, a great deal of working time is lost. These fevers do not cause many deaths, but they cause a loss of valuable working time, and the patient is very uncomfortable. I remember that during the time the State was occupied by large numbers of troops, many of whom came from the southern States, there was a good deal of sickness caused by coastal fevers. In one camp close to my home town there was a very severe outbreak of coastal fever and the medical men in charge were very interested in it. They carried out a good deal of experimental work and kept a close watch on the patients but they did not seem to be able to discover the source of the trouble. They arrived at the conclusion, however, that there was some connection between ticks and this fever. The men were living in scrub areas, sleeping on ground sheets on the ground and carrying out their training in scrubs that were tick-infested, particularly at the time of the year when they were there.

Mr. Foley: The cattle worker knew the cause of tick fever before the scientist, although he could not prove it.

Mr. NICKLIN: It was not the cattle tick that caused this trouble, it was the various types of scrub ticks that exist in countless millions in that country, and are more numerous at certain periods of the year than at others.

Work in connection with the causes of fevers brings me back to the statement I made earlier, that there is very often a connection between human diseases and animal diseases, particularly if they are insect-borne. We know that numbers of deaths are caused by ticks among dogs in tick areas during this time of the year. Perhaps some research into fevers may give us some line on how to protect our dogs if they are affected by tick fevers, particularly at this time of the year. I am sure the bush-lover and the dog-lover would like to have some effective means of treating dogs affected by fevers caused by ticks. Many valuable working dogs are lost, and it is not possible to train a good dog in five minutes. He is a valuable servant on any property and deserves all the protection we can give him.

I was interested to hear the Minister refer to the great industrial loss caused by the common cold and influenza. It was my intention to mention the matter because I think these two diseases are the cause of one of the greatest losses that fall on industry, although in their effect on the individual they are two of the minor ailments from which the community suffers.

Any successful investigation into the control of the common cold and influenza will certainly save a great number of lost working hours, not only in Queensland but in all parts of the world. There is no doubt in the minds of everybody that there is a great field for this Institute of Medical Research to explore and all we are concerned with is that when established it shall do really effective work and shall not be in any way hampered by any lack of sympathy from the Government or inadequacy of finance.

An institute such as the one this Bill is designed to set up must co-operate to the full with our own Department of Public Health, the University, the Medical School and the hospitals, and with similar institutions in other States and elsewhere, including those set up under the authority of the Commonwealth, so that it will be able to keep in close touch with activities all over the world and thus obtain the benefit of any scientific discoveries that are made and give the rest of the world the benefit of any discoveries it may make. When introducing the Bill the Minister mentioned that the institute would seek registration by the National Health and Medical Research Council as a research institute entitled to receive grants but I hope that it will not seek registration merely for the purpose of obtaining the grant but will work in full co-operation with other research bodies for the general benefit of all. Its co-operation with our own Department of Health and organisations dealing with medical research is particularly important and I was pleased to hear the Minister stress that there would be the closest liaison between the University, the Medical School and the hospitals of the State. That is necessary. What would be the advantage of setting up an institute of this kind and spending money on it if its work and information obtained were kept to itself.

That leads us to the question of the housing of this institute. The Minister mentioned it would be housed in the grounds of the Brisbane and South Coast Hospitals Board and although—as I mentioned at an earlier stage of this Bill—I am opposed to building up the hospital at Bowen Bridge to greater dimensions than it is at present, I do agree that the site is the only logical place at which to house this institute. It will there have the advantage of the medical facilities provided by the Brisbane Hospital, the base hospital for Southern Queensland. It will there be in close association with the pathological branch of that institution and in addition be handy to the Medical School. If we are to obtain a staff of research workers for this institute there must be close contact with the Medical School and if the knowledge gained by this institute is to be disseminated we must have both in close contact to enable the Director of the institute and his staff of research workers to attend and give lectures at the Medical School on the

various aspects of their work and thus be in liaison with the budding medical men of this State. Consequently, Mr. Speaker, a wise decision has been made by the Minister in housing this institute at Bowen Bridge. There it will have certain advantages it could not have if located in another part of the city or State.

The appointment of the council that is to be responsible for the direction of the activities of the Queensland Institute of Medical Research will be one of the most important provisions of the Bill, and I expected that at this stage the Minister would have given us fuller information on the composition of this council. The Bill sets out that it shall be comprised of seven members, namely—

1. The Director-General of Health and Medical Services, who will be Chairman.
2. One member nominated by the Minister to represent the Government.
3. One member nominated by the Minister to represent the Department of Health and Home Affairs.
4. One member nominated by the Senate of the University on the advice of the Faculty of Medicine.
5. One member nominated by the Brisbane and South Coast Hospitals Board.
6. One member nominated by the Mater Misericordiae Hospital.
7. One member nominated by the Queensland Branch of the British Medical Association.

When we look at the possible council that may be appointed under the provisions of the Bill, we must realise that there is urgent need for hon. members to give it the closest consideration. I think all hon. members will agree that the main thing in a council that will direct the activities of an institute such as this is that it should be comprised in the main of men who have some intimate knowledge of research work. It should have a majority of professional men, rather than a majority of laymen. Let us look at the proposed composition. No-one would offer any objection to the presence of the Director-General of Health and Medical Services.

Mr. Aikens: Do not say that.

Mr. NICKLIN: I am not referring to any occupant of the office; I am referring to the position. The Director-General of Health and Medical Services is responsible for co-ordinating the health activites of the State, and a gentleman holding that office cannot be objected to as a member of the council or even as its chairman.

Then we have one member nominated by the Minister to represent the Government. What is the Minister's intention there? Does he intend to nominate a prominent research worker, or is the nominee to be a layman from his own department?

Mr. Foley: Would it not be better to keep the research worker at research work instead of being worried with administrative difficulties?

Mr. NICKLIN: There is need on the board for some man who has a knowledge of and ability to carry out administrative work, but if the council is loaded with administrative men to the detriment of scientific men, we shall not get the results that we are hoping to get from this institute. After all, the main duty of the institute should not be administration; it should be medical research. That being so, the council that controls its activities should comprise a majority of professional men, men with a knowledge of research work for preference. If the Minister is so keen on administration, I suggest that the Government make their nominee the administrative man to look after the administrative side of the institute.

Then we have one member nominated by the Minister to represent the Department of Health and Home Affairs. The Department of Health and Home Affairs has an administrative as well as a scientific and professional side. I hope that this member will not necessarily be an administrative man. I should say that he should be a representative of the professional side of the department, which has done a great deal of research work and has been responsible for collecting a great deal of data that will be of immense value to the new institute.

The fourth member is to be nominated by the Senate of the University on the advice of the Faculty of Medicine. I take it that in considering its nominee the Faculty of Medicine will give preference to a man who has demonstrated his capabilities and knowledge in research work. I hope that the Senate of the University will keep that in mind and not simply appoint a layman who has not a knowledge of the research work that will be required for the proper conduct of the institute.

Then there is to be a representative from the Brisbane and South Coast Hospitals Board. We know that that board consists entirely of laymen and naturally, I suppose, one can expect that it will nominate one of its own members as its representative on the council of the institute. So we can expect a layman from that source also.

At 12.37 p.m.,

The CHAIRMAN OF COMMITTEES (Mr. Mann, Brisbane) relieved Mr. Speaker in the chair.

Mr. NICKLIN: Then there is to be a representative from the Mater Misericordiae Hospital. I do not know what the attitude of the hospital will be but I sincerely hope that he will be a professional man, a member of a staff who has been closely associated with medical research work.

Then there is to be a member nominated by the Queensland Branch of the British Medical Association. Judging by the British Medical Association's criticism of the membership of hospital boards I think I can safely say that it will nominate a man very suitable for the position. After all, it has been very critical of the composition of hospital boards. Even back in 1944, when the Hospitals Act was being amended, the B.M.A.

made this comment in the "Courier-Mail" of 4 December, 1944, concerning medical representation on hospital boards—

> "It claims that representation of the medical and nursing professions is essential to the efficiency of Hospital Boards. . . . The public will be represented by the one Local Authority appointee, while the medical and nursing professions will have no representatives. . . . Queensland hospitals lag far behind those of New South Wales and Victoria, where hospitals are not subject to political control and the medical profession is strongly represented on Boards."

The composition of the institute is so important that I think the House is entitled to some hint from the Minister concerning the intentions of the Government in respect of the constitution of the council. As I say, at present there is the possibility that there may be more laymen on the council than professional men closely associated with research work. I hope that it will come about that we shall have a majority of men appointed to the council who have demonstrated their knowledge and adaptability for research and a minimum number of administrative men.

The first council will be the most important because it will have the job of setting up the institute and getting it into working order. That is why I specially urge the need for a properly-constituted council, one that is not overloaded with administrative men to the detriment of experts in research work. One of its first jobs will be to appoint the Director of the institute, the Deputy Director, and other staff, and I think the Minister will agree that it is very important that we should get the best available man for the post of Director, as upon him will devolve the direction of the research work, the selection of staff, and the general activities of the institute.

The Minister and I varied a little on the introductory stage of the Bill in regard to the salary to be paid to the Director. In my opinion we should not fix a positive sum although in advertising the position it will be necessary to state the minimum salary that will be paid. But if another £500 a year will mean getting the most suitable man we should not worry about it. After all, he is the key man of the institute and the key man of the work the institute will carry out, and so we must not be hide-bound in regard to the salary needed to attract the right man.

Mr. Aikens: We certainly should not spoil a good ship for a ha'porth of tar.

Mr. NICKLIN: Certainly not. Knowing the salaries that are paid in countries overseas, where they lay great store on research work, it is doubtful whether a salary of £2,000 a year will attract the best man from there. By way of justification for the Queensland proposal the Minister quoted the cost of living in the United States compared with Australia.

Mr. Foley: The price of steak.

Mr. NICKLIN: The prospective research worker who would apply for the position is not going to be concerned with the fact that he might have to pay £1 for a piece of steak in his own country as against 3s. to 4s. in Queensland.

Mr. Aikens: What will the price be in this country when the National Security Regulations are withdrawn?

Mr. NICKLIN: That is a question the hon. member for Mundingburra can answer for himself.

It is essential that we should not be niggardly in the amount to be paid for the key man in this institute. The Minister seems to think that £2,000 will attract the best man in the world. I am glad to have his assurance that he will not hesitate if there is a matter of a pound or two extra to get the right man. Again, the Deputy Director and the staff of the institute also are important. We have two fields to look to for these men. First of all, we have to look to medical and research men at present attached to the armed forces, who have done a great deal of work with respect to tropical diseases and various fevers that will take up much of the institute's time and attention, particularly in the early years of its life. Those men have for a number of years been studying and working on problems associated with tropical diseases. Some are very valuable men who will be ideal for the posts of Deputy Director and the research staff. I hope the Minister will make contact with the medical services of the armed forces with a view to getting the names of suitable men and interesting them in applying for positions on the institute. After all, an immense fund of knowledge, which may take years to obtain, may thus be secured and we should get men who were interested in the work and more or less trained in what they would be expected to do.

The other source from which we could draw our research workers is our University. After all, we have to get the best men possible and we have to get men adaptable to research work. Every man is not adaptable to research work. In attracting these graduates we have to offer, in addition to salary, opportunity and a status that will encourage them to apply for the various positions to be offered. As the years go on and the close relationship grows up, as I hope it will, between the Queensland Institute of Medical Research, the Medical School, and the University, we shall attract the best of our graduates as research workers and members of the institute's staff.

The remaining provisions of the Bill are more or less machinery measures built up round the establishment of the council to direct the operations of the institute and control the work of the Director and Deputy Director, the location of the institute, and its initial establishment. I am glad to hear the Minister say that an annual report would be presented to Parliament by the institute. That is important. It emphasises the point I made earlier of the need to build up public

opinion as to the value of research work. That can best be done by presenting reports to Parliament that later will be published in the Press. They will indicate to the people the progress made in research work and any discovery that may be made and so bring about a much needed change in public thought.

In conclusion I again emphasise the point that the whole of the value of this legislation will revolve round the Government's attitude toward it. It is not a bit of use passing this legislation to set up a Institute of Medical Research and appoint officers to carry out the investigations envisaged in this Bill if they are to be hampered by lack of Government sympathy and support and by lack of finance to enable them to undertake the work successfully. I am therefore a little bit concerned about the annual expenditure of £15,000 set aside for the operation of the institute.

Mr. Foley: The council has the right to budget for more if it is required.

Mr. NICKLIN: If we are to work this institute on £15,000 a year, it will not be worth two hoots.

Mr. Foley: That is only the first year's allotment.

Mr. NICKLIN: I am glad to have the Minister's assurance that it is the initial allotment. The work it is going to undertake is so important that it must not be handicapped by lack of finance.

Mr. Foley: Or equipment.

Mr. NICKLIN: That is bound up with finance; after all, it is the money that buys the equipment. I feel, knowing the enthusiasm of the Minister for all legislative babies that he fosters in this House, that he will see they are well nurtured and will not lack the necessary financial food. If this institute receives the support, encouragement and sympathy that it should have from the Government I feel it will make a useful contribution to the cause of medical research in this State and the Commonwealth and will, therefore, be a benefit to the people of Queensland.

Mr. HILEY (Logan) (12.49 p.m.): Medical research is not a subject that can be bounded by any narrow geographical limitation. It is not the exclusive responsibility of the people of Queensland, nor can it be claimed to be the exclusive responsibility of the people of any country of this world, on the contrary, it is a subject of such catholic attainment, such world-wide import, that every country claiming to be civilised can on the one hand claim to receive the benefits of medical research and must on the other accept a clear obligation to make some contribution to the world's knowledge on the subject. So I suggest that our approach to the question of what shall be the measure of the medical research conducted in Queensland should not be from the angle that it is our responsibility and our responsibility alone to conduct research into all phases of medical research that may warrant our consideration in Queensland; on the contrary, no matter how excellent an institute we may establish in this State, no matter how able and how successful our investigators may prove, we are bound to find that the greatest volume of knowledge that comes to us and is made available to the people of Queensland will come, not from our own institute but from similar institutes in other parts of the world conducted according to the local problems of their locality, according to the tendencies of the people who inhabit those localities and according to all sorts of features that may have no Queensland parallel. I agree with the Minister, of course, that in Queensland we should accept some responsibility in the matter of medical research, and I agree with him also that our primary responsibility should be aimed at those ailments that have a special significance in Queensland. So when he traverses the field of some of those tropical diseases and other ailments that are encountered in Queensland more commonly than in other parts of Australia and other parts of the world I agree that that should be the primary sphere of our responsibility in the field of medical research.

If I agree that Queensland should recognise some responsibility for medical research, and if for that reason I express pleasure that a Bill should be brought forward recognising that responsibility, I must express some doubts as to whether the Bill before us at present is designed most aptly to discharge that responsibility in the way that would serve best not only the people of this State but the whole of the people of the world. My doubts are based on three premises.

In the first place I am not enamoured of the principle the Bill contains for the administration of this institute, and I shall set out in more detail after lunch my reasons for that attitude. Broadly stated, it is based on this: that I can see no evidence that in this Bill a Director is going to be permitted to exercise much independence of thought or much independence of action; I picture the Director in the terms of the principle of this Bill, wrapped and swathed in red tape from the minute he is first chosen. I picture his every action and every thought subjected to not only direction but multitudinous direction, and—supreme over every other form of direction—ministerial direction. I question whether we are ever likely to get a successful Institute of Medical Research with such an administrative background.

We must remember we have heard much talk on the monetary side of finding the ideal Director. I intend to say something on that aspect, but above everything else, above the question of money, above the question even of qualification—and goodness knows, that is important enough—there must be the research temperament. And let us not forget, when considering research temperament, that every important finding of today was the heresy of yesterday. An extraordinary brain, a peculiar brain, is necessary to a really successful man in the field of

research. Inventors, discoverers and so forth are not normal people, and if the ideal Director is made subject to the thoughts and consideration of the ordinary normal people of this world, then I suggest that necessarily means restricting the abnormal brain and putting it into normal channels of thought. That will destroy the very fundamental from which all successful research must necessarily spring.

The second doubt I have concerning the scope of this Bill is in relation to finance. This and my first doubt I will elaborate more fully after luncheon.

The third doubt comes back to the question of administration, and it is based on the principles of this Bill, which provide for divided control of the staff of the institute. The principle of the Bill is that the technical staff is subject to one control and the lay staff—and goodness knows what that means precisely, but I assume it must mean something—is subject to an entirely separate control. Now, Mr. Deputy Speaker, in a business, a Government department, or a health institute —call it what you will—one cannot hope to get good results with divided control, and I suggest that it is an entirely erroneous idea to have the technical staff of the institute established under the direction of the Director and the lay staff—I assume that means the clerical staff, various clerical assistants who do not come to the institute with university degrees—under the control of somebody else entirely. If we are to work this institute in the way it should be worked, there must be a single hand on the reins, or we run the risk of having one influence tending north and another south.

For these three reasons I question whether the very desirable purposes of this Bill will in practice be accomplished. I propose during the further time that will remain after the adjournment to examine these three points in greater detail.

One point raised in the course of the debate today is that of the constitution of the council, and the Leader of the Opposition expressed grave doubts as to whether there is likely to be a really effective council if it is composed almost entirely of laymen and to include medical men to a small degree only. I realise there is something in the thought he expresses, but there is another aspect of the subject. It must be remembered that the Director of this institute, if he is doing his job at all, will be pursuing some distinctive, novel line of thought, particularly in fields that may be engaging his energy at the moment, and I question whether it will be doing that Director a service to overload the council with too many medical men, each of whom may have his own particular hobby-horse, and each of whom may be concerned to persuade the Director to forget the particular thing engaging his attention at the moment and ask him to give more thought and attention to that council member's pet fancy. There is that risk, but on the other hand it would be dangerous indeed to have a council entirely of laymen, one that at no time had a reasonable proportion of medical men who could give general and sound advice on medical tendencies and help to ensure that the work of the institute was tending towards immediate practical considerations and that valuable time and money were not being wasted—much research money is wasted—by the pursuit of subjects that in the opinion of current medical thought are not at all worth while.

At 2.15 p.m.,

Mr. SPEAKER resumed the chair.

Mr. HILEY: The first difficulty I see in the Bill is what I feel is a lack of independence of the person who will be selected to be Director of this institute. In contrast to that provision we have the position of similar bodies in other parts of Australia and the world. Take, for example, the Medical Research Council of Great Britain. It is a body that governs, co-ordinates and regulates many research institutes and many concerns carrying out detailed work in the field of medical and other scientific research. In England that body is not put under the ministerial thumb; it is appointed by the Privy Council and is responsible only to the Privy Council. Its members commonly comprise the greatest scientists in the several fields of scientific research in the Mother Country. They work in an atmosphere not clouded by a dull departmental outlook, not in any way restricted by what might be regarded as the unimaginative outlook of the average layman. There we have a background that is calculated to encourage true initiative, and research, something that this Bill is calculated to discourage.

I come now to that very excellent body which was quoted so freely by the Secretary for Health and Home Affairs, the Walter and Eliza Hall Trust. Does the Minister suggest that that trust is in any way dominated as he proposes to dominate the council of this Queensland Institute of Medical Research?

Mr. Foley: They are all tied down by annual commitments.

Mr. HILEY: A money tie. Of course those institutions have their limitations financially, but so has this. This Bill imposes an infinitely greater limitation. It imposes the limitation upon the council and upon the Director of the institute that the whole of the work has to be under the direction of the Minister. If the Minister does not think a certain subject of medical research should be pursued he can say that it is not to be pursued.

Mr. Dunstan: Many of the world-famous medical research workers were condemned by their own colleagues.

Mr. HILEY: I agree, and that serves to show the necessity for giving an untrammelled right of investigation to whoever will be chosen for this very important office.

Let us go, too, to South Australia and examine the constitution of the Waite Institute of Research. I admit that that is not

an institute of medical research but one of agricultural science. It will be found that the utmost freedom of initiative and thought is permitted by the constitution of that valuable institute. Or we go overseas to two institutes whose names are famous throughout the world, the Rockefeller Institute and the Carnegie Institute, both of which are governed by the trusts set up in terms of the wills that provided the money to make them possible. In no case do we find that the conduct of these institutes is repressed and restricted in a manner similar to that in which it is proposed to repress and restrict this Queensland Institute of Medical Research.

Mr. Foley: You are basing much of your argument on assumption.

Mr. HILEY: I am basing it on the clear provisions of the Bill, and I say that I doubt whether the desirable purpose that this Bill should and could attain will be realised if the whole concept of this Director is to keep him entirely under the departmental thumb in the carrying out of his duties.

The second aspect of the Bill with which I found fault are the financial provisions. Although the Minister has given us the figure of £15,000, I do not for one moment imagine that £15,000 is to be the all-time limit. I recognise that the right of appropriation is contemplated and when the Minister has quoted £15,000, he does inform us of his state of mind as to what is the proper appropriation now. I suggest that the initial measure of appropriation of £15,000 is trifling for this very important subject. On the question of the salaries that should be paid to the Director and other necessary officers, let me repeat that apart from the importance of the commercial side of buying a good man for a high salary—a well qualified man, a capable man—whatever else you do, you have to command a research temperament. I repeat that it is a peculiar temperament not a normal temperament. The whole field of scientific development has shown that the world owes much to these peculiar men and women, these abnormal people, people who can by means of a virtual obsession on some subject pursue that subject so closely that other considerations that affect normal men and women are excluded from their minds. With such temperaments mere salary does not have the same meaning that it has for normal people, but for all that, do not let us fall into the error of accepting that fact entirely and feel that we can afford to pay inadequate salaries for these very responsible positions. The figure of £2,000, which the Minister has quoted for the office of Director, I regard as little enough, but let us take the other salaries that will be needed.

The Minister has told us that he will need certain assistants. Let us consider some of the assistants. If we are to have an Institute for Medical Research we shall have to give the Director certain full-time assistants, key men. You will have to give him and let him have at his elbow all the time a very well qualified bio-chemist. I think the Minister will agree with me in that. You will also have to give him and let him have at his elbow all the time a very well qualified bacteriologist. Again I think the Minister will agree. You will also have to give him and have available constantly for the purpose of his work and his studies a very well qualified pathologist. Again I am sure the Minister will agree. These three types of men cannot be commanded for a few pounds a week but should be in the £1,250 and £1,500 class. When you start an institute with a Director and three key men of that quality, I suggest it is only a matter of very simple arithmetic to reach the conclusion that £15,000 is going to get you nowhere. I suggest that unless you have men of this quality you should not play around with this institute at all; if we have to do that, let us forget it until we can deal with it in the manner that it really deserves.

The institute, in addition to the three key men I have suggested, needs to have some regular liaison with other people and that liaison may not cost money. I suggest that the institute should be in the closest and constant touch with some of our heads at the Medical School. The Director of Medicine and the Director of Surgery of our Medical School should of necessity, I suggest, be fitted into the picture of this institute in such a way as to ensure constant and close touch with it. It would be an absurdity for a separation to take place between the school of research thought in a community and the school of instructive thought of a community. The search for knowledge and the imparting of knowledge should ever march hand in hand and so I believe that the work of this institute and the work of the Medical School would be greatly enhanced if the closest possible relationship was maintained between the institute and at least the heads of medicine and surgery branches in our Medical School. And so that second point, inadequate finance, causes me to doubt whether the purpose that I regard as desirable and it is our plain duty to make some contribution about, is likely to succeed on an expenditure of £15,000.

Then I return to my third point. I should like the Minister if he does not admit the point I am about to make, at least to favour this House with some information as to why he thinks it necessary to introduce this extraordinary and novel provision. It is a principle in this Bill that the lay staff of the institute shall not be under the control of the Director but under the control of the Director-General of Health and Medical Services. I cannot conceive that it is possible to conduct an Institute of Medical Research or anything else with two bosses. There must be one control. If it is thought that a technical man should not be burdened with or is not capable of attending to administrative duties, at least do not inflict upon him the worse curse of divided control. Give him a competent chief clerk or a capable secretary to take the burden of carrying the responsibilities of the administrative sections of the work, but do not put that man in a position that he has a staff carrying out his work and he is impotent to direct it. Do not have it possible to have working in an

office any man who will say, "I admit no man here with authority over me; my authority is away in George Street." To have that situation would destroy whatever hope there may be of a successful institute.

Mr. Foley: What is your chairman of the council going to do?

Mr. HILEY: Is the chairman of the council to be a full-time officer to give instructions to the clerks? Realise what you are doing. You say the lay staff are entirely divorced from the Director. Are you going to ignore him?

Mr. Foley: You were advocating that the Director should give his whole time to research work; now you want him to have all these other troubles.

Mr. HILEY: No, I do not.

Mr. Foley: You said that the Director did not want any other troubles than those associated with research work.

Mr. HILEY: What I am suggesting is that the carrying out of research work will necessarily involve certain associated work, such as tabulating information. Are you going to suggest that the Director will say to his qualified men, the laboratory assistants, "You carry out your side of the work; I will have to go to the Director-General of Health and Medical Services to direct the clerks to do their side of it"? That is an absurdity that will arise under the present provisions.

There is just one other additional point I should like to make. I cannot help drawing a contrast between the attitude of the medical profession to their discoveries in the field of medical science and the attitude of scientific and industrial workers in most other fields. Let us suppose, as frequently happens, that an industrial chemist discovers some new compound or some new process. He has the whole protection of copyright to protect his invention or discovery, and in that way he is substantially rewarded. I have never heard any great denial to the discoverers and the inventors of the usages of the patent laws of this nation. Contrast that with what happens in the medical profession. I would remind hon. members that the medical profession have been very much maligned over recent years and held out as a profession ready to exploit the suffering public.

Mr. Mann: It is true, too.

Mr. HILEY: Let us see what the discoverer of penicillin obtained from the whole world for the years of research he put into his discovery.

Mr. Mann: You are taking an isolated case.

Mr. HILEY: I am taking the whole field of research.

Mr. Aikens: How much money did the users of penicillin get out of it?

Mr. HILEY: I am talking about the inventors, the discoverers. I say that in the field of medical research the medical profession has displayed a generosity to the people of this world that is unbelievably great. There are no boundaries in this matter. If an investigator in Australia happens on some new process then that process is publicised and is freely available to the medical world.

Mr. Aikens: And grossly exploited by the general practitioners.

Mr. HILEY: Are you going to inflict on the inventor or discoverer any charge that may be laid against the general practitioner?

Mr. SPEAKER: Order! The discussion of charges against medical practitioners is not within the scope of this Bill.

Mr. HILEY: I can assure you, Mr. Speaker, that I shall not be guilty of discussing the charges of the medical practitioner. I am discussing rewards attached to medical research, and that, you will agree, is within the scope of the Bill because there is a provision dealing with it.

You will observe that the Bill makes express provision for the institute itself to copyright certain discoveries by those who will be charged with the work of the institute, and also provides the person who makes the discovery may share in the benefit of that reward. Whilst I do not disagree with that provision, it is something we should note, and note with gratitude if we are honest, that those people who have carried out medical research and who have served in past generations have not themselves held the world up to ransom and that we and our children in every land receive the benefit of the work they have carried out. I think that is something we might fairly remind ourselves of, especially, as I say, in an age when we find the medical profession commonly made the target for a number of attacks—some of them are deserved, may be, but in this case I suggest that the men who have carried out the medical research of the world are entitled to our gratitude.

Mr. AIKENS (Mundingburra) (2.34 p.m.): It is rather difficult in such a limited scope for more or less whippers-in of the debate to say something that is coherent and germane to the points at issue.

I want to draw the attention of the House to the remark made by the Minister on the initiation of the Bill, that the hon. member for Mundingburra had struck a discordant note. I believe that as a free and unfettered member of this Parliament it is my duty to my constituents and the people who sent me here to strike a discordant note if I think a discordant note is necessary. Surely the Minister for Health and Home Affairs has sufficient snivelling "Yes" men at his command without desiring to enlist my services in that regard? However, I did not strike a discordant note. I said, in effect, that the patients at the General Hospital in Brisbane would be available to the research workers, and that they—to use a common term—would gladly place themselves in the position of being human guinea pigs for the

benefit of the research workers and humanity in general. I find that is specifically provided for in the Bill in clause 17, which states—

Mr. SPEAKER: Order! The hon. member cannot quote clauses.

Mr. AIKENS: I am going to quote this clause dealing with that remark.

Mr. SPEAKER: Order!

Mr. AIKENS: The principle of the Bill is that the Director and research staff of the institute shall have free access to any patient in the General Hospital. And what is the matter with that? I hold with that; so also will every intelligent patient in the General Hospital. There was a time, before the Minister for Health and Home Affairs took up his present life of easy indolence, when he was perhaps one of the keenest students of human nature who ever came into this Chamber. I doubt if any man elected to the Government benches knew more about human nature than the Minister did before he became a member of Parliament. It would be wise for him to cast his mind back and find out what the people—the men in the street—think about such a situation as this. Let him go again into the highways and byways frequented by the common people and he will find, as I have found, that the average man and woman will welcome the opportunity of handing themselves over to these research workers. If he does not believe that, let him try to remember the people, the men and women in all walks of life, who are perhaps patients at some hospital in the State, and who have been told by the orthodox medical practitioners that present-day medicine has no cure for them, that no more can be done for them under orthodox medicine as it is practised today. Those people today leave the hospitals and go to the quacks, the Chinese herbalists, the astrologists, the layers-on of hands, and the faith healers; they go anywhere in order to find some cure for their complaints that is not available within the covers of the orthodox text-books of medicine. So you will find that any patient in the General Hospital—I myself, if I were there, and you, Mr. Speaker, I feel sure—who has reached the stage where the medical officers say, "We have no cure for your complaint, but attached to this hospital there is an Institute of Medical Research and we are going to call in a specialist from the institute in order that he may try to discover some cure for your complaint, and if he does so, you will not only be cured but you will in turn be a benefactor to the rest of mankind, because you subjected yourself to these experiments."

Any patient in full possession of his senses and faculties who would not submit to that but preferred to go out into the streets looking for a Chinese herbalist or quack should be in a mental hospital and not in a general hospital. I suggest that my remarks on the initiation of the Bill were particularly pertinent and well within my knowledge of human nature as it exists today.

The other point I wish to make is to remark on the speech made on the initiation by the hon. member for Toowoomba, who as usual made a very careful and well-prepared contribution to the debate—he always does on the few occasions that he addresses hon. members in this Chamber—but some of the figures he quoted would create confusion in the minds of those who did not study them closely. There is an old saying that nothing is so fallacious as facts and figures, and the facts and figures quoted by the hon. member for Toowoomba prove that. He said—and it is true if we merely glance at the figures—that heart disease and cancer were on the increase and that a greater number of people are dying of heart disease and cancer today than 30 years ago. On the surface these figures are correct but they do not prove that heart disease and cancer, as diseases, are on the increase. What they prove is that a greater number of people today, thanks to the advance of medical science, are able to live to the age at which heart disease and cancer begin to manifest themselves. These are diseases of the aged and people who today live to the age when they contract heart disease or cancer were formerly swept off the earth by the various scourges that decimated mankind from time to time. When we study the facts in connection with diseases let us be sure that we study all the facts. We know that many of the diseases that carried off the infant, the child, the young adult and the middle-aged have been grappled with and overcome by the medical profession. It is true, as I think I heard some hon. member interject, that young people die of heart disease and cancer. There are instances we know of but they are merely exceptions that prove the medical rule. We know, for instance, that the great scourge of puerperal fever has been almost overcome by the medical profession. We also know that more children survive childbirth than, say, 20 or 30 years ago because the practice of obstetrics has become so well balanced and well-informed. We know, too, that child diseases that once swept great percentages of children prematurely into eternity, such as measles, whooping cough, diphtheria, and all such diseases, are being overcome. With the advance of surgery, inoculation against smallpox, the various hygienic and sanitation measures that combat typhoid and other pestilences that reasonably could be expected to take a man or woman off when they were in their earlier years we find today that the expectation of life of a man born in 1930 is something like 15 years longer than it would have been had he been born in the earlier years of the century. These figures may not be absolutely correct, as it is many years since I read them. Every year our expectation of life is growing longer, thanks to medical research, and like the hon. member for Logan I pay my tribute to the research workers of the world who are mainly people imbued with humanitarian ideas and most of whom give their life in the cause of humanity. What is wrong with the medical set-up is the general practitioner? Something this Bill should guard against is that when these men after years of painstaking labour have given to

the world some new cure, it is immediately prostituted and exploited——

Mr. SPEAKER: Order! The hon. member is going outside the principles of this Bill.

Mr. AIKENS: I was merely endeavouring to suggest that when the research workers do discover some new cure or some new preventive it should be our duty as legislators to ensure that that cure or preventive, which has been formulated or discovered as a result of this Bill shall not be prostituted by the general medical practitioner.

Mr. SPEAKER: Order! I suggest to the hon. member that that subject is a matter for fresh legislation.

Mr. AIKENS: It probably is.

The hon. member for Logan raised the point that the Minister should have no control over the council that will control the institute.

He quotes as an instance the British Medical Council. I sincerely hope that while I am a member of this Legislative Assembly no legislation will ever be introduced that will set up any institution that even faintly resembles the British Medical Council. There is no more dictatorial board established in any part of the world than the British Medical Council. It has been responsible for more outrageous decisions, more persecutions, and more stifling of medical research than any other body of men in the civilised world today. It exercises complete Gestapo blackhand control over every unfortunate member of the medical profession in Britain.

Mr. HILEY: I rise to a point of order. The hon. member is confusing the council to which I refer with another council. His remarks are directed to the council of the British Medical Association. My remarks refer to a separate body entirely, the Medical Research Council of Great Britain. That is an entirely different body, a body not in any way concerned with the ordinary practice of the profession in England.

Mr. SPEAKER: Order! The hon. member for Mundingburra will accept the assurance of the hon. member for Logan, and he will, I am sure, keep closer to the principles of the Bill.

Mr. AIKENS: I will gladly accept the assurance of the hon. member for Logan, but I fail to see how I can keep any closer to the Bill than I am when I am drawing an analogy between the medical council that has been set up to govern these things in other countries and the medical council that is proposed to be set up to control this institute. We know, when we come closer home, that only a few years ago an institute was set up under some particular fund or other in New South Wales and it did not have the safeguard that is provided by this Bill. It did not have the safeguard of ministerial control and we found that after some years, when the members of the board, council, or fund desired to find out how things were going, when they got to the doctor who was in charge of it—from memory I think his name was Chapman—they found him poisoned. He poisoned himself in order to dodge the investigation that was being made into the control of his particular fund. It was found that he had misappropriated thousands of pounds belonging to the people. With a safeguard such as the Secretary for Health and Home Affairs provides in this Bill, that will not be possible. I strongly deprecate the suggestion that we should set up these research councils and various other bodies and give them full, unlimited, and unfettered power. What are we here for as legislators of this land if we do not exercise through the Government and through the Minister the responsibilities that have been placed upon our shoulders? Where will this Parliament end if we continually set up organisations with complete unfettered power? Strangely enough, too, the suggestions made by the hon. member for Logan contrast very strongly with those made by him the other day when we were talking about the unfettered power of the Licensing Commission.

In dealing with medical research there are three things to be considered. First of all, we know there are many diseases that still take terrible toll of human life. Cancer and heart disease have been mentioned by the hon. member for Toowoomba. Tetanus is another great scourge. In Townsville alone we lose more than 50 per cent. of the tetanus cases. Many other diseases have been mentioned here today by various speakers, but in dealing with the problem of disease we must make sure that we attack it from three separate angles. After diagnosing the disease, we must first discover if we possibly can what causes it. The Secretary for Health and Home Affairs and every other hon. member of this Assembly who has taken an interest in research and medical problems of the day will know that doctors themselves have swung over from time to time as to the reasons why certain diseases manifest themselves. One of the little tricks of the medical profession, when they cannot isolate a germ, is to take refuge behind the general term "virus." They cannot isolate the germ that causes the disease, they cannot distinguish the particular germ, so they say, "Some virus causes this disease." When the medical profession tell us that a certain disease is caused by a virus you can bet your life that seven times out of ten they do not know what causes it at all. It is not so long ago that the medical profession subscribed to the idea that the virus or germ of infantile paralysis was air-borne, that is, that it floated about in the air like the germ of the cough, the cold, and various other air-borne diseases, that it was inhaled through the nose, on to the mucous membrane at the back of the nose and from there worked into the spinal fluid and on to the spinal cord and so caused the dread disease of infantile paralysis.

After many years of research and after the training of the people in the way in which they should spray their noses and

throats with various potions and compounds, the medical profession swung right over to a new theory and they believe now that the infantile paralysis virus or germ is swallowed and taken down the alimentary canal into the stomach from where it gets into the bloodstream and from the bloodstream infects the spinal cord.

Mr. Foley: What authority says that?

Mr. AIKENS: I am surprised that the Secretary for Health and Home Affairs should ask that question, because that is the latest medical theory, and when I say the latest I mean the one that the profession have adopted for the last four or five years.

Mr. Hiley: Dr. Aikens?

Mr. AIKENS: Dr. Aikens probably knows more about infantile paralysis than Dr. Cilento; if I didn't I would sit down and shut up.

Mr. SPEAKER: Order! The Bill deals with medical research, not the medical profession.

Mr. AIKENS: Hon. members opposite will goad me and when it comes to that medical misfit I cannot resist. It is quite true that the medical profession have the right to change their opinions because if we are to get anywhere with medical research we must give to these men the necessary elasticity and fluidity of mind that will make it possible for them to exhaust an avenue of medical research and then having come to a dead-end swing over to another. It is quite possible that in a few years they will decide for instance that the paralysis virus or germ is not swallowed down the alimentary canal but is probably one of the blood diseases transmitted by the mosquito, the body louse, the bug, the tick, or some other insect. We know that infantile paralysis today presents a blank wall to the medical profession so far as its causes and treatment are concerned, that is, the treatment of the disease itself. As the Minister has very wisely pointed out, infantile paralysis is absolutely unpredictable. Let me give you an outline of what happened once in Townsville. Our first case was at Hermit Park, the next case right over at South Townsville, three miles away, and the next at Garbutt's Siding, four miles away, three cases at points at the angles of an isosceles triangle and at least about three miles apart. We do not know whence it comes and we do not know where it goes. We do not know how it is transmitted.

The first thing that medical science has to do is to find the causes of these diseases and then how effectively to combat them. Having found the causes of the various diseases it can proceed to find cures for them or preventives. Strangely enough, most of the great scourges of mankind that have operated up to a few years ago have not yet been cured. There is no cure for typhoid fever. There is no known substance that will kill the typhoid germ once it gets into the human body, although I read the other day that some doctor claimed to have a derivative of penicillin with which he was able to kill the typhoid germ once it got into the human body. There is no known cure for diphtheria and there is no known cure for malaria, although there are certain preventives such as atebrin, quinine, and other substitutes. There is no known cure for smallpox. There is no known cure for many diseases that once decimated mankind, but scientific medical research has been able to discover certain preventives. For instance, there is the toxin-anti-toxin injection for diphtheria. By the proper control of sanitation and general health the incidence of typhoid fever has been reduced. The control of the body louse or the elimination of the body louse, together with personal hygiene, has led to the reduction of typhus in many parts of the world.

Then there is the control of the anopheles mosquito in order to prevent malaria and similar mosquito-borne diseases. While on that point I would say that we in the North are very concerned at the incidence of this disease, which will probably come down from the western Pacific as a result of the war. Many of our boys are coming back from the war shot through with malaria and other blood diseases transmitted from one patient to another by the mosquito or by some other insect or pest. Our first job is to find some cure for the boys and then prevent the disease from being transmitted from these boys to the clean civilian population. We were told at one time that the anopheles mosquito could not live south of Ingham. I think it was Dr. Cilento who told us that, yet the anopheles mosquito, carrying malaria and filaria, has existed in Townsville for many years. A couple of weeks ago I killed an anopheles mosquito on my hand in the Botanic Gardens in Brisbane.

Mr. Nicklin: You will find it as far south as Newcastle.

Mr. AIKENS: That is so, although the Director-General of Health and Medical Services, Sir Raphael Cilento, stated some time ago that the mosquito could not live south of Ingham. We know how to control the incidence of this disease. Before malaria can be contracted by any person the anopheles mosquito must go to some human reservoir affected with malaria, fill up with the germ, and transmit it to some other person. We know that if we can control the anopheles mosquito we shall control malaria.

We know also that improved methods of sanitation and living will deal with many of the diseases that man is heir to at the present time. Our first job is to find the cause of the disease. The Minister will probably tell us of a dozen common diseases taking their toll of human life that the medical profession cannot tell how they are transmitted from one person to another. They can say that gonococci and spirochaetae are transmitted by actual contact between human being and human being. We know that certain respectable members of our community claim to have contracted the consequent disease

on drinking out of glasses or wearing someone else's pants, but I have never yet met a doctor who has struck a case in which that disease was contracted in that way. We know that typhoid germs are transmitted from human excreta, food, or certain insanitary conditions, or water, to anything that is swallowed and taken down to our stomachs. The typhoid germ is innocuous in our blood stream. We could inject it in our bloodstream and be immune. We know we could drink, if we were right in our insides, and if our stomachs were not lacerated or suppurating, a cupful of malaria germs and not suffer any harmful effects, but if the reverse were the case we should be dead in a week. So there are many elementary things the medical profession once did not know.

The field of medical research is never-ending; it is infinite. Not only has it to discover what causes disease but it then has to discover what prevents disease, or if it cannot discover what will actually prevent disease it must at least discover something that will prevent disease from being transmitted from one person to another. Having done that, it should be the duty of the institute to educate the medical fraternity on its discoveries, and thus obviate their misuse.

I do not want to go into the question of medical exploitation. We know of horrible deaths and mutilations that many of our people suffered immediately after radium was introduced. Ignorant and inefficient practitioners rushed to the radium pools, got hold of radium needles or buttons and inflicted them on their patients whenever they got the opportunity. As many deaths were caused by the misuse of the findings of the radium research workers as have been saved by them.

There are certain other diseases that affect mankind, and it is here that we see that even the best medical research workers differ. I think I shall be in order in reading some extracts concerning a disease agitating the minds of quite a number of people consequent on the proposed or suspected influx of people from the Western Pacific area.

Mr. SPEAKER: Order! Might I suggest that diseases generally might be discussed at this stage and that specific diseases would be better discussed at a later stage? The question before the House is whether an Institute of Medical Research should be established.

Mr. AIKENS: Am I not permitted to make suggestions as to how this institute will work, once it is set up.

Mr. SPEAKER: If the hon. member connects up his remarks with the principles of the Bill.

Mr. AIKENS: I thank you. One of the first problems that should be tackled by this institute when it is set up is the problem of leprosy. At present the medical profession have no known cure for leprosy. They treat the disease with a certain derivative, chaulmoogra oil, which has met with a certain degree of success. However, institutes in certain other parts of the world say we might be approaching the disease of leprosy from an entirely wrong angle. I will read now from the 1939 Report of the British Empire Leprosy Relief Association, which says—

> "Leprosy is dependent on bad sanitation and malnutrition; improve these and leprosy will disappear."

That is an entirely new approach to the problem of leprosy. I know it may not be acceptable to some who profess to be experts in the treatment of leprosy, but this is perhaps the highest responsible organisation in the British Empire dealing with leprosy, and I think we should take some cognisance of it.

An Opposition Member: That is a prevention, not a cure.

Mr. AIKENS: Dealing with diseases in other countries it says—

> "The diet of the nomad with its milk and occasional meat has also been suggested as a cause of his comparative freedom from the disease."

An hon. member interjected that what was proposed might only prevent the incidence of leprosy. I dealt in the early stages of my speech with the need for a research institute, if it could not find a cure for a disease, to go into the question of preventing it. Medical history tells us that today more diseases are prevented than are cured.

Further on this report says—

> "Compulsory segregation, at least in its more rigorous forms, has been or is being discarded in favour of voluntary methods in all the British territories visited."

Here in Queensland we throw our lepers into a compound and keep them there, a practice that is to the detriment of the unfortunate people who are segregated.

Mr. SPEAKER: Order! The treatment of leprosy is a question for administration.

Mr. AIKENS: Perhaps later on, on the Estimates, I may have an opportunity to discuss the aspects of that subject that I think are of considerable importance to the people of this State.

I have been able to get from my home an article that deals with the field of medical research in other countries. This again shows although only in a small way the tremendous scope available to the research worker. I believe that even though the Bill is taking small faltering steps forward we should take them so that we can play our part in the general research development now taking place throughout the world. Hon. members on the other side have said we are not going far enough. That is no argument against the acceptance of the Bill. I too believe that we are not going far enough, but I am willing to go as far as the Minister and regard this Bill, not as the ultimate object of scientific medical research, but purely as I said before,

as a faltering first step. It is one of the paradoxes of democratic Government that although we can only find £15,000 to spend on such an important institution as the Institute of Medical Research, we can find that amount for the maintenance of a Governor and his staff.

Mr. SPEAKER: Order!

Mr. AIKENS: I think the extract I now propose to read will be very pertinent to the point, and will give some idea of what has been done in the big research institutes of America. It deals mainly with the sulpha drugs and their derivatives. The sulpha drug was a pure chemical product of a pure research laboratory. The sulpha drug was not discovered in the ward of a general hospital; it was not the result of clinical research; it was purely the result of intensive chemical research. And I doubt whether any drug ever discovered in the history of mankind has conferred so many benefits on mankind as the sulpha drug and its hundreds and perhaps thousands of derivatives. Let me give some idea of what the product can do so that we may perhaps some day in our own research institute discover some drug as potent and efficacious as the sulpha drug, or the research workers set up under the Bill may as the result of intensive study some day discover more of the derivatives of this drug. We heard about penicillin, but as a curative drug it is in the novice class compared with the sulpha drug and its derivatives. I will read this extract. I know you allow me a good deal of latitude, and I do not want to impose on your good nature or take up too much time of the House. It says—

> "More than two thousand sulphonamides have been developed, and science is still finding new uses for each. Sulphadiazene is the greatest aid yet found in controlling pneumonia and other respiratory diseases, streptococcus throat infections, rheumatic fever, meningitis."

We know that not many years ago, when a patient was taken into a hospital suffering from pneumonia, by some strange twist of fate, especially if he happened to be a strong healthy man or woman, it was almost odds on that the patient would die. We know now that patients are taken into the hospital at a stage that a few years ago would be considered to be the in-extremis stage of pneumonia and that a few applications of the sulpha drugs are in themselves sufficient to return that patient to health within a marvellously short time. The article proceeds—

> "Sulphaguanadine and sulphasuxidine work effectively in the intestinal tract, to control cases of dysentery, cholera, typhus and typhoid. Sulphamerazine is effective in kidney complications. Potentially even more important, it has been found that the sulphas have their place in preventive medicine. Mass administration of small doses of sulphadiazene at several army airfields reduced the incidence of common colds more than 50 per cent., that of streptococcal disease, including acute tonsillitis, 75 to 90 per cent., and completely eliminated meningitis."

What a wide field of scientific research the sulpha drug alone offers! We know, and it has been mentioned today, that no cure has been found as yet for the common cold, that it still is responsible for the loss of thousands of man-hours in industry. In America they are experimenting with the derivatives of the marvellous sulpha drug and have been able to turn out remarkable curative and preventive figures. But here is the danger that I mentioned earlier—

> "Sulphonamides have their limitations however, they have a toxic effect on the human body as well as on the microbes endangering it and thence should be administered only by a physician except in cases of emergency such as arise on the battle fields. The body tolerance to the sulphas appears to decrease with increasing age and doses which would be beneficial to a young man might harm an older one. Immunisation of civilians to respiratory diseases along the lines described above would not be feasible at present; it must be remembered that the soldier who received the sulpha doses were living and working together and did not mix with untreated individuals. Their reactions to the drug were also under constant observation, and harmful effects could be checked at once. More study will be necessary before the family doctor can prescribe sulphadiazene to his patients as a guard against colds."

That raises my point; not only must research find a cure but it must be particularly careful to ensure that the cure is not abused by what is known as the family doctor or the general practitioner.

> "Newer than the sulphas, apparently more universally effective, and non-toxic as well is penicillin. This yellow fluid secreted from the green bread mold penicillium notatum, was discovered by Dr. Alexander Fleming, a British bacteriologist, in 1929, but its potentialities were not realised until after 1939, when a group of scientists at Oxford University began more extended research. It is a 'wonder drug,' but not a cure-all."

These are experts talking——

> ". . . but it does effect cures in many cases which have resisted all other treatments, including the sulphonamides, it eliminates infections produced by the virulent staphylococcus, the pus-forming microbe which causes severe boils, abscesses, and the crippling bone disease osteomyelitis, is a common concomitant of wounds, and frequently invades the bloodstream with swiftly fatal results. Penicillin is equally effective against the streptococcus, responsible for a great variety of infections, including septic sore throat, mastoid disease, erysipelas, peritonitis, wound infections and puerperal or child-bed fever. In some cases, penicillin has cured dying patients to whom sulphas has been administered with no avail. The meningococcus,

the microbe that invades the tissues of the brain, yields to penicillin.''

You see, Mr. Speaker, not only is it necessary to find the drug and determine the cure; it is also necessary for research scientists to determine the best method by which the cure can be administered.

''In the field of venereal disease penicillin may be the long-sought remedy for both gonorrhoea and syphilis. It has already proved itself against the first by curing most cases treated within 24 to 48 hours. Against the second, it has eliminated symptoms of the diseases after treatment; not even the most delicate blood tests could reveal a trace of infection. Medical authorities, while naturally very hopeful, will not say definitely that penicillin cures syphilis, however. It is a peculiar disease, whose spiral microbes have a way of hiding deep in the body's tissues, remaining dormant for long periods of time; . . . . ''

(Time expired.)

Mr. WANSTALL (Toowong) (3.15 p.m.): After listening to the extremely interesting dissertation by the hon. member for Mundingburra on scientific and medical research I take it he is not at all disturbed by what some might call the smallness of the Director's salary. I take it that when the Minister opens his mail he will find an application from the hon. member for Mundingburra for the position.

Mr. Aikens: I think I can be a bigger nuisance to the Government here.

Mr. WANSTALL: I do not propose to take up the time of the House to any extent in dealing with the principles of this Bill because, Mr. Speaker, as you reminded a previous speaker, the principle is a very simple one—whether we shall or shall not accept the setting up of the institute envisaged in the measure. As to that question, there is only one answer in the minds of all hon. members. It is common ground that we welcome the setting up of the Institute of Medical Research in this State. The only principles of the Bill to which I wish to refer are the methods of setting up the institute, and in doing so I desire to point out to the Minister the fact, which I have no doubt he recognises and readily appreciates, that Queensland's position in the world of medical research is a relatively unimportant one. Queensland is, so to speak, a speck on the world's canvass of medical research. At the same time, I do not decry the ability of Queensland to contribute something worth while to the cause of medical science. I do not deny to our Queensland graduates the opportunity of taking part in that humane work. As a self-reliant people—there is no gainsaying that the people of Queensland are self-reliant—we must carry our share of the burden and contribute our lot to the world on that score.

I notice that the Bill is intended primarily to give attention to those diseases which are peculiar to Queensland, in the hope of bettering the health and general well-being of the people of this State. Whilst that is a laudable objective I ask the Minister to guard against any suggestion of parochialism in his approach to this question. It is natural that this State should concentrate on diseases that are peculiar to its climate, but at the same time we must not lose sight of the fact that considered in relation to the whole world picture our position is a relatively minor one.

I might suggest certain ways in which Queensland can best make its contribution to medical research of the world, and in doing so I wish to emphasise to the Minister that here again I am not suggesting I am giving him any new thought, nor do I suggest he would overlook this subject unless I mentioned it, but I ask him to make sure that when this institute is set up it will be one of its cardinal principles of administration that it shall work in conjunction with research workers in the rest of the world. There is no doubt that in this State we are limited by our financial resources. The amount of money which we can contribute to the science of medical research is limited by the public revenue of the State. That revenue being relatively small, our contribution is limited accordingly. In addition, we in Queensland are handicapped by our remoteness from large centres of world population. In Queensland, too, we are retarded by the natural apathy of a healthy people towards medical research. It is only natural that in a country in which superabundant health is on all sides, we should be less disturbed about diseases than the residents of disease-ridden or unhealthy countries. All these things make our position a relatively minor one so far as the rest of the world is concerned, but at the same time it is important that we do not fly off at a tangent in our medical research. The only way in which we can achieve something worth while is to gear ourselves to the tempo of world movement in medical research. I suggest to the Minister that one way of doing that would be to set up a system of exchange of research workers and graduates with institutes of medical research in all other parts of the world. The second way would be by maintaining a constant liaison between this institute and all other institutes on the administrative side—the exchange of information, and so on.

The first and foremost essential for the success of the institute proposed to be set up under the Bill is the exchange of research workers with those of other institutes in the world, a reciprocating exchange of fellowships, I might call it, which would ensure that the Queensland Institute of Medical Research would send its workers, endowed with its scholarships, to conduct experiments under the guidance of institutes in other parts of the world. I need only mention a few of the well-known world institutes, the Mayo Institute in the United States of America, and the two mentioned by the hon. member for Logan, the Carnegie and Rockefeller. We should not overlook the pioneering work being done in Russia, either. There is much to be gained by an exchange of ideas between Russian medical research workers and the research

workers who will be employed by our institute, and of course they can gain a great deal from contact with the work in that famous institute in Paris known throughout the world, the Sorbonne. I suggest that the Minister, in administering this institute, should see that provision is made for the granting of scholarships to Queensland graduates tenable at world medical research institutes.

Not only should we send our own graduates away from the shores of this country to other lands to work amongst foremost scientists and research workers in the world, but we should reciprocate by inviting to our shores graduates and research workers of world-famous institutions. We could invite a worker from, say, the Mayo Institute to come to Queensland to work on a specific subject within the walls of our institute, or we could invite a worker from the Carnegie Institute to come here and work for a specified period without a particular assignment at our institute and thereby enrich the knowledge of its local workers.

The other point that I have in mind in connection with the Bill is the necessity for a constant liaison between our institute and other institutes throughout the world. I want to ask the Minister to make sure that there is built up what I would call a shuttle service in information, an exchange of discoveries, consideration of progress reports, discussions on work up to date with workers in a similar field in other parts of the globe.

These are aspects that I do not think the Minister would overlook, but as he did not mention them in his speech, I want to draw attention to the necessity for remembering those points in the work of the institute. I think it can be taken for granted that every hon. member wishes, above all else, that the Queensland institute will be recognised throughout the world. As our medical degrees in Queensland are recognised as being of an unsurpassed standard in the universities of the world, so we should like to see our Queensland Institute of Medical Research enjoying similar fame.

I notice that the Bill contemplates that the locus of the principal office of the institute will be at the General Hospital, and speaking for myself, I think it is right that we should have such an institute centred at the largest hospital in the State where there can be concentrated under the one roof the greatest variety of diseases and where the workers of the institute can have practical experience in the treating of those diseases in the search for cures.

The hon. member for Mundingburra made the statement that the hon. member for Logan had argued that there should be no governmental control of the institute. I do not suggest that he intended to misinterpret what the hon. member for Logan said, for I know that he was putting what he believed to be the correct interpretation on his remarks.

Mr. Aikens: My honest interpretation.

Mr. WANSTALL: Quite right. That is not the correct interpretation of his remarks. The hon. member for Logan suggested that there should not be ministerial control of the activities of the institute, but he did not suggest that there should not be any government superintendence of the place. Then the hon. member for Mundingburra made a statement about a certain institute in New South Wales that found that its funds were being taken wrongly, but that argument is no argument against the suggestion by the hon. member for Logan.

At 3.22 p.m.,

The CHAIRMAN OF COMMITTEES (Mr. Mann, Brisbane) relieved Mr. Speaker in the chair.

Mr. WANSTALL: All that we need do to make sure that what happened in the illustration of the hon. member for Mundingburra shall not happen to this institute is to make sure that its accounts are audited by the Auditor-General. That would overcome his argument. I want to make it quite clear that the hon. member for Logan was not suggesting that there should not be some governmental control of the institute.

I welcome the Bill. I think that when the Bill becomes law, Queensland will have taken a definite step forward in establishing this institute. I wish the institute great success in its functions.

Mr. DECKER (Sandgate) (3.28 p.m.): Having always advocated the creation of an Institute of Medical Research, naturally I am pleased to give my assent to this Bill, which at last makes it a reality. A tremendous amount of research work has been done in this part of the State, as in other parts of the world. Nevertheless we in Queensland have always lagged in having no specialised department in the form of an institute of scientific research. Once the institute is established we shall get a great deal of assistance from private practitioners and men belonging to the scientific field who will make available to the institute the results of work that will probably be of value to us and introduce new ideas in the treatment and prevention of disease.

A perusal of the Bill disclosed only a couple of principles that did not meet with my approval. We must agree with the Minister that the Director of the institute is the key figure. His qualifications must be beyond question if the institute is to work fully and efficiently. Some hon. members contend that the salary offered will be detrimental to the appointment of a qualified Director, but most scientific research workers will welcome the opportunity to establish themselves in a new institute of this sort, as it will enable them to come into prominence in the scientific field by embarking on medical research. Therefore, the individual who will accept the position of Director just for the sake of the salary is not the right man for the job. Nevertheless, the remuneration for the position must be adequate.

I do not agree with the Minister when he made comparisons of the value of a salary of £2,000 a year in Queensland with the value

of a corresponding sum in America or Britain. He omitted to mention one matter and that was the heavy taxation in Australia, which on a salary of £2,000 a year would be £850. If the hon. gentleman converted that amount to dollars, having regard to the purchasing value of the dollar and pound sterling, he would be able to see whether it would attract the right type of scientist. The taxation in Australia is almost equal to that of England. Therefore the argument of the Minister that the pound here will buy more at present than in England has some force. I am not going to argue from the salary angle, however. I do not think the Minister will. We are looking for the man who will do the job for the job's sake, not for the salary. When we advertise for a man it is his qualifications not the salary that we want to know. That wipes out that aspect of the argument.

We want to know what scope is offered to the Director for giving rein to his ideas in medical research. What are his powers going to be? The powers of the Director under the Bill are almost nil. He becomes just a stamp for the council, for the Minister, or the Governor in Council. There are only three principles in the Bill that make reference to his responsibility. The Director is subject to the direction of the council. Surely you are leaving very little to the Director. He is really the manager for the council.

Mr. Foley: That is the usual thing.

Mr. DECKER: That is the usual thing, but we are creating an unusual department. This is a new departure in scientific investigation. We shall be getting a man of qualifications and the whole success of the institute will depend largely on the Director. Would it not have been a gesture even to have incorporated him in the council itself? Let us put ourselves in the position that this man will be in. The Director should have been put in the more important field and not put under the direction of more than two authorities. When it is all boiled down, he is under the direction of the Governor in Council, under the direction of the Minister, and under the direction of the council. Where is there any scope for him, where is he allowed any initiative in regard to his control of the department and of the various organisations under him? We have committed ourselves to the policy that the building must be in the Brisbane General Hospital group. Some hon. members agree that that is the best place, but I think it should be away from the precincts of the hospital, with its own environment of research, and without any outside interference. I shall not argue the point because it is already laid down. The Director is controlled in all his operations. The Director will need to have the main say as to who his staff shall consist of, how many he will require, and how he will place the different fields of research, and what officers he will have in the field. Under the Bill he is expected to look into industrial research matters, so he will have to have field officers, hospital officers, and laboratory officers. The success of the institution depends on him, and I think the great weakness in the Bill is the lack of power and initiative given to the man who is appointed to that position.

Other than that I have little to say except that I welcome the Bill. I think it is something we have needed for many years. I congratulate the Government on bringing forward a Bill to establish such an institute, but I must say that I am disappointed to find that in the powers granted to the Director we are spoiling a good Bill by cramping the style of the Director.

At 3.38 p.m.,

Mr. SPEAKER resumed the chair.

Mr. PLUNKETT (Albert): I think the Minister went out of his way to explain in detail the ramifications of the Bill, and it was very interesting to listen to his explanation. I often think that Bills are not explained as thoroughly as they should be, and much debate takes place that would be unnecessary if a full explanation had been given in the first place.

I compliment the Minister on the new institute we are to set up. I think everybody will agree it is time Queensland established such a department because it is essential that we should endeavour to discover preventatives for diseases that are prevalent here.

From that angle the Government are to be complimented. In regard to the salary of the key man, for the moment that is neither here nor there, because when setting up a new department to deal with these problems defects that are discovered can be easily remedied. All I am concerned with is that we get the best brains possible for this work.

I agree with the hon. member for Logan that a man who devotes his life to scientific research is not a normal individual looking for financial gain. He is a man who devotes his time to sifting out matters and trying to solve problems in which he is interested. That man is a very important person and the very valuable investigations he will make will be a great assistance not only to us in Queensland but probably to Australia and the world in general and we must place him in such a position that finance will not be a worry to him. If he is to grapple with the problems of the various diseases from which human beings suffer, he must be free from financial difficulty, so that the salary given to the Director should be more than enough to leave his mind free.

Medical research will continue for all time and we know that during the past four or five years, not only from the human angle but in many other ways the position has been improved very rapidly. There are diseases peculiar to Queensland and the tropics that we must grapple with ourselves. Nobody knows what it will cost to get such an institute established and consequently it is almost impossible to put it down at a certain figure. The main thing is to have the institute established and if £15,000 is found to be inadequate it is our duty to have more

money made available. The success of the institute will be the dominating factor in the Government's decision as to the amount of money to be expended. It must not be forgotten that hundreds of thousands of pounds have been spent in curing diseases after people have become infected with them when perhaps they could have been prevented for a very small sum.

This morning the Minister mentioned the fever known as Q fever and I listened very attentively to what the hon. gentleman said because in my electorate, the Beaudesert district, several cases of this disease have occurred in people associated chiefly with the dairy industry or with animals of some kind. Certainly the disease is not a fatal one but it puts anyone who gets it in hospital for three or perhaps nine days when he runs a very high temperature. This greatly affects his vitality. If the link between the animals in the dairying industry and the men working in the industry who get the disease could be ascertained some preventive might be discovered. Even that would be well worth while.

As I see the position, it is well worth while to have all these diseases investigated, and this institute should be valuable but it must be kept as far from political influence as possible. Of course, it must be recognised that there must be somebody, somewhere, at some time, to finance this work and the person or body that finds the finance must have a certain amount of control of it.

I hope that the right man will be selected for the position of Director although I do not know where he will be obtained. We must not stint the institute as regards salary because the work he and his officers are expected to carry out may save millions of pounds. In research into Q fever and X fever alone it will be well worth while. There is a great field for investigation and I am very pleased to know that a commencement is to be made to endeavour to eliminate the causes of disease. If that can be done it will be well worth while not only for our sake but for that of the human race. I am pleased that the Bill is being introduced, I shall support it, and I hope it will have the effect that everyone desires.

Mr. TURNER (Kelvin Grove) (4.45 p.m.): The Minister is to be congratulated upon the way in which he explained the Bill this morning, and it is gratifying to hear hon. members opposite express appreciation of his explanation. I am sure the Minister has proved to every fair-minded man that he understands what it is intended to achieve by this measure.

Some objection has been taken to the site at which it is proposed to house this institute. I venture the opinion that there can be no better site than the vicinity of a large hospital, because the research workers will thus have an opportunity of seeing and studying patients suffering from the diseases that they are endeavouring to eliminate. It is not much use working in a laboratory without having the opportunity of obtaining direct evidence of the effects of the subject you are investigating.

On several occasions in this Chamber I have praised the work of Dr. Johnston and Dr. Derrick, who are employed by the Department of Health and Home Affairs. Both of those men have devoted much of their lives to research work in the interests of the community, and once again I must draw attention to the fact that they were successful in finding a cure and preventive for Q fever where American scientists failed. Some time ago I read an article in which American professors praised our two Queensland doctors for their success in this direction.

It has been suggested that the Director of the institute will be only a rubber stamp for the Minister. In reply to that criticism, I ask what interference has been suffered by the Director-General of Health and Medical Services, Sir Raphael Cilento. No Minister has attempted to interfere with him, and he has done a tremendous job for the State, despite what some people say about him. All I know about him is what I have read, and I am sure he would not be where he is today if he had not some outstanding qualifications. His talent would not be sought after in other parts of the world if he did not have some ability to do the job this Government have engaged him to do. The organisation it is proposed to set up will be equally untrammelled. There will be no interference from the Minister on the research side. The only way in which he will interfere will be in matters of policy. Someone must frame a policy for the conduct of the institute.

I repeat that if this institute is housed in the vicinity of the General Hospital it will be possible for any specialists who are attending patients at the hospital and are not getting the desired result from the treatment they prescribe to seek advice from or to call upon the services of these research workers. Too often do we find general practitioners differing in their diagnosis of complaints.

Mr. Macdonald: Specialists also do that.

Mr. TURNER: Frequently we hear of a patient going to a local practitioner who diagnoses his trouble and then, not being satisfied with his rate of recovery, calling in another medical man who makes an altogether different diagnosis. As the hon. member for Stanley says, specialists make the same mistakes, but not as frequently as general practitioners. From the Director of an Institute of Medical Research we do not expect so many mistakes in diagnosis.

I agree with the hon. member for Sandgate that the successful man will not be a man who has his eye primarily on the salary. The successful man will be what might be called the pick-and-shovel man of the profession, the man who delves, the man who wants to find some knowledge to help him out of difficulty. Such men are not concerned with salary but only with doing a real service to humanity. That is their reward and money is not likely to encourage them to like their work. I agree with the hon. member for Albert, too, that we should try to get the best man to offer his services to us. Such a man will come from the class of men who

have their hearts set on research work without any concern for monetary reward. A real research worker achieves a success, and hands it on to others and are thereby encouraged to work for greater success. The Director will be only one man in the field of medical research in Queensland and others will be needed. I am sure that the Minister has proved conclusively from his lucid explanation of the Bill that he knows what he wants and that he will select the right man as the Director. Thus we can look for success in a big way from a small institute.

I shall be very much surprised if we get medical men more capable of doing the work than our present officers, Dr. Derrick and Dr. Johnston, for whom I have the greatest admiration. They are very easy of approach at all times. They are always happy to receive anyone, to get any information from them and to give any information required. They are very keen on their jobs and eager to help humanity. If either of these gentlemen is not successful in obtaining the position of Director I hope the Minister will seriously consider them for other positions in the institute. They are men whose services will be very valuable.

Mr. YEATES (East Toowoomba) (3.54 p.m.): I have much pleasure in supporting the Bill but we must not be parsimonious about the matter. A total expenditure of £15,000 is a mere pittance. If the Government cannot see their way clear to increase the amount now, I hope they will do it later on and pay the research workers a decent salary. Let us go in for medical research properly. There is ever so much to be done. There are no end of diseases that afflict mankind for which no cures have been discovered so far. I believe in prevention rather than cure although I certainly believe in medical research of all kinds. Look at the valuable time that is lost through the common cold and influenza. It was responsible for holding up shearing at Augathella and other towns almost to a greater extent than Communism itself. (Laughter.) Valuable hours are lost by every worker who suffers from a cold, whether he is a bricklayer, a carpenter, or a man driving a sanitary van. I suppose hon. members have noticed that during the past fortnight I have been very quiet here; the reason is that I have been suffering from a cold and a kind of influenza. I venture to say that the Government, from the Acting Premier down to the private members on the Government back benches, would say that that was a great loss to the community. (Laughter.)

Hon. T. A. FOLEY (Normanby—Secretary for Health and Home Affairs) (3.57 p.m.), in reply: I desire to thank hon. members for their promise of support of this measure. Naturally, it is quite reasonable to suppose that on a measure of this sort, for the setting up of a medical research institute, we shall get differences of opinion as to how the council controlling the institute should be constituted and what its personnel should be.

One point raised by the Leader of the Opposition, and by the hon. member for Logan and other speakers, was that we should not adopt a cheese-paring attitude with regard to funds to enable the institute to operate as it should. I can assure them no cheese-paring attitude will be adopted by the Government. The mention of £15,000 budgeted for this year to carry on the institute's work is merely a figure set down at the request of the advisory committee of medical men and administrators. They are of opinion that that amount will be required by the institute in its initial stages. The budgetary system is provided for in this measure. In the next financial year, after the Director and council have been appointed, and they begin to function, a programme will be adopted. If in their wisdom they budget for more than £15,000 I can assure hon. members that there will be no cheese-paring attitude so far as the Government are concerned. If they indicate that £20,000 or even £25,000 is necessary in the early stages of the institute to enable it to operate effectively then the Cabinet in their desire to help in this and other respects will see that there are no restrictions whatever in this direction.

The Leader of the Opposition mentioned the need for greater co-operation between research workers in the medical, industrial and other branches of research work. I can assure him that I will try to inspire members of the council, who will be the governing body of this institute, with that feeling. I realise the need for it. As a matter of fact, only since the opening of this very debate I received a communication from the Secretary for Mines on the question of the appointment of a medical officer in charge of the lead poisoning service at the Mount Isa mines. It reads—

> "I desire to inform you that in the course of an interview with me at Parliament House on the 20th September, Mr. J. Kruttschnitt, Chairman of Directors. Mt. Isa Mines Ltd., raised the question of the above medical research institute's work in connection with industrial diseases, peculiar to the mining industry. Mr. Kruttschnitt said how much he welcomed the Government's move on this matter and that he considered here was a wide field of work in industrial diseases awaiting skilled research workers.
>
> "In this connection Mr. Kruttschnitt mentioned that with the resumption of his company's lead smelting, which he hoped would be early next year, it would be necessary for the Government to appoint a special medical officer in accordance with the provisions of the 'Lead Poisoning Mt. Isa Acts, 1933-1941.' Mr. Kruttschnitt made the suggestion that this officer should be a research worker associated with the Queensland Medical Research Institute and that outside of his somewhat limited work under the above Lead Poisoning Act he should devote his time to research into industrial diseases particularly plumbism and silicosis connected with the mining industry."

I can assure you that this suggestion will be submitted to the council when it is appointed. It is such a reasonable and logical suggestion and deals with research in another field connected with medicine that I think something along the lines suggested will be adopted by the council.

I might mention that already we are inviting to Queensland Dr. Robson McIntyre of the Robson McIntyre Research Institute. I understand the other States where mining is carried on also desire a visit from him in order that he may advise them on the problem of silicosis. He will deal with what is known as aluminium treatment. Either before or after the miners go to work they enter a specially prepared chamber and are sprayed with aluminium dust. Experiments carried out in Canada show that this method has a preventive action against silicosis amongst men working in a dusty area. I take it that as a result of his visit and the interest the Mount Isa mines people are taking in this question that method will be adopted eventually in Queensland and if it works as it is working in Canada the incidence of this disease will be reduced to a very low point.

I again emphasise the question of co-opting research workers in other fields. That will be brought before the council, and I feel that in their wisdom they will adopt a policy along those lines.

The question of the site of the building has been raised. On the whole it has been accepted as desirable that the building to house the institute should be in the Brisbane General Hospital grounds. There was some adverse criticism in the early stages of the discussion on this point, but we are acting on the advice of the advisory committee set up before the Bill was framed to advise myself and the Government how to approach this question so that we should be working along sound lines. The committee consisted of men who have a knowledge of research work, medical men, and University representatives, and their advice was that the building should be in the grounds of the hospital, that it should be incorporated in the planning of any new buildings by the Brisbane and South Coast Hospitals Board, and that before any design was accepted a study of the latest in research institute buildings should be carried out so that when we build we shall have something up-to-date and modern that will give the best results to those who have to work in it.

The Leader of the Opposition, the hon. member for Logan and other hon. members said that the personnel of the council that will govern the operations of this institute was not to their liking and that there should be more professional men on the council than the Bill indicates. I can assure hon. members that they can take it as guaranteed that the University of Queensland, which will have the right to nominate a representative, will nominate someone from the Faculty of Medicine; consequently, he will be a professional man. The nominee of the Department of Health will be a professional man. The nominee of the Minister may or may not be. We shall naturally have to have some balance. I think you can overdo a leaning in one direction, so it may be necessary to have a layman or two. I think you can take it as a certainty that the nominee of the Brisbane and South Coast Hospitals Board will be the superintendent of the General Hospital. It will look to him to arrange the greatest possible co-operation and co-ordinate the efforts of the institute with those of the hospital, particularly when they affect certain clinical investigation, which will be of advantage not only to research workers but to medical men on the staff of the hospital.

The same would apply to the British Medical Association and to the Mater Misericordiae Hospital. Their nominees will certainly be professional men. That will give a fair standard, and the combined wisdom, I think, will eventually result in the adoption of a sound policy for the guidance of the council generally in the research work that will be carried out.

Some reference was made to the fact that the British Medical Association has criticised the department's method of establishing boards or councils as not being in the best interests of the hospital system, and the statement was made that Queensland lags far behind other States. I can assure hon. members that had they attended the conferences that I have attended quite recently and for the past 18 months and gained a knowledge of the conditions existing in other States, they would change their minds as to the standard of hospital services and medicine in Queensland. We are miles ahead of the other States in that respect. In the other States they work on the honorary system, and to such a degree that only this morning the Press stated that the Federal Government have announced that they are willing to make an advance of £500,000 to enable the various States, other than Queensland, to adopt the Queensland system of paying visiting or part-time doctors as they should be paid. What practitioner giving honorary service to a hospital, perhaps three afternoons a week or every afternoon in the week, will treat persons free under what is known as the new set-up in the public wards of hospitals if in his own opinion many of such patients could meet his account privately? We in Queensland adopted the principle of payment many years ago and with such success that now the remainder of the Commonwealth is to follow the example.

I feel the fears of some hon. members that the Director will be handicapped or restricted will not be realised in the actual practical working of the institute. On inquiry I find that there has never been the slightest restriction on the laboratory at the department, which is furnished with equipment running into between £40,000 and £50,000, acquired over a number of years, and staffed with an army of analysts, pathologists, and bio-chemists and others dealing with all kinds of work brought in from various industries and sources. So much is this so that Dr. Derrick and others have been able, notwithstanding the disabilities existing there as compared with many other research institutes in

the world, to contribute a splendid quota to the knowledge of the medical world in regard to certain diseases, such as Q fever and Weil's disease. Dr. Derrick assures me that never has he been restricted in any way by the departmental Under-Secretary, the Director-General of Health and Medical Services, or any other officer of the department.

It is desirable in the interests of the democratic system under which we live today that there should be a link between any organisation and the Minister and through him to Parliament. For instance, what would have been the position if the Brisbane and South Coast Hospitals Board had been altogether free of the ministerial head of the Department of Health, when an attack was launched on its administration some time ago? That board could have snapped its fingers at Parliament and at the Government, and told those who criticise to mind their own business. But as things are, when an hon. member raises a question of mal-administration or neglect, or any other factor, in connection with any of our departments, the Minister concerned is in a position to investigate the complaint, and if the criticism is warranted, rectify the evil if it exists. That is as it should be. The principle suggested by the hon. member for Logan, under which the research workers would have a free hand, as it were, without any tie to any department, would be most undesirable in our present governmental system.

I come now to the question of the salary to be paid to the Director. Here again we are acting upon advice, although I admit that we departed slightly from the advice received. The committee that was set up earlier to guide us recommended a salary ranging from £2,000 to £2,500 but we felt that we could get good men for about £2,000. I think it will be found that in the various research institutes throughout the world, even in Australia, there are deputy directors and research assistants who have just as much experience as the directors of their institutes but who have had to take second place because only one director is required for each institute. Many of these men will be desirous of finding greater scope for their work and I can assure hon. members that all applications received will have the closest attention and we shall seek advice from a committee that is in a position to guide us as to the suitability of the applicant.

Mr. Pie: Have you any idea as to who will be on that committee?

Mr. FOLEY: No, I merely mention that off-hand. I take it that we shall have something similar to the committee that advised us in connection with this Bill.

Hon. members have no cause for fear that there will be any restriction or tie on the Director. We have endeavoured to lay down rules as to who shall be in charge of certain sections of the institute staff and who shall be in charge of others. In our new regulations for hospital administration we provide that the medical superintendent shall have full control of medical matters, the matron in charge shall have full control of nurses subject to the direction of the medical superintendent, and the managing secretary shall have charge of all other male and domestic staff and all matters connected with general hospital administration. He in turn will be responsible to the chairman of the hospitals board. Under such a system the medical superintendent and the matron are relieved of administrative burdens surrounding the management of a hospital. The same system will apply to this institute. I feel certain that the council in charge of the institute will take all steps necessary to straighten out any anomalies that may arise. Common sense will prevail in all these matters and we should get satisfactory results. We do not want to have the Director, Deputy Director, or research workers burdened with the many administrative matters that will arise in an institute such as this. Those troubles will be the responsibility of the managing secretary who will be responsible to the chairman. It is only natural that the council will be advised by the Director on any research campaign. I feel that under this system we shall we able to contribute our quota to the sum total of the world's future medical knowledge. Hon. members need not be afraid of anything.

Mr. Wanstall: What is your attitude towards an exchange of medical research officers with similar institutes overseas?

Mr. FOLEY: That may be good, but it will be a matter for the council. We do the same today in Queensland with the Police Force, members of which periodically do exchange duty in New South Wales and Victoria, while representatives of the Police Force from those States do exchange duty in Queensland. In that way valuable information is gained. If the council of the institute thinks that it is desirable to arrange for an interchange of research workers it is purely a question for them to make the necessary arrangements and I am sure that any sensible proposals will be endorsed by the Government.

Motion (Mr. Foley) agreed to.

The House adjourned at 4.24 p.m.