

Queensland



Parliamentary Debates  
[Hansard]

**Legislative Assembly**

**THURSDAY, 18 OCTOBER 1945**

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# Queensland Parliamentary Debates.

## Legislative Assembly.

### SECOND SESSION OF THE THIRTIETH PARLIAMENT

Appointed to meet

AT BRISBANE ON THE FOURTEENTH DAY OF AUGUST, IN THE NINTH YEAR OF THE REIGN OF HIS MAJESTY KING GEORGE VI., IN THE YEAR OF OUR LORD 1945.

[VOLUME 2.]

**THURSDAY, 18 OCTOBER, 1945.**

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

#### QUESTION.

##### PRICE OF MACARONI.

Mr. PIE (Windsor) asked the Acting Premier—

“With a view to preventing the exploitation of the Queensland public, will he ascertain from the Price Fixing authorities the circumstances which influenced their decision in granting permission to a macaroni manufacturer in Innisfail to sell to retail stores bulk macaroni whilst such goods were in short supply because of service demands at 12s. 8d. per 22-lb. case, cartage Innisfail, plus freight to Brisbane, plus 12½ per cent. sales tax, costing into store 18s. 2d. per case, as against the cost of similar goods from Melbourne at 7s. per 22-lb. case, f.o.b. Melbourne, costing into store 9s. 7d. per case, a difference in the f.o.b. cost of approximately 80 per cent., and in the landed into store cost of approximately 88 per cent.?”

Hon. E. M. HANLON (Ithaca) replied—

“The prices of all commodities are controlled, under the National Security (Prices) Regulations, by the Commonwealth Prices Commissioner. Consequently, I am unable to inform the hon. member of the circumstances which influenced the Price Fixing authorities in determining prices for macaroni manufactured in Innisfail. I will submit his question to the Commonwealth authorities.”

#### USE OF PARLIAMENT HOUSE.

##### MR. SPEAKER'S RULING.

Mr. WANSTALL (Toowong) proceeding to give notice of a question directed to the Acting Premier concerning the holding of a meeting of the Queensland Central Executive of the Labour Party at Parliament House—

Mr. SPEAKER: Order! As the hon. member should know, the control of Parliament House is under the direction of Mr. Speaker.

1945—21.

Mr. WANSTALL: May I be permitted to direct my question to yourself?

Mr. SPEAKER: Order! The hon. member should consult May.

#### PAPERS.

The following papers were laid on the table and ordered to be printed:—

Report of the Agricultural Bank for the year 1944-1945.

Report of the Department of Harbours and Marine for the year 1944-1945.

Report upon the operations provided for by Part III.—Aid to Development, of The Financial Arrangements and Development Aid Act of 1942 for the year 1944-1945.

Report of the Department of Agriculture and Stock for the year 1944-1945.

#### AUDITOR-GENERAL'S REPORT.

##### DATE OF PRESENTATION.

Mr. NICKLIN (Murrumba): Mr. Speaker, would you inform hon. members whether the Auditor-General has advised you when his report will be presented to this House?

Mr. SPEAKER: In reply to the Leader of the Opposition I desire to say that the Auditor-General, Mr. J. D. Ross, intimated to me that his report will be presented tomorrow.

#### SUPPLY.

##### RESUMPTION OF COMMITTEE—ESTIMATES—THIRD AND FOURTH ALLOTTED DAYS.

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

##### ESTIMATES-IN-CHIEF, 1945-1946.

DEPARTMENT OF HEALTH AND HOME AFFAIRS—CHIEF OFFICE.

Hon. T. A. FOLEY (Normanby)—Secretary for Health and Home Affairs) (11.8 a.m.): I move—

“That £196,902 be granted for ‘Department of Health and Home Affairs—Chief Office.’”

Hon. members will notice that there is an increase of £10,041 over the amount expended

for the year 1944-45. The amount of appropriation is really a decrease of £67,590 on the appropriation made for 1944-45. A considerable saving in the amount expended compared with the appropriation for 1944-45 has been effected by the saving in—

“(a) A.R.P. expenditure, £36,064;

“(b) Queensland Radium Institute, £12,467;

“(c) Salaries, £10,295 (due to the absence of officers on war service).”

The increase in the amount required for 1945-1946 is due mainly to—

“(1) (a) The increased salaries consequent on the new awards, amounting to £17,315, (b) provision for payment of salaries to officers not paid last year owing to their absence on war service, and

“(c) An increase of eight in staff provided.

“2. Granting of 10 additional State Service Scholarships as from 1 January 1945 and provision for another 10 scholarships as from 1 January 1946—£3,381.

“3. The additional amount required for the Queensland Radium Institute is £5,467. The total amounts to £26,163.

“Less reduction in amount required for—

	£.
Air raid precautions ..	9,921
School health services ..	4,035
Other decreases ..	2,166

£16,122”

Deducted from the other items I have mentioned it means an increase of £10,041. The total increases as far as Salaries, Chief Office—General Administration is concerned, are made up by the additional staff comprising three clerks, one clerk typist, and a chauffeur, three of whom (one clerk, a typist, and a chauffeur) were previously paid from contingencies.

Under the heading of “Salaries, Medical,” an industrial-hygiene health officer has been provided at a salary of £382. I might mention that Dr. Reye, a promising young doctor, was originally appointed to the industrial-hygiene staff and has carried out some splendid work during the few years he was there. He is being relieved to devote the whole of his time and attention to the treatment of lepers at the lazarets on Peel and Fantome Islands as well as to do research work in leprosy, very little of which is being carried out in the world today. This has necessitated putting someone in his place. Of course we must have someone who is a specialist in this work.

To date the work of the Industrial Hygiene Section has been very interesting. Lead poisoning in the shipbuilding trade had to be tackled, and where there was a possibility of industrial strife and trouble consequent on negotiations between the parties concerned committees were set up with a view to improving the position by eliminating fumes as much as possible. The problem of silicosis in foundries also is being tackled and intense investigation is being done at present. Many

minor tasks have been performed and reports submitted to the employers and unions concerned, allaying many fears on the part of employees that the work they were doing was responsible for certain industrial diseases. In some instances methods of preventing recurrence of the trouble have been prescribed by this section, and in other instances it was found that the work was not responsible for the trouble.

In the Laboratory of Microbiology and Pathology provision is being made for a third typist. In the Enthetic Diseases Section the number of staff required is the same as that of 1944-45. Although there has been a certain falling off in the incidence of enthetic diseases we still require the same staff to carry out the work because such cases require a good deal of attention and medical care. The Government Analyst requires one analyst, one cadet, and one attendant in addition to those he had last year.

Here again some very fine work has been carried out by the staff, notwithstanding its depletion during the war period, in helping the military authorities by testing and analysing food for the troops as well as for civilians.

The Lock Hospital at Fantome Island was costing us in the vicinity of £6,000 a year. As a result of investigations made by our medical staff into the work done there and the treatment of diseases with sulpha drugs and penicillin, the milder cases have been cleaned up and some of the cases that are described by the medical men as granuloma were transferred to Palm Island. The more acute cases have been transferred to the Brisbane Lock Hospital where it is hoped that they will be cleaned up in the course of several months. The result of all this has been that we have closed the Lock Hospital at Fantome Island and we feel that most of the current cases of venereal disease that occur amongst our aboriginals can be treated by local men with penicillin. Other cases can be confined on Palm Island, where provision can be made for any isolation that is necessary. We are pleased that we have been able to reduce the number of cases to such an extent that it has been possible to close the Lock Hospital on Fantome Island.

Provision has been made in the schools section for a dental inspector, a clerk-typist, a rail-clinic attendant, and one dental mechanic. As Minister of this department I am constantly interviewed by both Opposition and Government members. I know that the shortage of medical or dental clinics in various parts of the State has been great. It has been almost impossible to overcome the trouble. We have done our best by arranging for dentists in one centre to visit other centres. We have provided them with tyres, petrol and all other necessary transport facilities in an effort to give some service to those people who had no dental attention whatsoever. As military releases are made we are endeavouring to bring our staff back to normal numbers, and this

additional inspector is the first move in that direction.

The number of staff required for the Wilson Ophthalmic School Hostel will be the same as last year. Here again a very fine job is being done. If any hon. member has not already done so I recommend that he visit the institution at the first opportunity to see the fine work being done there for the children who are suffering from trachoma, a severe form of eye disease contracted mainly by children in the West. On my last visit there they had 37 children from Mt. Isa, Charleville, Cunnamulla, Quilpie, and many other western parts of the State. At this institution the children receive the best of care and attention and have the advantage of school facilities while undergoing treatment.

Under the heading of "Contingencies," the amount required for general administration is £37,358, a reduction of £46,842 on the appropriation of last year. Actually, we expended £15,706. The reduction in the amount required for contingencies is due mainly to the lesser amount needed this year incidental to air-raid precautions.

I think I have given a fairly extensive review of the position. I have here a list of increases and decreases under the main heading of "Contingencies" and if any hon. member deals with any of those items, I shall be able to give any necessary information.

**Mr. MAHER** (West Moreton) (11.21 a.m.): The hon. the Minister controls a very busy department of State. It concerns itself with the cure and prevention of disease in the community and it extends acts of mercy to many unfortunate people. A study of the workings of the department must bring satisfaction to the minds of all people who are mercifully inclined and who desire to see the health of the community maintained at the highest possible level.

There is one matter on which I should like to have some information from the hon. Minister. It relates to a statement in the Press several months ago that it was proposed to establish a sanatorium at Lutwyche, at a cost of £250,000, for the treatment of those amongst us who are unfortunate enough to suffer from tuberculosis. I question the wisdom of the expenditure of a quarter of a million pounds for the erection of a sanatorium in the humid coast area of Southern Queensland. It is opposed to the result of all my experience and study of the treatment of tuberculosis to have sanatoriums for such a purpose erected anywhere along the coastal belt. I understand that the medical profession throughout the world recommend that persons who suffer from this dreadful complaint should live in far inland areas where a hot sun and a dry climate prevail. In Queensland that has usually been interpreted by the medical profession to mean the part of the State west of the Great Dividing Range. A sanatorium was established at Dalby for a particular purpose, but I do not know whether even Dalby is sufficiently far inland

to give the necessary conditions for the most suitable treatment. A former member of this Parliament told me on one occasion that he left England on the advice of the medical men he consulted there in his youth. They told him to come to Queensland and live far inland as he was in an advanced state of tuberculosis. He took the advice and booked his passage to Queensland. He landed at Rockhampton and subsequently went to Longreach. He lived in Longreach until, after several years, the disease entirely left him.

That shows that it was the hot dry air at Longreach that provided him with the cure of his disease. From lengthy observation of tuberculosis sufferers living in the coast areas and inland and taking into account the opinions of medical men from time to time I hold the view that if this sanatorium is erected at Lutwyche all that can happen is that the sufferers would get treatment there and that there would always be sufferers there; there would be no cure. If the Government merely want to provide a sanatorium in the nature of a home at a cost of quarter of a million of money where treatment can be given to quite a number of people suffering from the disease they would always have sufferers, but if it is the intention of the Government to cure the people suffering from the disease then I submit they should build the sanatorium where the natural conditions will help the sufferers to throw off the disease. That is the important difference.

**Mr. Walsh:** And who is to be the judge of that.

**Mr. MAHER:** Common sense is to be the judge. The Minister must have known of many people suffering from tuberculosis who have been cured by living in the hot inland districts of Australia. I personally know of many people who have been completely cured because they left the parts of the State that brought on the disease to live in the West where finally they were able to throw it off altogether. To say, as I understand the present Hospitals Board did say, that past experience has been that T.B. patients being sent to sanatoriums in remote parts of the State did not like it as they were too lonely and too remote and that they came back to be closer to their relatives and friends, prompts me to say that apparently such patients are not entitled to consideration at all. If a person is not willing to help himself to get rid of the disease he is not entitled to consideration. Moreover, he is a danger to other people in the community in that he may infect others. After all, we owe a duty to society as a whole and I submit that it is right and proper that a person certified as suffering badly from tuberculosis should be segregated from the rest of the community under conditions that will help him to throw off the disease altogether. In the belt of great humidity round the city or along the coast what chance has anyone suffering from a lung complaint like that of securing any surcease of the disease? I should say none

at all. The common-sense opinion of anyone who has had any experience of people suffering from this disease is that the coast belt is not the right place for the institution.

I hesitate to express this opinion but I am afraid the unfortunate people who suffer from tuberculosis are being offered up as victims to greedy commercialism, that there are people in the city of Brisbane who want to see big Government buildings established round about it, such as will distribute large sums of money and help build up the profits of people engaged in industry. I have my own opinion about this and I shall say it.

Therefore, I ask, why spend a quarter of a million of money on a sanatorium in a climate that medical opinion throughout the world says is unsuitable for the cure of tuberculosis? Let the Government give their own explanation, but that is my opinion. Why spend this quarter of a million of money at Lutwyche? Why not spend it at Longreach or Roma? And why not send sufferers from tuberculosis out to an institution there to give them a chance to get better, and not keep them in misery in a climate that will have no curative effect on them at all?

This is a serious matter to the unfortunate sufferers from tuberculosis. I ask the Minister to lay on the table of the House the recommendations of the Brisbane Hospitals Board in which it made this extraordinary recommendation to the Government to build a sanatorium at this cost in a climate such as this. I say it is wrong and calls for further investigation.

**Hon. T. A. FOLEY** (Normanby—Secretary for Health and Home Affairs) (11.31 a.m.): I would point out to the hon member that first of all he is not an authority on this subject; nor do I pose as an authority. The first thing that was done after Cabinet had agreed to fall into line with the proposals of the Commonwealth Government, in which it was pointed out that they were willing to subsidise the State to the extent of £50,000 per annum on a pound for pound basis for the treatment and diagnosis of tuberculosis, was to find out the right way to attack the whole problem of how to proceed. We passed the matter on to the Brisbane and South Coast Hospitals Board which in turn referred it to their advisory committee consisting of medical men who have the opportunity, if they are not specialists in the subject like this, of obtaining specialised advice. They eventually made a recommendation not because they desire to see the institution specially erected in Brisbane, but because from their specialised knowledge and years of experience they find that today, with the scientific methods of treatment now available, it does not matter whether a patient suffering from tuberculosis is treated on the coast or in the Alps in Switzerland. That is due to the advance made in medicine.

The economic side of carrying out such a tremendous task as treating the tuberculosis patients in our midst must also be considered. There must be access to transport. There must be electric power and light, water, and

all the other amenities necessary. All of these are available here. There is also the factor that we have found from experience that the Westwood sanatorium in Central Queensland, which was established a number of years ago to treat tuberculosis patients, notwithstanding all the difficulties and the prevailing opinion that such patients required a dry climate, a bush atmosphere and so on, suffered tremendous disabilities from transport and upkeep. After having gone to all the trouble of establishing the sanatorium, we have never been able to fill it to its capacity. On the last occasion I paid a visit there it contained 37 patients, although it was capable of accommodating 80 to 100. One of the reasons for the paucity of patients is that sufferers will not go any great distance from their homes, their relatives or their friends, for treatment. That has been discovered from actual experience. As a result, they have had ordinary hospital accommodation and eventually developed into chronic patients.

Our object, and the object of the Commonwealth, too, is by mass radiography of the population to get a close knowledge of tuberculosis patients and their contacts. The idea is to get the cases in their early stages and examine the younger groups who are likely to be affected by tuberculosis so that those who are affected may be treated quickly by the latest scientific methods. As I pointed out, according to experts today, it matters not whether you are in a humid climate or a hot dry climate, on the Alps in Switzerland or the Himalayas. They find that by collapsing the lung they can cure some patients. The collapsing of the lung has some effect on the bacilli that causes the disease; it dies because it is not fed with the blood of the patient and a cure is thus brought about. Immediately that stage is reached the lung is inflated again and then the other lung is treated. Medical men have carried out wonderful work in the sanatoriums throughout the world and even in Australia. One of our medical men, Dr. Johnson, is at present in the South receiving treatment and he is making headway.

I can assure hon. members that the Government are not acting on the advice of laymen but on the advice of medical men who are able to obtain the opinions of specialists, and they have recommended this site because of its convenience and proximity to the population from which the patients will be drawn. According to the latest scientific knowledge, it matters not where you treat the patient, whether it is on the coast or in a dry climate. It is true that the hot climate has a curative effect upon people suffering from bronchial and asthmatic troubles. One can notice, if one has a bad cold and leaves the city and goes into a western climate, it clears up almost overnight. That applies to common ailments such as bronchial and asthmatic troubles, but when you get to the deep-seated troubles, when the bacilli have lodged on the lungs and are feeding on the blood-stream and sapping the strength of the patient, it is a different matter. We have the best advice at the General Hospital, where there is an advisory

committee on this question, and naturally we must take notice of its recommendations.

**Mr. EDWARDS (Nanango) (11.38 a.m.):** I desire to commend the Minister on the public work he is attempting to carry out. Every job that I have seen the Minister tackle since I have been here has been tackled wholeheartedly, and he appears to be absolutely sincere in his desire to do whatever he can in the interests of the community.

I think the argument he has used in connection with the disease has a bearing both ways. It seems to me the Government have decided to spend this large amount of money because they honestly believe that it is better to have the patients in the vicinity of the city.

**Mr. Foley:** That is one factor.

**Mr. EDWARDS:** That is a big factor—to have them where the work can be carried out and they can be given the treatment the medical people think is essential. As far as the other side of the question is concerned, I am wholeheartedly with the member for West Moreton. I say emphatically that a dry climate acts as a cure in some cases.

Hon. members know of notable personages who were told they had only a certain time to live unless they went to a different climate. They left the British Isles and lived in one of the colonies and eventually were absolutely cured, and did splendid work for the British Empire. There is no greater outstanding example of this than the late Cecil Rhodes. Of course I have read about many others, and I suppose other hon. members have too. They know that Cecil Rhodes, after being told that he had no possible chance of recovery, or even a chance of any length of life in the Old Land, went to Africa and there did wonderful work. He absolutely made that country. After being there a few years he became a healthy man again. Hon. members can thus see that the argument cuts both ways and the Government have to decide whether in the interests of the patients it is best to have them located where they can receive medical attention—and that is desirable—or whether it would be best for them to have the benefit of the dry air of the western parts of the State. Personally I think that if it was possible to give these patients the most up-to-date attention under dry climatic conditions it would be much better for the patient. In fact, I think that would be the only chance of effecting a cure in most cases—having them in a locality in which the air is dry. That would give them a chance of life.

**Mr. HILEY (Logan) (11.42 a.m.):** I have no observation to make concerning the location of the institutions for the treatment of T.B. in this community, but wherever sanatoriums are situated there is one very important factor in their treatment, irrespective of whether they are on the South Australian border or on the mud flats at the mouth of the Brisbane River, and that is that it is necessary so to regulate the affairs of the patient that he is relieved of all

worry while undergoing the treatment. I understand that all medical authorities agree that the absence of worry is a pre-requisite to the successful treatment of T.B. I can give the Committee an instance that arose in my own constituency. Because of recurrent illness in his family the man I have in mind, although he had been constantly employed over the past 15 years, had not had any opportunity of accumulating any real savings that would tide him over the period of his treatment. His case was diagnosed early and he was recommended to enter Westwood Sanatorium. He attended at the Department of Public Health and received the form to be completed before entering that institution. It became perfectly clear to him—he had a wife and two children—that if he went to Westwood for treatment, during the months of his treatment there he would be subject to constant worry, knowing that his dependent wife and two children would be under a very hard strain to carry on and what little assets he had would have to be disclosed to the department and be subject to the risk of charge in order to recoup the State for the cost of his treatment. I was able to make arrangements for that man to go into Western Queensland to work. The doctor said it was a hazardous experiment, that it would be better for him to go to Westwood and be under full treatment but he recognised that if the patient went to Westwood for treatment he would be subject to worry whereas if he went working and earning an income he would not have financial worry that he would otherwise have. I am happy to be able to say that after some months in the West he has come back and been examined by the doctor and that the experiment has succeeded.

This experience left me with the thought that it is not sufficient to provide the ideal means of treatment of tubercular cases, that it is also very necessary that we set out to provide something extraordinary in the way of financial aid in order that a tubercular patient with dependants should be saved every bit of worry about what is happening to his wife and children during the period of his treatment. While he is in the institution he should not have to feel that he is running up a debt that he will have to tackle when he returns well again. No doubt a great deal of sympathy is extended to these cases, but I suggest it should go beyond the question of sympathetic treatment and extend to remission of debts or any other method of easing the burden, and that when a tubercular patient goes to any of our institutions he should feel positively free and apart from any financial worry not only for himself but also his dependants.

**Mr. KERR (Oxley) (11.46 a.m.):** One point that occurs to me is the desirability of minimising the spread of infection from inmates of institutions such as these. For that reason the question of placing an institution in the heart of a thickly-populated area should receive very serious thought. I agree that these people cannot be segregated entirely, but there are many places in and around Brisbane that are not so thickly

populated as Lutwyche and South Brisbane. I leave that thought with the Minister, and I compliment him upon the lucid explanation he has given of the position; after all, that is only what he does on every occasion.

**Mr. COLLINS (Cook) (11.47 a.m.):** I do not think there has been a time in the history of Queensland when hospitalisation has reached the high standard it enjoys today. I do not say that we have reached the stage where it is possible to cure all these complaints, but at least we are further advanced than we have ever been. No doubt the knowledge gained during the war has helped to advance medical science greatly.

We are trying to extend the right of hospitalisation to every person in the community irrespective of what his complaint or financial position may be. As the hon. member for Logan said, worry in any shape or form is prejudicial to cure in many cases, but I do not think anything has been done in the past to relieve patients of financial worry more than our recent legislation for the provision of free hospital treatment to every person who enters a public ward. I do not say that relieves a person entirely from the burdens of business, for instance. I do not know how the department could run a man's business and relieve him of that financial worry, and I am not sure that the hon. member for Logan had that in mind, but the Government are doing a great deal to relieve people of financial worry because of the cost of sickness.

One section of the department that has been giving excellent service is the State Schools Health Services Branch. This applies in particular to the outback where, because of their isolation, the parents of children are unable to obtain the services of local dentists. The treatment given in the past has been very helpful. The only thing wrong with it is there is not quite enough of it. I notice that the vote this year is increased by approximately £3,000, although the appropriation last year was not spent. We have not to look very far to find the reason. No doubt it was due to the fact that dentists were not available last year on account of the demands of the war services.

I should like to suggest that in outback places not even visited by dentists possibly more attention could be given to the treatment of children in the schools. The lack of such facilities is one of the reasons why many families are leaving the outback to come to the cities, where more opportunities for the treatment of the sick exist. Families are the most desirable people to have in those areas and I think we should do everything possible to get them to remain there. If more regular visits of dentists at closer intervals could be arranged at those outback schools, I feel sure it would be very helpful to the parents there.

In order to bring such a desirable state of affairs about I suggest to the Minister that in what might be termed sub-sections of the outback, where there are towns that support one or two dentists, who in turn visit

other small towns once a week, once a fortnight, or once a month, those dentists should be called upon to relieve as part-time school dentists. They could take the place of the departmental dentist who spends the whole of his time visiting various places. That would allow the departmental dentist to visit more isolated places where no dentists ever go and where the people have to wait for treatment until the departmental dentist pays them a visit or make a special visit to a town or city.

I believe also that in such places the dentist could devote some of his time to the treatment of adults. I understand it is done now, although I do not know whether it is officially sanctioned or not. Probably the dentist treats the adults out of his ordinary hours. I do not think it would occupy much more of his time if he was called upon to treat adults, because the population in those remote areas is very small. The dentist may have to wait two or three days to get transport from one place to another—trains do not run daily, and in some places they run only once a week—and he could be usefully employed the whole time. Co-operation in that direction would add very little expense to the State, but it would help to improve one of the many valuable services given by the department.

I understand that the use of the new drug penicillin has made it possible to treat infected teeth very much more effectively than previously, but my main point is that we should make better use of the private dentists who visit country towns and country places from time to time. That would relieve the full-time public dentist and allow him to make more regular visits to the outback.

Another thing that we must not lose sight of at present is the incidence of the dread disease of infantile paralysis. I read in the Press this morning that 71 persons have been afflicted in Queensland so far this year. That is a very serious thing.

Everyone realises the seriousness of the disease and efforts are made to provide the best possible treatment but I should like the Minister to tell us exactly what is the position concerning the Kenny clinics. Sister Kenny has done a wonderful service to this State in connection with sufferers from this disease and indeed a wonderful service to the Commonwealth and for that matter the world generally. Her name and fame have extended far beyond the confines of Australia but it would seem that she has had a very difficult time in the land of her birth in establishing her claims for the treatment that she recommends. It seems a shame that she should have to go to far-off America to receive recognition from probably the highest medical circles in the world for her method of treatment and to be acclaimed as probably one of the greatest medical discoverers of her time. That is a grand thing to be able to say of one of our citizens. I understand that Sister Kenny is to go to Norway and Sweden, both very health-minded countries, that look after the rank and file of their people to a particularly high degree. It does

seem a shame that Sister Kenny did not receive the recognition from the medical profession in this country that she is receiving from them in foreign countries. Just what is the reason for that? What is the matter? Is it jealousy or is it lack of appreciation of her methods? Just what is wrong?

**Mr. Luckins:** We are very backward in scientific knowledge.

**Mr. COLLINS:** I am not going to lay any charge against the medical profession—I feel that I am not competent to do that—but as a layman I am certainly entitled to ask what is the reason why Sister Kenny should be exiled from her country? After reading a number of articles that have appeared in the Press from time to time by people who have a knowledge of what Sister Kenny has done I want to know what has happened to her. I make this inquiry in my search for the truth concerning Sister Kenny. She made the statement in America not so long ago, “I will come back to Australia when I am invited.”

**Mr. Pie:** She wants to come back.

**Mr. COLLINS:** I do not know why a native of this country, one who has done so much to improve medical treatment, especially in relation to such a terrible disease as infantile paralysis, should be an exile from the land of her birth. If there is anything lacking on the part of the State or the medical profession in the courtesies that should have been extended to her before, if we have done anything wrong by Sister Kenny, then we should try to make amends now. I know that at one time her treatment was available in many parts of the State. There is a Kenny Clinic in George Street, Brisbane, and I understand that there were Kenny wards in public hospitals to provide the Kenny treatment for anyone who desired it. I know that there was such a ward at the Cairns general hospital and I believe one at Townsville too. I should like to know whether these wards are still operating and I should like to know more than anything else if there is a trained staff to cope with the disease when it raises its ugly head as it is doing today. I should also like to know, because many people are inquiring, to what extent the medical profession today are advocating the system of treatment and training developed under the system established by Sister Kenny, which has received wide recognition in America and other countries. I feel that some injustice has been done somewhere to Sister Kenny. If that is so, we should try to make amends in the future and give her the recognition she is entitled to in this country, a recognition at least equal to that she has received overseas.

**Mr. DECKER (Sandgate) (12.1 p.m.):** I have always endeavoured to support the Minister on any vote that benefits the health services of this State, because I feel we cannot be niggardly about costs in such matters. When we come to consider the Estimates of his department in this respect it would be bad form for anyone, unless he possessed evi-

dence of waste, to count cost against public health. There is, however, a lot of disquiet in the minds of myself and other hon. members and a number of other people, too, as to how sites for the establishment of these institutions are selected. The hon. member for West Moreton mentioned the establishment of a T.B. home at Lutwyche. That area happens to be part of the Sandgate electorate which I represent. I have not raised objection to it, and I should not do so if it was the considered medical opinion that it was the most suitable site for a sanatorium. Some area must house such an institution and it is not for us to say whether we like it or not. To me it is a question whether it is the best place in Brisbane for this institution. I know the site very well, and I think it an ideal one. If medical opinion supports an institution near the coast rather than in centres away from the coast, then I will not pit my opinion against that of experts. It is a strange thing, however, that almost every person suffering from T.B. that I know of has been ordered by his medical adviser to get right away from the coast. There is no doubt about that. So on that aspect the hon. member for West Moreton may be justified in his fears. On the other hand, we have the assurance of the Minister that experts selected this site; therefore it is not for us to quibble.

**Mr. Edwards:** What about the patient and isolation from his family?

**Mr. DECKER:** If I were a T.B. patient and had my family here in Brisbane I should do my best to go right out into the dry areas. The only objection to that would be the separation from my family. If I was able to take my family with me and get them accommodation I should be happy. If I could not do that and I was, as the hon. member for Logan suggested, worried financially because I was ordered away, it would, as he pointed out, have a retarding effect in curing the disease. Financial worry adversely affects any patient, especially if he is separated from his family. The case stated by the hon. member for Logan is not an isolated one. What he stated happens generally to any man who is ordered to a sanatorium away from his home environment. Our first consideration then should be whether means cannot be devised to relieve a patient of financial worry while he is under treatment. It might be advisable for us to give consideration to methods to bring about that happy result.

I have no objection to the site for the T.B. sanatorium in the Sandgate electorate, as I said before; but I do raise an objection to bringing the people from Dunwich to a home at the Air School. I do not say that because I am in any way against the aged people. The Acting Premier charged me with wanting to rob those old people of a home and a drink, but he did not give a fair interpretation of my remarks. In that regard I point out that they are not allowed drink at Dunwich. If you go down on the boat you will find that the ticket expressly gives a warning to everybody not to take

liquor to the island. The attack of the Acting Premier on me was cheap and it did not reflect the words I uttered. I said that the inebriate section of Dunwich should not be housed near a hotel. Hon. members can see that in "Hansard." I do not think there is a man in this Chamber who would say that it is in the interests of an inebriate that he be housed in an institution adjoining a hotel.

When we look at the home for aged people at Dunwich, what do we find? We find there are three different sections of patients. We have the inebriates, the aged people, and those who are mentally ill but not sufficiently so to be sent to Goodna. The latter are housed at the intermediate institution at Dunwich amongst the inebriates and aged people. If we move Dunwich to the mainland we do not want to have an institution after the style of a prison because that would provide no better conditions for the inmates than they have at present. We should make provision for three sets of people. We should create an inebriates' home separate from that for the aged people. We should also have what has been a crying need for many years—an intermediate institution so that those who are mentally ill but not ill enough to be admitted to Dunwich could be admitted to that institution. To move Dunwich as it is to the Air School at Sandgate would mean bringing those three sections together. It would mean that the Air School would have to be fenced off and guarded and all the inmates would not have access to the town.

My idea of an institution for aged people coincides with the statement made by the Minister yesterday when he said he thought they should be housed in modern brick structures. That is why I objected to the Air Centre in its present state. If the Minister intends to remove the unsightly temporary structures and put up a modern brick structure then he will be carrying out what I previously suggested in this Chamber, which was ridiculed by the Acting Premier. I still maintain that it is not a good site for the people. It is all very well to say how nice it would be for them on the sea front. How many of those aged people ever bathed at Dunwich? Much is said about the beach surrounding this area, but the tide comes right up to the sea wall and no beach is visible at high tide. I doubt if they could make their way down the concrete steps, and if they did they would have to face the rough sea with no beach but only a stone wall at the back with 3 feet of water running up to it. It is ridiculous from that angle. It is not to be a home for young people and very few of these elderly people will want to bathe. If they do they like placid waters.

The area is not suitable from the point of view also of the great traffic dangers that surround it. The Hornibrook Highway runs past virtually the whole length of this area. Apart from the noise of traffic night and day and the nuisance that it would cause to elderly people who want peace and quietness, I might mention that there have been

a great number of fatal accidents in the vicinity, even with the restricted traffic during the war period. The matron of the home would be greatly worried by knowing that her elderly charges were loose and subject to the menace of heavy traffic. The traffic must increase, and on the return to normal times it will be a positive danger to old people. They need protection.

In addition to that, no-one can tell me that the area is suitable from the point of view of health. It is a swamp. The central part of most avenues in Sandgate are built on what was once marsh land. The area is damp, in spite of what anyone may say to the contrary. I have had long years of experience in Sandgate, and know what I am talking about. On any of the sites in this area one can throw down a bag in the afternoon on what appears to be dry ground, even under a house, and it will be damp in the morning. That is why so many people there suffer constantly from colds. Many of the younger people living in that area are continually suffering from colds, nevertheless it is proposed that elderly people should live there. This would be detrimental to their health.

Apart from the lowness of the site and its unsuitability because of the road traffic, there is also, as I have mentioned, the nuisance of noise. The Government will be making a tremendous mistake if they locate the home in that area. This is not a small institution, there are 750 odd patients at Dunwich.

**Mr. Aikens:** Incidentally, there would be 750 votes on the Sandgate roll. Is that what you are afraid of?

**Mr. DECKER:** A number of these people do not vote, but a person would be very mean even to think of that when trying to better the conditions under which aged people live.

It has been said that it would be a very handy site from the traffic point of view, because the busses pass the area. Certainly, the Hornibrook Highway bus passes there, but these busses have not been able to pick up passengers previously, and even if they could there would be no room in them because they have been overloaded ever since they started, and they will be more overloaded as Redcliffe grows and traffic increases. There is no direct bus from town unless the Government increase the areas covered by the local busses to the Brighton Hotel, which is the furthest they go. The local bus would be very inconvenient, and it is more or less overcrowded. Then again, to visit the city the inmates would have to transfer from the bus to the train and a visitor would have to take the co-ordinated train and bus service and transfer from train to bus. I am not against having this institution in my area—hon. members must not think that for one moment—but I want these people properly housed under the most modern and hygienic conditions. I am very pleased that the Minister has said that the site has not been definitely decided upon,

and that it is the intention to have modern brick buildings. I ask the Minister to accompany me over my district, and allow me to show him some sites that I think admirable.

**Mr. Foley:** We will have a look at them.

**Mr. DECKER:** I do not mind its being there. I want to help. I do not, however, want it in an area like that, which would not be in the interests of the inmates themselves, but which could be useful to the town if it was not used for that purpose. The land along the beach will not go to waste; if it is thrown open it will be occupied by people who will not mind the risk of heavy traffic and who are willing to take the risk of the swamp land, as they are doing in the avenues today—merely to get accommodation.

I ask the Government to give the matter the widest possible consideration. It looks a very good area now. When I visited it with the Minister on one occasion to receive some of the boys who were coming back, it was a lovely sunny day, the tide was in, the sea was calm, and it would have certain attractions if you did not look for its disabilities. There are better areas than that for the old people and I am willing to help the Minister select a site that will give the maximum advantage to these old people.

In Sandgate we have the Aged Masons' Home. That is not on the sea front—it is back from the sea front and it is a beautiful brick structure. The men who occupy it are contented. They have not the disability of the strong north-east and south-east breezes to which Sandgate is constantly exposed. The Aged Masons' Home is further back and in an elevated position and everyone is satisfied and proud to live in it. Then we have the Garden Settlement at Chermiside, which is run under another system. There each occupant has his own dwelling and he dines in a central dining room. That is a beautiful site which is not on the sea front, and I venture the opinion that the old people are very happy there and very contented with the situation. There is no reason why they should be right on the sea front, which at Sandgate is limited in any case. That area near the Air School occupies 20 per cent. of the Lower Esplanade. We are a growing town and I think that it is not satisfactory to have big residential areas surrounding an institution such as this. Aged people need peaceful surroundings where they will not be disturbed. They need healthy surroundings and modern accommodation and equipment.

**Mr. MAHER** (West Moreton) (12.18 p.m.): What the hon. member for Sandgate has said bears out the theme running through my speech a little earlier today. Why the emphasis on the erection of these homes right in the heart of the city of Brisbane? We have an enormous area of country. There is no need to cram every big Government institution right in the capital city. If it has been found necessary to move the old men's home at Dunwich, have we not a glorious coastline running south and north of this capital city

where there are ideal sites for the establishment of an old men's home?

The Minister must take into account, too, that as time goes on there will be an ever-increasing number of old people in these homes. As the population of the State expands that is a natural corollary, therefore it is not a site for 750 old people of today that should concern the Minister. His vision should be wide enough to see ahead, so try to see what is going to be the need in 50 or 100 years' time. He should look for a site for an old men's home for the future. If the Minister has ever been down the South Coast or up the North Coast he must have been impressed by the spacious areas available in beautiful surroundings, with the quietude that old people necessarily enjoy and require.

Let those who are responsible for the government of the State get more country-minded and take into account the fact that it is not necessary in a big State like this to have our older people crammed into the heart of the city. There is an enormous acreage all round offering many good sites.

Anyhow, is it necessary to have the old men's home on the coast or near a city? Do the Government not attach any importance to the principle of decentralisation, the spreading out of Government expenditure and the extension of Government buildings of this kind to different parts of the State to give a fair distribution of Government expenditure in all areas? Why concentrate all our public works, big buildings, and everything else round this south-eastern corner of Queensland?

**Mr. Foley:** You have not read the Press lately.

**Mr. MAHER:** I have read the Press and I have watched public expenditure here during the past 17 years since I have been a member of this Parliament. Always big buildings are provided for in and around this capital city—down here in this south-east corner of a great State.

**Mr. Foley:** That is not correct.

**Mr. MAHER:** The Ministers of the Government seem to fail to take into account the fact that there is a great State, too. I wonder what the country members of the Government do when they get into caucus. Why do they allow these things to happen? Why do they not stand up for the rights of the country and a fairer distribution of public expenditure over the country districts?

In Victoria there is a notable movement today towards the decentralising of industry and Government expenditure on institutions of this kind. Sites are being selected in Victoria, away from Melbourne. It is an important move and one that we shall have to follow eventually if we are to prevent the whole of our population in Australia from being concentrated largely in the cities. At present our population is situated largely in Sydney, Melbourne, Brisbane, Adelaide and Perth. The country gradually is losing

its population because of the amenities that are being provided and the big public expenditure that is being made in the capital cities. We are glorifying them and building them up to the detriment of our great rural areas.

I agree with the hon. member for Sandgate that it is absolutely wrong to put an old men's home on an area that he referred to as marsh or swamp lands. That area of country there was purely a mangrove swamp before it was filled in. The influence of the swamp conditions still remains there. It would be wrong for the Minister to put the old people in such a locality.

**Mr. Foley:** The hon. member recommended extensions at Sandgate.

**Mr. MAHER:** Merely to the motor esplanade to allow visitors to enjoy an hour or two to cool off on summer days. Anyhow, even if he did recommend it for the extension of business sites in Sandgate, that would be for the benefit of young people mostly who were there only during business hours. Establishing an old men's home is a different matter. Old people suffer from lack of resistance to ill health and from advancing age and to ask them to live in a swamp area would be utterly wrong. I ask the Minister to take into account the fact that there are many beautiful sites offering 30 to 60 miles up the coast from Brisbane or even down on the South Coast and further inland, at such places as Toowoomba. Those sites would be far preferable for an old men's home and they would offer more pleasing conditions. Gardens could be maintained by the inmates and they would enjoy the peace and contentment they require in their old age.

**Mr. PIE (Windsor)** (12.24 p.m.): I think all hon. members of this Committee realise the importance of the activities of the department under discussion. We also realise that the future greatness of this State, the future greatness of any nation is dependent upon the health of that nation. No nation can be strong unless all its people are in good health.

About this time last year I made an attack on the then existing standard of hospital management.

**Mr. Foley:** A dastardly attack.

**Mr. PIE:** That is a matter of opinion. Whatever were the merits or demerits of the case at the time, I can say that my complaints have done some good. I say openly now that hospital conditions in this State have improved over the last 12 months, but they are still far from satisfactory. For instance, one of the most important attacks I made related to the Infectious Diseases Hospital, and I was able to prove last year how typhoid had been carried from it to the Women's Hospital where it had infected newly-born children. To allow the Infectious Diseases Hospital to remain in the centre of a big hospital unit such as we have at Bowen Hills is wrong. It is a continual menace, because there is always the possibility of cross-infection. Anyone who has visited

Wattlebrae must agree that the site and the type of building are unsuitable for a modern infectious diseases hospital. There is virtually no isolation of the patients because the building is not constructed in such a way as will permit of isolation. I do not know of any place in Australia or for that matter in any other part of the world where an infectious diseases hospital is attached to a general hospital of the size of the Brisbane Hospital. In Melbourne we have the Fairfield Hospital right away from the main general hospital but here in Brisbane there is always the danger of cross-infection because the staff intermingle when they are off duty. Nurses engaged on infectious-diseases cases when off duty mingle with nurses engaged on surgery cases. Again, it is well known that nurses can become carriers for throat infection such as diphtheria and other diseases.

I realise that perhaps nothing could be done to solve the problem during the war, but the post-war period is now upon us, and I suggest that as the Minister is planning better facilities for the treatment of tuberculosis, so he would be falling down on his job if he did not give grave consideration to the removal of Wattlebrae from its present site. Throughout the world war hospitals were built on the pavilion system, so that diseases can be separated and isolated. One bed is provided for about every 1,000 people in the community, and so Brisbane should provide for the Brisbane area about 350 odd beds. If you go to Wattlebrae you will see no facilities whatever for patients in their convalescent period; there is no chance of their getting out into the sunshine unless they mingle with other people. The Minister should give very grave consideration to this important matter.

The hon. member for Cook referred to that most dreaded disease, infantile paralysis, one of the most dreadful that could attack any child. Speaking for myself, the first thing that I look for when a child is born is to see that it is whole in limb. There is nothing sadder than having to go through life with a body that is not up to the proper health standard. The hon. member for Cook also pointed out that the Press had intimated today that up to date this year 71 cases of infantile paralysis had been reported in Queensland. That is a very serious matter. I do hope that the Government will regard the matter seriously and do their utmost to see if it is not possible to relieve or do more to prevent that disease.

**Mr. Hilton:** You do not suggest, I hope, that they are not considering it seriously?

**Mr. PIE:** I know they are but I want them to do more in the matter.

I was fortunate enough to meet Sister Kenny in London when I was at Queensland House. She had just been sent across to London by the American authorities.

**Mr. Gair:** Did you have to go to London to meet her?

**Mr. PIE:** I should have said I met her again in London, if that will suit the hon.

gentleman. I was very impressed with what she had to say. She was longing to get back to this country but there is some underlying reason why she should not get back. I think that the underlying reason is the friction between the Director-General of Health and Medical Services and Sister Kenny.

**Mr. Aikens:** The vicious hatred of her by the Director-General of Health and Medical Services.

**The CHAIRMAN:** Order!

**Mr. PIE:** They were both in London at the time. I met them both and I can assure you, Mr. Mann, that they were not friendly, and they did not speak together in London although they were in Queensland House at the one time.

**Mr. Aikens:** You could not blame her. No self-respecting man would do that.

**Mr. PIE:** That is still a matter of opinion. I should like to hear from the Minister the underlying reason why Sister Kenny has not been invited back to this country. She is doing a marvellous work, I will not say in preventing but I will say in relieving cases of infantile paralysis. I do know of one case entrusted to her. It was Laurence Tibbetts's child and I know what he thinks of the work Sister Kenny did in relieving his son. Right here I want to say I do not say it is preventive work, but it is a work that relieves those people afflicted with infantile paralysis.

T.B. is a pathetic disease. It is in fact an industrial disease and the hon. member for Logan made out a splendid case for treating it as such. No man can be cured of T.B. if he has the constant strain and worry that are occasioned if he fears that his family are not being cared for. I went over one of the famous T.B. institutions in England on the occasion of my recent visit there, because I heard that one of my best friends in England before the war was an inmate of a T.B. institution in Surrey. I motored about 80 miles to see him. The first five minutes' reaction of my visit to him compensated me for any trouble that I had gone to. That is why I say it is wrong to take these T.B. sites and put them right out in the country. These patients want visitors. If you can only picture the look in the eyes of the inmates when people visit them you realise that it is wrong to put these institutions where they cannot have visitors.

**Mr. Devries:** The people in the bush want consideration, too.

**Mr. PIE:** I appreciate the interjection. It is an important one. Why not have smaller T.B. institutions in the bush centres? The proper treatment of the disease as the Minister knows, requires a certain amount of equipment, which must be centralised in one place. The T.B. institution I visited in Surrey is one of the finest of its kind, particularly from the point of view of environment. It contained 250 war sufferers. One patient, a fier, had landed behind the

German lines in Germany and had contracted the disease there. He got so bad in Germany that the Germans actually allowed him to come back to England. After 12 months' treatment that man is now going out of this sanatorium a fit man again to face the world.

That was happening again and again. A man I knew, Dougald McDougall, was going under an operation there in which they took away one of the ribs and deflated the lung, as the Minister described this morning. When that lung is cured they do the other one, so the patient has a good chance, whereas he had none previously.

**Mr. Gair:** They do that here.

**Mr. PIE:** I know they do. In Surrey, where the climate is very damp, patients are being cured every day under the new scientific methods.

The site out on Rode Road is a really good one. Unfortunately it is very near my own place, but I suppose I can visit them and see those people and try to help them in some way. Sickness is a great worry, and T.B. is one of the most dreaded diseases. I would rather be underground than suffer from it.

Much is said by the Government about the fact that we have the lowest incidence of T.B. in Australia, the reason for which, they say, is the facilities we have for the diagnosis and treatment of this disease; but you can go out to the General Hospital—as I did during the last five months—and there you will see T.B. patients virtually in the same ward with other patients, or out on a little veranda from the general ward. The only reason why we have not a higher rate of T.B. is the marvellous climate that nature has given us. Every year 400 to 600 cases of T.B. are reported in this State. One can imagine the mental agony suffered by these sufferers and their relatives; therefore it is our duty to do everything in our power to minimise the incidence of that disease. That the State is not making very much advance with it is evidenced by the fact that on 11 September last year there appeared in the Press a paragraph referring to the suggested T.B. sanatorium and the purchase of a 44-acre block in the parish of Kedron, and that on 20 March 1945 the following appeared:—

“Plans being developed for construction of T.B. sanatorium.”

So we go right back to 20 March 1945, when plans were being prepared. Again, on 11 September 1945, plans were being prepared, and right now we find we are only purchasing. Seven or eight months ago it was suggested that we should get some relief very quickly. We ought to regard T.B. very seriously. It is imperative that quick action be taken to relieve the condition of patients who are at present housed in the Brisbane General Hospital.

The Minister indicated fairly clearly in his speech yesterday—and I think the Leader of the Opposition took up the point—that it was the intention of the Government eventually

to nationalise medical services. We should like a clear statement from him as to his purpose. As it is the ultimate object of the Government to nationalise hospitals, we should like to know if it is the ultimate object of the Government to nationalise medicine.

**Mr. Foley:** Refer your question to the Prime Minister.

**Mr. PIE:** If the Prime Minister controls this Government I will refer it to him, to oblige the hon. gentleman. I will make an inquiry next week of the Prime Minister whether the State Government are going to nationalise their medical services.

If that is what the Minister wants me to do I am not so foolish as to do it. I must refer again to the report of the Australian Catholic Hospitals Association in regard to hospitals. As you know, Mr. Mann, I am not of that religion but I admire what it is doing for the sick and the diseased. I would remind this Committee, as I reminded hon members last year, of the opinion of this association. The chairman is the Most Rev. T. McGuire, D.D., Bishop of Goulburn, and the report states—

“The Government Hospital benefit scheme in Queensland has not affected the Mater Misericordiae Hospital, Brisbane, because the Mater Misericordiae Hospital gives better service than the Brisbane General Hospital and has thereby attracted more people. The Mater Misericordiae Hospital kept out of the Government control instituted in Brisbane.”

It proceeds—

“As far as the hospital is concerned conditions now are no different from what they were ten years ago but the Brisbane Hospital has come more under Government control. The Government control of the Brisbane Hospital is the reason for the greater patronage of the Mater Misericordiae Hospital.”

I wish to say that in my opinion the large centralised hospital at Bowen Bridge controlled by the Government is taking away individual effort and individual enterprise. If hospitals and doctors are to be nationalised, as suggested by the Minister yesterday, this is against the principles of service to the sick.

**Mr. Moore:** Are you suggesting that the specialists at the Brisbane General Hospital are not giving faithful service?

**Mr. PIE:** Apart from necessity, hospital work is a job of mercy and there are those equipped to give it. If the Government continually build up the General Hospital as they are doing and continually give the impression that they intend to nationalise doctors throughout the State they will get a lowering of the standard of hospital treatment.

The report reads—

“The principal trouble with the Brisbane General Hospital is its bigness. There is a lack of personal interest in an institution which is too big.

“A hospital depends for its continuance on the goodwill of its patients and there is not the same personal touch and interest in a huge institution where service is given as a matter of duty, and the economics of service is the main consideration as there is in a smaller institution which must establish friendship between the staff and patients if it hopes to continue in existence.”

This is important and what I hit at all the time in my criticism of the Brisbane General Hospital.

“A Government institution of the size of the Brisbane Hospital is apt to be mechanical and the difference between mechanical treatment and kindness in sickness is the difference between slow and quick recovery.”

That is the text of a report that was given a tremendous amount of consideration. It is the report of the Australian Catholic Hospitals Association submitted to the Commonwealth Parliamentary Committee on Social Security and it is here to be tabled at any time, if desired. Contained in that report are some splendid suggestions in regard to hospital control and reasons why it is wrong to centralise all our activities in the hospital at Bowen Bridge. The Minister has indicated that he intends to decentralise in some minor ways. We must improve and we hope it will not be long before we do so, in fact, not in paper reports, plans and suggestions, but have in physical existence at Lutwyche a T.B. sanatorium of which this State can be justly proud. We cannot be proud of the treatment being meted out today to those people who are suffering from this dread disease.

**Mr. DEVRIES (Gregory) (12.45 p.m.):** I believe I am on safe ground in saying that the portfolio of the Department of Health and Home Affairs is one of the most important any Minister can hold and this Government were wise in allocating it to the present Minister, who after all is a very worthy man who was educated in the school of adversity. I know of no-one who is abler or has a better understanding of the average person engaged in industry. This State can look forward to great reforms in the health and welfare of its people in the future.

At 12.46 p.m.,

**Mr. DUGGAN (Toowoomba)** relieved the Chairman in the chair.

**Mr. DEVRIES:** The present system is vastly different from that which obtained 25 years ago. In the old days voluntary committees were formed to administer hospitals and invariably they were controlled by men who represented high finance. In other words, the bankers predominated with the result that cheeseparing was always the order of the day in administering those institutions.

As one who was closely associated with hospital administration years ago I know that I was obliged to run chocolate wheels, bingo and housie-housie in an endeavour to obtain funds for the hospital. Hon. members

opposite complain about the £2,500,000 that is required to carry out the health services of the State and they say that the people are not getting these services for nothing. They seek to convey to the ordinary person, the person who is worth while, that he has to pay for what he receives. Any person of average intellect will realise that no-one except the high priests of finance who take all and give nothing gets anything for nothing today.

The hon. member for Windsor said that I did not know the conditions obtaining in the cities as he did, and he ventured the opinion that everything was beautiful in the bush. I remember that the hon. member for Logan visited a place called Barcaldine recently in his official capacity as organiser for the Queensland People's Party. I admit that I may not know the conditions obtaining in the cities as well as the hon. member for Windsor or the hon. member for Hamilton, but I do know there are some hon. members opposite who do attempt, even though the attempt may be only small, to bring to the West some of the amenities enjoyed by people elsewhere.

I say now that if ever there was an auctioneering politician I lift my hat to the hon. member for Logan. I want to remind him quite graciously that the people of the West have long and good memories. The day may come when he will go back to those western parts of the world. He does not know the conditions obtaining there as well as I do, or those hon. members who represent the pastoral areas, but he promised them everything under the sun. I look to the day when the hon. member for Logan will return to that area and carry out the promises he has made.

I want to deal briefly with the Wilson Ophthalmic School Hostel. I have no quarrel with hon. members of the Opposition who represent closely-settled areas, such as the hon. members for Maree, Windsor, Hamilton, and Logan, but I wonder whether they have taken the opportunity to pay a visit to the grand institution I have just mentioned, in order to see the kinds of children who derive great benefit from that home. I was so impressed upon my first visit there that I decided to make a second visit.

The first impression one obtains is one of beautiful surroundings, a beautiful panorama, the cleanness of the air, and the peace, quietness, and tranquility of the home. One finds that the children who occupy the home are boys and girls from the outback—even from places as far out as the Birdsville, Windorah, Jundah, and Stonehenge districts. I paid particular attention to the remarks of the hon. member for Windsor when he tried to impress on hon. members how family life could be disturbed when a separation took place in the home. I agree, because the thought uppermost in the mind of a mother whose boy goes to the Wilson Ophthalmic School Hostel, particularly from those inland areas, is that she does not like to see her little Johnny or Mary leaving the home to go so far away to the city of Brisbane. Unfortunately the humanitarian acts of this

Government have not been appreciated fully by the people in general. To give the people far removed from Brisbane a true conception of the value of that home it is necessary that the Government should have their ambassadors go among those people to point out the benefits that can be derived from it, and to show that the health of the kiddies will be safeguarded when they leave their own homes to come to Brisbane to get that essential treatment which, unfortunately, they are not able to get in the inland areas of Queensland.

**Mr. Nicklin:** Why not have a picture film taken of the home and show it through the outback and the West?

**Mr. DEVRIES:** I feel that when hon. members of the Opposition raise the cry about all this money being expended for health reasons, it is an indication to the people living out there that there is a fight on to have a greater part of the money spent in the closely-settled areas. I admit that the greatest problem the Government of the day are faced with is the hostility of the professional man. I remember the occasion when the former Secretary for Health and Home Affairs, the Hon. E. M. Hanlon, performed the official opening ceremony of the base hospital at Longreach. That is an institution second to none in Queensland. Its appointments and its appurtenances are the equal of anything in Queensland, I might even say the equal of anything in the southern hemisphere. It has one of the most up-to-date X-ray plants that could be installed in any public hospital.

That brings me to the point that Queensland sadly lacks great benefactors compared with the other States of the Commonwealth. In the other States many public institutions have been made possible by donations from philanthropists. In Longreach we have a good philanthropist in Mr. J. Y. Shannon, a grazier by occupation, a man who has made a great success of his business. In common with other members of the community he had to meet his taxation commitments and other obligations imposed upon him by the Federal and other Governments but, be it said to his eternal credit, he saw fit to pay for the cost of installing this machine for £2,180 for the benefit of the people of the Western areas.

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

**Mr. DEVRIES:** I had the happy privilege of attending the opening ceremony associated with that X-ray plant when I deputised for the Secretary for Health and Home Affairs, who unfortunately was absent from the State on important business in the South. On that occasion not only did I have the opportunity of extending the warmest thanks to the donor of the X-ray plant but I also said that I regretted that philanthropy was lacking in Queensland in comparison with the other States and that whatever political or other beliefs were held by Mr. J. Y. Shannon he did have the belief and the urge clearly fixed in his mind to give something for the

benefit of those people who did not enjoy the good health that many of us enjoy.

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

**Mr. DEVRIES:** That is the true test of the worth of any member of the community—not what he takes out of it but rather what he puts back. I want to pay not only my respects but the respects of the Government, too, to this good man, Mr. J. Y. Shannon, for his great contribution towards the fight for the elimination of the many diseases to which mankind is heir. I liken that machine unto the human eye, and I venture to say, or at least express the hope, that in the years to come it will to a great extent eliminate the application of the surgeon's knife.

Coming back to the Wilson Ophthalmic School Hostel I want to pay a tribute to Dr. Welch for his splendid services. Hon. members have from time to time read his reports on his visits to the inland areas. Travelling in the inland is no easy feat. I remember reading his report recently of his visit to Bouliia and of how he travelled from Winton, a distance of 265 miles, on the top of a mail lorry sitting in the sun in the month of December. He endured those discomforts quite cheerfully, happy in the fact that he was going to the far western parts of the State to spread the gospel of the good work of this government, as it has been his custom so to do.

At the base hospital at Longreach there is a dental section made possible by the Secretary for Health and Home Affairs, the Hon. T. A. Foley, who donated a sum of £400 for the purpose.

At 2.15 p.m.,

The CHAIRMAN resumed the chair.

**Mr. DEVRIES:** There is established at the Longreach Base Hospital the most modern and up-to-date dental surgery. That equipment was made available by the Government at a time when the Acting Premier and Treasurer presided over the destinies of the Department of Health and Home Affairs. That in itself is indicative to the people, particularly of the inland areas, that their wants and requirements are not, as some people would make us believe, forgotten.

I want to pay a tribute to the staff of the Wilson Ophthalmic School Hostel, particularly to the matron. She is a young and charming lady, very intelligent and cultured. When one sees for oneself the care and attention that are given to the children of this hostel it makes him proud of the institution. The child inmates, ranging from the young age of seven up to 14 years, are taught the ordinary curriculum set by the Department of Public Instruction and, in addition, woodwork, making leather goods and so forth. The irony of the thing is that when those children are completely recovered from that dreaded disease trachoma, they must return to the West to endure all the hazards of the West. It makes one glad when one says to the kiddies, "What are you going to do when your eyes are fixed up and you want to look for a job?" and they reply, "We want to get back

to the bush." I am optimistic enough to believe that the great bulk of those people who for various reasons have left the bush during the past few years will return.

The giving of medical treatment to the people of the inland is indeed a gigantic task for any Government. It is true that we cannot get the professional man, particularly the specialist, to settle in those areas, but I do believe—and I know it is the intention of this Government—to take the doctor to the patient, not bring the patient to the doctor. It is a sorry state of affairs when people in the eventide of their lives have to travel 1,000 miles to obtain the medical treatment which should be given to them in their own locality, particularly those afflicted with certain circumstances which the Government endeavours to control. During the past few years it has been impossible for this Government to have medical officers going to those inland areas. With the increased use of the modern methods of transport that science is making available to us, however, the day is not very far distant when we shall have specialists making bi-weekly visits to the inland areas. Air travel will make it possible for great distances to be covered in a short space of time.

All these wonderful institutions, such as the base hospitals established at Charleville, Longreach and Cloncurry, will be of no value unless we can get the specialists to go to those parts and give treatment to the people who require it.

The Government have also given much encouragement to the flying-doctor service. Only recently I accompanied a deputation to the Secretary for Health and Home Affairs regarding assistance for that service, and the Minister decided to give a substantial subsidy towards its maintenance and extension. The Government are always eager to give that service to the people who are removed from the more closely settled areas. In addition to the flying-doctor service, the Government have assumed the responsibility of providing dental treatment for people who require it at the various base hospitals. Recently a flying dental officer was appointed to serve Charleville, Longreach and Cloncurry. I hope as time goes on sufficient dentists will be offering to enable this Government to send to the western areas of the State to provide a service for the people there who are justly entitled to it.

In conclusion I offer my congratulations to the Secretary for Health and Home Affairs on his appointment to a position in charge of the health and comfort of the people of this State in general. After all, a great responsibility devolves on him to do the fair thing, not only for the people in the closely settled areas, but also for those people whose economic circumstances compel them to remain in the inland areas of the State far removed from the amenities that we enjoy. I think every hon. member will agree that it is not the amount of money that will be spent, but rather the way in which it is spent. After all nobody will deny this fact: that the penalty people are asked

to pay for living in these inland areas is indeed terrific. After all, they do not ask for much. I believe that as head of this State instrumentality the Minister will from time to time allocate a fair share of the money for the health of the people of the inland areas of Queensland.

**Mr. LUCKINS (Maree) (2.24 p.m.):** I was pleased to hear the reference to the Wilson Ophthalmic School Hostel in Brisbane and the statement that it is a great benefit to the people in the West. There is no doubt it serves a useful purpose and I hope the Government will enlarge it so as to provide facilities for mothers and children who have not sufficient means to come down here on their own account. It may be possible to provide facilities for these mothers and children on a similar basis to those provided by the Country Women's Association in the rest homes at the seaside, particularly at Sandgate and Lota.

The Secretary for Health and Home Affairs shows much promise in his new position and has demonstrated that he has the interests of the community at heart. By the end of next year we shall be able to judge whether he has made a complete success of the administration of 14 sub-departments, which I think are too many for one Minister to handle. He has made a very good start and I, like many other hon. members, wish him well in his task. This vote provides for an estimated expenditure of £2,612,000 and although it may appear a very large amount it is warranted. Hospital and other essential services are included in it.

I hope the Minister has not forgotten the need for a public hospital for the southern part of this city. I do not intend to touch on the reasons why it was not established previously; they are many. If my memory serves me rightly, the former Secretary for Health and Home Affairs predicted the use of the Diamantina grounds at South Brisbane for a public hospital, in conjunction with the Brisbane General Hospital. I hope that will be kept in mind. It is essential that with a population of 350,000 the facilities should be spread over many parts of the benefited area.

I am very pleased to find that assistance has been rendered to some hospitals in the metropolitan area but I am rather disappointed at the allowance of £1,600 to the Mater Misericordiae Hospital. That hospital renders a wonderful service to the community in both its public and private wards and I think we should review the position from that angle and make a greater grant in return for the splendid services that hospital is giving to the public generally.

I am very pleased to know that a public organisation in this city has taken charge of the Home for Crippled Children. If my memory serves me rightly, the Government donated £500 to it last year but I do not see anything provided on the present year's Estimates. That may be due to the splendid financial position that the association is in

at present because of the magnificent gesture on the part of the public generally in subscribing to a very worthy object.

The problem of tuberculosis has been well ventilated today and the old people of Dunwich have had their case put forward by the hon. member for Sandgate and others. I intend to deal with a very important sub-department and one that I have not heard debated at any length in this Chamber—the Sub-Department of Native Affairs. According to the Estimates, I find an increase in the vote of approximately £15,000. We must acknowledge with regret the way in which the natives of this State have been treated over the past 50, 60 or perhaps 100 years. The natives themselves need some help and more help than has been extended to them in the past. I have been looking forward to the time when the Minister might be liberal enough to encourage these people to take their places in the higher branches of our educational or cultural system.

**Mr. Foley:** You should have been up and seen their show recently.

**Mr. LUCKINS:** There is much merit and ability in the natives if they were only encouraged and assisted by proper treatment and environment. We should help them in every way and thus repay them in some small measure for the great tragedy occasioned to their forebears by the coming of the white people to Australia.

It is a very sorry state of affairs that they have not had an opportunity of improving their standard of living to a greater extent than has been accomplished in the last 50 years. I am not unmindful of the service the department has rendered to these people, but we are entitled to ask for a greater sum to be provided so that they might take their place with our people in the Public Service and other walks of life. I know that such a step would be appreciated by our own people.

There are many avenues of industrial hygiene in which a great deal of research work is required, and I am sure that we can look forward to the spending of more money on this important matter in the near future. I have referred to the Minister a case in which lacquer used in a factory for painting is causing grave concern to people who are working there. They feel that in the years to come they may suffer from the results of having inhaled lacquer fumes in closed rooms. It is only by scientific research that we can hope to discover what is taking place under these conditions. Science has enabled us to do an enormous amount of work by the use of artificial gases and other things and I believe that to work under conditions similar to those I have mentioned might have a detrimental effect on health.

I notice that £50,125 is being voted for the purpose of recouping members of the Police Force for rental and quarters allowances. I notice that the Budget says that 2s. a day is allowed to non-commissioned officers and men. I think that is a mistake. If my memory serves me correctly, the amount is 3s. a day. I suggest that the Government might give

serious consideration to investing £1,000,000 in order to provide facilities for non-commissioned officers and constables instead of paying out this £50,000 a year by way of allowances. The State would stand to gain in that it might save in the long run in the payment of allowances. It would be a good investment and it would be in keeping with the policy of housing our officers under hygienic conditions. They, like many others in the community, now have to face the difficulty of the housing problem.

I do not propose to speak at length on this vote because I know there will be an opportunity later when the sub-departments are under review to deal with particular matters. However, I should like the Minister to consider seriously what I have said about the Department of Native Affairs to see whether we cannot bring to the surface those intelligent natives who require only some little assistance in order that they may bring credit to their people and the Government of this State.

I also wish to thank the Minister and the former Minister controlling the department for the consideration they have accorded the inmates of the lazaret, those unfortunate people who have to go there for the benefit of the rest of the community. I think an extra amount of £6,000 is provided on the Estimates this year for the lazaret and I hope every facility and every amenity will be provided for those unfortunates. We should look forward with pleasure to satisfying their demands because we sent them there to prevent the rest of the community from contracting the disease. It is a peculiar type of disease and I have not heard of any scientific method whereby they can cure it nor have scientists even discovered its origin. It is prevalent in the East, but fortunately we have only a few cases on our hands. We should do everything we possibly can to help the people who have contracted the disease. I should like to hear from the Minister, for instance, whether electric light has been provided for them, whether the water supply has been attended to, and whether or not it is possible to give them the use of a public telephone service on the island. If the inmates had the use of a telephone they would be able to speak to their relatives who can visit them only once a month. The disadvantage of their isolation might thus be overcome to some extent. I hope the law sooner or later will be amended so that the inmates will have the privilege of more frequent visits from their people because after all they are not compelled to go there for their own benefit but for the benefit of the people of the State. I hope that in the years to come science will be able to find a cure for leprosy and give those people the right to live in the same surroundings as we enjoy today.

**Mr. BRAND (Isis) (2.39 p.m.):** This vote covers the administration of a department that is very important to Queensland. It is regarded as one of the leading departments. It was controlled for some time before the present Minister took charge by the present Acting Premier and Treasurer, and hon.

members will agree that during the long years he occupied the position the hon. gentleman did much for the department and there has been much progress in it.

When we are discussing this vote the Minister has to be prepared to give us what is really the Government's policy for the future activities of the department.

The health of a community is a matter of the gravest concern to Governments, and this department has a very important administrative part to play in this connection. Theories and ideas that were accepted as adequate years ago have been superseded by newer and simpler discoveries. The war itself has brought about tremendous scientific developments, and many of the preconceived ideas relating to the curing of diseases have been outdated. Many new and extraordinary drugs have been discovered that will be a great boon to mankind in general. For instance, atebrian has been of untold value and a god-send to troops fighting in the tropical zones of the Pacific and the Far East. It is a very effective antidote to malaria. Then there is penicillin, which it is hoped may eventually eliminate the use of the surgeon's knife altogether. Many eminent surgeons throughout the world pay glowing tributes to the efficacy of penicillin in the cure of many complaints that hitherto could be cured only by surgical treatment. It will be seen that this department will have to play a very important part in providing opportunities for the use of new and important remedies for the sick.

Much of the debate, even during this session, has centred round the construction of hospitals and the care of the sick. We have been told that the Dunwich Benevolent Institution is to be removed and re-erected on the mainland in more congenial surroundings than at the moment. I agree that we should not have our homes or hospitals for the sick or injured in uncongenial locations. I have visited the Dunwich Benevolent Institution, and I am satisfied that the old folk who must take up residence there would be much better off in an institution on the mainland, so I hope that the Minister will take early action to have it removed to the mainland so that friends and relatives of the inmates may make more frequent visits to them in the closing days of their lives and thus make them much happier than they are now.

The Minister has already promised that a new hospital will be erected for the inmates of the institution at Peel Island, who are suffering from the dread scourge of leprosy.

The sympathy of all hon. members go out to those people who suffer from blindness or other illnesses, but I do not think that sympathy can be compared with that extended to those suffering from this dread disease. Although a great deal of success has been achieved at Peel Island in treating this disease and a number of patients have been discharged as cured, we do know that when some returned to hard work that the disease reappeared and they were compelled to go back to Peel Island, a

place, by the way, infested with mosquitos and sandflies and one that cannot be considered as being desirably placed for housing these patients. The complaint itself makes the afflicted discontented. That is only natural. All that we can do should be done to try to make their lives better and happier than they are today. A new hospital in more congenial surroundings is required. The ex-Minister promised that such a building would be erected and I would ask the present Minister, if the building of another lazaret is contemplated, to give serious consideration to putting it on the mainland. Public clamour may demand the segregation of lepers, although I understand that medical science for some time has stated that there is no need for segregation. But if they are to be segregated let them be segregated on the mainland where their lives can be made easier and brighter by visits from relatives and friends, and by closer contact with the amenities of life. The present lazaret was instituted many years ago when it was believed that the disease was contagious and that anyone suffering from it should be isolated from the community. That is not the accepted medical view today. I hope that these sufferers can look to the department concerned with their fate to move them to happier and better surroundings, giving them a hospital that is modern in every respect. This should be done to give them the benefit of medical attention particularly. The Minister intimated that Dr. Reye, a very promising medical man, was going to devote the whole of his attention to leprosy and research work associated with it. His step must be commended as it is greatly needed. I am pleased that we shall have a man specialising in this disease so that those who suffer from it may have some hope of being cured in the future. I know that many patients have been improved and made well at Peel Island. The record of the administration is a very good one when one considers the nature of the disease, particularly when we review the records of other lazarets throughout the world.

There is a considerable amount of complaint regarding the lazaret that should be investigated and any disabilities the patients are suffering from should be removed.

I believe that medical science will discover drugs that will be effective in curing the disease and Parliament should do its utmost, regardless of expense, to enable the scientists to reach that objective. Apart from discoveries, we require hospitals of all descriptions built on modern lines. Most of the people who are stricken down with this disease feel that they are outcasts, and it is only humane that they should receive special attention. If it is possible to give that special attention I have no doubt it will be given. I compliment the Minister for providing this medical service under a promising young doctor. It will give to these people what they want—a ray of hope that will help to ease their burdens.

**Mr. AIKENS** (Mundingburra) (2.52 p.m.): I think it would be competent for me to continue on this vote my remarks I made

concerning the Director-General of Health and Medical Services on a previous occasion. Before doing so I want to say this for the benefit of hon. members: a member of the British Medical Association, Dr. Horn—I think he signs himself president—wrote a letter to the "Courier-Mail" more or less condemning my attack on Dr. Cilento. I then wrote a letter to the "Courier-Mail" and suggested to Dr. Horn that he procure a copy of "Hansard" and read the evidence I tendered there, which in my opinion amply justified the remarks I made about Dr. Cilento, and then to write through the columns of the Press and tell me what parts of that evidence were untrue.

**Mr. Foley:** What evidence did you offer?

**Mr. AIKENS:** If the Minister wants any more evidence than that then I feel I am only wasting time in offering him anything more about Cilento. It is typical of the "Courier-Mail" that it allowed these old blood-letters, witch doctors and mumbo-jumbo men of the B.M.A. to attack me and refused to give me the right of reply to them.

**Mr. Foley:** You have to take it.

**Mr. AIKENS:** I do not mind taking it. I took it from the "Courier-Mail" and old Dr. Horn, but the "Courier-Mail" refused me the right to give it back to him. That does not concern the Minister; I mention it in passing; the Minister should be concerned only with what I have to say about Dr. Cilento.

I think I had better start this way: at the conclusion of my previous speech—and this is evidence, if the Home Secretary wants evidence—I said that Dr. Cilento swore on oath under cross-examination by Sub-inspector Bookless that a woman named Mrs. Holmes had told him she feared that while she was under the influence of drugs she would be murdered, that she would receive a hypodermic injection that would cause her death. Not so long ago this same Dr. Cilento prevailed on the present Government to pass certain amendments to the Medical Act. These amendments were incorporated in the Medical Act at Dr. Cilento's own suggestion.

This is one of them, which deals with a case similar to that which he himself admitted he was guilty of. He admitted that he was guilty of receiving this information from Mrs. Holmes and doing absolutely nothing about it. This is some evidence for the Secretary for Health and Home Affairs—who apparently has constituted himself a champion of this medical monster—to get his teeth into while I am telling hon. members something else about this Raphael Cilento. Section 35, subsection (6)—and this is the section Cilento himself had incorporated in the Medical Act to catch other unfortunate doctors reads—

"It shall be an offence for anyone who contravenes or fails to comply with or counsels, procures, aids, abets, or does or omits to do any act for the purpose of enabling any other person to contravene or

fail to comply with any Act or law respecting dangerous drugs wherein such contravention or failure to comply has been the subject of legal proceedings."

Dr. Cilento had that put in the Medical Act to catch other unfortunate doctors and yet he himself on oath in the Queensland law courts admitted that Mrs. Holmes had told him that she feared that while she was under the influence of drugs she would be murdered. And he further admitted that he had done nothing about it.

Some mention has been made here to-day of that noble and courageous woman, Sister Kenny. I doubt if there are very many men, of course the fine Charlie Chuter excepted, who know any more about Sister Kenny than I do. I know just what her opinion of Cilento is and I think her opinion should weigh with the Government. If the Government brush aside the opinion of a woman like Sister Kenny and accept the unsolicited and uncorroborated evidence of a man like Cilento, then I think it is time we changed the Government, or that part of the Government that administers the medical laws of this country.

I wish to tell the Committee of the time Weil's disease broke out in Northern Queensland. Cilento did not know that it was Weil's disease. The man who first established the fact that it was Weil's disease was Dr. Cotter, who was then the superintendent of the Commonwealth Health Laboratory in Townsville. Immediately he established the fact that it was Weil's disease Cilento ran north with a great fanfare of trumpets and headlines in the Press and said, "I know all about Weil's disease. I am going to eradicate Weil's disease from Northern Queensland. I am going to stamp it out at its very source."

"Weil's disease is transmitted by rats," I think he said, "in the urine of rats, but I am going to destroy the rats."

He went north, as I said, with all the publicity in the world, and he set fire to the grass round the canefields in the Ingham and Innisfail districts. The rats ran out of the grass and into the cane. A few weeks later, when the grass had grown again to about two feet high, the rats ran back from the cane into their holes in the grass.

Weil's disease, like infantile paralysis, is a sporadic disease. It is unpredictable. Very few know how it comes and how it goes, but fortunately for Cilento at that time, after he had burned the grass and merely sent the rats on what could be at best termed an enforced peregrination. Weil's disease had gone, and Cilento came back to Brisbane like a little Jack Horner who sat in his corner, eating his Christmas pie, put his thumb in the pie of the Government and said, "What a good boy am I! I, the great Raphael Cilento, have eradicated Weil's disease from North Queensland." The A.W.U., however, was not going to be caught napping, and although it has done many things with which I do not agree and which I have condemned, at least it did one good thing on this par-

ticular occasion. The A.W.U. decided to make application to the Full Bench of the Industrial Court to have Weil's disease declared an occupational disease and it brought men like Cotter and Morrissey from North Queensland to substantiate its claim.

Cilento, in his oily, oleaginous, slimy way, was kidding to Fallon and other officials of the A.W.U. that he was on their side. What they did not know was that Cilento had despatched medical spies to northern Queensland in order not to procure evidence but to manufacture evidence to defeat the A.W.U.'s claim. Fortunately for the A.W.U., Fallon on that occasion did not fall for the blandishments of Cilento and he went on with his case, and on the evidence of doctors like Cotter and Morrissey the A.W.U. won its case and established the fact that Weil's disease is an occupational disease, and as a result any worker who contracts that disease will be eligible for compensation.

The climax of the case reads like one of the old-time melodramas. Hon. members remember the old-time drama in which the villain with the heavy, black, handle-bar moustache comes in about two minutes too late, twirls his moustache and says, "Curse you all, I have been foiled again." That was the climax of that case. That was the case where this greasy, slimy Cilento waited for wires from his spies in the northern hospitals. He did not get the wires until after the court had given its decision, and rightly so, in favour of the A.W.U. As they walked down the stairs from the court, almost a matter of moments after the case, a telegram boy came along and handed Cilento an urgent wire. He read it, his face became suffused with vulgar anger, and he said, "If I had got that telegram a few minutes ago these dirty A.W.U. so-and-sos would never have won their case." But the A.W.U. did win its case despite the fact that Cilento had spies installed in the northern hospitals not to procure evidence but to manufacture evidence to defeat the case of the A.W.U.

Now let me tell you something further. Later on Weil's disease broke out again in the north and again Cilento went north, but not to chase the rats out of the grass this time, not to set fire to the grass; he went into one northern hospital—and this has been told to me by the doctor on more than one occasion; it has been told to me in confidence and I have repeatedly asked this doctor, I have urged him, I have implored him to give me a statement on the matter and he said, "Tom, if I gave you an affidavit to support what I have told you while Dr. Cilento has got the Queensland Government by a tender part of the anatomy I should be deregistered in a week and I should be tramping the streets, lumping my swag looking for a job." Cilento went north to this hospital where there were Weil's disease patients. He examined the patients, he came out into the office with the doctor and he said, "What about these Weil's disease patients?" The doctor said, "Well, they have got Weil's disease, haven't they? What is the matter with them?" Cilento said, "Yes, they have

got Weil's disease, but can't you certify they are suffering from dengue fever or influenza?" The doctor said, "Why? If it were just a normal case of wrong diagnosis perhaps I could oblige you, but if I certify that these patients are suffering from dengue fever or influenza and one of them dies the unfortunate widow will be deprived of her compensation." Cilentio said, "Compensation! Compensation! That is all you hick doctors ever think about. What is a few lousy pounds compensation to a worker's widow compared with my medical reputation?" To the eternal glory of that doctor, he told Cilentio to go and jump in the lake and he certified that these men were suffering from Weil's disease.

**Mr. L. J. Barnes:** Who told you that?

**Mr. AIKENS:** The doctor told me that, not once but four times. Four times he repeated that story to me and I urged him, implored him to give me a statement. But what would be the result if he did give me a statement? What would happen to that honest doctor in North Queensland? Cilentio would immediately swing the axe on the Medical Council and the man would be tramping the streets looking for a job. Who would believe his unsupported, his uncorroborated testimony against Cilentio? Cilentio is a barrister as well as a doctor. Cilentio is a legal man. He is too shrewd, too cunning to have made that statement in the presence of a witness. He made sure that he took the doctor away from the bedside of those patients into the office of the hospital where there were no witnesses when he made that suggestion to the doctor. Whatever else Cilentio may be he is no fool. He is as cunning as the kitchen cockroach and as crooked as a ram's horn.

Now that we are on Sister Kenny, let me tell you a story of Sister Kenny and Dr. Cilentio just about that time. At that time, of course, Sister Kenny had more or less re-established herself in the opinion of the Government in Queensland and was again in charge of the Kenny Clinics. She met Cilentio about that time, and Cilentio, in his greasy way, said, "Congratulations, sister. I understand that at last you are receiving the recognition that you so richly deserve." She said, "Thank you, doctor. I am very pleased to see also that you have at last received a position in keeping with your nature and your medical ability." He said, "What is that, sister?" She said, "I read in the paper the other day that you had been appointed a Government rat-catcher." He was up there killing rats at that time, and she said, "I read that you had been appointed a Government rat-catcher."

I am glad the hon. the Acting Premier is now in the Chamber. I hoped he would come in. I am going to tell you something else about this Cilentio, that the Acting Premier, if he is truthful, will have to corroborate. Not long ago, in Townsville—in 1943—we were becoming concerned with the water position, and the Townsville City Council called a meeting of the American and Australian

military authorities and of all prominent people in Townsville, including representatives of the Railway Department, the Harbours Department and all big consumers of water. We discussed the water question. At the conclusion of the meeting, Dr. Macfie, then the council's medical officer, stood up and said, "Gentlemen, while we have the American and Australian Army authorities here I should like to bring up a matter that concerns me." He was the council's medical officer, and he was concerned with the health of the people of Townsville. He said, "For some time we have had intermittent outbreaks of bacilliary dysentery. I do not know whether you people realise how serious bacilliary dysentery can become in its epidemic form, but we medical men are trembling to think that bacilliary dysentery in epidemic form may break out in Townsville at any time, in view of the fact that we have had a few isolated cases of it." He then appealed to the American and Australian military authorities to release certain portions or certain quantities of a drug they had frozen—the only drug known to cure bacilliary dysentery.

I came to Brisbane shortly after that, and I gave a statement to the Brisbane "Telegraph" about the concern of the Townsville City Council and its medical officer in regard to the fear of an outbreak of bacilliary dysentery. The "Telegraph," following the usual journalistic practice, took my statement to Sir Raphael Cilentio, and published his reply. Go and look it up in the paper. He said, "Everything is in hand. No cases of bacilliary dysentery have ever been reported from Townsville, and if any cases are reported I can assure you I have the matter well in hand. Neither the people nor the medical profession need fear."

Dr. Moore, the superintendent of the Townsville General Hospital, was in Brisbane about the same time, and Dr. Moore was very concerned about the possibility of an outbreak of epidemic bacilliary dysentery, because he knew as superintendent of the hospital that on his shoulders would fall the great burden of looking after the patients and hospitalising them. He went and saw the then Secretary for Health and Home Affairs, the Hon. E. M. Hanlon, placed the position before him, and Mr. Hanlon, to use a vulgar expression, went right up in the air and called Cilentio in. He tore Cilentio to pieces and made him fix up the position. To Hanlon at least belongs that credit, and he must on that account prove that Cilentio was lying. He proved that Cilentio lied and knew that he lied when he said there were no cases of bacilliary dysentery reported from Townsville, because when I returned I looked up the records and I found that for months past we had been reporting cases of bacilliary dysentery to the Health Department in Brisbane, as was required of us by the Health Act.

Let the Acting Premier get up and tell hon. members of the interview that Dr. Moore, the superintendent of the Townsville General Hospital, had with him concerning the feared bacilliary dysentery outbreak in Townsville

and they will hear from Mr. Hanlon's own lips Cilento condemned and branded as an infamous liar.

I talked the other day about Cilento's sucking the brains of other medical men. I did not get an opportunity to talk on this last year because the Estimates for the Department of Health and Home Affairs did not come forward. If I had had the opportunity last year I should have been able to tell you something of the extent of the brain-sucking by this individual, because at that time the late Dr. A. Breinl was alive. If the Secretary for Health and Home Affairs wants to prove to his own satisfaction the type of man that Raphael Cilento is, let him get in touch with the Minister for Health in the Commonwealth Parliament and let him ask the Commonwealth Minister for Health to supply him with the official documents that will prove that Cilento went to Townsville and took over from the late Dr. Breinl. All Dr. Breinl's works, texts, and notes that were lying around that Cilento could collect, in addition to the notes and texts that he stole from that French doctor in New Caledonia, he stole and put them all together and published them under his own name as his own work. Let the champion of Cilento, let the Secretary for Health and Home Affairs, in his defence of Cilento, now don his bright and shining armour and mount his prancing palfrey and take a ride to his fellow Minister in Canberra. I am sure he will supply him with evidence that will condemn Cilento for all time.

I have not the time at my disposal to tell you of Cilento's contemptible treachery. Everyone in Brisbane saw the photographs of that man taken with prominent Fascists. Everyone knows how he associated with Fascists before the war. Northern Italians are beginning to tell me things that I hope I shall be able to put on paper later on. They are now beginning to tell me that Cilento, in order to save himself, went to the Commonwealth Government and volunteered to act as a pimp and a spy on other Italians in order to save his own measly hide. They will tell you how the hopeless and helpless doctors like Piscatelli and Battaglia were interned on the recommendation of Cilento and that Cilento himself was not interned.

We in the North know of the scandalous administration of the Aliens Internment Act. In 1942 the Townsville City Council sent me on a deputation to Canberra in order to get a fair deal for the people of the North when they had been deserted by the State Government. One resolution that I took from the Townsville City Council was a demand for a public inquiry to be held into the administration of the Aliens Internment Act in North Queensland. For some reason or other it was not granted, but some day it will. Some day the true history of the war in Australia will be written and the chapter dealing with the non-internment of certain known Fascists in North Queensland will be disclosed, and the chapter dealing with the non-internment of that arch Fascist, Sir Raphael Cilento, will be the foulest writings penned by man. I know these things only now from conversations with men who were interned and

I know them only now because only now are they starting to talk. Now that the war is over and the fear of persecution by Cilento has disappeared we stand a chance in the very near future of getting things on to paper written by witnesses before reputable justices of the peace that will startle and shock even the Ministerial champion of Cilento himself.

**Hon. E. M. HANLON** (Ithaca—Acting Premier) (3.15 p.m.): I do not propose to don any shining armour or to mount a prancing palfrey in the defence of Sir Raphael Cilento or anyone else but I do just want to have a word to say about the attacks that have been made by the hon. member for Mundingburra on Sir Raphael Cilento. I will deal with his last statement first—that Sir Raphael Cilento had gone to the Federal Government and to save his own hide, the hon. member said, had offered to act as a pimp, and spy on his fellow Italians. I have never heard any such statement made by anyone before, but I do know that Sir Raphael Cilento approached the Federal Government on many occasions with the request that he be allowed to go to the front to fight for this country. I have never heard any such profession being made by the hon. member for Mundingburra.

**Mr. AIKENS:** Mr. Mann, I rise to a point of order. I was one of the first men in Townsville in 1940 to offer my services to the Federal Government and I enlisted in the R.A.A.F. but was not accepted.

**The CHAIRMAN:** Order! I ask the Acting Premier to accept the statement of the hon. member.

**Mr. HANLON:** I said I had not heard, and I had not heard of it. I do remember that the hon. member at a deputation in Townsville stated that if he could get away he would be glad to join the R.A.A.F. I said that that could be arranged but I heard no more about it. I was quite sure that the Government of Queensland would not stand between the Nazis and Fascists of Europe and the hon. member for Mundingburra if he was so eager to get at them but we heard nothing more from him from that day.

I do want to deal particularly with the attack made by the hon. member on Sir Raphael Cilento and his associations with myself in the case of Sister Kenny and the infantile-paralysis campaign. The hon. member made certain statements involving myself and the Government that of course were absolutely untrue. He painted a picture of Sir Raphael Cilento having prevented the Government from giving Sister Kenny the opportunity to put her theory as to the treatment of infantile paralysis into effect. Obviously that is untrue. At the time that Sister Kenny was taken up by myself, on behalf of the Government, she was brought to me by Mr. C. E. Chuter, the then Assistant Under Secretary of the department. I promptly decided to give the treatment a trial because the medical profession had not

been able to make a success of treating the disease and thought that if Sister Kenny could offer some improvement or hope then I or the Government of Queensland should give her the chance of doing so. We sent for Sister Kenny, established clinics, and paid all expenses on her behalf. Sister Kenny would not take the salary that was offered to her. That remarkable woman has done splendid work in the care of paralysed children and paralysed people.

**Mr. Aikens:** And Cilento chased her out of the country.

**Mr. HANLON:** The hon. member is just mouthing the usual irresponsible bunk he puts over when he wants to use this place as a shield for an attack on somebody who may have put an end to some of his machinations or ways. I do not know what wrong Sir Raphael Cilento has done him. He has used this Chamber to attack union officials personally and even to go so far as to attack the chastity and honour of their wives in order to get even with some people to whom he has had a personal dispute. I am not concerned with people he likes or dislikes but it is rather rotten conduct for any member of Parliament to use its privileges to carry on a personal vendetta against any other citizen of this country. He merely trots out a purely ex-parte statement. The things he vouches for are wrong. I know the history of the Kenny case and the Kenny treatment, as well as of Miss Kenny's departure for America. I know them very well. I was a champion of Sister Kenny throughout and I saw her work.

**A Government Member:** Did not the Government approve of her trip?

**Mr. HANLON:** Yes, of course. They made the necessary recommendation as well as paid the expenses of Sister Kenny and her niece, who went with her. The Premier arranged for introductions to the Government of the United States of America and other people so as to give her an opportunity of treating paralysis cases, an opportunity that was not then available here.

Sister Kenny could not get paralysis cases where there were none available. The United States has a huge population and there is a heavy incidence of the disease, and it offered an excellent opportunity to practise the profession and possibly improve her technique, which she did.

To get back to the origin of it: Sir Raphael Cilento made no objection to Sister Kenny's being given an opportunity; it would have been presumptuous on his part to have done so, because it was not within his field. His field was the prevention of disease, the department's main objective, and had nothing to do with the treatment of it. Later on, after Sister Kenny was gone for a considerable time, he was asked for a report on the activities of the clinic, and he reported somewhat unfavourably. The major sin that I considered confronted Sister Kenny was that in this report he drew the attention to what he considered a resemblance between the

treatment given by Sister Kenny and the work of some American woman who had published a book on hydrotherapy for the treatment of infantile paralysis. Sister Kenny became very incensed because she contended Cilento was accusing her of plagiarism, which she denied. I do not think that the doctor intended it in that way. It was unfortunate, and a disagreement arose between them. On no occasion—not one hour or day from the time Sister Kenny came to the Government till she left for America—had Cilento anything to do with her or the operation of her clinic. He had no power or authority whatsoever. The hon. member painted a picture of Sister Kenny being neglected by the Government and refused the opportunity to practise, which is utterly and completely false. The only chance she got was from the Queensland Government—from myself as Secretary for Health and Home Affairs. The whole thing was done by the Government. Nobody came between Sister Kenny and the Government. Nobody had any authority to do so.

The clinic is still here. I do not think it is unfortunate that we had many years of freedom from infantile paralysis, but it is unfortunate that in that period the available staff trained for the specialised treatment had been absorbed in the Army and other services because they could not be idle during the war years when we were short of nurses. The Minister is now reassembling them. Sir Raphael Cilento had nothing to do with it. The hon. member painted a picture of Sir Raphael Cilento hounding this woman down. He said that Dr. Jean Roundtree came to see the Government and re-established the Government's faith in Sister Kenny.

**Mr. Aikens:** That is not quite correct. She was the doctor who went from the Townsville General Hospital. I read from Sister Kenny's statement.

**Mr. HANLON:** I was not present when the hon. member made his speech, but looking over the proofs I take it he implied that Dr. Roundtree from the Townsville Hospital came to see about Sister Kenny.

**Mr. Aikens:** No, I didn't.

**Mr. HANLON:** The speech reads that way.

**Mr. Aikens:** It does not.

**Mr. HANLON:** That is the impression I got from the speech. When Dr. Roundtree left the Townsville Hospital she did not come to see me or anybody else.

**Mr. Aikens:** It was never suggested she did.

**Mr. HANLON:** I tell you now I do not know what particular association the hon. member might have with Dr. Roundtree that he is building her up. Dr. Roundtree went to Townsville. She was appointed by me to the Kenny Clinic as medical assistant to Sister Kenny. After having a period there she left Sister Kenny's clinic, married and went to South Africa, and set up in the

practice of the Sister Kenny treatment herself. What a help she gave Sister Kenny! The venture was a failure and on her return she was appointed to the Townsville Hospital. I was surprised to hear she was there.

The first I knew of her being there was when we received some complaint about treatment. I got a complaint from the Returned Soldiers' League in Townsville at this time about neglect and difficulty in that hospital. It was a very serious complaint. I made inquiries and the information given to me from the Diggers up there was that the drunken orgies going on in the Townsville Hospital—the hon. member may have known something about that—among the doctors there at the time were leaving the patients neglected. While this inquiry was going on, by a round-about method another complaint got to me about a woman who one morning rushed into the hospital with her child who had a safety pin stuck in its throat and who could not see a doctor. Dr. Jean Roundtree and the other doctors associated with her had a very heavy night and were not able to get out to see her.

**Mr. AIKENS:** I rise to a point of order to defend an honourable decent woman. Dr. Jean Roundtree had left the Townsville Hospital years before these incidents occurred.

**The CHAIRMAN:** Order!

**Mr. Aikens:** She had left years before. This is slandering a decent woman.

**The CHAIRMAN:** Order! I ask the hon. member for Mundingburra not to interrupt the Acting Premier when he is making his speech.

**Mr. HANLON:** The hon. member has been throwing slander about here to his heart's content and I am going to tell the story as I know it. In order to get hold of the truth of the thing I sent an officer of my department to Townsville secretly one night. We put him on the train with authority to take over the hospital and the books of the hospital. When he got there and took over the books the matron came in and produced another set of books with the remark, "Here are the real accounts, Mr. Coll. We have been keeping the correct ward books away because knowing something was going to happen we were frightened they would be destroyed." That is what was going on. As the result of the investigation the medical personnel were kicked out of the place and that was the end of it. They certainly did not come to see me. She had no more to do with the Sister Kenny Clinic. When at that clinic she was paid a good salary. After she served well there she went to South Africa and set up in business for herself as a Kenny practitioner but evidently did not make a success of the venture.

It is said that Sir Raphael Cilento used the British Medical Association to persecute Sister Kenny. The amazing part of the story is that at the same time as this was going on Sir Raphael Cilento himself was in difficulties with the British Medical Association. Whilst in my department he was

repeatedly at grips with the British Medical Association. It has to be remembered that he is a man of very strong opinions and with a rather strong personality. He is of a type that always comes in conflict with people. He came in conflict with me continually. I did not always agree with Sir Raphael Cilento but to the best of my knowledge and belief Sir Raphael Cilento served the people of this State faithfully and honestly to the very best of his knowledge and capacity. The crime he committed in the eyes of the profession was to condemn certain practices of medical men who were members of the British Medical Association. Hon. members who were here at the time will remember I tabled a report on an abortion in which a prominent medical man was involved. He had a very rough passage from the profession, the same as I did at the time when I was in holts with that association, but to suggest that the British Medical Association was in the hands of Dr. Cilento is so absolutely absurd that I wonder at the hon. member's having the affrontery to make the statement. The actual fact is that Cilento and the British Medical Association have been in holts almost continuously during the period he was in office in Queensland.

Sister Kenny left Queensland of her own free will. She discussed it with me and officers of my department and we arranged for her to go to America. We arranged all the necessary introductions so that she would get an opportunity to practise her profession there, where there was a splendid field for her. That was the only reason that good lady left Queensland. While she was here everything she asked for was provided by the Government. Nobody was allowed to interfere. She selected her own staff. She trained them herself. Nobody had any right to interfere with them. No officer of the department was allowed in any way to have control of the Sister Kenny Clinic and that can be said, I suppose, right up to the present time. All the time Sister Kenny was here she was solely and wholly engaged with the Kenny treatment in Brisbane, Rockhampton and Cairns.

**Mr. Aikens:** Then her own typewritten statement is wrong?

**Mr. HANLON:** I do not know what typewritten statement the hon. member refers to. I have no knowledge of how he may have obtained any typewritten statement relative to this business. Under no circumstances was any officer of the department, with the exception of Mr. Chuter, who kept in close touch with Sister Kenny, allowed in any way to interfere with the staff of the Kenny Clinic. The suggestion that Sir Raphael Cilento drove her out of Queensland is completely and utterly absurd. The hon. member might just as well say he drove Sir Raphael Cilento out of Queensland because Sir Raphael Cilento was selected by U.N.N.R.A. as the outstanding medical man of the world on tropical diseases to go and do a most difficult and dangerous task in the Balkan States.

**Mr. Aikens:** He was a trusted Fascist agent.

**Mr. HANLON:** The one regret I have about Sir Raphael Cilento is that he was not made use of by the Army, again because of opposition in certain quarters, but Sir Raphael Cilento, with his undoubted skill and knowledge of tropical diseases, was not made use of in the Army. Perhaps if he had been many of those who are lying up there now, the victims of malaria and other tropical diseases, might have been safely back in their homes today. To my mind it was one of the most inexcusable things that happened during the war. I know he was accused of being a Fascist. He was accused of being everything. Mr. Mann, I have been accused of everything under the sun by people who have animus against me in a desire to kill me or to kill the Labour movement.

**Mr. Pie:** You have no monopoly on that.

**Mr. HANLON:** There is nothing too low or too dirty for people who have a grudge against anybody in any prominent position to say or do in order to injure them.

I just wanted to make my contribution to the debate in view of the statements made by the hon. member. Sir Raphael Cilento worked with me for many years in the Health Department. I found him a most industrious officer. He never tired of work. Day or night, whenever he was wanted, he was available, and in that period he gave splendid service to me and to the State. The fact that I used to disagree with him, and the fact that I would not accept a number of his recommendations, as well as the fact that he did not agree with me, never in any way lowered our respect for one another, and the fact that he is now 12,000 miles away is not going to prevent me, at all events, from getting up and defending him. I know that if he were about the place he could defend himself, but in his absence, in view of the long association he had with my department and the splendid service he gave me, the Government and the people of Queensland, I could not allow this most cowardly and false attack to be made without saying a word in his defence.

**Mr. AIKENS:** Mr. Mann!

**The CHAIRMAN:** Order! The hon. member has exhausted the time allowed him under the Standing Orders.

**Mr. Aikens:** Just as well for the Acting Premier.

**The CHAIRMAN:** Order!

**Mr. KERR (Oxley) (3.34 p.m.):** The hon. member for Maree has drawn attention to the fact that no provision has been made in the Estimates for the Montrose Home for Crippled Children. I understand from the Minister that possibly the members of the committee omitted to make application for the grant of £500 which they have had in the past. So that they shall not be excluded entirely because of this slip, if it is a slip, I ask the Minister's assurance that in the event of their making application during this financial year this sum will be made available to them.

We all know the wonderful work this home does for crippled children, not only from the metropolitan area but from all parts of the State. The home is ideally situated in delightful surroundings. It is one of the choice spots of the metropolitan area. It has beautiful river views and delightful surroundings. The matron does a wonderful job. She is a very fine lady indeed, and I should like hon. members to visit the institution and see the wonderful work she is doing. We must not forget that the Montrose Home is one of the very few institutions that are not Government instrumentalities. It is maintained almost entirely by private subscription.

They are doing a wonderful job. Possibly, if the hospital scheme could be stretched so far, their work could be embraced in the Government's activities, but I am not suggesting that the Government could do a better job because the Montrose Home is already doing a wonderful job. It has its creche and kindergarten and some of the inmates have passed the junior and senior examinations and are now pupil teachers. However, I should like to have it placed on record and I hope the Minister will have no hesitation in giving an assurance that if it should require such a grant it will be forthcoming.

**Mr. J. F. BARNES (Bundaberg) (3.36 p.m.):** I rise to say a few words on this vote. As a matter of fact, I could say quite a lot of words, but unfortunately I have not the time. There is one matter I should particularly like to bring forward. I have been trying to do so for approximately two years, but last year the Estimates of this department were not discussed, and I did not have an opportunity to bring it forward then. There were other times when I could have discussed it, such as the debate on the Financial Statement and the Address in Reply, but, in my opinion, they were debates in which I should deal with more important matters concerning my own constituents.

To-day I wish to make reference to the case of Dr. Max Michel. In June 1940, Dr. Michel was summoned to appear before the Medical Assessment Tribunal of Queensland to answer a charge of professional misconduct. That is a very serious charge. The Medical Board charged him with having allegedly diagnosed a certain Mrs. Maud Easton as suffering from cancer of the cervix, knowing well that such cancer did not exist. I do not know that you could possibly charge a person with a more serious charge than that. It was alleged that Dr. Michel made this diagnosis in relation to Mrs. Easton, that she had cancer of the cervix and that he was treating her for it. The Medical Board took Dr. Max Michel to court, suggesting that he knew this particular complaint did not exist.

**Mr. Aikens:** One of the doctors involved in the charge was connected with a divorce scandal the other day.

**Mr. J. F. BARNES:** Yes. Dr. Max Michel diagnosed her complaint as endocrine trouble. He was brought before the board and those

who gave evidence against him were Mrs. Easton, her husband, Dr. Crouch, and his partner, Dr. Stark—the doctor just referred to by the hon. member for Mundingburra. Dr. Max Michel was struck off the Medical Register. This man, who had studied for years, eventually was struck off the register. It does not matter what followed, but I will refer to that later. After being struck off, he appealed to the Full Court of Queensland and he was reinstated as a medical practitioner and it was ruled that it was to be deemed that he was never struck off the Medical Register. That was the opinion of the Full Court after this man had been struck off—after he was down and lost his all. It makes you really think what was behind it when such a thing happened.

At the proceedings before the Medical Assessment Tribunal, the judge ruled that the accused person should not be given a copy of the depositions taken of the proceedings before the Medical Board itself, at which the accused was neither present nor represented. I should mention, too, that the president of the Medical Board was Dr. Cilento. The evidence before the Medical Assessment Tribunal proved that the president of the Medical Board, Dr. Cilento, had the case under consideration in January 1940, if not before, and as the Medical Act became law in November 1939 and the principal witness consulted Dr. Michel on 7 December 1939, it was obvious that the order in council dated 27 April 1940, which I now quote—

**Mr. Foley:** Did Dr. Michel give you his brief?

**Mr. J. F. BARNES:** That interjection proves that there is prejudice in the case I am quoting. How on God's earth could I, as a layman, come into this Chamber and put both a legal and a medical case before hon. members without being briefed by the doctor concerned? Now how could I, I ask you? Could any other hon. member do it? How could he without being briefed by the doctor concerned. I wanted the deposition. I went through this case two years ago and I wanted to bring it up in this Chamber but did not have the opportunity. Last year the Estimates for this department were not discussed. During the session in March there was no opportunity either. Of course I had the opportunity on the Address in Reply and Financial Statement debate this year and last year, but I had more important things to talk about, in my opinion, although perhaps Dr. Max Michel would say that this was the most important. If anyone writes to me and complains that he is not getting justice I will fight his case if I am satisfied about it. I have to be briefed.

When I was interrupted I was about to read an order in council dated 27 April 1940, which says—

“On the application of the registered practitioner the registrar of the board shall, if so directed by the tribunal, make available to such registered practitioner at his own expense a copy of the record of

proceedings before the Medical Board other than the deliberations of the board.”

The important point to remember is that the order in council says that the registrar shall do certain things if so directed by the tribunal. In this case, when Dr. Max Michel's matter came before the Medical Tribunal, he wanted the proceedings before the Medical Board and he was point-blank refused them. He was as much entitled to have those proceedings as a criminal is entitled to have proceedings in a criminal charge. After all, this is a criminal charge. If I was charged to-morrow with a certain offence and appeared in a lower court and was committed to a higher court I should have the right to get the depositions taken in the lower court. The accused has the right to cross-examine the witnesses.

In this case Dr. Max Michel contended that the woman in question was suffering from endocrinal trouble. Anyone who knows anything of endocrinal trouble knows that such sufferers have very extreme imaginations and that they are contemptible liars. To give you some idea of how the symptoms manifest themselves I propose to quote from the book, “Viewless Winds,” by Dr. Moran, himself a Catholic and a good Catholic. He therein explains endocrinal trouble. A nun, a mother superior of a convent, brought along a nun to him who had ulcers all over her arm. Dr. Moran diagnosed the disease as endocrinal. This disease forces the sufferer to injure her own flesh so as to get sexual pleasure from it. In this case the mother superior was wrathful and indignant and took the nun from Dr. Moran, himself a good Catholic. She took the nun to some other doctor and after 6 or 12 months the mother superior came back to Dr. Moran and said, “Dr. Moran, you are correct. We found this nun had inflicted wounds on herself and put in caustic soda which caused the ulcers.” Before Dr. Moran gave the decision concerning the case he said to himself, “I will prove that what I am saying is correct.” He asked the mother superior to put this nun's arm in plaster. They put her arm in plaster and no more ulcers appeared under the plaster, but ulcers did appear higher up near the shoulder where there was no plaster. That proved to him conclusively that she was an endocrinist, in other words, that she was suffering from sexual endocrine trouble.

I remember another case cited in that book in which a woman came into Dr. Moran's surgery. He said that her appearance was that of a madonna, in other words that she was a beautiful woman. When discussing her trouble with her, he said that she had a mere touch of pregnancy. It eventually turned out that it was the ninth abortion that she had had. She was suffering from endocrine trouble, similar to this nun who had continually inflicted this wound on herself.

In this case, the woman was being charged with being an endocrinist. That is all the more reason why the depositions taken in the lower court, in other words on the charge heard by the Medical Board, should be

allowed to be produced in the higher court, but they were refused. Dr. Michel then had to proceed further. When he went to the Full Court the Chief Justice ruled that the order in council of 27 April 1940 which I have just quoted was ultra vires of the Act. In other words, he decided that the Government of the day had no right to make the law that was contrary to the Constitution. The result was the Court decided in favour of Dr. Michel. They were wrong in the first place in refusing to admit the depositions, and they were wrong in the second place in issuing an order in council that was ultra vires. That was the legal result. Fortunately for Dr. Michel he was, as a result of that decision, reinstated as a medical practitioner.

By this time he had to go to the higher court to defend his own case, as he had no money. It has been said many times that a good barrister can make a man tell the opposite story from that which he might otherwise tell. In this case the barristers, the doctors, the Medical Tribunal, were all, with the exception of the judge, on the one side. It so happened that the whole case from start to finish was one of Dr. Max Michel against the barrister defending the Medical Board and the two doctors appointed as assessors on the Medical Tribunal. The only impartial man on the Tribunal was the judge. The doctor assessors on the Medical Tribunal are appointed to act as advisers to the judge. After all, a judge is not supposed to know much about medicine. In a complicated case, the doctor assessors on the Tribunal are supposed to advise the judge that so and so is so and so and so and so is so and so. I just want the Committee to know that one of the doctor assessors on the Medical Tribunal was Dr. Cilento.

I will proceed with my case. I was pointing out that this order in council of 27 April 1940 was inspired to protect the Medical Board in its use of unscrupulous witnesses, such as women suffering from endocrine disturbances, as was the case on this occasion. The principal witness consulted Dr. Michel on 7 December 1939. Prior to that order, the accused had the right to the depositions from the Medical Board, that is, prior to this order of 27 April 1940, but afterwards he did not possess such right. It was fortunate for him, indeed, that it was declared to be ultra vires and he had the right to use them. This order in council appeared to have been specially made to embarrass any doctor of medicine and Dr. Michel in particular, inasmuch as the original charge must be made before the Medical Board, and the person accused should have at least the right to examine the principal witness as to the evidence she might give before the Medical Board. This is the practice in all criminal cases. The order in council was the basis on which the judge refused the application of the accused to get a copy of the proceedings before the board, which was strenuously opposed by the Medical Board. I want hon. members to remember that fact.

One of the judges of the Full Court in his finding said that the Medical Board

opposed the accused's application for the depositions and it would appear the Medical Board had something to hide and that it should be compelled to give the depositions. The Full Court upheld the appeal on the ground that the accused was denied natural justice. The witness saw the doctor on the 7 December 1939, the order that dropped the provision that the depositions should be given in such a case was passed on 27 April 1940.

Mrs. Easton, under cross-examination, admitted that Dr. Michel advised her to go to the General Hospital, not only for examination, but later for treatment, a very strange advice indeed if Dr. Max Michel purposely diagnosed a condition that was not present. She admitted that Dr. Michel recommended her to go to the General Hospital because she could not afford to pay him. Under cross-examination she said she did not know how much she paid Dr. Michel, and he was supposed to have tried to obtain money from her; yet she admittedly says she did not know how much money she paid him. This is very strange, as the case arose—at least as appears on the evidence—because of Dr. Crouch's interview with her. Dr. Crouch accused Dr. Michel through the Medical Board of extracting money by fraudulent means, therefore the amount paid could not be forgotten. Dr. Michel said that she paid him £3 3s., which did not cover expenses for her examinations, and she admitted that Dr. Michel would treat her for expenses only. She first denied having any abortions but later she admitted having two or more abortions without a normal pregnancy between. I am not speaking about criminal abortions; these abortions were caused by endocrine-gland disturbances. It is a recognised fact that certain endocrine disturbances of the sexual glands make people habitual liars, with a pronounced tendency to making wrong accusations, a fact that is illustrated by Australia's famous Dr. Moran in his book, "Viewless Winds," the doctor who was the first to use radium in Australia.

The principal witness used by the Medical Board, I have since found out, stated on oath on her marriage certificate that she was a nurse and her age was 17 years. She could not be a nurse at that age. I have further found out that this woman in her home town, Casino, is considered a dangerous woman. Why did the Medical Board, which has a duty to investigate, not make those investigations and find out, too? Why did it not investigate? Because it had its own reasons. Its reasons were unscrupulous. It wanted to get rid of Dr. Max Michel in any case, which is obvious by the depositions and the amendment of the order of 1940 and the whole proceedings from start to finish.

**Mr. Foley:** He has been restored.

**Mr. J. F. BARNES:** He has been done an unparalleled harm that cannot be corrected.

**Mr. Foley:** What does he want?

**Mr. J. F. BARNES:** He is entitled to get full consideration. The hon. gentleman suggests that if he has been restored therefore he is compensated.

**Mr. Foley:** What sort of compensation?

**Mr. J. F. BARNES:** He wants a Royal Commission to prove who was the party that was crooked. That is all he is asking for—not for financial assistance.

**Mr. Foley:** He can go to the higher court.

**Mr. J. F. BARNES:** He has already won his case and he has been reinstated. The methods employed to get him are what he is complaining about. In my opinion Dr. Max Michel was truly harmed and it is the Government's duty to compensate him. Why did the members of the Medical Board, who have a duty to investigate in the public interest, not investigate in that direction, and why did they not investigate Dr. Crouch's reason for this complaint, inasmuch as they were practice neighbours? They should do so also in view of Dr. Michel's credentials. He has been a member of the British Institute of Radiology since 1926. He published original X-ray methods for diagnostics at the International Congress at Stockholm in 1928, and for deep therapy in Paris in 1931. He published in the Australian Medical Journal two years before this case certain technical details of X-ray treatment for endocrine disturbances. Dr. Michel, who diagnosed this woman as having endocrine trouble, had himself published in the Medical Journal the treatment for endocrine disturbances. This woman had said he was giving her treatment by X-ray for cancer of the cervix, but he had diagnosed the trouble as an endocrine disturbance and was giving her the proper treatment then known to advanced medical science. And this was by a doctor who has attended two World Radiology Conferences. As somebody has suggested it is the treatment as practised today.

As for Dr. Crouch's evidence, it was so contradictory and tainted by spite that it would annoy me even to repeat it. I have read the evidence through several times, and on the Medical Tribunal are a judge and two assessors. In this case one of the assessors was a member of the Medical Board, Dr. Cilento, who was the executive officer of the prosecuting body, and therefore, took the dual role of prosecutor and assessor in the court. He was the person to whom the judge would refer. In other words, it might possibly be that he was an interested party. In an ordinary court action if two cases arise over the one incident, the same magistrate could not take both trials. If he has heard the first action he is not allowed to hear the second, but in this instance he is allowed to be judge, prosecutor, lawyer, and everything else. In other words, after he had presided at the previous proceedings as investigator, he acted as a magistrate in the second. In view of the foregoing statement, I think there should be a Royal Commission to investigate this matter as irreparable damage has been done in this case, and much worse could be

done in other cases. The point is that the Medical Assessment Tribunal can influence the Minister—the present Minister was not in charge at this particular time—to have an order in council issued, as it did on 27 April 1940, giving this body power to refuse the proceedings of the previous Medical Board hearing. It is strange the thing had occurred on 7 December 1939, and the court refused the depositions as this order in council, passed later, protected the board.

The concrete evidence before the court is absolutely shocking, and despite all these facts this man was struck off the roll by the Medical Assessment Tribunal. On appeal to the Full Court he won on a technical point. Good luck to him, but I am concerned with the methods used by the British Medical Association and Medical Board by this unscrupulous Dr. Crouch and Dr. Stark who brought the case on but who failed to investigate it. Knowing that the person herself is a contemptible liar, which all endocrinists are without exception, they refused to have her original evidence before the court. They had the depositions where she had given sworn evidence before the Medical Board. Had she not given the evidence that she had given previously she would have proved herself a consistent liar—or, should I say, an inconsistent liar?—and being a liar she would not be consistent and that would have upset the whole of her evidence.

**A Government Member interjected.**

**Mr. J. F. BARNES:** There is no commission attached to this. I seek justice, irrespective of for whom it is.

**Mr. MARRIOTT (Bulimba) (4 p.m.):** I have been listening with interest to this debate and I must congratulate the Minister upon the fact that after so many years his department is now taking steps to provide a sanatorium for the treatment of tuberculosis patients. Today we have heard the pros and cons as to the wisdom of establishing such an institution in the metropolitan area. I have no decided views upon the location, for I have it in mind that I have seen patients treated and cured in the hot dry climates in Queensland. The coastal climate did not suit them at all but after a sojourn in the hot dry West they returned cured of the complaint. On the other hand I have also seen other patients who seemed to get most relief right on the coast. One friend of mine seemed to get most relief on Moreton Island. Again, after the last war the Repatriation Department established a sanatorium near Stanthorpe and was more or less successful there with what was virtually open-air treatment of soldiers affected with this complaint. We now find that the military authorities have established a sanatorium at Kenmore, a suburb of Brisbane. The sorrowful part of it is that it took so many years from the time the building was begun before it was opened to receive patients.

**Mr. Foley:** It is a long way out.

**Mr. MARRIOTT:** Not so very far.

**Mr. Foley:** It is 9 miles.

**Mr. MARRIOTT:** That is not far when you are looking for a suitable location for a sanatorium.

**Mr. Sparkes:** It is a long way by train.

**Mr. MARRIOTT:** Sometimes. As I took such an active part in the debates on tuberculosis a few years ago in this Assembly I am particularly pleased to see that both the Federal and State Governments are endeavouring to diagnose the complaint in the early stages and treating the sufferers. I am still hoping that either the Federal Government or State Government will find it in their hearts to arrange to maintain these patients who are undergoing treatment and who in the ordinary course are worried about the maintenance of their dependants. Some few years ago I stressed the point that if we take a breadwinner, who is suffering from tuberculosis, and segregate him, it is up to us to see to it that he is freed of the financial worry of maintaining his family while he is undergoing treatment. The hon. member for Logan said today that that is one of the essential points in the treatment of this complaint. I take it that he was referring to business worries. I am speaking for the under-dog who has no business except his ordinary work or trade to maintain his family.

I have mentioned previously that people suffering from tuberculosis are being treated in their own homes, typists in particular. That is so in various parts of Brisbane. I know it is so in my own locality. I know of mothers of families who are endeavouring to keep the home going while they are suffering from this complaint, and they should be segregated.

If we look at the latest statistics published in Queensland, we find that in 1943 696 patients were treated in Queensland public hospitals suffering from that complaint. It is recognised throughout the world that it is a very serious disease and steps should be taken to locate sufferers in their early stages so that recognised modern methods of treatment can be applied to them.

The very important Department of Public Health deals with the food problem to some extent—the food we eat. I draw the attention of this Committee to the quality of the bread supplied in Brisbane. It may be said that part of the bread trade comes under the control of another department, but the quality of the bread manufactured and supplied to the people of Brisbane does to some extent come within the ambit of the Department of Health and Home Affairs.

**Mr Aikens:** It affects the health of the people, does it not?

**Mr MARRIOTT:** The health of the people is wrapped up with the quality of the bread supplied. Only a few days ago in another debate either the hon. member for West Moreton or the hon. member for Aubigny referred to the necessity for the establishment of wheat experiment stations in more than one locality in the wheat belt. He pointed out that poor wheat had its sequel in poor flour.

Previously, I have made complaints concerning the quality of the bread supplied to people living in the metropolitan area. I have been told that poor flour was responsible, but I cannot reconcile that statement with the fact that in the metropolitan area we find many master bakers who do supply good and palatable bread at all times. Owing to the zoning system applied to various districts many people are required for convenience sake to take delivery of bread that is not palatable. It is often not even wholesome, yet they have to accept it. We find that on every possible occasion they can they stop at a baker's shop on the road home in order to buy good bread because that ordinarily supplied to them is not eatable. It is a serious thing for the housewife who has to provide cut lunches for men and women going to work. On the other hand, we know there are bakers who right throughout the year supply palatable bread and it is eatable three days afterwards in cut lunches.

Let us go back to our experiences in the old days in the bush. Whenever the opportunity offered we took baker's bread as a change from the eternal damper. That bread would last for a week and it was still fresh and eatable at the end of that time. We know that that practice still exists in many country localities. I also know from my own experience and the experience of others that bread is brought home by people coming from seaside resorts on the South and North Coasts, because it is palatable bread and will keep for three or four days in Brisbane. If the country bakers can supply bread of good keeping quality so that it is palatable, even after three or four days, surely the metropolitan bakers can do it? Quite a lot of them cannot, although I have indicated that some do provide good palatable bread at all times.

I want the department to look into the matter. I reported a case to the department and after the inspectors had carried out their work it was announced that the only fault with the bread was that it was light in weight but otherwise there was nothing wrong with it. Strangely enough the cart belonging to that baker carried two qualities of bread, and it is possible that the inspectors got onto the good bread. The whole district was up in arms against this poor bread and in the majority of cases the people refused to eat it if they could get other bread elsewhere.

**Mr. Foley:** Have you any suggestions to make for the improvement of bread?

**Mr. MARRIOTT:** Yes, close examination of the bakehouses by the inspectors.

In another case, the inspectors reported that the bakehouse was affected with "rope," but the baker was advised to get his flour from some other source, from some other miller. I suggest that the inspectors give closer attention to this matter, because then I am sure there would be better bread. Recently I saw a statement by the Secretary for Public Instruction to the effect that he aimed at getting better bread by providing for greater

attention to the training of bakers' apprentices.

**Mr. Foley:** That might be the fault.

**Mr. MARRIOTT:** That is not so. We have just as good tradesmen today as we are ever likely to have. I do not object to giving closer attention to the training of apprentices; I approve of it.

**Mr. Foley:** That might apply to some tradesmen.

**Mr. MARRIOTT:** We have first-class tradesmen in the Brisbane bakehouses but these men have to do what they are told. The master bakers want a certain quantity of bread turned out in a certain time, and if the tradesmen will not turn out that quantity in that time they must go elsewhere. Unless we are careful, we shall have a repetition of what we had before the war, cheap bread and master bakers supplying bread in bulk to certain shops, where it was retailed at perhaps 1d. a loaf cheaper than one could get bread for elsewhere. But what was the quality of the loaf? It was poor. The people on relief work had of necessity to take quantity and not quality, that is, poor bread, in order to fill up the innards of their families, and so the racket went on. That state of things is likely to return if zoning is abolished. Indeed, I know that some master bakers are trying to get bigger wagons now so that they can deliver a cheaper quality of bread in bulk from their bakehouses to the shops.

**Mr. Foley:** Do you think that competition would help to improve the quality?

**Mr. MARRIOTT:** In some instances, yes. The Government may have to introduce legislation to deal with the manufacture, delivery and sale of bread so as to ensure that the people get a good wholesome product.

I hope that the Minister will note what I have said, particularly the fact that some bakehouses are not as clean as they ought to be and that some are affected with diseases peculiar to fermentation processes, and that some employees have to do as their employers tell them—produce bread, irrespective of quality. We do not hear employees in country districts being told to make a quick dough, because requirements in the country are pretty well known from day to day and the dough can be prepared properly. In the cities and larger towns there is a fluctuation in the demand for bread and very often when a few hours' notice is given for a batch of bread instead of being allowed to proceed by the natural process the rising is forced—a process known in the trade as a "quick dough."

We have heard a discussion on the lazaret at Peel Island. I had intended deferring my remarks on the lazaret to a later stage, but while I am speaking on the Chief Office vote I wish to say that on a recent visit to the lazaret I became convinced that much can be done to improve the conditions of the unfortunate people segregated there. If the Government, acting on medical opinion,

decide that these unfortunate patients must be segregated for the protection of the public generally, then let that segregation take place on the mainland and not on Peel Island, access to which is difficult and where the department has difficulty in providing a good water supply. Let the patients, too, have land that can be cultivated. Attention should be given to providing the patients with materials to enable them to keep the buildings in a reasonable state of repair. There are handy men amongst them. This would enable them to employ their spare time and keep them in a better frame of mind by doing congenial work, such as carpentering, painting and glazing. When I was there fibro-cement was being used as a substitute for glass in the window sashes. When we see that we wonder what sort of a Government we have. The same thing applies to the vessel that conveys the people from the mainland to the island—a piece of three-ply being used to replace glass in the wheelhouse. Later we shall probably hear from the Minister just what is contemplated for the improvement of the conditions of the lepers on Peel Island by the provision of a better water supply and electric light.

**Hon. T. A. FOLEY** (Normanby—Secretary for Health and Home Affairs) (4.19 p.m.): The discussion has been very interesting. In many instances constructive suggestions have been offered as to what should be done in the future respecting some branches of the service.

The last speaker touched on a very important question, namely, the improvement of the bread supply for the metropolitan area. I have had many interviews with many bakers from different points of the compass, from as far north as Cairns, and also correspondence on this matter. It is rather interesting to note that each and every baker has his own ideas as to what should be done to remedy the existing condition. After analysing the submissions made to me, I have come to the conclusion that the improvement of our bread supply depends firstly on seeing that the flour contains the proper food contents and secondly that the baker must not necessarily be trained in rule-of-thumb methods but be a man with some scientific knowledge of baking so that he can adapt himself to changing circumstances due to the various changes that take place in either the temperature of the bakehouses or other factors, such as the quality of the flour.

**Mr. Sparkes:** You must have good wheat to get good flour.

**Mr. FOLEY:** I think that is understood by everybody. During the last financial year some bad flour from South Australia was imported to Queensland and distributed as far north as Cairns; and many of those rule-of-thumb bakers to whom I referred were not able to remedy the shortcomings of the flour, but others, with a scientific basis to their knowledge of baking, were able to improve the bread by increasing the amount of yeast and introducing constituents that were lacking. Our health inspectors throughout the North found that the bakers generally

were able to turn out a good loaf even though the flour was well below standard, but others were unable to do so because of their inability to correct the deficiency of the flour. The Secretary for Public Instruction has indicated that he is investigating the possibilities of giving a better scientific knowledge to the average apprentice during the training period; but as this involves big expenditure in the way of technical equipment and housing, the necessary ovens and skilled teachers, who are not available at present, he is not in a position to advance as fast as we should like.

The hon. member for Bundaberg gave us a dissertation on the pros and cons of the case of Dr. Max Michel and the difficulties with which he was confronted when he appeared before the Medical Board and later the Medical Assessment Tribunal. I understand the matter was finally dealt with by the Full Court. They are the recognised body set up to deal with matters such as a breach of medical etiquette by a member of the profession. If a doctor is charged with such a breach, he is asked to appear before the Medical Board, which after hearing the case either dismisses the charge or imposes a penalty. If the person charged feels aggrieved he can go further, to the Medical Assessment Tribunal.

**Mr. Wanstall:** The Medical Board brings the charge?

**Mr. FOLEY:** Yes. The doctor in this case feels that he is entitled to some compensation for the expense he has had in facing the charges and fighting his case. I do not know of any method, except the judgment of a court, whereby compensation can be given to any person who has appeared before it.

**Mr. Aikens:** Has he not asked you for a Royal Commission?

**Mr. FOLEY:** If we appointed a Royal Commission in the case of Dr. Michel, we should have to grant a Royal Commission to everyone who felt aggrieved because of a decision of any court, if he applied for one.

The Government have considered the case of Dr. Max Michel and in their opinion he has had his case heard before a properly constituted body, to which every other person in the community has to submit to in the event of his getting into similar trouble.

**Mr. Wanstall interjected.**

**Mr. FOLEY:** I have heard for instance that the Medical Assessment Tribunal could be improved. That is the view of the medical profession. That is purely a matter of opinion. The judge sitting as the president or judge of the tribunal may not call on certain doctors to give evidence, although many may think they should be called on. I understand that as the result of his legal training the judge, listening to the evidence, sifting it, and analysing it, may hold that there is sufficient evidence before him to enable him to make a decision himself and that it is not necessary for him to call on the medical assessors. Consequently, many of the decisions given by the judge have been

given without in any way referring the matters in question to the medical assessors present.

The hon. member for Oxley referred to the grant to the Montrose Home for Crippled Children. In past years it has been customary to make a grant in the vicinity of £500, but it is also customary for the Committee to make application, according to its financial position. I understand that last year the application was not made nor has one been made up to date, but it is not too late and if an application is made by that body consideration will be given to it and I feel sure it will be given what is due to it.

The hon. member for Maree raised the matter of the grant to the Mater Misericordiae Hospital, feeling that the amount of £1,600 shown in the Estimates was not very large. I would inform the Committee that there are other amounts—from the welfare fund or trust account £1,400, Casket grant £1,576 for the public hospital and £727 to the children's section. The total is £5,303. We have had no complaint from that institution and consequently assume it is well satisfied with the treatment by the Government.

The same hon. member asked that greater attention be given to helping aboriginals on our settlements to take advantage of the cultural arts. I can assure him that this matter has not been overlooked. Recently, accompanied by other hon. members, I visited Cherbourg to attend the aboriginal show, the first in that settlement. I can assure the Committee that the display in the pavilion was one of the best I could ever wish to see, and comparable with that of any country show I have attended during my long association with public life. There was a display illustrating aboriginal art. There was also another display showing what is being done there in the domestic science school for young girls. There was a splendid array of cookery in all its branches, including preserving and canning of certain vegetables and fruits. It was a marvellous display. The students of the domestic science classes demonstrated great skill in dressmaking and millinery and had a display as good as anything I have seen in any other part of the State. By extending the facilities at Cherbourg, Woorabinda and Palm Island, we are hoping to turn out aboriginal boys skilled in carpentry, leather work, tinsmithing and other trades, and we propose training on farms those who have a leaning towards agriculture. A good farm has been bought adjacent to Cherbourg settlement and good work is being done there now. When the electricity supply reaches there our irrigation facilities will be enlarged to enable greater training and production to take place.

**Mr. Wanstall:** Are you watching that Western Australian experiment?

**Mr. FOLEY:** Yes. At Woorabinda, which is in a much drier belt than Cherbourg, Mimosa Creek is the only source of water supply, but we took steps that enabled the aboriginals to produce their own vegetables.

In the driest period in the history of the settlement, when no surface water was visible, sand troughs were put in the creek to supply a centrifugal pump and by this means sufficient water was raised to enable them to irrigate the tremendous area that was placed under vegetables of all kinds and from this area they supplied not only their own requirements for just on 1,000 people but were able to send supplies to Westwood and to the Rockhampton hospital. This year there will be a big area under peanuts. Extensive ring-barking and suckering operations are in progress and later the land will be cleared and put under fodder crops for the fattening of stock.

The same thing is being done at Palm Island. There they have an area of only 60 or 70 acres of arable land. This has been cleared and they are doing well with papaws, pineapples, and other tropical fruits, as well as vegetables. As time goes on the activities will be extended to poultry-raising in an effort to produce not only sufficient poultry and eggs for the settlement but also to send supplies to many of our institutions, which consume considerable quantities of these foods.

**Mr. Wanstall:** Do the aborigines share in the profits from the cultivation?

**Mr. FOLEY:** In a sense they do, in that their standard of living is improved considerably. They have an improved standard of living in the settlement as the result of being able to produce greater quantities of foodstuffs than previously. I can assure the hon. gentleman that none of them is sweated. They all receive the recognised wage, which, with their keep, is sufficient to give them a much improved standard than they previously enjoyed.

**Mr. Edwards:** You bank a lot of their money, do you not?

**Mr. FOLEY:** A big percentage of them, during the war period particularly, gave wonderful relief to primary producers in many parts of the State. The hon. member for Nanango, who has just interjected, has some idea of the great measure of assistance they gave in that district in harvesting maize and peanuts. The same thing applied to the harvesting of arrowroot and on the cotton and cane fields. As he says, those who are under the control of the Director of Native Affairs have their earnings taken over and part is banked to their account, and part placed in the trust account, which is used by the Director of Native Affairs for the improvement of the settlement concerned.

There is a big problem facing us in the North in relation to the Torres Strait islands. It will have to be tackled in the very near future. We have had a communication from General Stantke that it is only a matter of time when the military authorities will be retiring from Thursday Island to the mainland. We have 800 Torres Strait islanders who enlisted and served in the military forces during the war period. All the civilians from Thursday Island have been evacuated. Many

of the houses, to the benefit of Thursday Island, I think, have been destroyed or burnt. In some cases the bulldozers simply pushed them out of the road and military huts and buildings were erected in their place. It is proposed as time goes on to appoint an administrator at Thursday Island to enable an orderly planned arrangement to be carried out in the return to civilian life, and gradually to make provision for the aborigines by the purchase of luggers and other boats. I can assure the hon. gentleman that nothing is being overlooked.

At Peel Island there is another problem. There we have a number of people who are compelled to remain isolated, as it were, but I can assure the members of the Committee that we are giving them a very fine medical service. As I pointed out earlier, we have Dr. Reye there who is investigating the incidence of the disease, while Dr. Flora Innes, at the request of some of the patients, has been appointed and visits the place periodically. Those two doctors are endeavouring to establish a high standard of medical service to the patients. One can realise that because of the worry connected with the complaint they are suffering from and the isolation, there is always a certain amount of discontent and further concessions are being asked for from time to time. As the result of a visit I made some months ago, every effort is being maintained to improve their standard and position generally. Each financial year an amount will be provided to furnish improvements. As fast as we can get the man-power and the materials to improve the standard of housing and provide amenities on the island, those matters will receive attention.

The Community Hall was burnt to the ground but we have been able to get a few carpenters to go there and throw up a suitable structure to take its place. As time goes on we hope to improve that building and so the inmates will have greater comforts than they can possibly hope to get from the existing building. We have improved the supply of newspapers and we have tried to meet their requirements in wireless sets. We have also supplied them with paint so that they might improve the appearance of the huts in which they live. We shall continue to improve their conditions generally as materials and man-power become available.

The proposal to remove the lazaret to the mainland is a very important one but the question is whether public opinion would tolerate such a move by any Government. The matter has been discussed over the years but so far no decision has been made. I feel that the patients might be placed in an even worse position than they are today by their removal to the mainland because they must be isolated and so they would have to be kept within a kind of compound or prison building, otherwise public opinion might revolt. In the circumstances it is very difficult to give a decision on the point but time may disclose that public opinion will tolerate the change and it can be made then.

I think it was the hon. member for Maree who referred to industrial hygiene and I want to assure him that the health laws relating to industrial hygiene are being well administered, and that every effort is being made to help the employers and the industrialists in both secondary and primary industries to cope with industrial diseases. I explained earlier what we were doing to counteract the possibility that fumes arising in the shipbuilding might lead to lead poisoning. All concerned are co-operating in the matter. And so we will go on building up a staff to control this section of the Health Department whereby we shall obtain maximum results in the interests of the workers and of the employers.

Mention was made also, again I think by the hon. member for Maree, of the necessity of providing housing accommodation for the police. Here again I think there is room for improvement by the construction of Government houses for the police on police reserves adjacent to police stations. We cannot do much at the moment; we must concentrate on providing accommodation for the civilian population. Of course, I realise that a sum of £50,000 per annum at the rate of 3s. a day or 21s. a week paid to police officers as an allowance in lieu of rent would go a long way towards the building up of a very fine Government asset in the payment of interest and redemption on loan money used in providing Government houses for the police. As it has been mentioned by an hon. member, I draw attention to the fact that there is a slight printer's error in the amount of the daily allowance, namely, 2s. instead of 3s., as the allowance in lieu of quarters of non-commissioned officers and constables. Hon. members can rest assured that the aggregate amount appearing in the Estimates is correct.

As time goes on something will be done in that direction. It is impossible, with the present demand for houses for the civilian population and the shortage of tradesmen, to attempt to do anything at present.

The hon. members for Windsor and Maree referred to the need for a decentralisation of hospital service. I must agree with them. I have discussed this matter with some of the medical men associated with the Brisbane General Hospital. It is generally admitted that we have reached the limit of expansion at that hospital. The Brisbane and South Coast Hospitals Board is turning its attention to providing appropriate hospitals, both general and maternity, at other centres in the metropolitan area. That is only a common-sense policy to adopt. There is room for argument as to the size of a hospital in the metropolitan area. In some places in other parts of the world, the capacity of the hospitals is greater than that of the Brisbane General Hospital. Much depends on the general lay-out of the institution so that economic service can be given to every part.

Another important matter touched on is dental attention in out-back centres. The hon. member for Cook and another hon. member referred to it. Here again we have been suffering from a very severe handicap

during the war in the shortage of dentists. Some little time ago, flying dental services were established at Charleville, Longreach and Cloncurry. We were able to obtain the services of a young dentist and a very fine young dental mechanic. From reports received the two are rendering excellent service. In time to come their activities will be extended to isolated areas. It is impossible for them at present to meet the demands for their services in that area. We might get over the difficulty of servicing areas beyond Charleville, Longreach and Cloncurry by the use of an aeroplane or properly equipped dental motor-cars.

Some of our cars have been out of service because we were not able to get the necessary dentists. As soon as they are available I assure members of the Committee that the position will be improved and the service increased so that the maximum dental service will be given to our people in the isolated areas of the State. There is nothing to prevent the hospitals boards in the more populous centres from arranging with any local dentist to give his services in a part-time capacity just the same as some of our hospitals boards employ medical men in a part-time capacity. Many hospitals boards have provided in their budgets for the part-time employment of dentists for this financial year.

I now come to the question of the Kenny Clinic activities. We have been hampered to a certain extent by the lack of nurses. A while ago there were not sufficient cases to justify the whole of the Kenny Clinics continuing on a full-time basis. In the case of Toowoomba we kept the staff for months and months on full pay but they did not work because there were no patients. If hon. members will look at the figures they will find that in 1941-42 there were only two cases of infantile paralysis in the Brisbane area and 11 cases in the country area, a total of 13. In 1942-43 there were only 10 cases over the whole of the State, and in 1943-44 there were only two cases in the metropolitan area and seven in the rest of Queensland, a total of nine. In those circumstances hon. members can understand the utter impossibility of keeping our clinics fully staffed as they originally were, and providing work for the nurses, consequently they have drifted to different employment as nurses, attendants, and masseurs. Many of the nurses who were trained by Sister Kenny are willing to come back, but unfortunately they are not always willing to go where we wish to send them. They are all willing to come to Brisbane where we have a full staff, but when it comes to placing them at Cairns difficulty arises. An effort is being made to staff our hospitals at Cairns, Rockhampton, Townsville, Toowoomba, and the other centres, where we have all the necessary equipment to cope with cases that may come in.

**Mr. Pic:** Where are the bulk of the cases coming from?

**Mr. FOLEY:** From all over the State; from every point of the compass. In order

to illustrate the difficulties with which our doctors are faced, I mention the cases of a married woman 28 years of age with two children stricken down at Mt. Isa and a boy of nine years 250 miles away on an isolated station. At Collinsville we had five cases, which was the greatest number at any point.

**Mr. Pie:** What were the ages?

**Mr. FOLEY:** The ages run up to 60. I had a conference with our doctors recently, and there is not sufficient medical evidence yet to enable medical men to learn how the disease is contracted.

A case is discovered in a school but the children in front and on the side of the patient do not contract the disease. In another instance the boy right behind eventually contracts it, but no further cases occur in that school, the next outbreak being probably 150, 200 or 500 miles away. Hon. members can understand how difficult it is to cope with it but the Government have already decided that every case is to be brought to Brisbane at the earliest possible moment after the patient is fit to travel. The decision was to bring all patients to the point at which the best medical attention was procurable and at the present time that is in Brisbane. Here we have men skilled in the work, the necessary equipment, masseurs, and orthopaedic specialists. The other day a case was brought by plane from Dimbulah at Government expense. The Government have announced that they will carry these patients by plane, if necessary, from any point of the compass to guarantee that the patient receives the best treatment from the best men available. At their last meeting Cabinet agreed to the Queensland Health Educational Council's being asked to carry out a campaign over the air and by any other means considered desirable instructing our citizens is the simple ordinary common-sense precautions to be taken in the hope that as the result the incidence of the disease will be reduced.

**Mr. Pie:** When do you hope to get that out?

**Mr. FOLEY:** That decision has already been passed to the council and we will speed it up as much as possible. I have in mind that the members of the advisory committee should be asked to draft a series of short precautionary measures, short scattered broadcasts embodying the necessary precautions for our people to take—each being drafted in a different way from the others. The Queensland Health Educational Council would then have something to work on and would arrange for the necessary contact with the radio station.

**Mr. Pie:** And have a brochure on it?

**Mr. FOLEY:** That depends on what the council thinks necessary. The old Cancer Trust did a splendid job with regard to cancer and members of the council have been moving at their early meetings since it has been established. They have got over the preliminaries and I understand are now

getting down to tints with regard to the education of the people in a number of ways.

I think it was the hon. member for Logan who mentioned that one of the factors in the treatment of the scourge of tuberculosis was freedom of the patient from financial worry. I agree with him. That is a very important factor and the Commonwealth Government, who have taken a very active interest in the matter, have not overlooked that point. They have made provision that not only will they finance the Government of the State up to £50,000 per annum, pound for pound, for diagnosis and treatment of this disease but when a patient is found, they will, to induce him to undergo early treatment and rid him of financial worry, give a pension to the patient and to the wife and an allowance to the first child. Additional children will receive childhood endowment.

**Mr. Pie:** What do you think that will amount to?

**Mr. FOLEY:** The pension will be the same as the present old-age or invalid pension. I understand that is 32s. 6d. a week. The wife will receive £1 and the first child 5s., so that they will have at least enough to ensure that they will be well fed and housed and able to carry on while the patient is undergoing treatment.

**Mr. Pie:** Would you like to leave your family on that?

**Mr. FOLEY:** I admit that it is the bare minimum, but we must realise that it is an inducement that did not exist previously.

**Mr. Luckins:** It is a start.

At 5.1 p.m.,

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

**Mr. FOLEY:** It is. It is something that did not exist before, and it will be an important factor in inducing the patient to undergo early treatment.

After the patient is discharged from hospital and if he has to go through a further period of care and rest while regaining his normal strength to enable him to re-engage in his usual occupation, the Government are willing to continue the pension and to increase the allowance from 15s. to £1 a week, the purpose being to enable him to buy certain special foods required to improve his chance of returning to normal health.

**Mr. Pie:** Do you honestly think that is enough to enable a man who has T.B. to look after his family?

**Mr. FOLEY:** I admit it is the bare minimum, but I must emphasise that it is a start. Prior to this there was no assistance other than the relief given by the States, which was much lower.

Another important point raised by hon. members was the situation of the proposed sanatorium, as to which there were differences of opinion.

**Mr. Luckins:** Did you have expert advice on it?

**Mr. FOLEY:** Yes, and I propose to quote the advice received from Dr. Coffey and Dr. Pye. Dr. Coffey said—

“The prevention of tuberculosis is a sociological problem. Poverty, poor food, bad housing, overcrowding, over-work and worry diminish resistance to the disease, while prosperity, good food, rest, change of air, and some choice of occupation increase resistance and avoid contact with infection.”

As a result of the improvement that has been made by the Labour Government in the standard of living and comfort of the average individual of this State since 1915 the incidence of disease in Queensland has been reduced until it is now the lowest of all the States of the Commonwealth.

Dr. Coffey goes on to say—

“Better living conditions, shorter working hours, and improved conditions of industrial hygiene will diminish the prevalence of tuberculosis. The site of a sanatorium is of prime importance. The aim is to obtain a site with pure air, abundant sunshine, dry soil and equable temperature.”

“The sanatorium must be easily accessible, otherwise patients will object to isolation from relations and friends. It will be very difficult to procure necessary working staff and expenses will be increased.”

Those are very important matters in establishing a sanatorium. I can assure hon. members that it is no easy task to keep a staff in isolated places. For instance, take the Cloncurry hospital, which is situated a few miles out of town. It is difficult to obtain transport when the nurses are off duty and when they desire to come into town. Consequently, you get discontent and the result is that you must use the greatest tact to hold the staff on the job.

He also says—

“The site selected in Brisbane for the proposed sanatorium fulfills all the necessary requirements.

“A site west of the Great Dividing Range would not fulfil the necessary conditions.”

Dr. Pye, who was one of the members of the advisory committee set up by the Brisbane Hospitals Board to advise the Government, also comments on this question. His views were as follows:—

“Provision should be made for the establishment of a sanatorium with close access to the city. The advantages of such accessibility are manifold. City light, water, and sewerage would be available. Transport facilities would be available to ensure that patients may not be unduly cut off from their friends and relatives, and the staff would have access to the city.

“Medical opinion to-day believes that climate is of secondary importance in the treatment of pulmonary tuberculosis although it was regarded, and still is, by most of the public as one of the essential

factors. Now it is becoming more and more recognised that rest is the essence of the treatment, and provided the patient has rest and exercise regulated by a physician of experience the actual site of the sanatorium or the climate in which the treatment is taking place is of minor importance.

“I am of the opinion that all cases requiring rest should be admitted to the one sanatorium, no matter in what stage the disease is. The hopeless cases derive great hope from seeing some cases discharged. Bell Ferguson in Melbourne lays great stress on this aspect of sanatorium treatment. Before he assumed control of the organisation in Melbourne, the sanatoriums were graded, and cases admitted to different sanatoriums because of various states of the disease. Hopeless and incurable cases were all sent to the one institution, and the atmosphere in any such place must be that of hopelessness and despair.”

At 5.8 p.m.,

The CHAIRMAN resumed the chair.

**Mr. FOLEY:** Those were Dr. Pye's views on that question. I also have here a copy of the “Medical Journal of Australia” in which comment is made on the same subject. It reads—

“The hospital sanatorium should be located on the outskirts of the city in an agreeable situation for the patients. It should have good communications. Every manifestation of the disease and patients of all ages should be treated there. In the planning of such an establishment we have much to learn from such institutions as the Forlanini Institute of Rome, the Mountain Sanatorium at Hamilton, Ontario, and the Sanatoriums at London, and Toronto, Ontario.

“The Forlanini Institute is a particularly fine building, and in its equipment and organisation appears to embody most of the essentials of the modern hospital sanatoria. It is situated about half an hour by tram from the centre of Rome. It was completed in 1936 and has a capacity of 1,300 beds which can be expanded to 1,500. There is a sanatorium division of four pavilions, one floor for men, one for women, and a hospital division, which includes separate sections for (a) surgical tuberculosis generally; (b) patients for thoracic surgery; (c) tuberculosis involving the eye; (d) tuberculosis involving the skin; (e) patients with ear, nose, and throat complications; (f) pregnant patients. This section has its own delivery rooms, and, like the ear, nose, and throat section, its own operating theatre. The university professor of obstetrics is responsible for the obstetrical care of these patients.”

The main point made in those opinions is that the institution should be located adjacent to a city where there will be available modern sanitation, light, power and sewerage, with adequate transport for the convenience of

friends of the inmates so that their visits will break the monotony of the sufferers.

**Mr. Luckins:** Very big factors.

**Mr. FOLEY:** They are very big factors. We hoped to get busy on the matter quickly, so that we could arrange for mass X-ray photography, first of all of the group in contact with known tuberculosis subjects and then with the lower-age group, say from 15 to 25 years, and then make a move with the treatment. Once you make a move with mass photography of this sort, you can be assured that in a place like Brisbane and its environs you will have to make preparation for at least 200 patients. It is expected that we shall locate at least 200 patients suffering from the disease in varying stages. When this offer of £ for £ was made by the Commonwealth we were not able to find the material and the tradesmen to carry out the work, and so the next move was to search the city to see if it was not possible to get temporary accommodation. The committee spent weeks exploring the city in an endeavour to get that accommodation, but it was unsuccessful. The next move was to find a site for a new building. That is located on the outskirts of Brisbane close to Rode Road alongside the Kedron tram terminus. It has a beautiful gentle slope with a rather fine clear view right out to the ocean about Brisbane. As time goes on and men and material become available, a move will be made by the Brisbane and South Coast Hospitals Board to start some of the units.

**Mr. Pie:** The present position concerning the treatment of tuberculosis patients is not too good.

**Mr. FOLEY:** We are giving the best that we possibly can with the ordinary hospital facilities, and I can assure the hon. member that our medical men are leaving nothing undone in this respect. But as has been pointed out by the authorities I have mentioned, the main considerations in effecting a cure are rest, freedom from worry, and the building up of the body to a stage at which it can resist the ravages of the organisms that produce tuberculosis. It is possible that even most hon. members in this Chamber have at some time or other contracted this disease, but as the result of our resistance we have been able to defeat it. If we were X-rayed there would possibly be disclosed some slight pitting of the lungs, indicating that at some time or other we were affected. Medical men pin their faith to the theory that rest, freedom from worry and the building up of the patient so that he can resist the disease without perhaps any further medical treatment will in themselves bring about a cure.

**Mr. Luckins:** Are you proposing to establish an institution for T.B. patients similar to the Diamantina Hospital for Incurables?

**Mr. FOLEY:** No. The idea is to erect a sanatorium similar to that at Westwood. We have had trouble there with the water supply. There has also been a certain amount of deterioration since the war period. The water, which is drawn from a well in the

grounds of the institution, corrodes the flushing pans and other facilities but we are arranging to draw suitable water from a creek three or four miles away.

**Mr. Pie:** Can you treat the present water?

**Mr. FOLEY:** We cannot. The supply is not only limited but difficult to treat.

We have the necessary piping. The work will cost about £4,000, and will be done when labour is available. We shall then have a good water supply for the institution. We are also installing there an up-to-date hot-water system. The new supply will give us an abundance of water to make the institution grounds more attractive to both patients and visitors.

**Mr. Pie:** How far is Westwood from Rockhampton?

**Mr. FOLEY:** About 20 miles approximately. The site on which the sanatorium is erected is a beautiful one. The present horse-drawn vehicle that conveys patients to and from Westwood is being replaced by a motor truck. In the course of a year or two the amenities at this institution will be greatly improved.

The establishment of a sanatorium further north is being further investigated. The committee I mentioned will appoint a representative to visit the North for that purpose. He will have the necessary ability to recommend just where a sanatorium should be established in North Queensland.

**Mr. Pie:** Where do the bulk of your patients come from?

**Mr. FOLEY:** Mostly from the metropolitan area. There is a big population in North Queensland. The question is what locality will be most suitable, taking into consideration all the points we have discussed. We shall then have three sanatoriums established in Queensland, one in each division of the State. The Queensland Radium Institute, with its experts and technicians, will be equipped with photographic apparatus, both stationary and mobile, to enable us to diagnose the disease throughout the State.

I must disagree with the hon. member for West Moreton, who mentioned that certain T.B. subjects should not be considered in the treatment campaign if they refused to go to a sanatorium in a remote area, because they thought it was too lonely. I am sure that he made a slip of the tongue because we cannot take up that attitude. That is a factor we have to consider and it is one that affects younger people. If we take them to a place far removed from their relatives there is a tendency for them to fret, which to a large extent mitigates against their proper treatment.

As to the site of the home for the aged that is proposed on the mainland, hon. members who have visited Dunwich recently may have noticed that considerable deterioration has taken place in the buildings because of lack of materials and tradesmen to carry out the repair work that is necessary. Many

of the facilities are out of date and would need to be modernised if the home is continued there.

I wish to pay a tribute to the matron and nursing staff of the hospital at Dunwich for the splendid work they have done in attending to the old people, notwithstanding the shortage of staff and the fact that some of the facilities are really out of date. We are losing at the rate of £4,000 or £5,000 a year in transport to Dunwich compared with what it would cost if the institution was on the mainland. We are also faced with a tremendous cost in repairs and general improvements, and Cabinet after considering the whole matter decided that the best thing to do would be to move Dunwich when time and circumstances permitted to the mainland. We have been looking for a site and we have not yet definitely determined on one, although the reclaimed area of Sandgate close to the Hornibrook Highway has been mentioned as a very suitable site. I have my eye on it because in the R.A.A.F. organisation there are some splendid buildings, with sewerage, electric light and water laid on. If the State could obtain those buildings on reasonable terms when the R.A.A.F. vacates them we should have a site that was not excelled in the southern part of the State and we could remove the greater number of the people from Dunwich to it while a permanent structure was being erected over a period of years. It would be there as a going concern and would accommodate virtually all the people from Dunwich. We should save money by housing them there and the permanent modern structures could be proceeded with adjacent to the buildings that are now there, and all the time we should be saving on the cost of transport.

**Mr. Maher:** What is the objection to Dunwich?

**Mr. FOLEY:** As I pointed out before the hon. member came in, during the war period there has been a considerable amount of deterioration in the buildings, which are badly in need of repair, and we are faced with a tremendous expenditure if we want to modernise the institution. In addition to that we are losing £4,000 or £5,000 a year in transport costs. Those factors convinced us that it was desirable to transfer Dunwich to a suitable site on the mainland where a modern institution will be built. We are looking for a suitable site for Dunwich and when time and circumstances are favourable the change can be made.

**Mr. Pie:** The Fihelly case was one of transport.

**Mr. FOLEY:** That is another instance in which people have to be transported to the mainland in a small boat. That is the only boat we could buy and it had not much accommodation. Naturally, when it ran into a squall the people got wet, and I can assure the Committee that in the couple of hours' journey from Dunwich to the mainland one can get very wet on occasions.

The Eventide Home for the Aged is situated on the outskirts of Charters Towers, a

distance that could be termed an exercise walk into the city. The inmates of the home can therefore visit the city and have a pot of beer if they wish to.

**Mr. J. F. Barnes:** That is the biggest factor.

**Mr. FOLEY:** That is one factor in meeting the comfort of the people in the eventide of life. We have not yet decided on any particular site, but one of the favourable points is that the Sandgate site could be used to advantage. Other sites are being inspected from time to time, and naturally if a more suitable site is discovered we will consider it.

On this question and dealing with the North—and it is important because of the criticism that has been raised—we are now in the process of building a modern home on the outskirts of Rockhampton. There is already a home in North Queensland, at Charters Towers. We have already decided that Mareeba is the most suitable site for a home further north. It will thus be seen that we are decentralising. When these homes are erected, the old people will gravitate to them and thus obviate the necessity of coming south and away from their relatives and friends.

We have also encouraged—and the local authorities are responding to the encouragement—a system of building cottages for elderly people who are in a condition to move about and look after themselves. Local authorities have been chosen as the intermediary because they can provide sanitary and other services. We have agreed to finance them in the capital expenditure involved at the rate of pound for pound for each cottage. Bundaberg was the first to move in this direction, and I have received a small sketch of the home the council there has in mind, which it thinks can be erected at a reasonable figure. Maryborough thinks the community system is best, working on a sort of a flat system with certain privacy for each individual, but with community services for bathing, lavatories, and sanitary accommodation. We are not laying down any hard and fast standards but leaving it to the local authorities concerned to decide for themselves according to circumstances peculiar to each district.

When we return to normal conditions Charleville has been approved as the site for the erection of a home for the people of the West. I think Toowoomba is the next place on the list, speaking from memory, where a home will be built and there it will be under the control of the hospital board. As time goes on the accommodating of our aged people will be considerably decentralised and this I think will be to the advantage of all concerned—the individual, the hospital and the local authority.

**Mr. J. F. Barnes:** One home for each town?

**Mr. FOLEY:** I would not say that, but one home to some of the larger centres, each catering for a district, and associated with it the individual homes built by the various local authorities in various parts of the State.

I think I have covered the majority of matters raised by hon. members. The department is doing its best with the tremendous odds against it in the way of facilities and staff.

I wish to compliment and praise the staff of the Chief Office. During the whole of the war period they laboured under very difficult conditions because a huge number of their members enlisted in the services. Twenty-three males and one female enlisted from the Chief Office, and 20 males and one female from the Health Department joined the services, making a total of 43 males and 2 females from these two sections alone. Up to date only three of that number have resumed duty. Our inspectorial staff has been short by about 16, but by providing motor facilities and in other ways we have been able to keep up a good service to the public. I take this opportunity of thanking the staff publicly for their splendid work and sacrifice during the war period. I hope that as time goes on and demobilisation speeds up the staff will be relieved of much overtime and excessive work. As Minister in charge of the department I have had no cause for complaint. Everything that I have asked for has been supplied despite the fact that for months upon months there was only a junior staff in the Records Section.

**Mr. HAYES (Nundah) (5.34 p.m.):** At the outset I congratulate the Minister on the remarkable job he is doing in a department that caters for the needy and suffering. I really thought at one time that no Minister could do a job in this portfolio equal to that of his predecessor but the present Minister has shown that I was mistaken.

Mr. Mann, both you and I remember the predicament the people of Queensland were in after the depression years, when much required to be done, although I realise that this was not peculiar to Queensland. We had a depleted Treasury and for that reason alone were not able to do all the things necessary to implement Labour's policy.

I am not going to go over the track of the previous Administration's record prior to Labour's coming back to power in 1932, beyond saying that much required to be done. That will be admitted by hon. members of the Opposition as well as those on this side of the Committee who had a big task confronting them.

I do not think I have missed any occasion on which to congratulate the Acting Premier on the extraordinary job that was performed by him when he carried out the multifarious duties associated with the work of the Department of Health and Home Affairs. Today I congratulate the present Secretary for Health and Home Affairs, the Hon. T. A. Foley, on the grand job he has accomplished. Departures have been made from existing practices, and many extensions of services have been provided.

Now that the war is over and peace has been declared, we still find throughout the world that there are factions apparently desirous of carrying on the war. I trust this

is not going to be the Armageddon. I hope that common sense will prevail among the leaders of all countries and that the outcome will be sound government on recognised principles that will enable us to repair the wastage caused by the war.

Labour has at all times adopted a policy that provides humane treatment for the people. Pre-natal care has been given to expectant mothers, and there has been a big extension of the service supplied by baby clinics. The humane treatment of the people has always been in the forefront of Labour's policy, and it has always been carried out by a Labour Government.

The hon. member for Sandgate spoke about the removal of the home for aged people at Dunwich to Sandgate. I do not know what he fears if that home is moved to Sandgate, but he may have grounds for them. Since my election as a member of this Parliament I have interested myself in that aspect of Labour's policy and I have visited all such places. On several occasions I visited the lazaret at Peel Island. On my first visit there I was informed that there had not been a visit by any member of Parliament, with the exception of the Minister, for a number of years. As the result of my visit I was able to place certain matters before the Government, and I feel that these representations were productive of much good.

Certain structural work was carried out. For instance, the inmates had an up-to-date hospital provided for them, whereas formerly sick inmates were treated by a visiting doctor and cared for by the nurses at the institution. I also drew attention to the inefficient water supply there and that matter was rectified. I had looked forward to another trip to the island before these Estimates came on, as I had not been down there for two years, but I have been unable to make the trip since my release from the Army. No body of people gives me more concern than this group, who are segregated on an island because they are suffering from the dread disease of leprosy and I believe that everything that can be done for them should be done. I cannot speak with any medical knowledge of the subject but if the public do not approve of their segregation on an island in Moreton Bay the Government should give serious consideration to the removal of the institution to the mainland. I am sure the Government will give very careful consideration to any proposal to move the institution to the mainland, even though the inmates will still have to be segregated there. Such a move would perhaps give some relief to them.

I have visited Dunwich on many occasions. It is a delightful health resort. The people who visit there make a very enjoyable trip down the Bay on the steamer "Otter" for a distance of about 40 miles. The climate is ideal in winter and summer alike. Strange though it may seem, in the winter months the temperature is 10 per cent. warmer and in the summer 10 per cent. cooler than it is in the city, and the same can be said about the climate at Sandgate. So that

as a health resort Dunwich would appear to be an ideal place, but it has to be remembered that the people who are using it in the few remaining years of their lives are somewhat isolated in that their relatives have access to them only by the "Otter" two days a week. I do not think that is good enough and so I agree wholeheartedly with the Government's intention to bring that institution to the mainland. I believe, too, that no better place can be found for it than another seaside resort. The site mentioned by the Minister, I think, is quite suitable, indeed ideal.

At 5.45 p.m.,

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

Mr. HAYES: I regard the new site as a good one from a health point of view. The hon. member for Sandgate mentioned that at high tide the water came right up to the wall, which he believed would be dangerous to aged people, and that the traffic to the Hornbrook Highway also would be to their detriment. The same disability, if one might term it such, exists in regard to the Marchant Homes. There is heavy traffic on the main road passing the very door of those homes but it does not detract from their advantages. The aged people now at Dunwich are not so feeble that they would be compelled to remain within the confines of the new home. The site is so situated that it would enable the old people to walk along the esplanade, go to the shopping centre, or take a train to town or a bus to Redcliffe or Margate. It would also be easy of access to both relatives and friends. Those are conveniences and amenities that are lacking at Dunwich. The Government will be doing the right thing in bringing the home for the old people to the mainland and establishing it at a seaside resort. There is the economy side also to be considered. There appears on the Estimates a sum of £8,310 for the steamer "Otter" to service Dunwich. That will be saved under the new scheme. The Minister's statement on the point was very convincing. The present wood and iron structures at Dunwich have outlived their usefulness. The aged and early pioneers of this State are deserving of better buildings. If the home is not removed to the mainland the Government will be faced with the complete rebuilding of Dunwich, therefore no grounds whatever exist for endeavouring to prevent its removal and establishment on the mainland. Again, if the sea air at Sandgate is not considered to be conducive to the health of the inmates there will be nothing to prevent any who may wish to do so to go to inland homes, such as the Eventide Home at Charters Towers. Everything that should prolong the lives of our people in this way should be done.

Much mention has been made of the Sister Kenny Clinic. I had some fears when Sister Kenny left our shores to give the old world the advantage of her knowledge that some neglect of our own sufferers would result.

I am happy to learn that Sister Kenny has met with extraordinary success in the treat-

ment of cases of poliomyelitis. On a former occasion I mentioned two cases that were well known to me in which the Sister Kenny method of treatment was completely successful. One was that of a child, a very bad case, suffering from a contraction of the muscles of both legs and stomach. Under Sister Kenny's treatment this boy was completely cured. When speaking recently to Mr. Connolly, who for many years conducted a chemist's shop in Queen street near Allan and Starks, and who is well known to many people in the Brisbane area and throughout Queensland, I found him loud in his praise of the Kenny method of treatment. He told me that a son of his was crippled as a boy of five or six years of age, but through the Kenny method of treatment he was fully restored to health. This young man was in the same unit as I was in the A.I.F. and he is still on active service. The cases I have mentioned should be sufficient to convince anybody—even those members of the B.M.A., who were not prepared to give Sister Kenny a fair go—of the efficacy of her treatment.

Seventy-one cases of infantile paralysis have been notified throughout Queensland recently, but fortunately we still have the staff trained in the Sister Kenny method, without which we should have many more cripples than we do.

Recently an invitation was extended to members of this Parliament to attend an illustrated lecture by Sister Kenny—I regret that so few found time to go along—and pictures were shown of patients who appeared to be hopelessly crippled when treatment began but were restored to health and able to take their place in industry. This gifted woman has given her treatment to the people without any question of payment. I am pleased that America has recognised her ability and the great work she has performed. She is a noble Australian who has put Australia on the map of the world.

In the time left to me I take the opportunity of saying a few words of praise to the superintendent of the Brisbane Hospital, Dr. Pye, and the members of the staff generally. They are rendering a wonderful service and I have nothing but praise for the job they are doing in the saving of lives and the curing of ills. And I must not forget the extraordinary job being done by Professor Shedden Adams at the Brisbane Women's Hospital. This being more or less an impromptu speech this afternoon, I have not had the time to take out figures with regard to that hospital, but I shall certainly do so before this vote goes through and make it my business to give the Committee this information to counteract the rot we have heard from certain members of the Opposition in their efforts to ridicule the grand work done by the medical staff at the Brisbane Hospital. It is second to none in Australia; rather it is superior to any.

On those occasions on which I have had to approach the superintendent of the hospital I have found him courteous and obliging and always available and willing to do a job in

the interests of the sick at any hour of the day or night.

On a former occasion I mentioned having made certain inquiries through the Under Secretary of Health in New South Wales, of the secretary of the British Medical Association there, and I am now able to state that two of our Brisbane doctors recently appointed to the Medical Board are the equal of the best specialists to be found anywhere in Australia in the treatment of certain diseases that occur in Australia and of which comparatively little is known in the medical world.

I desire to thank the Brisbane and South Coast Hospitals Board on behalf of the people of Cribb Island and Nudgee Beach for the wonderful service given by Dr. Ballantine. I can claim to be responsible for the extension of this visiting medical service to Cribb Island, whereby Wynnum and Redcliffe also benefited, and I would point out that it includes dental and pre-natal care, also medicine dispensed. I congratulate the board on what has been accomplished.

(Time expired.)

At 7.15 p.m.,

The CHAIRMAN resumed the chair.

**Hon. S. J. BRASSINGTON** (Fortitude Valley—Speaker): After listening to the very interesting remarks of hon. members in the Committee today, one becomes convinced beyond all doubt that the department presided over by the Hon. T. A. Foley is carrying out a most effective and progressive policy on behalf of the people, not only of this city but of the whole State. Of the many departments that constitute our system of government today, the Department of Health and Home Affairs can be classed as being at least equal in importance to any other, because it controls the health of the people by implementing a sound policy of public health, by creating fine hospitals and sound health services, and encouraging all the authorities throughout the State concerned in protecting the general health of the people.

The very basis of the existence of a society is a sound health policy. Try as they might to implement other policies for the public welfare, the Government must fail if the basic policy of all, a sound policy of health, is not first attended to. After all, if our people are not healthy they cannot be happy, they cannot be contented, they cannot be prosperous, and so they cannot combine or co-operate, nor build the State a healthy community would build.

**Mr. Devries:** They are a liability to themselves.

**Mr. BRASSINGTON:** That is so. I compliment the Government and the Minister in charge of the department and all those who have co-operated with them in implementing this splendid policy of health during the past financial year.

Much has been said today about the various activities of this department, but one

branch to which I desire to make special reference is that section of very devoted men, including doctors, technicians and others, who, during the most difficult period in the history of this State—the war years—have fought against the outbreak of epidemics of infectious diseases, which could easily have been carried here from overseas during that time. It is interesting to note that in this regard they have virtually a clean sheet, and they are entitled to the sincere thanks of the people of Queensland for maintaining the population free from the ravages of frightful diseases such as typhus, bubonic plague and a myriad of others that could easily have afflicted this State had we not had a vigilant and efficient public-health staff to police and control ships coming into the ports of the State.

It is interesting here to place on record what this section of the department has done in this direction. The shipping and river frontages on both sides of the Brisbane River from Toowong to Pinkenba were inspected three times during the year. The rubble retaining walls and earth embankments form extensive harbourages and rat infestation exists in many parts of the river frontages. The rat-proofing of these river banks would form a strong first line of defence against the introduction of plague rats, and should be considered as a post-war work.

The Brisbane City Council maintains a rat gang for poisoning operations, and during the year laid baits on—

River walls and banks ..	224,900
Wharves .. .. .	156,610

The report gives a return of rats caught or received from Townsville, Rockhampton, Ipswich, Cairns and other places. The results are set out in a table. It is not very pleasant reading—the number of rats exterminated each week, each month or each year. It is sufficient to say that this department has been ever-vigilant and by co-operating with the Brisbane City Council it has been instrumental in destroying many millions of what I should say was a dangerous plague of rats that afflicted this city and which today, I say, still is a menace to its health.

On this question of the general menace of rats to the health of our community, let me digress for a few seconds by saying that in our library we have a very interesting book entitled "Rats, Lice, and History." As a matter of fact, this book is considered one of the classics on the question of public health and particularly in reference to the menace of rats in carrying disease. Now, a study of history—not a mere 100 years or two centuries, but a study of history for many centuries—as one reads it in the pages of this book from the first occasion on which man set out to sea in boats, or what were known as boats in those days, shows that infected rats went with man everywhere. That has ever been the history of the spread of bubonic plague and typhus. Whenever the boats, sailing westward from the Levant, touched at European ports those diseases followed in the wake of the infected rats that

left them there. The result is that there stands out in the pages of history such disastrous reverses to the progress of mankind as the great Black Death in London, the plague that swept central Europe about the middle of the 16th century, and so on. People in all countries down through the centuries have ever been alert to the necessity of fighting this enemy of man—the rat. They ever have been alert to exterminate it as far as possible and they ever have been alive to the need for taking every possible precaution against an outbreak of those frightful and terrifying plagues that have afflicted mankind down through the years.

That brings me back to the point I made previously, that the rat population of this city today apparently is as high as or higher than it has ever been and this must leave the impression on the minds of all thoughtful people that while those millions of rodents are at large in our city and while we have calling at our ports overseas boats—and we have quite a number, I understand—the danger is always with us of an outbreak of those terrifying plagues. That is all the more reason why our health authorities are maintaining their vigilance and increasing their efforts, so that the danger will be mitigated and if possible removed.

It is interesting to note in this afternoon's edition of the "Telegraph" that the outbreak of bubonic plague in Italy has assumed alarming proportions. All these things must force every thoughtful citizen to the conclusion that the rat is a menace not only to our own State but the Commonwealth of Australia. There is always a danger of an outbreak of plague or disease similar to what I have described tonight.

**Mr. J. F. Barnes:** It is sheer luck we have not had an outbreak here.

**Mr. BRASSINGTON:** The hon. member is entitled to his opinion. I do not for one moment suggest that it is sheer luck. I am arguing here tonight—and I repeat it—that there is a band of devoted men in this State who have been ever alert and ever watchful and to them go our thanks and gratitude for the fact that we have escaped any such outbreak, although it was always possible during the war years.

To them we extend our thanks and our gratitude that we have escaped such outbreaks during the war years. It is not because of sheer luck. We can reason that we must at all times be prepared to keep this country clean of plague and take precautions to guard against its introduction.

I propose to make a suggestion to the Brisbane City Council and in so doing link up my remarks with the vote before the Committee. I do not propose to indulge in political propaganda or in personalities; I speak in an impartial way on the subject. My suggestion is that when man-power is available the Brisbane City Council should begin an all-out offensive against the rats in the city. The matters of providing new parks or replacing roads or carrying out a building programme in the city can very well

be deferred temporarily, so that the public health of the city can receive first consideration. I am not speaking at random when I say that, but as a ratepayer and as one who endeavours at all times to comply with the rules and the ordinances of the City Council. In my district there has of recent years been an alarming increase in the number of rodents, so alarming that it is very difficult indeed to cope with them or to eradicate them. In the interests of the health of the city and the many thousands of people that I represent I offer that suggestion to the Minister so that the proposal may be implemented by the Brisbane City Council and become the first effective move in the post-war policy for the protection of the citizens of Brisbane. The health of the people comes first. No financial consideration should prevent proper attention to it, no effort, no sacrifice should be spared to bring about good public health. It behoves every thinking person in the community to support the Government in their splendid endeavour to provide a proper health system and it behoves us all to bring pressure to bear where it is required to implement such a policy in the interests of the people.

I now turn my attention to the Wilson Ophthalmic School Hostel, situated in Windsor. It is one of the finest institutions in the State. To people who perhaps are not as interested in its good work as they might be I would say that they would think differently if they were aware of the sad position of the many children who are inmates there. As a youngster going to school in the West, I saw numbers of children contract trachoma and other diseases of the eye and, because of the lack of proper medical care, suffer severely as a consequence. Today it is no untruth to say that throughout Western Queensland at least there are many young men and women who having contracted these eye complaints in years gone by and having been unable to get proper treatment for them, are now not assets to the State. In fact, in many instances they are a drawback.

I am glad to say that this splendid institution was established as a result of the policy of the Government that I have the honour of supporting. When I last visited it approximately 100 children from all parts of the State were receiving up-to-date treatment through the good offices of the Government and Dr. Vincent Welch. Many of them were showing results from that treatment and were on the road to an early cure.

**Mr. Gair:** The effectiveness of the treatment at the hostel is reflected in the number of inmates of the Institute for the Blind. In 1932-33 it had 35 child inmates, whereas today it has only 10.

**Mr. BRASSINGTON:** I am glad of that interjection, as it throws a strong light on the point I am making. That is a fact that cannot be refuted. If any justification is needed for the policy laid down by the Government and now being implemented, it is to be had in that fact.

I was about to say that the Government did not stop at restoring to those young children a reasonable amount of their former sight, but have gone further. It is now possible for them to learn trades which, if properly handled, will enable them on returning to their homes to become useful citizens and an asset to the State. That splendid institution is entitled to much commendation for the very excellent results achieved. I want to pay, too, a word of praise to the matron and her staff. They have worked loyally and devotedly to give the kiddies a fair deal. They carry out their onerous and arduous responsibilities with credit to the State.

Lastly, I desire to say something of the conditions obtaining at the Brisbane General Hospital. I had—I was going to say the privilege and responsibility—last year of hearing the hon. member for Windsor launch a very vigorous and at times very unfair attack on the administration of the hospital and on the Government and everything connected with that institution. I was surprised to hear the hon. member today, in the short space of a few months that have elapsed since that time, take back almost everything he said last year. The only arrow he had left in his quiver had some reference to the Wattlebrae Hospital. Every reasonable man will agree that the Wattlebrae Hospital is not situated in an ideal location, but I want to ask the hon. member, and those who think with him: how was it possible for this or any other Government to transfer Wattlebrae at the time of his agitation in view of the many difficulties with respect to manpower, building material, &c.? When we sum up the very strong oration delivered by the hon. member for Windsor, we find that it was like a balloon, it has ascended into the air and will never return to earth.

Nevertheless, the hon. member's criticism has occasioned a good deal of harm. Firstly, it was very damaging to the hospital. I am leaving the political aspect of the attack out of my remarks, as we are not here to discuss it. The criticism caused a good deal of confusion, misunderstanding and unpleasantness among the staff at the hospital, but the worst result was the disinclination of sick people who needed attention—I know two or three cases at least—to enter it for such treatment.

I have had at least two cases in the last few months of people who said to me, "At all costs get us into the Mater, get us into any other hospital but the General Hospital." I reasoned, I argued and pleaded with the people, but the damage had been done. I am not holding the hon. member for Windsor entirely responsible. The damage has been done by people who misunderstand the position because they have not a complete grasp of the difficulties surrounding the administration there and the difficulties of the Government and went out of their way at a difficult period to injure both. I have no doubt that time will repair the damage that has been done. The good staff and the up-to-date treatment available there will in the end rectify the position and restore confidence in the hospital. Today it stands as

perhaps the greatest hospital of its kind in the southern hemisphere. That claim was made years ago and it has never been seriously disputed. It stands today as a fine institution with which we can be very well satisfied, and we should help the Government to go on and do their best to keep it at a reasonable level.

In the end we must reach a dead end in the matter of building; if we go on building, building, building we shall finally have an institution too central, too big and one that will not serve the interests of the people of Brisbane as it was originally intended to do. What I suggest is that when the building programme out there is near an end the next hospital building programme in the metropolitan area should take the form of base hospitals at suitable locations so that the Government will give to the city a well-balanced hospital system easily accessible to all people who want treatment. The experience of New York and other American cities has been that wherever possible it is best to decentralise and distribute base hospitals evenly over as wide an area as possible. The Secretary for Health and Home Affairs is a very reasonable and understanding man and I am sure that while he carries on the programme the best results will be achieved for the people.

In addition to what has been said about the General Hospital I wish to add that the thanks of the public are due to Dr. Pye, his medical staff, and the very loyal band of devoted nurses and other women, and the numbers of men who have co-operated in providing an excellent service to the public. I should be overlooking my duty if I were to forget the very strong driving force connected with that hospital in the person of Jim Anderson, the manager of the Brisbane and South Coast Hospitals Board. Despite the windy vapourings of our hon. friends opposite and despite all the difficulties, the verdict must be for the General Hospital. I do sincerely ask all hon. members, irrespective of their political views, to co-operate with the Government in developing our hospital system in Queensland, in the interests of the people of the State because the sounder the health policy the sounder the development in the future and the more protection there will be for the coming generations of our people.

**Mr. TAYLOR (Maranoa) (7.39 p.m.):** I should be lacking in my duty to my electorate if I failed to compliment the Government, the Minister and his officers on the important work they are doing for the sick and suffering people.

I have at all times, when seeking advice and assistance, found that the Minister and officers of this important department are most helpful. We in the area I represent are very fortunate, as we are well served with good hospitals, with almost every modern facility for the treatment of the sick and suffering. It is only in very rare instances that people there are forced to come to the city to get advice from specialists. That is something

of which the Government can be proud—the people in the inland area can obtain these facilities without having to come to the city. We are particularly fortunate in that our hospitals are staffed by competent medical officers and nursing and domestic personnel. They have done an excellent job during the war and under great difficulties. On no occasion have I heard a word of complaint from the medical, nursing, or domestic staff of any of the hospitals in that area.

We in the Maranoa are very hopeful that in the near future there will be established at Injune, a small country town 60 miles from Roma, a small ambulance centre, and that at a later date, when the man-power and material position improves and the necessary staff to run a hospital is available, a hospital will be established there. It is a very important area, and one that would be well served by a small hospital in that town. I feel sure that when the occasion arises the department will give very sympathetic consideration to our request. We are unfortunate in this respect, that at present Injune is not served by very good roads, and in wet weather great difficulty is experienced in getting a sick person to Roma.

It was only recently that I had the opportunity of visiting the Dental Clinic in Brisbane and I must say I was amazed at the modern equipment available there for dental treatment. I have since taken people over that building, people who were in a position to pay for the best dental specialists probably in Australia, and they have informed me that they have no desire to go anywhere else, or to any dental surgeon in Australia whilst that facility is available. That is further evidence of the good work being done by this department under a Labour Government.

I am one of those who believe that the facilities for helping the sick and suffering to regain their strength cannot be too great and I am sure that the Government, through the Minister and his officers, are doing an excellent job to help the sick to regain their health as quickly as possible.

The Government are doing a tremendously important work in subsidising ambulance centres. In my area roughly £1,400 has been paid to the three ambulance centres in the form of subsidies last year, and although we know the ambulance is doing fine work in the city areas I can assure hon. members that the people of the outback have a greater appreciation of the ambulance service. On numerous occasions I have known the ambulance to be called out in the early hours of the morning to travel 120 miles into the back-blocks to bring in an injured man. The people of the outback country have an extremely keen appreciation of the ambulance service.

I feel sure that the people of Surat are pleased at the fact that a board has been appointed in Roma to look after the hospital needs of the area. I compliment the board upon its work. It leaves no stone unturned to see that the people receive the best possible medical facilities. Only recently, when

the Surat hospital came under the jurisdiction of the Roma board, the Government appointed as secretary a young returned soldier. The district suffered a great loss by the death of Archie Legg, who had occupied the position of secretary for a number of years and who had done much for the people of the area. By the appointment of this young returned soldier, a young lad from Surat, the Government have shown the sincerity of their intention to honour their promise to give preference to returned soldiers.

I want to say to the Minister and the officers in his department that the young secretary is doing a particularly good job.

In conclusion, I want to assure you, Mr. Mann, the Minister and the officers of his department that the people in Maranoa have nothing but praise for the excellent work that is being done for the sick people in Maranoa by the department.

**Mr. POWER (Baroona) (7.51 p.m.):** In the first place I wish to reply to a statement made by the hon. member for Bundaberg when he was dealing with the case of the Medical Board versus Dr. Michel. He made certain allegations regarding a woman who had been treated by Dr. Michel, as a result of which Dr. Michel's name subsequently was removed from the medical register and later restored to the register by order of the court. I know the woman concerned. She lives in my electorate and her husband has played his part in the defence of this country. He is still a member of the R.A.A.F. The woman's husband is not here at present. I do not desire to mention any names and I am glad the hon. member for Bundaberg did not mention any names in connection with the matter.

**Mr. J. F. Barnes:** Don't lose yourself. I mentioned names.

**Mr. Moore:** Not outside.

**Mr. J. F. Barnes:** I did here.

**Mr. POWER:** The woman has been known to me for quite a number of years. She comes from a very respectable family. The statement was made that the woman was suffering from sexual endocrine trouble. The hon. member evidently knows more about that than I do, but I want to know what authority the hon. member has for making that statement. He is making that statement purely and simply on material furnished to him by Dr. Michel.

**Mr. J. F. Barnes:** On the evidence submitted to the court.

**Mr. POWER:** I have not seen that evidence.

**The CHAIRMAN:** Order!

**Mr. J. F. BARNES:** I rise to a point of order. I demand that the statement made by the hon. member for Baroona be withdrawn as it is offensive to me. My statement was that it was on the evidence submitted to the court.

**Mr. Foley:** Take it on the chin.

**The CHAIRMAN:** I ask the hon. member for Baroona to accept the explanation of the hon. member for Bundaberg.

**Mr. POWER:** I accept the explanation. The hon. member says he made the statement on the evidence produced in court. That evidence has not been produced here and it is only hearsay on the part of the hon. member for Bundaberg. That is my point.

**Mr. J. F. BARNES:** I still rise to a point of order. I demand a further withdrawal from the hon. member for Baroona. I stated that the evidence was read by me. The depositions were read by me and I quoted my case. I ask the hon. member for Baroona to accept my statement that the evidence was read by me.

**The CHAIRMAN:** Order! I ask the hon. member to accept that explanation.

**Mr. POWER:** I accept the explanation, but I have no evidence that the hon. member has read it. In accordance with parliamentary procedure I must accept his explanation, but I must say it is quite easy for people to make charges in this Chamber on a question whether a person is respectable or honest without furnishing any evidence of them. If the hon. member has the evidence he says he has why does he not lay it on the table so that it can be perused?

For the information of hon. members let me say that the lady in question has been known to me for a number of years and to my own personal knowledge she is highly respected and I should be prepared to take her word before I would take the word of Dr. Michel.

He also said in this Chamber that he had read a book in which it was alleged that a nun had inserted certain injections into her arm for the purpose of having sexual pleasure. That is a rather remarkable statement for the hon. member to make. He has produced no evidence in connection with it. I take this opportunity of defending not only nuns of the Roman Catholic faith—

**Mr. J. F. BARNES:** Mr. Mann, I rise to a point of order. I object to this filthy stuff by the hon. member for Baroona. I clearly said that the book was by Dr. Moran, himself a good Catholic. He said that this particular nun was an endocrine herself and made injections into her arm for sexual pleasure. Later on that was proved. I ask the hon. member for Baroona to accept my explanation.

**The CHAIRMAN:** The hon. member for Baroona!

**Mr. J. F. BARNES:** Mr. Mann, I rise to a point of order. I ask that the hon. member for Baroona be asked to accept my explanation. That book was printed by Dr. Moran. If he wants to deny it he can bring the book. He must accept my explanation.

**The CHAIRMAN:** I ask the hon. member to accept the explanation of the hon. member for Bundaberg regarding his statement about the book.

**Mr. POWER:** I desire to bow to your ruling, Mr. Mann, but I want to make my statement about the matter. The hon. member reflected on the honesty and integrity of certain members of a religious order. I am dealing with this matter, not from the—

**Mr. J. F. BARNES:** Mr. Mann, I rise to a point of order. I ask that the hon. member for Baroona accept my explanation. I read that in Dr. Moran's book.

**The CHAIRMAN:** He has already accepted it.

**Mr. J. F. Barnes:** No, he has not.

**Mr. POWER:** I am dealing with the statement that he made.

**Mr. J. F. BARNES:** I rise to a point of order. The hon. member will not accept my explanation. What I said was contained in Dr. Moran's book.

**The CHAIRMAN:** I ask the hon. member for Bundaberg to resume his seat.

**Mr. J. F. Barnes:** I am not going to resume my seat.

**The CHAIRMAN:** I warn the hon. member for Bundaberg.

**Mr. J. F. Barnes:** You cannot warn anybody. You are not in a position to warn anybody. You know what I mean.

**The CHAIRMAN:** Order! I will name the hon. member if he continues to disregard the authority of the Chair.

**Mr. J. F. Barnes:** So far as I am concerned you have no possible chance of pinning anything on me.

**The CHAIRMAN:** Mr. Power!

**Mr. POWER:** If the hon. member for Bundaberg will be patient, I will deal with the matter that he raised this afternoon, that is, the question of the book. The hon. member made the statement this afternoon in the course of his speech that a nun had injected certain things into her arm for the purpose of giving her sexual pleasure. I am dealing with this not only from the point of view of the Roman Catholic faith, of which I am a member. There are sisters of other religious orders in this city and throughout Australia and I am dealing with it from the general viewpoint. He positively made that statement, and I ask the hon. member for Bundaberg, through you, Mr. Chairman, to produce evidence to support the statement that he made.

**Mr. J. F. Barnes:** And if I can will you resign? And if you can, I will resign. You dirty mug! Get out, you are a low heel.

**Mr. POWER:** I ask that the hon. member withdraw that remark.

**The CHAIRMAN:** I ask the hon. member for Bundaberg to withdraw the remark.

**Mr. J. F. Barnes:** I withdraw the remark with pleasure.

**Mr. POWER:** I do not want to make the position any worse than it is. I am not going to allow the hon. member for Bundaberg to make the statements that he has without replying to them. While I am a member of Parliament I will always defend the faith that I was brought up in, and I will always defend the opinions of other people.

**Mr. J. F. Barnes:** You are a skunk.

**Mr. POWER:** That remark is offensive to to me. I want an apology. I am entitled to an apology.

**Mr. J. F. Barnes:** Of course you are. I will apologise to save time.

**The CHAIRMAN:** I would remind the hon. member for Bundaberg that he made his speech in his own way.

**Mr. J. F. Barnes:** That is correct.

**The CHAIRMAN:** I want him to allow the hon. member for Baroona to make his speech in his own way.

**Mr. J. F. Barnes:** That is correct, provided it is in accordance with the Standing Orders.

**The CHAIRMAN:** I am the judge whether the hon. member for Baroona's speech is within the Standing Orders. He has a right to reply to the hon. member's statement. Now I ask him to let the hon. member for Baroona make his speech in his own way.

**Mr. POWER:** Thank you, Mr. Mann. I resent any attack on any member of a religious order, no matter what it may be. I will not allow it to go unchallenged while I am a member of this Parliament. It is only fair and right that it should be ventilated. I hope the hon. member for Bundaberg will produce the evidence.

**Mr. J. F. Barnes:** I hope you will resign when I do.

**Mr. POWER:** I want to deal with one or two other matters that are important, particularly as they affect the health of the people. One deals with the enormous increase in the number of rodents in Brisbane at the present time. I know there is an agreement between the Government and the Brisbane City Council under which a subsidy of some thousands of pounds is paid annually to the council to further the eradication of rodents that are so numerous in the city. I want to see further steps taken to have this plague eradicated. We have in the city of Brisbane quite a number of sewers into which men are compelled to go in order to clean them. Some years ago in my own electorate two cases of Weil's disease occurred as a result of men working in the sewers. The disease was not then covered by the Workers' Compensation Act but although no compensation was recoverable by these workers an

ex-gratia payment was made to them. Because of the alleged shortage of man-power quite a number of these storm-water sewers have silted up with the result that there is only a small space in them for the water to trickle through. Men will have to enter them in the future to clean them out. The time is long overdue for an occasional inspection of these sewers by inspectors of the State Health Department. The inspection should include those storm-water sewers running parallel to and in some cases through the back yards of residences. Some attention should be given to seeing that they are cleaned out more regularly than in the past. The Brisbane City Council has served notices on owners of certain property to clean them up as it is alleged that they are a breeding ground for rats. The Health Department must take some action. We find that while the Brisbane City Council is compelling owners to clean private property on which rats are likely to breed it is not taking any action to clean its own lands. An inspector of the State Health Department should be made available to compel the council to attend to such an important matter.

Greater supervision also should be exercised over the great number of foreign cafes now operating in Brisbane. On entering these cafes one is struck by the very nice furniture and furnishings. Recently on a Saturday night my wife and I entered one of them and moved down towards the kitchen but when I saw what was happening in the kitchen I did not remain. I left.

Everything looks bright and rosy from the front, but when you pay a visit to the back you find that the kitchen is in the most filthy condition it is possible for it to be in, and large cockroaches can be seen crawling over the food. We know that the officers of the State Health Department work regular hours, from 9 a.m. to 5 p.m., but I think we could obtain an excellent record of what is happening if some of the health inspectors were told to pay a visit at night-time to some of these cafes. It may be suggested that I am asking that men should be brought back to work at night-time, but I think if they made an inspection of these dens at night-time a good job would be done. I hope that suggestion will receive some consideration, and I suggest the inspection of the foreign-controlled cafes should be made on a Saturday night between half past 10 and 11. I am sure that such a visit would result in prosecutions, which might result in the elimination of this unhealthy state of affairs.

We have an excellent hospital at Bowen Bridge and I know that as a result of the war the building programme has been hampered, and because housing will have No. 1 priority not much building will be done there for a considerable time; nevertheless I urge the Government to give serious consideration to the need for building a new eye ward. Eye patients are housed in Ward No. 9, which is very old and obsolete. In conclusion, I pay a tribute to Dr. Pye, Dr. Julius, and the very excellent staff of the hospital. Although I do not agree with Dr. Julius's political views, he is a very excellent

medical man, who is very co-operative in all matters and is willing to give all possible assistance in any matter referred to him. I also pay a tribute to the manager, Mr. Jim Anderson. I hope the suggestion I made regarding the erection of a new eye ward will be adopted, and the work will be carried out at the earliest opportunity.

**Mr. TURNER** (Kelvin Grove) (8.9 p.m.) : I regard this Estimate as the most important of the lot, because it deals with such an important matter as the health of the community. Since the present Minister took over the portfolio he has brought about remarkable progress and improvements in our health system. A few months ago he established a psychiatric clinic controlled by Dr. Bowmatz, who is assisted by Professor Kyle, the psychologist. I know of the very excellent work that has been done during the period the clinic has been in operation. The Government are greatly indebted to Professor Kyle for the wonderful help he is rendering to that department, and to the mental hospital under the supervision of Dr. Stafford.

Professor Kyle is doing this work gratis, and has done a wonderful job, particularly in helping soldiers returned from the theatres of war who are affected by shock. They are being helped back to sound health with his very able assistance. The establishment of this branch of the medical service is a fulfilment of the promise made by the Premier in his policy speech when he told electors that on the return of the Government not only would services be extended to country areas but more modern methods would be applied to every section of the medical service.

The establishment of an institution as outlined by the Minister will be a remarkable aid to those unfortunate people stricken with the dread disease of tuberculosis. With his customary humanitarian outlook the Minister has provided plans for every comfort and convenience for the unfortunate people who are compelled to attend this institution. I understand from him that he has in mind for both male and female patients such games as bowls, croquet for the womenfolk, and other games. It is usual for him in all his legislation and administration to provide every convenience and facility for the bottom dog. All these improvements to the health services increase the work of the Minister.

I have quoted extracts from reports from time to time and I find that the Brisbane General Hospital and subsidiaries cost the Government during the last 20 years the sum of £6,000,000. That is a tremendous sum of money but the Government would have expended £6,000,000 more had it been available; we know that because of the grasping greed of the financial magnates sufficient money has not been available to build the institutions we need.

Some particulars I have taken out will, I am sure, interest hon. members. The Brisbane General Hospital is by far the largest in the State but efficiency and not size is the main object. With skilled management, however, size can become an advantage instead of a handi-

cap. The Brisbane and South Coast Hospitals Board, in addition to the General Hospital, controls the hospitals at Maleny, Kilcoy, Nambour and the former Diamantina Hospital for Chronic Diseases, which is now an adjunct to the main hospital, the Intermediate, Wattlebrae, Children's and Women's Hospitals.

The total floor space of the Brisbane General Hospital is 146,174 sq. feet, equal to approximately 16 acres. The staff is tremendous, totalling 1,867, including 50 resident medical officers. The staff consists of the General Medical Superintendent, the Assisting General Medical Superintendent, the medical superintendents of the various hospitals, orthopaedic supervisors, surgical supervisors, registrar, and resident medical officers; 59 part-time medical officers comprising physicians, surgeons, gynaecologists, urologists, ear, nose and throat surgeons, radiologist, psychologist, orthopaedist and dermatologists.

The nursing staff numbers 956, comprising a general matron, deputy general matron, sub-matron, tutor sisters, sisters, staff nurses, registered nurses on training work, and trainees. Under the control of the superintendent and assistant superintendent are the supervisors of the operative department; dentists, fully qualified dental mechanics, dental mechanic apprentices, and nurses. There are 38 on the dispensing staff, comprising chief chemist, senior chemist, chemists, dispensers, apprentices, storeman, and assistant storeman. There are 7 on the X-ray staff controlled by a technician in charge. On the pathology staff, comprising a director, deputy director, bacteriologists, histologists, bio-chemists, assistant, and cadets, there are 31. On the administrative staff there are 97, who are responsible for details of administration under the control of the manager with a staff of qualified accountants, clerks, typists, and messengers.

Mr. Anderson, the manager, has revolutionised the whole of the system at the Brisbane General Hospital. I am eager to see his report, for I am sure that he has effected a considerable saving during his short term as manager. I have paid several visits to the hospital and have had the privilege of speaking to him on many occasions. He has everything at his fingertips. Merely by pointing his finger on the table he can call the officer in charge of any section of the hospital, and with 16 acres of floor space hon. members can imagine how complete his system must be when he can do that.

There are 47 building, engineering, works, and electrical staff, comprising a work's manager, engineer and electrician, engineers, enginedrivers, carpenters, electricians, trimmers, apprentices, plumbers, plumbers' labourers, painters, and labourers. There are 21 on the kitchen staff controlled by an expert chef with a staff of trained cooks, kitchen men, and apprentices. There are 133 wardsmen controlled by the head wardsmen, who has many years of hospital experience. There are 298 on the household staff controlled by a fully-trained domestic scientist, an assistant housekeeper with a staff of seamstresses, machinists, supervisors, female cooks,

and domestics. There are 72 in the laundry under the supervision of a manager of long experience, with a staff of laundrymen.

**Mr. Foley:** Almost a city in itself.

**Mr. TURNER:** Almost a city in itself. Anyone who cares to visit the institution will realise that shortly after entering the place. A tremendous expansion has taken place since this Government started improving the hospital system 20 years ago.

The magnitude of the service rendered is proved by the fact that during the last year 39,648 in-patients were treated at the various hospitals, the average stay per patient being 13 days, a reduction of two days over what it was a decade ago. Hon. members will appreciate the saving this must mean with a total of 39,648 patients. This has been made possible by the introduction of the most modern methods of treatment and the use of the various new drugs introduced during the last decade.

There are 48 intermediate beds at the Brisbane Hospital. This section was opened in 1937. It has been very successful, and even prior to the outbreak of war, there was always a waiting list. Apparently had not the war intervened the board would have had to erect additional intermediate accommodation. Up to date and modern operating theatres have been put in all hospitals. Last year 13,305 operations were performed.

Medical clinics have been provided in the following suburban areas:—Wynnum, Manly, Redcliffe, Sandgate and Cribb Island. These centres are visited regularly by the medical, nursing and dispensing staff and have proved a boon to those patients whose circumstances preclude them from attending the various hospitals. The total attendances at those clinics for one year were 11,420 adults and 5,688 children, making a total of 17,108 patients.

A fully qualified optometrist is attached to the out-patients' department at the Brisbane General Hospital. The number of prescriptions issued during the year totalled 3,448 and the number of spectacles supplied totalled 3,980.

Up-to-date dispensaries have been established and they are staffed by qualified and properly trained officers. During last year 71,297 ward items were supplied to in-patients and 442,360 prescriptions were dispensed. Another department with a specially qualified and trained staff deals with many phases of bacteriology, bio-chemist, histology, and medium-making. Last year 90,387 pathological examinations were made by the department. Those examinations included both out-patients and in-patients.

A suitable massage department is provided for both out-patients and in-patients where all physiotherapy treatments are effected. The number of patients so treated last year was 50,023.

Modern X-ray departments with complete up-to-date equipment are established and controlled by a full professional and trained

staff. These departments are available to both in-patients and out-patients. The number of X-ray films taken during last year was 46,500, including deep therapy treatment which, of course, is controlled by the Queensland Radium Institute. The addition of this new building to an already enormous hospital is going to increase the work of the Minister.

This afternoon the hon. member for Sandgate made reference to the bringing of old people from the Dunwich institution to the mainland. He has a strong objection to bringing those elderly people to a position that has been suggested on several occasions—the Air Force Station at Sandgate. It is situated on swamp land that was reclaimed by the Department of Public Lands some years ago, when it was filled in to a depth of about 8 ft. and a beautiful retaining wall was placed round it. Today, it is the finest property in the whole of the Sandgate area. During the discussion last week on this very question, the hon. member for Sandgate stated that the ground was too damp to place elderly people there, and that members of the Air Force stationed there were always suffering from colds. On Saturday last, at the request of the Acting Premier, I went there to welcome back to Queensland 40 airmen who for four years and more had been on the other side of the world. They returned from America on a cargo ship. I made it my business to ask the officer in charge—Wing Commander Walne—if the site was affected by dampness after rain. He said it was impossible and inquired why I asked. I told him the statement was made in Parliament by the hon. member for Sandgate, who lives in the area and should be qualified to say so, that the place was damp, was under water at times, and that members of the Air Force frequently suffered from colds.

He went on to say, "At this branch of our service we have less sickness than at any other. Seldom do I have any member stricken with any complaint, and so far as dampness is concerned, well, do you remember that heavy storm a few Saturdays ago?"—I remember it well because I was caught in it—"All the concrete water channelling round the property was full because of the terrific downpour but within half an hour there was not a drop of water anywhere on the property." Why should any hon. member attempt to bolster up his argument by making false and misleading statements, for the purpose of personal gain? I hope that the department will seriously consider the transfer of the Dunwich Benevolent Home from Stradbroke Island to the mainland. The area at Sandgate furnishes an ideal site for the purpose. The buildings are well constructed, they are perfectly lighted and have perfect ventilation, a hospital and dental service, and in fact everything to make them an ideal home for aged people. On the opposite side of the road there is an area of land that has been cultivated and irrigated. It could be worked by many of the inmates of the home and they would have considerable pleasure in doing it. This

little cultivated area provides fresh vegetables, particularly salad vegetables, for the tremendous organisation that is there now, but the area could be extended considerably so that there would be enough land to be worked by the inmates of the Dunwich Home who are capable of doing a little work each day and of course getting a great deal of pleasure from it to produce all the vegetables for the institution, whether salad or cooking vegetables.

There is another area adjoining it and I hope that the Minister will consider acquiring it as a place for the bush children when on holidays. Each year the Bush Children's Association provides a holiday at some seaside resort for children from outback centres. It is the only opportunity they have of seeing the sea. On one occasion when I was holidaying at Redcliffe some of these young children were brought down there. Three of them came from Quilpie, one being five years and another six years of age. They told me that they had never seen rain fall until they came to Redcliffe and they were amazed at the tremendous stretch of water thumping the shores of the bay. I know the pleasure that they get in holidaying and frolicking along at the seashore. We are indebted to the Bush Children's Association for the interest it takes in this wonderful work and the pleasure it gives to bush children. It would be a very fine gesture on the part of the Government to provide building accommodation for a greater number of young bush children who could be brought down for a holiday. There is enough land there to provide accommodation for double the number of children who can come now. The accommodation now provided for a branch of the fighting services would be very suitable indeed for these young folk. Not only would the Government be doing an excellent job by doing so, but the organisation would appreciate it.

The hon. member for Bulimba discussed the quality of bread. I have mentioned this matter on two previous occasions, and I am happy to say that my criticisms have borne fruit. Today the majority of master bakers from Toowoomba up as far as Cairns have interested themselves in, and are most desirous of giving the people a good wholesome loaf of bread. They have held several conferences since March last, and have come to a definite conclusion. The master bakers, the bakers engaged in the industry under the guidance of their union, and the men responsible for its delivery under the guidance of their organisation, the Road Transport Workers' Union, have met and have prepared data for submission to the Minister. I believe the Minister will be impressed when these data are explained to him, and that he will accept the recommendation of the conference. These three organisations are just as desirous of supplying good bread as the people are of getting it. It is for the Government to see that they get some protection from the unscrupulous baker who does everything possible to make profits by disregarding award conditions, working outside the award and paying less than the award

rates to the bakers and delivery men, and by manufacturing inferior bread at a cut price, causing turmoil in the industry.

The three organisations mentioned are confident that they can turn out a satisfactory loaf. I am hoping that it will not mean any increase in cost to the consumer. It is thought that a small increase might be necessary, but I feel that with proper organisation and protection of the trade by licensing bakehouses, and cancelling the licences of bakehouses that do not conform to the standards that should be set up, no increase will be necessary. On the other hand should a bakehouse meet with the requirements laid down by the department, but its owner be disinclined to abide by the prescribed industrial conditions or to make a good standard loaf, his registration as a master baker would be cancelled. If this is done people will be prevented from chopping into the industry and destroying the standard of bread the people desire. I have several formulas before me that have been supplied by a man I referred to as having not only won an Australian championship but as having sent bread to England and won a championship there. When a man can make bread in Brisbane, send it overseas to England, and win a championship there, in my opinion, he can be regarded as a good baker. It is he who has submitted these formulas to me. All that is necessary for the bakers to produce a good wholesome and palatable loaf is to add a little lard to the mixture.

Lard is a very cheap commodity, and 2 lb. would cost 11d., which master bakers would hardly be able to add on to the retail price. If the addition of a couple of pounds of lard to a sack of flour will give the people a good loaf, with scientific making, it is worth while. As the Minister said, if scientific methods are adopted, I am sure the people of Queensland would at least get what they have been looking for for years—a good loaf of bread.

I am informed that the main factors in the baking of bread are temperature and fermentation, and if a baker understands those two fundamentals he will have little difficulty in making a good loaf of bread.

**Mr. Collins:** Many bakers cannot understand them apparently.

**Mr. TURNER:** I agree with the hon. member for Cook that many of them do not understand them, and they will not allow the bakers employed by them to show them how it should be done. The baker whom I referred to in the speech I made in March had some excellent bakers in his employ, but he would not allow them to make the bread as it should be made.

(Time expired.)

**Mr. CLARK (Fitzroy) (8.37 p.m.):** Seeing that this is a very important vote, I should like to have something to say in a general way about it. First I want to pay a tribute to the late Hon. James Stopford, who was the first man to introduce a Hospitals Bill. In those days the late James Stopford must have been peering into the

future, because the efficiency of our hospital system is due to the foundation he laid in the Hospitals Act.

I wish to pay a tribute, too, to the former Secretary for Health and Home Affairs, the hon. member for Ithaca, who followed in the footsteps of the Hon. James Stopford in furthering our hospital scheme and who did a great deal to bring our hospital service up to the excellent standard we have today. The present Minister, the hon. member for Normanby, is following in the same footsteps as his predecessors, and during the time he has occupied that office he has done great work. He has a very good staff to help him in carrying out his multifarious duties. The Department of Health and Home Affairs can be appropriately termed the Department of Humanity, because its activities embrace many phases of our every-day life. It deals with the sick and injured, the mentally ill, the matter of pensions, and the provision of hospital and dental clinics.

At 8.40 p.m.,

**Mr. MOORE:** Mr. Mann, I draw your attention to the state of the Committee.

(Quorum formed.)

**Mr. CLARK:** In addition it provides for pre-natal clinics, orphanages, and homes for aged people. The people of Queensland appreciate the services thus provided.

Hon. members may not know that in the early days of our hospital system it was necessary for an intending patient to obtain a ticket from a committeeman of the hospital before he was allowed to enter the institution for treatment, but it is pleasing to know that to-day the Minister has a Bill on the stocks that will provide free hospital treatment for the people of Queensland, who appreciate that very much. I know that there is room for improvement in some of our hospitals. In the central district—I will not mention any particular hospital—because of the shortage of men and materials buildings have got into a state of disrepair to some extent, but as the war is now over I am satisfied that when man-power and materials can be obtained these hospitals will be brought right up to date as soon as possible.

The Westwood Sanatorium was established in Central Queensland many years ago, but those responsible for its location did not exercise very much foresight. The sanatorium is between 30 or 40 miles from Rockhampton and about a mile from the railway siding. I should like to impress on the Minister the necessity of providing for the transportation of the staff and patients between the institution and the siding. A suitable conveyance should be provided to take them on their days off to the railway and back to the sanatorium on their return from Rockhampton. There is room for a water scheme. At times the institution was so close to being out of water altogether that it really was doubtful whether the staff and patients could remain there. I have known water to be carted for months

at a time on the railway and from the siding to the sanatorium, a distance of about a mile. It is time that we saw to it that that institution was provided with more than sufficient water. That is essential.

The Minister referred to a visit to the Cherbourg settlement. I was one of those hon. members who accompanied him some weeks ago and I confirm what he has said about what we saw there. I believe this was the first show to be put on by the settlement, and I congratulate all those who were responsible for it. The department and the officers in control of the settlement might justly feel proud of it. The work the school-children are doing speaks volumes for their intellects and for the skill of their teachers. I believe there are 280 children attending the school and it was gratifying to see the work they had done. The girls in the domestic-science classes are keen. While we were there they prepared a meal equal to any that one would see in any first-class hotel in the Commonwealth. The older boys, who were doing woodwork and tinsmithing under a very capable teacher, turned out work equal to anything done in Brisbane. The boys in the farming section take a great interest in their work. Some had pigs and others did the cultivation while still others were building a dairy in preparation for a new herd. I am pleased that the Minister has acquired a farm close to the settlement to give these boys more scope for showing what they can do.

I was told that the children attending school there were educated only to the fourth grade. If this is so, I think it is wrong. They should have the opportunity of being educated to the secondary-school standard. I should like the Minister to investigate the matter with a view to making this possible.

I am pleased to know that the Minister is contemplating moving the old people from Dunwich to the mainland. I think the inmates will appreciate being brought back to the mainland. At present, they are removed from their friends and relatives and may never see them again unless they visit them on the island.

I believe that if they are placed on the mainland—and I am not much concerned about where they are put—they will have a better outlook on life and they and their relatives and friends will be pleased accordingly.

Another institution that I believe should be transferred to the mainland is the lazaret. It is time the people there were brought from Peel Island, and I think it is the duty of the Government to take steps to do so. As far as I can understand the disease they are stricken with is not altogether catching and I think it is only fair that we as a Government should see that those people are established on the mainland as soon as possible.

The Minister mentioned that the medical profession were conducting research work in connection with silicosis. If it is possible for the medical profession of Queensland,

Australia or even the world to discover something to prevent mining men from contracting silicosis then I for one shall be very pleased.

**Mr. Foley:** I mentioned that the Industrial Hygiene Section of the Health Department was investigating it.

**Mr. CLARK:** I, together with a great number of the people of Queensland, appreciate that and we shall be very pleased if satisfactory results can be brought about.

I want to pay tribute to the nursing staff of every hospital in Queensland today because I believe that during the war period they carried out a magnificent task. When you remember that they have been working short-staffed you realise what a wonderful performance they have put up. I pay tribute also to the doctors of the hospitals of Queensland because I believe they have performed a wonderful job.

I have heard arguments here to the effect that the reason why it is difficult to get nurses to go into hospitals today is the low wages they receive. I do not believe that to be so. In my view the trouble is due to the fact that the girls have been working long hours for long periods. I am satisfied it is those long periods of work that stop the girls from entering the profession. I think the salaries paid to the nurses compare very favourably with those paid in other occupations, such as clerks. The nurses, in addition to their salary, receive board and lodging and a uniform allowance. When you take these into consideration you find the nurses are paid fairly well in comparison with the salaries paid to junior clerks and girls engaged in other industries.

In conclusion, I repeat that I hope the Minister will carry on the good work he has started. I am one of those who are waiting patiently for the day to come when the people of this State will receive free hospital treatment.

Progress reported.

The House adjourned at 8.57 p.m.