

Queensland



Parliamentary Debates  
[Hansard]

**Legislative Assembly**

**WEDNESDAY, 14 SEPTEMBER 1949**

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### WEDNESDAY, 14 SEPTEMBER, 1949.

The ACTING SPEAKER (The CHAIRMAN OF COMMITTEES, Mr. Mann, Brisbane) took the chair at 11 a.m.

#### ELECTORAL DISTRICTS OF IPSWICH AND KURILPA.

##### RETURN OF WRITS.

**The ACTING SPEAKER:** I have to inform the House that, in accordance with the direction of the 10th Section of the Legislative Assembly Act of 1867, Mr. Speaker issued writs on 22 August for the election of members to serve in the Legislative Assembly for the electoral districts of Ipswich and Kurilpa, in the room of David Alexander Gledson, Esquire, and Patrick Kerry Copley, Esquire, deceased; and that the said writs have been duly returned to Mr. Speaker with certificates endorsed thereon by the returning officers, of the election, on 10 September, of Ivor Marsden, Esquire, and Thomas Moores, Esquire, to serve as such members.

**Government Members:** Hear, hear!

##### MEMBERS SWORN.

##### MESSRS. I. MARSDEN AND T. MOORES.

Messrs. Ivor Marsden and Thomas Moores, having taken the oath of allegiance and subscribed the roll, took their seats as members for the electoral districts of Ipswich and Kurilpa respectively.

##### QUESTIONS.

##### APPORTIONMENT OF TOTALISATOR MONEYS.

**Mr. WANSTALL** (Toowong) asked the Treasurer—

“What is the apportionment amongst (a) the Government; (b) the Club; (c) the totalisator company; (d) the public;

(e) any other participant—of money invested on the totalisator by the public (i.) in win bets, (ii.) in place bets, on licensed racecourses?"

**Hon. J. LARCOMBE** (Rockhampton) replied—

"(a) 5 per cent. of the total moneys received together with unpaid fractions and unclaimed dividends. (b) On a racecourse—(1) Within 20 miles from the General Post Office, Brisbane, 8½ per cent.; (2) elsewhere within the State, 10 per cent. (c) There is no apportionment of moneys received made to a totalisator company. The amount due to such a company is a matter for arrangement between the Racing Club concerned and the company. (d) The balance of the total moneys received after deduction of the percentage and fractions due to the Government and the percentage due to the Racing Club. The investments for a win and for a place are recorded separately and the dividends independently ascertained. (e) There is no other participant."

#### APPLICATIONS FOR TEMPORARY HOUSING.

**Mr. MARRIOTT** (Bulimba) asked the Secretary for Public Works, Housing and Local Government—

"1. How many applicants for temporary accommodation in Housing Commission settlements are still on the waiting list?"

"2. How many inspectors are employed investigating the living conditions of applicants?"

"3. Is it possible to speed up the inspection work, and thus remove the dissatisfaction caused by the three or more weeks' delay which occurs between the lodging of applications and the inspection of the applicants' living conditions?"

**Hon. W. POWER** (Baroona) replied—

"1. Approximately 2,050.

"2 and 3. Inspections dependent on the information disclosed in an application and urgent cases receive prompt attention. There is no necessity to make inspections of premises in respect of all applications received. The approved points priority provides that, until an application has been lodged four weeks, it shall not participate in an allotment."

#### STOCK DISEASES COMPENSATION FUND.

**Mr. KERR** (Oxley) asked the Secretary for Agriculture and Stock—

"1. What were the total receipts of the Stock Diseases Compensation Fund for the financial year 1948-49 through (a) levies; (b) endowment?"

"2. What was the total expenditure of the fund in the same period through (a) testing by private veterinary surgeons, &c., (b) compensation payments?"

**Hon. H. H. COLLINS** (Cook) replied—

"1. (a) £16,167 5s. 3d.; (b) £8,083 12s. 5d.

"2. (a) £5,484 2s. 6d.; (b) £6,508 16s. As forecast in the Governor's Speech at the opening of Parliament, it is intended to amend the Diseases in Stock Acts during the current session."

#### FREE TRANSPORT, PRIMARY SCHOOL PUPILS.

**Mr. MACDONALD** (Stanley) asked the Secretary for Public Instruction—

"1. What was the total number of primary schools for which approved free road or boat transport for pupils operated at 30 June, 1949?"

"2. How many one-teacher schools were replaced in 1948-49 under the scheme of free transport of pupils to larger schools?"

"3. How many pupils, including correspondence pupils, benefited in 1948-49 by such scheme of free transport?"

**Hon. H. A. BRUCE** (The Tableland) replied—

"The information is being prepared."

#### CONDUCT OF HOUSE.

#### QUESTIONS DISALLOWED.

**Mr. PIE** (Windsor): I desire to ask the Premier, without notice, the following questions:—

"1. Can he give any reason for the marked deterioration in the manner in which the House is at present conducted compared with the degree of dignity attained under the leadership of the Deputy Premier during the absence of the Premier overseas?"

**The ACTING SPEAKER:** Order! I take that as a reflection on the Chair and I ask the hon. member to desist from asking questions of that kind. The Chair is the judge of the conduct of hon. members in this House and any questions of that nature reflect on my control of the House.

**Mr. PIE:** I ask also—

"2. Is he aware of the fact that he has been the central figure in the majority of the recent uncalled-for and unseemly scenes in the House?"

**The ACTING SPEAKER:** I must inform the hon. member that that question is out of order and I will not allow it to go on the notice paper.

#### PAPERS.

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

Report of the Agent-General for Queensland for the year 1948.

The following papers were laid on the table:—

Order in Council under the Fauna Protection Act of 1937 (1 September).

Regulations (2) under the Primary Producers' Organisation and Marketing Acts, 1926 to 1946 (1 September).

### YEERONGPILLY-KURABY RAILWAY DUPLICATION.

#### APPROVAL OF PLAN, &c.

#### INITIATION.

**Hon. J. E. DUGGAN** (Toowoomba—Minister for Transport): I move—

“That Mr. Speaker will this day leave the chair and the House resolve itself into a Committee of the Whole to consider the following resolution:—

“That the House approves of working plan and section, and book of reference of the proposed duplication of the railway line between Yeerongpilly and Kuraby, such duplication being seven miles three and a half chains in length.”

Motion agreed to.

### MOONMERA-MOONGAN RAILWAY DEVIATION.

#### APPROVAL OF PLAN, &c.

#### INITIATION.

**Hon. J. E. DUGGAN** (Toowoomba—Minister for Transport): I move—

“That Mr. Speaker will this day leave the chair and the House resolve itself into a Committee of the Whole to consider the following resolution:—

“That the House approves of working plan and section, and book of reference of the proposed deviation to eliminate the rack on the Mount Morgan branch, between Moonmera and Moongan, such deviation being 7 miles 31 chains in length.”

Motion agreed to.

### TUBERCULOSIS AGREEMENT BILL.

#### INITIATION.

**Hon. A. JONES** (Charters Towers—Secretary for Health and Home Affairs): I move—

“That the House will, at its present sitting, resolve itself into a Committee of the Whole to consider of the desirability of introducing a Bill to authorise the Governor in Council of the State of Queensland to enter into with the Governor-General of the Commonwealth of Australia an arrangement for the provision by this State subject to agreed conditions of services and facilities for the diagnosis, treatment and control of tuberculosis, and for other incidental purposes.”

Motion agreed to.

#### INITIATION IN COMMITTEE.

(Mr. Hilton, Carnarvon, in the chair.)

**Hon. A. JONES** (Charters Towers—Secretary for Health and Home Affairs) (11.18 a.m.): I move—

“That it is desirable that a Bill be introduced to authorise the Governor in Council of the State of Queensland to enter

into with the Governor-General of the Commonwealth of Australia an arrangement for the provision by this State subject to agreed conditions of services and facilities for the diagnosis, treatment and control of tuberculosis, and for other incidental purposes.”

As most hon. members are aware, several conferences of the Health Ministers of the various States have been called by the Commonwealth Government to consider the control of tuberculosis. After much discussion, agreement was reached on the main principles of a campaign to control tuberculosis in all the States of Australia and the Bill I am proposing ratifies that arrangement. Its main purpose is to authorise the Queensland Government to enter into an agreement with the Commonwealth Government for the implementation of an extended campaign against tuberculosis by the Commonwealth Government in co-operation with the State Government.

The scheme agreed upon by the Commonwealth and State Governments really comprises four major factors in the development of a more intensive campaign. Those major factors are legislation, financial arrangements, administration arrangements, and plan of control.

As to legislation, it was agreed that the Commonwealth and State Governments should not only pass legislation to authorise the implementation of the scheme but also to enact laws that it was not possible for the Commonwealth Government to pass, owing to its constitutional position. Because of the very comprehensive nature of the health laws passed in Queensland in the last 15 years, it was decided that regulations promulgated under them would meet all requirements in this State. Those regulations have been drafted on the lines of the existing infectious-diseases regulations and will tend to simplify the carrying out of any campaign in this State against tuberculosis.

In regard to the financial arrangements under the scheme it was agreed that the capital expenditure on and after 1 July, 1948, approved by the Commonwealth Government should be borne by the Commonwealth Government. The term “capital expenditure” includes the acquisition of land and buildings, the erection and improvement of buildings, the provision of furnishings and equipment, and plant required for the intensified campaign. It was agreed that the Commonwealth Government, having borne the capital expenditure, would not be required to meet charges for compensation should it be necessary at a later period to transfer land, buildings and equipment from the State Governments to the Commonwealth Government.

It was agreed also, in regard to the main expenditure, that the Commonwealth Government would bear in each financial year the difference between the expenditure in the base year, 1947-48, and the actual expenditure by the State Governments in any financial year thereafter. For example, if the expenditure in the base year was £90,000, that is, the amount it actually cost—

**Mr. Wanstall:** For what?

**Mr. JONES:** The treatment of tuberculosis. If the expenditure in the base year was £90,000 and the total major expenditure for any financial year was £120,000, the amount to be provided by the Commonwealth Government would be the excess, the difference between £120,000 and £90,000.

**Mr. Wanstall:** We maintain our standard and they pay for the improvements?

**Mr. JONES:** That is so. I could perhaps give a better illustration of the position if I described the campaign we had in hand prior to the Commonwealth Government's entry into this field. We know the difficulties associated with the building of hospitals. It is no use making excuses—there are many difficulties, man-power and materials and so on. The hon. member for Windsor asked a question the other day about the delay in the building of the sanatorium at Cherm-side. That building will cost roughly £1,500,000, which will be borne by the Commonwealth Government.

**Mr. Kerr:** Entirely?

**Mr. JONES:** Yes. The same applies to the Townsville and Cairns hospital annexes approved by the Commonwealth. The Cherm-side sanatorium will accommodate approximately 400 people; the Townsville and Cairns annexes will contain 40 beds each. We have also approved in this year's programme of the building of a similar annex at Toowoomba to accommodate about 40 patients. The total cost of the three annexes and the new sanatorium at Cherm-side will be £1,752,500.

**Mr. Sparkes:** All of which will be borne by the Commonwealth Government?

**Mr. JONES:** Yes. In addition the Commonwealth will reimburse the State for all expenditure incurred by the State in the diagnosis and treatment of tuberculosis.

In regard to the administration arrangements, it was agreed that each State would appoint a full-time Director of Tuberculosis and that the Commonwealth Government would constitute an advisory council, information as to the deliberations of which would be conveyed to each State Minister. Each State would be represented on the advisory council by the State Director of Tuberculosis. Queensland advertised early this year, both in Australia and abroad, for a Director of Tuberculosis. We received a number of applications and eventually an appointment was made—an eminent English doctor. After it had been gazetted he informed us that he was not desirous of taking up the appointment and we had, of course, to go through the whole procedure again, calling fresh applications. It is expected that an appointment will be made next week. His salary also will be paid by the Commonwealth.

**Mr. Morris:** A local man?

**Mr. JONES:** All have not yet been interviewed.

**Mr. Pie:** What will be his salary?

**Mr. JONES:** £2,000.

In regard to the plan of control, the following matters received consideration—

“(i.) It was proposed to recruit and train medical officers and other personnel for the intensified scheme and an endeavour would be made to bring about a uniform scheme for the training of nurses to assist in the campaign;

“(ii.) It was also proposed to institute a uniform case register along the lines indicated in the report of the Commonwealth Director of Tuberculosis;

“(iii.) The matters concerning recalcitrant patients, suspects and contacts, case finding (including examination of groups and compulsory notification) were raised at the conference of Ministers, but in each case there was no necessity for such legislation in Queensland by reason of the fact that the wide powers contained in the health law were sufficient to enable them to be included in regulations similar to the present regulations relating to scarlet fever, typhoid fever, and diphtheria.”

At this stage I should like to make some comment regarding the position in our own State. Despite the criticism that may be levelled against the Government, the figures I have disclose that we are in the enviable position that the incidence of deaths from tuberculosis in Queensland is the lowest of any country in the world. I have gone to some trouble to have the figures taken out, and it is amazing that the incidence of tuberculosis today is one-fifth of what it was in 1900, nearly 50 years ago. The figures are so interesting and so amazing that I think they should be included in “Hansard.”

The number of deaths recorded in Queensland from tuberculosis in the five-year periods ended in the year shown were—

Year	Number of Deaths.	Rate per 1000 mean population.
1900	586	1.20
1905	478	0.90
1910	350	0.59
1915	384	0.55
1920	377	0.51
1925	356	0.43
1930	383	0.42
1935	325	0.34
1940	279	0.27
1945	334	0.31
1948	266	0.24

There has been a gradual improvement, and the figures bear out my statement that the incidence is only about one-fifth of what it was in 1900. I explained to the Ministers assembled in conference in Melbourne some little while ago that Queensland would be at a disadvantage in financing this scheme as I believed the favourable position indicated by those figures was brought about because we had done so much in that direction. Indeed, I say without hesitation at all that Queensland is in advance of any other State in the Commonwealth in the matter of health, health facilities, and social services provided by the Government. The same can be said of housing generally. In this State the majority of people own their own homes and doctors and other authorities on the subject will tell

you that nothing is more conducive to the breeding of tuberculosis than living in hovels and bad standards of living generally. The standard of living in Queensland is better than that of any other State of the Commonwealth, and the low incidence of tuberculosis can undoubtedly be largely attributed to that fact. This State enjoys a better standard of general health and a better housing standard than any other State in the Commonwealth.

**Mr. Kerr:** Is that due entirely to better housing conditions?

**Mr. JONES:** One can only be guided by medical advice and only a couple of days ago a leading medical authority in Great Britain, speaking of general health conditions, said that if it was possible to eliminate hovels completely and educate the people properly in health matters, T.B. could be overcome in 20 years. I should say that improved housing conditions over the past few years have in the main, together with medical science and skill, improved hospitalisation, and improvements generally in the working conditions of the people, have largely brought that position about. Over the last 40 years improvements have been effected in the housing conditions of the people through many schemes, both public and private. These have enabled many householders to buy and improve their own homes. Another factor that has assisted materially in improving the conditions of the people is the minimum area required for housing. It is also considered that the water supply, sewerage and drainage, not only in urban but in rural areas also, are important factors in the improvement of the health of the people.

In Queensland we have a very definite programme for the control of tuberculosis. We know exactly where we are going. The campaign can be divided under two headings, namely, measures of prevention and isolation, and measures of medical care. All forms of tuberculosis are notifiable at present and it is intended now to make them not only notifiable but also infectious diseases.

**Mr. Barnes:** Tuberculosis is not an infectious disease now according to the Act.

**Mr. JONES:** No, but after the passing of this Bill it is our intention to declare it an infectious disease and treat it in the same way as diphtheria, scarlet fever, and other infectious diseases. That is absolutely necessary.

The first step in control is to find the people suffering from tuberculosis. It is the unknown case that is the dangerous case, and the best method of finding this case is by mass X-ray. I propose to give some idea of what we have in mind. It is the intention to have one unit for the metropolitan area. This will be mobile and arranged so that it can be transported by a truck. We shall have two mobile units for country districts. The method of transport has not been determined but consideration is being given to having them mounted on railway cars, like the dental clinics. There will also be one

unit for the X-ray of natives in the Torres Strait and the Peninsula. This will be transported by boat. The Director-General of Health and Medical Services, together with the Director of Commonwealth Health Services, Dr. Wonderley, returned last week after visiting the Torres Straits and Gulf Mission Stations. They made a survey of the natives at those stations and think it is necessary to do something in that area. The Commonwealth will co-operate in every way in that direction.

There will also be a unit at the Brisbane General Hospital for X-raying all in-patients and out-patients. At the moment, too, we are making investigations as to a suitable unit for the large base hospitals in the country. Orders were placed many months ago for quite a lot of this equipment and much of it will come forward from time to time.

The Bill itself is a very small one, consisting of three clauses. Nevertheless it is a very important one. In fact, it is one of the most important Bills to come before this Chamber.

Hon. members will no doubt appreciate that fact. It is intended in addition to promulgate regulations for the control of tuberculosis. These will be similar to the existing regulations for diphtheria, scarlet fever, and other diseases, and will provide for compulsory isolation and detention of patients who cannot be properly cared for at home or where the patient is so careless as to be a menace to other members of the community. Similar power is exercised with regard to diphtheria.

The regulations will provide for the compulsory X-raying of persons who refuse to be X-rayed during the survey. It is obvious that if tuberculosis is to be eradicated all infectious cases must be found and X-ray is the best method of finding them. It is not expected, however, that it will be necessary to invoke this power as it is felt that the public will co-operate with the department in its efforts to eradicate the disease. We do not expect either that it will be necessary to enforce the provision for compulsory mass X-ray. We have not in mind compulsory mass X-rays at the moment but we intend to take this power under the regulations. I think it is absolutely essential that the Director-General should have power to order any person or group of persons to come up for examination if he thinks fit. He may think, for example, as a result of complaints made to him, that employees at some factories should be examined; and he will have the power, if he so desires, to order those people to come up for examination. The same would apply to any individual. Actually he has those powers so far as they apply to infectious diseases such as scarlet fever and diphtheria and we merely intend to extend them to tuberculosis.

We found that if we were to put in the Bill the complete Commonwealth schedule as agreed to at the conference, we should be duplicating a great part of our own Health Act, because many of the regulations submitted by the Commonwealth are already

there. It is of course intended to submit to this House the regulations for the control of tuberculosis.

I do not think there is much more I can usefully say. It is a very simple Bill. The chief thing it does is to approve of the financial arrangements made between the State and the Commonwealth. I think they are very generous; they take away the financial responsibility of the State almost completely.

**Mr. Wanstall:** Is the whole agreement with the Commonwealth set out in this Bill?

**Mr. JONES:** Not in the Bill.

**Mr. Wanstall:** Where will members be able to see that agreement?

**Mr. JONES:** The Bill authorises the Government to make regulations for the control of tuberculosis in accordance with the Commonwealth draft.

**Mr. Pie:** Will those regulations be tabled?

**Mr. JONES:** Yes.

**Mr. Morris:** Is it proposed to have children tested in schools?

**Mr. JONES:** We have not dealt with that specifically. Such matters will have to be considered as we go along.

**Mr. Kerr:** You will have a mobile unit.

**Mr. JONES:** It will be necessary. It is not possible to give hon. members now the exact programme to be mapped out but we intend to make these units available and the Director-General of Health and Medical Services will be in a position to formulate regulations to meet the conditions as they arise from time to time.

As hon. members know, we often lay on the table of the House regulations dealing with diseases, because we find loopholes in the regulations. We think that is the best approach to the tuberculosis problem and the Commonwealth agreed that Queensland's health laws are very wide and the Commonwealth authorities believe that the only thing we shall have to do in order to comply with their requirements and to keep abreast of the other States is to make regulations from time to time as required.

There is a desire for uniformity. The Ministers for Health of the States and the Commonwealth have discussed the matter and on each occasion decided there should be uniformity and that something should be done and done very quickly. It was considered that it was the responsibility of the Commonwealth Government to come to the assistance of the States in a very generous degree and I am satisfied they have done so.

**Mr. NICKLIN** (Murrumba—Leader of the Opposition) (11.42 a.m.): This is very important legislation that is being introduced this morning. It has been mentioned that the Bill is only a small one but we do not judge the value of Bills by the size. You

will remember, Mr. Hilton, that very large Bills have been introduced that have not been worth the time spent in debating them.

The Bill to be introduced this morning is a particularly important one designed to co-ordinate a plan of campaign as between the Commonwealth and the States for the control and eventual elimination from our midst of the scourge of T.B. The Minister mentioned that we in Queensland have been particularly fortunate in regard to the incidence of tuberculosis and I think—although I am not a medical man—that the excellent climate we enjoy in this State is the reason for that condition of affairs. Nevertheless, far too many of our people are affected by this disease and when we realise the progress made by medical science in the treatment of it we must come to the conclusion that it is essential to have the best possible machinery available, first of all to diagnose it and then to treat it, including if necessary the segregation of those persons who may suffer from it in the more infectious stages.

Medical science has made considerable advances in the treatment of tuberculosis, so that although it is still a major factor in killing people, it is not the factor it used to be when it was justly described as the greatest killer among the diseases to which mankind is heir. It is a major problem still and therefore the question we have to ask ourselves is not whether we can afford the expenditure to tackle it properly but whether we can afford not to do so. Apparently the State and Federal authorities have decided that finance, at any rate, shall not stand in the way.

What I should like to know from the Minister is why there has been a seemingly long delay by the State in taking action in this matter in which the Commonwealth and States decided to get together some years ago. It was in 1946 that the Commonwealth Government passed an Act providing for co-operation between the States and the Commonwealth for the prevention and treatment of T.B. Up to the present Queensland appears to be the only State that has not taken advantage of the financial assistance offered under that legislation. No doubt, as the Minister pointed out, there may have been various things to tidy up in the arrangements, but there does seem to me, in view of the importance of this problem, to have been considerable delay between the passing of the Commonwealth Act in 1946 and the introduction of this complementary legislation by Queensland today.

It is also interesting to note that although we in Queensland have possibly provided quite a deal of money to tackle this problem, we are not as well equipped with sanatoriums now as we were two decades ago. Two decades ago we had two in this State for the isolation and treatment of T.B. sufferers. Now we have only one in active operation and another in the blue-print stage. I believe that more could have been done to provide hospitalisation facilities for the treatment of T.B. patients than has been done up to the present.

Although we have heard on many occasions in this Parliament that we in Queensland lead the way in health matters, it seems that the Government have not been as active in handling T.B. as they should have been. Actually their efforts do not compare very favourably with what has been done in other States to tackle this very serious problem; in fact, we seem to have been lagging behind, and I hope the introduction of this legislation will mean that at last the Government will get on the job and do something really constructive.

**Mr. Foley:** What did your party do when they were in power?

**Mr. NICKLIN:** All the Minister can do is ask what our party did but that does not absolve him of his responsibility. He and his colleagues have great responsibility in view of the fact that for the last 30 years, with the exception of three, they have occupied the Treasury benches. That being so, they cannot blame anybody else for lack of action in tackling this problem.

We should not make this an acrimonious debate. I think everybody in this Chamber wants to do something big and constructive and I feel that I am perfectly justified in pointing out that the State Government possibly have not done as much as they could have. I am sure every hon. member in this Chamber hopes that now this legislation has been introduced, now that we are coming to an arrangement with the Commonwealth Government for the provision of finance, we shall see some action at last and that this vital health problem will be tackled vigorously and relentlessly and that this campaign, combined with the natural advantages we have in this State, will lead in a few years to the elimination of T.B. as a major problem affecting the health of the people.

At the outset I mentioned that the tackling of this problem can be divided into three sections. First we have diagnosis, then treatment, and last the provision of hospitalisation facilities where we can segregate, treat and possibly cure the sufferers, at the same time removing from the general community the ever-present risk of coming into contact with them.

There is no doubt that one of the most important factors in the handling of tuberculosis is diagnosis, and if it can be detected in the very early stages there is a very good chance of a cure, provided that the necessary facilities for treatment are available; and we hope they will be available after the passing of this legislation. I am glad therefore to know that the Minister has placed such emphasis on early diagnosis by mass radiology and other means. I believe that we have to aim at submitting the youth of this State to a 100 per cent radiological test in their early years. If we do that, particularly in the susceptible years, we shall have an opportunity of picking out those who are affected.

**Mr. Jones:** Would you suggest mass X-rays for children under 14?

**Mr. NICKLIN:** Certainly, I suggest mass X-rays, but I should not like to suggest at what age it should be done. That is for medical men to decide; but we should do it at the best age to give the best results. If we did that with respect to our children, it would be a major advance in the handling of this disease. Nevertheless, it is no use having the best diagnostic facilities in the world if you do not follow up diagnosis with adequate treatment. Apparently plans for this purpose are envisaged by the Minister and I hope the treatment facilities will get the necessary priority. I admit, as does the Minister, the great difficulties we face in the erection of buildings but I believe that work of such importance should have a measure of priority given to it. The Minister has pointed out the campaign he envisages. Sanatoriums are under construction and supplementary provision is being made for annexes at Cairns, Townsville and Toowoomba. If we can get them built quickly we shall, with the campaign for the early diagnosis of the people, have a major advance in tackling the problem.

There is one feature at which I am particularly pleased. There seems to be close co-operation between the Commonwealth and the States. Far too often have we seen lack of cohesion between Commonwealth and State activities, no liaison between the two bodies, one apparently working against the other. For example, we have the Commonwealth and State employment services, not working together but at loggerheads. We do not want such a state of affairs in this important health service. After all, the Commonwealth must accept a good deal of the responsibility in providing the health service because that Government are collecting from the public huge sums of money in social-service taxes. If the Commonwealth Government find the finance, the State can best carry out the actual work.

I hope that adequate finance to carry out this work will be provided by the Commonwealth Government and that there will be no undue interference by the Commonwealth with the State control and management of the facilities that will be provided. That is particularly important. We do not want any duplication and we do not want departments to be working at loggerheads with each other. We want a combined and co-operative effort in tackling this major health problem and I hope that we shall get it. I am pleased to see that principle involved in the legislation and I hope it will be continued throughout and that the Commonwealth will not desire at some later stage to take away from the States some of the activities that the State can carry out more effectively than the Commonwealth because the State is in a position to exercise the local control.

I believe with the Minister that the legislation will prove to be of great value in tackling this major health problem. I prefer to reserve any further comments I should like to make until I have seen the Bill.

**Mr. WANSTALL (Toowong) (11.57 a.m.):** In common with the Leader of the Opposition I welcome this legislation, particularly because of the reason advanced by the Leader of the Opposition. Ever since 1946 there has been available to all the States of the Commonwealth large sums of money from the Commonwealth Treasury for the prevention and treatment of tuberculosis but those sums of money have been made available only to the States whose standard of health service in relation to tuberculosis complied with the conditions laid down by the Commonwealth. It is a fact, and one that should give cause for concern to the Government and the people of Queensland as a whole, that the Queensland facilities have not been considered by the Commonwealth Government to be sufficient to enable Queensland to draw its allotment. That is the fact and I know the Minister will not dispute that our facilities up to date have not been considered sufficient by the Commonwealth to entitle us to the Commonwealth grant for the treatment of tuberculosis. Consequently the arrangements we are now making which will enable Queensland to qualify for the Commonwealth allocations, are long overdue.

Apparently the Minister expected there would be some criticism of his Government and past Governments on this matter because he said in one part of his speech that despite what may be said about the Government we had to admit that the incidence of tuberculosis in Queensland was better than in any other country in the world.

**Mr. Jones:** That is admitted by the Commonwealth.

**Mr. WANSTALL:** It is admitted and I am not disputing it. What I am pointing out is that the Minister put up an answer in advance to any criticism that he expected would be made of his Government in respect of this matter.

**Mr. Jones:** I made that point at the conference in Melbourne that I considered that Queensland was favourably situated from the viewpoint of the incidence of tuberculosis.

**Mr. WANSTALL:** From the viewpoint of health laws as a whole and not from the viewpoint of health laws dealing with tuberculosis only. I do not want to be acrimonious about this matter. I take the same attitude as the Leader of the Opposition although I could criticise some aspects of the treatment of tuberculosis in this State. I am not anxious to make any political capital out of an ailment of this kind.

**Mr. Foley:** You cannot make any capital out of it because your own party never did anything.

**Mr. WANSTALL:** I think the Leader of the Opposition has very fully and fairly disposed of that proposition by pointing out to the Minister that his Government have been in power in Queensland for 30 years and he cannot argue that his own Government have not been inefficient in the past in their treatment of the disease.

The Minister's figures, which show a fall in the incidence of deaths from tuberculosis from the turn of this century are interesting, but we must not lose sight of the fact that its position in the table of notifiable diseases is not nearly so encouraging. An examination of statistics of notifiable diseases over the last two years disclose that tuberculosis heads the list in Brisbane. The figures are—

	1946-47.	1947-48.	1948-49.
Tuberculosis (pulmonary)	294	281	270
Malaria (including military)	1,063	199	26
Scarlet fever .. ..	244	179	165
Diphtheria .. ..	81	49	26
Puerperal fever .. ..	157	44	30
Tetanus .. ..	21	16	16

Over the last six years, the number of cases notified in Brisbane have been—

1943-44	..	..	..	288
1944-45	..	..	..	243
1945-46	..	..	..	212
1946-47	..	..	..	294
1947-48	..	..	..	281
1948-49	..	..	..	270

Those figures give a yearly average of almost 265 cases. A significant fact is that all of these cases are new ones. They are new notifications of people suffering from pulmonary tuberculosis. Those figures, in comparison with those of European countries, England, and some of the other States of Australia, are relatively low, yet in a country like Queensland which is richly endowed by nature and possesses an ideal climate to resist infection by T.B., they do not give any one reason for complacency. Consequently the expenditure of whatever money is made available by the Commonwealth and spent by the State under this Bill will be very wise expenditure.

The Minister gave an indication of a move that has some prospective value as a remedy for an aspect of this disease that always gives me a great deal of concern. It is the intention under this Bill to make tuberculosis an infectious as well as a notifiable disease, as at present. The point I want to make is that tuberculosis should have been classified as an infectious disease many years ago. I know it is the practice for actual inmates of the Diamantina Hospital, when they are let out, to move about, as they are entitled to, come into the city for meals in cafes, use crockery, drink out of cups, if so inclined drink out of glasses in hotels, use public telephones, and generally mingle with the population in what I suggest is a very careless way, having regard to the nature of their disease. Whether from a medical point of view the risk of infection is not very great does not matter; the fact is that from such contact with the public there is some risk of infection. If there is any risk of cross-infection by the free movement of tuberculosis sufferers among the public and their free use of all facilities available to the public, it is a tragedy. I have personal knowledge of a young girl who did not know she was suffering from tuberculosis and who was employed.

as an assistant in a sweet shop. She was handling chocolates and all sorts of sweets. That would not have occurred if the disease had always been classified as an infectious disease. This step is overdue.

To get back to the Bill itself, I asked the Minister a question whether we should get from the Bill the precise arrangements between the Commonwealth and the States over this matter? Is there any agreement?

**Mr. Jones:** The agreement is in the schedule to the Bill.

**Mr. WANSTALL:** That is what I asked but the hon. gentleman did not understand me. When I see the Bill the schedule will contain the actual agreement, and all members will be able to know the precise arrangements that are being made between the Commonwealth and the States.

The plan of campaign referred to by the Minister as contemplated for attack on the disease is one on which a layman cannot comment except in a general way. My only comment is that the programme, including as it does, firstly, attention to the prevention of the disease, and, secondly, isolation and medical care of those found to be suffering from it, does approach the problem along proper lines. I do want to urge the Minister to insist that the administering authority shall remain as it is contemplated in the Bill, that is, in the hands of the State. I noticed when the Minister was referring to the actual expenditure that would fall on the Commonwealth and include the cost of the lands and permanent improvements to it and the equipment necessary, he added that no compensation for the transfer from the State to the Commonwealth of any building and equipment would be payable by the Commonwealth to the State if a transfer subsequently occurred. That is a fair arrangement; but it does imply this: at least it is in the contemplation of the Commonwealth Government that at some time or other they will take over these buildings and will thereafter be the administering authority of this tuberculosis campaign, otherwise they would not be safeguarding themselves against having to pay compensation later on when they take over the buildings.

**Mr. Jones:** They put that in legislation.

**Mr. WANSTALL:** I appreciate that that is a safeguard. I suggest to the Minister that it would be far better to retain in the hands of the State the administration of this agreement than to transfer it *holus bolus* to the Commonwealth and for the State thereafter to regard it as entirely a Commonwealth authority and not have any say at all.

There has been considerable comment lately on the delay in the building of the sanatorium at Cherm-side. The Government take the view that nothing could be built at Cherm-side until a permanent structural steel building can be erected. That is a wise long-term view, but in the meantime what is going to be done about actual accommodation for tuberculosis sufferers in this State? Looking at the position in Brisbane, it cannot be denied that

the arrangements up to date have been anything but desirable; in fact, I would say that they are crude and completely inadequate. For a number of years the only accommodation was provided in certain wards of the General Hospital, where patients were bedded on verandas. I visited a tuberculosis patient there one day and I saw the conditions under which they were hospitalised.

It cannot be gainsaid that these conditions are certainly no credit to the State. Subsequently, many of the patients undergoing long-term treatment were transferred to the former Diamantina Hospital, now known as the South Brisbane Auxiliary Hospital, and although the accommodation there is obviously inadequate, it is certainly much more suitable than the veranda arrangement at the Brisbane General Hospital. It is pleasing to note that on account of the handing over by the Commonwealth to the State of part of the Rosemount Military Hospital it will be possible to reserve the Diamantina building exclusively for the treatment of tuberculosis. Even that cannot be regarded as adequate for the solution of the problem and I would suggest to the Government that, there being little chance of their being able to complete their projected hospital at Cherm-side in three or four years at least, the alternative is to erect a building of the same type as the repatriation sanatorium at Kenmore and that this would not be wasted after completion of the Cherm-side permanent T.B. hospital. Such a building would then be very readily available for other medical services in this State. I do not think the Government suggest that their medical services will not expand in the next decade or so in Queensland.

The Repatriation Commission's building at Kenmore is, to my way of thinking—and I know it is so regarded by medical experts—an ideal building for the purpose. It consists of brick and concrete foundations with a judicious blending of fibro-cement and timber construction above that and a very generous use of plate glass. When one inspects that building and sees the conditions under which patients are housed, the inevitable reaction is that the hospital is ideal for its purpose. The difficulty, of course, is that if such a building was to be erected at Cherm-side it would become a permanent building on that site; it would never be replaced by the multi-storey building that the department has in mind, but there is nothing to stop the department from building immediately a building such as the one at Kenmore on another site in Brisbane to supplement the accommodation at the South Brisbane Auxiliary Hospital, which nobody would suggest is presently adequate or suitable. The location is far too dusty and noisy. The only advantage it has is that as it is in the city, the patients are not isolated and when they are able to be let out on leave they can visit their relatives easily and their relatives can easily visit them in hospital. That is about the only advantage one could suggest of having a hospital in such a closely-congested area. From that point of view it is desirable to have a building situated in surroundings such as

that at Kenmore—in the country on a beautifully wooded hill and with a magnificent view over Brisbane and down to Moreton Bay. The atmosphere is immeasurably more free of dust than the atmosphere of Woollongabba. The site is in itself congenial and delightful and medical men tell me that one of the first conditions to bring about in a tuberculosis patient is a contented mind and satisfaction with his surroundings. I know from my visits to the Repatriation Commission hospital at Kenmore that the patients there are satisfied with their surroundings and the situation and the accommodation is all that can be desired from that point of view.

It is a beautiful building and I am certain the Minister would be proud if his Government owned it. The suggestion I am making is that the Government should take immediate steps to build a State counterpart of the Repatriation Sanatorium in order to fill in the gap until the Chermiside permanent hospital can be built, because under present conditions we cannot hope to provide proper and adequate medical treatment for tuberculosis sufferers at the Diamantina, and I do not think the department would take the view that the Diamantina would be suitable as a permanent institution.

It is pleasing to note that the arrangement with the Commonwealth envisages an adequate scale of allowances for patients and their dependants during the period of incapacity. That also is one of the most important psychological approaches to the treatment of tuberculosis. The patient must be set at ease. He must not be plagued by economic worries as to how his wife and children are getting on.

**Mr. Jones:** That is already in operation.

**Mr. WANSTALL:** I appreciate that, because I have an intimate knowledge of such matters through a relative of mine by marriage, who unfortunately happens to be a sufferer. I know an allowance was made by the State even before the Commonwealth came into it, which is sufficient to keep the family in moderate circumstances, in a similar position to a pensioner, and I hope that the family-income factor will be generously dealt with because it is no good keeping the unfortunate patient and his family in a state of mind in which they have to strive and struggle to make ends meet. Rather should we give them an extra pound so that they can make ends meet with a little security and ease of mind for then we shall be going a long way towards restoring the patient to health. If the allowance is cut down to the last penny we shall defeat our purpose and there will not be the return on the investment that one is entitled to expect.

I shall reserve anything further I have to say until I have seen the Bill and examined the actual agreement.

**Mr. ROBERTS (Nundah) (12.18 p.m.):** In introducing the Bill the Minister very clearly and succinctly stated what the Government, in agreement and working together with the Commonwealth, propose to do in

the future in the diagnosis and treatment of this disease, tuberculosis. I do not propose to add very much to what he has said in that regard, but having listened to those hon. members opposite who have already contributed to the debate, I desire to say something about what they claim to have been the failure of the Government in the past to do something more than they have done.

Before doing so, however, I think that while considering and discussing the Bill at this stage we should place on record our appreciation of what has been done in the past by the medical and scientific officers of the Department of Health and Home Affairs in their research work and in their work generally in connection with this disease. I know personally that there have been some casualties amongst those scientific people employed on that work and we should remember at this time the sacrifice that has been made by them. Moreover, we should not be unmindful of the fact that some of our hospital nurses—probably doctors too, although I have no personal knowledge of medical men—who have been working with tuberculosis patients have contracted this dread disease themselves.

Fortunately most of them, by moving to hospitals in other parts of the State—probably going to western districts with a more arid and hotter climate—have been able to shake it off. Unfortunately, on the other hand, it has been a period of great perturbation for them. We should remember the work that has been done by these people.

I think we should recall that in the past this great white scourge, as it has been called, was of far greater significance and a far greater threat to mankind than it is today. We might well consider what has been the reason, apart from the medical treatment of those who have contracted the disease, for the better position we find ourselves in today. I have no hesitation in saying that it is due to the fact that in the past the economic conditions that confronted people and the sub-standard housing conditions under which they had to live and the long and difficult working conditions that prevailed in those times presented the disease of tuberculosis with a far better field in which to work than at the present time. And the improvement in the position has been due to legislation passed by Labour Governments. The hon. member for Toowong in the course of his speech this morning told us that he did not desire to make any political capital out of a measure such as this but he could not refrain from mentioning from time to time that in his opinion the Government—and we must assume he meant the Labour Government—have in the past failed to measure up to their responsibilities.

Let us look at the true picture. We know that until the last 40 or 50 years the working conditions and the hours people were expected to work must have played a considerable part in the incidence of this disease because, as I understand it, one of the chief factors in reducing the resistance against the tuberculosis germ is fatigue. In the old days, when people were expected, apart from other

conditions, to work for 16 and 18 hours a day, fatigue was a greater problem than it is today. Thanks to Labour Governments we have a uniform 40-hour week and tuberculosis is not such a great menace to mankind as it was. In addition to the long hours people were expected to work, we must give consideration to the conditions under which people were expected to work in the days gone by, factory conditions, the condition of workshops and business generally. All conditions have been improved immeasurably over the short period Labour has been in office. Another factor that must have reduced the incidence of this disease upon those who have been pleased to live under Governments administered by Labour is nourishment. Thanks to full employment, increased wages and improved working conditions, I suggest that 99 per cent of the population are able to enjoy not only the necessities of life but something a little better. Present-day conditions are altogether different from the days when the wage-earner was expected to work longer hours and under more difficult conditions than he does now, and live, moreover on the proverbial smell of an oil-rag.

These three factors—under-nourishment, sub-standard housing, and long hours of work, with the resultant fatigue, have been faced up to and cured by Labour Governments in the past. Of course, this good work is being continued from time to time by Labour Governments today.

We must not lose sight of the fact that perhaps a considerable degree of infection arose from the presence of tuberculosis in dairy stock. Although there is a difference of opinion as to whether tuberculosis in dairy stock may be transmitted to humans through impure milk, the fact remains that most laymen are convinced that in some cases human beings have contracted tuberculosis through drinking milk that was unfit for human consumption. Labour Governments have faced up to these responsibilities also and today the dairy herds of Queensland are probably second to none in the world in their freedom from tuberculosis. The fact remains that while Governments are giving due consideration to the problem of diagnosis and treatment prevention is better than cure and prevention is afforded the people by the working and living conditions and conditions of general welfare now made available to them.

We must not overlook the fact that the Commonwealth Labour Government have done much in this connection and in 1946 passed the legislation embodying the principles that we are now asked to approve in this measure. That legislation provided for very generous financial assistance to all the States for the diagnosis and treatment of tuberculosis. We must also bear in mind the fact that in their policy of improving social services the Commonwealth Government have been most liberal in the case of persons suffering from tuberculosis. We know that the present Commonwealth Labour Government have increased the payments for age pensions, invalid pensions, and unemployment benefits

as never before in the history of Commonwealth Government, but the greatest benefits of all have been provided for sufferers from tuberculosis. The Commonwealth Government are on very sound grounds in doing that and I feel sure that all hon. members will agree that that is so. They are aware that if they can give a sufferer from tuberculosis the wherewithal to enable him to refrain from continuing to work while he has the disease by giving him the necessary financial assistance and his dependants too, so as to enable him to remain away from work he will have the better opportunity to recover. In the past no such social services were available to them. Indeed, the sufferer from tuberculosis or any other disease who was the breadwinner went on working until he literally dropped. That was the attitude of anti-Labour Governments in the past towards this great social problem but today the Commonwealth Labour Government have provided sufferers from tuberculosis and their dependants with liberal pensions and liberal financial assistance so that sufferers can afford to remain away from work and obtain the necessary medical treatment that very often brings about a complete cure.

We should remember today what the Commonwealth Labour Government have already done in this field and we should also commend the Secretary for Health and Home Affairs and his Government for the measure now being introduced.

**Mr. MULLER (Fassifern) (12.30 p.m.):** I have no desire to recapitulate the case made by the Leader of the Opposition and the hon. member for Toowong for the introduction of this Bill. Neither do I propose to enter into any political argument as to who is responsible for any inactivity in the past. Perhaps it is correct to say there has been no inactivity. I feel that Governments of the past have realised the responsibilities they owe the people. As one with long association with local-authority affairs I have personal knowledge that they recognise that their first responsibility is the health of the people, and I recognise that members of this Assembly also realise that this is their first responsibility.

Today it is not a question whether present or past Governments have done all that was expected of them. The Minister has introduced a very important Bill, which I commend. I congratulate him on his approach to the problem. As a layman I do not propose to set my opinion against medical opinion. In anything we set out to do it is always wise to rely on the advice of practical men and in this matter we should take the advice of our medical experts. The approach outlined by the Minister is a sensible one. It is that recommended by the Director of Health and Medical Services, and shortly, is the result of a co-ordination of the medical services of the State and Commonwealth and whatever is done must be along lines laid down by them. The proposal today is on those lines. A great deal of work will be accomplished and the Commonwealth will find a big portion of the expenditure. The present proposal indicates that perhaps

the States in the past have not had sufficient money to engage in the necessary research work. However, the Minister now assures us that the money will be found.

I do like that part of the proposal which places some responsibility on the local authority. I mention that because I know that suspect cases exist in various parts of the State that the local authority is the only body capable of detecting. The parents of suspect cases may be financially embarrassed and consequently very reluctant to seek medical opinion. Consequently the sufferer goes on and on until he reaches the incurable stage. My advice is that there should be early diagnosis and, following that, early treatment. If local authorities are entrusted with the responsibility of seeing that these medical examinations take place from time to time, that suspect cases are examined and treated, particularly in the early stages of the disease, the possibilities of effecting a cure are very much greater than if action is delayed.

I must confess that in days gone by I have often heard it stated that tuberculosis was not an infectious disease but veterinary science has told us that the presence in a herd of a beast affected with bovine tuberculosis creates the danger of infecting the whole of the herd. After tests the number of reactors in some herds has been found to be very high, in some cases as high as 80 per cent, whereas in others the number is very low. The inference is that an infected beast in a herd will probably result in causing a large percentage of that herd to contract the disease. Tuberculosis, as we know, is a lung disease and the germs may be thrown off through coughing. That being so, it would be remarkable if there was no danger of a spread of that disease through infection.

I refer to bovine T.B. to show that it may be spread. It is generally admitted that tuberculosis usually attacks a person whose resistance is low. Sometimes this may be brought about by overwork and sometimes by the fact that he does not get enough food or not the right type of food. If a person has a proper diet his resistance is much greater. We have had this experience with our nursing sisters who have had their resistance lowered through working long hours and who have occasionally contracted the disease when attending patients. It would appear, then, that although medical opinion in the past has been that perhaps there is not any great danger of infection in the ways I have mentioned, we have cases where lowered resistance has resulted in the spread of the disease. Be that as it may, I do not propose to put up any argument as to what should or should not be done. I believe that is the duty of our medical men and we can only be guided by their recommendations. The main duty of Parliament is to provide sufficient money to enable the work to be carried out. If we do that we shall be doing all that can be expected of us.

I have been impressed by the remarks of the Minister and other speakers about the necessity to arrange conditions that will

favour a contented mind for the patients, such as the removal of financial worries, so that a cure may be effected. At any rate, I think that if we do what is expected of us—provide the money, and then allow those in authority to see that the proper persons are selected to carry out these investigations, we will be going a long way to reducing the incidence of the disease.

I have pleasure in supporting the introduction of the Bill and I reserve further comment until I see it.

**Mr. PIE (Windsor) (12.39 p.m.):** I think every member is in favour of the introduction of such a Bill as this, so long as it will be carried out. I think everyone realises that T.B. is the greatest menace to the health of mankind.

Although the Minister has emphasised that the incidence of T.B. is less in Queensland than in any other country in the world, he overlooks the fact that neither the Government nor anybody else can take very much credit for that, the reason being the wonderful climatic conditions in this State.

**Mr. Jones:** That is only one factor.

**Mr. PIE:** I remember that when T.B. is diagnosed in a person in Victoria the first place he is sent to is Queensland, because of the climatic conditions that exist here.

I was rather interested in the criticism of my colleague, the hon. member for Toowong, by the hon. member for Nundah, for charging the Government with having failed to measure up to their responsibilities. The hon. member opposite must have overlooked the fact that the very reason why the Commonwealth Government would not go ahead with this legislation previously was that the conditions of T.B. treatment in Queensland were not up to the standard required by them.

**Mr. Jones:** No.

**Mr. PIE:** That is the point I make. I have some very interesting information with me. You may remember, Mr. Hilton, that this question was discussed in this Chamber in 1944, before the hon. member for Nundah was elected to Parliament. You will remember clearly how the Premier brought Dr. Pye, Mr. Anderson, and half a dozen others from the hospital to sit in the lobby to hear the discussion. In addition, a report by Dr. Pye was printed in 1944 in which he agreed with the complaints being made then by the Opposition in relation to the treatment of T.B. We proved then that the conditions of treatment were appalling, and I say very emphatically that the conditions of treatment of T.B. today in Queensland fall far short of the mark required.

**Mr. Jones:** That could apply probably to every country.

**Mr. PIE:** I realise that it is a scourge. A friend of mine was in a T.B. hospital in Great Britain and whilst abroad there last year I visited him. He has since died. I realised then the difference between the conditions of treatment in Great Britain and those in Queensland. The patients there have

a chance because, thanks to the type of room in use, they can take advantage of any sunshine there is to be had.

I was delighted when I found the Government intended to build a T.B. sanatorium at Chermiside. I pass the site every day coming from my factory. As I pointed out previously, there has been a notice board on the highway for the past three or four years, pointing to the T.B. Sanatorium, and if you follow the road you find the extent of the work that has been done since 1946. Because of the knowledge I had gained through passing this site, I asked the Minister certain questions in relation to the fulfilment of the promise given in 1946 by the present Secretary for Public Lands. He made a great song and dance about it. There were headlines as to what the Government were doing. But nothing has been done there. When one visits the site one finds there has been some earth-moving.

**Mr. Jones:** I will be quite candid. I think it would have been a good idea if we had got the material you put into your factory.

**Mr. PIE:** I will accept the challenge of the Minister and say very definitely that had the hospital been planned on similar lines to my factory it would have been erected by now. The hospital that it is planned to build there is wrong—a brick building, one storey on top of another—a two- or three-storey building. That is the wrong type of building for the treatment of T.B. The building required is of the long type that will admit plenty of light and sunshine. The Minister knows that a high authority in the treatment of T.B. has suggested that a building similar to my factory be erected at Chermiside for the treatment of T.B. I know something of the inside running in the treatment of T.B. and I know how the Government have fallen down.

**Mr. Jones:** I personally think we made a mistake in giving permits to factories instead of keeping the materials for the sanatorium.

**Mr. PIE:** The Minister knows that the material that went into my factory and similar factories of other people was useless for the type of building that is proposed at Chermiside. I am 100 per cent. behind the Government if they intend to carry out this scheme.

**Mr. Foley** interjected.

**Mr. PIE:** Mr. Keyatta, yesterday I got into trouble when a Minister interjected from the front bench. Would you please ask the Secretary for Public Lands to stop interjecting?

The provision of mobile X-ray plants, as the Minister knows, was discussed in this Chamber as far back as 1946 and nothing has been done. Now it is being brought forward as a new idea. In other States mobile X-ray plants have been operating for many years.

**Mr. Jones:** No.

**Mr. PIE:** I have proof that they have.

**Mr. Jones:** Tasmania has had them.

**Mr. PIE:** They have been in operation in New South Wales since as far back as 1947. The Government have fallen down on the job in not providing these mobile X-ray plants. During the war there were many such plants controlled by the Army. There is nothing to prevent this Government and the Commonwealth Government from using those mobile X-ray plants until proper facilities are available, because by that means the job can be done quickly. We do not want this scheme built on promises. Again and again legislation has been passed in this House and lauded to the skies. I have records of it all, especially that relating to hospitals, how the present Secretary for Public Lands had a £23,000,000 plan for hospitals, but nothing has been done. In view of the progress being made at Chermiside I should like to ask the Minister when he expects to start it. I believe we can get something fairly reliable if he will let us know when he expects to start the Chermiside building and when he expects to finish it because it is important. People are wanting to know when these facilities will be available to them.

**Mr. Jones:** If you know a contractor who is prepared to take it on, send him along.

**Mr. PIE:** I think I could find a contractor, but I should like to know whether it is to be done by day labour or contract. If it is to be on day labour I can get dozens of people to take it on; if it is to be on contract it might be a different story and I strongly advise the Minister to go into the question of contract in preference to day labour because he admits himself that day labour is too expensive. He knows that from what is being done at present. The original estimate for Chermiside was £1,000,000 but now he admits that it has gone up to £1,500,000, which shows that if he had let a contract in the first place he might have got the job done for £1,000,000.

**Mr. Jones:** You know there is a rise-and-fall clause in all contracts.

**Mr. PIE:** I know the position with respect to building at this time and I say that if the Minister had let the contract at that time he could have had that building erected within the original estimate.

**Mr. Power:** You cannot.

**Mr. PIE:** I say you can. There is a difference of opinion. I remind the Secretary for Health and Home Affairs that he is in charge of this Bill and not the Secretary for Public Works.

The statements made in 1946 by the then Minister, the Hon. T. A. Foley, in relation to the diagnosis and treatment of tuberculosis make very interesting reading. If you read them you will see the promises made in 1946, because the hon. gentleman said that the Government were well on the way to doing what is envisaged in this Bill today. I am not criticising the Bill in any way but I do want to see the scheme carried out. I

am fed up with hearing promises made by the Government and seeing nothing done. Plans are simply rehashed to get publicity and to convey the impression that the Government are doing something. If one reads the report made by the then Secretary for Health and Home Affairs in 1946 one will see that he was suggesting the implementation of these very things—

**Mr. Jones:** Do you know that only one hospital has been completed in the whole of Australia and that was at Townsville?

**Mr. Wanstall:** Built by a private contractor.

**Mr. Jones:** Yes. Other States could not build them.

**Mr. PIE:** Built under contract and not by day labour. Instead of working on the day-labour principle at Chermiside, let the Minister call tenders, get a contract price and he will find that the scheme will go ahead in no time. In 1946 the Government made a song and dance of what they were going to do at Chermiside. On the Minister's admission this morning very little has been done. I know the building. The Minister said that the foundation was being proceeded with but there is nearly a finished building out there. Let the Minister go out and see. It is not a suitable building for a sanatorium. He should go into the question very fully and, as suggested by the hon. member for Toowong something similar to the Kenmore Sanatorium should be established so that we can bring relief to sufferers. The members of this Committee know full well the number of people suffering from this disease. Immediately the breadwinner of a family is notified as a sufferer, what chance has his family got? I support the remarks made by the hon. member for Toowong in the hope that within this Bill there will be an opportunity for the breadwinner to get recompensed—

**Mr. Jones:** It does not deal with that.

**Mr. PIE:** Does not the agreement between the Commonwealth and the States provide that the families of people affected by tuberculosis will be provided for whilst the sufferer is undergoing treatment?

**Mr. Jones:** It is in operation now. I will give you the rates.

**Mr. PIE:** I should like to have them. A factor militating against response to treatment is the thought of the protection of the family. Generally I think the hon. member for Toowong and the Leader of the Opposition explained the position very fully but I must have a little crack at the hon. member for Nundah because he took, on behalf of his Government, all the credit for the reduction in the incidence of tuberculosis. He spoke of the conditions under which people are now working but I advise him to see the conditions under which our people are working in the railway workshops of this State. They are a disgrace. I am 100 per cent. behind improved working conditions for our people but I say that no hon. member or

Cabinet Minister can criticise working conditions in private industries while he allows deplorable conditions to exist in his own Government activities.

They are a disgrace. Go to the forestry service and get a report on the conditions there. Then see what is wrong with the Government today. This practice of having one law for one section and another law for another must be abandoned and the Government will have to conform to the provisions of the laws they themselves make. They cannot come into this Chamber to criticise individual enterprise when they are not carrying out their own laws.

The hon. member for Nundah referred to the under-nourishment of people. The reports that I have from Great Britain show that under the scheme now operated by the socialistic Government in Great Britain younger children must be provided with the necessary vitamins—orange juice and the other things that go to build up better bodies and better brains. I give the Socialist Government in Great Britain credit for that. I have been in these slum areas and I know the deplorable conditions under which the people live. The slums are the very breeding grounds of tuberculosis. I have been in places like Manchester, Leicester, Bradford and others where the conditions are shocking and where tuberculosis finds a very fertile field. However, the Government are attempting to stem the advance of tuberculosis there by giving an adequate supply of the proper vitamins to growing children. It is good to know that is being done.

That is all I should like to say on the Bill at this stage. I shall wait until the second reading, when I may be able to criticise it with some degree of accuracy.

Progress reported.

The House adjourned at 12.59 p.m.