

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

THURSDAY, 20 NOVEMBER 1952

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Mr. SPEAKER (Hon. J. H. Mann, Brisbane) took the chair at 11 a.m.

QUESTIONS.

PRICE OF LINSEED.

Mr. BJELKE-PETERSEN (Barambah) asked the Secretary for Agriculture and Stock—

“1. Who are the Linseed Crushers' Association of Australia?

“2. What is the world parity price for linseed?

“3. Has it dropped to £65 per ton?

“4. What price or conditions were offered by Meggitts Limited to growers as an inducement?

“5. Did such inducement include free delivery of seed to any part of New South Wales? Also, were sacks to be included free?

“6. Were any conditions mentioned as to additional price or otherwise for oil content of seed?”

Hon. H. H. COLLINS (Tablelands) replied—

“1. As far as is known, the members of the Linseed Crushers' Association of Australia are Meggitt Ltd., Harold Meggitt Ltd., James Barnes Ltd., and Vegetable Oils Pty. Ltd., all of Sydney, and Hemphill Gray Oil Mills Pty. Ltd., of Perth.

“2 and 3. There is actually no world parity price for linseed. Shippers' approximate prices per long ton to usual European ports for current shipment at the end of October varied from £63 17s. 6d. c.i.f. for Canadian to £71 c. & f. for Ethiopian. These are sterling prices, the approximate Australian equivalent being £80 and £89. Other quotes were (c. & f. European ports) Iraqi £64 sterling, Mexican and Turkish 180 U.S. dollars (£64 5s. 9d. sterling), Chinese £68 sterling. No quotations are available from India, Argentine, or Uruguay for seed. These countries were formerly the principal exporting countries, but over the last few years their export trade has been mainly confined to oil. As far as is known, Indian linseed has not been quoted on world markets since last July, when prices were £73 ex Bombay and £72 ex Calcutta sterling c. & f. United Kingdom ports.

“4 to 6. Contracts between Meggitt Ltd. and linseed growers are private contracts and my Department has no official knowledge of them.”

DEPOSITS ON HOME PURCHASES.

Mr. MORRIS (Mt. Coot-tha) asked the Attorney-General—

“In view of a recent statement made in this Assembly by him will he please advise whether a commission agent is acting lawfully if he pays to a vendor of a house,

when demanded in writing to do so, the deposit money, either less commission or otherwise, received by such commission agent before the transfer of ownership and final conclusion of the transaction?"

Hon. E. J. WALSH (Bundaberg—Treasurer), for **Hon. W. POWER** (Baroona), replied—

"It is not the practice nor would it be proper to answer questions which merely invite a definition of the supposed legal rights of imaginary persons in hypothetical cases."

TRAFFIC LIGHTS AT PEDESTRIAN CROSSINGS.

Mr. MORRIS (Mt. Coot-tha) asked the Secretary for Labour and Industry—

"In view of the fact that police officers are to be withdrawn from pedestrian crossings in certain main city streets, and the belief of many people that the substitution of zebra crossings will result in injury and confusion, will the Government consider the installation of traffic lights at each of these crossings?"

Hon. E. J. RIORDAN (Flinders—Secretary for Mines and Immigration), for **Hon. A. JONES** (Charters Towers), replied—

"The law giving right of way to a pedestrian upon a marked crossing has not been altered by the new system of placing additional markings upon the crossings to make them more conspicuous. The new markings have not had a reasonable trial period which would justify a conclusion that injury and confusion will result from the use of marked crossings. Due consideration will be given to the provision of additional traffic facilities if and when such action is practical and is necessary and desirable in the public interest. Those who seek to create confusion and fear in relation to the provision of traffic facilities could well direct their energies to advocating the exercise of a little more courtesy, patience, and tolerance by all road users, whether they be pedestrians or drivers; and by so doing they will be doing a public service likely to assist in eliminating injury and confusion. It will be remembered that when traffic lights were first installed in Brisbane there was criticism and some confusion, and it was even suggested they be scrapped. However, the public are now accustomed to this type of traffic control, and there is every reason to believe that given a fair trial the new markings will be just as satisfactory here as they have proved in other countries."

LAND COURT DECISION ON LAND VALUATIONS.

Mr. KERR (Sherwood) asked the Premier—

"In view of the recent verdict by the Land Court in respect of the valuation of lands in the Indooroopilly district and the

Land Court Judge's comments in respect of the Valuation of Land Acts, will he give immediate consideration to the introduction of amending legislation to give effect to a substantial reduction on all lands valued to date?"

Hon. V. C. GAIR (South Brisbane) replied—

"The judgment of the Chairman of the Land Court is being examined, and if it is considered necessary to make any alteration to the existing law appropriate action will be taken."

MATERNAL AND CHILD-WELFARE CENTRE, TEWANTIN.

Mr. LOW (Coorooa) asked the Secretary for Health and Home Affairs—

"With reference to my repeated representations on behalf of the Tewantin-Noosa Heads Branch of the Queensland Country Women's Association in regard to the establishment of a maternal and child-welfare sub-centre at Tewantin, will he, in view of the fact that suitable arrangements have now been made for the sister at Gympie to include Tewantin in her itinerary, advise when it is anticipated that approval will be given for the establishment for such sub-centre at this important and growing seaside resort, which has a large residential and holiday population all the year round, including many young mothers requiring expert advice and attention?"

Hon. W. M. MOORE (Merthyr) replied—
"The matter is being considered."

INFECTIOUS-DISEASES CHARGE ON LOCAL AUTHORITIES.

Mr. WATSON (Mulgrave) asked the Secretary for Health and Home Affairs—

"In reference to the increase to 25s. per day imposed upon local authorities since 20 August last in respect of infectious diseases cases in public hospitals, as the reason he gave for such increase was the withdrawal of hospital subsidy by the Federal Government and as such subsidy under the recent agreement is now payable retrospectively, will he kindly arrange for a refund to the local authorities concerned of the additional charge imposed upon them?"

Hon. W. M. MOORE (Merthyr) replied—

"All Hospitals Boards and local authorities have been advised by my Department that the reduced charge of 25s. per day made against the local authorities for the isolation and treatment of cases of infectious disease is to be further reduced again as formerly by the amount of the Hospital Benefit from and including 21 August, 1952."

STATE HOUSING, EDGE HILL, CAIRNS.

Mr. WORDSWORTH (Cook) asked the Secretary for Public Works and Housing—

“In reference to land prepared at Edge Hill, Cairns, at a cost of £10,033 for the Queensland Housing Commission,—

1. Will he kindly advise when it is expected that homes will be erected thereon?

“2. Would it be possible for the commission now to give to house construction at Cairns the same priority as has obtained in respect of homes provided in the suburbs of Brisbane and satellite towns of the metropolitan area?”

Hon. P. J. R. HILTON (Carnarvon) replied—

“1 and 2. I am unable to state when it will be possible to erect further State rental homes at Cairns. The amount of loan money made available by the Commonwealth this financial year for the erection of State rental homes precludes the letting of further group contracts at present. Should the position improve or further funds be made available, the requirements of the city of Cairns will receive due consideration. All contracts under the Commonwealth-State housing scheme which are being carried out in Brisbane at the present time were let before the commencement of this financial year.”

STATE HIGHWAY, WILMINGTON TO MERINDA.

Mr. COBURN (Burdekin) asked the Minister for Transport—

“As it is essential that an early start should be made on the proposed permanent work on the State highway between Wilmington and Merinda in order to avoid interruption for several months by the wet season, will he kindly advise when it is expected that this work will be commenced?”

Hon. J. E. DUGGAN (Toowoomba) replied—

“As the Main Roads Department has a large amount of bridge and road work under construction on the Northern Highway in Wangaratta Shire, no definite date can be given for the release of this scheme.”

DECKING ON DON RIVER BRIDGE.

Mr. COBURN (Burdekin) asked the Minister for Transport—

“As the present condition of the decking of the Don River Bridge is in a most unsatisfactory condition, will he kindly give consideration to effecting the necessary restoration and repairs as soon as this can be done?”

Hon. J. E. DUGGAN (Toowoomba) replied—

“Consideration is being given to this matter at the present time.”

REGISTRATION OF MEDICAL AND HOSPITAL BENEFITS SOCIETIES.

Mr. MADSEN (Warwick) asked the Attorney-General—

“In reference to societies or associations approved by the Commonwealth for the purposes of hospital and medical benefits, will he kindly advise whether such organisations are required to register and to be subject to Queensland legislation? If so, what are (briefly) such requirements?”

Hon. E. J. WALSH (Bundaberg—Treasurer), for **Hon. W. POWER** (Baroona), replied—

“The Commonwealth has by a very recent public notice published the names of 10 organisations which have been registered under the Hospital Benefits Act Commonwealth. Of these organisations six are registered under the Friendly Societies Acts of this State. One is an exempted Friendly Society. The remaining organisations carry on business of an interstate character and their liability to register under Queensland law is doubtful. Any association or society carrying on business in Queensland and having for its objects the provision of benefits is required to register under the Friendly Societies Acts as either a ‘friendly society’ or ‘sickness or medical benefit business.’ The rules of the association or society, including the rates of contribution require to be approved and those provisions of the Acts relating to returns, statistics and quinquennial valuations require to be complied with.”

NOONDOO SUBDIVISION; ENTRY INTO POSSESSION.

Mr. EWAN (Roma) asked the Secretary for Public Lands and Irrigation—

“In reference to the nine blocks to be opened for grazing selection on Noonadoo holding in December next, as these are all designed areas and the successful applicants will not be able, under Section 49 of the Land Acts, to obtain a license to occupy until they are surveyed, will he kindly indicate what period is likely to elapse before such applicants will be able to enter into possession of their selections?”

Hon. T. A. FOLEY (Belyando) replied—

“It is expected that survey of the ‘Noonadoo’ blocks to be opened for selection at St. George, on 11 December, will be completed about the third week in December, and that there will not be any undue delay in the matter of reference of the successful applications to the Land Court for confirmation. Thereafter the issue of the license to occupy to the successful applicants would depend upon settlement by them for the improvements.”

PAPERS.

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

Report of the Department of Harbours and Marine for the year 1951-1952.

The following paper was laid on the table—
Proclamation under the Mental Hygiene Act of 1938 (6 November).

KEPPEL BY-ELECTION.

RETURN TO ORDER.

The following paper was laid on the table—
Return to an Order made by the House on
13 November last, on the motion of Mr.
Nicklin, showing details of the polling
at the recent Keppel by-election.

FARM PRODUCE AGENTS ACTS
AMENDMENT BILL.

INITIATION IN COMMITTEE.

(The Chairman of Committees, Mr. Farrell,
Maryborough, in the chair.)

Hon. H. H. COLLINS (Tablelands—
Secretary for Agriculture and Stock (11.15
a.m.): I move—

“That it is desirable that a Bill be
introduced to amend the Farm Produce
Agents Acts, 1917 to 1932, in a certain
particular.”

This amendment of the Farm Produce Agents
Acts proposes that the Governor in Council
shall have power to make a regulation
requiring farm produce agents to issue and
deliver an invoice or docket containing pre-
scribed particulars at the time of sale of
the produce or within such time after delivery
as may be prescribed. It also authorises the
Governor in Council to prescribe by regula-
tion the particulars that will be required to
be contained in the invoice or docket.

The Attorney-General has pointed out that
to effectively control the sale price of declared
fruit, declared vegetables and certain other
declared farm produce it is necessary for
the Commissioner of Prices to be able to
check the prices paid by retailers for such
goods. To enable this to be done the issue
of invoices containing certain specific detailed
information is required. An order requir-
ing the issue of such invoices can be issued
under the Profiteering Prevention Act in the
case of merchants but not in the case of
farm produce agents, as at the time of sale
these goods would not be declared goods.
Farm produce agents sell the goods on
behalf of growers and price control does not
apply to goods in the possession of those
growers. The following are definitions of
“Farm produce agent” and “Farm
produce” according to the Farm Produce
Agents Acts, 1917 to 1932—

“Farm produce agent—Any person who,
as an agent for others, whether on com-
mission or for or in expectation of any
fee, gain, or reward, whether alone or in
connection with any other business,
exercises or carries on the business or
advertises or notifies that he exercises or
carries on the business of selling farm
produce or of a broker or factor of farm
produce:

“The term does not include a person
employed merely as a clerk or servant, or
any banking company, or a person being
a licensed auctioneer conducting a clear-
ing-out sale of the vendor's own farm
produce on the vendor's property, or any

board constituted under The Primary
Producers' Organisation and Marketing
Act of 1926 or any Act amending the
same.

“Farm produce—Cereals, grain, vege-
tables, potatoes, and other edible roots and
tubers, fruit, hay and chaff, and all dairy
produce: the term also includes live or
dead poultry and game and eggs, and such
other article or class of articles declared
by the Governor in Council, by notification
in the ‘Gazette,’ to be farm produce for
the purposes of this Act.”

The purpose of the Bill is to provide for
more effective policing of the handling and
selling of farmers' produce and the protec-
tion of the public against a certain amount
of exploitation.

Mr. Nicklin: Not exploitation by the
agents?

Mr. COLLINS: No. I want to be fair
and to say that I am not blaming the agents
at all. However, there is no law that requires
a person selling produce to give an invoice
to the person buying fruit or vegetables,
consequently there is no means whereby the
Commissioner of Prices can make a check on
the prices charged for them when they are
sold by the shopkeeper or the barrow-man,
if the latter does not desire or does not get
an invoice from the agent from whom he
bought them. I should say that in very
many cases the agent gives an invoice to the
buyer but there is no law requiring him to
do so and so an agent who does not give an
invoice is not breaking the law. The pur-
pose of the Bill is to require that an invoice
shall be given.

There is a very good reason for doing this,
because from time to time there are gluts
in the market brought about by good or bad
seasonal conditions. At times there is a short-
age of a commodity. I do not know, what-
ever arrangements we make, whether we shall
entirely overcome the present practice. It
is one of the features of the trade and one
of the tragedies small-crop farmers in par-
ticular suffer, for after having gone to the
trouble of producing their fruit they strike a
glutted market and their produce has to be
sold at a very low price or may not be sold
at all and therefore is carted away and
dumped. In these circumstances it is the
farmer who loses all the time. If that pro-
duce could be put on the market at a price
attractive to the householder, I think that
much of it would go into consumption and
the farmers would get something for it,
whereas now they get nothing.

The amending Bill is being asked for by
the Prices Branch, but it is designed also to
help the small farmers. We hope it will go a
good way towards enabling the Commissioner
of Prices to police the prices charged for
much of the produce that can be sold at a
very low price.

Mr. NICKLIN (Landsborough—Leader
of the Opposition) (11.22 a.m.): The pur-
pose of this amending Bill is to make general
the practice that is already carried out at
present by a large number of farm produce

agents, that is, of giving a docket to the purchaser showing details of his purchase. I realise that the object of the amendment is to clean up a practice that is fairly prevalent in the city. At present the lower price sometimes obtained for produce, particularly fruit and vegetables, is not passed on to the general public, and departmental officers, as well as price-fixing officers, have difficulty in making a check between the prices paid by the retailer and the prices he is charging. Although the amendment will to a certain extent check this practice, it will not eliminate it altogether because the switching of dockets and the mixing of purchases will still make it difficult for any inspector or officer to prove exactly what was paid. The honest man does this, but the dishonest man can still buy three different lines of, say, tomatoes at three different prices. He has the dockets of his purchases, which he mixes and bulks and sells at an average price very considerably in excess of the price that he is permitted to sell at. No-one can decide what price he paid for the tomatoes on the stall. This Bill makes it obligatory for that retail vendor to have the dockets so that he cannot say, "I paid such-and-such a price for them but I have not got the docket." As I have said, the principal agents do give dockets at the present time but there is nothing in our Act to say that the retailers shall produce those dockets to anyone investigating the prices he is charging because the Act does not require dockets to be given with every sale. After the passing of the Bill it will be necessary for a docket to be given and the retailer will have to produce that docket, and this will have some effect on the practice, which is fairly prevalent, whereby the lower price that very often prevails in our markets is not passed on to the public.

The Minister said that this Bill would protect the farmers; it will, to a very limited extent, because after all at the present time the farmer is still at the mercy of the purchaser. The Minister said that he may be able to sell if a lower retail price causes an increased demand by the public. He may be able to sell some of the fruit and vegetables to the pig-men, but you will find in the majority of gluts 90 per cent. of what is diverted to pig-feed would not be bought by any retailer at any price.

Mr. Collins: It would if it had been sold earlier, when it came in fresh.

Mr. NICKLIN: Not necessarily so. When there is a glut you always find a proportion of the commodity is badly graded and of inferior quality and not attractive to the retail purchaser; and if there is no factory outlet for it it has to stay in the market, because no buyer is interested.

Mr. Aikens: Are you trying to tell us that some farmers do not know their business?

Mr. NICKLIN: I am, definitely. If the hon. member doubts that, let him walk through the market himself and he will see any quantity of fruit and vegetables of inferior quality and badly graded which should never have gone on the market. It

would have been of advantage to the grower and to all growers if such produce never went on to the market, because the price on the market is governed by the quantity of the low-quality goods on the market. The buyers use that to force down the price of the higher-quality stuff.

Mr. Aikens: As a farmers' representative, you are a very honest man.

Mr. NICKLIN: I have been growing for many years and I know what goes on in the industry. The growers very often have to learn the hard way. They quickly find out that if they put an inferior article on the market the buyers are not interested. In the case of the grower who always puts up a good pack the buyers never take the lid off; when they see the name on the case they say, "That'll do me." That is the objective that the growers should aim at; and they will achieve that objective if they are honest with the purchasers of their product.

This amendment will help. I hope it will bring about an improved sale of cheaper fruit and vegetables, particularly when there is a glut. I think the quickest way the public can get advantage of any surplus of fruit and vegetables on the market is for the retailers to take a different outlook on the sale of these products than they do at the moment. During the war when there was a shortage of produce the public were willing to pay any price and the retailer got a considerable profit by handling a small quantity of fruit and now he is not interested in selling a greater quantity. He is content to sell a smaller quantity with a higher margin of profit. In pre-war days, when there was a surplus of fruit on the market, the retailers gave the benefit to the public, but we do not find that so evident at the present time. I hope, however, that there will be a return to that practice of giving the public a cheaper article and an opportunity to benefit from the glut of particular lines of fruit and vegetables.

I might mention here that very often the public stop buying cheap produce if the low price persists for a few days. That is very noticeable in connection with beans and cauliflowers. If beans are very cheap for a week or so, the public go right off them and will not begin buying again until the price starts to rise. The same thing happens in connection with cauliflowers. So that it is very difficult to deal with the public and keener competition by the retailers will be of advantage to the growers, the general public, and, I believe, the retailers themselves in the end.

This amendment will help to keep a check on prices and I trust that it will give the public cheaper produce, as well as help the farmer to effect a more ready sale.

Mr. AIKENS (Mundingburra) (11.32 a.m.): If this Bill will do anything at all to stop the putrid racketeering, exploitation and profiteering that goes on in Brisbane fruit and vegetable shops, it should be welcomed by every hon. member of this Assembly and every member of the public. In Townsville we have the municipal fruit mart, which

keeps the other retailers in check during the week, but at the week-end, when the municipal fruit mart is closed, the other retailers make a Roman holiday of it.

This is my ninth year in this Parliament. I have stayed at Marr's boarding house all that time, and every morning while the House is in session I walk up George Street to the House, and every afternoon on my way home I walk down George Street, and I have seen what goes on in the fruit and vegetable shops in George Street and in the barrows that are on street corners. I have noticed that with one or two exceptions all the barrows and all the shops in George Street are controlled by the one man or the one organisation. Every morning, apparently, a buyer goes to the Roma Street market and fills a huge truck with vegetables and fruit. That truck then goes along George Street delivering a certain quantity to this shop, a certain quantity to that barrow, and so on, until the whole truck-load is exhausted.

Mr. Morris: That does not necessarily mean they are under the one organisation.

Mr. Aikens: This same fruit and these same vegetables, which were obviously bought at the one price per item, per vegetable or per case, are priced at different prices in the different stalls and different shops owned by the same person or the same firm.

Mr. Hiley: Are you certain that none of them buys direct from the market?

Mr. Aikens: Yes. This big truck goes down to the market and comes up loaded every morning and delivers to each store or barrow, obviously owned by the same person or group, delivering a certain quantity here, there and elsewhere, and the same vegetables are priced differently at different shops and stores.

Mr. Chalk: I think you are wrong.

Mr. Aikens: I am certain I am right, because at times I see the same employees change from shop to shop and from stall to stall. Certain employees will be in this shop today, the next shop further along tomorrow, and on a stall on the corner the next day, and so on. They get to switching their employees about, probably because the employer does not trust them sufficiently to leave them at the one shop or one stall all the time.

Again, these fruit stalls have two different prices. They have a price for all day and then an increased price for, say, from about 4 o'clock onwards, when the people are going home from work.

In addition, I have come to the conclusion—and here I want to be as charitable as I possibly can—that the prices inspectors and the other inspectors who are supposed to carry out all the laws with regard to fruit and vegetable shops are deaf, dumb and blind.

A Bill was passed through this Chamber a couple of years ago that required that the customer be served from the stack, whether of fruit or vegetables, but in some of the George Street shops they do not even serve you from the back of the stack; they go right to the back of the shop and bring your

fruit and vegetables to you in a paper bag. They serve from the back of the shop. This is a putrid racket and I have noticed it particularly when my wife is in Brisbane. When I am here by myself I have all my meals in the Parliamentary dining room, but when my wife is here she sometimes cooks a meal or when she goes to relatives takes along some vegetables and fruit and she is the victim of this exploitation while she is in Brisbane.

I suggest that the Minister go round some day dressed in a pair of pants and a shirt and looking as little like a Minister of the Crown as is possible and see for himself the rotten, putrid racket that goes on in the shops and fruit stalls in George Street. Mind you, one or two I have found to be all right; they do not appear to be members of the gang. If the Bill stops the rotten, putrid, stinking racket that goes on in George Street shops I shall welcome it.

Mr. MORRIS (Mt. Coot-tha) (11.37 a.m.): I think that the sentiments expressed by the Minister in regard to this Bill are admirable but I doubt very much whether its provisions will be effective. Before I give my reasons for that I want to say I completely disagree with the sweeping statements made by the hon. member for Mundingburra.

Mr. Aikens: You walk up and down George Street, as I do.

Mr. MORRIS: I know very well that there are certain unscrupulous retailers in this city, as there are in every city, and I know that certain unscrupulous retailers would buy a case of fruit—irrespective of what it is—and pay, say, 30s.—

Mr. Aikens: I said that there were a couple in George Street who seem to be all right.

Mr. MORRIS: I know that certain unscrupulous people will buy a case of fruit or vegetables for 30s. and another case of the same fruit at 7s. They might buy four cases at 7s. and one at 30s. but when they retail the fruit they will sell most of it on the basis of the 30s.-a-case purchase. I believe that the people who do that are very few and far between because I am certain that retailers realise that the only way they will be able to build up their trade—and this refers more particularly to the suburban retailer than the city man—is by getting a name and reputation for having a very good type and quality of produce. I know that there are quite a large number of suburban retailers—and I have been told this by some I have spoken to on the subject—who make a point when buying oranges, pineapples, tomatoes, or whatever the fruit or vegetable may be, of buying the produce of one or two or three producers because they know they can rely on its being good. The Leader of the Opposition referred to this practice.

Mr. Aikens: The little corner shop is probably the most honest trader of the lot.

Mr. MORRIS: I believe the suburban retailer is but—and I think this should be realised—to get the brand of fruit or

vegetables that he wants he has often to pay 3s. or 4s. or 5s. a case more than the generally quoted highest ruling market rate. I know cases where that happens, but to suggest that the unscrupulous racketeer, to use the words of the hon. member for Mundingburra, is in the majority in the city is unfair and incorrect.

Mr. Aikens: I did not say that. I said, "In George Street." I do not know anything about any other part of the city.

Mr. MORRIS: I listened to the hon. member for Mundingburra and that is how I understood his statement. I think it is necessary and desirable in justice to these tradespeople generally to contradict his statement and to deny his assumption. The hon. member has seen one truck delivering fruit and vegetables to several shops in George Street, and he has assumed that they are all under the one ownership. I think his assumption is incorrect. The people who own these shops, whether they are in George Street or Queen Street, or any other street, all go to the markets early each morning when they open and buy certain produce from the sections they usually patronise. They finish their purchases in half-an-hour or so and then return to their shops. Each owner does the same thing. None of them have trucks with which to transport the stuff from the markets to their shops, and one or two carriers have built up a trade with certain sections in the markets and they deliver fruit and vegetables to, say, George Street or Queen Street, as the case may be.

Mr. Decker: They have that run.

Mr. MORRIS: Of course they have. There is no reason for the assumption that because the same truck calls at a number of shops, those shops are all under the one ownership.

Mr. Aikens: All the cabbages, beetroot, and carrots are loaded in bulk. How does the driver know which produce belongs to which shop? They are not in bags or cases.

Mr. MORRIS: That is no answer. Irrespective of what the hon. member may say, produce is not transported loose. Most of the produce bought by these people is in cases, and there is usually a mark on each case to indicate the owner.

Mr. Aikens: There is not a bag or a box on this truck at times. It is all loaded in bulk. You can go and see it for yourself.

Mr. MORRIS: Anybody who knows anything at all about the markets knows that most fruit and vegetables are in cases. Of course, such things as cabbages and cauliflowers are sent in loose, but I am speaking of fruit and vegetables generally.

The Minister has suggested that this Bill will make it obligatory for each merchant to mark on his invoices not only the quantity purchased by the retailer, but also a description of the goods. However, I do not think that even that will be of any material help. I repeat what I believe I said earlier, that is, that much as I should like to see this Bill

operate successfully—and I am prepared to support its progress through the House in the hope that it may be of some advantage—I have not a great deal of confidence that it will. On the contrary, I feel quite sure that it will prove an added burden and difficulty to the honest retailer without leg-roping the dishonest man, who is the one we are after. After all, there are not many dishonest retailers in the city, and this Bill will not stop them from exploiting the public.

Mr. Collins: It is very hard to prevent.

Mr. MORRIS: It is hard; there is not a shadow of doubt about that.

I support the Bill and hope that it will be successful in cutting out this exploitation, although I very much doubt whether it will.

Mr. AIKENS (Mundingburra) (11.45 a.m.): Replying to the hon. member for Mt. Coot-tha, I should say that he does not know what is going on. He can go along George Street any morning of the week and see huge heaps of cabbages, beetroots, carrots, turnips and everything else on the trucks. I saw such a truck this morning at the corner of George and Turbot Streets and the man on the truck was passing out the vegetables in football style, as a centre three-quarter would to his winger. After having passed out a certain number in this football style he would decide that that was enough for that man and move on to the next. How is he in a position to distinguish what belongs to one man and what belongs to the other? He is handling heaps of beetroot, cabbages and carrots, all of which are loose.

Mr. Hiley: The peas and the beans?

Mr. AIKENS: No, they are in bags.

Mr. Morris: And the tomatoes?

Mr. AIKENS: I am speaking about carrots, beetroot, cabbages, cauliflowers and bulk lines.

Mr. Hiley: You are partly right but exaggerating as usual.

Mr. AIKENS: I tell you what I will do. I will bet the hon. member that I am right. I will stop him in one. I actually saw the stuff being unloaded this morning from loose heaps of vegetables on the truck in football fashion, as a centre three-quarter would pass a football to his winger.

Mr. HILEY (Coorparoo) (11.47 a.m.): There are two or three points that I should like the Minister to elucidate when he makes his second-reading speech. He said that the purpose of the Bill was to require the agent to issue an invoice or docket to the person who buys fruit or vegetables to be retailed to the public, but not all shopkeepers buy their fruit and vegetables from the agents. Some of the shopkeepers buy from the wholesalers. I doubt very much whether the Minister's proposal for the issue of a docket will be effective for the purpose he has in mind. I should like to know whether the practice of buying from wholesale merchants will be covered by the proposal contained in

the Bill that the agent in the market shall issue a docket or invoice to the buyer. The Minister might give some consideration to that matter.

Then there is another point, in connection with the buying of tomatoes. The common practice is to buy them a little on the green side, open the cases and put the tomatoes on benches and as they colour they are brought forward to the retail counters for sale. It may happen that by the time the tomatoes have coloured a little the market has moved up 1s. a case or down 1s. a case. I have always understood that in such circumstances the owners of the tomatoes follow the market tendency.

Let us suppose that a retailer buys the tomatoes on a Wednesday when prices are high and then by Friday, when they are coloured, the price has fallen. I understand that the practice is to sell the tomatoes in accordance with the reduced price. On the other hand, if the tomatoes have increased in price by Friday, the practice is to sell them in accordance with the prices ruling on the day on which they are offered for sale. How is it possible to identify the different purchases of tomatoes on the Wednesdays and the Fridays? You see, the practice is to buy them, open the cases, put the tomatoes on the benches, and sell them as they progressively colour. Some may colour by Thursday and some more by Friday, while others may take as long as Saturday. It is a sensible practice to spread them out and allow them to colour so that they may be offered for sale in their most usable and attractive form and it is a practice that I am sure the Minister would not like to discourage.

There are other circumstances that flow from this practice. For instance, a person may be able to buy six cases of tomatoes at 40s. a case, only to find later on that there is a bigger consignment offering, say 24 cases at 36s. a case, which gives him roughly an average price of 37s. a case. You must accept the general principle of averaging comparable tomatoes. Anyone who has any experience of handling tomatoes knows that although there is a fair average price on the day, no-one is able to buy all his requirements at the average price. If the retailer does not average his purchases, and offers them separately, invariably a purchaser will buy the higher-priced line. If you ask anyone in the retail trade he will verify that statement. The trouble is that many suspect the lower price, and the proportionate difference in averaging tomatoes costing 40s. and 36s. a case respectively is scarcely detectable at the pound level. Price-fixing will not work for these products. That is because there is not a standard, and an article like tomatoes quickly loses its identity. It is entirely different from shoes and boots, where you have a dependable branded article that can be traced from start to finish.

I shall be pleased to hear what the Minister has to say on those problems on the second-reading stage.

Hon. H. H. COLLINS (Tablelands—Secretary for Agriculture and Stock) (11.52 a.m.): Some of the arguments raised by the hon. member who has just resumed his seat relate to how the wholesaler is going to get on under this Bill. He asked: does it cover him as well? The wholesaler is already covered, because the goods handled by him are declared goods once they come into his hands.

Mr. Hiley: Does he invariably give a docket?

Mr. COLLINS: He can be required to give a docket. They are declared goods at that stage and he is already covered.

I do not say that this legislation will entirely stop the bad practice that some traders adopt. The majority of traders are honest, but there are traders who are not and they are difficult men to handle. The topping of fruit and vegetables is entirely illegal, but it is a practice that is very hard to stop because when the fruit is taken out of the cases and put into the windows the cases are destroyed and there is no record of them.

While the passing of this Bill will not clean up this practice entirely, it will help to do so if we have the co-operation of the public. At one time I had a deputation from the National Council of Women about certain malpractices carried out on various stalls and in various shops round the cities. Naturally we try to help in such circumstances and we asked the National Council of Women, when a householder buying fruit found these practices going on, that she immediately get in touch with us. We have inspectors going round carefully watching the sale of fruit. They cannot watch all the fruit that is sold but they watch a good cross-section of the sellers. Immediately they go to retailers they become marked men and the retailers will not sell to them. Therefore, we do rely on information from the housewife about this practice.

Mr. Aikens: If a housewife complains to a man she invariably gets abused.

Mr. COLLINS: I believe that is so. It is difficult to force a retailer to supply a customer from the fruit displayed in the window. We made a special telephone number available to the National Council of Women, and we told them that if they rang the department we would have an officer on the phone and he would immediately go and investigate the case. I do not know how many cases were brought to our notice, but there were very few. You have to catch the man in the act.

Mr. Morris: Only a few of them do it.

Mr. COLLINS: Yes.

Mr. Aikens: The woman is usually the victim and she does not like to complain, on account of the publicity.

Mr. COLLINS: Yes. Sometimes they are courageous enough to do so.

Mr. Hiley: Some of them are holy terrors if you cross them in connection with the price.

Mr. COLLINS: I thought they were called the gentler sex. (Laughter.)

We have seen identical fruit in different places in a shop and in many cases, as the hon. member for Coorparoo said, the purchaser will buy the higher priced article.

The Bill was asked for and we hope that it will be an improvement.

Motion (Mr. Collins) agreed to.

Resolution reported.

FIRST READING.

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

SUPPLY.

RESUMPTION OF COMMITTEE—ESTIMATES—TWELFTH AND THIRTEENTH ALLOTTED DAYS.

(The Chairman of Committees, Mr. Farrell, Maryborough, in the chair.)

ESTIMATES-IN-CHIEF, 1952-1953.

DEPARTMENT OF HEALTH AND HOME AFFAIRS.

HOSPITALS.

Debate resumed from 18 November (see p. 1347) on Mr. Moore's motion—

“That £5,222,385 be granted for Department of Health and Home Affairs—Hospitals.”

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (11.59 a.m.): When the debate was adjourned last Tuesday I was commenting on the speeches of various hon. members, and I said that as far as hospitals were concerned the hon. member for Roma had acquired a Taylor-made electorate. (Laughter.) He did not express appreciation of what had been done by his predecessor, and proceeded to deal with a matter relating to another electorate, but the hon. member for Carpentaria, in whose electorate the Cloncurry hospital is situated, very effectively answered the letter read by the hon. member for Roma.

I have with me for the information of hon. members the plan that was actually drawn for a base hospital at Cloncurry. The story is a rather interesting one and I think the Committee should hear it. The plan was envisaged by the Department of Health and Home Affairs at the time when the late Premier, the Hon. E. M. Hanlon, was Secretary for Health and Home Affairs. It envisaged a combination of medical and hospital services with ambulance and aerial services. It was to provide for a tremendous area. The base hospital was to be at Cloncurry, and the blue lines on the plan mark the areas that were to be served by plane. Camoowal in the far west, Burketown and Normanton in the north, Einasleigh in the east, Kynuna in the south, and Boulia were to be visited. It was one of the most comprehensive and practical schemes ever put forward. The local authorities were asked for their views on the matter and, sad to relate, they rejected the scheme.

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Mr. Sparkes: Why was that?

Mr. MOORE: I do not know. They had to pay the precept, and instead of viewing it as a proposal to give modern service to a tremendous part of the State—

Mr. Sparkes interjected.

Mr. MOORE: If the hon. member for Aubigny who sits there and gabbles from morning till night would only listen more attentively, he would not gabble so inanely. I believe that most hon. members of the Committee are interested in this matter, because the scheme sought to provide modern hospital and medical services backed up with every form of transport, and I have said repeatedly since I have been in charge of this department that this type of service is essential to overcome the difficulties of the people in the outback. The plan was prepared in 1938 and money was provided for it, but the local authorities there rejected it. Had this Labour Government been guilty of the attribute of socialisation that is so frequently flung at us, that hospital would have been built and the people there would have had this efficient service.

Mr. Aikens: If you tell him that at that time the hospitals were under the old precept system he would understand what you are talking about.

Mr. MOORE: I have been trying to tell him, but he cannot understand. Unfortunately, the history of other hospitals that are not as modern as they could be is similar to what I have related in connection with Cloncurry, but I repeat that if we can get the necessary money we will modernise all the hospitals in the State. The position at Cloncurry is not as bad as the hon. member for Roma would have us believe, but we are going to build a new hospital there when we can get the finance, and I will tell a little story about finance before I finish. (Opposition interjections.) The story is a true story and I will produce expert authority to prove that what I say is a fact.

Getting back to the proposed Cloncurry Base Hospital, I would inform hon. members that in June, 1948, painting and repairs and overhaul of the whole building cost £2,702. In November, 1948, general repairs and installations cost £193. The installation of a septic system and drainage cost £11,065. Works in progress, general building and repair works to male quarters and wards, nurses' quarters and internal painting, fly-proofing of wards and general repairs are costing £3,018. The installation of an air-conditioned nursery and birth room cost £1,677.

An hon. member told a harrowing story about part of a roof falling in, but this was because of a cyclone. A tremendous amount of work has been done in the shape of repairs when they have been needed at a cost of £18,000. As the hon. member for Carpentaria said, tenders for a new hospital were called, but we could not get a tenderer. That is a common state of affairs and when contracts have been accepted and the builders set out to get the necessary materials, they

could not get them. Had the authorities in 1938 accepted the plan offered to them by the Government there would have been a very modern service at Cloncurry. In due course the hospital would have been built and we should have been able to build for about £100,000 what would cost very much more to build today.

And then there were complaints about instruments and that sort of thing, but I would point out that my officers have not had complaints in that matter. I have told all interested parties that if they have anything to complain about they should write to my department and we will look into it. We cannot do anything more than that. And what is more, the supply of instruments has not been so easy. We have had orders placed for months and months but cannot get what we want. We have a committee known as the Surgical Instruments and Drugs Committee that checks up on the requirements of hospitals and instructions are given to the State Stores Board to get what is required, but we have had to wait months and months for supplies.

As to trouble with the nurses, that matter never came to us officially. If we do not know of these things, we cannot act. I would point out that recently the employees of one of our mental institutions asked me for watches. Only a small number were wanted for each ward. It was said that somebody might be sick and the nurse might be required to take a temperature and pulse. We have been 12 months trying to get those watches. I have personally rung various wholesale firms and they have told me the same thing. It is extremely difficult to get the stuff. The Federal Government's import restrictions have not helped in the matter.

I became closely associated with the new South Brisbane Hospital. A committee meets in my office every fortnight and it has been found that the procurement of materials has got beyond the authority of the Brisbane and South Coast Hospitals Board and has reached a ministerial level. I had frequent talks with the Premier about materials, and he gave me a free hand. For example, we decided to import £33,000 worth of tubular-steel scaffolding; it is coming in in dribs and drabs and some of the component parts are not here yet. That sort of thing has been going on for over two years.

Mr. Hiley: Is that not a hold up on the part of the supplier? That has nothing to do with import restrictions, has it?

Mr. MOORE: No. It has been going on for a couple of years.

These difficulties that we are encountering and endeavouring to overcome should be made generally known. On one occasion we entered into negotiations to get supplies of steel from Hungary. The arrangement was that once it was rolled in the mills we were to be responsible for payment for it. However, shortly after the arrangement was made the position at Suez became pretty bad and we were faced with the possibility that boats

transporting the steel to Australia would be sunk. The result was that we had to cancel the order and start all over again.

Mr. Hiley: There was no need to cancel the order. It could have been re-routed.

Mr. MOORE: The overall difficulty was there.

Mr. Hiley: You could have brought it through Gibraltar and round the Cape.

Mr. MOORE: We finished up getting it from another source—a firm delivery months earlier at a cheaper price. What I am trying to convey, however, is that further negotiations had to be entered into. In the olden days you simply called tenders and the architects, contractors and wholesalers looked after the job.

Mr. Aikens: They would knock you over to get the job.

Mr. MOORE: Exactly. Today, however, you have to get down on your hands and knees to get them to take it. The procurement of equipment and materials is not at all easy.

Mr. Hiley: It is getting better.

Mr. MOORE: Yes, it is improving.

I think the hon. member for Roma failed to prove that the position in his electorate is nearly as bad as he tried to make out. The relationship between the Government and the various churches and charitable institutions is on a very high plane; they are very appreciative of what we have done. Of course, we are obliged to do it but we do it quickly and generously. As an example, when the Australian Inland Mission people found themselves in difficulties, the Rev. Mr. McKay had an interview with me and I said to him, "You carry on. We will back you." We backed him, and I have a very appreciative letter here from him. He wrote this letter on 17 July 1952 and said—

"Dear Mr. Moore,

"Your letter enclosing cheque for £6,059 0s. 5d. came in today's post; and I write immediately to express the warmest gratitude of the Board of the Australian Inland Mission for your prompt and sympathetic handling of this whole matter.

You will be interested to know that today there has been a meeting of our Board attended by members from all the States, and your letter could not have arrived at a more auspicious moment! When your letter was read at the meeting the Queensland representatives were obviously proud to be able to share in the reflected glory of their own Government.

Let me also express personally that your own attitude of co-operation and your evident goodwill throughout the negotiations relating to this matter have been deeply appreciated. Your spirit of helpfulness has been a great encouragement

in facing up to the problem of rebuilding the Hospital and carrying on an essential service in that far-away corner.

I shall keep you informed of progress in the rebuilding programme. The work is at present proceeding most satisfactorily.

Our official receipt is enclosed.

Yours faithfully,
Fred McKay,
Superintendent.
Australian Inland Mission."

A Government Member: That is a very fine tribute.

Mr. MOORE: It is a very fine tribute. That is the policy of this Government. That is the way my officers go about their jobs when they are given the opportunity.

The hon. member for Bremer made a very good speech. It was good to hear his appreciation of the hospital services that are being given in his district. His history of the Boonah Hospital was very interesting, as was his commentary on hospital benefits. He gave us some information, too, about hospital affairs in the other States. Now that the Commonwealth scheme is unfolding itself, the people in Queensland in particular will be able to get first-hand knowledge of what is happening in the other States and of the sort of thing from which they were saved here. The hon. member also expressed his appreciation of the efforts of the Government in virtually stamping out trachoma in Queensland. Through the good work of the department tremendous relief has been given to sufferers from that disease, which is now almost non-existent.

I was very much surprised at the remarks of the hon. member for Southport. I should say that he made a very bad case.

Mr. Low: He got good publicity.

Mr. MOORE: Yes, he got good publicity, but I shall not be uncharitable enough to say that he made his remarks only for the purpose of getting publicity. Not all of them were published, however, and those that were gave a misleading story. Perhaps they published only the part of the story that suited themselves and did not publish all the hon. member said. It is very misleading to say that the hospital cost £10,000 a bed, because that is not a true assessment of the cost at all. It is a common expression in certain circles, but it is not an accurate assessment to say that a hospital cost so much, that there were so-many beds, and that therefore the cost was so-much a bed. Some hospitals are designed differently from others, some according to their geographical situation and others according to local circumstances. A hospital here may be designed differently from one there, and a variation in design may involve a variation in cost. Hospital buildings are not altogether of a standard type, nor do they call for a standard type of equipment. The common practice seems to be to say that a hospital cost so-much money and that there are so-many beds, and then by a process of arithmetic arrive at the conclusion that it cost so-much a bed.

I think the hon. member's attitude was quite unfair. He could have expressed his appreciation of what the Government have done in providing a good maternity hospital at Southport, which would serve the district for some time to come. Our administrative policy in this connection, which is a very wise one, is to spread hospital activity, and it would be very unfair if all the services were put in one place and none in others. If a proper analysis is made of the hospital services that have been supplied throughout the State, it will be found that good services have been provided for the greatest number of the people. At times we have, for good reasons, completed only a part of a project, and that is what has happened at Southport. The maternity section was urgent, but we could not build a maternity section without at the same time providing the ancillary services, such as the laundry block, nurses' quarters, hot-water system, kitchen, dining-room, administrative section, roads, and so on. These ancillary services were put in at Southport in such a way as to fit in with the general-hospital section when it is built.

In these days that is advisable when you take into consideration not only the finance available but also the availability of man-power and materials. It was because we knew that certain money, man-power and materials were available that we built parts of envisaged hospital services in various parts of the State, and thereby gave the maximum service to the people. The Press report of the speech of the hon. member for Southport that the Southport hospital cost £10,000 a bed is not true.

The hon. member went a little bit further and said that the cost of constructing that hospital was £200,000. Again that is not true, because the total cost to date is £135,000. The hon. member was only £65,000 out. It is proposed to build a general hospital at Southport of 45 beds. To use the method employed by the hon. member, of estimating the cost of the hospital at so much per bed, he should instead of dividing the cost by 18 divide it by 63, which would have put a different complexion on the cost.

Mr. Low: Do you always build hospitals by day labour?

Mr. MOORE: No. Day labour was employed when the tender system failed. Tenders have actually been let but when the contractors have set about marshalling their man-power and labour they have found that they could not proceed with the contracts.

Mr. Gaven: When you opened that Southport Hospital what did you say it had cost?

Mr. MOORE: I quoted the correct figures.

Mr. Gaven: You must have been mis-reported.

Mr. MOORE: The hon. member had better check on that.

Hon. members must be cognisant of the fact that Queensland's Loan allocation has been reduced by £11,000,000. For that reason

the policy of the Government is to carry on as we have been doing, and it has proved successful. At the moment we are confronted with difficulty in keeping many of the works in hand in progress. A very high Government official is now in the South making inquiries whether more money is likely to be available. If we cannot get more money some of these projects will have to stop.

Mr. Kerr: What do you mean by some of these projects—hospital projects?

Mr. MOORE: I am talking of hospitals. Hospitals and buildings associated with hospitals are being constructed at Barcaldine, Townsville and other parts of the State. We have been able to keep that work going because we have been able to get man-power and materials. In fact, we have been able to carry out more work than we set out to do, because man-power and materials have become available. Had the labour gangs been disbanded, probably we would not be able to get them again. These are factors to be considered in a building programme, and we always consider them. One of my colleagues wants a hospital constructed very badly. There is no indication at the moment that we can go on with it continuously to completion. We cannot enter into a contract with a building authority and at the end of nine or ten months discover that we must stop and for that reason we have had to hold some of these projects in abeyance. The plans are ready.

Mr. Pizzey: Tenders are tending to become lower.

Mr. MOORE: That is so, but these troubles are not peculiar to the Government; it extends to private enterprise also. Members who criticise the Government should remember that fact. Quite recently we have seen evidence that private enterprise has had to dismiss workers. Private enterprise does not dismiss men lightly; it has a policy of supplying the community with commodities of all kind and success depends on whether it is able to keep up continuity of supply. The financial mess that the Federal Government are in has brought about this state of affairs. I repeat that not only Government projects are in trouble; in many cases private enterprise is in trouble owing to the unsound methods of our Federal colleagues. (Opposition interjections.) I am forced in this debate to produce evidence because my word has been doubted. I do not think I have ever made such solid statements as I have made on these Estimates and I back them up by documentary evidence. According to "The Brisbane Telegraph" of 28 October last, 150 hands were put off at a large industrial concern of this city. That company did not want to cut down its staff. It will prosper only if it can put something on the market and create more demand. Yet it was putting off 150 and that was in addition to 140 people put off in January. It would appear that the position is not as good as some hon. members would suggest. The managing director of the company, Mr. Appleton, knows his business and has his finger on the pulse of the market. He would

be advised by his directors; and there are some prominent men on his board of directors.

Mr. Sparkes: Here it is again.

Mr. MOORE: All right. If I wanted financial advice I would not go past the hon. member for Coorparoo. Mr. Appleton was no doubt acting on the advice of his directors and he was reluctantly forced to put these people off. He said that credit restrictions of the Federal Government did not enable the company to follow its policy of expansion in putting goods on the market.

Mr. Nicholson: You realise there is such a thing as saturation point?

Mr. MOORE: I should say there is not much saturation at the moment. People today want to buy the products of a firm if it is good. I bought one of the products of this firm and I have had it installed and it is giving excellent service. The reason why more people are not installing these modern amenities is that they cannot afford it. This company, which was putting a good article on the market and is giving good service to its customers, unfortunately had to restrict its operations on account of the financial restrictions of the Federal Government. When hon. members get up here and criticise the Government, probably without much consideration, they should appreciate the fact that this Government are only experiencing difficulties similar to those confronting private enterprise, and I point out here that this Government have associated with them many men who are just as qualified as a number of men in private enterprise to form a judgment on these matters.

The hon. member for Southport talked about electricity costs. We are probably paying more at Southport than elsewhere because we had installed modern electrical equipment and all hon. members know that if modern electrical equipment is not used to capacity costs will be high, but the day will come when that plant will be used to capacity. On the other hand, it is well known by all hon. members that electricity charges have gone up.

Mr. Low: They have gone up too much.

Mr. MOORE: It would be interesting to know what the hon. member would do if he was associated with the company controlling the reticulation of electricity. He is merely a carping critic with no responsibility and no authority. We have our engineers and electricians keeping their eyes on this matter and I believe that when this hospital is working to capacity it will be realised that in all the circumstances the hospital was built economically and the services given to the people are the most modern we could supply at reasonable cost.

I wish to refer briefly now to one or two statements appearing in "The Courier-Mail" this morning and I remind the hon. member for Aubigny that if misinformed people will persist in criticising the Government I cannot be blamed for telling the true story. All

I have done since moving the first vote for this department has been to tell the truth in the plainest of language. I have at my disposal the full story of the services the department is rendering and I have not only told it honestly and faithfully but I have backed it up with documentary evidence. I appreciate the contributions to the debate of many hon. members on both sides who have endorsed my boast that this department is giving very good service.

It is reported in "The Courier-Mail" this morning that the dean of the Queensland University Medical Faculty, Professor Meyers, said that the senate of the University was not represented on the Brisbane and South Coast Hospitals Board. Then there is a further statement that I do not think came from the professor. It was that the plans for the new South Brisbane Hospital had not been submitted to the University.

As to the statement that there is not a member of the senate of the University on the Brisbane and South Coast Hospitals Board I point out that I have a letter received from the board by the department, dated 1 September, 1947, stating that at its last meeting a committee consisting of the Director-General of Health and Medical Services—that is Dr. Fryberg—the president of the Professorial Board, the dean of the Faculty of Medicine, and the head of the University Department of Medicine would confer with representatives of the hospitals board regarding matters of common interest to the University and the board. The representatives appointed by the board were the chairman of the board and the chairman of the Works and Finance Committee, together with Dr. Pye, the General Superintendent of the hospital. At the most, only three conferences have been held, which would suggest that the need for these conferences has not been very great, but the system is established and a conference may be held at any time any of the interested parties wishes a meeting to be convened.

In addition to that, the Government, in 1945, set up a Medical Training Facilities Committee to consider matters relating to the training facilities at hospitals approved as medical training schools whereby a common basis for agreement might be reached on matters of policy where agreement is desirable between the University of Queensland and the controlling body of any approved medical training school. This committee comprises representatives of the Faculty of Medicine of the University, the Mater Misericordiae Hospitals, and the Brisbane and South Coast Hospitals Board, under the chairmanship of the Under Secretary of the Department of Health and Home Affairs, and its purpose is to discuss matters applicable to the authorities its members represent. A message along these lines was sent to the Chancellor of the University. Since the setting up of this committee, not one question for discussion by the committee has been raised by either the senate of the University, or by Professor Meyers with the Minister, or his predecessors, or with the Under Secretary. There is the true story of that matter. The

Government and the hospitals board have, from time to time, taken all steps practicable to provide facilities necessary for the adequate training of medical students at the General Hospital and will continue to do so.

With regard to the plans of the new Auxiliary Hospital at South Brisbane, it is customary in planning new works for the board's architects to confer with and collaborate closely with the general superintendent, Dr. A. D. D. Pye, and other officers in respect of the planning of their departments. As a matter of fact, it is interesting to know that when we were building the dental clinic there the superintendent of that institution was brought in, and the plans and sizes of the various rooms were shown to him and on his advice the plans were altered. There is the closest collaboration among the people who are doing the actual work. I should say that there is no greater authority in Queensland today on the layout of hospitals than our own Dr. Pye. He is not only a superintendent but walks about the institution. I have repeatedly been with Dr. Pye and he has pointed out things that he wanted done and told me the reason why and I say that there is no man about the place who has a more intimate knowledge of the requirements and the layout of a big hospital than Dr. Pye. He and his colleagues have put in much time in conference with the architects. When the plans of the South Brisbane Hospital were drawn, the general superintendent discussed them with the Professor of Surgery, Professor N. Sutton, and the then Professor of Medicine, Dr. A. S. Murphy. They were quite satisfied with the provision that was being made for medical students. Subsequently, the present Acting Professor of Medicine, Dr. E. Murphy, raised the matter of plans at the Faculty of Medicine. He requested the provision of library and lavatory accommodation.

The General Superintendent, in accordance with his usual custom in relation to planning of new buildings, discussed the plans with the visiting medical staff of the various departments of medicine, and it might be mentioned that the part-time staff are all clinical teachers for the University.

The board received a letter from the senate requesting a conference on the plans, and the board has arranged to confer with representatives of the senate at an appropriate time. If additional accommodation is sought for medical students, there is a large unallotted area on the ground floor that could be used for university teaching purposes.

In respect of the appointment of medical staff to teaching hospitals, the Hospitals Act provides that—

"Provided that where the hospital concerned is a hospital approved for the training of university students in medicine, dentistry or other approved medical or ancillary course the Director-General in making his investigation and preparing his report shall be assisted by two representatives each of the senate of the University of Queensland and of the governing body of such hospital."

As an example of the close collaboration on hospital matters between the Department of Health and Home Affairs, the Brisbane and South Coast Hospitals Board, and the University, it is interesting to note that the Director-General of Health, Dr. Fryberg, the medical superintendent of the Brisbane General Hospital, Dr. Pye, and the chairman of the Brisbane and South Coast Hospitals Board and the Assistant Under-Secretary, Department of Health and Home Affairs, are members of the Faculty of Medicine at the University.

From that information I am sure that hon. members are satisfied that matters appertaining to the erection and establishment of modern hospitals are fully considered by persons competent to give advice, and it is for this reason that we have been so successful in our hospital projects.

Mr. CHALK (Lockyer) (12.40 p.m.): I have only five minutes left to speak on this vote and it is not my desire to labour the discussion that took place on the Laidley Hospital and the abolition of the board associated with it. However, during his remarks the Minister made it plain that the reason for the abolition of the board was the illness of the secretary.

Mr. Moore: One of them.

Mr. CHALK: The Minister now says that one of the reasons was the illness of the secretary. He said also that negotiations had taken place between the department and the secretary, and he conveyed the impression that the secretary had discussed the matter with some members of the board.

All I want to do this morning is to point out that from investigations I have made since the Minister spoke on this matter, and from investigations I made prior to raising the matter in the Chamber, it does not appear that the statement of the Minister is correct. I do not deny that what he has said he believes to be true, but all the information that I can gather from the people in the district comes back to the one point, and that is a statement issued by the chairman of the hospitals board on the day that a report appeared in the Ipswich paper to the effect that the Ipswich Hospitals Board had received a letter from the department saying that the board at Laidley was to be abolished.

This is what the chairman of the hospitals board said to the Press; it was published on 24 May last—

“The chairman of the Laidley Hospitals Board (Mr. D. McPherson), when asked today to comment on the reported abolition of the Laidley Hospitals Board, said, ‘All I know about it is what people in the street have told me. The board has not been advised by the Government of its reported action nor was the board advised that the Government contemplated taking such action.’”

It appears from the explanation that has been given that the secretary did have some negotiations with the department, of which the board was not notified. If that is so, I

cannot be blamed for saying that I feel the secretary sold the board out. From all the information that I can gather, the board was conducting the hospital satisfactorily. From all the information given to me, its accounts were reasonably satisfactory in every direction. Yet we find that the board was abolished because of the illness of the secretary! I am not saying that the secretary was not entitled to be transferred, but I feel that another secretary could have been appointed.

Finally, I want to record in “Hansard” that at a meeting of the Laidley Shire Council, the chairman of which is Councillor Waller, who was also deputy chairman of the Laidley Hospitals Board, it was decided by motion that a very strong protest be made to the Department of Health and Home Affairs against the abolition of the board. Councillor Jackson said—

“I think it’s a shame for the local board to be wiped out like that—especially the way it was done.”

No notice had been given, he added, and nobody appeared to know anything about the decision. I want to emphasise what Councillor Waller had to say. He said—

“Even the chairman of the board had no notice.”

I feel that the people of Laidley, because of their association with the hospital and the high regard they have for it, have had a rather raw deal. For that reason I still voice my protest at the way in which the board was abolished.

Mr. LLOYD (Kedron) (12.45 p.m.): It was not my intention to speak on this Vote, but I am compelled to do so because of a serious matter that was brought to my attention in recent days. Sufferers from tuberculosis have been receiving treatment from the out-patients’ department of the Brisbane General Hospital, and until recently they were helped by an allowance that was paid by the Commonwealth Government. This enabled them to have their treatment without engaging in any form of employment, which would have led to the spread of their infection. It also enabled them to have a standard of living that would not have been possible if they had had to exist only on the invalid pension. However, recently the Commonwealth Government, in their inhuman attempt to put into effect their policy of de-socialisation, have issued an instruction to the effect that where it is proved that the case of tuberculosis is a chronic one and it is useless continuing treatment, the allowance is to be cancelled, but the sufferer is to be informed that he can apply to the Department of Social Services for an invalid pension. That instruction has, of course, of necessity to be acted upon.

Instructions have been issued throughout Australia that there is to be a complete review of all cases of persons suffering from tuberculosis. I should like to point out that up to 30 June last there were 650 persons in Queensland getting the allowance as sufferers of tuberculosis and

that quite a number of them will now be unable to afford the diet that is necessary for their health. They have been told that they are incurable, but who are we to say whether a person is incurable or not? It may be that medical men can express the opinion that they cannot be cured, but if we give the sufferers a good standard of living it may be possible for them to have a few additional years of life. When the allowance is cancelled and the sufferers have to exist on the small invalid pension that they can get from the Department of Social Services they are placed at a disadvantage.

Mr. Nicholson: What about the free drugs?

Mr. LLOYD: Whether they get free drugs or not, the allowance was paid to enable them to get treatment without the need to go to work, and to enable them to increase the items in their diet so that they would get some degree of good health.

I rise today to voice my emphatic protest against this inhuman approach to the matter by the Federal Government in the issue of an instruction that has applied throughout the whole of the Commonwealth.

Mr. DEWAR (Chermside) (12.48 p.m.): I am amazed that the hon. member for Kedron should get up in this Chamber and voice his protest against the treatment that the Federal Government are giving to sufferers from tuberculosis. It is only since the return of the Menzies-Fadden Government that tuberculosis sufferers have had any hope at all. Prior to the return of the present Federal Government these sufferers were completely ignored by both the Queensland Labour Government and the Federal Labour Government.

The TEMPORARY CHAIRMAN (Mr. Clark): Order! I ask the hon. member to keep to the Vote.

Mr. DEWAR: Is this to apply to one side of the Chamber only? The matter was raised by a member of the Government party and I claim an equal right with him to discuss the matter. Up to the return of the Menzies-Fadden Government in 1949 very little had been done for these sufferers, but since the return of that Government tuberculosis sufferers have been given some hope. In the past they had no hope of adequate treatment. Such a sufferer is fully protected by the excellent allowance given to him, which enables him to go to a hospital for treatment of this chronic complaint. He is relieved of any responsibility in respect of his family, because of the allowances that are made to them, and of the money made available in this State by the Federal Government to sufferers of tuberculosis. I voice my protest as loudly as I can against any hon. member who has the audacity to criticise the allowance that is being made to sufferers from tuberculosis, especially when we realise if it were not for the present Federal Government they would have had no financial provision made for them.

Mr. BURROWS (Port Curtis) (12.51 p.m.): The vote before the Committee is that dealing with the financing of hospitals. If the callous policy adopted by the Federal Government towards tuberculosis sufferers is persisted in, it will have the effect of forcing these unfortunate sufferers into our hospitals as patients.

The TEMPORARY CHAIRMAN (Mr. Clark): Order! I ask the hon. member to devote his remarks to the vote before the Committee.

Mr. BURROWS: I am merely replying to the allegations of the hon. member for Chermside. I am pointing out that hospital finance will be taxed if these unfortunate sufferers from tuberculosis are forced back onto our hospitals for treatment. The fact that it was necessary to introduce a system—it was a very commendable action no matter what Government introduced it and is appreciated by everybody—is an admission that basically it was necessary that these unfortunate sufferers should be given financial assistance. We were told it was necessary for a person suffering from this dread complaint to be assured of a full supply of nourishing food which he, like every other person, requires to nourish his body.

The point that alarms me about this inhuman and callous attitude of the Federal Government is that it is necessary for the body of the sufferer of this disease to be supplied with nourishing food. His economic position has to be considered. Consequently a philanthropic and sympathetic Government will provide the means by which that food can be procured. This also relieves that person of the need to go out and work and thus come into contact with other members of the community whom he may unconsciously infect with this dread disease. This object will be destroyed if these unfortunate ones are to be denied this source of financial assistance, particularly if the worst sufferers are forced to accept the mere subsistence to be obtained from the invalid pension. They will have to augment that pension to provide food for themselves and consequently the whole object of the scheme will be defeated. The psychological effect on them also must be considered.

The mere fact that they have to apply for the invalid pension tells them in blunt and callous language that their days are numbered. It is only such a Government as we have in power at Canberra who would pass a sentence of death upon these people.

I wish to deal with the question of help to our public hospitals, which, particularly those in the coastal belt, played a very important part in our defence during the last war. The one with which I was associated as secretary had an average of eight or 10 defence patients continuously from the years 1942 to 1946. When the troops were concentrated here the hospitals played a very important part in the scheme of defence and I maintain that the establishment and maintenance of such hospitals should be a permanent part of our defence. People may say

that the Defence Department has its own hospital in Brisbane. That is so but it does not have its own hospital in other towns along the coast, and in peace-time many repatriation cases are treated in our various public hospitals. I maintain that in addition to the more or less miserable allowance hospitals receive through the social-service tax collected by the Federal Government there should be a contribution by the Defence Department towards the establishment and maintenance of our coastal hospitals. These are part and parcel of our defence scheme, and in war-time they would be very important units in it. It is just as essential for the Defence Department to have hospitals as it is to have other units concerned with defence.

Mr. Kerr: Is not the military hospital at Greenslopes the best hospital in Queensland?

Mr. BURROWS: It is all right for you fellows with a south-east corner squint in your eyes that you cannot correct. (Laughter.) If we go up the coast to Gladstone and Rockhampton and other cities we come to hospitals which played a very important part in the war. I remember having the unpleasant task during that period of calling nurses who were already overworked in an understaffed hospital—and they were all understaffed at that time—to come on duty because a boat was coming in with a number of casualties or because there were three or four casualties from a plane which had crashed somewhere in the vicinity.

These were incidents that actually occurred and in addition we had to be prepared for casualties on a much larger scale, which cost a lot of money, but nobody thought of compensating the hospital. I believe the defence value of our coastal hospitals should be recognised in some tangible way by the Federal Government.

Mr. TURNER (Kelvin Grove) (2.15 p.m.) I have always been generous enough to excuse a person's political outlook, even when it has been directly opposed to mine, and one thing I have always been able to appreciate is loyalty. If any hon. member in this Chamber is entitled to credit for being loyal it is the hon. member for Cherm-side, but unfortunately he has allowed his loyalty to his party to lead him into making foolish statements. He worked himself into a frenzy this morning because the hon. member for Kedron had said that the Labour Party was responsible for the present generous treatment given to T.B. sufferers. I remind the hon. member now that in 1948 the Chifley Federal Government made provision, out of the revenue derived from the social-service tax, for free treatment for T.B. sufferers.

Mr. Dewar: I said that.

Mr. TURNER: The present Government have merely increased that to a figure commensurate with the increased cost of living, so that by no stretch of the imagination can they take credit for introducing

this valuable service. They may be likened to the Chandler civic administration here. The Jones administration had provided sewerage for the city of Brisbane, and the Chandler administration came in at the time when the benefit of this amenity was being felt and thereby enjoyed praise that was really due to the Jones administration.

Having seen the plan that was proposed for the Cloncurry Hospital in 1938 and having studied the map of the area that this proposed base hospital was to serve, I can assure hon. members that if I were the hon. member for Carpentaria I should have both the plan and the map reproduced in leaflet form and distributed to every person in the electorate to show what the Tory members of the Cloncurry Shire Council prevented them from having.

The other night, the hon. member for Carpentaria told us that the first tender submitted for this hospital was £70,000 and the Cloncurry Shire Council rejected it because it would tend to increase the rate to the people. At that time, as we know, local authorities were required to pay precepts towards the cost of maintaining hospitals. In 1948, of course, when the present Secretary for Public Lands and Irrigation was Secretary for Health and Home Affairs, this Government relieved the local authorities of the responsibility of paying hospital precepts and immediately that was done the local authorities, those controlled by Tory representatives in particular, made demands on this Government for better hospitalisation for the people of their areas.

Recently I was out at Chinchilla and my attention was drawn to the beautiful nurses' quarters there on which this Government had expended £60,000. During the time when hospital precepts were levied from local authorities, there was a proposal to add a new wing to the old hospital, but one Tory alderman opposed it so strenuously that he was able to persuade the other councillors to reject it, the result being that the old type of hospital carried on and the people of the area were not able to get decent service. As soon as the Government relieved them of the responsibility of paying precepts, this alderman became very active, indeed so active that he was the greatest driving force in demanding from the Government a better hospital for the area. I understand that the new hospital has cost something like £35,000 and the nurses' quarters £60,000.

When the Secretary for Public Lands and Irrigation was occupying the portfolio of Secretary for Health and Home Affairs and after the Government had taken over hospital responsibilities, he took me down to Beaudesert to see the hospital there. The hon. member for Fassifern met us and I would not have believed had I not seen it that any hospital could be so obsolete as that one. I was amazed to find that the water supply came from underground tanks. The medical superintendent assured me that there was a very good water supply within two miles of the township of Beaudesert, but

because the Beaudesert Shire Council was controlled principally by rural representatives it would not agree to reticulate the township with water because it would have to increase the rural rating to the farmers. Beaudesert had to depend on tanks, underground and galvanised-iron, for its water supply. That is how things went on.

I was further amazed when I went to the operating theatre and looked round for the steriliser. There was no steriliser in the room and the doctor told me that when they had an operation the instruments were sterilised in the kitchen. The matron took me to the kitchen and it was fully 50 feet away from the operating theatre. In the kitchen the instruments were boiled in the old-fashioned oval boilers that housewives used to cook their joints in, and they were carried from the kitchen to the operating theatre despite the fact that the door of the theatre had to be opened to admit the instruments. These are the things that went on in those days.

I asked to see the nurses' quarters and I was never so disgusted in my life to see the furniture in their rooms. I mention this because of a report that appeared in this morning's "Courier-Mail" about the type of furniture supplied to one of our hospitals. If "The Courier-Mail" had been interested in 1945 and made a survey of the hospital controlled by organisations other than the Government I do not know what it would have said. I asked the Secretary for Health and Home Affairs whether he had seen the article in this morning's paper and he assured me that it is one of the very few complaints they receive about the type of furniture supplied. This article concerned the Gympie Hospital and the matron had drawn his attention to the fact that the wooden beds supplied had been made of rough sawn timber and not dressed timber. She said, "If you don't do something about this, Mr. Minister, I and my nurses will be patients, because of the splinters coming from the beds and other furniture." It is deplorable that anybody should be contemptible enough to pass on anything like that to a Government for use, particularly where sick people are to be treated. I think the people concerned should be dealt with.

As to the furniture for nurses in the Beaudesert Hospital, I guarantee that if one went to every pawnshop in Queensland one would not find anything comparable to it. Last Sunday week I visited the Inglewood Hospital and the matron took me to the staff quarters and it was really a delight to see not only the accommodation but the class of furniture provided. The only fault that I could find with the whole hospital was that I thought the nurses' quarters were not large enough. I assured the matron that I would bring it under the notice of the Secretary for Public Works and Housing on my return as he was the representative of that area. I suggested that a little alteration might be made by giving the nurses a larger room, which was available, and converting the other room into a private ward. I have already

drawn the Minister's attention to it. He is going out to Inglewood and Goondiwindi in the very near future, and will investigate the matter then.

Before the Press sets out to condemn any instrumentality, particularly the hospitals of Queensland, it should make an investigation of its own and make certain that the information it gives to the public is authentic. I can assure this Chamber that in every hospital I have visited in this State—and I have visited quite a few, particularly during the last three years—there is no ground for complaint about the furniture, other than those cases that I have mentioned. The Minister assured me this morning that he has had very few complaints about the furniture in hospitals. The one in respect of Gympie and the other that I referred to were the worst to be brought under his notice.

I have made some further inquiries about tuberculosis but I do not intend to repeat what I have already said. I will hand the information I have here to some other member for his information. I am sure it will completely contradict the statement made this morning by the hon. member for Chermiside.

Mr. GARDNER (Bulimba) (2.27 p.m.): I should like to discuss one phase of this vote, that is, the dental services that are rendered by this Government throughout Queensland. I congratulate the Minister and his staff on the work they have done and the job they are doing. When a Labour Home Secretary in 1916 made available a house in George Street for use as a dental clinic, I do not think he realised the expansion that would take place in such a short period. In 1918 the building was ready, and Mr. Charlie Vidgen was appointed to take charge of it. It was used not only for the purposes of dental education but also as a public hospital.

The Dental Hospital was placed under the control of the Brisbane and South Coast Hospitals Board in 1926, and its worth may be judged by the number of cases it has attended to. In addition to pioneering the establishment of the Brisbane Dental Hospital, Mr. Vidgen also played a leading part in establishing country dental clinics throughout the State. As the result, today there are dental clinics attached to all the large hospitals throughout Queensland.

In 1944 Mr. Vidgen was succeeded by Mr. Robinson, who in turn was succeeded in 1946 by Mr. Hoole, the present superintendent. Assisted by his deputy superintendent, Mr. Vincent, Mr. Hoole has been responsible for placing the Dental Hospital on a very high plane. He also has helped very considerably in improving the standard of dental clinics in the country. There are now 48 of them and they have been brought into line with modern standards.

In 1941 the new Dental Hospital at the top of Turbot Street was opened. It is used also by the Dental Faculty at the University, which is under the control of Professor Lumb. This hospital caters for all classes

of dental work, and is the only one of its kind in Australia. It was built and opened in 1941. It is a credit to the State and indeed would be a credit to any State in Australia. It is airy, well situated and has everything that a dental hospital should have. It has a competent staff, who are available for service at all times. When the Government built it in 1941 I do not think that even they believed its services would expand as quickly as they have in the short time it has been in existence. It has been necessary to place another story on the building and even today it is barely half big enough to meet the demands made upon it. Last year alone the attendances numbered 199,814 including attendances at the sub-clinics of Sandgate, Wynnum, Cribb Island and Redcliffe. These figures are amazing; indeed, they are staggering. Just imagine an attendance of about 200,000 in 12 months! They indicate the service that the dental hospital is giving.

In order to ease the pressure on the hospital in this respect the Brisbane Fire Brigade Board has granted the Government two floors in the Woolloongabba Fire Station at the corner of Main and Vulture Streets, Woolloongabba, as a place for a dental clinic. This new South Brisbane Dental Hospital will cost in the vicinity of £30,000. The Brisbane Dental Hospital has 26 chairs working. The South Brisbane Dental Clinic will have 22 chairs and 19 full dentists and it is expected that the attendance will be 80,000 for 12 months. This will relieve the dental work done at the Brisbane Dental Hospital. It will cater for all branches of dentistry and for X-ray work. I desire to thank the Minister and the Government for this dental hospital, which will be adjacent to my area. It will be appreciated by all people on the south side of the river and I know that it will do much good work. I congratulate the Minister on the work he is doing and I compliment the staff on their services too.

Mr. PIZZEY (Isis) (2.33 p.m.): I desire to make some observations on the centralisation and decentralisation of hospital facilities. I agree that it is good policy to establish base hospitals. It must be obvious to anybody that no ordinary hospital could afford the medical equipment and services that are available at a base hospital like that of Brisbane and will be available at the new one now being built in South Brisbane and at various other hospitals throughout Queensland.

While I believe in centralisation of hospital facilities to some extent, I also suggest that the Government might practise some decentralisation in this respect by establishing hospital facilities as near as possible to the places where the people live. I have in mind at the moment the Hervey Bay district, which includes four seaside resorts having a permanent population of 7,000 and a holiday population of up to 15,000. Urangan, on Hervey Bay, is from 25 to 30 miles from Maryborough, the nearer parts being 25 miles from Maryborough and the others

5 to 10 miles farther along the beach. While the area is well served with hospital facilities by the Maryborough hospital, much inconvenience is suffered by relatives and friends who have to visit the hospital. The Minister must realise the importance of visits from relatives and friends in helping to restore the health of sick people. There is a psychological aspect here that is an important factor in helping the sick to regain their health speedily. The Government should try as far as possible to establish these smaller hospitals in the larger populated areas to cater for the less serious cases.

The majority of maternal hospitals are necessarily small. I have an example in my electorate in the Gin Gin Hospital, a very small hospital with 25-30 beds. There two boys were born weighing a few pounds each. They were fed almost wholly by the test-tube and they survived. That story of the nursing attention given to those twins and their survival and development captured the imagination of the people of Bundaberg and district. Those infants were reared quite successfully and lived to be thriving robust children, to the great credit of this little out-lying hospital.

Everyone will agree with me when I say that when a mother goes to hospital to have her baby there is nothing she likes better than to have her husband and family visit her as soon as possible. At present, if a mother, at say, Pialba goes into the Maryborough Hospital to have a child it costs the family at least £1 to travel to and from Pialba once a week to see her. As a result, more often than not the husband pays a visit to his wife only once in a week, and after a period of 10 days the mother goes home.

Expenditure on the construction of hospitals should be spread as far as possible. There is the cost of the Southport Maternity Hospital, and the question whether or not it should be extended into a public hospital. The aim of the department should be to spread its expenditure over the whole of the State. I realise that at present hundreds of thousands of pounds are being spent on the construction of the Maryborough Hospital, but the Government should acquire land in the Hervey Bay district so that in the future, when the time is opportune, they can establish a hospital there on a picked site. The time is opportune now for the Government to take action and if that opportunity is not seized the Government, when they make a decision may not be able to get the land they need.

A small hospital could be built in that area to deal with minor cases. Take Childers as an example. Only one in 30 in the Isis district is taken to Maryborough for treatment, the great majority being treated by the local doctor. That goes for the Gin Gin Hospital as well. It is high time consideration was given to the establishment of an out-patients' clinic at Hervey Bay. The hon. member for Marodian, who was member for the Wide Bay district prior to the redistribution of electorates, made representations on

the matter and I have made representations since that area has been included in the Isis electorate. On 22 June last I received this letter from the Minister—

“Referring to your enquiry regarding the request for the establishment of an Out-patients’ Clinic at Hervey Bay, I desire to inform you that the department has received many requests of a similar nature from different parts of the State.

“As previously advised the establishment of new Outpatients’ Clinics has been deferred until the intentions of the Commonwealth Government regarding the provisions of medical benefits through the Social Security Scheme are known.”

I put it to the Minister that the intentions of the Commonwealth Government as to the provisions of medical benefits through the Social Security Scheme are now known and that being so it is high time the Minister gave fresh consideration to the application on behalf of the people of Hervey Bay for the establishment of an out-patients’ clinic there. Such a clinic had the approval of the Maryborough Hospitals Board over a year ago. They said a suitable building was available, and at that time they had a doctor whom they could spare for perhaps one day a week. Now that the argument or misunderstanding has been resolved and the Government know the intention of the Federal Government I ask the Minister to give serious consideration to the establishment of an out-patients’ clinic at Hervey Bay.

Mr. LLOYD (Kedron) (2.41 p.m.): The hon. member for Chermside seemed to be resentful that I should have the impertinence to attack the Menzies-Fadden Government. I should like to explain for the information of the hon. member that the tuberculosis scheme was introduced by the Chifley Government in 1948, with the appointment of Dr. Wunderly as Director-General of Tuberculosis for Australia was one of the foremost chest physicians in South Australia for many years. The scheme was formulated and the agreement between the State of Queensland and the Commonwealth was signed in September, 1949, by the late E. M. Hanlon, who was then Premier, and the late J. B. Chifley, who was then Prime Minister.

I should like to explain also for the information of the hon. member, who seemed to be under the impression that the Commonwealth Government were helping chronic cases of tuberculosis in this State, that the tuberculosis allowance does not extend to chronic cases. In other words, if a case is classed as incurable the person is no longer entitled to receive that allowance. I have a case in mind, the details of which I will give to the hon. member. A man of 64 has been in receipt of the tuberculosis allowance for four years. Although he is at the moment under continuous treatment at the Out-patients’ Department of the Brisbane General Hospital he has been informed that he must apply to the Department of Social Services for an

invalid pension, and that his tuberculosis allowance will be cancelled as from 11 December this year. There are approximately 40 similar cases.

The decision of the Commonwealth Government will no doubt force the hospitals of this State to look after these people.

I would suggest to the hon. member for Chermside that if he has the welfare of these people at heart he should institute a few inquiries himself and ask his Federal confreres whether they are sincere in their attitude to these unfortunate people.

Mr. DEWAR (Chermside) (2.44 p.m.): There is no need for me to appeal to my Federal colleagues, as the hon. member suggests because they have dealt with the T.B. problem in a very magnanimous way. I am already conversant with what they have done. As evidence in support of my statement I refer to the figures quoted by the hon. member for Yeronga recently, which showed that last year the Federal Government allocated £4,500,000 towards eliminating T.B., whereas the previous best of the Chifley Government was £134,000. It is evident that there is no need for me to confer with my Federal colleagues in respect of what they have done in regard to T.B.

I am well aware that what the hon. member for Kedron has said is correct, and I say that the liberal allowance made available to sufferers of T.B. is more in the way of an inducement to them to withdraw temporarily from the life of the community and submit themselves for treatment with a view to eradicating the disease. It is for that purpose that this magnificent allowance is made to relieve him of any worry about his family.

The hon. member for Kedron is correct when he says that immediately a T.B. sufferer is found to be incurable he is put on to the invalid pension and it is obvious that this is the only thing to do, just as it is the obvious thing to do for a sufferer from Hansen’s Disease, cancer, or any other of the incurable diseases. I remind the hon. member, however, that once the T.B. sufferer is declared to be incurable and is put on the invalid pension he is entitled to a doctor of his own choice, at no cost, and special medicines in addition to those that are made available to him under the Menzies-Fadden health scheme. Everything it is possible to do for him is done.

I repeat that it is enough merely to mention the amount of money made available by the present Federal Government for the treatment of T.B. to blow out for all time any thought that the Chifley Government did anything but talk about it. I do not think there is any need to say anything further. I do not deny what the hon. member for Kedron has said. It is correct, and there is no argument about it. It is a step that is justified and it is taken in connection with every sufferer from every incurable disease.

While he is being treated for T.B., the unfortunate sufferer has done for him everything it is possible to do, and this is all because of the munificence of the Menzies-Fadden Government.

Mr. LARCOMBE (Rockhampton) (2.48 p.m.): In the first place I tender my congratulations to the Minister for the capable and tactful way in which he has outlined the activities of his department, the ability with which he has defended the administration of the Department of Health and Home Affairs and the very effective way in which he has refuted the criticism of hon. members opposite. During the consideration of his Estimates—in an almost record-breaking sitting—the Minister has shown that he has a remarkable knowledge of all the ramifications of his department, and he is entitled to the thanks of the Committee, irrespective of party, for placing on record in "Hansard" the very valuable information he has offered from time to time during the currency of the discussion.

I should like to deal briefly with the Rockhampton Hospital and express my appreciation of the excellent improvements that have been carried out there. At the moment the Government are erecting very fine nurses' quarters that will add to the building beauty of the city, provide fine accommodation for the nurses, and be a credit to Rockhampton. In addition to that, other improvements are progressing that will add greatly to the efficiency and service of the Rockhampton Hospital.

I wish also to pay tribute to Dr. Fullagar, the medical officer in charge, his associate doctors, matron Collins, and the staff generally, for the efficient and satisfactory way in which they have carried out their duties.

I make similar comments about the Rockhampton Hospitals Board. It has carried out a very fine work in a very pleasing and generally satisfactory way. There has been no criticism, and no discordant note has been heard in Rockhampton against the administration of the hospital or the work of the board.

As to hospitals in general, I should like to express my appreciation of the magnificent hospital system we have in this State. To do justice to the wonderful service we have in Queensland one would need to have the eloquence of Demosthenes, the force of Chatham, the logical power of John Stuart Mill, and the soul of John Bright. Even then, if such a being could be rolled into such a superlative, oratorical personality, perhaps he would not do justice to our very fine system of service. It is beyond the power of words to express fully and adequately what one feels about the hospital service of Queensland, based upon the principle of the free public-ward.

It is true that the Government and the Department of Health and Home Affairs have not done everything they would like to do, nor have they done everything to be expected of them, but one can understand the

reason for that. There has been the intrusion of two world wars during the currency of Labour Government in this State; there has been the difficulty of finance, caused as we know by the Federal Government's policy; there has been a shortage of materials and labour; and bearing all these things in mind we can all the more vividly and appreciatively view the work carried out by the Government and the department. The task has been of great magnitude; the State is large and the work of the department is not so easy as it would be in Victoria or in other parts of Australia where populations are larger and areas smaller.

The Opposition have made complaints of isolated weaknesses, but the Government are bending their energies and efforts to remedying them. It appears to me that an attempt has been made to magnify these isolated and small weaknesses and, furthermore, there has been a subtle attempt on the part of the Opposition to undermine the prestige and standing of the Queensland hospital service. Some hon. members opposite are more concerned about making political capital against the department than really appreciating the valuable work it does; and they have not been fair enough to give credit to the efforts that have been successful.

Speaking cynically and paradoxically, one would say that the only qualification hon. members opposite have to criticise, is that they did nothing for the hospitals of this State when they were in power. I recollect the state of hospitals in 1914 and in 1929-1932 when Tory Governments were in office; conditions were appalling to a degree. The spotlight was not placed on anti-Labour administration and legislation by the Tory Press in the same way as it is now focussed upon any little isolated items of weakness revealed in the Queensland system. The very cases of comparatively short delays in carrying out work that hon. members opposite have referred to are of their own making. The Federal Government last year collected £919,000,000 in taxation and returned only a small miserable sum to Queensland to enable it to carry out hospital work and other work. If hon. members opposite were to analyse their own arguments they would come to the conclusion I have come to, that anti-Labour administration in Queensland has been responsible for the weaknesses of which they complain.

Apart from the paucity of the reimbursements of taxation, there has been the limitation of credit. The disastrous policy pursued by the Federal Government has limited hospital building and other building not only in Queensland but in other parts of Australia. I submit, therefore, that there is not much force in the arguments of hon. members opposite, who are really criticising their own party and their colleagues in the Federal Government when they say that this Government have not proceeded in the fastest pace possible in providing hospital buildings in Queensland.

The net sum required under this vote is £5,222,385. That is a record sum and speaks for itself. It shows the widespread activities of the Department of Health and Home Affairs, and is a very crushing reply to the criticism of hon. members opposite. Let them compare that amount with the expenditure in 1929-1932 or in 1914-1915. They would then realise by contrast and comparison the truly magnificent work that is being carried out by this department. The present Minister in charge is following well in the footsteps of the late Hon. E. M. Hanlon, who did wonderful work for the hospital system of Queensland. He built strongly and well the foundation upon which a very fine superstructure is being built by the Minister and his department.

It is interesting to note that the Queensland Government are bearing virtually the whole of the cost of State hospitalisation in Queensland today. That was not so under an anti-Labour Government. We know that in the olden days there was the cadging-with-the-hat system, the system that broke down deplorably. We know, too, that between 1929 and 1932 there was a hospitals tax that the anti-Labour Party promised to repeal if they were returned to Parliament. They were elected but the tax was not repealed—not by them. It was left to a Labour Government to repeal it and to take on themselves the charge for hospitals in this State. Incidentally, there were no greater Socialists in Parliament than the Opposition when the nationalisation of hospitals was under consideration. There was no profit in hospitals, so there was no opposition to nationalisation. As a matter of fact, the Opposition gave it their wholehearted blessing and support. It is interesting to see the difference in their attitude when it comes to the Commonwealth Shipping Line and other forms of commercial enterprise. Then they endeavour to terrify the people of Australia with "Socialisation!" and similar catcheries.

Some hon. members opposite complained that Labour men were appointed to hospitals boards. What is wrong with that? Labour men have their rights. They have ability. They come from the fields, the factories and the workshops. They represent the wealth-producers and they are entitled to be on hospitals boards. Wherever they have had an opportunity they have served with ability, fairness and impartiality.

Mr. Ewan: Do you think any other type of man—

Mr. LARCOMBE: I am not arguing that at all. What I am saying is that Labour men are entitled to recognition. According to some hon. members opposite they should not be recognised at all. If they have the brand of Labour, or if they vote Labour or work for Labour, according to hon. members opposite they should be disqualified from taking any part in any semi-governmental activity in the State.

I remind hon. members opposite of what they did between 1929 and 1932. In Rockhampton, immediately after they were elected, they became power-drunk and sacked every Labour man on the hospitals board in Rockhampton. That was an action by the party that is complaining today because Labour men are appointed to hospitals boards. Every Labour man on the Rockhampton Hospitals Board was peremptorily and arrogantly dismissed, although many of them had given years of service and had done splendid work for the hospitals of the district. It ill becomes hon. members opposite to complain about the appointment of Labour men, in view of their own political record.

Mr. EWAN (Roma) (3 p.m.): It was my privilege and pleasure to place before this Committee the representations of a certain person in the Carpentaria electorate, and in my usual fairness I first took the letter I read to the hon. member for Carpentaria. I gave it to him to read and I asked him for his comments. He said he did not know the person and he did not indicate to me that he would take any steps whatever to verify or disprove any of the statements in that letter. We listened for a considerable time to the speech of vilification made by the hon. member for Carpentaria and it can be truthfully said that he did not refute one charge contained in the letter by the person by the name of Stevens. Today the Minister saw fit to submit a plan of the proposed hospital but that is as far as they have gone. There were serious allegations by this person by the name of Stevens but they have not been refuted by any member of the Government party, nor has any of them attempted to do so.

The hon. member for Carpentaria brought a great bundle of files into the Chamber which he said were departmental files and which he also said included a list of instruments that he had got down the street. He did not say what they were. Then there was the incident of the ceiling falling on the cook and the hon. member said it was caused through a cyclone. It was not caused through a cyclone. The ceiling fell down because it was eaten with white ants. The hon. member did not refute any part of the statement that had been made about the Cloncurry Hospital.

In one part of his speech the hon. member said—

"I have just been handed a note that gives me some interesting information. We know that nominations have been called by persons willing to contest the next State elections throughout the State in the interests of the Country-Liberal Party. I have had nominated against me in the Carpentaria electorate a gentleman who represents the Country Party."

Naturally he has had nominated against him a representative of the Country Party because his own constituents cannot find him so that he can make representations on their behalf. Many others cannot find him either.

The CHAIRMAN: Order! We are discussing hospitals.

Mr. EWAN: I am discussing the deplorable condition that exists at the Cloncurry Hospital and I am submitting the representations that I have been asked to make about it in this Chamber.

The hon. member for Carpentaria further said—

“I have just been handed an official intimation that Mr. Stevens is the organiser of the Country Party for North Queensland.”

Further on he says—

“I am reliably informed that Mr. Stevens, who sent the hon. member for Roma the brief, is organiser for the Country Party.”

I want to indicate that that note was written by a very junior Cabinet Minister, that it was handed to the hon. member for Hinchinbrook, who in turn handed it to the stupid and simple member for Carpentaria.

The CHAIRMAN: Order! So far the debate on these Estimates has been maintained on a higher plane than the hon. member would now seek to adopt. I trust that he will continue to keep it on the high plane that has prevailed hitherto and that he will keep away from personalities.

Mr. EWAN: It is always my wish to keep a debate on a high plane in this Chamber but I seek the privilege of a free citizen to reply to the unethical filthy attacks made on my honour in this Chamber. The Minister attempted by his unsavoury, unethical, untruthful, and vicious tactics—

Mr. MOORE: I rise to a point of order. I ask that that statement be withdrawn.

The CHAIRMAN: I ask the hon. member to withdraw that statement about the unethical and unsavoury actions of the Minister.

Mr. EWAN: I did not refer to the Minister. I withdraw it so far as it applies to the Secretary for Health and Home Affairs, but I was referring to the junior Minister who had adopted such unethical tactics, tactics that are dear to his mind. I am unable to say who this person Stevens is. He may be a Mr., Mrs., or Miss. I do not even know the sex of this person but I can say unequivocally that he is not employed as a Country Party organiser in any part of the State of Queensland. So much for the unscrupulous tactics of the hon. member for Carpentaria!

(Time expired.)

Mr. AIKENS (Mundingburra) (3.5 p.m.): Some debate has taken place with regard to T.B. sufferers and T.B. allowances. I am going to give the Opposition details of a case that will even make them blush with shame. I will give to any member of the Opposition, or any other hon. member, the name of the man and a copy of all relevant

letters if he desires. Hon. members will realise that I do not want to make the name of the man public.

This T.B. sufferer was an inmate of the Townsville Hospital and was discharged by Dr. Douglas, who gave a certificate indicating that his T.B. was not contagious. He was told to come back to the hospital periodically as an out-patient and receive medicine, tablets and so on. The man faithfully carried out this instruction, and then one day went along to get his T.B. allowance, only to be informed that it had been cut off, and cut off retrospectively. That is, it had been cut off three weeks previously. The man was then left absolutely destitute and had it not been for the charity and good nature of a nun at the Hermit Park Convent he would have starved. He then came to me and I immediately applied for an invalid pension for him while I was fighting the case for the restoration of his T.B. allowance. He was granted the invalid pension, and he also got some back money. Nevertheless for several weeks the man had no money, no food or shelter or clothes and only existed through the charity of this nun. In his boyhood he went to a Roman Catholic school and one of the nuns at the Hermit Park Convent taught him.

When he was destitute he went back to her for succour and charity. I took the matter up with Dr. Abrahams, of the Tuberculosis Clinic, and I received a most staggering letter from him. He said in effect, “I am the sole judge and arbiter in Queensland as to whether any person shall or shall not receive a T.B. allowance and I decided that this man’s T.B. allowance should be discontinued. If you care to question my ruling you can appeal to the Commonwealth doctor in charge of the department.” I wrote back to Dr. Abrahams and told him I had no intention of appealing from one doctor to another, that I was too long in the tooth for that, and that I had no intention of appealing from Caesar unto Caesar. I wrote to the Minister in charge of social services in Canberra and demanded a full public inquiry into the whole affair. I wrote too to the Minister in charge of this vote, sent him a copy of the letter I had received from Dr. Abrahams, and told him I had demanded a public inquiry into the whole matter, and asked him to support me in such a demand. I did not get the public inquiry. After several weeks, I got a letter from Mr. Townley, the Minister in charge of Health and Social Services in Canberra, and to my astonishment he said that this man’s T.B. allowance had been taken from him arbitrarily by Dr. Abrahams because he had been arrested for drunkenness on a couple of occasions during the previous 12 months. That man took drugs, which made him dopey. In consequence he was in such a condition that two or three beers would knock him over. Because that unfortunate man had two or three beers and because perhaps an overzealous policeman had put him in the watchhouse, Dr. Abrahams took his allowance from him retrospectively for two or three weeks and left him destitute. That is the way the T.B.

allowance is administered in Queensland, and that is the way Dr. Abrahams dispenses the funds of his department, supported by the Federal Minister of Health and Social Services. I suppose that our Minister is a busy man and that quite a lot of correspondence is sent to him, but now his attention has been drawn to the matter he might look up the papers that I sent to him in connection with this man's case. The State Minister was not involved, but I asked him to support my demand for a public inquiry. I repeat that Dr. Abrahams said, "I am the sole arbiter; I am the lord of life and death over all the T.B. sufferers in Queensland; and I and I alone will decide whether a man is going to get a T.B. pension or not; and if you are dissatisfied with my ruling you can appeal to my Federal medical colleague."—I forget his name. There is the case, and the composite secretary of the Liberal-Country Party can take that case up, the same as he took the Mrs. Mullaney case up. (Opposition interjections.)

The CHAIRMAN: Order!

Mr. AIKENS: He was able to shame his Federal colleagues into doing something for Mrs. Mullaney, so let him see whether he can shame them into doing something for this man.

I am sorry that the sulphur-breathing dragon from Chermiside is not here to hear this case.

The CHAIRMAN: Order!

Mr. AIKENS: I will not proceed in that tone. I was speaking facetiously. I am sure the hon. member for Chermiside will accept what I said in that spirit.

Quite a fuss was made in Maryborough over the fact that the matron and the nursing staff wanted to serve teas to the out-patients. From what I could gather from the debates and from reading the Press reports of the farcical so-called inquiry, it would appear that the refusal of the Maryborough Hospitals Board to allow the matron and the nursing staff to serve morning and afternoon teas to the out-patients was the last straw that broke the camel's back, and evidently caused the matron to resign. I read recently that the Townsville Hospitals Board decided to supply morning and afternoon teas to the out-patients and to make a charge; and the board will make a handsome profit. If I remember rightly—and I will check the figures; anyone else can check them by reading "The Townsville Daily Bulletin" which is in the library—they will charge 9d. for a cup of tea and 3d. for a biscuit. Nevertheless, there is the service. I cannot see why one board should refuse the nursing staff permission to do what the Townsville Hospitals Board decided to do on its own volition and in its own financial interests.

Talking of hospitals, I often wonder when I hear members of the Labour Party, particularly Ministers, extolling the virtues of general hospitals in Queensland—

Mr. Keyatta: They are very fine institutions.

Mr. AIKENS: I am glad to have that from the hon. member for Townsville. But if they are, why do Labour Ministers, when they get sick, avoid the General Hospital as they would a pestilence and go into a private hospital or institution, not provided by the Government? The Attorney-General is not in the Brisbane General Hospital although I do not deny him the right to go where he wants to.

Mr. MOORE: I rise to a point of order. There were no intermediate beds available in the General Hospital.

The CHAIRMAN: Order! I do not like the hon. member's speaking in that strain. The action of an individual has nothing to do with State expenditure on hospitals.

Mr. AIKENS: I am glad I was able to make that point, anyway. I am glad to have the assurance that no beds were available in the Brisbane General Hospital. That is an astonishing statement.

Mr. Moore: It does happen.

Mr. AIKENS: Probably he is one of those cold cases we heard so much about.

I have a suggestion to make of importance to the women and children, in the main, who have to go to hospitals. I have an idea that if you look after the women and kids the bucks can always look after themselves. Let us concentrate on making conditions as good as we can for the women and children. At the Brisbane General Hospital and others I find that while there may be a very fine out-patients' department—and there is a fine out-patients' department at the Townsville General Hospital—nevertheless the seating accommodation is very primitive and painful, and it is usually composed of wooden boards or forms.

After all, the people who wait in an out-patients' waiting room are waiting to see a doctor, so I think we can reasonably assume that they are sick, or at least not 100 per cent. well, and all these unfortunate sick people have to wait in considerable discomfort in order to see the doctor in charge of the out-patients' department. In Townsville they have the wooden forms with backs, but in most out-patients' departments in hospitals in Queensland they have just the ordinary wooden form, sometimes with a wall to lean back on, and sometimes with nothing at all to lean on. Even if it is done only for the women and children who go there, I believe that the seating accommodation in all the out-patients' departments in every State hospital in Queensland should be reasonably comfortable. I do not suggest for a moment that they should have the luxurious opulent seats that we have in this Chamber, although I should like them to have them, but surely we can do something better for them than the hard, wooden benches we give them to sit on and on which they have to sit sometimes for two or three hours before seeing the doctor. Of course, I admit that it may not be the fault of the hospital that they have to wait, because sometimes people who attend a private practitioner have to wait just as long

as these people do at the hospital, but we should make the seating accommodation for the women and children in the out-patients' departments of our hospitals as comfortable as we possibly can.

If I might digress for a moment, let me say that that excellent State Children Department has the most primitive seating accommodation for people who are waiting to see the Director—

The CHAIRMAN: Order! The hon. member will have an opportunity to discuss that matter later.

Mr. AIKENS: I merely mention it as a case in point. We have aimed at—we have achieved it at Townsville; I give full credit to the Minister and his department for this—the finest medical service we can give. At Townsville we have the finest medical service and the finest hospital service for the in-patients, and I agree with the hon. member for Townsville, who says that the Townsville hospital is perhaps the best in the Commonwealth for in-patients and the medical attention for the out-patients is equally good, but while the seating accommodation for the out-patients at Townsville may be better than that of many general hospitals in Queensland, still it can only be described as primitive and uncomfortable, and I do hope the Minister will see his way clear to have an investigation made into it in order to make the waiting time for the women and children at least as comfortable as possible.

Mr. LOW (Coorooora) (3.18 p.m.): I have listened very attentively to the speeches delivered on both sides of the Chamber, and have noted with keen interest that many hon. members have indicated that there is a move in hospital administration to squeeze out gradually the infectious-diseases wards attached to district hospitals. This is a very serious matter because if these wards are squeezed out and all infectious-disease cases are brought to a centralised point such as Brisbane, great hardship will be inflicted on the country people of this State. Not only does it cause undue hardship to the relatives of the patients but the charge for the cost is borne by local authorities. If the local authorities are to continue to be responsible for the cost of treating infectious-disease cases that occur in their areas, the wards should be retained at the district hospital, and I lodge a most emphatic protest at this quiet but effective attempt to squeeze out the infectious-diseases wards at district hospitals and to introduce a scheme of centralisation.

I wish to make reference to the district hospital in my own electorate at Nambour and say that for some time we have been promised additional accommodation for maternity cases and a separate children's ward. This matter has been going on for some time and we find that there is insufficient space for maternity cases, and there is no adequate provision for a children's ward. Repeated representations have been made on this matter and I hope the Minister will see his way clear to resume additional land and extend the maternity section and provide for a separate children's ward.

I also make an appeal to the Minister to extend the travelling out-patients' clinics. We have heard that hon. gentleman say that in the past we have been short of labour and materials and now the excuse is that we have not sufficient money. If we are to have these difficulties from time to time let us endeavour to extend the travelling out-patients' clinics pending the time when we can provide hospitals throughout the State. This is a very important matter and I have just heard the hon. member for Isis mention an area in his electorate that could be adequately served by this means of hospitalisation. If we push this matter, we may be able to establish a system or service, on a similar basis to our ambulance brigades, by which doctors, nurses and other qualified people could go to the people. By this means we should be taking the benefits of hospitalisation to the people rather than expecting the people to wait until hospitals are built.

Mr. Aikens: You subscribe to our policy.

Mr. LOW: I have advocated this in the past and I think it is the most effective way of taking hospitalisation to the people in country areas, so that they can enjoy the facilities people in the larger cities are receiving. I hope the Minister will do all in his power to extend this system to centres where there is justification for it.

I should like to make reference to the wonderful work carried out by the Queensland Ambulance Transport Brigade. With some other members of this Chamber I am a member of the executive and I pay a tribute to the fine work undertaken by the people associated with the Queensland Ambulance Transport Brigade. This service is a means of security, particularly in the country, to the folk who have pioneered the outback parts of the State, for they know they have a service that will come to them should they meet with accidents or in cases of illness. The ambulance is playing a very important part in the development of this State. It is pleasing to think that we have these people who are prepared to give their time and service to such important work. Quite a number of ambulance centres would like to put up better buildings and conveniences, not only for the ambulance station itself but for the superintendent and the other staff at the station. The trouble is that the Queensland Ambulance Transport Brigade has not sufficient money to undertake this work and I think the Government might give consideration to the making of interest-free loans to the head centre of the brigade which in turn could make loans available to the various centres throughout the State. By this means their buildings and conveniences would be brought up to the required standard and people would be further encouraged to carry on their particularly good work. I believe that the work of the Queensland Ambulance Transport Brigade is worthy of the subsidy payments that are being made available by the Government, and I hope that on every occasion they will treat with sympathy the requests that they receive from the brigade.

Mr. BROWN (Buranda) (3.25 p.m.): I should like to add my congratulations to the Minister and the officers of his department for the very efficient way in which they are carrying out their duties in respect of hospitalisation in this State, and I have much pleasure in supporting this vote of £5,222,385. I should have liked to see it even more, but because of the Federal Government's restrictions it is almost impossible to get any more at present.

When we consider that the Commonwealth Government tried to put their hospitals scheme in operation in this State and that the Opposition here backed them up, I am wondering why today they are all congratulating the Minister and his department on the work they are doing. It would appear that they are a little two-faced and that they have not the spirit of the true Queenslander.

During my speech on the Address in Reply I had something to say about the Federal Government's hospitalisation scheme. That brought forth a letter in "The Courier-Mail" of 15 September, signed by H. S. Patterson, Empire Chambers, 153-5 Brisbane Street, Ipswich. In his letter this Mr. Patterson tries to get at me, but I do not think he has gained a point. I should like to read parts of his letter and deal with them as I read them.

He says—

"In reply to the ill-informed statement by the Labour member for Buranda, Mr. Brown ('Courier-Mail,' 10 September, 1952) that the Federal Government's stopping of hospital payments to Queensland was due to 'the British Medical Association and moneyed people': The British Medical Association believes that those who can afford to should make some contribution towards their health insurance and that the Government should accept responsibility for those who cannot."

I am of the opinion that the poor people have already contributed to the scheme by way of social-service taxation. Nobody is getting away without paying in some way or another, either directly or indirectly. As a result, all of them have every right to expect to enter any of our hospitals. Further, the Commonwealth Government should have given Queensland its just right all along. They are doing it now because they found they could not do anything but give us the 8s.

Mr. Sparkes: I will bet that if you got sick you would be in a private hospital.

Mr. BROWN: The hon. member for Aubigny cannot put me off the track. Let him get that out his head. He might just as well try to stop the sun from rising tomorrow morning as try to stop me from saying what I want to.

This man goes on to say—

"Mr. Brown is doubtless aware that many people who make use of free hospital facilities in this State are well able to make some contribution towards them."

I have already explained that the people have contributed towards the cost of hospitalisation by paying social-service taxation. Anybody who receives more than £105 a year—and that is not a big salary these days—whether he is teenager or adult, has to pay social-service taxation. We have contributed our share to the Commonwealth revenue of £999,000,000 as mentioned by the hon. member for Rockhampton.

The letter continues—

"Inevitably this must mean that the quality of service given to those who are unable to pay for it will suffer."

No man in his right senses would say that the hospitals, the doctors, the department and the officials would decline to give proper service unless the people paid for it. The letter goes on—

"Surely this is the very negation of the democracy, in which Mr. Brown presumably believes."

I do not want to say anything more about that. Then it goes on—

"The cult of relying on a benevolent government is sapping the life-blood of this country."

I do not think that these are words from a man of education. However, it concludes—

"It might be salutary for us to consider what years of social security have done for the wild pig and his compatriot, the sheep."

It is signed, "H. S. Patterson, Empire Chambers, Brisbane Street, Ipswich." He has omitted something from his letter. He refers to a number of animals. He talks of wild pigs and sheep but omitted his own class, the goats.

In the course of my remarks on the Chief Office vote some days ago I advocated better inspection of private hospitals.

Mr. Sparkes: The Minister does not share your view.

Mr. BROWN: Oh yes, he does. If what I described had occurred in a public hospital there would have been a hue and cry from the hon. member for Roma. Let me refer to a letter that appeared in "The Courier-Mail" on Monday, 10 November, 1952. It is signed, "B.M.A. Member, Brisbane." I seem to be getting under the skin of members of the British Medical Association and I do not care if I am. I know that quite a number of the members of the British Medical Association are with me in the remarks I made a few days ago about the inspection of private hospitals. This letter says—

"The statement by Mr. Brown, Labour M.L.A., is of more than passing interest. We want to know, however, to what extent it is true that it is 'the devil's own job to get a doctor during the week-end?'"

Mr. Sparkes: Now you are getting into trouble.

Mr. BROWN: I am not in any trouble at all. The hon. member would be surprised to know the number of communications I

had supporting my remarks after I had made them. People have approached me and said that more was required than I had requested. If a person gets sick in the week-end and is able to get the services of a doctor he has to pay double fees.

This letter continues—

“If there is difficulty in securing necessary medical attention, the B.M.A. should take steps to put its house in order. More and more doctors are practising in groups, . . .”

That is true too—

“And this points the way to overcoming the difficulty.”

I agree with him that that does get over the difficulty a little bit but I will make suggestions later in regard to the matter. We should have attached to our public hospitals clinics established in the various districts of Brisbane and other cities. A person could then, on being overtaken with sickness, ring up the clinic and be attended to by a doctor. The British Medical Association should set its house in order, and in doing so should be assisted by the department, to ensure that the people can obtain medical attention whenever it is required. I am concerned about the health of our community, and those unfortunate people who get sick and require medical attention. We cannot get sick just at a time when it suits the British Medical Association or medical profession. One person told me that he lived in a suburb where the people were regimented to get sick on Tuesday and Thursday nights, as those were the only nights in the week when they could receive medical attention.

The letter continues—

“It would appear that Mr. Brown expects doctors to be on duty 24 hours a day 7 days each week.”

I do not expect doctors to be on duty 24 hours a day, 7 days each week, and if a true record of my speech had been given by the Press this correspondent would have been informed that in answer to an interjection I said I did not want a doctor to work 80 hours a week or 24 hours a day. I only want them to work 40 hours a week, and it is only a matter of organisation to ensure that they do so. A doctor can get a decent living working 40 hours a week, and this will enable them to go about wide awake instead of half asleep.

I mentioned in the letter I have been quoting that the time was opportune for an inspection of private hospitals.

The letter I have been quoting goes on to say—

“The question of inspection of private hospitals is more than timely, and last year Dr. Noble, M.L.A., drew attention to a state of affairs calling for action. Mr. Brown should urge upon his own party that the inspection of private hospitals is long overdue.”

That letter is signed, “B.M.A. Member, Brisbane,” I do not think that I committed any wrong in advocating the inspection of private hospitals, and in mentioning the case

of a little girl who on admission to a private hospital was placed in the same ward as men. Had that happened in a public hospital there would have been a hue and cry for an inquiry.

I wish to congratulate not only the Minister and his department but the Labour Government on the stand they have taken in connection with hospitals. I congratulate them also on their handling of the finances of the State whereby they created reserves that placed us in a position to dictate to the Commonwealth Government and refuse to come into their scheme; and eventually we had a big win.

I think we should have clinics such as I have described attached to our hospitals in Brisbane and in the other big cities. That would pave the way for the further nationalisation of the health services of the community. I believe that in the nationalisation of these services lies the solution of the problem of hospitalisation and medical services. I may be ahead of my time, but I cannot help that.

I repeat the words of the late Rt. Hon. J. B. Chifley in his last speech that they could call him anything they liked:—

“but if I think a thing is worth fighting for, no matter what the penalty may be, I will fight for the right, and truth and justice will always prevail.”

Mr. NICHOLSON (Murrumba) (3.43 p.m.): During the course of this debate, I listened to a great deal of comment and I heard criticism of the lack of amenities in hospitals in various electorates. I have a complaint—that I have no hospital to complain about. In my maiden speech I pointed out that the Murrumba electorate, comprising 960-odd square miles, does not contain a hospital. Although some parts are situated close to Brisbane, other parts are within 35 miles from the nearest hospital. Most of the centres are serviced by the ambulance brigades, which are doing a mighty job, and have been the means of saving many lives, but owing to the lack of hospital amenities lives are often lost that might have been saved if hospitalisation could have been had sooner.

Mr. Moore: That is rather an exaggerated statement.

Mr. NICHOLSON: I could enumerate cases in which death was mainly attributed to lack of speedy hospitalisation. I point out to the Minister that Redcliffe, where there are 12,000-odd people is only about 20 miles from Brisbane, but it might as well be on the northernmost part of the peninsula or in the Gulf of Carpentaria as far as a hospital is concerned. We have the Minister's statement that on many occasions beds are not available at the General Hospital.

Mr. Moore: We never denied that—What I say is that no urgent case has been denied admittance.

Mr. NICHOLSON: I will agree with the hon. gentleman.

I have always advocated the decentralisation of hospitals. I have suggested already that suburban hospitals should be established. For instance, there should be one in the western suburbs, one in the eastern suburbs, and one in the northern suburbs. In the more remote areas, there should be one at least every 25 or 30 miles, although I do not say that these should be large institutions with a great deal of modern equipment. My suggestion is that at these intervals we should have places with the equipment necessary to perform emergency operations or to give relief and such medical attention as is necessary to enable a patient to be transported to the base hospital for a major operation. In my electorate, of 960 square miles, one centrally-situated base hospital should be able to give all the service required if the smaller institutions are provided at regular intervals. As an instance of the need of more hospitalisation I point out that Redcliffe has a population of 12,000 people, with three ambulance cars to serve them. If there should happen to be a major accident, or if an epidemic broke out, those three ambulance cars could not do very much for 12,000 people. In the whole of the Murrumba electorate there are about 35,000 people with eight ambulance cars. Those ambulance cars are doing an excellent job, but they are not enough if a major epidemic breaks out.

Having given up hope of getting a public hospital, the people of Redcliffe have decided to establish a hospital of their own under the friendly societies' scheme but unfortunately the public are not very happy about contributing to the scheme because they feel in their hearts that if the Government can supply hospitalisation for the people of Brisbane it is only right that they should supply it for the towns adjacent to Brisbane. I say in all sincerity that the establishment of small hospitals is a suggestion worthy of every consideration.

Mr. JESSON (Hinchinbrook) (3.48 p.m.): I had not intended taking part in this debate, but as the Opposition appear to be stone-walling we all might as well be in it. We have heard many extraordinary speeches from hon. members opposite. The hon. member who has just resumed his seat makes a plea for the people who live within 12 or 15 miles of the Brisbane Hospital. He said his area covers 960 square miles but of that area about 700 square miles would be bush country. I venture the opinion that if the old voluntary system of financing hospitals was in operation today hon. members opposite would not be asking for the establishment of a hospital every 25 or 30 miles. That would be uneconomic, and it is ridiculous to think of adopting such a suggestion. I should like to see hospitals established where we require them, but if we did have a hospital at Redcliffe many people would still come to Brisbane by ambulance for specialist treatment. That happens in the North, where people travel 67 miles from Ingham to the base hospital at Townsville. The same thing applies to other cities of the

North. People who have not cars of their own go by ambulance for specialist treatment at the base hospital.

It is only a matter of a few years when specialists went round the country, spending a day in Townsville, a day in Cairns, and a day in some other place. This method was very inconvenient to the suffering people but now we have specialists at our base hospitals. I admit that some system of cottage hospital might be established in the distant parts of the State but for the life of me I cannot see why a public hospital should be established at a place some 12 or 14 miles away from Brisbane. In the first place, look at the enormous expense that would be involved. There would be a shortage of doctors to treat the people. Why, the whole thing is too ridiculous for words; the scheme would be uneconomic and impossible. I think that one good hospital is better than half-a-dozen bad ones, and more people would die if they could not get proper attention than because there was no hospital.

I congratulate the Queensland Ambulance Transport Brigade, whose members often do the work of doctors. If a man has a cut finger or somebody else is suffering from sunburn or a cut foot the ambulance officer can put in stitches as well as any doctor and without the expense of hospitalisation. Why, if we have to put up hospitals for all such things, I should like to know where the money would come from. It is all very well for the Opposition to clamour for this and that. Over the years I have heard them make requests for things that would cost a hundred million pounds. They included transport, new hospitals, new schools, and new buildings of all kinds. But when they were the Government they spent nothing on buildings.

There is one thing that I cannot understand about wealthy Queensland people, particularly those like the hon. member for Roma. He sold a property for £36,000 but we have not heard of his endowing a hospital with some of that money. We have not heard him putting some of it into a hospital or endowing an ambulance car from the money he got out of the soil of this country. No, he will probably spend it by going to the Coronation ceremony. I deplore the fact that we never hear of wealthy people making provision in their estates for the giving of money to hospitals and charitable institutions. I fear there is some lack of civic pride and generosity in their make-up. There seems to be nothing humanitarian in the outlook of some of these wealthy people. Some time ago a Townsville man, J. S. Love, died, but he made no bequests to hospitals or charitable institutions. We never hear of these wealthy people dying and leaving bequests to hospitals or technical colleges or anything else like that. The money is left to their executors to divide as they think fit. There is no such thing as a J. S. Love Memorial Hospital; the only thing remaining to remember him by is the J. S. Love Stakes, conducted by the racing authorities. The Warwick people seem to be the most

public-spirited people because if one goes through the hospital up there one sees beds endowed by somebody or other with brass plates to show the name of the person concerned. The only other people I know of who do anything in this direction are the various lodges, such as the Royal Antediluvian Order of Buffaloes, the Independent Order of Oddfellows, and other lodges. I had the honour to go to the Brisbane General Hospital on the occasion when the Buffalo Lodge handed over an iron lung to that institution and other lodges are working towards placing such lungs in places where they are required. One does not see the rich people of this State providing hospitals with things like that but in America, if a man makes a million pounds out of oil or shipping or beef, he leaves part of his estate to perpetuate his name. I deplore the lack of civic pride amongst the wealthy people of this State in not endowing hospital beds or providing other much-needed facilities.

In conclusion, I should like to refer to the outburst of the hon. member for Roma, who let off a lot of hot air and steam and made a lot of accusations on information that came to him from this Country Party organiser named Stevens who wrote to him. I did not see anything handed to the hon. member for Carpentaria except a note from me that he had spoken his full time.

Mr. Ewan: No-one believes you.

Mr. JESSON: I gave the hon. member for Carpentaria a note, as part of my job as Whip asking him to take as long as possible. He was probably on the right note, anyhow, because my information is that this man is a Country Party organiser, although he belongs to the northern group. If somebody else gave him a note—

Mr. Ewan: You do not know what you are talking about.

Mr. JESSON: I know that much. The hon. member for Roma is wrong again. Using again the pun made by another hon. member, the Ewan cry fell on barren ground.

Mr. SPARKES (Aubigny) (3.56 p.m.): I suppose that the Minister has been on these Estimates for so long that his nerves have got on edge. No-one must interject at all. I simply wanted to know why the shire council was opposed to building a new hospital at Cloneurry. However, you must not say a word while the Minister is on his feet! Let me tell the Minister that he has to listen to other people in this Chamber. We have a perfect right to interject if we so desire. The Chairman is the one to make a decision on that.

The Minister said, "We could not build a hospital because the shire council would not let us." Then he said, "The Commonwealth Government would not let us." What were this Government doing during the 10 years between? It must be 10 years since local authorities had anything to do with hospitals, and during part of that time a Commonwealth Government of his own political colour were in power.

Mr. Moore: There was a war on.

Mr. SPARKES: Let the hon. gentleman dig up something else. He has talked for so long that he even has to talk when he is sitting down. He will not let us talk when it is our turn. He had ample time to build a hospital if he so desired.

Mr. J. R. Taylor: He is not a contractor.

Mr. SPARKES: No, but he or his department can let contracts. The Minister says it was the shire's fault, and then he says it was the Commonwealth Government's fault. If the Minister is fair, he must admit that the Commonwealth Government headed by the late Mr. Chifley stopped him from building this hospital.

Mr. Moore: He was a friend of yours.

Mr. SPARKES: I knew the late hon. gentleman well, and I am one of those who will make no derogatory reference to anyone who has passed to the Great Beyond. I leave that to members on the other side of the Chamber.

Mr. Moore interjected.

Mr. SPARKES: The Minister has talked so much that he still wants to talk even when he is sitting down. I think everyone will admit that the real joke of the week was made when the Minister was asked why the Attorney-General was in a private hospital, and he replied that the Attorney-General could not get into a public hospital. Only a few days ago, however, he said, "No-one has ever been turned away from a public hospital." When he was reminded of that he said, "Nobody who is sick is turned away." I take it from that that the Attorney-General is not sick. However, I know the Attorney-General well enough to know that he would not be in a hospital if he was not sick. He must be seriously sick when he is not well enough to be present in this Chamber. Yet the Minister says that no-one who is sick is turned away. I think that is the real joke of the week. First of all he said that no-one was turned away, and then no-one who was sick was turned away.

The hon. member for Hinchinbrook wanted to know why private persons did not do something in the way of providing hospitals, but let me tell him that if it were not for private enterprise there would be no hospital at all in that popular centre of Crow's Nest, which is very close to the electorate of the Minister for Transport. He knows that what I say is true. The people in the district put their hands into their pockets and found the money for the hospital, but they do not get a single radoo in return. They had to provide the hospital because the Government had fallen down on the job.

Mr. Moore: Now you want socialisation of hospital services. You want the State to provide for total nationalisation. Who is confused now?

Mr. SPARKES: The hon. gentleman is not doing it. It is being done by the people, yet he has the audacity to say, "I did it." The money is provided by the taxpayers of this country and not by the hon. gentleman. The people in the country have

as much right as the people in the city to get hospital services, but of course the city is dear to the heart of the Minister. Why should not hospital facilities be available in the country to the farmers and the farmers' wives?

Mr. J. R. Taylor: They are getting them.

Mr. SPARKES: Provided by the people themselves in those districts. The people there have put their hands into their pockets and provided the hospitals in which the women may have their children. If they had not done that they would have had no hospital. Shame on the Government!

Mr. J. R. Taylor: They can go to Toowoomba.

Mr. SPARKES: It is a long way to Toowoomba from there, as the hon. member would know if he was dragged over the track by the hair of his head. At the end of the journey he would have a pretty rough head. It would be worse than the one that I got from the smack from a truck belonging to the Minister for Transport.

The hon. member for Buranda complained about the alleged inattention by doctors at the week-end, and while he spoke I detected the broad smiles on the faces of the hon. members for Mt. Gravatt and Yeronga. According to the hon. member for Buranda one would think that it would be unwise in his area to get sick on any other day of the week but Tuesday or Thursday, or some such time. Then he had the audacity to complain that doctors would not come out to sick people on Sundays. He went on to say that he did not want them to work on Sundays, that he wanted them to have a 40-hour week. Does he know what he really wants? I should say that he does not know what he wants. I can just see the hon. member rushing to get the services of the hon. member for Yeronga should he get sick. The doctors in Queensland are doing a mighty job and I say that of the two representatives of that profession in this Chamber. I know of no other people in the community who go out so cheerfully when they are called at night as the doctors do. I should like to see the reactions of the hon. member for Buranda if he was called out, say, at 1 o'clock in the morning. We have wonderful doctors in this country, and if anyone knows of a better system for attending to the sick than the one we have today, let him bring it forth. I have the greatest admiration for the medical profession and the members of it. Every right-thinking member of this Chamber knows that should any hon. member become suddenly ill here, both members of the medical profession would go to his side regardless of the party to which he belonged. That is the spirit of that profession. The hon. member must not think that I have not sufficient trust in members of the profession, even if I have none in him. It ill becomes the hon. member to get up in this Chamber and say that the people in his electorate must get sick only on a couple of nights a week. I hope I have the honour of meeting the doctor who serves his area. What a nice thing to say about the

local doctor! Cannot the hon. member get up and say something more decent than that? First of all, he condemns private hospitals, yet when a leading member of his party becomes sick, that is, the Attorney-General, he goes to a private hospital for treatment. He went there because he thought he would get better treatment, and more power to him! (Government interjections.) I believe that the Attorney-General is sick, despite what hon. members opposite might say. If the Minister was half as sick as his colleague he would probably be down on his back.

Mr. Moore interjected.

Mr. SPARKES: Hon. members opposite cannot take it.

Mr. Moore: You won't sicken me. I can take it.

The CHAIRMAN: Order!

Mr. SPARKES: The Minister spent about 10 hours on his feet in this debate. The Minister thinks that we must not criticise him—that the little boy must not be criticised in any way at all. Nothing must be said of the dear little fellow, but he is going to have something said to him, the same as to anyone else in this Chamber. If the hon. gentleman is game enough to walk into these traps and make stupid statements he must be corrected. That is our job.

Mr. Moore: Let us have it.

Mr. SPARKES: The hon. gentleman is getting it and he does not like it. It will not be long before he will be in hospital, if he gets worked up as he is today. His blood pressure is going up, up.

I was disappointed at hearing the profession referred to as it was, for I have the greatest respect for it. I resent the remarks of the hon. member for Buranda about those gentlemen.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (4.8 p.m.): The hon. member for Aubigny talked about the amusing things I said. They were not too amusing to him, apparently. No abuse has come from me since I opened this debate. On the contrary, I have given a very lucid account, in simple language, of what this department has done for the people. I have criticised the colleagues of the hon. member in the Federal House for their shortcomings on certain matters, and because of that and because of the truth of my remarks the hon. member did not find them very amusing. I do not object in any way to interjections. This side of the Committee profit from interjections from hon. members opposite. I have said repeatedly that the hon. member for Aubigny does not assimilate facts as readily as his colleagues. I ask him to give up his running fire of interjections and attempt to study what is being discussed.

Mr. Sparkes: That is not your job.

Mr. MOORE: I am giving the hon. member a little bit of advice. If he does as I suggest he will not become so confused.

Rather will he be able to appreciate our debates. Both he and the hon. member for Mundingburra never get up on their feet without making some filthy imputation or innuendo. They and some other hon. members attempted to make some capital out of the fact that the Attorney-General was a patient in the Mater Private Hospital.

We have talked about our free public hospital system, which we had to fight for and which we preserved. I suppose the hon. member for Aubigny would go where most members opposite go. Out of his own mouth he told me here the other day that he went to Sydney to get an X-ray.

Mr. Sparkes: Of course he did.

Mr. MOORE: I do not blame him for that. He has the right to do that; but he could have got that service at our public hospital in Brisbane. He elected to go to Sydney and I give him credit for that; if his health is in danger, let him go where he likes. It is the old, old story of the hon. member still not being able to assimilate the policy of this Government on hospitalisation. It has been told to him repeatedly and if he would only listen and study some of the information we give him he would probably understand Government policy on this matter. He should know the policy of this Government over the years. We will continue that policy and the Premier in his policy speech will tell the people of Queensland how we saved free public hospitalisation. We will tell them in the New Year how, if we are returned to power, we will still preserve free hospitalisation. We will also tell the people that the Opposition, if they had the power, would take free hospitalisation from the people of Queensland.

I do not want to talk about my colleague who is sick; if he was not, he would be here, "having a piece" of the hon. member. He did seek hospitalisation out there. He was told that the Intermediate was full. He could have got hospitalisation. He said, "I will go away and I will get in somewhere. I have the money to pay for it. I will leave the free bed to somebody who cannot afford it. I will leave the Intermediate bed that I might get because of my position to somebody who is in need of it."

The hon. member for Aubigny went on to talk about Commonwealth help. We know that the Commonwealth Government tried to deprive this State of 8s. a bed a day. I have explained how Government projects have been delayed and how some probably will have to be stopped because of the financial meddling of the Commonwealth Government. I said I was in good company in saying that and I quoted the managing director of a private firm who had to reduce staff because, as he said, of the stupid credit system of the Commonwealth Government.

The hon. member for Aubigny talked about the private hospital at Crow's Nest. I appreciate that—I never hesitate to give full credit to people who have established private hospitals—but in one breath the hon. member

claims to be opposed to our free public hospital system and in the next breath he says that the Government should provide all private hospitals.

Mr. SPARKES: I rise to a point of order. I do not mind if the hon. member keeps to the truth, but I made no reference to the hospital matter he mentioned. I ask for a withdrawal.

The CHAIRMAN: I ask the Minister to accept the denial of the hon. member for Aubigny.

Mr. MOORE: I accept his denial. I appreciate the fact that the hon. member is confused. He said they had to build a private hospital at Crow's Nest because we would not. What is the inference? His inference was that the obligation is on this Government to provide all types of hospitalisation all over the State. If we did that they would be talking about socialisation and sovietisation. They have been singing out about that for so long in this Chamber that in its leading article this morning "The Courier-Mail" told them straight to get off the word "sovietisation" in connection with the Land Acts Amendment Bill introduced by my colleague and to help the Government in the good job they are doing.

Mr. Ewan: Two shillings each way.

Mr. MOORE: That journal also had something interesting to say about the hon. member for Roma.

Then the hon. member for Aubigny made confusion worse confounded when he said we were denying the farmers and their wives and children hospitalisation. Within the last few weeks he rose in this Chamber and lined up with his colleagues in the Opposition here to oppose the free hospitalisation that we have provided all over the State for the farmers and their wives and children.

Mr. SPARKES: I rise to a point of order. Again I must refer the hon. gentleman to the truth. Apparently it is foreign to him. I do not mind what he says so long as he sticks to the truth. I did not get up in the House and speak against free hospitalisation. All he has to do is tell the truth.

Mr. MOORE: If that is right, it is the latest rift in the Opposition.

Mr. WORDSWORTH: I rise to a point of order. As a member of the Opposition I say without any fear of contradiction that no-one on the Opposition has ever been opposed to free hospitalisation.

Mr. MOORE: That is this week's funniest story. So much for the hon. member for Aubigny! He is not a bad fellow, but he does get confused, and I think I have answered him clearly.

The hon. member for Lockyer spoke very charitably this morning. All I want to say is that the Laidley Hospitals Board knew at all times of the arrangement that had been made and the department adopted the usual procedure in these matters. An order

in council was issued and published in the "Government Gazette" and the matter is now ended.

The hon. member for Kedron and the hon. member for Chermshire had a little duel over the tuberculosis allowance and other incidents connected with it. All I wish to do is make it clear that in his capacity on matters affecting tuberculosis Dr. Abraham is the medical referee for the Commonwealth. When he attends to these matters he is not the servant of the State but the medical referee for the Commonwealth, and he determines whether people are suffering from T.B.

Mr. Wordsworth: Who pays him?

Mr. MOORE: The Commonwealth.

Dr. Noble: He does the work very well, anyhow.

Mr. MOORE: I do not blame anyone for being a bit confused on this. He is the referee for the Commonwealth.

Dr. Noble: And he does a very good job.

Mr. MOORE: He does, and the allowances to these people are paid by the Department of Social Services.

The hon. member for Mundingburra raved. It is true that he brought to my notice the case he mentioned. From my reading of the papers, it seems to be one of those cases that are very difficult to assess. I read some correspondence from the hon. member and the doctors concerned and my impression of the whole thing was that the patient was a very hard man to handle. He had been directed to hospitals throughout Townsville and district for certain treatment in connection with T.B. and he would not carry out the instructions of the medical men. Sometimes he did and sometimes he did not. I think that hon. members must appreciate that the person who will not carry out the advice and instructions of his medical advisers is a pretty hard sort of person to handle, and I should not blame Dr. Abrahams for being particularly hard in this case. So far as I know, that gentleman is doing an excellent job, and is very conscientious and I am glad to know that the hon. member for Yeronga, who is in a position to know, agrees with what I say. There are thousands and thousands of cases to be attended to and hon. members must appreciate the fact that patients must be amenable to advice and discipline.

We get this sort of thing every day. Unfortunately some T.B. sufferers become difficult to manage. Some time ago we had a patient in the hospital on the south side who became difficult to handle. From the evidence of a number of doctors and nurses he was particularly hard to manage. It was probably due to his complaint and I do not blame him for being difficult, but you cannot allow one patient to order the routine of a hospital. This man had to be disciplined and he rebelled against it. There must be a certain amount of discipline in a hospital; if there was not a hospital could not be conducted properly. We do get odd

cases now and again that prove difficult for the medical men and difficult for the layman in administration.

Mr. Wordsworth: You cannot legislate for the no-hopers.

Mr. MOORE: That is so.

As he always does, the hon. member for Kelvin Grove made a very interesting speech. The hon. member for Bulimba gave us some interesting information about the early history of the Dental Hospital and I was interested also in what the hon. member for Isis had to say. I should like hon. members to understand that there are two distinct sides to our hospital policy. We are endeavouring in the strategic parts of the State to establish base hospitals, and they will be base hospitals in the true sense of the term. When we get sufficient staff and equipment, the idea is to get specialists into these hospitals and this would relieve us of what is going on today, of bringing cases requiring specialist treatment down to Brisbane. Incidentally, we provide free transport. As man-power becomes available, we want to extend these specialist services. Hon. members must be realistic. We cannot pick on a specialist and say, "We want you to go to Cairns or to Townsville or some other place." My department appreciates the part specialists are playing; they are giving an excellent service and we hope to extend the policy.

And then there is the fact that communities are building up all over the place and the population of Queensland is altering rapidly. One has only to go round the metropolitan area to find suburbs in an area where only some ten years ago about half-a-dozen people were living. We shall have to alter our ambulance, fire brigade and hospital services. We are giving a great deal of consideration to many phases of hospitalisation and at the present time have not come to a final decision on the point.

One of the things that is worrying me and worried the late Mr. Hanlon when he was Secretary for Health and Home Affairs is the delay in handling out-patients at the Brisbane General Hospital. I have been through big hospitals in Sydney and Melbourne and found that delays occur. I believe we could handle out-patients more expeditiously if there were more doctors. I should say that the medical gentlemen of this Committee could probably deal with this matter with greater authority than I can. The question is: are young doctors going to spend all their time in out-patient departments? Many problems have to be overcome.

Mr. Wordsworth interjected.

Mr. MOORE: We are not in the Army. We are talking about civil affairs now and they must be handled differently from the way in which the army handles them in wartime. As I say, many problems present themselves to my administrative officers and me, and we are taking full cognisance of them. If we had some type of clearing

station in various suburbs where we could co-opt the assistance of local doctors during the day—

Dr. Noble: That is the answer.

Mr. MOORE: I think so. Many cases would never get near our hospitals at all. The new hospital at South Brisbane could possibly be an answer. Then the system could be extended to the larger country centres, such as Rockhampton and Townsville. We will extend these services progressively. The story may seem an old one—and now I am getting into the realms of the hon. member for Murrumba—but these services will be extended as we can get materials and money to build hospitals. Staff also is a very serious matter. I should say that if we had the money tomorrow morning, probably staffing would be our greatest difficulty. If you are to give service to the people you must have a qualified staff, both doctors and nurses. In the type of clearing station I visualise, a tremendous amount of work will probably be done by qualified nurses with a minimum number of medical staff. But where shall we get the nursing staff?

I want to tell hon. members an interesting story about an experiment that we are now carrying out. If it is successful, I think it will solve the problem of the shortage of nurses in Queensland. Quite recently I initiated what I think is called a Junior Nurses' Club in Brisbane. If it is successful in Brisbane we propose to start others in Toowoomba and in the North.

Mr. Low: That was your idea?

Mr. MOORE: Yes. I arranged to have circularised a number of girls who were leaving primary schools asking them to join a nurses' club. These girls were about 15 years of age. The Department of Public Instruction co-operated with us. The idea was to get hold of these girls and to train them from the age of 15 to the age of 17, when they would be admitted to a hospital. Our experience has been that the first examination of a nurse, after she has been away from study for some time, is the hardest. It includes the difficult subjects of anatomy and physiology. I thought that if we could get these girls to attend lectures and keep their scholastic acumen at a high pitch and at the same time get them used to the atmosphere of a hospital, by the time they were 17 they would have had a certain amount of training and would have retained the ability to study. The hospital authorities—nurses, lecturers and doctors—co-operated with us and I thank them sincerely for their co-operation. We started these classes some months ago and enrolled 100 girls of a very high standard. We welcomed them to the classes and told them briefly what the scheme was all about. It was reported to me the other day that the average attendance at the classes, which they attend once a week, has been between 80 and 90. The lecturers and Dr. Pye are very optimistic about the prospects.

Mr. Low: Do you propose to extend it into the country?

Mr. MOORE: Yes. If it is successful we propose to extend it to the larger country towns.

Mr. Pizzey: The Junior Red Cross people are doing something along the same lines.

Mr. MOORE: We are specialising with these girls so that they will go straight into nursing. They have a job and they absorb the atmosphere of the hospital. They are forming a social club and they are being encouraged in every way. Dr. Alex Paterson told me the other night that two or three of the girls want to enroll as trainee nurses immediately after the New Year. We think the scheme will be successful. I am very much indebted to Dr. Pye, Dr. Paterson and others who have given much of their leisure time in doing as much as possible to help in this connection.

Later on, when we have a pool of nurses, it is proposed that the girls should be absorbed into the staff of the Department of Health and Home Affairs. Then there will be a reciprocal arrangement between the hospitals boards and the department whereby the girls will be given an opportunity of serving for a short time in the outback hospitals of the State. A pleasing feature of the scheme so far is that 60 per cent. of the girls were attending secondary schools. My primary object in starting the scheme was to get the girls after they left school and so fill in the hiatus that otherwise would exist in their studies between the time they left school and started to study again as trainee nurses. One good feature of the scheme is that so many of the girls are attending secondary schools, which I should regard as being of immeasurable assistance in the scheme.

However, let me get on with the story a little further. Later on, when we have a surplus of nurses, we hope to employ some of them in the department itself and then institute a transfer system whereby some may serve for a short period in western areas and afterwards come to the coast to serve in some of the base hospitals. With the aid of the Flying Doctor Service we hope in some degree to fill the very bad need that now exists in hospital and medical services in the country.

Mr. Pizzey: You do agree with clearing hospitals?

Mr. MOORE: Those and other things are having my attention and that of my officials.

The hon. member for Murrumba said there had been some comments about medical complaints, but I should say that there are not many complaints at all, and that there would be less justification for complaints in his area than in the western parts of the State. His district has good roads and an ambulance service is available. The ambulance service is part of the hospital service, and it is a great help in shortening distance.

The hon. member for Murrumba spoke about the number of deaths on the way to

hospital. I know that some people die in the ambulance on the way to hospital, but they do that in Brisbane too. Let me tell the story of a young man whose life was saved perhaps because there was no local hospital at the scene of the accident. I refer to the case of a young lad, Leo Ryan, a lifesaver who was viciously attacked and mauled by a shark at Coolangatta. It was a remarkable thing that he should live after he had lost so much blood. He was rushed to the Brisbane General Hospital. I understand that a doctor on the beach at the time gave him some immediate attention and then got in touch with Dr. Pye in Brisbane. This lad was rushed up to Brisbane in the ambulance. He had to have one hand removed. The other hand also was badly bitten. His buttocks were virtually bitten off. In the short space of time it took to bring the lad to Brisbane the medical superintendent of the Brisbane Hospital, Dr. Pye, was able to organise one of the best teams he has ever had in the operating theatre at the hospital. There were about eight specialists, in addition to senior nurses, in the operating theatre. Luckily Dr. Pye was able to procure the services of Brisbane's leading anaesthetist and his colleague. This was a case that must be in the hands of an expert anaesthetist because the operation that was to be performed was a very long one. It was because of the facilities available in the operating theatre at the Brisbane Hospital and the expert team that Dr. Pye was able to assemble, all highly qualified medical men, that the operation was performed successfully. One hand was amputated, the second repaired, and an abdominal operation performed. This was an exceedingly delicate operation, because of the condition of the buttocks. I understand that the bowels had to be removed because of the condition of the buttocks, which also had to be treated. Dr. Pye is a modest man. He said to me, "Mr. Moore, this is one operation I was proud to be associated with. The boy's own healthy body plus the ability of the theatre staff, saved that boy's life."

Mr. Hiley: That would be a rare example.

Mr. MOORE: That is so. There has been some criticism that more hospitals have not been established in certain districts, but there is an example where, had there been a small hospital adjacent to the scene of the accident, this lad would have had a bare chance of living. As I keep on repeating, it is the policy of the Government, when we are in a position to do so to give hospital services in those districts, but I repeat that it is dependent on man-power, materials, qualified staff of medical men and nurses, and the domestic staff. We are making what must be admitted to be a reasonable effort to carry out that policy. Probably we have made mistakes and have not done all that we would wish. But it is only by trial and error that in the course of time our hospital policy will be successful. I have given figures showing that we are now

in a much happier position so far as the number of beds and placement of hospitals are concerned than any other State.

The hon. member for Rockhampton referred to the Rockhampton Base Hospital and the good job that is being done there. I personally thank him for his remarks. He gave an analytical criticism of the Opposition. He also had some interesting things to say on the disbursement of Federal revenues, and offered a very reasonable criticism of hospital finance in the past.

No doubt the hon. member for Cooroora is alert as to what is going on in his electorate but he can be too alert. He talked about isolation wards in country hospitals being gradually closed.

Mr. Low: You are gradually closing them up throughout the State.

Mr. MOORE: My medical advisers—and they are very competent and qualified men—inform me that certain infectious diseases are dying out. For instance, the incidence of diphtheria is not as great as it was. By modern treatment infection has been reduced. The infectious-diseases ward at Roma is being closed because no case of infectious disease has been treated in it for months. The medical superintendent there was using it for some other purpose. That appears to be the position throughout the State. We are happy to think that we are getting to the position where the incidence of infectious diseases has greatly decreased and when isolation wards are not so much in use as they were. Medical knowledge is continually improving and the discovery of new drugs has been a great help in eliminating these diseases.

Mr. Hiley: I remember when they had a ward full of diphtheria cases and another ward full of typhoid cases in Brisbane.

Mr. MOORE: They are declining, and everybody is pleased. Hon. members are entitled to criticise in these matters, but the hon. member for Cooroora is not badly off. Nambour is not far from Brisbane and his patients are attended to by the Brisbane Hospital authorities.

The hon. member for Aubigny talked about my not wanting criticism. That is very foolish. As I have said before, we do not say we have the perfect service, but we maintain that we are doing a pretty good job. As I have said repeatedly as a Minister—and in this I speak for the rest of the Ministers—our offices are open at all times for people to come along and tell us their troubles, and if we can rectify them we are pleased to do so. We welcome constructive criticism.

Vote (Hospitals) agreed to.

FIRE BRIGADES.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (4.42 p.m.): I move—

"That £150,000 be granted for 'Fire Brigades.'"

This appropriation is £25,208 in excess of that provided for last year. The whole of this vote is for Government precepts payable to fire brigades, and the increased amount is needed to meet increased salaries and wages payable by the boards consequent upon award increases and rises in the basic wage.

All members will agree that the fire brigades throughout the State are doing an excellent job. I have personal knowledge of the Metropolitan Fire Brigade Board and its activities because at one time I was a member of it and I know the excellent work it does. I think we are fortunate in having such an efficient board. Brisbane is growing and we have to alter our brigade boundaries and open up new centres to meet the growing and spreading population. We are fortunate in having a man of the ability of Mr. Healy, the brigade superintendent in Brisbane, who I think has more knowledge of fire-fighting and matters incidental to it than anybody else in Australia. He is ably assisted by the secretary, Mr. Black. As a member of that board I saw those men in action and they were always able to advise the board on matters that came up. The taxpayers can derive a measure of comfort from the knowledge that they have a very good board in Brisbane, which does the most of the fire-fighting in Queensland. Since I have been the Minister in charge of this department I have used the advice of these men in matters affecting various parts of the State.

Mr. TURNER (Kelvin Grove) (4.45 p.m.): As the Minister has pointed out, there is an increase in the vote for fire brigades this year. That increase is due mainly to increased costs of wages and administration.

The fire brigade has become a very important unit in our community. In earlier days, the trenches in which the soldiers were situated was our front line of defence, but with modern implements of war the front line is used merely as a place for holding troops who go in after bombing by our Air Force and our Navy. When the enemy is cleared out of a given point the men in the front trenches move up and take command of that point. In these days it is the civilian community who suffer as the result of war. That being so, it is essential that our fire brigades should be of the highest possible standard of efficiency and we are aiming at making our fire brigade in Brisbane the most efficient organisation in the community. If we have another war—pray God we never shall—the air forces of our enemies will concentrate their attacks on the big cities and the civil population will suffer. This will be done because it is now believed that once the morale of the civil population is broken down war is brought to an end because the country in which that morale has been broken down will capitulate. That was the belief held by people like Hitler and his cohorts, who did not care one jot about the civil population so long as they won personal glory.

I regret that the Federal Government, who have collected £200,000,000 for war, have not deemed it necessary to use some of that money in helping the fire brigades of Australia to become thoroughly equipped to meet such emergencies as will arise if we are embroiled in another war. So stupid were they in their import-restriction policy that they restricted the importation of hose for fire brigades to 20 per cent. of the usual amount imported. This made it necessary for us to seek the aid of the Queensland Government in urging common sense upon the Commonwealth Government. We sought a greater allocation of the 20 per cent. that was allowed to be imported. The system of allocating the hose was to give the Air Force, the Navy, and other fighting services first priority, the fire brigades being left with what was not needed by those services. I admit that it is essential for the Navy to have ample hose, because they must be equipped to put out fires if they are bombed while on the ocean, but the fire brigade is required to attend to fires that take place on the land and therefore should have priority over the Air Force and the Army. Today we have not sufficient hose to meet our requirements. When we have a big conflagration in Brisbane the hose has to be rushed back to the station to be cleaned and hung up to dry. Immediately it is dry it is put back on the vehicles to be ready should another fire break out.

The only thing the Federal Government have done to help us to get fire-fighting equipment of the required type and standard has been to transfer us from the restricted-imports section to what they call the administrative tariff. Although we are on the administrative tariff a limited amount of sterling is available for imports for administrative requirements and when administrative requirements are met much less fire-brigade hose is imported. That is a deplorable condition and every fire-brigade chief is worried out of his wits to know what will happen if a conflagration occurs overnight. I appreciate the extra amount made available by the Government and I am sure that what I have said justifies the increase.

The Government pay two-sevenths, the Brisbane City Council pays two-sevenths and the insurance companies are called upon to pay the remaining three-sevenths of the money required to keep fire brigades going. We are endeavouring to spread our services further and further afield. Only recently we decided to build another suburban fire station at a cost of £17,000. We tried to borrow the money and have been to the Commonwealth Bank and several financial institutions and have been turned down, but recently the Commonwealth Bank informed us that we could have £8,500 at 4½ per cent. and within a few days it notified us that we could have the £8,500 at 4⅓ per cent., and that it would consider an application at a later period for the balance of the money necessary to provide the service. We made overtures in and around Brisbane to buy a property on which to establish this fire-brigade station when the money becomes

available and in this connection we have had a very interesting experience. We have been striving to have the fire-brigade station erected in my own electorate at a place that would give easy access to several suburbs. From a convenient point the service could go to Ashgrove, to Enoggera, out towards Kelvin Grove and Bowen Hills. We decided on a very suitable position on which to establish the station and the area was 3 allotments. We approached the owner, but he did not want to sell. He suggested that we give him £3,000 for half of the area. On making inquiries of the Valuer-General's Department we found that the valuation of the property had been increased from £800 to £1,275, and I have information that the owner appealed against that increase. We made a further effort to buy this piece of land, because we really want to build a station there. The owner placed the matter in the hands of a solicitor and at our last board meeting we had a letter from the solicitor telling us that we could have the property if we were prepared to pay £8,500 for it. In the first place he wanted £3,000 for part of the land and now, although he does not want to sell, because he has another object in view, he says that if we insist—and we told him we had the right of resumption—we could have it for £8,500. I said to a friend last Thursday evening, "I have discovered a gold-mine in Newmarket. It is approximately 47 perches and it is worth £8,500!" These are the people who try to make you believe they are public-spirited and public-minded and want to help the community. Here is a man who, because the Metropolitan Fire Brigade Board wants this position, because it is the most suitable in the area, thinks he will "sock" the board. The Government tax the people to provide their two-sevenths of the cost, the Brisbane City Council rates the people to provide its two-sevenths, and the insurance companies charge their policy-holders premiums so that they can provide their three-sevenths. Whether it comes by way of Government precept, by local-authority precept, or by insurance company precept, it all comes out of the pockets of the people. This man has held this piece of land for many years. I have never known any building to be erected on it. There was some talk a few years ago of building a picture theatre on it and the latest suggestion was to build a tennis court on it. However, both suggestions fell through. Now we want it for a fire brigade, this man wants to "sock" us to the extent of £8,500 for land that is valued at only £1,275. It shows the difficulty under which the board in Brisbane is working, when individuals in the community are blocking its progress in that way.

In another suburb we had to get the Government to give us part of the police property. A man had about 27 acres of land but he would not let the board have a small part of it on which to erect a fire station. Only a month or six weeks ago we read in the newspapers that a large home at Wavell Heights had been destroyed by fire within 20 minutes, despite the fact that the brigade was at the scene within four minutes. It is the ambition of the board to

give the people the most efficient service possible. I shudder to think what will happen in suburbs that consist mainly of wooden buildings if ever we are raided by an enemy and bombs are dropped. I shall never forget my experience in Balikpapan in 1945, when I saw the devastation that took place as the result of bombing.

As a member of the Metropolitan Fire Brigade Board I am exerting every effort to see that the people of Brisbane get the best possible service. I am grateful for the help that has been given by the Minister and his department in bringing pressure to bear on the Commonwealth Government to remove restrictions on the importation of such important equipment as fire hose. As I say, it is just as important as guns and aeroplanes.

Mr. DEWAR (Chermside) (4.59 p.m.): I should like to speak on this vote for a moment or two in order to commend the work of the men in our fire brigades. All of them without doubt play a great part in the community life of any country.

I am very grateful to the Metropolitan Fire Brigade Board. During the last year or so the residents of the suburb of Chermside have been very anxious that a fire station should be built there. I am pleased to know that land has been bought for this purpose. I agree with the hon. member for Kelvin Grove that the fire hazard is serious where there are a number of wooden buildings. The board is to be commended for its policy of decentralisation, which I should say is the only answer to the danger of fire in wooden houses. Only recently a house was destroyed by fire near my own home. It is all-important to decentralise the fire-brigade service. I trust that a start will be made soon with the construction of the building in the Chermside electorate. The people appreciate the service that will be provided and I thank all those who have been responsible for what has been achieved.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (5.2 p.m.): I thank the hon. member for Kelvin Grove for his contribution to the debate on this vote. We are fortunate in having him on the Metropolitan Fire Brigade Board. He takes a very keen interest in these matters and he is a very industrious man.

It is rather interesting to note that the chairman of the board this year is a clerk in my department. For many years he served as chairman of the finance committee of the board, he has given much service to the board, and in recognition of his work his colleagues appointed him to the position of chairman this year. He has given a great deal of his time to the work and he is worthy of the position.

The hon. member for Chermside spoke of the need of a fire brigade in the Chermside area. The city is growing and the whole of our fire-brigade services, both at headquarters and in the suburbs, will have to be reorganised to meet the changing circumstances. Services will have to be provided wherever they are required.

Mr. KEYATTA (Townsville) (5.3 p.m.): The Townsville Fire Brigade is the most efficient in the State, if not in Australia. It is an excellent fighting unit but it is faced with the tragic problem of an inadequate water supply. No matter how efficient your organisation may be or how up-to-date the fighting unit is, it is really ineffective and useless if there is not enough water with which to fight fires. Some householders and owners pay heavy premiums to insurance companies to cover the fire risk on their buildings and those who are not in a position to pay the premiums or to insure their buildings depend on the efficiency of the fire-fighting unit.

As I have said, the water position in Townsville and perhaps in other centres, too, is acute. The time has arrived when fire-brigade boards, in conjunction with local authorities, should take a more serious view of the water supply position. If the water supplies provided by the local authorities are not sufficient to fight fires on the coastal areas let us construct reservoirs to provide auxiliary supplies of salt water. In the country areas an auxiliary supply of water could be created in tanks adjacent to rivers. It invariably takes a working man half his lifetime to provide a home and furnishings for his wife and family, and if water supplies are inadequate in time of fire his risk is very great should the home be destroyed by fire because building costs have risen over 200 per cent. since pre-war. The problem of water supplies in the event of fire is a serious one for the working man and should receive very careful consideration. The Government have gone as far as their powers will allow and it is the duty of local authorities, in conjunction with fire-brigade bodies, to provide emergency water supplies. It is a miracle that serious damage was not done in the Japanese air-raids during the last war. That damage was averted only by the efficiency of our airmen and army. Property-owners pay high premiums for protection against the hazard of fire, but this hazard is increased by the present shortage in water supplies. No matter how efficient a fire brigade might be in equipment and manpower, it is to a great extent powerless if water is not available. I urge upon the Minister that he give consideration to my suggestion. At the same time I compliment him on the efficiency of the administration of fire brigades, whose equipment is second to none in the Commonwealth.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (5.8 p.m.): The suggestions made by the hon. member for Townsville will be noted.

Vote (Fire Brigades) agreed to.

MENTAL HYGIENE.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (5.9 p.m.): I move—

“That £1,312,323 be granted for ‘Mental Hygiene.’”

This sum is £206,005 greater than the appropriation for 1951-1952, and £182,974 greater than the amount expended in that year. The increase may be divided under two headings, namely, increased provision for salaries, and increased provision for contingencies. The increased provision for salaries is consequent upon basic-wage increases and the provision of salaries for additional staff. The increased provision for contingencies is due mainly to the general increase in prices for provisions, clothing, staff uniforms, and the like, and increased expenditure on engineering requirements, equipment, and recreation grounds.

As hon. members are aware, the staffing of mental hospitals, not only in Queensland but throughout the world, became a serious problem during the war and the post-war period. I am sure that most hon. members will remember in the war period the efforts of the man-power authorities throughout Australia to direct staff to these hospitals and I am therefore sure that the indication conveyed by the provision of additional salaries for increased staff will be welcome to all hon. members, as it conveys the information that we have now been successful in obtaining additional recruits to the staff of these hospitals. A vigorous campaign has been waged to obtain suitable people for these positions, and I am pleased to say that it has met with a great deal of success. In the last couple of months 50 young women have joined the staff of our mental hospitals as trainee nurses. There were certain anomalies in salaries but these have been attended to. I believe that with the recruitment that has started, which we hope will continue, we shall be assured in a very short time of a fully trained staff.

The position has greatly improved as regards male employees also. We are now in the position that we have a waiting list, although it might be very small, of men who are willing to join the hospitals as trainee mental nurses. Another pleasing feature is that a number of men who have recently joined the service have undertaken the course of study required to become trained mental nurses.

We were indebted during the war and afterwards to a number of New Australians for their services as mental nurses, but as one senior nurse said to me, “They are hands, but not heads,” meaning of course their language difficulty; they were not as easily directed as our Australian people but they contributed in no small degree to the care of the patients.

Some publicity has been given to mental hospitals lately, and we have declared our policy on the matter. The care of the mentally sick has developed over the years from being a purely custodial service to a remedial one. We regard the patients at our mental hospitals as mentally sick, just as in our general hospitals we have people who are physically sick. The basic idea of our medical and nursing staff is to cure the mental illness. The high walls, the barbed-wire fences, and the iron-barred windows

have been eliminated where possible. Methods of treatment have progressed with the advance of psychiatric knowledge and I think today in Queensland the care and attention that are given to our mentally sick people can be compared favourably with those given in other parts of the world.

During the last discussion on my Estimates, I think I gave the Committee an idea of the plans whereby we hope to have institutions and a trained staff to care for the various categories of mental illness. I sent the medical superintendents of our institutions South to investigate the mental institutions in those places, and if they saw anything worth while to make a note of it with the object of putting it into effect here, and if they saw things they did not think were right to see that those things did not occur here. Those medical superintendents returned and after a conference we adopted our new plans, and to the best of our ability we are now putting them into operation.

These institutions have had to be developed as special hospitals to care and treat a special form of sickness, just as specialist services have been developed in the field of physical medicine. In the evolution of this concept, it is necessary that careful thought be given to the classification of patients, because mental and nervous disorders are numerous and variable, in character and origin. Some are associated with purely psychological and environmental disturbances, while others are accompanied by physical disorders. Therefore, at the outset, it has been necessary to provide not only a complete psychological service, but also a service that will cater for the physical ailments of the patients too. In this direction, the Government have developed within their mental hospitals first-class general-hospital facilities, which it is hoped will be used for the training of nurses for their general certificate. We had the difficulty that some of our mental nurses required leave to go into our bigger hospitals to obtain their certificates in general nursing. Now we have established a hospital at which they can qualify for general nursing. We have installed first-class X-ray equipment in the Brisbane Mental Hospital, and approval has been given for an X-ray to be installed at the Toowoomba Mental Hospital, while patients from the Ipswich Mental Hospital attend the Ipswich General Hospital for this service.

A pathological service is available to all the mental hospitals, as are pharmaceutical and dental services, and all mental hospitals work in close co-operation with the base general hospital in the districts in which they are situated. In addition, the Government have made available part-time visiting specialists in the various branches of physical medicine.

It is appreciated that a highly qualified medical staff, trained in psychiatry, is necessary to give patients the best treatment, and for this reason the department has made

available the money required for a post-graduate course in psychological medicine at the University of Queensland. Resident medical officers of the staff of the Brisbane Mental Hospital, as well as other practitioners who are interested in psychological medicine, attend this course.

These medical services would be useless without an efficient nursing staff. While male personnel suited for training as male mental nurses had been available, suitable female trainee nurses had not been forthcoming in sufficient numbers. As I pointed out in my opening remarks, we have now devised ways and means of recruiting quite a number of young women, and by removing anomalies in salaries, increasing salaries, and looking after their amenities in these hospitals, we have obtained quite a good recruitment.

At this stage I should like to pay tribute to Mrs. Wills, of my department. I think most hon. members know of the work this woman is doing. She is doing an amazing job from every angle. When the recruitment of these nurses was decided upon, I arranged with the Commonwealth Employment Service that Mrs. Wills should go with their officer, talk to the girls, and offer them this employment. Mrs. Wills is not only a general nurse but has also nursed in mental hospitals. She knows the conditions there and what is required, and she was highly successful in recruiting a number of young women to take up this work. I am sure that it was her personality and her knowledge that encouraged many of these young women to take up this very humane work. With the recruitment of both staffs, we hope to improve the attention we are giving to the mentally sick people.

Associated with the training of staff, has been the need to reorient the attitude to nursing so that wherever possible the custodial aspect of this nursing is minimised. In conformity with practice in all leading hospitals throughout the world, the patients are cared for in an environment that gives them the greatest possible freedom. I invite all sections of the community, including our newspapers, which sometimes get a very wrong slant on these matters, to bear with us in the evolution of this treatment. We believe that these mentally sick people should be cured in a way that will allow them to take their places in the world again.

The first experience I had as Minister in charge of this department led me to believe that we should endeavour to treat these people in an atmosphere as near to their former natural environment as possible. Because of the pulling down of high walls, because of relaxation to some extent of custodial care by nurses and warders, we shall have a number of people who will, to use a charitable word, abscond. A number of people at our institution have done this but some of the circumstances have been exaggerated. These incidents, however, have given us an interesting experience. We have instituted inquiries as to the type of patient, their ideas on various matters—and they

have ideas—the type of care needed, and their reaction to their limited freedom and their reaction when brought back to the institution. Some of the circumstances are rather humorous. One day I was notified that a male patient had left an institution. He was of a harmless type—there are hundreds of people of harmless types in the institution—but the police were notified. There was nothing sensational about it. There was no danger. These people were alerted and we had information that he had come down to town. The police were told to keep an eye open for him. At 4 o'clock in the afternoon my messenger, Stewie, came to me and said, "I think our patient is here; he has arrived." He had told Stewie he had come to have a look at the town and he wanted to know when a vehicle was going back to Goodna. That might be an exceptional case. That man had just come down, had a look round, and wanted to go back. We are, within certain limits, attempting this new treatment. There will be abscondings, but I believe we are on the right track. I think the plan we have laid down will be successful, but it will take time and money and we shall have to have more institutions. There will have to be a gradual change from the state of mental sickness to the time when the patient gets back into circulation.

Mr. Hiley: I take it that the honour system is the keynote. It would not be applied to anybody who was held to be criminally insane.

Mr. MOORE: Christoffel, a criminal, escaped, and I learnt some very interesting things from his escape. I do not think that Christoffel was insane at all. He wrote a letter to me and told me that he desired to be returned to Brisbane gaol and the reason was that he wanted to make arrangements to appeal against his sentence, as he could not appeal whilst he was an inmate of a mental institution. Since that time I have decided that the mentally sick who are criminally insane should have frequent opportunities of being examined by an independent tribunal. I believe that gaol is the place for the criminal, but if he becomes mentally sick he becomes a sick person, and the moment he regains his faculties he should be returned whence he came. Christoffel's was a rather interesting case. It would appear that Christoffel's mentality had improved considerably and in the letter to me he admitted that he took the opportunity of getting out in order to bring his case quickly before the authorities.

It is a common experience that when patients are almost cured they become a little impatient and decide to walk out, perhaps a week sooner than they would have been certified as fit to leave the institution. However, with the alteration in our methods, it is hoped that the patients will not have that temptation. They will be removed to another institution where all the patients will be 99 per cent. normal. They will stay there for a little time and avail themselves of the treatment and care they will get there, treatment that will be more or less

advisory. These people are all right physically and mentally, but they are not quite fit to mix with ordinary citizens in the intervening period.

As a matter of fact, I had an experience with a young friend of mine who collapsed mentally. He was not a dangerous case. We were able to put him in hospital, and on my advice he went to the Brisbane Mental Hospital. I visited him there and he promised me that he would do everything the doctors wanted him to do, and he never looked back. He was subsequently let out on probation and returned to his home in Brisbane. I kept in close touch with him, but at that stage he was not quite ready to mix with his fellow men. I advised him not to go to work and got him to go to the country for a holiday. Then he gradually began to put himself in circulation again. He discussed himself with me very frankly, and I must admit that I learned a great deal from him. For instance, I learned that you must hasten slowly in the curative stage of these cases, and we must do everything we can to help these people to get back into circulation. It will be a case of working by trial and error, but I think we are on the right track. It will need co-operation between patient and staff, but with proper co-operation I think the results will be considerably improved. We are willing to give it a good trial.

Our experience of the new methods of treatment and the reaction of the patients will give us some idea of how we are going. These so-called escapes have included patients who have probably merely wandered off on a picnic. Many of them are given a certain amount of freedom and they just wander off. Then there are those patients who do some work and they are allowed to go about their work with a great deal of freedom. The majority of them do their work and return to the institution, but occasionally they wander away.

Mr. Aikens: Is it a fact that a lot of them work on the Gailes golf course?

Mr. MOORE: No. One inmate did make a few shillings from finding some golf balls. One day he had an extra few shillings on him and one of the warders asked him where he got it. What could be better than that? That could be one natural way of assisting the curative treatment.

Mr. Aikens: The old days of locking them up in barred cages have gone for ever?

Mr. MOORE: Yes; but there is a story in that connection that I should like to tell. It relates to a warder one whom I had known for many years and one who had given good service. He was credited with being able to talk himself out of many situations. On one occasion the doctor told me a story about him. There was an old chap who was in gaol for murder. He had become very sick mentally. He was of the dangerous type and a big man too. There is no doubt that he had developed the killer complex and he was put into a mental ward at

Ipswich. This warder said to Dr. Barker a couple of days after the inmate had arrived, "I think I had better go and see him and give him a go. I think I can settle the old man down." The doctor agreed but suggested that there might be a number of other warders about the place at the time in case of trouble. In less than a quarter of an hour, the inmate, this big man had so ill-treated the warder as to break one arm and two wrists and if the other warders had not been about probably he would have killed him. In telling the story to me the doctor in his usual dry way said, "This was one occasion on which Barney could not talk his way out of it." What could you do with an inmate like that?

A careful classification of patients is part of the psychiatric method of administration and it has resulted in the segregation of persons who must have custodial care by transfer to a security ward at the Ipswich Mental Hospital. There are other patients who, because of their particular form of mental sickness, are subject to uncontrolled and impulsive behaviour and who therefore require careful supervision. This has been ensured in all the mental hospitals. This careful classification of patients needing security care has meant that the great proportion of patients can be allowed very considerable liberty when they have responded sufficiently to treatment to warrant it.

All modern active treatments are available in the Queensland Mental Hospitals and the ultimate aim of each and every treatment is to restore the patient to society as a co-operative and constructive unit. This process of rehabilitation must be effected within the hospital. In order to promote this I asked the Medical Superintendent to go south and observe anything that might be valuable in the course of treatment. I have visited a number of mental institutions myself and I have had very interesting experiences in them. We have developed occupational therapy services and when we get the necessary buildings we shall extend them.

Associated with all these hospitals are increased recreational activities and entertainments. These additional activities call for many more buildings in order to provide a satisfactory classification amongst the patients. This envisages the development of special accommodation for those who have become mentally infirm solely through old age, for those whose mental disability is associated primarily with backwardness, and for those who are at a stage before they become frankly mentally sick. A site has been acquired for this intermediate or neuropsychiatric hospital and we have made arrangements to transfer a number of senile patients to the Jubilee Hospital at Dalby. A modern mental hospital is in the course of construction at Charters Towers. I can assure hon. members that this big and important question is receiving much attention from my department, and from Dr. Fryberg, Dr. Stafford, and their assistants. They are in constant collaboration with the mental administrative staff. In addition, we have arranged for mental discussions with

representatives of the staff and we are getting good co-operation. The greatest freedom is being exercised in those discussions. We have at all times impressed on the staff that they should see to it that the patients receive first consideration. Not only I but the staff are optimistic about the ultimate results.

I would appeal to all sections of the community to try to take an appreciative viewpoint of this very important subject of the treatment of our mentally sick. When we increase our establishments and improve our accommodation we propose to embark on a publicity campaign to induce relatives, friends, and the general public to take an interest in the work. As hon. members are aware, as soon as a citizen becomes physically sick there is a general desire that he should receive medical attention, or that he be rushed to hospital, but it is remarkable how reluctant relatives and friends are to send either a relative or a friend to a mental hospital for treatment. I am not attempting for one moment to decry private hospitalisation or the people engaged in the conduct of private mental hospitals, but I do ask the general public to fully appreciate their duty in getting treatment for mentally sick relatives and friends. We have patients who voluntarily come to our mental hospitals for treatment, and at times they voluntarily leave the hospital, but nevertheless they do need some custodial care. I give full marks to those people and organisations that are trying to play their part in curing mental illness. Mental illness in its milder form is increasing today because of the turmoil of life. If it is not attended to its incidence increases until finally the patient has to go to an institution for treatment. I repeat to all friends and relatives that when there is a case of mental sickness in a family they should see to it that immediate treatment is obtained, and not be reluctant or embarrassed, or condemn someone belonging to them who may be mentally sick. If we are physically sick we hasten to a hospital for treatment yet people are reluctant to get treatment for their relatives and friends who are mentally sick.

Mr. Pizzey: There is a lot in the name.

Mr. MOORE: We are giving some attention to that too. It is a case of "a rose by any other name."

I have, at some risk of being charged with interference, endeavoured to interest persons in a number of cases. I have asked Mrs. Wills to go into homes and to advise either husband or wife to get treatment for their sick relatives. Luckily I am pleased to be able to report that the results have been good. If we can get the public generally to treat mental sickness in the same way as influenza, not to hide it, and give people who are highly qualified an opportunity of treating it we shall in time arrest the illness, and in all probability be able to report a decline in it.

This is a very important subject, and I have endeavoured to give the Committee some idea of what we are trying to do. I have

asked the general public, through this Parliament, to get a new slant on mental illness. At the same time, we have the responsibility of providing the appropriate treatment for those people; and I have impressed on my staff, through my administrative heads, that they are to give that treatment, and if they do not and if they are doing things that they should not, they will be severely dealt with.

I am optimistic enough to believe that we are on the threshold of a new outlook on mental illness. With the co-operation of the patients and their relatives, I think we are on the threshold of grappling successfully with this very disturbing form of illness.

Dr. NOBLE (Yeronga) (5.42 p.m.): I welcome this opportunity of saying a few words on this important section of the Department of Health and Home Affairs.

When I heard the Minister speaking about the escapee who later went to his office asking to be taken back to Goodna it reminded me of an incident that happened to me on the occasion of my first attempt to become a member of Parliament, when I contested South Brisbane against the Premier. On that occasion I was preparing to go round the booths on the early morning of that Saturday polling day when a person came to my door. I went out and said, "Hello!" He said, "I have come to help you in your campaign." I said, "That is very good of you." He said to me, "As a matter of fact, I am willing to use my car in your interests all day; I have a Cadillac car." I looked at him and I thought that people who owned Cadillac cars were not usually dressed as he was. He had on steel-rimmed glasses, a rough sports coat, and grey dungaree-looking trousers. I said to him, "Where have you come from?" He said, "I left Goodna this morning; I have come to help you." I realised that this man should not have been in Goodna because he showed common sense in coming to help me. (Laughter.) He was eventually taken back to Goodna, and I am pleased to say he did not have the opportunity to cast a vote for the hon. member for South Brisbane that day. (Laughter.)

I was glad to hear the Minister say that he sent the medical superintendents to other institutions throughout Australia in order to get ideas. The understanding of this subject of mental illness is in its beginnings and the pooling of ideas will be necessary if we are to have an adequate service. Nursing is a difficult problem and I give full marks to the men and women who devote their lives to this very important work; I pay a tribute to them.

However, I should like to make a few comments on the administration of our mental hospitals, not only at Goodna but throughout the State. I know it is customary throughout our public hospitals for the patient to get the whole of his treatment either from the resident medical staff or from the part-time doctors in that hospital. It is all right as far as the ordinary hospital is concerned, because if he is not satisfied with the treatment given to him he has the right to say, "I am not going to have it; I intend to leave this hospital," and he signs a form

that he leaves the hospital at his own risk. The same thing does not happen in the mental institutions. The people there are taken there and held and there are given the treatment that is indicated by the medical officer in charge. In most cases this treatment is very good, but the relatives of some of them have approached me because they have become concerned about the state of health and the treatment of the patients in these hospitals. They go there each week-end and at other times and think that perhaps the patient has slipped, that his health is deteriorating, or even that he might die, and they have no opportunity to do anything, except approaching the medical superintendent of the hospital about the treatment given to the patients. It should be the inherent right of all relatives of patients incarcerated in these institutions, if they feel that the treatment being given to the patients is not right, even though they may be in error in so thinking, and if they think the health of the patient is deteriorating, to bring to the hospital any doctor practising outside the hospital to consult with the hospital staff. As I said before, the patient at the General Hospital can refuse treatment and leave the hospital at his own risk, but these people, because of the very nature of their illness, have not this opportunity, and it should be the inherent right of their relatives to bring any practitioner in whom they have faith to consult with the doctors at the hospital. I think the relatives of patients and the doctors of the institution would welcome this move and the Government should give very serious consideration to the suggestion.

For some time now we have heard a great deal of talk about the establishment of a hospital for intermediate mental cases. I know that land has been acquired at Long Pocket, Indooroopilly, for the erection of such a hospital, but at the moment no move is being made towards bringing the plan to fruition. It is essential that this should be treated as a work of some urgency in this State. It must be borne in mind that it will take perhaps two or three years to build such a hospital and, that being so, the time is ripe now for obtaining the adequate trained staff because no matter how glorious the facade of any building may be, the quality of the service given in it depends on the staff.

At this intermediate hospital I should like to see the formation of a neurosurgical and psychiatric clinic. There we should have a neurosurgeon, a cerebral surgeon, a neurologist and a psychiatrist working together as a team. This team could form the nucleus of a research team that would go into the causes, treatment and prevention of mental diseases, and there would be a tremendous scope of work for it to do. I do not think I am insulting any practitioner in Queensland when I say that we have no cerebral surgeon in Brisbane, or in the State, who has a complete knowledge of the work. I know from my own practice and the practice of most practitioners of this State that when there is need for some neurosurgical procedure to be performed, the patients go to the southern States.

I said before that it would take two or three years to build the hospital and I repeat that the time has come when this Government should say, "We will proceed to have an adequate neurosurgical team ready for when the hospital is built." In Queensland we have a Medical School. From it many brilliant students are graduating. As a matter of fact, already one of the graduates from our own Medical School is a member of the surgical team of the Brisbane Hospital. I should like to see the Government, in co-operation with the Faculty of Medicine and the practising doctors in our clinical and teaching staffs of the hospital, look amongst the graduates who have passed through our hospital in the last few years, and, if possible, choose some brilliant graduate who has shown, not only from his academic qualifications but also in his surgical work, an appropriate attitude towards surgical procedure and give that graduate an opportunity of going overseas on a scholarship basis and acquiring this very specialised knowledge in neurosurgery. On his return from overseas he could go to the hospital that was built and round him he could build up a very essential team to constitute the neurosurgical-psychiatric clinic.

Mr. Aikens: He would probably set up in private practice and charge a hundred guineas a visit.

Dr. NOBLE: I do not think he would do that as it might be difficult to develop a large enough practice in that speciality. But under the agreement with this graduate it could be stipulated that on his return here he would serve a number of years in the hospital service and that he be guaranteed, when he came back to the State, a salary commensurate with the skill he had attained overseas.

I had not intended to speak at length on this vote but wanted to bring up those two questions. A third struck me forcibly the other day when I was walking down Queen Street and I refer to sub-normal individuals. As I walked down the street I saw a mother and a father and several children. The mother was carrying a child of the nursing age in her arms. There was a younger child of about 18 months and a series of children—seven in all—whose ages ranged to 11. The mother was sub-normal and the father was sub-normal and as I walked down the street I thought to myself that nothing was being done in Queensland or any other State to help these people.

As to what could be done for these people, I have not the answer, but I suggest the Government appoint a committee to investigate the matter and find ways and means to stop the unnecessary loading of our society with such types of people. The children of such parents have no hope in life. They start their lives under a great handicap. Their environment is terrible. Their parents have no idea of hygiene and very often from such parents come epileptics. I forcefully recommend that the Government appoint this committee to investigate this contentious subject.

Mr. KEYATTA (Townsville) (5.52 p.m.): I listened with great interest to the speech made by the hon. member for Yeronga, a qualified doctor. The qualifications of Dr. Stafford, who is in charge of our institutions for the mentally sick, are second to none. His services were such that he was sent overseas to gather the latest possible knowledge concerning the mentally sick. On his return to this State he furnished a comprehensive report and the terms of that report have been implemented. The greatest possible tribute was paid to Dr. Stafford and his staff during the war years, when he was selected to treat soldiers affected by war neurosis or mental strain. Nobody can deny the great service he rendered to the community and he received thanks from the Defence Department, as well as from the Allied War Council.

I am particularly pleased to be able to refer to the parole system that is in operation in the treatment of mentally sick patients. It has proved very effective. Abuses occur even in the best regulated organisations. The general principle of the parole system as practised at Goodna, which is in accordance with the policy laid down by the Government, is a good one. If a patient is considered fit to be released into the care of relatives, the responsibility of caring for him is entrusted to them. That has been a great factor in effecting a cure and is to be highly commended.

I understand that the patients in the institutions are provided with every possible amenity. They are even encouraged to engage in sporting activities so that their minds might be freed as much as possible of the problems that beset them. That reminds me of a story about a group of patients who were playing golf on the Gailles golf links. They were discussing a group of golfers who were playing on the links, one of whom was the Australian champion. One of the patients said to the others, "This is a funny game. That chap over there thinks he is the champion of Australia. He is not, I am." Specialists have told us that only the thickness of a piece of tissue-paper separates genius from insanity.

The Government are to be commended for the amenities that they are now providing for these patients. There are gardens to give the patients an interest in gardening and in farming. There is also a stall where they can buy things. In addition, every encouragement is given to their relatives to visit them at the institution. Environment is a big factor in the lives of these people, and the idea of the Government is, if possible, to make them forget that they are in a confined space. The Government are to be commended on the layout of the institution. As I have said, the patients are encouraged to take part in some form of sport, and I understand that they play cricket and football.

On occasions we hear that patients are roughly handled by the attendants, and that calls to my mind the suggestion of the hon. member for Yeronga that only highly

qualified people should be employed on the staff of the institution. It does not matter how highly qualified a man is, if he is not temperamentally suited to the job all the good work he may do can be undone by harshness, abruptness and intolerance.

The hon. member for Yeronga, who is a highly qualified medical man, referred to the service given in our mental institutions. We realise that no matter how well equipped a hospital or organisation may be, its effectiveness is incomplete unless it is staffed with well-trained and conscientious personnel. No-one can deny the fact that the Goodna Mental Hospital is properly equipped and staffed by highly qualified men. During the war the Army paid a high tribute to Dr. Stafford and his staff for the services they were able to give to soldiers suffering from war neurosis. They were able to rehabilitate them and place them back in society with their mental faculties fully restored. There is nothing to prevent the medical men generally from joining in a coordination of service to help the mental institutions in this good work. The hon. member for Yeronga said also that members of the medical profession who were not on the departmental staff could not give service in mental hospitals, but he is wrong. Any doctor has the right to visit a mental institution and any patient may select the doctor he requires to attend him in a mental hospital. That widens the scope of mental service and that aspect of it should be favourably received by the hon. member.

Here is an opportunity for the Commonwealth Government to help in an important section of health services. This is an important service and the Commonwealth might well bear some of the cost. The subject of mental hygiene has been one of concern to the appropriate administrators in Australia and throughout the world. It is a sickness that takes tremendous toll.

The talents and services of many people are wasted through mental strain, through a breakdown of the mind. Therefore it is important that the medical profession generally should co-operate with Government institutions in giving help to the mentally sick. A splendid work is being done by Dr. Stafford and his staff, but it is important to remember that the efficiency of a mental institution cannot be complete unless it is staffed by people of the right temperament and with the proper degree of tolerance to give curative treatment to the patients. Very often a person may be qualified but not temperamentally fitted for his position. That is demonstrated in life over and over again.

I compliment the Minister and his officers, including Drs. Freyberg, Johnson, and Stafford, on the important role they have played in managing and administering our mental institutions. I do not know of an institution that is better equipped or where better service is given than the Goodna Mental Hospital. I, as other hon. members have done, have heard criticisms of the institution but those criticisms could not be substantiated on inquiry. The time has arrived when we all

should pull our weight for the successful administration of our mental-hygiene services, which are very important to the community. The scope of the work is being widened, and Dr. Stafford has declared that he is prepared to receive suggestions or advice from any interested person or constituted authority for improvements either in administration or treatment. The Government sent Dr. Stafford overseas to examine all phases of mental hygiene and his interesting and informative report was submitted to Parliament. Hon. members on both sides of the Chamber highly commended him on its excellence. I again made a strong appeal to the Opposition to use their influence with the Commonwealth Government to play their part in the work of mental hygiene by helping financially this very desirable service.

Mr. HILEY (Coorparoo) (7.22 p.m.): Every hon. member was delighted to hear from the Minister of the progressive steps being taken for the treatment and cure of the mentally afflicted. For years and years I have been concerned about the fact that there was no place available as a sort of half-way institution between the asylum on the one hand and the ordinary hospital on the other. The Minister's outline of the steps being taken to provide conditions where there will be less feeling of restraint and a progressive improvement of the facilities provided is bound to make for an ever-increasing tally of people who recover from mental affliction and become good citizens again.

There is one question that deserves careful thought and one on which the public expect some observations from the Minister, and that is to what extent the principles he outlined will be carried through and applied in the cases of patients who have some record of violence in their insanity and those who reach the institutions with any background of a criminal record. There was no greater shock to the people of Great Britain than that provided by the remarkable case of a young man named Steffans who murdered a girl about 12 months or two years ago. When the case came to trial it was successfully pleaded that he was insane at the time of committing the crime, and instead of being dealt with in the normal way as a person responsible for his acts, he was committed to the care of an institution for the insane. He was sent to a special institution named Broadmoor, which is an institution for the criminally insane and is presided over by a doctor who has been a tremendous reformer in the treatment of the mentally afflicted.

In this medical superintendent's enthusiasm for this new treatment he allowed, without any question of confinement, an honour system to operate, even in the institution for the treatment of the criminally insane. In fairness to that medical superintendent it became clear from many public statements that he had a substantial record of success, and even amongst the ranks of the criminally insane there was some ground for comfort in the high percentage of improvement. But all the satisfaction that arose from the good

results was dissipated when the public fears were aroused. when Steffans, without any question of confinement, walked away from Broadmoor and was away a few hours, in the course of which he coldly murdered another woman. As you can imagine, the public of Great Britain immediately said, "Is it possible for people who are committed to an institution for the criminally insane, people who have already murdered or committed some deed of great violence, to go away and put themselves in a position where they have the repeated opportunity to do it?"

The public of this State will applaud the Minister and encourage him to the maximum in his efforts to raise the standard of treatment for the mentally afflicted, provided some essential safeguards are wrapped up with the practice. The safeguards I suggest are ones that will provide some answer to the public. In the first place, all this enlightened treatment, of honour systems and freedom from confinement, must not be applicable to the mentally afflicted who have any record of violence before entering the institution or whilst in the institution. Before any person who enters an institution with any record of criminal insanity is put in a position to walk away and have the opportunity to repeat his violence, a very long period of time should elapse.

Mr. Aikens: Homicidal maniacs.

Mr. HILEY: It may not go to the extent of homicidal maniacs. In the case of a man who committed a crime of great violence, the ordinary person would say, "This man is not safe." And no matter how promising he may be according to his clinical record, there should be a long period of testing time before he was allowed much freedom.

A Government Member: Do you suggest he should go back to gaol and complete his sentence.

Mr. HILEY: That might be a very grave error. If a man was insane at the time, it is doubtful whether he should ever go to gaol. It is not a question of an offence to be punished by confinement in a gaol if trouble arose out of his mental sickness. The thing you have to ensure is that his mental sickness is positively cured before he is given a chance to commit the same crime again.

I was a little alarmed at the instance the Minister gave when he mentioned the young lad who had been a preliminary boxer who got into trouble with a couple of crimes of violence and he had been to the institution for the mentally afflicted. There is little doubt that on the records he was insane for part of the time. The Minister said he was encouraged largely by the letter the man had written to him and he is inclined to think he is over the worst of his trouble. I have had a number of letters from people who were unquestionably insane and all I can say is that judging them on their letter-writing some can write brilliant letters, cohesive and clear and showing no sign of violence in the writer. Take the pen out of their hands and judge them in other ways, and those people are clearly insane. I

hesitate to draw any conclusive judgment that a man's sanity is recovered simply because he writes a coherent and good letter.

I gather from what the Minister told the Committee that this particular lad found it possible, without escaping from any confinement, to go to the city, move around the city for some hours, and then want to go back.

Mr. Moore: That was another case. That was the case of a man who came down for the day and who came to my office and wanted to go back. The other case I mentioned was that of Christoffel. That was a very different case indeed.

Mr. HILEY: I think I am right in saying that Christoffel's case would be one in which his record would put him amongst those who enter the institution as criminally insane. He came there after some crime of violence.

Mr. Moore: From Boggo Road.

Mr. HILEY: I also gather that he found it possible, without breaking any confinement, to absent himself from the institution. Is that right?

Mr. Moore: Before being returned to Boggo Road he enjoyed quite a bit of freedom. The cure was becoming effective. Inside a month, he would have been returned.

Mr. HILEY: That makes it a little unusual and possibly not so bad as I had thought. The point I want to make is that extraordinary care has to be taken before any man who goes to the institution with a record of criminal insanity is allowed to loosely roam the community without breaking any doors or bars. That is a precaution that the Minister should announce clearly and enforce strictly if he is to command the maximum public sympathy for what he rightly described as a humane and progressive step in the treatment of the mentally afflicted. If he includes those safeguards, if he proclaims them from the house tops so that the public know these precautions are taken, I think he can command the solid support of the citizens of this State. If he fails to take care of those matters there will some day be another Steffans, some repeated crime of violence that will shock the people of this State and do the cause of caring for the mentally afflicted of this State very great harm indeed.

I cannot help drawing a parallel with what has happened in other fields relating to the safe custody of people with bad criminal records. I remind the Committee that fortunately there have been very few but definitely some cases in which men who have committed crimes of violence have been released after the passing of a certain number of years, only to break out again. We had the case of the Ebenezer murder. He slaughtered a girl in cold blood and was released after a number of years, only to be found in another part of the State interfering with a girl and again coming under the need for surveillance.

Mr. Moore: But never mentally afflicted.

Mr. HILEY: No, but I am simply drawing the parallel that with these people who have a record of criminal violence, a great responsibility rests on the men charged with the administration of these institutions not lightly to make it possible for them to repeat their criminal violence. That is the plea that I put and as long as the Minister makes it perfectly clear to the people of this State that the criminally insane who have a record of great violence are not lightly freed from personal supervision, I feel certain the public will solidly support him in what I personally look upon as a very progressive step in treating the mentally afflicted in this State.

Mr. DEWAR (Chermside) (7.35 p.m.): I desire to direct my remarks to the psychiatric section of this vote and I refer to page 75 of the Annual Report on the Health and Medical Services of the State of Queensland for the year 1951-1952, wherein it is recorded—

“A further 57 children were registered as being mentally deficient. In addition the names of some 40 other ‘ineducable’ children have been submitted by other agencies. Occupational centres are being planned where these children can be given whatever education and training they might profit from within their individual limitations.”

After reading that part of the report I directed a question to the Secretary for Health and Home Affairs early last week in an endeavour to find out what plans were in hand for the creation of occupational centres for the training of uneducable or backward children. The Minister's reply was along the lines that the Director of Psychiatry was carrying out a research programme in relation to the problem of uneducable children in Queensland and was compiling statistics that would be essential in the development of occupational centres for training these children.

We have in this State facilities for treating children who are known to be backward to a certain degree and who are educable to a certain standard. It seems that a reasonable definition of an uneducable child is one who is incapable of benefiting by schooling. I do not intend to mention the types, as I think hon. members are conversant with them, when I talk about backward or uneducable children. At the opportunity schools that exist for teaching children with the ability to absorb a certain standard of education—and we have a few, one at Dutton Park where manual and domestic training is given, one at Fortitude Valley, classes at Petrie Terrace, Sandgate, Ipswich, and Rockhampton—the children who are catered for are educable to about the third- or fourth-grade standard and they would come within the category of sub-normal to normal children.

Under the Backward Persons Act passed in 1938 provision was made for the education, care and treatment of backward persons, with special provisions relating to children, and therefore there exists on the statute book of this State the necessary machinery to set up

an establishment to care for and train to whatever degree is possible children who are said to be uneducable.

I have personally been associated with the problem of spastic children for about 13 months and because of this I naturally have formed quite an attachment to under-privileged children and have found in the work of the Spastic Children's Centre a number of these children who are also uneducable. The problem that exists in Queensland today therefore relates not only to backward children but the uneducable spastic children, and I am interested in the work of doing something for these under-privileged children, for whom virtually nothing has been done as yet.

This question was brought under my direct interest about two weeks ago when an old friend of mine came to see me one Friday evening when, as it so happened, I was going to a school ball in my electorate. He had with him his little boy of about seven who was unable to be educated at a State school but was too far advanced to be educated at an opportunity school. This man is thus faced with a blank and dark outlook for the future of his child and the running of his own home.

I mention that matter because I believe that not only does there attach to the State a great responsibility to do everything for these children, but I feel also that the parents have an inherent right to expect that everything humanly possible will be done for their children. To get down to mundane things, the parents are paying taxes and they have a right to expect that their children who are afflicted in this way should receive some training.

I have no intention of making this subject a political football. I should not stoop to that even in the case of normal children, so I certainly should not think of doing it in the case of these under-privileged kiddies. I want to bring this matter before the members of the Committee because it was a great surprise to me to learn some of these things. Any member who is interested in this subject would be surprised to learn just how much of this sort of thing exists in our community life. There is so much of it that I believe attention should be drawn to it and something tangible done about it as soon as possible.

I am pleased to see in this report that steps are being taken to set up occupational training centres. Miss Harwood, who is a lecturer at the Queensland University, is also secretary of the Mental Hygiene Council. This council is an international organisation and is functioning fairly well in the State. It interests itself in all mental problems and has been taking a great interest in the matter that was mentioned tonight by the Minister, namely, probation for adult sufferers from mental disorders. Only recently its members decided that they would interest themselves in problems associated with the uneducable child. Miss Harwood has given me some figures that amaze me. It would appear that there are roughly 217

kiddies in Brisbane who are classified as being uneducable. As I explained, they are too subnormal to be educated in an opportunity school. The 217 in the metropolitan area would be those who came before the Psychiatric Clinic and research and guidance section of the Department of Public Instruction. I understand, too, that the General Hospital has children brought to it, and in these a further 100 could be added to the list. It would be safe to say, therefore, that there are 300 of these kiddies in the metropolitan area. Taking into account the major cities of the State, I suppose there would be approximately 400 of these uneducable types of kiddies, so that it is by no means a small problem. It is something that is not only deserving of the interest and the sympathy of every member of this Committee and every citizen of the State but should make us recognise that we owe something to this large group of youngsters.

As I have said, the Mental Hygiene Council recently decided that it would look into this problem. It believes that it is only by setting up occupational centres that anything really tangible can be done in the treatment of these kiddies. I have learned that the Health Department in New South Wales has set up such a centre in Florence Street, Sydney. Whilst I was not able to get a great deal of information about it, I understand that it works quite successfully and has had very good results.

The main problem attaching to the education of these uneducable children is, to put it bluntly, that the child is a terrific problem to his parents. The parents suffer to a far greater degree than the children, because the children are a great social problem to them. Last year I explained how much a spastic child could disorganise the parents' lives and it is quite evident that when you come to the child that is in a worse class, it is a far greater problem to the mother and the father. It is my experience that in most cases it is almost impossible for the parents of such a child to engage in any social life, either in the home or out of it, and I do not doubt that in many bad cases the problem in the home would be such that under certain circumstances the poor little fellow would be locked away. In the centre that was established in Sydney they have been able to train these kiddies to some extent. They have been able, by care and painstaking effort, to teach them to look after themselves, to have some regard for hygiene, and not only that but they have been able to teach the children to take part in social life. I am told by the people on the Mental Hygiene Council that a great deal has been achieved by painstaking care so that the children become less a handicap to themselves and less a burden on their parents, but what the number is I do not know.

It occurs to me that the greatest attraction that we can offer in this connection is to set up centres outside the city where boys could be taught the use of tools. Of course, great care would have to be taken in case they inflicted great harm on themselves and their fellows, but I think that something like that could be done. Girls could be taught domestic

science, but of course it is necessary that the training should be given only by people who are expert in it, otherwise it could result in more harm than good. Miss Harwood told me of a case in Newcastle, New South Wales, where the authorities wanted to build an airfield during the war period. The area was badly strewn with stones and a number of uneducable boys were turned loose on this field with the one specific purpose of picking up the stones and taking them to a certain point. Miss Harwood told me that it was amazing the number of stones the boys moved. That suggests to me that perhaps we could set up a similar centre of a farm type just outside the metropolitan area, or in a country district where the boys could be taught very simple farming, just ordinary market gardening, where they would need only a pick, shovel and rake. By painstaking care along these lines they could not only be taught to be productive and thus a lesser drain on the community than otherwise, but also be wholly occupied during whatever hours they were required to do this work. This would make them useful within themselves and what is more important from the parents' point of view, the latter would be relieved of the strain of tending and caring for them when they had no occupation.

It must be obvious, too, that parents have a great problem. The child receives all the care, love and affection that the normal child would get during the life of the parent, but the great and growing fear with the parent all the time is, "What will happen to my boy when I die?" If a suitable institution and occupational centre was set up to cater for these kiddies, this fear would be largely removed from the parents.

It is necessary for us to tackle this problem from all points of view, not on a political basis but on a plain common-sense basis and on the basis whether it is necessary or worth while. If it is, then let us get on with it. A great deal of money will not be required for the occupational training of these unfortunate kiddies. I urge the Government to take immediate steps to set up centres such as I have envisaged, and which are referred to in the report of the Director-General of Health and Medical Services.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (7.51 p.m.): This is one of the most important of my sub-departments. It is a very wide subject, and I thank hon. members for their contributions to the debate. I can assure them that their suggestions will be considered by my medical officers.

The hon. member for Yeronga raised matters on a high plane of medical science. He talked about the sub-normal in our midst. We are taking a rather optimistic view of this problem and are setting about establishing institutions where research work can be done for the purpose of giving these unfortunate people an opportunity to develop. I believe that if there is intellect in them it can be encouraged, strengthened and helped to enable them to get back to normal life.

A survey is being conducted by the Psychological clinic in Brisbane. The hon. member for Yeronga talked of a neuro-psychiatric unit and I can inform the Committee that we are about to establish a neuro-psychiatric unit at the Brisbane General Hospital. We are arranging accommodation for it there and we are now choosing personnel. We have a building out there near to finishing point, and when it is completed we shall be able to transfer certain patients to it. We hope to get a staff there to launch this work, and later on probably have a separate entity for it. Later on, when we have established it, we shall be able to carry on our work there. It will mean probably that we shall have to go overseas for staff.

Whilst I am on this matter I want to inform the Committee that Dr. Hunter, a New South Wales boy who at the present time is practising at a clinic of this kind in Canada, plans to open a surgical clinic and start with sufferers from epilepsy. His opinion is that surgery may help the sufferers. He is very interesting and has informed me that if my department is prepared to entertain the establishment of such a project he might be able to get some American money for it. That is very encouraging. He is also optimistic that he will be able to interest the Federal Government on the financial side. Naturally he wants to open up such a clinic under the aegis of the State Government, which will probably have to get financial help in order to arrange for the building and surgical equipment.

I had a number of talks with this young man, in company with Drs. Fryberg and Stafford and others, and Cabinet agreed that I should be permitted to negotiate with this young doctor, and if we could get finance we would go into the pros and cons of establishing a clinic. The doctor has returned to America and we are waiting for something further from him. I mention that to show that we at all times are willing to give consideration and, if necessary, financial backing to the extent of our finances to any qualified person with credentials who has a proposal to put before us. I think we should be very wrong to adopt a complacent attitude and say, "At the moment we do not know how to cure these unfortunate people, but we will do the best we can for them."

We have an institution in Toowoomba that is doing excellent work. I think all hon. members know that Mr. Edgar Kenyon, who was on the staff of the House, accepted the position of superintendent in charge; and he is doing an excellent job. We had some difficulty in getting a superintendent and one day I said to Edgar, "What about it, Edgar?" He has plenty of common sense and he is doing a very good job. The medical staff of the Willowburn hospital attend to the medical side. Edgar has done much to make the lives of these patients happier, and some have improved to that extent that we have been able to release them. We have a school up there and it is an interesting experience to see those children. Of course, when you return from these places you feel sorry that we have these people in our midst.

After having visited these institutions you come home and you thank God for your own health and that of your own family and friends. It is certainly a very distressing experience but it is comforting to know that we are trying to do something for them, and that the staff are doing an excellent job. Men who are highly qualified and who hold good credentials can come along to us with a proposal to attempt a cure of these people and we are prepared, within our means, to help them.

The hon. member for Yeronga got onto another interesting question, the rights of relatives and friends to take general medical practitioners into our mental institutions. We are pleased for them to do that so long as they get the permission of the local superintendent. Dr. Stafford informs me that it has been the practice for some time and it is frequently done. There are two sides to the matter; there is the physical side and the mental side. The general practitioner would not be competent, nor would he desire to give an opinion on the mental illness of a patient. We are willing to allow doctors to visit our institutions, if the local superintendent is consulted.

The hon. member for Coorparoo was very interesting, and he was naturally concerned about the thorough custodial care of what we might call the mentally sick criminal. It was the practice of my predecessor and it is my practice, in connection with these institutions, to have a conference with the members of the staff. We have Government policy on these matters, but our policy must be administered with a full knowledge of the whole of the facts of the case. We have in these institutions the patients themselves, the medical staff and the lay-staff, the warders and nurses. We must have total collaboration between them all. I should say that the hospitalisation and medical care of the mentally sick is much more difficult than that of the physically sick in that you can reason with a physically sick person whereas you cannot with the mentally sick person. Then you have the custodial side. That has to be administered with common sense and everything else, but also with firmness.

We recently had a reclassification of our patients. In all our institutions we have what we call a refractory ward. We also have the placid patients who just cannot look after themselves. They are perfectly harmless, but must be looked after. As I said the other day, if they are told to get out of bed they do so; if they are told to go to the table and eat, they do so. Our idea is to move them progressively to other places. We have tightened up the loose ends with the mentally sick. I am prepared to admit that at times there has been laxity. That will occur. Warders and nurses will get accustomed to their jobs, and probably become a little lax but it is my duty and the duty of my administration to tighten up this laxity. If we do that, we are doing the right thing and, if necessary, we shall deal with those people who are too lax and too careless.

We have had a recent reclassification of these mentally sick people and put them into four categories. First we have the person who commits a crime of violence and is taken before our courts, not mentally sick, and is sentenced. That man is sent to gaol. After imprisonment, he becomes mentally sick and comes to us, because we are the hospital for the mentally sick. It is a moot point whether there should be within the confines of our prisons wards for mentally sick people. Probably later on, when we develop our system and there is a little money available, that will be done but it is a controversial point in Government circles.

Mr. Hiley: I think you will have to take them to the mental institutions so long as you keep them under strict custody.

Mr. MOORE: The person who commits a crime of violence and is sentenced to a long period of imprisonment and then becomes mentally sick comes to us. We are the hospital and we have decided that such cases shall be sent to Sandy Gallop and be kept under some form of custodial care. All their history will be taken into consideration and a very strict eye will be kept on them.

Then we reach the stage at which their mental state has improved. When we are satisfied that such a patient has regained mental stability he is sent back to prison, because he is a prisoner.

Then we have the person who commits a crime of violence and whose defence is insanity. The judge might sentence him to imprisonment for a certain period at Her Majesty's pleasure.

Mr. Hiley: He cannot plead.

Mr. MOORE: No. It could not be said that he committed the crime in cold blood or in full sanity and the custom is to require that that patient show mental stability, or sanity for at least three years before he is released.

Mr. Hiley: Before he would be released he would be under maximum custody.

Mr. MOORE: Yes, and in addition I have arranged that we get in independent opinions from outside psychiatrists and the like. I think we have decided on the best course.

And then there is the category of those people who become mentally sick and violent. This, Mr. Farrell, is a very very sorry subject indeed. According to their violence, so we shall have to decide upon the type of custody for them. We get the ordinary mentally sick patient who becomes refractory and for them we have the refractory wards.

Mr. Hiley: What would be the maximum standard under that heading?

Mr. MOORE: It depends on the behaviour of the patient.

Mr. Hiley: You take him up to three years?

Mr. MOORE: If he becomes violent he would be put in the first category of mentally sick. Periodically there would be consultations between our own staff and independent psychiatrists. Those who reach a certain category are sent to Ipswich—

Mr. Morris: When will you make this new series of classifications?

Mr. MOORE: It has been made within the last six months. Christoffel's case was the cause of many conferences in my office. I have two or three files on my table now dealing with these cases. The hon. member for Coorparoo, like other members, has got letters from patients. I got one from a patient the other day who wrote me on a sheet of foolscap. He wrote a good hand, his composition was good, and the subject-matter was good, and he talked frankly about his confinement but in the last paragraph he said he wanted and in fact he demanded his release because he had a very highly paid job in America at a salary of £25,000 a year and it was necessary that he should be released because he had to attend a meeting of the United Nations and as a matter of fact the conference had been adjourned until he could get there. Everything was good until the last paragraph. Unfortunately this is very common. One cannot blame relations for wanting us to look at their cases. I repeat—some hon. member said or thought that relatives and friends could not interview Dr. Stafford—that Dr. Stafford is always available. I pay a tribute to his work and that of his staff, because they have saved many many people from mental breakdowns. Dr. Stafford is always available and I have never refused to see anybody who wants to talk to me about the affairs or treatment of any of their mentally sick relatives.

I agree that it is only by getting more information about these people and submitting it to my advisers that we can improve their condition. I am not saying, of course, that everything at the institution is perfect; we all have our little domestic troubles. From time to time we have to improve the methods of cooking and distributing our food and that sort of thing, but we are brightening things up in many ways. We are giving the patients more freedom, we are giving them all types of recreation and we are giving them occupational therapy.

I, was interested in the remarks of the hon. member for Townsville and the hon. member for Chermiside. The hon. member for Chermiside made some interesting suggestions, and I can assure him that my advisers will give them full consideration. I repeat that this is a very serious and a very sad subject, but I assure hon. members that my advisers and I shall be only too pleased to consider and collaborate on all suggestions made to us.

Mr. DONALD (Bremer) (8.11 p.m.): When my time expired when I was speaking on the Chief Office vote, I was referring to the gardens at the Brisbane Mental Hospital

at Goodna and expressed surprise that anyone who had visited the institution should not be aware of their existence. Those gardens supply most, if not all, of the vegetables required at the institution, including potatoes, and lettuce are grown throughout the year. In addition, produce from the gardens is often sent to other Government institutions.

The top or No. 1 garden, is controlled by three attendants with a gang of patients. There is a second garden that lies between Woogaroo Creek and the Brisbane River, and in this garden there are two attendants in charge of a similar number of patients. The reason for having three attendants at No. 1 garden is that the patients there are not as healthy mentally as those in No. 2 garden. Both gardens are irrigated with water from a dam within the institution's grounds.

It is folly to say that there are no farming implements at the institution. There are more than one tractor and more than one type of tractor. In addition, there are farming implements on each garden, and the work that the patients do there will help to give them an opportunity of earning a livelihood later on and becoming useful citizens.

Some adverse comments were made by hon. members opposite on the food supplied—on the quality, if not the quantity—to the inmates of the Brisbane Mental Hospital. As a consequence, and I think quite naturally, a friend of mine of long standing who has a responsible position at the mental hospital at Goodna, wrote me the following letter—

“You will find enclosed Menu No. 8. It is a similar menu for all thirteen male wards not including Wacol Pavilion, three wards.”

Some time ago the department decided that the Government would be wise to check up on the menus in mental hospitals, and in 1947 a diet survey was conducted by a nutrition adviser, who reported as follows—

“Summarising the results of the survey, very little adjustment needs to be made to provide sufficient food for a balanced diet to all parts of the Institution.”

Menus were adjusted where necessary, and the existing menus are the result of that survey, and the adjustments recommended.

The menu sent to me by my friend is as follows—

“(Last week's menu).”

Breakfast :—Porridge, bread and butter/or jam, tea. Fried sausages or rissoles, frequently with egg in addition, are provided to 500 working patients.

Morning Tea :—Beef tea is supplied to infirm and invalid patients. Tea and cake/or sandwiches to all working patients, wards and outdoor groups.

Lunch :—

Monday :—Soup, roast beef, potatoes, cabbage. Meat and vegetable mince to certain patients. Milk puddings to 500 invalid patients.

Tuesday :—Curried mince and rice. Bread. Tea. Milk puddings to 500 invalids.

Wednesday :—Roast beef, potatoes, spinach. Milk puddings to 500 invalids.

Thursday :—Meat and vegetable stew, potatoes, tea; or cold corned beef. Milk puddings to 500 invalids.

Friday :—Fried fish steaks, mackerel or kingfish, potatoes, cabbage, tea. Milk puddings to 500 invalids.

Saturday :—Cold corned beef or windsor sausage, potatoes, salad, tea. Milk puddings to 500 invalids.

Sunday :—Cold corned beef or windsor sausage, and carrots, cabbage, tea. Milk puddings for 500 invalids.

Tea :—

Monday :—Tripe and onions, bread and butter, tea.

Tuesday :—Vermicelli custard, bread and butter/or jam, tea.

Wednesday :—Vegetable salad, bread and butter, tea.

Thursday :—Baked apples and custard, bread and jam/or butter, tea.

Friday :—Rice custard, bread and butter/or jam, tea.

Saturday :—Bread and butter, fresh fruit, tea.

Sunday :—Bread and butter, vegetable salads in season, tea.

(For sitting up patients.)

Supper :—

Monday :—Tea and scones.

Tuesday :—Tea and sandwiches.

Wednesday :—Tea and cake.

Thursday :—Tea and buns.

Friday :—Tea and fruit slice.

Saturday :—Tea and cake.

Sunday :—Tea and fruit slice.

All patients following occupational or recreational therapies are provided with refreshments at intervals

Picnics are held daily for groups of female patients ranging from 50 to 120. Their refreshments provided are tea, pies, sandwiches, cake, fruit, and sweets.

Boys receive sweets occasionally, and the ward wherein the boys live, as well as two other wards, receive fresh fruit on four days per week as against the two days to other wards.

Vegetable gardens produced 90 tons of green vegetables and 40 tons of potatoes last year.

Cold salads are provided for the evening meal in season, and hot vegetable soups in the colder weather.

Items at random from the food estimates are :—

Meat, 505,000 lb.; Butter, 56,000 lb.; cheese, 36,000 lb.; eggs, 25,000 dozen; jam, 40,000 lb.; tea, 23,000 lb.; sugar, 72 tons; rice, 8 tons; preserved fruits, 200 cases; dried fruits, 228 cases; Bread, 8,668 per week; scones, 1,000; buns, 1,000; currant loaves, 324; lettuce 28½ bushel cases;

Here is the general dietary scale at the Institution—

“General Dietary Scale—Mental Hospital, Goodna.

Breakfast :—

Tea :—One pint, made with .14 ozs. tea, .69 ozs. sugar and milk to taste.

Bread :—7 ozs.

Butter :—½ oz. or

Jam :—2 ozs.

Porridge :—Oatmeal 1.6 ozs. or wholemeal 2 ozs.

Treacle :—1 oz.

Hot breakfast mainly rissoles or sausages, or fish in season is supplied to one-third of the total patients daily and to all patients occasionally.

10.30 a.m. Beef tea to all wards.

Patients following occupational and Recreational Therapies are provided with morning tea of tea and fruit cake and afternoon tea of tea, bread and jam.

Dinner :—

Soup :—One pint made with boiled meat, .5 ozs. Barley or 1 oz. Split Peas, together with vegetables in season.

Beef or Mutton :—Average 8 ozs. per patient.

Vegetables :—16 ozs. (8 ozs. potatoes with 8 ozs. of turnips, cabbage, marrow or carrots); or 1 oz. blue peas or 11 ozs. pumpkin. Salads in season.

Puddings :—Steamed, or milk puddings and fruit occasionally.

When the meat is stewed for the mid-day meal, soup is not provided. Tea is supplied as for breakfast. When in season, fish is supplied twice weekly in lieu of meat.

Tea:—

Tea as at breakfast.

Bread, 7 ozs.

Butter or Jam as at Breakfast.

Buns weekly; pastries, fruit cake, puddings, or scones occasionally; cheese twice weekly.

Fresh fruit, green vegetables, lettuce and tomatoes in season.

A substantial evening meal is supplied to several wards daily and to all wards twice weekly. Thick vegetable soup is provided on some Winter evenings.

Supper:—

Supper is provided to all sitting-up patients before retiring. This consists of tea with sandwiches, scones or cake.

The meat diet is varied as much as possible; Corned Beef is provided once per week. The fresh meat on the other days is served in a variety of ways; stewed, roasted, minced, curried or made into puddings or pies. Meat supplied to aged people and epileptics is minced. Male patients occupied at the Farm and at Stockyard have tea on rising. Fresh fruit is provided with the evening meal at least twice weekly. Sick diet, such as beef tea, milk, eggs, fruit, puddings, etc., are supplied according to Medical orders."

Hon. members will observe that patients get half an ounce of butter for a meal. Compare that with the ration of half an ounce a week again to the people of Great Britain during the war! Hon. members will observe also that patients get an average of 8 ounces of beef or mutton for dinner. Compare that with the ration, even in this country during the war, and particularly with the ration of meat in Great Britain, even today! That will give you some idea of how well the inmates are cared for.

The bread that is baked at the institution is of such high quality that a protest came from the bakers at Goodna to the department asking that the employees at the institution be prohibited from buying their bread at the canteen there and taking it home, and that the canteen attendants be prevented from selling bread to the general public when visiting the patients. That is sufficient evidence as to the quality of the bread.

It is worth mentioning that today 28½ bushel cases of lettuce came from the garden of the institution. This is especially striking when we take into consideration the fact that we are in the middle of a hot dry summer. It is to the credit and skill of the gardeners there that in spite of the dryness of the season and the hot weather they were able to take from their gardens such quantities of lettuce. Let us remember also that the vegetables supplied to the patients are fresh vegetables taken direct from the gardens to the kitchen and from the kitchen to the patients. Therefore, the patients were provided with fresh vegetables when the proteins were at their highest.

The report of Dr. Stafford, which was tabled in this Parliament, is very interesting. There are two paragraphs which are specially worthy of mention, and because of that I intend to read them for the benefit of the Committee. The first states—

"Tradition dies hard and the historic stigma of mental sickness has permeated into most places. By pursuing, in the past, a policy of essentially custodial care, our hospitals have built up a tradition and an organisation wherein it may be difficult for any patient to assume normal social conduct. This drive to alter social standards

within mental hospitals brings to the forefront the urgent need for effective classification which in turn emphasises the need for more buildings, more trained staff, more specialists in ancillary services and a parallel development in the training of staff and in clinical research."

How true is the message given in that paragraph, and how essential that the advice it gives should be carried out! It is very pleasing to me, and must be to everyone who has the interest of these unfortunate people at heart, to hear the Minister's assurance that the advice contained in that report is going to be put into operation as quickly as circumstances permit.

The second paragraph states—

"One of the trends in a very large hospital is for a great intensity of therapeutic effort to be directed towards the recovery of the recently admitted patients. There is, however, a definite risk that the enthusiasm for treatment does not reach the patients whose recovery is slow and tedious. In order to attack this problem occupational therapy, recreation therapy and physical culture have been organised throughout the hospital. These therapies have given encouraging results and are now being undertaken on an elaborate scale. It is felt that this effort to prevent the insidious drift towards chronicity will more than repay the cost of cricket grounds, tennis courts, bowling greens, croquet lawns and the modern cafeteria dining service that is nearing completion in the new female recreation park.

Before passing on to what is being done in regard to occupational therapy at the Brisbane Mental Hospital, let me say that this new female recreation park is ideally situated on a lovely flat on the banks of the Brisbane River. The facilities provided there to entertain the patients, even to the extent of allowing patients to go there for a picnic, must bring happy moments to their lives. The cricket oval is probably amongst the best in Queensland and it is a pleasure to play cricket there. The bowling green and the other facilities will provide a long-felt want at these institutions.

Instruction in physical culture at Goodna is under the supervision of an attendant named Abbott, who is a physical-culture expert and an enthusiast and has an almost perfect physique himself. This gentleman told me many months ago that the patients attending his class in physical culture are very enthusiastic and invariably they showed marked improvement towards recovering health.

In occupational therapy we have two very helpful people in the person of Mr. Campbell in the male section and Mrs. Buchan in the female section. The work of Mr. Campbell as supervisor reflects credit on himself and the department, and also the inmates. The woodwork the patients are turning out defies faulting. I speak with some authority on this matter as I served my time as a cabinet-maker and worked at the trade for years and also occupied a position on the teaching staff at the Ipswich Technical College for this

trade. I assure hon. members that the wood-work that these patients have turned out under Mr. Campbell's supervision, is a credit to them and they take pride in making something useful.

Mrs. Buchan and a sister give instruction to a class of between 30 and 40 instruction in crafts, including felt, leather, cane, wicker and tapestry work. If it was possible to bring examples into the Chamber, hon. members would have the opportunity to see the excellence of this work. It is only natural that these people, handicapped as they are, should welcome the opportunity of using some of their time in producing useful articles. The extent of this service perhaps can be judged from the fact that Mrs. Buchan and a sister are attending to an average of 40 patients a day. It is pleasing and encouraging to people who are anxious that this aid to effecting a cure should be pursued to a greater extent to hear the Minister say that facilities will be provided in the future so that it can be given greater scope. Until recently two therapists used to travel from Brisbane to Wacol and undertake this work. Mrs. Buchan is now going from Goodna to Wacol on Tuesday and Thursday of each week.

During the debate on native affairs the suggestion was made that the work of the natives should be exhibited in some public place. I am not going to say it should not be—I agree that it is an excellent idea—but I suggest that there be also a display of the work of these patients in Goodna so that it may be made known to the public. I think that not enough publicity can be given to it. Then people will see what I have seen and what other visitors have seen of this beautiful and useful work. We could, as I believe they do in the South, sell many of the commodities they produce; and that would perhaps return to the department sufficient revenue to buy the material that it uses in the manufacture of the various articles, which runs into a considerable sum of money.

I was also impressed by learning that a library is available to the inmates at the Brisbane Mental Hospital. It has from 3,000 to 4,000 volumes and the majority of the books have been donated by the Red Cross. A very pleasing feature of it is that it is very efficiently managed by a patient who was a librarian before entering the institution.

The organisations that visit these hospitals deserve every consideration. I refer in particular to the Goodna branch of the Country Women's Association, the Salvation Army, the Red Cross, and the Friends and Relatives Association.

Before my time expires I wish to say something not only in praise but also in defence of the warders and nurses. Too often do we hear attacks made on these people. Sometimes these attacks amount to charges of brutality and inhuman treatment. To those people who make these attacks and to the Press, which is eager to publish them, I make the suggestion that they stop and think for a moment, that they consider not only checking to ascertain whether they are

accurate—unfortunately the Press does not do this—and that they remember that anyone attending a sick person is attending an abnormal person and that people who are in charge of the mentally sick are in charge of abnormal persons for seven days in the week. I ask them to remember that this calls for expert attention, and that it is given at each of our mental hospitals. It is true that on some occasions it is necessary to enforce discipline, but I plead with those who are anxious to criticise the warders and nurses adversely to try to understand before criticising. Let anyone who dares to criticise go to the Ipswich Mental Hospital, to Sandy Gallop, and there see the young children and ask themselves how those children are cared for. To all appearances, some are healthy both physically and mentally. They are well cared for by the male attendants, and the qualifications of a mental attendant require something above the average intelligence. They must have humane instincts and understanding and they must be able to give humane treatment. The men become very attached to these young people, who have no hope whatever of living a normal life, young people who are doomed to mental sickness all their lives, and if some accident happens, the first thing we hear is not that the attendant should have an opportunity to explain but that he is accused of being brutal. The fact of the matter is that if any attendant dared to treat a patient with brutality or force the first people to interfere with him would be his mates. These people, the children in particular, become very attached to the mental nurses, both male and female, and on all occasions expert attention is given, from the doctor right down. It is the desire of the department to ensure that curative treatment shall be given and it is the ambition of everyone working in the institution to do everything possible to cure the mentally sick and restore them to normal life as happy and useful citizens.

As the Minister has pointed out, the private or family doctor is welcome to visit any patient at the institution. Dr. Stafford, Dr. Boyce or any of the doctors there will welcome co-operation, but it is just as illogical to argue that a private practitioner could cure a mentally ill patient as it is to suggest that I could cure a physically ill patient.

We do not get a correct picture of our mental institutions unless we realise that in addition to treatment for mental sickness there is at those institutions every provision of a standard equal to that available to the general public for the treatment of physical illnesses. We have highly qualified medical and nursing staffs at these places to attend to the physical ills of the mentally sick patients.

There is also a dental surgery where dentists are working all the week round attending to the dental defects of patients perhaps with as great a skill as dentists would attend to people outside and they are just as eager that the attention they give to their patients is as expert as any dentist would give to you or me, Mr. Farrell.

(Time expired.)

Dr. DITTMER (Mt. Gravatt) (8.36 p.m.) : I did not intend to speak on this vote but so repeated has been the claim by members of the Opposition in relation to the alleged generosity of the Federal Government—

Opposition Members interjecting—

Dr. DITTMER: At least I can commend the Opposition for their sympathetic approach to the problems of the mentally sick. Let me come back to the words used by the Opposition in relation to the Federal Government and I quote such words as "magnificent," "extraordinarily generous" and words of a similar kind.

Let us deal in particular with tuberculosis, which has application to this vote. In some measure mentally afflicted people might be affected by tuberculomata or tubercular meningitis and I crave the indulgence of the Committee while I read part of a letter in relation to the suggestion that tubercular benefits should be extended to the Torres Strait Islanders, the human beings allegedly so beloved by the Opposition over the past few weeks. What was said by the Commonwealth when the State made representations in relation to the rights of the individual? These words were used—

"It is necessary to bear well in mind that tuberculosis allowance is not an ordinary Social Service benefit which is paid as a matter of right and in the interest of individuals."

Mr. Evans: You are out of order.

Opposition Members interjecting—

The CHAIRMAN: Order! The question of whether the hon. member is out of order comes within my jurisdiction and I will decide it. I am not sufficiently acquainted with medical terms, but from what I gather, the hon. member was dealing with mentally sick people who were affected by tuberculosis.

Dr. DITTMER: Continuing—

"On the contrary, it is a discretionary payment made in the public interest, to secure the segregation and supervision of the tuberculous and thus to minimise the spread of the infection. If the welfare of the community were not thus involved, there would be no justification at all for the payment of tuberculosis allowance—sufferers from tuberculosis would be required to have recourse to ordinary social service benefit just as other categories of sufferers are required to do."

So much for the work and generosity of the Opposition in relation to that special consideration. Parallel that with what they in their ignorance would not know of straight-out assistance afforded to mental sufferers and see how generous has been the approach by the Federal Government in regard to pensioners admitted to mental institutions. Do you know, Mr. Farrell, what contribution the present Federal Government makes to the State? They take the pension from the pensioners and they contribute the magnificent sum of 10d. a day for the maintenance of the poor unfortunate people admitted to mental institutions.

So much for their alleged generosity and the much-vaunted cry of what they are doing for the sufferers! They never need talk in terms of the generosity of the Tory Federal Government.

One matter that I should like to mention is that I think the Minister should give earnest consideration to altering the name of the Goodna Mental Hospital to something like Riversleigh, Homedale or Riverside or something similar. As the result of long years of association with the dreadful term "lunacy," the name "Goodna" has left a permanent impression in the public mind. Only recently a Government official was asked where he had been, and when he said he had been to Goodna the inference was immediately drawn that he had been in the mental hospital. I think it would be in the interests of the patients to change the name. It would be consistent with the humane approach to these matters that is characteristic of this and previous Labour Governments.

Whilst we are on this question of mental hospitals, there arises the matter of medical and hospital insurance. According to the Press, one hon. member, the hon. member for Yeronga—and he has not seen fit to deny it, so I suppose I am justified in assuming that he was correctly reported—when I made the statement here that medical and hospital benefit schemes were actuarially unsound, said outside the House, not inside it, that I was incorrect. The usual cry is that if we could get people to say things outside the House that they say inside we would sue them, but in this case I should like the hon. member for Yeronga to say what he said on that occasion inside the House where he would be expected to give his reasons for his conclusions. He said that my attack was unsound, but it is rather interesting that he gave no grounds for his opinion; he merely made the bald statement and consequently as he did not submit evidence to support his statement hon. members are justified in assuming he was the unsound one.

The CHAIRMAN: Order! The hon. member is getting a bit wide of the Vote. I should like him to return to the Vote under discussion.

Dr. DITTMER. I know it is a very difficult subject, Mr. Farrell, but as some of these schemes are possibly to be extended to cover accommodation in mental hospitals and mental diseases, may I suggest that this matter might come within the ambit of this Vote?

The CHAIRMAN: Order! I cannot stretch my imagination as far as that.

Dr. DITTMER: I accept your ruling. I shall have to try it in relation to the term "unsound."

The CHAIRMAN: The hon. member cannot discuss that matter under this Vote.

Dr. DITTMER: I thank you for your advice.

Hon. members are quite justified in extending their congratulations to the Government for their sympathetic approach to mental disease generally and to sufferers from mental disease, for the development of the new mental hospital at Charters Towers, for the decentralisation of treatment and the ultimate establishment of another mental hospital at Rockhampton, for the proposed establishment of a psychiatry clinic at Long Pocket and a neurosurgical unit at the General Hospital. The hon. member for Yeronga suggested that as being something new, but he has failed, as usual, to make himself conversant with the immediate plans of this Government. That is why I think there is an obligation on every hon. member, before he comes into the Chamber, to make himself conversant with what is proposed and with what is happening and that applies not only to mental institutions but to all political and public problems that call for consideration. Hon. members are under an obligation to make inquiries before making charges such as the conduct of unnecessary operations by medical men and in fairness to the profession should be certain of the truth of their statement. They must have statistical or other necessary support for their assertions. It is also necessary, particularly in the case of these unfortunate sufferers, that we should know our case before we wander into a maze of ignorance, which it is so easy to do in a matter like this that calls for the most sympathetic consideration.

In most cases even the medical profession are not altogether wise. In fact, they are lacking considerably in knowledge in relation to mental problems. I have nothing derogatory to say of the hon. member for Coorparoo but he referred to verdicts given in certain cases where people were found to be criminally insane and he went on to refer to the treatment of them. It is interesting to relate that a number of people have been convicted of criminal offences and have been found sane and it is afterwards discovered that there would have been every justification for their having been found criminally insane but because of a deficiency in medical knowledge in relation to the disease no such verdict was given. Unfortunately they were found guilty and after they were executed a post-mortem has revealed that they suffered from a disease of the brain or the meninges. For example there were the notorious killers like Sodenann and others who were afterwards found to be suffering from chronic leptomenigitis and in some cases tumours of the brain.

In discussing these subjects many hon. members, including myself perhaps, are wandering in a maze, but I at least realise that it is because of the deficiency of medical knowledge at the present time in relation to their particular diseases. That is why the Government are entitled to have the commendation of hon. members opposite instead of their criticism. There is a no more sympathetic Minister than the present occupant in this department and his sympathy is demonstrated by his suggestion that any doctor may visit patients in the institution.

It may not be known to hon. members opposite that specialists from Wickham Terrace visit the patients at the institution. The Minister has pointed out that Dr. Stafford and the superintendents at the mental hospitals will not hesitate to allow a private practitioner to come along and give comfort to the afflicted and solace to their relatives.

Mr. AIKENS (Mundingburra) (8.48 p.m.): Unfortunately, as the Minister has said during the course of his many speeches on this subject, the stigma of ridicule attaches to the mentally infirm. Therefore, it is our duty, and the duty of the Press, to remove this stigma from the unfortunate people who are afflicted with mental illness. It is quite right, as the hon. member for Mt. Gravatt said, that the word "Goodna" conjures up an unpleasant association in the minds of many people. I speak from my own personal experience. Before I came to Parliament I had never seen the Goodna Mental Hospital but from Press reports I had envisaged it as a huge barrack-like structure with barred windows, dummy corridors, and most depressing surroundings. That is how I envisaged a mental hospital, or as it was once called, a lunatic asylum. Just after my election a man came to me—a very good friend of mine, in fact a schoolmate of the hon. member for Mackay and myself—and said to me, "Tom, I want you to get me to Goodna." I said, "That is the last place I will try to get you into, my friend." He said, "I have been there before, and I want to go there again, because I am starting to hear the voices once more." I questioned him and he told me he had been previously in Goodna, that he had received corrective and curative treatment, that he had been discharged perfectly sane, that he had been working a couple of years, but as soon as he felt his mental condition was beginning to deteriorate he came to me and asked me to get him back to Goodna. I thought he was mad. I got in touch with the then Secretary for Health and Home Affairs, the Hon. T. A. Foley, and we got him back to Goodna, and under Dr. Stafford, the then superintendent of the institution, they turned him out again perfectly cured in a couple of months. There was a man who had been in Goodna and had personal knowledge of the treatment he had received and who came to me and asked me to get him back into Goodna.

When I was elected to Parliament and came down here one of the first places I visited was Goodna. I was surprised not only with the congenial surroundings but with the layout of the establishment, and the excellent treatment the patients received from the medical staff and the attendants. If I may be allowed to digress slightly in order to stress my point, I want to say that I had the same opinion of lepers. I thought a leper was a hideous and repulsive creature. One of the first places I visited after Goodna was Peel Island, and I found to my pleasant astonishment that it was very hard to tell a leper from an ordinary person by his external appearance. I held the common and ignorant Press-treated conception of what constituted

a lunatic asylum and what constituted a leper. Consequently when people come to me, as they do, and ask my advice about some relative or friend who is beginning to show signs of some mental illness I immediately suggest that they go to Goodna. They usually recoil with horror and say, "How, Mr. Aikens, can you suggest that my son, daughter, husband or wife should go to that terrible place?" They believe it is a terrible place and I cannot blame them for it as I had exactly the same thought and belief before I went there and saw for myself.

Unfortunately, the Press is ever eager to publish any scare story of Goodna. If there is any suggestion of brutality—there are 1,100 or 1,200 cases there, some of them obstreperous—whether the complaint can be substantiated or not, the sewer, slimy Press, particularly the Sunday Press, will headline it with black headlines. If there is an opportunity of creating a scare through a patient's escape the gutter Press will headline it. I tell the people not to be afraid of Goodna, or the medical staff, or the staff in general. When you read the stories in the Press I ask: "what else would you expect from a sewer but filth?" In publishing these sensational scare stories in order to beat their competitors they are doing a great disservice to the community. Instead of publishing ill-founded stupid stories of the institution at Goodna, the Press should do the decent thing and publish the benefits to be obtained by the unfortunate people who go to it.

How many people have gone over the edge and become completely insane because they were afraid to go to Goodna in time to get curative treatment, for which you can lay the blame at the feet of the Press? We know that this stigma and this feeling of ridicule that most people had towards the mentally afflicted are a relic from our English society. It is not very long ago since the nobility and the society of England used to spend Sunday afternoon going to Bedlam and the other lunatic asylums of Great Britain and goading the unfortunate inmates; that was their favourite Sunday afternoon pastime, just as the nobility and the society of England still crowd into the Old Bailey to hear the most sordid, filthy and lecherous trials. How can we blame our young people who are fed this muck and mush and bilge from the slime and sewer Press, if they regard with horror and deep suspicion any suggestion that they should go to Goodna? I have told my people quite honestly from the public platform that their fears about Goodna are merely fears engendered by people who should know better.

A couple of years ago, perhaps my best friend in Townsville came to me and told me a relative was showing signs of insanity. He said to me, "Tom, we do not know what to do." I said, "Take my advice, and let me arrange to get her into Goodna." He took my advice, but we had to use much argument to prevail upon his mother and his other relatives to let that girl go down to Goodna. She came to Goodna and she was turned out cured in about five months; and today she is a useful and happy member

of society. Yet had they listened, as unfortunately many people do, to the talk about the horrible dungeons and starvation at Goodna and about the instruments of torture reminiscent of the Spanish Inquisition—had they listened to the talk of sadistic warders who bash and brutalise and kick the unfortunate patients and immerse them in boiling water, and all this cheap stuff that you get from the lavatory Press, they would not have let her go to Goodna. It is our duty as members of this Chamber and the duty of every citizen in the State and of the Press—if we can hope for the impossible—to give the people the right attitude about Goodna and to hold out to these unfortunate mentally afflicted people the hope of recovery that lies within themselves if they will only accept this commonsense advice and go to Goodna the moment they show signs of mental affliction or illness.

Dr. NOBLE (Yeronga) (8.59 p.m.): I seem to have aroused the wrath of the mountain from Mt. Gravatt and I rise to reply. (Laughter.) What I said I considered to be quite true and proper, and while I remain here I will continue to say what I think is right for the good of the State and the people of this State.

Opposition Members: Hear, hear!

Dr. NOBLE: I listened to the Minister and he remarked that in certain cases of insanity it needed three doctors to certify a patient—or two doctors. One member remarked to me that we had enough doctors to certify any member in this Parliament. I was wondering who was going to examine the doctors first. (Laughter.)

I take this opportunity of paying a tribute to Dr. Stafford for the great work that he has done in the mental institutions of this State. He has been a great power for good in connection with the mental diseases in Queensland and I think hon. members should pay a tribute to him for his work.

Mr. LOW (Coorooora) (9 p.m.): Because I believe we should do everything possible to help the mentally sick, I have shown an interest in this work for many years. Some few years ago I accompanied other hon. members of the Opposition on a special visit to Goodna to see the conditions under which the patients lived and what was being done for them. We were greatly impressed by what was being done to help them, but we were horrified at the state of health of some of the inmates. I am sure that hon. members who made that inspection retained the memory with them for a long time.

During that visit we were met by Dr. Stafford, who extended every courtesy to us, and all hon. members appreciated that, and they learned much from the visit. I suggest that visits should be made to these institutions on an all-party basis to see exactly what the position is.

Mr. Keyatta: By select committees?

Mr. LOW: Yes. Select committees should visit the institutions so that we can become acquainted with the difficulties associated

with caring for the mentally sick and see that everything that possibly can be done to help them recover is done. I hope the Minister will give consideration to that suggestion during the next Parliament.

During our visit there we asked a number of questions. I remember asking Dr. Stafford whether the male patients outnumbered the female, and he told me that in years past there were more males than females, but just at that time the tendency was for the number of females to exceed that of the males. I watched this position for some time and I have found that although the number of females in the State is approximately equal to that of males, the number of females entering the institution has definitely increased, and this is a serious thing. To prove what I say, I point out that at 30 June, 1951 there were 2,168 male patients in all the mental institutions of the State. By 30 June, 1952 that number had increased by 34 to 2,202. At 30 June, 1951 the number of female patients was 2,013 and this increased by 30 June, 1952 to 2,075, an increase of 62. The total number of inmates in all mental institutions throughout the State was 4,181 as at 30 June, 1951 and this figure increased by 96 to 4,277 as at 30 June, 1952. It is our duty to try to learn the reason for this increase in the number of patients, particularly female. I know that we are concentrating our efforts on looking after the people who are in these institutions, but what are we doing to prevent people from needing treatment at these places?

Mr. Ewan: We could change the Government.

Mr. LOW: Yes. Government policy might have something to do with it. They certainly have people very worried.

This is a very serious matter, however, and I can assure you, Mr. Graham, that I have watched with keen interest the percentage of intake of females over males. This was not the case some years ago. There must be some reason for it, and I hope the Minister will look into the matter. We should try to do something for our people before they reach the stage when they have to be admitted to a mental institution. I will watch these figures in the years to come. Every hon. member should concentrate his attention and efforts on trying to do something for those people who are less fortunate than he is, and I hope the Minister and his department, whilst looking after those people who are already in hospitals, will leave no stone unturned to get at the root of the trouble and find out why so many are being admitted to mental institutions year after year.

Mr. WORDSWORTH (Cook) (9.7 p.m.): I listened with disappointment to the speech made by the hon. member for Mt. Gravatt. We know that he is a medical practitioner and has the academic degrees of B.A., M.B., B.S. and B.Sc. and that he is popularly known as Dr. Dttimer. I would point out that in England, unless one has an academic degree, one is known as plain Mister, and this applies

to 99 per cent. of the medical practitioners that we call doctors. In England, unless a man has the qualifications of M.D. or Doctor of Philosophy, he is known as Mister. However, I was disappointed that a man with such great academic qualifications should have such small capacity in the application of his knowledge.

Mr. Moore: You could not understand him.

Mr. WORDSWORTH: The Minister would not know whether it was daylight or midnight. The hon. member almost took out his handkerchief to weep into it. Most hon. members opposite cannot even talk without trying to hang something on the Commonwealth Government, a Government who gave them more millions to spend this year than last year.

The hon. member for Mt. Gravatt said that the Commonwealth Government gave the poor unfortunate pensioners only 10d. a day. He did not mention what the State does to people. If a person owned the whole of the real estate in Queensland and became mentally sick and was declared by two doctors to be mentally sick and was committed to a mental institution, the State would take over the whole of his property and administer it. The hon. member for Mt. Gravatt forgot to mention that. I am not here to kick anybody or pat anybody on the back. I had an experience about a year ago that made an impression on me. The Minister will probably remember it, as it was in connection with a person in Cairns. A motion picture entitled "The March of Time" passed through this city about 18 months ago to which I went a second time. It dealt with the progress that had been made in the treatment of the mentally ill since the dark old days when they were put in dungeons. That picture was very interesting to me because I have known many people who became mentally ill and had to go to a mental hospital, and unfortunately only a few have come out cured.

The main point that I desire to make is that people who are declared to be mentally ill lose all civil rights. They have their estates administered by the Government and the most unfortunate part of it is that their relatives, too, appear to lose all their rights. I admit that if a relative applies through the member for his district he can get information, but he is absolutely powerless when it comes to helping the one who is mentally sick.

The picture that I am referring to dealt mainly with the difference between the treatment of these people in the dark old days and today, and I believe it is time that this Government, and all Governments, considered amending their laws so that a person who is declared to be mentally sick can, through his or her next of kin, retain some civilian rights. It is all right to say how well things are going. I believe that the staffs of the chief mental hospital and the other mental hospitals in the State are doing a remarkable amount of good. They have a particularly arduous job that I do not think any of us

would like to do, and I am referring now to the whole staff from the psychiatrist in charge to the gardener. Those people have to be on the qui vive all the time, because there is always a danger of violence from the patients. However, we should do something about segregating those people who are mentally ill through strain and those who are mentally ill beyond any chance of redemption. All patients should get the best treatment possible, but it is a great stigma on a person who has put in the best years of his life in training himself to be efficient in his profession and who through overstrain becomes mentally ill, to become immediately a social leper without any rights. Some of these people become dangerous and they should be segregated from other patients.

A few minutes ago I mentioned that I had brought a certain case before the notice of the Minister. It was the case of a woman in Cairns who became mentally ill. She was very well educated and there did not seem to be any doubt that she was mentally ill. There was at the Cairns Base Hospital at that time a padded cell suitable for accommodating the most violent mentally ill patient, but I understand that this lady was not so violent that it was necessary to put her into that cell. What I am suggesting now is that these mentally ill people should not be treated as criminals. I understand that there is also a special railway carriage that is used to transport mentally ill people to the mental hospital. As a matter of fact, I have seen it; I have travelled on the Sunshine Express when this carriage has been attached to it. It has barred windows. When this lady became mentally ill, however, that carriage was in the workshops for its annual overhaul. Therefore it did not come to Cairns for three weeks. This woman, instead of being put in the base hospital as a mentally-ill patient, was put in the gaol at Cairns under the jurisdiction of the Police Force and efficient as they are, there is no policewoman at Cairns. She was kept there for a short period. I brought the matter under the notice of the Minister and he was very good about it, so good indeed that he acted quickly. I believe he sent his Director-General of Public Health to Cairns to investigate the matter. He dealt very effectively with it, and he dealt with the person who was responsible for refusing her admission to the base hospital. I thanked him for what he had done because I did not want a repetition of it in the future and I did not know that perhaps these things were not being carried on in other parts of the State. I raise the matter again now not so much to thank the Minister again or to present myself in a good light because, after all, the matter was submitted to me and I passed it on to the Minister, who acted on it, but so that it will not happen again and so that it will prevent similar happenings in other parts of the State.

We must change our attitude towards these matters, towards people who become mentally ill. The number is increasing year by year. They must not be treated as criminals. We must also see that the State must not take control of their estates, their affairs, and

their property, until they are declared mentally ill beyond redemption, not by two medical practitioners but by, say, half-a-dozen psychiatrists.

Mr. JESSON (Hinchinbrook) (9.18 p.m.): The work of this department is the saddest of them all. It is regrettable that our hospitals are becoming full of mentally ill patients. It is sometimes very difficult to discover the cause of it but I think that in many cases it is because of financial worries. During the depression the mental hospitals gradually filled with mentally sick people. For the first time in my life I must agree with what the hon. member for Mundingburra said and I endorse every word of it. In my electorate people come to me for advice about their relatives but the moment you mention the word "Goodna" they throw up their hands in despair and say, "God forbid that we should have to send him there."

Perhaps the war contributed towards the increase in the numbers of mentally sick. One night when I was in my electorate, having nothing better to do I went to a picture show. I cannot remember the name of the picture I saw but it was the most appalling thing, showing everything that could possibly happen in a mental hospital. I think these things should be stopped.

I cannot understand why the Commonwealth film censor allows such shocking films to come into this country. This film depicted the whole surroundings of a mental hospital, and frenzied people running about and out of it. The comic strips, too, often depict people suffering from mental disorders. I do not agree with the hon. member for Mundingburra that the fear of Goodna by some people is due to the Press. The Commonwealth has sole control of the censorship of all films and it should be the duty of its representatives to ban films depicting mentally sick persons and films that depict the exploits of criminals. It is the duty of the Commonwealth to take a very definite and strong stand on the admission of that type of picture to this country.

My investigations have proved that in cases of women particularly, mental sickness arises from difficulties encountered in managing the home. Sometimes the husband may not be helpful, he may have bad traits, and he may drink, which contributes to such illness. I have studied statistics and to me they reveal the sad state of affairs that the majority of mentally ill patients are women. No hon. member can listen to a discussion on mental sickness with any degree of satisfaction, for there is nothing more pitiable than to hear of such a case. People hold up their hands in horror if a person is mentally deranged but there is no sadder spectacle to be seen than if such a person is compelled to seek admission to a mental hospital.

It should be our duty to relieve any institution caring for the mentally sick of the stigma of the term "lunatic." Such an institution should be called a corrective home, not a mental home. I have come in contact in my electorate with sub-normal children

and men and women who have become mentally ill through domestic worries, and who eventually have been taken into the receiving house in Townsville, and if not cured sent on to Goodna.

It is pleasing to note that the Government have seen fit to establish a mental home at Charters Towers. That will enable any northern persons who are mentally ill to be treated in their own district. Some method should be evolved to remove the stigma that now attaches to a person if he becomes temporarily mentally afflicted. I know that as a young man, after I was wounded in the war, I went through a certain mental period that sent me a little bit silly at the time. (Laughter.) The same thing happened with thousands and thousands of people. Luckily I was able by building myself up to rehabilitate myself, but there are thousands of people in this country who are not able to build themselves up, sometimes through their economic position and at other times through a lack of interest in them on the part of their parents. I think the care of a mental home is necessary for these people.

I heard giggles from the Opposition when I made a statement a few moments ago. I venture to prophesy that if we had a mental hospital for politicians half the Opposition would be in it. (Laughter.)

An Opposition Member: We would appoint you chairman.

Mr. JESSON: I should be glad to act as chairman; I would treat hon. members with kindness and sympathy. (Laughter.)

When anybody gets up on this side of the Committee and makes a statement about humane institutions, it provokes giggles and laughs from the Opposition. That is not becoming when a serious matter is under consideration. The people outside do not laugh about this matter.

I used to go to Goodna every week to see a young man from my electorate. They were sorry when he left because he used to do all their plumbing work. He liked to work all the time, in order to keep his mind from dwelling on his illness. They have one of the best laid-out grounds and one of the best gardens of any institution in the State. People with a trade, such as carpentry and plumbing, who become inmates are able to do that type of work while they are there.

I was interested in the remarks of the hon. member for Coorparoo who spoke about mental patients being allowed to wander round the grounds, and sometimes they left and came to the city. I remember when I first became a member of this Parliament, about 1936, going out with a party of Government members to inspect the Goodna Mental Hospital. While we were there a man came and spoke to one of the party and pulled a piece of paper out of his pocket. He said, "That is your photo; I am pleased you won the election." He was wandering about the grounds with a collar and tie on. While sitting on a seat he asked one of the party for a match and he gave him a box of matches and he put the

box in his pocket. Later on this member of our party asked the medical superintendent what was wrong with the man who had asked him for the matches, as he appeared to be perfectly sane. The superintendent said, "Did he ask you for a match?" and he said that he did. The superintendent then asked, "Did he give you the box back?", and the member of our party said that he did not. The superintendent then went over to the window, pulled up the blind, and said, "Look out there." We looked out and we saw this chap close to about 15 fires that he had started round the yard. He was perfectly all right in most things; he could talk about many subjects, yet he was a firebug. If he had been let out he would have lit enough fires to burn Brisbane down in a very short time. He was never violent, but if he managed to get hold of a box of matches he would start little fires everywhere, as I saw for myself that day. That incident proved to me that the officials in these institutions have great difficulty in deciding who should be allowed to go outside. Again, that man should never be put with people who are violently insane. He spoke to me rationally, and seemed to be quite normal in every way, yet when he had matches he lit these fires. We know that mistakes are made at times, yet people are only too eager to criticise if the Government should make one. I do not know whether the man to whom I have referred is still at the institution, but that incident does prove how difficult it is to decide what is the best thing to do. I often feel in a moment of temper that I could rush across the Chamber and kill some hon. members of the Opposition. As a matter of fact, last Tuesday night the hon. member for Roma—

Mr. Hiley: Had a very narrow escape.

Mr. JESSON: Had a very narrow escape from being declared insane as the result of attacking me. As a matter of fact, he did go so far as to call me "Seum". People do dastardly things on the spur of the moment, things for which they are declared and confined in asylums.

Mr. Ewan: You should have been declared 20 years ago.

Mr. JESSON: I can only look at the hon. member in sorrow—not in anger, but in deep sorrow. If the hon. member was sent up the line, I should go up there every week-end and take him fruit cake and bananas.

When I spoke on hospitals recently in this Chamber the hon. member for Roma said he would be prepared to contribute £10 for every shilling donated by me for the purpose of establishing some charitable institution. I call his bluff now and challenge him to establish a mental institution at Roma. If he will do that I am prepared to donate £200 on the basis of his donating £10 for every shilling of that £200 donated by me. We shall see now just how good he is with his skating.

Before I was so rudely interrupted I was endeavouring to point out that I agree with

the Deputy Leader of the Opposition that it is very hard to decide how mentally sick a man is. Even doctors make mistakes and allow people to go free to commit a crime on the spur of the moment. Last Tuesday night when I looked across the Chamber at the hon. member for Roma he appeared to me to have a maniacal look on his face. He appeared to me as though he could kill me quite easily. If he had done that they would have let him out within 24 hours and then, if I should happen to be here when he returned, he would have killed me again. (Laughter.) This is a serious matter and we should pay serious attention to it. The hon. member for Coorparoo referred to Christoffel. He was a criminal and a boxer.

He used to be known as Tiger Ryan and I saw him fight at the Brisbane Stadium. It was only a bit of bad luck that he got out. But these things can happen and who knows when the Deputy Leader of the Opposition might have a lapse one of these days, or when I might have a lapse? Mental strain is something that one cannot define. Look at the people who go to these institutions and make good. Many have asked to go back again to get treatment, as the hon. member for Mundingburra said. It is only the stigma connected with the place that keeps people from going there for proper treatment. I know of people from my own electorate who have gone to the hospital on my advice.

In conclusion I want to say that I do not think that anybody but the Government should handle a mental hospital and I think that all private mental hospitals should be abolished because they do not cater for the poor people, taking in only the people with money, and they keep them there for years and bleed them to death.

Mr. Hiley: That is a pretty serious allegation to make.

Mr. JESSON: It is true. I know of somebody who was eight months in a mental institution not controlled by the Government and he paid through the nose. All this talk about what the Public Curator does is tripe, because who can do a better job than the State Government in handling these things. Imagine the position that would arise if the affairs of a mentally sick person got into the hands of some class of solicitors? Why, he would not have a tray-bit left. The Public Curator is the right person to handle the affairs of anybody who is mentally sick and I say that if anybody has been taken down for sixpence by the Public Curator I will resign my seat in Parliament tomorrow.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (9.38 p.m.): I compliment the hon. member for Bremer on his speech in which he told us of the food served to patients at the Brisbane Mental Hospital, which is the correct name for the institution. He gave details of the menu and was able to tell of the variety of the food served. It is all well cooked. He told us of the vegetables and the fruit grown in the grounds of the hospital. That hon. member visits the institution regularly and

is conversant with its management and I thank him for the help he has given me from time to time because it is my responsibility to make decisions in connection with these institutions, and it is very helpful to have advice from such a person as the hon. member; he is at all times prepared to come along and help me in matters I have to decide. The hon. member's suggestion about a display of the work of these people is worthy of consideration.

Whilst I do not very often agree with the hon. member for Mundingburra I agree with him on this occasion and I preface my remarks by saying that the subject of mental illness is not a matter for ridicule or shame or embarrassment and the sooner people approach this affliction with common sense and realistically avail themselves of the advice and treatment available the sooner shall we be able to grapple with mental illness successfully.

I did not intend to reply to the remarks made by the hon. member for Cook but he made, again, two or three statements that were completely wrong. It is very distressing to see an hon. member get up in this Chamber and discuss subjects of which he is lamentably ignorant. These things unfortunately get out to the public through the newspapers and they occasion some worry to the relatives of mentally-sick people. That has happened here too often, particularly on matters associated with illness. I heard one hon. member in this Chamber one night make some very untrue statements about the maternity section of the General Hospital, and the result was that a number of expectant mothers rang me and asked me for my advice as to whether they should go there for treatment. I told them that the statements were utterly untrue and advised them to go to the hospital. As I say, these statements do a great amount of harm, and I cannot understand members getting up in this Chamber and making them without having a full knowledge of the facts.

The hon. member for Cook said that the Government take over the whole estate of a mentally sick person. That statement is not true. On the contrary, it is misleading and mischievous, and might cause relatives a good deal of concern. A mentally ill person is not capable under the law of caring for his own estate, and it is necessary that a trustee should act for him during the period of his mental illness. The Public Curator Act provides that the Public Curator shall administer the estate of a mentally ill patient, and this is done purely for the protection of the estate, which is handed over to the patient on his discharge. The only deduction made is the extremely small fee of 1 per cent. for expenses incurred in administration. In accordance with the free-hospital policy of this Government no charge whatever is made for the upkeep and treatment of the patient for the time he is in the hospital.

It is interesting to note that whilst the Commonwealth Government draw a distinction between the mentally ill and the

physically ill, the Queensland Government have departed from this mediaeval idea. We recognise that mental illness makes a patient in no way different from those suffering from physical illness. Both mental and physical illnesses are sicknesses to be treated and cured, and that is the purpose of both our general and mental hospitals.

I point out also that the Public Curator has not a monopoly of the administration of the estates of mentally ill people. It is open to the relatives of a mentally ill patient, if they so desire, to approach the court and obtain an order to have the estate administered otherwise.

The other misstatement made by the hon. member for Cook was that most people who enter mental hospitals remain there uncured. The truth, however, is that last year 993 people were admitted to our mental hospitals and 572 were discharged. That is a very creditable performance. The number discharged was approximately 60 per cent. of all admissions during the year. If we take into consideration the number of senile patients and mentally defective patients who are admitted to the hospitals, and who cannot recover, the recovery rate of ordinary people suffering from mental illness is as high as 85 per cent. of admissions, which is an extremely good result.

The statements of the hon. member were very mischievous, and in the interests of the patients and their relatives, I hope the Press will give publicity to the facts of the case.

Vote (Mental Hygiene) agreed to.

Progress reported.

The House adjourned at 9.46 p.m.
