

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

TUESDAY, 23 OCTOBER 1956

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QUESTIONS.

POLICE REWARD FUND.

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

“Will he please explain what is the background of the Police Reward Fund?”

Hon. A. JONES (Charters Towers) replied—

“Part V. of the Police Acts deals with the Police Reward Fund. Into this fund are paid penalties imposed on any member of the Police Force under the Police Acts, proceeds of sales of unclaimed property and moieties of fines imposed under certain Acts (principally the fines resulting from actions initiated by the Licensing Branch). The Police Reward Fund is controlled by the Treasury Department and the amount available in the fund from year to year is used towards the payment of Police superannuation allowances. The amount transferred annually to the Police Superannuation Fund is in the vicinity of £5,000.”

SINKING FUND PAYMENTS, LOCAL BODIES LOANS.

Mr. MUNRO (Toowong) asked the Treasurer—

“1. Will he be good enough to give a short explanation of the facts and circumstances which led to the following comment made by the Auditor-General in page 7 of his Report on the Public Accounts for the year ended 30 June, 1956—‘An amount of £250,000 was transferred to Consolidated Revenue from Loan repayments as a contribution towards Sinking Fund payments on the Local Bodies Loans’ portion of the Public Debt. No transfers were made during the previous two years’?

“2. What was the reason for this change in financial policy and/or accounting practice of the year ended 30 June, 1956, as compared with that of the previous two years?”

TUESDAY, 23 OCTOBER, 1956.

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

COMMONWEALTH PARLIAMENTARY ASSOCIATION COLOUR FILM BY DELEGATES TO NAIROBI CONFERENCE.

Mr. SPEAKER: I wish to inform all hon. members that a sound colour film of the tour of South Africa made by Commonwealth Parliamentary Association delegates to the Nairobi Conference will be presented in the Legislative Council Chamber at 6.40 tonight. All members are invited to be present. The Union of South Africa Branch of the Commonwealth Parliamentary Association forwarded this film to Canberra for use by the Australian branches.

Hon. E. J. WALSH (Bundaberg) replied—

“1 and 2. The financial agreement provides, inter alia, that repayments of loan moneys by a public or local authority or body constituted by the State or under the laws of the State may be utilised towards the Sinking Fund contributions in respect of the loan moneys so advanced. Transfers have been made to Consolidated Revenue and applied towards the payment of Sinking Fund contributions since 1929-1930, with the exception of the following years:—1942-1943, 1943-1944, 1944-1945, 1945-1946, 1953-1954, 1954-1955. During the abovementioned years it was considered more prudent to conserve loan resources than to make a transfer to Consolidated Revenue.”

BUSH FIRE NEAR WITHCOTT STATE SCHOOL.

Mr. H. B. TAYLOR (Clayfield), for **Mr. CHALK** (Lockyer), asked the Secretary for Public Instruction—

“1. Is he aware that yesterday, due to the prompt and courageous action of twenty-five children attending the isolated Withcott State School at the foot of Toowoomba Range, under the guidance of their teacher, Mr. Neville Richie, in fighting a raging bush fire for a considerable period until help arrived, the school buildings were saved from certain destruction?”

“2. Will he arrange to obtain a report of the happenings, and see that some recognition in appreciation is extended to the teacher and pupils for their efforts?”

Hon. L. F. DIPLOCK (Condamine) replied—

“1. Yes.

“2. Enquiries will be made.”

PAPERS.

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

Report of the Health and Medical Services of the State of Queensland for the year 1955-1956.

The following papers were laid on the table:—

Order in Council under the Landlord and Tenant Acts, 1948 to 1954.

Regulations under the Apprentices and Minors Acts, 1929 to 1954.

Order in Council under the State Electricity Commission Acts, 1937 to 1954.

Regulations under the Gas Acts, 1916 to 1952.

Balance Sheet, etc., of the Coal Mine Workers' Pensions Fund for the year 1955-1956.

Order in Council under the Irrigation Acts, 1922 to 1954.

Order in Council under the Water Acts, 1926 to 1954.

PUBLIC CURATOR ACTS AMENDMENT BILL.

INITIATION IN COMMITTEE.

(The Chairman of Committees, Mr. Clark, Fitzroy, in the chair.)

Hon. W. POWER (Baroona—Attorney-General) (11.9 a.m.): I move—

“That it is desirable that a Bill be introduced to amend the Public Curator Acts, 1915 to 1954, in certain particulars.”

Briefly, the proposals are—

(a) To establish the fact that the Cairns office is a branch office, and to give protection to officers in that branch who may intend to qualify as solicitors;

(b) To give power to the Public Curator to invest funds on behalf of mentally sick persons, etc.;

(c) To eliminate an anomaly in regard to the issue of protection orders;

(d) To give power to the Public Curator to institute legal proceedings on behalf of a convict whose estate he is administering.

The Act at present authorises establishment of branches at only Rockhampton and Townsville, though local deputy Public Curators may be appointed at such places as the Governor in Council shall think proper.

It is considered that there should be authority to establish branches anywhere in Queensland and that local deputy Public Curators be appointed to such branches.

A particular reason for its being necessary to have authority to establish branches throughout the State is to ensure that officers desiring to avail themselves of the benefits of Section 9 of the Legal Practitioners Amendment Act of 1938 for the purpose of becoming solicitors can serve in offices of the Public Curator established at places other than Brisbane, Rockhampton and Townsville and have such service recognised as part of the qualifying period under Section 9. Service under the section must be in respect of the Brisbane office and any branch office.

The proposed amendment authorises the Governor in Council to establish branches of the Public Curator office anywhere in Queensland and to appoint local deputy Public Curators at places where such branches are established.

Moneys vested in the Public Curator now are part of the common fund and must be invested by the Public Curator. The interest earned by such investments also forms part of the common fund. The estates to which the moneys belong are credited with interest at a rate determined by the Governor in Council but any profit from the investments belongs to the Public Curator.

Capital moneys belonging to a mentally sick person also form part of the common fund.

Moneys expressly directed to be invested outside the common fund are excluded from that fund and interest earned as a consequence of their being invested in accordance with the directions belongs to the estate concerned. Should there be any loss or deficiency by reason of such investments, it falls on the estate concerned and the State guarantee which backs the common fund does not apply.

It is considered that there should be authority for the Public Curator to make investments outside the common fund in respect of moneys belonging to a person whose affairs are being controlled by the Public Curator under the provisions of the Mental Hygiene Act of 1938 or to a protected person or a convict whose estate is being controlled by the Public Curator. The Public

Curator takes charge of the estate of a person sentenced to imprisonment for three years or more.

It has been the practice for many years to compute interest on moneys in the common fund in the same manner as Savings Banks, namely, yearly, and to credit the various estates with the interest earned as at 1 July in each year. The old practice was to compute half-yearly and to credit the estate on 1 January and 1 July in each year. The yearly computation and crediting is considered the more satisfactory.

The suggested amendment outlines three methods in which the Public Curator may deal with moneys vested in him or under his control—

(a) Moneys which are part of the common fund are to be dealt with as at present and will have the benefit of the State guarantee;

(b) Moneys authorised by the trust instrument governing them may be invested by the Public Curator in accordance with directions contained in that instrument.

If the direction is given as to the way in which the money shall be invested, the Government guarantee does not apply.

(c) Moneys belonging to a mentally sick person, a protected person or a convict may be invested by the Public Curator at his discretion outside the common fund in authorised trustee investments.

Mr. Justice Philp brought under my notice the case of a person who had been confined to a mental institution and discharged from it, but at the same time not given the right to control his financial affairs because it was considered he was not capable of doing it. The Public Curator still had the right to administer the estate of such a person, but there was no authority for investment in anything but the common fund. The fund attracts bank rate of interest whereas the money could have been invested by the Public Curator in gilt-edged securities. I made an examination of the position and I thank Mr. Justice Philp for bringing the case before me. It might not be a bad idea if some of the other judges took a leaf out of his book and instead of making comments from the Bench as to what should be done they referred such cases to me. Then I would know the exact position. I am not in a position to know the whole of the laws of the State and I doubt whether any Queen's Counsel knows all our laws. He refreshes his knowledge of them by looking at the Acts from time to time. I do not think there are many who understand the most difficult Bills that I introduce into this Parliament from time to time. If there is a necessity to amend the law rather than say that such and such a thing should be done and leave it at that, the reasonable thing would be to bring the matter to the notice of the Attorney-General. The matter could be brought to the notice of myself or

the Solicitor-General and eventually to me. As a result of the action taken by Mr. Justice Philp the position has been corrected. I welcome the reference of such matters to me and I suggest that other judges rather than make comments in the Press regarding the law should refer their suggestions to the Attorney-General, with their submissions either direct or through the Chief Justice.

Interest earned by investments under headings (b) and (c) will belong to the estates concerned but the State guarantee will not apply to the capital moneys. Any loss or deficiency arising from such investments must be borne by the estate concerned.

The second paragraph of sub-section (7) provides for crediting of interest to estates on 1 July of each year in lieu of the present provision for such crediting to be done half-yearly.

Although an application for a protection order is made by originating summons and is heard in a judge's chambers, the form of order set out in Section 85B follows that of an order which would be made in open court. Protection orders are made in chambers and no publicity given to them. If a person is mentally unsound and cannot administer his affairs and there is no protection order some person might get hold of him and persuade him to sign over his estate. The Public Curator has power to make application for a protection order in the case of a person who is wasting his estate by, say, excessive drinking. When the application is made in chambers the judge decides whether the order should be given or not.

That anomaly apparently was brought about by following New Zealand legislation of a similar kind, which enacts that an application for a protection order should be made by petition. In Queensland, petitions are heard in open court, and the form of order at present in the Act would be appropriate if the application for a protection order was made by petition.

It is not considered desirable to have applications for protection orders heard in open court, and it is proposed that the prescribed form be deleted to remove the anomaly that exists. The provision of a statutory form is not considered necessary, as an appropriate order can be obtained for each application based on the originating summons issued in respect thereof. This clause deletes the form of protection order set out in Section 85B and so removes the anomaly of a court order being made in chambers.

By virtue of the provisions of Part IV of the Public Curator Acts, the Public Curator controls the property of a convict who, for such purposes, is a person who, after conviction of an indictable offence, is undergoing a sentence of imprisonment for a term

of three years or upwards with or without hard labour. That matter is dealt with in Section 4 of the Public Curator Acts.

Doubts have arisen about the power of the Public Curator to bring legal proceedings on behalf of a convict, to defend civil proceedings brought against a convict, or to compromise claims made either on behalf of a convict or against him. It is considered that the Public Curator should have such powers so that the interests of the convict, and of those persons normally dependent on him, may be adequately protected. There is a doubt at the present time, and it is being removed by the Bill, which confers specific powers on the Public Curator to bring or defend legal proceedings on behalf of a convict, or to compromise claims brought by or against him. The proposed amendment embodies similar powers to those contained in the Trustees and Executors Acts and the Mental Hygiene Act.

The Bill is purely of a machinery nature; it corrects anomalies and removes doubtful provisions that could be challenged. It is an effort to modernise the legislation, and I submit it to hon. members for their favourable consideration.

Mr. MUNRO (Toowong) (11.23 a.m.): On the Attorney-General's explanation of the Bill, it is apparently a desirable reform. The first provision authorises the establishment of a branch of the Public Curator's Office in Cairns, and requires very little comment. It is known to all members of the Committee that during the past few years there has been considerable development in the Far North, particularly in Cairns. Because of that, and the geographical remoteness of the Cairns area, the establishment of a branch office in Cairns is a forward move and should not be opposed by hon. members on this side of the Committee.

The next set of provisions are more far-reaching. They deal with the general question of investing trust funds. As the Attorney-General has explained them, they cover three main headings: firstly, investment through the Public Curator's common fund; secondly, where there is authority by the trust instrument, investment in authorised trustee investments; and thirdly, authority for investment in various trustee investments on behalf of mentally sick persons. It might be profitable even at this stage to consider those three methods of investment. As the common fund is guaranteed by the Government, it is an eminently safe form of investment for the beneficiaries, but it has the disadvantage of a comparatively low rate of return, so the greater flexibility provided by the Bill is desirable. If the estate were sufficiently large it would usually be better to put the money in an ordinary authorised trustee investment than to put it through the common fund because the beneficiary would then get the full rate of interest.

As I understood the Attorney-General, the Bill will authorise the Public Curator to make investments outside the ordinary range of those allowed if there is specific authority for it in the particular trust. That is highly desirable. In times of an inflationary trend no section of the community suffers more than beneficiaries under trust estates whose funds are restricted to authorised trustee investments.

Mr. Aikens: And who was responsible for the inflationary trend?

Mr. MUNRO: That is a different question; I am not discussing that at the moment. I am accepting that there has been a marked inflationary trend since the war and it is likely to continue. Testators, and others who execute trust instruments, are very much concerned about the likelihood of a drop in the purchasing power of the capital value of the estate because of it. It is a growing practice, in the case of estates handled both by the Public Curator and by other trustees, to make special provision in the will authorising other investments, that will to some extent protect the estate and the beneficiaries from potential loss.

Mr. Aikens: Provided that the investments were more or less gilt-edged and well founded.

Mr. MUNRO: That is a very relevant interjection. I would not necessarily say "gilt-edged" because it is very difficult to determine just what investments are gilt-edged and what are not. I think that I express in substance what the hon. member for Mundingburra had in mind when I say that although we approve of the terms of the Bill, we must recognise, and the Public Curator must recognise also, that there is thrust upon him a very much greater responsibility than he had before. Any trustee who is dealing with funds of other people must, at the very least, exercise the same degree of care as an ordinary prudent business man would exercise in looking after his own affairs.

Mr. Power: He must invest the money in authorised trustee investments. Where the instrument declares that it must be invested in a certain manner he is completely exonerated. He carries out a direction.

Mr. MUNRO: The Attorney-General can be very helpful in clearing up that point during the debate on the second reading. As I understood it, he explained that where the trust instrument authorises a particular form of investment the Public Curator may make an investment in that form. The Attorney-General now has left me in some doubt and we will have to look at this very carefully to see whether that particular form of investment authorised in the trust instrument is also limited to authorised trustee investment or whether it could be outside if the trust instrument so provides.

Mr. Power: This is what I said—

“Moneys expressly directed to be invested outside the common fund are excluded from that fund, and interest earned as a consequence of their being invested in accordance with the directions belongs to the estate concerned. Should there be any loss or deficiency by reason of such investments, it falls on the estate concerned.”

That special direction is given.

Mr. MUNRO: That is something that should be looked into. It has not been made clear whether there is provision in the Bill that a person who creates a trust should have the right, if he desires to do so, to authorise investments which are outside ordinarily authorised trust investments.

Mr. Aikens: Do you think investments should be made in industrial shares where the interest is not regularly guaranteed by the Government or some other authority?

Mr. MUNRO: I do not say that that should necessarily be made, but in the long-range view it is quite right and desirable for the protection of beneficiaries that the person who creates a trust should have that right. Various trustee investments are investments coming within a fairly rigid limit under the general law. It is quite right that under the general law, if there is no specific authorisation, the limit should be fairly rigid, but we come up against the very difficult problem that various trustee investments under the general law are of such a limited nature that they do not give any protection against the menace of inflation. Therefore, I think it would be quite right for the Public Curator to be in the position of all other trustees and have the right to go outside these rigid limits, if there is a specific authority for it.

Mr. Power: He has that right. He has to carry out the direction in the instrument of trust.

Mr. MUNRO: Coming back to the point raised by the hon. member for Mundingburra, while the degree and responsibility of a trustee is very great at any time, that of the Public Curator becomes greater if, in terms of the trust, he goes outside the ordinary limits of a trustee.

Mr. Aikens: Do you think that the security of a guaranteed interest rate should be paramount?

Mr. MUNRO: No, I do not. I speak of life trusts that go on for 20, 30, 40 or 50 years. I have seen so many cases where the real value of the trust fund has dwindled almost to nothing in 30 or 40 years. That raises a great problem. I feel that the paramount authority in this matter should be the testator, or the creator of the trust if it is a trust other than a deceased's estate.

Mr. Aikens: At the same time you have seen apparently solid industrial concerns fold up and go into liquidation.

Mr. MUNRO: Yes, that is so. It is for that reason that I agree with the hon. member for Mundingburra that it presents a need for care. A sound approach to investment and experience of these matters means more care in investment; it means diversity of investment. No sensible person in investing trust funds would put all the eggs in one basket. I do say if it is the desire of the testator or the person who creates the trust, in the majority of cases there would be greater benefit to the beneficiaries for the trustee to have that power. That second principle dealt with by the Attorney-General is a very good one. It is one which we should examine carefully when we come to it at a later stage. The remainder of the Bill deals with matters which I regard as purely machinery. I do not think they involve any principle, but we shall have a good look at them at a later stage.

Mr. AIKENS (Mundingburra) (11.38 a.m.): The Bill deals with the administration by the Public Curator of the estates of those people who have been unfortunate enough to be incarcerated in a mental institution. I draw the attention of the Committee to the shockingly parsimonious attitude of the Federal Government in this regard. I had a case not long ago of a returned soldier from the first world war who, unfortunately, had to enter Goodna for treatment. While there the Public Curator administered his estate. He was in receipt of a full War Service pension. Some months later when he was discharged he went to the Public Curator and got a statement of his affairs and he was handed considerably less money than he expected to get. He came to me and I made inquiries on his behalf. I found to my astonishment that the moment a returned soldier on a war pension enters a mental institution in this State his war pension is drastically reduced, almost to nothing, and at the same time the Commonwealth Government pay nothing to the State Government for the care and attention that returned soldiers receive while they are inmates of a mental institution.

Dr. Noble: Being a war pensioner, he could have entered a repatriation hospital, instead of Goodna.

Mr. AIKENS: I assure the hon. member for Yeronga that this man did all he could. He went to the R.S.S.A.I.L.A. and the Repatriation Department. The League investigated his case. I think it is monstrous treatment. That is the position in Queensland and apparently in the other States. Immediately a war pensioner enters a mental institution the Commonwealth Government substantially reduce his war pension to virtually nothing, and pay nothing to the State Government for the care and attention he receives in the State mental institution.

Mr. Power: That applies to all pensioners.

Mr. AIKENS: To old age, invalid and all other pensioners as well, so that the Commonwealth Government make a substantial profit out of every pensioner, whether a war pensioner, an old age pensioner, an invalid pensioner, or a widows' pensioner who is unfortunately compelled to enter a State mental institution. I think that is something not generally known. I think it should be made known to the public of Australia. It is the most contemptible of the many contemptible acts of the Commonwealth Government with regard to pensioners.

Mr. Gaven: If it is true, it is a dreadful state of affairs.

Mr. AIKENS: It is true.

Motion (Mr. Power) agreed to.

Resolution reported.

FIRST READING.

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

MAINTENANCE ORDERS (FACILITIES FOR ENFORCEMENT) ACT AMENDMENT BILL.

INITIATION IN COMMITTEE.

(The Chairman of Committees, Mr. Clark, Fitzroy, in the chair.)

Hon. W. POWER (Baroona—Attorney-General) (11.43 a.m.): I move—

“That it is desirable that a Bill be introduced to amend the Maintenance Orders (Facilities for Enforcement) Act of 1921, in certain particulars.”

This Bill amends the Maintenance Orders (Facilities for Enforcement) Act of 1921. This legislation is in existence throughout the greater part of the British Commonwealth, the States' law being, in the main, based upon and almost identical with the Imperial Maintenance Orders (Facilities for Enforcement) Act of 1920.

The general procedure laid down by this legislation provides for the forwarding of maintenance orders between the Secretary of State for the Colonies and Governors of reciprocating States. The Attorney-General of New Zealand late last year pointed out that Queensland, New South Wales and Victoria were the only Australian States insisting upon this rather cumbersome method of forwarding all communications through Vice-Regal channels, and asked that Queensland might adopt the practice of forwarding communications under this legislation by ministerial channels.

The New Zealand Attorney-General intimated recently that both New South Wales and Victoria have now agreed to amend their legislation to allow for the forwarding of communications through ministerial channels.

Section 3 of the Bill adds a new Section 13 to the Queensland Act providing for the use of this ministerial channel of communication in respect of such countries as the Governor in Council may by Order in Council direct.

The remainder of that Section contains certain ancillary and evidentiary provisions necessary to give effect to the main provisions of that section.

In addition, this Bill takes the opportunity of bringing up to date certain definitions which had become inappropriate to the present constitutional structure of the British Commonwealth. The definitions of “governor” and “reciprocating State” have been amended and new definitions of “British Commonwealth” and “Minister” added. The new definitions appear to me to clarify the position in relation to such countries as the Republic of India.

The Bill is a simple one and does not introduce any new principle of law and can be regarded as an administrative measure.

Mr. MUNRO (Toowong) (11.46 a.m.): This measure can be dealt with very briefly at this stage. As the Attorney-General pointed out, it is purely a machinery one and it seems to me that it will have the effect of streamlining procedure. It goes without saying that there should be some provision such as that contained in the principal Act for the enforcement in Queensland of maintenance orders made in England and other parts of the British Commonwealth of Nations and vice versa.

The second part of the Bill dealing with definitions is necessary and does not call for any comment at this stage.

Motion (Mr. Power) agreed to.

Resolution reported.

FIRST READING.

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

CROWN REMEDIES ACT AMENDMENT BILL.

INITIATION IN COMMITTEE.

(The Chairman of Committees, Mr. Clark, Fitzroy, in the chair.)

Hon. W. POWER (Baroona—Attorney-General) (11.51 a.m.): I move—

“That it is desirable that a Bill be introduced to amend the Crown Remedies Acts, 1874 to 1930, in a certain particular.”

The Bill makes provision for an amendment to the Crown Remedies Acts, 1874 to 1930. The Act presently provides that if the amount or value of any debt, damages, duties, sums of money, goods or liabilities due, payable or belonging to Her Majesty, or to which she may lawfully lay claim within the State, does not exceed the sum of

£50, it may be sued for and recovered in the name of the Queen by process in the Magistrates Court constituted by the Magistrates Courts Act of 1921 in the same manner as in any action in that court between subject and subject.

The amendment provides that the maximum sum to be recovered under the Act, that is, £50, shall be increased to £600. The reason for the amendment is that the jurisdiction of magistrates has been increased to a maximum of £600, and it therefore became necessary to provide for this amendment to the law.

Mr. MUNRO (Toowong) (11.53 a.m.): This also is a very simple Bill. It reminds us that at times the Government have debts due to them and that there is provision to recover them. As I understand the Attorney-General, the Bill increases the limit from £50 to £600. It serves as a reminder that financial limits imposed many years ago are quite inadequate in 1956. The principle of increasing the amount is quite sound.

On the question of whether the figure should be £600 or something else, I withhold my opinion until I have considered it.

Motion (Mr. Power) agreed to.

Resolution reported.

FIRST READING.

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

SUPPLY.

RESUMPTION OF COMMITTEE—ESTIMATES— FOURTH AND FIFTH ALLOTTED DAYS.

(The Chairman of Committees, Mr. Clark, Fitzroy, in the chair.)

ESTIMATES-IN-CHIEF, 1956-1957.

DEPARTMENT OF HEALTH AND HOME AFFAIRS. CHIEF OFFICE.

Debate resumed from 19 October (see p. 1010) on Mr. Moore's motion—

“That £691,187 be granted for ‘Department of Health and Home Affairs—Chief Office.’”

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (11.56 a.m.): On Friday afternoon I was replying to the hon. member for Mt. Coot-tha on the subject of free hospitalisation. I repeat that Queensland is the only State with full free hospitalisation. I will be fair to the hon. gentleman and say that he became confused in his interpretations of some statements he had read. The Opposition drive me hard in these matters and I often have to produce proof of what I say. So I got in touch with the Hospitals and Charities Commission in Victoria and I now have the full and correct information.

The Commission caters for several types of patient, namely, public ward, sub-intermediate, intermediate, and private. A public bed in Victoria is not a free bed. The hon. gentleman cited the case of a patient earning £23 6s. a week, with four children, who was paying £4 a week off his home, and was subject to a means test. After the means test was taken into consideration, he would pay 36s. a day or £12 12s. a week for his public-ward bed. Very few pensioners and indigent patients get free hospitalisation in Victoria because very few beds are available. My information is that the weekly charges are—

	Per week.
	£ s. d.
Public bed	12 12 0
Intermediate bed .. Up to	18 18 0
Private bed from 25 guineas to 30 guineas.	

Probably the hon. member was confused by the Press statement that only patients whose income after certain deductions was equivalent to the basic wage could use public wards. Public beds in public wards are not free beds in Victoria. On admission the means test is worked out and applied and patients in the circumstances the hon. member quoted would pay 36s. a day, or £12 12s. a week. I repeat that the fees for beds in intermediate wards are up to £18 18s. a week and in private wards twenty-five to thirty guineas a week.

We then go on to the question of beds available. I said that patients got free beds in Victoria if there were free beds available. I have received information about the scarcity of beds in Victoria. Under the heading of “Serious Lack of Beds in Hospitals,” the “Melbourne Herald” on 9 May, 1956, said—

“Several thousand people are waiting for admission to Melbourne’s public hospitals, a survey by the ‘Herald’ revealed today.

“In some cases the wait could be up to two years for comparatively minor surgical treatment.

“Seriously ill or injured people are not being turned away from Melbourne’s public hospitals, but there are not enough beds, public or private, to go around.”

They said that the Prince Alfred Hospital was the worst affected. It continued—

“It is admitting only serious cases. All beds are full, and minor accident cases are being sent to other hospitals. But no-one in urgent need of treatment is being turned away.”

On 10 May, 1955, “The Argus” said—

“Hundreds Wait in Agony for Hospital Bed.

“‘Hundreds of people, including housewives, were working in agony each day because hospitals had no space to admit them,’ Dr. G. I. Howard, Medical Superintendent of the Alfred Hospital, said yesterday.

"He said the Alfred now admitted only people so seriously ill doctors considered they might die.

"Dr. Howard said that 1,040 people were waiting to get into the Alfred Hospital for operations of various degrees of urgency. 'Some of them will have to wait for several years,' he said."

On 28 April, 1956, "The Argus" published the following article:—

"Babies 'Born on Trolleys.'

"'Mothers were forced to have their babies on trolleys in corridors at the Royal Women's Hospital this week,' Dr. J. C. Laver, medical superintendent, said yesterday.

"'The situation on Monday, when 29 babies were born in 16 hours, was shocking,' he said.

"'Delivery wards were just incapable of handling the numbers. The position this week was similar to a general hospital being asked to cope with casualties from a major train wreck every three days.'

"'But the hospital is facing an even graver crisis next month.'"

I do not take any pleasure in reading these statements, nor does any other hon. member. Queensland leads Australia in every phase of hospitalisation and because of Opposition criticism I am forced to make those comparisons. It has been said that comparisons are odious, but they are not odious to Queensland in this case. Wrapped up in the argument about free beds, the cost of beds and the availability of beds, are the statements by the Opposition about hospital finance. The Queensland Government have not put as much Government revenue into the Queensland hospital system as the other State Governments have done, nor does Queensland charge the exorbitant fees that are charged in the other States.

The hospital boards in this State do not have the difficulties experienced by committees in other parts of Australia. The position in Victoria is disclosed in Press statements. This heading appeared above a statement on the hospital position there.

"Heavy Debts and High Grants from the Government."

Our information from that State is that the hospital committees and boards are experiencing great financial difficulties. It is interesting to note that in New South Wales this year the Hospitals Commission needs £16,000,000 from the Government to meet its commitments. The population of that State is roughly twice that of Queensland, therefore an equal payment by this Government would be £8,000,000. This year we propose to spend £6,400,000 which is less, on a comparative basis than the amount spent by the New South Wales Government. Hospital fees are very high in that State and there is a very severe means test. All other States

are committed to pay more than the Queensland Government, and their patients are charged very high fees.

Mr. Aikens: And still they do not give the service that they give here.

Mr. MOORE: No. It all shows that the Queensland system of budgeting by boards with close supervision by the department is superior to southern practices, and our hospitals give a superior and cheaper service. The following article by Laurence Turner appeared in the Melbourne "Herald":—

"Difficulties in building up our hospitals.

"Shortages of doctors and nurses, old buildings, cramped working space, services strained to capacity—that's the picture in most of Melbourne's teaching public hospitals."

Further on the article says—

"Where is the money to come from? 'The outlook is grim unless the Commonwealth Government recognises its undoubted responsibility to the teaching hospitals and comes to the rescue with special grants,' the Chairman of the Hospitals and Charities Commission, Dr. John Lindell," said.

This is another statement that appeared in a Melbourne paper—

"Hospitals get more but remain in the red.

"Victoria's great public hospitals are getting record grants from the State Treasury and record fees from patients—yet some cannot pay their grocery bills."

The following statement appeared in the "Argus":—

"Country hospitals would have to cut their services unless the State Government increased its subsidy, the Country Hospitals Association was told yesterday."

The following is an interesting leader that appeared in a "Hospital Administration", a New South Wales publication:—

"It would seem that they have left little or no alternative but to cut down on services and sack staff. This would be such a retrograde step that surely no Government could contemplate permitting it to happen."

Looking at the position from every angle, it costs the Queensland Government comparatively less than the other State Governments, yet we have free hospitalisation whereas exorbitant hospital charges are made in the other States. Those articles refute the statements of Opposition members and prove the case for the Government.

Mr. TURNER (Kelvin Grove) (12.10 p.m.): Compared with ten years ago the Vote of £11,302,632 for this department is staggering. The amounts for the 11 sub-departments give some idea of the ramifications of this branch of Government administration,

but this investment pays great dividends that cannot be measured in pounds, shillings and pence. The dividends are in the form of lives saved by the care and attention they receive in our public hospitals. Some people are smashed almost to a jelly in motor-car accidents or by hit-run motorists, others are injured, tangled in machinery and have virtually every bone broken. They are able to get free hospitalisation and skilled attention which ensures that their stay in hospital is as short as possible. No fewer than 187,125 persons were in-patients in general hospitals in Queensland last year. They spent 2,440,331 days in hospital, an average of 13.06 days a patient. There were 580,085 out-patients, whose visits totalled 1,695,179. Those figures give an idea of the staff required in our hospitals, yet we hear complaints from time to time that people have to wait in the out-patients' department to see a doctor and to get attention.

People have to wait to see doctors in their private residences. There is an instance in my electorate. Patients have been known to wait six hours to see this very busy doctor. He has established a high reputation and one patient after another advises others to consult him for advice and attention. He has built up a practice of which six doctors would be proud. He has had to curtail visits to patients' homes, because his time is fully occupied in his consulting room. A doctor gets no greater publicity than the praise by a patient, and business houses no greater publicity than praise by clients.

I should say our hospital organisation pays a greater dividend than any other organisation in the Commonwealth. The average stay in hospital, 13.06 days, gives an idea of how quickly patients are able to get back to industry. When injured workers are brought back into industry they help to increase the production of the State. Increased production is one of our greatest assets. The State is amply rewarded by the services of this department.

There is just one point that I think is most unfortunate from a public hospital point of view and it refers to the people who die in public hospitals. When a doctor has been treating a person, particularly an aged one, and comes to the conclusion that there is no hope for him, he orders him into hospital. This has added considerably to the number of deaths recorded in public hospitals. No fewer than 5,497 people died in our public hospitals in 1954-1955. The figures for the current year are not yet available but for the State 11,301 people died that year. Those figures are authentic because I got them from the State Statistician. No discredit is cast upon our public hospitals because that number of patients died in them.

I appreciate the efforts being made by the department and the Health Educational Council to make people conscious of the value of good health. We should be proud of their work. Information is given to people daily.

They are advised on how to maintain good health and look after themselves and their families. It is most invaluable and in a few years sickness from ordinary complaints may be a thing of the past.

I compliment the Minister and his officers on the methods adopted for the inoculation of children with Salk vaccine. Dr. Fryberg and departmental officers have received the fullest co-operation from the Press. The Press were unable to fault the plan of the Director-General of Health and Medical Services for the inoculation of our children. The Minister has just informed me that he had a conference with Press and radio authorities and outlined the scheme to them. It was pleasing to know that the department received the fullest co-operation because the publicity given to the scheme removed any fear in the minds of parents about the value of having their children inoculated in schools. The organisation reflects great credit upon the Director-General and his staff.

At no time have I heard a word of complaint about the vaccination arrangements. On the contrary, I have heard only praise. I had an example of the excellence of the organisation in my own family. A nephew of mine was transferred here from Darwin. He has a little girl three years old, and arrangements had been made for her vaccination in Darwin. However, he was transferred before the girl could be vaccinated. When he arrived in Brisbane he saw me about it, and the department made arrangements for the child to be vaccinated at the Kelvin Grove State school. The parents had only to sign the usual consent form, and the child was vaccinated just as though she was a sister of one of the children enrolled at the school. It is expected that she will shortly receive her second dose.

I am sorry that the hon. member for Mt. Coot-tha is not in the Chamber, as I intend to refer to something he said about medical benefits schemes. A very close friend of mine joined a medical benefits scheme on the advice of his family doctor. He subsequently had an operation in the Brisbane General Hospital and was told he could resume work in a few weeks' time. However, he was not back at work very long before the symptoms recurred. Thinking that it was only the reaction after the operation, my friend remained at work until he collapsed. He was then ordered back to hospital. The doctor who had operated on him examined him, and was quite satisfied that there was nothing wrong with him. However, he was kept in hospital under observation. His wife made the usual application to the medical benefits scheme, into which he had been paying 6s. a week for two years. Incidentally, the hon. member for Mt. Coot-tha said he was paying £7 7s. a half-year to belong to a medical benefits scheme, which is £14 14s. a year. Apparently, if you are a worker and cannot afford to pay yearly or half-yearly, you pay an increased fee. At 6s. a week, my

friend was paying £15 12s. a year, although the hon. member for Mt. Coot-tha pays only £14 14s. a year. Unfortunately for my friend, the doctor who operated on him was the president of the medical benefits scheme to which he belonged, and because he certified that my friend had suffered from the complaint before he joined the scheme, my friend got nothing at all. When he joined the scheme he asked if it was necessary for him to submit himself for a medical examination, but he was told it was not. Although he paid 6s. a week for two years, he got nothing at all from the scheme.

What use is a medical benefits scheme if, when you go to hospital, you are refused any benefit? It would be far better to transfer the operations of medical benefits schemes to the friendly societies, who did such a wonderful job for many years. During the whole time they were operating they could not afford to erect magnificent buildings such as the one now being built for the Medical Benefits Fund of Australia in Edward Street. It is the property of the doctors and others who have shares in that organisation, whilst the assets of friendly societies belong to their members.

The State Children Department is doing such a good job that many under its care are better off than children in some private homes.

In his report the Director says that the functions of the department, broadly speaking, come under seven headings, namely—

“1. To assist the widow, wife of an invalid pensioner, or other deserving mother or relative, with finance to rear her young family.”

She may keep the children in her own home and the Government will pay for their support.

The next two functions are—

“2. To care for under-privileged children who, for various reasons, become the responsibility of the State as its wards, to rear, educate, and to place in employment.

“3. To protect young life as required by the Infant Life Protection Acts and particularly to see that children of tender years are not permitted to be placed in undesirable and unsavoury surroundings.”

The department have inspectors who investigate the suitability of homes.

The next three functions are—

“4. To watch carefully the interests of infants placed for adoption, and of prospective adoptive parents.

“5. To assist with advice and practical help, child delinquents and their parents, and to undertake the responsibility of caring for those delinquents who are committed by the Courts.

“6. To control street trading (newspaper-selling, etc.) in which juveniles take

part and to protect children from being exploited when taking part in public performances.”

I think the department might well take some action about the distribution of newspapers by motor-cycle and motor-car. Bundles of papers are thrown into the gutters and on the streets where people walk and spit and so on.

Mr. Moore: That is a matter for the traffic department.

Mr. TURNER: The throwing of the papers on the street may be but the Department of Health and Home Affairs could co-operate with the traffic department. The papers roll in the dirt and filth of the streets and the practice is a menace to public health.

The last function is—

“7. To act as delegate for the Commonwealth Immigration Minister in caring for young migrants who come to Queensland apart from their parents.”

The Director continues—

“In short, the Department may be said to be ‘The Home and Family Department.’

“From a small beginning, now nearly a century ago, the Department has grown from caring for a small number of children, who were housed in cottages on the site between the present Roma Street Railway Station and Victoria Barracks, to accepting the responsibility for 5,748 children.

“It may be interesting to note that prior to the days of the separation of Queensland from New South Wales in 1859, children were apprenticed at ten years of age. Now the Legislature has made provision that every child have his or her opportunity of proceeding to higher education along academic or technical lines and of following a trade under conditions governed by the Apprenticeship Acts where he or she has the ability and the inclination to do so.”

This appears on page 8 of the report—

“Education.

“The Department gives every opportunity to State children with the necessary capabilities to proceed to secondary education and it is very pleasing to note their successes.

“Children in primary and secondary schools and the University are provided with the necessary school requisites, and the monetary assistance to their guardians is continued during the currency of scholarships for those children who have qualified for same.

“In the Public Examinations held at the end of 1955, five children were successful in the Senior and 54 obtained five or more passes in the Junior examination. 148 gained a State Scholarship.

"At present 272 State children, including three at the University, are taking post-primary courses. This constitutes a record number.

"Many children who were assisted by the Department in their younger years are now well credentialled in business houses."

This is on page 2—

"Admissions to Receiving Depots and Denominational Homes.

"Numbers of applications are received for the admission of children as State wards to our State Receiving Depots or to one or other of the denominational homes licensed under the Act for that purpose. Besides the cases where it is the Department's obvious duty to admit children, it has to cope with the problem of selfish parents who wish to pass the responsibility of caring for their children to the State.

"Indifference to the marriage tie, incompatibility of temperament in parents, and the lack of understanding and of tolerance for each other, frequently end in an approach being made to the Department for the admission of children. Where there is any hope of the home being saved, encouragement and help are given to the parents to do so."

Not only does the department look after the welfare of the children, but it does everything possible to bring the parents together again. It tries to make them realise their responsibility to each other as husband and wife, and their greater responsibility to the children they have brought into the world. The report continues—

"Officers of the Department spend not a little time endeavouring to sort out the genuine cases.

"The receiving depots and denominational homes also receive neglected children and a few convicted children in the lower age group committed by Children's Courts."

I have not time to read it all, but the Department has three State receiving depots under its control, namely—

The Diamantina Receiving Depot and Infants' Home, Woolloowin.

Rockhampton Receiving Depot.

Townsville Receiving Depot.

The following denominational homes are licensed by the department:—

Conducted by the Roman Catholic Church—

St. Vincent's Home for Children, Nudgee.

St. Joseph's Home, Neerkoll, via Rockhampton.

Holy Cross Retreat, Woolloowin.

Conducted by the Church of England—

Tufnell Home, Nundah.

Boys' Home, Enoggera.

St. George's Home, Parkhurst, via Rockhampton.

Conducted by the Presbyterian Church—
Blackheath Home for Boys, Oxley.

W. R. Black Home for Girls, Chelmer.

Conducted by the Methodist Church—
Margaret Marr Home for Boys, Wynnum.

Queen Alexandra Home for Girls, Coorparoo.

Conducted by the Congregational Church—

Marsden Home for Boys, Kallangur.

Conducted by the Salvation Army—

Boys' Home, Indooroopilly.

James Horton School for Girls, Toowoomba.

Throughout all these institutions departmental officers ensure that the care of the children is kept up to the standard required by the department. There is a great deal more in the department's report to which I should like to refer, but time does not permit. I shall leave it until later on.

Mr. DONALD (Bremer) (12.34 p.m.):
The health services provided by the Department of Health and Home Affairs help to fight a battle for a modern society on a very wide front. It is much better to prevent sickness and suffering than to alleviate it. The officers of the department have taught the people the value of preventive measures and medicine, thereby building up a system of social habits which plays a very important part in preventing disease and accidents and ensuring a healthy and vigorous population. The work of departmental medical officers and health inspectors in co-operation with the health officers of the various local authorities throughout the State has been successful in removing many of the hazards of disease and industry. We have all in our time witnessed the growth of social codes to reject the claims of the privileged few so that the welfare of the community generally could be improved and safeguarded.

A pure water supply, good sanitation, drainage, legislation dealing with the preparation and handling of foodstuffs and drugs and the advertising of these commodities, all come within the scope of the Health Department. The success which attends their efforts in these matters largely determines the advancement of our State, and it is to be regretted that far too often they meet with vigorous opposition, motivated by selfishness and greed.

The same can be said of the department's struggle against contagious diseases and epidemics. There has been much criticism of Queensland's free hospitalisation and health service which successive Labour Governments have been able to give to the people of Queensland. This excellent and humane service has not been easy to maintain. It has been challenged from time to time by powerful vested interests, and only

a few years ago by the Commonwealth Government of Australia. The Labour Party firmly believes that the resources of medical skill and the knowledge of healing should be placed at the disposal of the patient and without cost. Because of the policy and administration of the Queensland Government, our people have been able to get that service which, unfortunately, is not available to the people in the other States of the Commonwealth. Medical treatment and care of the sick and injured should be the collective responsibility of the community. These services should be made available to all who need them, the rich and poor alike. If anyone should wish to pay for medical treatment or hospitalisation there is provision to do so.

Financial difficulties in times of sickness is a serious handicap to recovery; it causes great hardship. If it has not happened in our own families we have known of it in others, and it is important that this disability should be removed. There is an obligation on society to see that no-one is denied medical attention or hospital service if they have not the wherewithal to pay for it. A great deal of sickness and permanent disability may result from delay in seeking medical attention. The reluctance to seek medical attention is often caused by fear of the cost and I am sure that every hon. member, particularly the two medical members in this Chamber, will agree that many people who failed to consult a doctor because of the reluctance to incur the expense, have in some cases suffered permanent disability.

Mr. Aikens: And they cannot afford to lose a day's work.

Mr. DONALD: I was going to say, that in addition to the medical cost there is loss of pay for time off for medical diagnosis and probable treatment. We all feel much better when we know that should we, or our fellow men fall ill or meet with an accident we have access to the best that medical skill can provide, free of charge. It is a privilege enjoyed by the people in this State, and it is due to the foresight of members of the Australian Labour Party as expressed by the Government through their legislation and administration.

The Queensland Government have given us this protection for years and in consequence we are spiritually and physically healthier. I agree with people who say that this service is not something we get for nothing. I know that everything has to be paid for, but at least the service is available and we need not worry about the payment. And therein lies its great value. I challenge any person opposed to our free hospitals and medical service to say that it is not of great value to the majority of the people.

It is there for us when we are ill or meet with an accident.

As late as 1952 public hospital treatment was free in Australia but four years later this privilege had been removed in five of

the States; Queensland alone continues to give this free service. A patient has to pay anything from 15 guineas to 30 guineas a week to obtain hospital treatment in the other States. Perhaps it is opportune to quote this article that appeared in the "Sunday-Mail" on 8 April last—

"Sickest People are outside hospital.

"Special Service.

"Sydney—The sickest people in New South Wales are the myriad tradesmen who supply provisions to public hospitals.

"They have extended £2 million worth of credit and now the hospitals say they just have not any money to pay.

"Australia's largest hospital, Royal Prince Alfred, owes £71,000; Kyogle hospital has less than £200 in the till to pay bills of £2,500.

"Debts of the Broken Hill hospital are almost £40,000. At one time, Broken Hill owed £1,000 for eggs alone.

"Chairman of the Royal Prince Alfred (Sir Herbert Schlink) said increases in the basic wage had added £90,000 to the wages bill, and the hospital had a £93,000 deficit for the six months ended December last.

"No-one seems to have any clear idea how the money will be raised to keep the hospitals going."

Compare that with the position in Queensland, our most modern hospitals where people can get the best medical attention free.

Mr. Pizzey: Because of beneficent treatment by the Federal Government in the form of tax reimbursements.

Mr. DONALD: We are able to do it because the Queensland Government have displayed foresight over the years. They knew what would happen and so they developed a hospital service not only in the metropolis but throughout the State. Hospitals were built and the beds provided to meet the inevitable demand for them and in no case is a patient refused admission. A hospital bed is always found for a person requiring treatment. It is true that there is some overcrowding, but is it not better to ask a patient to suffer some inconvenience in that way than defer treatment that may prolong his illness and even cause his death? It is better to say, "Let us have a little overcrowding, if it will mean a quicker cure and a quicker return to industry."

This article appeared in the "Sunday-Mail" of 21 August, 1955—

"New South Wales Rush Can Cause Hospital Chaos Here.

"An expected influx of New South Wales Hospital patients could throw the South Queensland hospital system into chaos," Mr. K. J. Allison said last night.

"Mr. Allison is Queensland manager of the Medical Benefits Fund of Australia.

"An influx of New South Wales patients is expected in Queensland next month.

“That is when New South Wales hospital accommodation fees will rise by 50 per cent.

“Mr. Allison said there already was a section of northern New South Wales people who came to Queensland for free hospital treatment.

“This section undoubtedly would increase when the new New South Wales fees operated.

“New charges.

“New fees in New South Wales hospitals will be £12 12s. in public wards (formerly £8 8s.), £18 18s. in intermediate wards (£12 12s.), £25 4s. in private wards (£16 16s.).

“A means test governs entry to wards.”

Do not think that if a person passes the means test it is a guarantee of a bed in a hospital even if he has the 18 guineas to pay for it. It divided the people into categories—whether they would enter the private, intermediate or public sections. It did not guarantee a bed. The position is even worse in Victoria than in New South Wales. When the Minister introduced his Estimates he said that the Premier of Victoria had told him that scores of people would die in Victoria because there was not enough hospital beds for them. There is no need for me to enlarge on that situation. The paper further says—

“In Sydney, the Medical Benefits Fund of Australia general manager (Mr. J. F. Cade) said in Sydney that even people from the Victorian border town of Albury could find it cheaper to enter a hospital in Toowoomba than to go into hospital for any considerable time in their own town.

“In Armidale yesterday, the President of the Association of Friendly Societies of Australia (Mr. A. J. Eadie), told the Manchester Unity conference that the steep rise in fees was unwarranted, particularly in relation to public wards.

“He said the increases were ‘out of all proportion’.”

Those extracts prove the value of Labour administration in this State, the foresight of Labour Governments in building up a system of free hospitalisation that the people here now enjoy. We have a hospital service that those in other States cannot get even if they have the money to pay it. In Queensland every person is secure in the knowledge that an up-to-date hospital system is available to him free of cost. Why has free hospitalisation ceased to exist in the other States? The answer is simple and it cannot be disputed. It has been abolished because of the objective of the present Commonwealth Government. Their objective was to destroy the system of free hospitalisation built up by the Chifley administration. The Chifley Government provided a subsidy of 8s. a day for every bed occupied in a public ward, under this one and important condition, that

the hospital authorities did not charge the patient and guaranteed that medical treatment was available. What is the attitude of anti-Labour Governments? Quite distinct from that of the Chifley Government in dealing with the sick. The anti-Labour Federal Government said that if there was no charge there would be no subsidy. The Labour Federal Government operated under the agreement with the States that guaranteed 8s. a day subsidy if no charge was made. At the end of that agreement this much-publicised and boomed agreement introduced by the Federal Minister for Health came into operation. What does it amount to?

Mr. Pizzey interjected.

Mr. DONALD: The abolition of free hospitalisation and medical treatment was the reward given by the present Federal administration to the B.M.A. for the part they played in the defeat of the Chifley administration in 1949. Their present system is that if the hospital does not charge the patient it cannot get the subsidy.

Mr. Nicklin: That is not true.

Mr. DONALD: It is, and 8s. a day now has nothing like the value it had under the Chifley agreement. In every other State, if the Government charge a patient for treatment they get the subsidy; if not, they do not.

Mr. Pizzey: You have been sadly misinformed.

Mr. DONALD: I do not know why the ex-school teacher from Isis should be so dense.

From August to November, 1952, the Government of this State waged a battle, which they ultimately won, against the Federal Government for free hospitals. During that time the Federal Government would not pay us the subsidy because we refused to charge for treatment in public hospitals. It is surprising that some people should try to make the public believe that that is not so. The whole matter was debated in this Chamber a few years ago. We made it an election issue, and the people endorsed our policy of free hospitalisation. It was because of pressure brought to bear on the Federal Government by anti-Labour members in Queensland that they changed their attitude and granted us the subsidy. During the period that I have mentioned the Commonwealth Government denied Queensland the subsidy, although the public of Queensland were paying their social service tax. The other States were forced to capitulate, but because we are strong in our determination to continue with our hospital service we did not.

Mr. Pizzey interjected.

Mr. DONALD: I wish the magpie from Isis would not keep on interjecting. I have only 25 minutes in which to speak, and I cannot be bothered with his inane interjections.

The Federal Labour Government said, "You can have the subsidy as long as you do not make a charge", whilst the present Federal Government said, "You cannot have the subsidy unless you charge."

The service given by the Queensland Government does not stop at free hospitalisation and free medical treatment. It includes X-rays, pathology, splints, spectacles, mother and child welfare homes, dental clinics, radium institute, school health services, and food and drug inspections. All those services are provided by the Government either at little cost, or entirely free. We owe a good deal to the food and drug inspectors. They operate behind the scenes without glamour or publicity, but they give the people wonderful protection from filth, adulteration, and exploitation.

The State also provides free transport to indigent people in need of medical treatment. Most of the transport is by rail, but some of it is by air. Although hon. members opposite do not want to give the Government credit for their humane action, it is something they cannot deny us. Free transport is provided for all pensioners, whether age, widow or invalid.

Health services are costing the people between £8,000,000 and £9,000,000 a year, and they are likely to cost more in the future. However, the people realise that the services they are getting make the cost well worth while. They have demonstrated their desire again and again to have it maintained and, if possible, improved. The Dental Hospital employs 91 dentists throughout Queensland; last year they treated 405,000 patients.

Mr. Pizzev: All free?

Mr. DONALD: In Brisbane there are two dental hospitals and three suburban clinics and in the country 31 base clinics and 44 subsidiary clinics.

In reply to the interjection by the hon. member for Isis, let me say that for a very good reason not all dental treatment is free. It is free for pensioners and others who cannot afford to pay, as we have not enough dentists and dental mechanics to make it free for all. The hon. member is annoyed because some of this service is free and his views are confirmed by his political conferees in the Federal House.

The value of the school health service is reflected in the general health of school children. Every hon. member who attends school functions, such as the sports day, the breaking-up ceremony, or the annual plain and fancy dress ball, must be impressed with the cheerful, healthy condition of the children. When this service was instituted in 1911, 31 per cent. of the school children were found to be defective in health. Last year it was only 4.4 per cent. or fewer than one in 20. Of the 86,818 children examined last year, 60,438, or almost 70 per cent., attended

country schools. That effectively answers the silly argument that the Government are concerned only with the metropolitan area.

School dentists inspected 24,086 children and treated 5,653. Five mobile dental units serve the children of the Outback.

The Maternal and Child Welfare organisation gives a very valuable service. The Labour Party has long recognised that the real wealth of the State lies in the health of the children. Care of the child in its early years ensures that it will reach maturity fit and well, capable of taking its part in the battle of life. The Government of Queensland regard the health of the people as of paramount importance and, in the promotion of public health, they give first place to the care of mothers and children.

The Maternal and Child Welfare Services in Queensland, which were established to reduce and prevent maternal and infant mortality, is the most advanced of its kind in the world. Their success is shown in the following figures compiled by the Government Statistician:—

Year	Infant Rate per 1,000 live births.	Maternal.
1920	63.4	4.2
1930	40.2	4.2
1940	35.3	4.7
1945	29.8	2.47
1950	24.8	1.45
1951	25.7	1.18
1952	24.9	1.03
1953	25.0	0.71
1954	22.3	0.96
1955	20.3	0.62

(Time expired.)

Mr. GAVEN (Southport) (2.15 p.m.): Along with many other thousands of people in the State I am fully conscious of the responsibility and the importance of the Department of Health and Home Affairs and the splendid service being rendered by the medical profession and all people associated with the health of the community. The department under the control of the present Minister is doing an excellent job. The young people of the State will play a very important part, not only in the development of Australia, but in the development of the world. A nation without good health cannot be a force in any world. We are indeed fortunate that we are endowed with the natural gifts of plenty of sunshine and fresh air so necessary for the health of the people. Because of Australia's natural assets we have healthier people than in many other countries.

I support the remarks of the previous speaker who mentioned the supposedly free milk scheme. I say "supposedly" because I do not believe anything is free in this country. I intend to castigate not only the Queensland Government about their talk of

free hospitalisation but also the Commonwealth Government regarding the supposedly free things given to the people from time to time. The supply of milk to our children has built up resistance to disease. Many children who were unable to get milk before, now receive it through their school.

The amount required for 1956-1957, £11,302,632, is £1,437,569 more than was spent last year. Apart from the Railway Department the Vote for the Department of Health and Home Affairs is the largest in the Estimates. Indeed, it should be because it is a most important department and the people who administer it are charged with a very big responsibility. An amount of £10,407,000 is required for the maintenance of hospitals alone. That sum is made up as follows:—

Hospitals generally—		£
Administration	157,000	
Provisions	960,000	
Medical and allied services	680,000	
General maintenance ..	1,338,000	
Furniture, plant, equipment, etc.	193,000	
Salaries and wages ..	5,709,000	
Interest and redemption ..	1,050,000	
Other hospitals and institutions	320,000	
From that is deducted—		£
Patients' payments and other collections	749,000	
Provision from Hospital, Motherhood and Child Welfare Fund	2,000,000	
Contribution by Commonwealth for hospital benefits	1,150,000	
Contribution by Commonwealth for pharmaceutical benefits	210,000	
Contribution by Commonwealth for maintenance of tuberculosis sanatoria, etc.	325,000	
Total	£4,434,000	

Thus we see that an amount of £10,407,000 is required for the maintenance of hospitals alone. Indeed it is a colossal sum! Nevertheless, it is money well spent.

On Friday evening last I was privileged to hear an address in the Diggers' Hall at Southport by Dr. Alan Vickers of the Royal Flying Doctor Service. His address lasted over one hour and he showed the people with the aid of slides the wonderful benefits of the flying doctor service to the people outback. During the course of his remarks he expressed admiration for the Secretary for Health and Home Affairs and mentioned the assistance he had received from him. He also mentioned the hon. member for Gregory, whom

he met at different functions. He had assisted him in many ways. I notice that £31,800 has been set aside for the flying doctor service by way of subsidy. The flying doctor service depends entirely on public subscriptions and is subsidised to the extent of 25s. in the £1 by the Government. The Country Women's Association branch at Southport arranged for the flying doctor to give a lantern-slide lecture, as a result of which the Funds of the flying doctor service funds will be augmented considerably. I am pleased that this service is getting the attention it deserves. It is a great boon to the people of the outback. At one time people on stations 300 or 400 miles from a base hospital who suffered injury from a fall from a horse or who were gored by a bull, bitten by a crocodile, or developed blood poisoning, ran a great risk of dying before receiving medical attention, but today the flying doctor service ensures that they receive prompt attention. This amenity is a great encouragement to people to continue to develop the outback country, so essential if we are to hold this country. The Red Cross branches throughout Queensland render a great service to the people and £54,000 has been set aside to assist it. The value of the flying doctor service would be lessened if blood was not available through the blood bank of the Red Cross. Mr. Vickers was so impressed with the support he received at Southport that he decided to come down again. I can assure him that he will get an equally enthusiastic reception next time. A sum of £5,500 has been set aside for the Blue Nursing Service, which is doing a wonderful job for the aged invalid people who are not able to help themselves. Recently the Minister visited Southport and opened the Green Haven Rest Home at Labrador, with a view over Broadwater and the Pacific. The Government subsidised the building of this home.

During the last two years I had occasion to visit the specialist in charge of the Radium Institute at the General Hospital, Dr. Cooper, when I sought attention for a burn on the face. I received radium treatment for some weeks and it has healed. I wish to place on record my appreciation of the excellent work done by the staff at the Institute.

The young women and men who give the treatment do an excellent job. They are very busy. At times there is a queue of up to 200 people waiting for radium treatment. The quarters in which they have their meals and wash when they finish work could be improved. I noticed as many as half a dozen employees in one little cubicle having their meal. I hope the Minister will give consideration to the improvement of these quarters. Dr. Cooper and his assistants are rendering wonderful service.

Statistics prove that Queenslanders because of the heat and intensity of the sun during the summer months are more susceptible to

skin cancer than people of other States. The treatment of it is an important phase of our hospital work, and merits encouragement.

I turn now to the very fine maternity hospital at Southport opened in 1949 by the Minister. It has 18 beds and it has been very well patronised. The staff are doing an excellent job. The hospital is full most of the year, but there is only one shower, one bath and one toilet for the inmates. There are two facilities, but one is kept aside for preparation patients, leaving only one toilet, one shower and one bath for the other 18 inmates. I believe that additional facilities should be installed, and I hope this will be attended to urgently.

On page 15 of the Estimates is a summary of proposed expenditure on hospitals of £5,973,000, £931,752 more than the amount expended last year. There has been a tremendous increase in the Vote for the Department of Health and Home Affairs during the last few years. I do not say that that should not be so, because our population is growing, and it is a very large and sparsely settled State. Therefore the responsibility of a department such as this must be very great, but each year the Vote is increased, and it has to be examined very carefully. The Vote for hospitals comes from Consolidated Revenue, and Trust and Special Funds. Each and every taxpayer is entitled to a fair share of that expenditure. A general hospital at Southport is necessary and desirable. This may be classed a hardy annual, but I make no apology for mentioning it again. Let me give a word picture of the position in that district, and, if any hon. member then feels that we are not entitled to a hospital, I should like to know who he is.

The area has approximately 50,000 permanent residents. Some people have the very erroneous idea that the electorate of Southport consists of a strip of surfing beach from Labrador to Coolangatta. That is quite wrong. It is an area of approximately 400 square miles, including large areas of timber, dairying and mixed farming country. There are many employees in the area. In the building trade alone there are nearly 2,000 workers, and I should say that 1,000 persons are engaged in beach-mining and over 100 men are employed in the construction of the Little Nerang Dam.

An accident victim has to be taken by ambulance to Brisbane for treatment. The ambulance may come from Southport, Burleigh Heads or Coolangatta. During the last 12 months, 1 October, 1955, to 30 September of this year, no fewer than 345 persons were taken by ambulance to Brisbane from Southport. That ambulance travelled 29,963 miles. The Coolangatta ambulance transported 268 cases to Brisbane and did a total of 32,988 miles. The Burleigh Heads ambulance brought 90 cases to Brisbane and travelled 9,747 miles. The total of all cases brought to Brisbane was 703 and the mileage travelled, 73,698.

During the holiday period the population of the area I represent increases to over 100,000. When one goes to the Tallebudgera Valley, the Numinbah Valley and Springbrook one gets to places within 100 miles or so of Brisbane. I mentioned how the flying doctor service can fly to a station 200 or 300 miles away, pick up a patient and bring him to the base hospital in some two or three hours. With the fine humanitarian service given by the flying doctor to people in the back country that service can bring patients to base hospitals in quicker time than we can get a patient from isolated areas in my electorate to the General Hospital.

Mr. Aikens: Those patients in the out-back country are more important.

Mr. GAVEN: The hon. member is entitled to his opinion. Any Queensland, provided he is a good, honest and decent citizen is as important as any other. There is nothing in the interjection. On the South Coast we have no fewer than 16 resident doctors; three or four specialists visit the area once a week, some from as far afield as Sydney. We have one private hospital that can bed 30 people. At one time there was one at Bilinga and another at Surfers Paradise but both closed and were turned into residential because they did not pay as hospitals. There seems to be more money in residential than in hospitals. I think that a case has been established for a general hospital at Southport. We have been promised one for many years but it has never been built. The usual reply we get when we ask if something is being done is, "We cannot help you because of the lack of loan money." That has been the theme song of the Government over the years.

Mr. Moore: Can you tell me where we would get it?

Mr. GAVEN: The Minister got nearly £6,000,000 for the new South Brisbane hospital. I do not begrudge the people of South Brisbane their hospital. If his department had used £500,000 of the £6,000,000 now being spent in South Brisbane to build a general hospital at Southport that would have obviated the necessity of bringing patients from Southport to Brisbane for treatment. I think that the overall taxation contribution made by the people of the Southport electorate justifies the hospital. The Minister smiles.

Mr. Moore: Talk to Artie.

Mr. GAVEN: The Federal Treasurer has treated this Government very well since 1949. I do not want to get onto wrong premises but this Government have had more loan money since 1949 than ever before. The proof of that is in the amount of work they have been able to undertake. Loan money is not the trouble. If the Minister wants it straight from the shoulder, it is not a question of loan money but because we are not getting value for money expended.

Mr. Moore: Talk to your Federal colleagues. The £1 will not be worth 2s. shortly.

Mr. GAVEN: There are a lot who can make the £1 worth more than 2s. We cannot put the blame onto any particular person. If we do not get more value for money spent we will finish up in "Queer Street." The time is long overdue for something to be done for the South Coast. It is of no use giving lip service and talking about decentralisation when the Government centralise hospital facilities in this State.

Mr. Moore: Southport is only 45 miles away.

Mr. GAVEN: Some parts of my electorate are up to 100 miles away. I remind the Minister that the tiny seaside place of Yeppoon, which is only 30 miles from Rockhampton and has not more than 1,500 people, has a modern general hospital and very fine nurses' quarters.

Mr. Devries interjected.

Mr. GAVEN: I will admit that we were a little unfortunate because we made representations for a hospital at a bad time. I know that plans for a general hospital at Southport have been drawn up. I hope the Minister will take notice of what I have said and do everything possible to have it constructed. It is quite likely that one of these days there will be a major surf tragedy or a big road smash on the South Coast, and the absence of hospital facilities will probably result in great loss of life. With the growing popularity of the South Coast, the roads are frequently crammed with motor vehicles.

Mr. Aikens: What about the North Coast? Doesn't anybody go there?

Mr. GAVEN: Why go to the North Coast when you can go to the South Coast? I know that the Minister frequently goes to the South Coast for the week-end. He has a home there, and I congratulate him on his initiative and foresight. His asset will increase 100 per cent. in value within 12 months. I know he realises the need of a hospital on the South Coast, and I hope he will do his utmost to see that one is established.

Mr. AIKENS (Mundingburra) (2.37 p.m.): At the outset, I congratulate the Minister on the manner in which he has administered his department over the years. I am not engaging in idle flattery, because I know he has too much hair on his chest to fall for that sort of thing. Nor do I want to give hon. members the idea that in my representations to the Minister I got everything I asked for. However, on the rare occasions when the Minister has had to say "No" or perhaps "Maybe" to my requests, I could see his viewpoint.

I have a matter to bring forward that should be of interest not only to the Minister and every member of the Committee, but to every person in the community who is concerned with the growth of drug addiction. On Friday, when I returned from Townsville, I got a trunk line telephone call from a reputable business man in Townsville, who told me some things that astonished me. I said, "I should like you to send that information down to me by air mail so that I can mention it in the House on Tuesday, and tell members of the Committee and the Minister what is going on." It is the case of a man who was admitted to Ward 15 at the Townsville General Hospital, the psychiatric ward, suffering from the effects of alcohol and benzedrine. I have never suffered from the effects of benzedrine. I have suffered from the effects of alcohol, and God knows that is bad enough without suffering from the combined effects of alcohol and benzedrine. From what I can gather from the contents of the letter and the telephone call, as is the case with most drug addicts, this man was very shrewd and cunning. Of course, I am not blaming the doctor or the staff in Ward 15 for what happened, because it is something you or I would have to see before you could realise what was going on. He asked some of his friends to bring him benzedrine inhalers, which may be bought in quantity at any chemist's shop. I suppose he said he was suffering from a cold in the head or something like that, and naturally his friends would oblige. He asked some other friends to bring him small bottles of soft drink and they would, of course, do whatever they could to help his recovery. The soft drink bottle I have in my hand bears a brand very popular in Townsville, which the Secretary for Public Works and Housing, being a teetotaler like me, will recognise.

Later it was found that the patient was not improving as he should have been but the facts were not discovered apparently until after his discharge. At least, I take it he was discharged. My informant, a Townsville business man, writes —

"The victim, who has already spent a period as an inmate of Ward 15 at Townsville through the effects of this same drug and alcohol . . ."

As he uses the present tense, I assume that the patient either is still in the ward or was until quite recently.

The writer says that the method used is to unscrew the cap of the inhaler and pull the inner cartridge from the main tube, removing the cotton wool, which is impregnated with the chemical. The cotton wool is then dropped into the bottle. Apparently benzedrine is readily soluble in soft drink, or lolly-water, as we call it; after it has been allowed to soak for a short time it is absorbed into the soft drink and is drunk straight out of

the bottle. I have drunk many weird mixtures in my time, some of them having a frightful smell, but even if I were half "in the bats" I do not think I could drink stuff smelling like this. The writer says that drinking the solution apparently has the same effect as taking benzedrine tablets.

He makes a suggestion, about which Dr. Noble will no doubt be able to give information. It is necessary to have a doctor's prescription to buy benzedrine tablets from a chemist but a person may buy as many benzedrine inhalers as he likes without a prescription. Any member of the public could satisfy a craving for benzedrine by soaking the cotton wool from an inhaler in water or in soft drink, or even by sucking the cotton wool itself if he could stand the taste of it. Presumably it would have the same effect as taking a benzedrine tablet. That is an example of the cunning of drug addicts of this type.

I will hand the inhalers and the bottle to the Minister after I have finished with them.

Mr. Smith: Watch out he doesn't drink it.

Mr. AIKENS: No, the bottle is empty.

Incidentally, my informant is not the patient himself but a business man who writes about one of his friends who was, and probably still is, a patient in Ward 15. He suggests that benzedrine inhalers, which are sold as a so-called cure for colds, or for clearing the nostrils or bronchial tubes, be subject to the same sale restrictions as benzedrine tablets.

The letter does not make it clear, but if this occurred in the ward the staff could not be blamed. Even if we were in charge of the ward we would not take any notice of a friend's bringing in these so-called inhalers to patients. We certainly would not take any notice of their bringing in small bottles of soft drink to a patient, if he were allowed soft drink. We would not know about it until it was actually brought before our notice that the patient very cunningly was extracting the benzedrine-impregnated cotton wool from the inhalers and soaking it in the soft drink and then drinking the soft drink.

Mr. Devries: Who discovered he was doing that?

Mr. AIKENS: This particular chap discovered him doing it and he took the inhalers from him, whether while he was still in hospital or not is not quite clear. He took the bottle from him that contained the piece of impregnated cotton wool. Apparently the patient had already drunk the contents. He rang me on Friday and then at a lot of trouble and expense he sent these things down to me by airmail yesterday.

Mr. Moore: Has he mentioned it to the hospital?

Mr. AIKENS: He is a very reputable business man and when I return I will get in touch with him. I am certain that he would mention the risk to the hospital authorities. If he has not, then I will. The Director-General of Health is in the lobby of Parliament at the moment and it would be a good idea for him to ensure that the same thing is not happening in other hospitals. It shows how cunning they can become to get outside the drug laws and regulations.

The Government should be commended, not only for introducing the free hospital system into Queensland, but for fighting so hard to retain it against the deliberate attempts of the Federal Government to destroy it. It is no use hon. members of the Opposition saying that there was not a deliberate attempt made by the Federal Government, spurred on by Sir Earle Page acting as stooge for the B.M.A., to destroy the free hospital system in this State. My compliments towards this Government are very sparingly given, as every hon. member knows. However, they deserve them for the fight they have put up to retain free hospitalisation in Queensland for any person who desires it.

Mr. Power: Particularly the Minister for the special work he did.

Mr. AIKENS: Most of the burden would fall upon his shoulders, but he could not do very much without the backing of the Party and without the backing of those who support the Party. It is not very often that I pay a compliment to the present Queensland Labour Government because it is not very often that they deserve it, but they do deserve one on this matter. It is true that our free hospital system is being grievously imposed on by the people from other States. I am only one of 1,200,000 in Queensland, but I know of my own knowledge people who have come from the southern States to Queensland so that they could have an operation performed free of cost in a Queensland hospital. I know of one case of a woman from Tasmania. In Townsville we are particularly fortunate to have the services of Dr. Scott Young. He does all the surgical work for the Townsville General Hospital. There was a suggestion that a surgeon specialist be employed, but he still does all the work himself. He is in the top flight of surgeons in Queensland.

This woman came from Tasmania and stayed with friends in Townsville. She went to the Townsville general hospital as a resident of Townsville, was examined in the out-patients' department in the usual way by the doctors, and marked for a hysterectomy operation. I know what it is although I had to ask someone to tell me the name of the operation. It is a big operation that many women of middle age are forced to have. This particular operation was not done by Dr. Scott Young, it was done at the Townsville General Hospital by the specialist in gynaecology, Dr. Moore, who is particularly proficient in that

line of surgical specialism. He performed this operation on this woman and she recuperated there, went back to her friends and when completely restored to health bolted back to Tasmania. I know another case of a man who came from Victoria and did almost the same thing. He came to Townsville with a hernia condition and worked for a while and then went to the out-patients' department where he was examined by resident doctors and marked for a hernia operation. He went into the General Hospital and was operated on by Dr. Scott Young who did the usual good job. After recuperating he stayed a while in Townsville with friends and bolted off to Victoria. That sort of thing goes on every year. As a matter of fact, a considerable number of our winter tourists in Queensland, particularly those who come to North Queensland, take advantage in some way or other of the free hospitalisation granted to them at the base hospitals there. I do not know how the Government will get over this. I believe that free hospitalisation and medical and surgical treatment should be for Queenslanders alone; and if the Minister can devise a means of making these people from the Southern States who come here to sponge on Queensland's free hospitalisation system pay for the medical, surgical and hospital treatment they receive I am prepared to back him to the limit. I do not know how it can be got over. If a person comes and lives in Townsville for two or three months intending to have an operation there is nothing to say that after the operation he will not go south again. When people do these things to take advantage of a free medical service they are prepared to tell all the lies in the world. I do not know what information the Minister has on this phase of the question, but I am confident that there must be hundreds of southerners who come for free hospitalisation and medical and surgical treatment, and having got it, at no cost to themselves—after a holiday and an operation—they go back to their own State.

Mr. Pizzey: Many people from Europe go to England to take advantage of their free hospitalisation there.

Mr. AIKENS: They may be doing that over there. I am not concerned with what they do on the Continent or in England, but I am concerned with what happens here. If our free medical, surgical and hospitalisation system breaks down it will not break down because of the weight of Queenslanders but because of the weight of the southern visitors. I hope that the Minister and his officers will devise some means of stopping the rot in that regard. It operates in all walks of life. If I may digress for a moment, the Queensland Government give free railway passes once a year to any Queensland pensioner. I had the case of a little wise-guy type fellow who went to Mr. Wood, the pensioners' secretary and asked for a pass from Townsville to Cairns and back. Mr.

Wood, who does all his pensioners' work through me, got me to get the pass for him. I got him a pass from Townsville to Cairns and back. He then came to me and said, "I should like you to get me a pass from Townsville to Melbourne." I said, "What for?" He said, "I live in Melbourne, and I am only up here for a winter holiday." I said, "But I just got you a pass from Townsville to Cairns and return." He said, "Did you get that?" I said, "Yes." He said, "I thought Mr. Wood got it and I was going to have another go at you." I said to him, "You were lucky to get a pass at all. Take it and use it and say no more about it. You are very fortunate to get that." He later approached a Government officer in North Queensland and asked him for a pass to here, there and everywhere else. He then wrote a letter to a high-ranking Government officer in the North. This officer apparently belonged to the same lodge as this little wise guy. His letter commenced, "Dear Brother, I hope you can get me a pass from Cairns back to Melbourne. I have tried Aikens" and so on. The Government officer sent the letter to me. It is still in my office. The moment he told me he was a Melbournite, I told him off, and said he was bludging on a concession given to Queensland pensioners. I immediately informed the Secretary for Labour and Industry, but that advice was not needed, because by the time the Minister received my notification he had also received reports from all over the Tableland and the Cairns area of attempts by this little wise guy to get passes for travel hell, west and crooked all over the Tableland and back to Melbourne. He learned of this Queensland concession and, being a Melbournite, he wanted to enjoy the full benefit of it. Southerners take advantage of free hospitalisation in the same way.

My next point concerns the aboriginals at Palm Island. I shall not have time to deal with their work there or the way they are treated. When they need hospital treatment, surgical attention, or any other attention, they are brought to Townsville in the Palm Island launch. They are taken from the launch to the Townsville watchhouse and lodged in gaol for the whole of the time they are in Townsville. They have done no wrong; they are not criminals. They are not brought over for trial in the police court or Supreme Court. They may be brought over to see the orthopaedic specialist at the Townsville General Hospital, the cancer specialist, or for some other reason, but, because there is no accommodation in Townsville for these unfortunate people for the day, two days or three days and nights or so they spend in Townsville, they are taken to the watchhouse and have to sleep and eat there in the same way as criminals. I think the Minister should at least have some reasonable accommodation set aside for these aboriginals who are compelled by Government requirement to come to Townsville. It is shocking treatment of the original

natives of Australia. They have done no wrong. This state of affairs applies to women and children as well as men. On Palm Island they may live happily and contentedly in their own surroundings, but the moment they are brought to Townsville they are put in the watchhouse. They are taken straight from the watchhouse to the launch when they are being returned to Palm Island. It is shocking treatment. I do not know if it has been brought to the notice of the Minister, but, if not, I mention it now in the hope that he will take speedy action to remedy the position.

Dr. Noble: Are they brought on one of Hayles' launches?

Mr. AIKENS: No, they have a launch at Palm Island. If one of Hayles's launches was used, I suppose the gaol at Townsville would be a welcome relief, particularly if Hayles's launch was loaded with goods and chattels and merchandise, pineapples, barking dogs and barrels of beer and the like.

I understand they are well treated at Palm Island, but that is the shocking treatment they receive when they are brought to Townsville. Specialists at the hospital have complained to me of men being brought to Townsville for specialist treatment and herded in the Townsville gaol for every moment of their stay in Townsville. I do not think it is fair to the aboriginals.

Mr. Smith: The hon. member for Hinchinbrook has often complained about it.

Mr. AIKENS: If he has mentioned it, he is to be commended for doing so. If he has mentioned it I agree wholeheartedly with his contention in that regard.

Mr. Moore: He never mentioned it to me.

Mr. AIKENS: Then he has not mentioned it, for I am prepared to take the word of the Minister in preference to the word of the hon. member for Carpentaria. I have mentioned it here publicly. It is something about which the people of Townsville are very concerned and I trust that the Minister will do something about it.

Dr. NOBLE (Yeronga) (3.1 p.m.): The Department of Health and Home Affairs is a very important department if finance is taken as the yardstick because this year the department proposes to spend £11,302,632. Apart from finance it is a most important department because no other deals so intimately with the lives of the people. It behoves each and every one of us to be a watchdog to see that it is an efficient department. The lay and professional officers are a very efficient group of men devoted to their work and doing a great job for the State. I should like particularly to mention the

Deputy Director-General of Health and Medical Services, Dr. David W. Johnson. For many months he has been a very sick man. He is recovering now and I feel certain that every hon. member of this Chamber wishes him a speedy recovery to health and a return to his office.

Honourable Members: Hear, hear!

Dr. NOBLE: He has been a friend of mine for many years. David and I graduated together and were residents in a Sydney hospital. He is the same David today as he was then. He is tenacious of purpose, enthusiastic in his work and man of whom we should all be proud.

A matter that has gone unnoticed so far in this debate is the Salk vaccine campaign. Great credit goes to the Government for the smoothness of the scheme and the efficient way it has been implemented. In the beginning the Federal Government had the full responsibility of seeing that the vaccine given to the Australian people was safe and would cause no damage to health. We remember the early days of the Salk vaccine drive in the U.S.A. when there was almost a snarl from sections of the Australian public against the Federal Government for not having Salk vaccine ready for immediate use.

Mr. Pizzey: Did not the Minister come in on that?

Dr. NOBLE: There was a general snarl against the Federal Government. That Government are to be congratulated on their caution. Hon. members will remember that there was a dreadful accident with Cutter vaccine and if the Federal Government had not taken full precautions there might have been a repetition of that out here. They went to no end of trouble to prove that the Salk vaccine was safe and could be given to Australian people. It became necessary for the States to distribute the vaccine and I congratulate the Director-General of Health and Medical Services on the efficient campaign. The people of Queensland should praise him for the work done. It must have been a tremendous job. It is probably one of the biggest he has done.

As time will not permit me to touch on all aspects of the department I should like to say a word or two about the hospitals of this State. We on this side of the Committee have from time to time spoken about the centralisation of the Government's hospital policy. The new hospital at South Brisbane is a wonderful example of a base hospital, but this was not the time to build such a hospital. The cottage type of hospital, which we on this side of the Committee have always advocated, would have been far more the answer to hospitalisation in the metropolitan area than any other huge hospital such as that at South Brisbane. Every bed in it is costing the State £7,700 a year, the interest on which is £350 a year. The total cost of running the hospital is £200,000 a year.

I cannot stress too much that it is not bricks and mortar that make a hospital efficient. It is the people who work in it. As long as the average patient is in clean, healthy and pleasant surroundings and has efficient medical care, he will get better. It is only for the more serious types of illness that huge buildings are required.

We on this side of the Committee are very keen on the cottage type of hospital, which can be erected for £1,000 a bed. Why did the Government turn their back on co-operative hospitals in the country? The hon. member for Cunningham has often spoken of the Pittsworth Hospital, which has 15 beds and cost only £12,000. It has everything that a patient needs. Only 25 miles from it is the Millmerran Hospital, with 10 beds. It cost £84,000, or £8,400 a bed. For the interest that will have to be paid on that £84,000, the Government could have subsidised and put additional beds in a hospital such as that at Pittsworth and would have saved money.

I repeat, we on this side of the Committee feel that the time was not ripe for the erection of such a huge hospital at South Brisbane, even though it is a very fine one. Hospitals of the cottage type could have been provided throughout the metropolitan area. They are far cheaper than the huge buildings, and are just as efficient for ordinary medical attention.

I should like to correct a statement made this morning by the hon. member for Mundingburra when we were considering legislation. He said that immediately a war pensioner enters a mental institution, the Federal Government take his pension from him. I rang the Repatriation Department and was informed that the hon. member's statement was completely untrue. If a war pensioner enters a hospital he retains his pension. If he has no family it is kept for him in trust, but if he has it is paid to them. Further, if the patient is suffering from mental illness for which the department accepts responsibility, in addition to allowing him to retain his pension, each quarter it pays money to the Public Curator for the patient's maintenance whilst he is in hospital.

Mr. Morris: That knocks out another exaggeration.

Dr. NOBLE: It is a dreadful thing for any hon. member to make such untrue statements.

I desire to speak this afternoon on a subject that has been very controversial over the last few months. It is not a new subject; as a matter of fact, it has been under discussion since 1869. I refer to the use of fluorine and fluoride in the prevention of dental caries. Fluoridisation means the addition to the water supply of the community of sodium fluoride in certain specific amounts to a level consistent with preventing dental caries and doing no harm to those drinking it. To

tackle the subject properly it is necessary to study basically the arguments of those in favour and of those against. This afternoon I intend to read the arguments in favour of fluoridisation as presented to the people by the Australian Dental Association, as follows:—

“What is fluorine? The term ‘fluorine’ is applied in two ways. Firstly, fluorine is an element occurring in plant and animal tissues. It can be prepared as a gas but does not occur in this form in nature. It is a member of the same family as chlorine (also added to water supplies) and often occurs combined with sodium and sodium fluoride just as chlorine is found also combined with sodium as sodium chloride, the chemical name for common salt.

“Secondly, when a substance such as sodium fluoride is added to water it breaks up into its constituent parts which are known as ions and so the solution of sodium fluoride then contains sodium ions and fluorine ions. When the term fluorine is used with respect to its action in the water supply, it is this fluorine ion that is referred to and not the gaseous element. Fluorine occurs naturally in water supplies all over the world in varying amounts. The usual way of referring to the amount of fluorine in the water is in parts of fluorine per million parts of water.

“In some water supplies, the amount of naturally occurring fluorine in the water is as much as 14 parts per million. It is of interest that tea contains from 100 to 200 parts per million of fluorine.

“Fluoridation of the water supply means adjusting the amount of fluorine in the drinking water of approximately one part per million or to the level which has been previously calculated as being desirable for that particular town.

“It has been scientifically proved all over the world that the intake of certain amounts of fluorine each day will reduce dental decay in children up to eight years of age by as much as 60 per cent.

“How was this benefit discovered? In certain parts of America the drinking water contains considerable quantities of fluorine whereas in towns nearby the water contains no fluorine. Investigations showed that in the town where the fluorine was present in the water there was only one-third of the amount of dental decay. Districts were selected wherein there were towns with approximately one part per million of fluorine in the water, and nearby towns with water supply which contained no fluorine. Fluorine was added to the water supply in one of these towns to bring it up to one part per million. This meant there were towns A, B, and C close together with the same environment.

“Town A had naturally occurring fluorine, town B had fluorine added to the water, town C had no fluorine. An intensive study was carried out over 10 years

and it was found that fluorine, whether occurring naturally or added artificially, decreased the incidence of dental decay in children by approximately 60 per cent.

"At the present time over 1,100 communities are adding fluorine to their water supplies and it is estimated that over 30,000,000 people are drinking artificially fluoridated water.

"It is believed that fluorine acts in the prevention of decay in two ways.

"(a) If, during the formation of the teeth a certain amount of fluorine is ingested, the enamel of the tooth is rendered more resistant to the attack of acids which are formed during the process of decay.

"(b) Fluorine acts as what is known as an enzyme inhibitor. This means that it prevents the formation of acids which takes place on the surface of the tooth when sticky carbo-hydrates such as white flour, etc., are eaten.

"Are there not other means of preventing dental decay? It has never been suggested that the fluoridation of water supplies is the complete answer to the problem of dental decay. Other factors such as dietary ones, oral hygiene—the cleaning of the teeth—regular dental attention are of the utmost importance, and it must be remembered that this scheme is aimed at the reduction of dental disease in children and as such it is by far the most satisfactory measure so far discovered."

"Fluorine occurs in minute amounts in many foods. It is present in butter, cheese, liver, canned fish, honey, tomatoes, lettuce, etc.

"If taken in sufficient quantity, sodium fluoride is a poison, but the minimum poisonous dosage ever recorded in man is 4 grammes. In order to consume this amount of sodium fluoride by drinking water containing one part per million of fluoride, an individual would have to drink 3,200 gallons of water in a day.

"Experimenters have consumed sodium fluoride corresponding to the amount that would be obtained in 200 gallons of fluoridated water in one dose with no harmful effects whatsoever. The question as to the poisonous qualities of fluorine is exactly the same as with other substances. For example, sulphur dioxide, a dangerous poison, is used in small quantities as a food preservative, arsenic is added to beer, etc.

"Common salt if taken in sufficient quantities, is also a poison. It will be seen therefore that in the amounts suggested to be added to water supplies, there is not the slightest possible danger of poisoning, for to approach the poisonous dosage, an individual would have to drink 2,133 pints of water per hour.

"It is a well known fact that small quantities of some substances have the power of accumulating in the body and ultimately causing damage. In the case

of fluorine, if taken in the quantities suggested, it is excreted by the body and has no cumulative effects.

"Does the presence of fluorine in the water cause mottled enamel? Yes. The mottling of enamel is produced by excessive amounts of fluorine in the water but in order to produce the ugly brown patchy enamel referred to, the amount of fluorine has to be 14 times that used in fluoridation schemes.

"Numerous medical surveys have been carried out on groups of individuals living in districts where up to eight parts per million of fluorine occur naturally in the water, to determine any harmful effects.

"These surveys include investigation of blood pressure, blood chemistry, heart disease, tuberculosis, kidney disease, rheumatism, cancer, stomach disorders, bone conditions, and many other medical aspects and there is no evidence whatsoever that even in these high concentrations—eight times that suggested in fluoridation schemes—is there any effect on other parts of the body.

"Fluorine does not affect the taste of the water.

"In the amounts added, fluorine is tasteless, odourless and colourless.

"The presence of fluorine has nothing whatsoever to do with the hardness or softness of the water.

"Fluorine would not affect domestic appliances such as water softeners, washing machines, cooking utensils.

"It will not have any effect on gardens, vegetables or irrigation. Vegetables and plants contain fluorine themselves and fluoridated water has no effects on their growth."

There have not been any complaints from people using water containing fluorine in industry. The report continues—

"Could not fluorine be given in tablets or as a medicine so that only those who wished could have it? Every public health authority in the world including the top scientific body in Australia—the National Health and Medical Research Council—has thoroughly condemned the practice of self medication.

"In any self medication there are untold hazards of over dosage and therefore all public health authorities are emphatically opposed to any measure which could be a potential danger.

"Whereas in the way suggested—the adjusting of the amount in the communal water supply—all possibility of over dosage is eliminated and the amount added is under carefully controlled supervision.

"This is particularly so in Queensland where there is a great variation in the temperature in winter and summer, and because the area of the State is so extensive there is great climatic variation.

"Before any scheme of fluoridation is undertaken, scientific surveys have first to be carried out in order to determine how

much fluid is drunk by individuals in winter and summer. In order to arrive at a safe figure, those persons who are engaged in the most strenuous physical activity and so consume the greatest amount of fluid and also sweat the most are investigated, and in Bundaberg this survey has already been carried out by Professor Macfarlane of the Department of Physiology of the University of Queensland. This safe level is already known for this district.

"Here again it is one of the principles suggested by the Australian Dental Association that before any such survey is made for each particular district concerned, in order that an estimate can be made of the safe amount of fluorine to be added for that particular water supply. For whereas throughout the world one part per million is the average general figure used, in discussion in Queensland it has been found that in actual fact, due to the climatic conditions, the amount required is less."

It is only half a part per million. Some people say that it is quite undemocratic to do this sort of thing, in fact it is mass medication. As pointed out by the Australian Dental Association, far from being a matter of mass medication it is a preventive measure.

The report continues—

"Thirdly, regarding the democratic rights of the individual, in the same way it is undemocratic to have any other public health measure, e.g., sewerage disposal, mosquito control, hookworm control, isolation of infectious diseases, vaccination, immunisation, pasteurisation, chlorination of water supplies? For that matter, if life is to be based on the purely individual desires of each, one should not be compelled to drive a car on the left-hand side of the road nor to obey any other public safety measures.

"Q. Would it be possible for an overdose of fluorine to be accidentally added to the water?"

"A. No. The addition of fluorine to the water supply presents no engineering difficulties and the apparatus used is completely foolproof. Furthermore, there is such a wide safety margin, many thousands of times, that such an accident is an impossibility."

On the other hand there are pamphlets put out by the anti-fluoridation league which have no scientific basis. I discount pamphlets that end up by calling on the deities to prevent such-and-such a fluoridation from taking place. When they call on the deities for such things it is an indication that their arguments are not sound. There is a section of the people who feel that fluoridation has not been properly proved. In the recent edition of the Medical Journal of Australia there is an article by A. B. P. Amies, and Paul Pincus of the Dental School of the University of Melbourne in which they have some doubt whether fluoridation should take place. In view of the fact that not everyone

is in accord with it I think it should be done gradually. Before the water is fluoridated in any area there should be a referendum to get the opinion of the people. The climate should be considered to ascertain the least amount to add to the water to give effective fluoridation without causing harm. In those areas where fluoridation has taken place there is 60 per cent. less decay of caries. That is a matter that the health authorities should consider carefully. I was pleased to learn from the report of the Director-General of Health that he is in accord with fluoridation. We should move slowly in the matter because some people think it should not take place. If we had an area without fluoridation alongside other areas with fluoridation a study could be made of the effects on the children in both areas, and in this way the people could be shown that great benefit to dental health flows from fluoridation.

Mr. H. R. GARDNER (Rockhampton) (3.24 p.m.): The great importance of this department to the people of the State warrants its discussion on a non-political basis. This department takes care of the health of the community. The only difference of opinion between the Government and those who oppose their policy is the method of financing the service.

The Minister is entitled to the encomiums of hon. members on both sides of the Chamber, and while compliments are in order I think we should extend hearty congratulations to the Director-General of Health and Medical Services, members of the medical and nursing staffs, research officers and analysts, and all other employees of the department. They are leaders in the fight for better health. The 12 items in the Vote are set out on page 15 of the Estimates. In the allotted time of 25 minutes it is not possible effectively to cover the activities of more than one of the sub-departments. I shall content myself with hospitals. This is one of the most important items and it involves the largest expenditure. For 1956-1957 the estimated expenditure on hospitals is £10,087,000, and for other hospitals and institutions £320,000, making an aggregate expenditure of £10,407,000. The money must be handled judiciously. Other speakers have mentioned the subsidy from the Commonwealth Government, hospital benefits, pharmaceutical benefits, and maintenance of T.B. sanatoria. The Government will have transferred £2,000,000 from the Hospital, Motherhood and Child Welfare Fund, and no less than £749,000 will be received by way of patients' payments and other collections. Many hon. members have mentioned the position in the metropolitan area. We all recognise the great work done by the Brisbane institutions. The department is to be complimented on all its work, some of which goes unnoticed. Whilst we are able to provide specialist treatment in Brisbane for people from all over the State the department also grants rail concessions to enable them to come to Brisbane for the best medical

treatment. I compliment the department on that aspect of its administration. In the metropolitan area, with its large population, it is very easy for a person to get advice from the best medical brains on Wickham Terrace. People in the country, in the out-back parts of the State, should get every consideration, and this is where hospitals boards come into operation. They have contributed to the general scheme away from the metropolitan area in giving a better medical service. But there is one point that I want to place before the Minister for his consideration. Rockhampton is a city of 40,000 people. The population of the Central District is approximately 104,000 but we are not able to get many specialists to come to Rockhampton and centres in the Central District. It is true that we can send our patients to Brisbane. I hope the day will come when we will be able to convince those with the highest qualifications in medical science that they should be prepared to practise in Rockhampton. They are gradually establishing themselves in Townsville. They should be able to get a reasonable living in Rockhampton. The time has come when the Government might be able to arrange for specialists to be transferred so as to take up duty in the Central District or at Rockhampton. If they took up practice at Rockhampton they could cover the Central District perhaps with a subsidy to make their earnings commensurate with what they would receive in Brisbane. Rockhampton men have qualified as specialists and have been so regarded by the Director-General of Health and Medical Services. It is surprising to know the number of cases that come to Brisbane for specialist treatment at the Brisbane General Hospital. Outside centres cannot be left without the help of the best brains in the medical world. Imagine having to seek a railway pass to bring a patient from the base hospital at Rockhampton to Brisbane for further treatment. Fancy people having to come from Longreach to Brisbane for medical treatment. Surely the treatment could be given at Rockhampton by specialists who were guaranteed a good living in that city.

Grave difficulties are associated with getting doctors to go to outside centres. As an example, quite recently the railway men in Alpha threatened to cease work because the Minister could not get a doctor for the Alpha hospital. It is unfair for people to hold a pistol at the head of the Minister and demand that he get them the services of a doctor overnight. Many young doctors will not go to outside centres unless they receive some compensation for leaving the metropolitan area. I suggest that the salaries paid to doctors in hospitals outside the metropolitan area should be reviewed.

Dr. Noble interjected.

Mr. H. R. GARDNER: There should be an interchange of medical men, but we have not enough of them. Young doctors will not go to the outside centres unless they are given

adequate salaries. Only the other day the hon. member for Mackenzie said that there was no doctor at the Cracow hospital. The people there are entitled to the services of a doctor. If I were a young doctor, however, I would stay in the metropolitan area to get experience. Then, when I had enough experience to go to some outside centre, I would want a guaranteed income.

I pay a compliment to the members of all hospitals boards throughout Queensland. It has been said that they do no work, but I can assure hon. members that they work hard year in and year out. They give up a good deal of their time in the interests of the people. Theirs is work of a humane nature, and they are to be complimented on the time they devote to helping their fellow men. The Rockhampton Hospitals Board controls the Rockhampton General Hospital as a base hospital. There is also a hospital at Yeppoon, which has a static population of about 2,400 and a summer population of about 6,000. It controls the Westwood sanatorium, a 75-bed institution averaging 50 to 52 patients. It looks after Ogmoo, too, a small centre 100 miles away; it gives a clinical service once a week as far afield as Comet, and it gives a hospital service to the Woorabinda native settlement. The board members give up the first Sunday in every month for a meeting at the Westwood sanatorium and committee meetings are held at least once a month, so that if a man is on a committee that meets another day he may attend three or four meetings a month.

Toowoomba and Rockhampton are comparable in population and in hospital maintenance costs. Last year the costs for Rockhampton were £374,000, and for Toowoomba £338,000. I am proud of the administration of the Rockhampton Hospitals Board and of its medical and nursing service.

I often wonder whether the man in the street realises how much the Labour Government have done for him and particularly what free hospitalisation means to him.

Last year the average daily cost of the four main institutions under the control of the Rockhampton Hospitals Board was—

	£	s.	d.
Rockhampton Hospital ..	4	7	7
Yeppoon Hospital ..	3	5	6
Westwood Sanatorium ..	4	1	0
Woorabinda Hospital ..	1	14	2

In 1955-1956 the Rockhampton hospital treated 4,176 in-patients and 16,554 out-patients plus 798 staff cases, making a total of 15,756. The State Dental Clinics have done a remarkable job. In Rockhampton, Bluff, Westwood, Yeppoon, Ogmoo and Woorabinda a total of 3,539 cases were attended to. The total number of attendances for treatment at dental clinics within the Rockhampton area aggregate 13,727. That gives some idea of the work that has been done. Nevertheless it is only a small phase of hospital administration. The free

hospital system of the State must be maintained. I regretted to hear the hon. member for Mt. Coot-tha suggest the other day that we should apply the means test to people who require hospitalisation. The people of this State are entitled to free hospitalisation. The Government look after the people from the cradle to the day they die. Pre-natal clinics assist mothers. Children are looked after from the day they are born. When they are old enough they receive their education. Throughout their childhood the Government's medical services are available. When they reach adulthood and commence to work for their living they are catered for by the various health institutions. The State Government Insurance Office offers protection by compensation payments for industrial diseases and accidents. Eventide Homes are provided by the Government for the aged. This great scheme should be maintained all along the line. After all, what is £10,000,000 spent in Queensland on the health of our people? If we do not have healthy people we will not have a productive State and we will not develop as we should like to develop. The secret of success in Queensland, and indeed Australia, is fit and healthy citizens who can do a fair day's work for a fair day's pay.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (3.49 p.m.): I congratulate the hon. members for Kelvin Grove and Bremer on the way they outlined the good work of the department. They can constructively debate the Vote because they are so well versed in the policy and administration of the Government in health matters.

The hon. member for Southport discussed many matters, including the Royal Flying Doctor Service, and the Red Cross Blood Transfusion Service. He spoke of his own personal experience at the Radium Clinic. There is no doubt that an excellent job is being done in that field. Within the next few weeks the linear accelerator for the treatment of deep-seated cancer will be operating. It will mean that much better work can be done by the staff there. We are only waiting for the designer of the machine to give us the all-clear, and the staff will use it. The house for the machine has been completed, and in designing the rest of the building modern accommodation will be provided for staff and patients.

The hon. member for Southport also mentioned a subject dear to his heart, the Southport Hospital. I am pleased to be able to state that the board and the architects are now in consultation on the design of the remaining blocks, and probably the hospital will be larger than was originally planned in order to meet the requirements of the growing population in the district.

The hon. member for Mundingburra dealt with many matters; probably some of his statements were a bit far-fetched. Unfortunately, we do get a few cases like the ones that he referred to. It is very difficult to

legislate or make regulations to prevent absolutely any abuse by unfortunate types mentioned by the hon. member. If we had statistics on this matter I think it would be found that only a very small number of people offended. Now that these cases have been brought to the notice of the authorities, they will be on their guard against abuse in the future.

We have a State hostel at Marburg for the inebriates where much good work is done for them. The hon. member said the natives who came from Palm Island for medical treatment had to stay at the police station. It is true that they stay at the police station, but not as criminals. Excellent meals are provided for them by the police and they are allowed to wander at their own sweet will. I do not think that any harm is being done. Plans have been drawn and a contract has been let for a hostel for natives at Townsville, and when it is completed the natives from Palm Island will be able to use it. All hon. members will support the hon. member for Yeronga in his good wishes to Dr. Johnson whose health is on the improve. He is a remarkable man. He was never blessed with good health. His life story might be written later, a story of a man who overcame great difficulties and showed great fortitude and optimism, one who did a wonderful job in the Department of Health and Home Affairs.

The Salk vaccine campaign has gone very well. It is something new, and all sections of the community, Press, radio, teaching and nursing staffs have co-operated very well. Many people have been immunised against that dread scourge of poliomyelitis.

In the matter of the South Brisbane Hospital, the hon. member for Yeronga was at variance with most world authorities on hospitalisation. The Brisbane and South Coast Hospitals Board and the department do not embark blindly on a project of that magnitude. World-wide authorities, members of the medical profession, university professors, hospital specialists and general practitioners were consulted. The modern concept of a base hospital is one of 500 to 750 beds. Building commenced after all that information was obtained by board members, architects and others.

In the course of a discussion the architect informed me that the life of a building such as the South Brisbane Hospital is from 85 to 100 years. Over that period it will prove an excellent investment. That is not the last institution that will be provided in the metropolitan area. The city is spreading. When the present hospitals are working to full capacity the Brisbane and South Coast Hospitals Board will have to take steps to provide further accommodation in the suburbs.

The remarks of the hon. member for Yeronga about fluoridation were very interesting. I refer hon. members to pages 3 and 4

of the Annual Report of the Health and Medical Services. The recommendations of the select committee appointed to consider fluoridation are set out in detail.

The hon. member for Rockhampton opened some interesting avenues of discussion. Small hospitals must be given every consideration, and all concerned are doing their best to see that they are provided with competent doctors. There is a shortage of doctors at the moment. The salaries of medical superintendents in country hospitals are reviewed from time to time. The doctors at all small hospitals are given the right of private practice as an incentive to go to those places. When the shortage of doctors is overcome, the staffing of small hospitals will be easier. The decision to go to a small hospital is a matter for the individual doctor. The Government have provided a number of fellowships and those who qualify work under contract with the Government. They are giving excellent service to the people of the State. I mentioned earlier that the Government have decided to increase the number of fellowships, but no benefit will be felt until those students qualify.

Mr. DEWAR (Chermside) (3.59 p.m.): The hon. member for Rockhampton dealt at length with free hospitalisation, a phrase often used in political campaigns. I wonder why people are ready to believe such a catch phrase. Free hospitalisation brings to mind the other catch-phrase—free education. It is a misnomer if ever there was one. There is nothing free in the world, particularly anything provided by governments. Governments do not make money; they spend it, and if they are in a position to give some service it is only because they get revenue from each and every person in the community who has to pay for the service. Somebody must pay. Somebody pays for it. The community has developed the attitude that the only way to sell a policy is on the basis of something for nothing. Such an attitude is beyond me. I do not know of anything worse than to encourage people always to be looking for hand-outs.

Page 20 of the Estimates shows just how free the hospital system is. The hon. member for Rockhampton made a very good speech, sound and unbiased, and above all, non-political. He said that £10,000,000 was being spent to provide free hospitalisation, but when we look at the bottom of the page we find that although £10,407,000 will be required for hospitals in 1956-1957, £749,000 will come from patients' payments and other collections, £2,000,000 from the Hospital, Matherhood and Child Welfare Fund, £1,150,000 from the Commonwealth for hospital benefits, £325,000 as a contribution by the Commonwealth for the maintenance of tuberculosis sanatoria, and £210,000 as a contribution by the Commonwealth pharmaceutical benefits. Over £4,000,000 of the £10,000,000 will be provided from other sources, leaving a balance of £5,973,000 from

revenue obviously from taxation. Well over £1,500,000 will be made available by the Commonwealth Government and £750,000 will come from patients' payments and other collections. The sum of £6,000,000 will be taken in taxation from the very people who are to receive this alleged free hospitalisation. Nothing in the world is free.

Mr. Aikens: Coming from the rich to benefit the poor!

Mr. DEWAR: The poor might pay more taxation in comparison to income than the rich. Taxation hits everybody and everyone is paying now for the free hospitalisation policy of the Queensland Labour Government. In this continued propaganda free hospitalisation and the treatment of people from the cradle to the grave there is an avenue of work in which I am intensely interested.

Over the past few years great work has been done amongst spastic children, sub-normal children and the oral deaf. The organisations dealing with these cases have had to take the initial step to have something done. The Government did not do it, it was done by private people. At no stage have the Government provided all the money for the treatment of afflicted children, who are just as much entitled to what is alleged to be free hospitalisation as any other person in the community. I point out these things to show that free hospitalisation is a myth. It is a good talking line for the Labour Party at an election.

What I mainly want to speak about is the work being carried on for the benefit of spastic and sub-normal children. I intend to refer particularly to spastic children, because I know something of the work being done for them. During the last two or three years many hon. members—particularly the hon. members for Burdekin, Isis and myself—have appealed for some recognition of the work of the Sub-Normal Children's Association, and I am very pleased that it is now getting a Government subsidy. The people in the organisation deserve all the assistance they can get, and I commend the Government for their action. As most hon. members know, I have been closely associated with the work of The Queensland Spastic Children's Welfare League.

Mr. Aikens: As a matter of fact, that is your only good point.

Mr. DEWAR: I have been told that by other people.

During the last 10 years there has been a great change in the outlook for the future of the spastic child. Facilities now available in Queensland for the education of spastic children are equal to, if not better than, those anywhere else in the world. There is at New Farm a very modern treatment centre, and next Saturday the hostel, which has been converted from the old treatment centre, will be officially opened. The hostel will be able to accommodate 32 children from country

centres. At present 200 children are being treated at New Farm and, in nine modern classrooms built by the Government to the standards of the League's architect and one classroom built by the Centre, 114 children are being educated, 14 of whom are from the country. In the new school year it will be possible for 32 more country spastic children to be accommodated at New Farm at no cost to their parents. They will get education, as well as physiotherapy and occupational therapy treatment. The Department of Public Instruction provides the teachers. The children at the Centre receive free the most modern treatment and the best education that can be provided. It will be possible for a spastic child from any part of Queensland to be accommodated at the New Farm centre, treated and educated till he or she attains 16 years of age. That opens up a new horizon for all spastic children. An excellent centre at Rockhampton will probably be opened at the end of the year. I hope the Department of Public Instruction will be able to provide a teacher for spastic children in the new year because there may then be enough children of educable standard to warrant it. The standard is, of course determined by the Department of Public Instruction.

The people of Rockhampton hope soon to be able to raise enough money to provide for domiciliary care for country children. Because of the cost, it will never be possible to give every facility at each centre throughout Queensland. It will always be necessary for very bad cases to come to Brisbane. It is therefore desirable to have the very best facilities available at the main centre and to decentralise facilities for less serious cases.

Mr. Aikens: Do the spastics people work in conjunction with the crippled children's home at Townsville?

Mr. DEWAR: No, there is no connection. The treatment of spastics is separate altogether from the treatment of crippled children. So many spastic children are not educable whereas crippled children usually are. The difference between spastic children and crippled children is as great as the difference between chalk and cheese. The spastic child requires specialised care.

Mr. Devries: Rotary is very interested in the spastic centres.

Mr. DEWAR: The spastic appeal committee of which I have been vice-chairman for five years was started by the Valley Rotary Club. Rotary throughout Queensland, Apex and Junior Chambers of Commerce have done a mighty job for the spastic children. The new centre is in the Minister's electorate and when it provides accommodation for 32 country kiddies it will be possible for the spastic children of Queensland to receive care of a standard not bettered anywhere else in the world.

I raise another matter with some diffidence because it represents one of the greatest tragedies in my life. What happened to me has probably not happened to any other member of Parliament and I deem it my duty to acquaint hon. members of it. I do not want any publicity whatsoever about this. I am merely placing it before the Chamber because something should be done. On 23 June my mother was killed. It was a Saturday evening. I was taken to the mortuary at 10 o'clock that night to identify her body. I found that an appalling state of affairs existed. It took fully five minutes to get into the grounds that house the building. It took another interminable period to get into the building itself. It took five minutes to find the electric light switch. It was a very wet and foreboding night so I had my overcoat with me. I took off my hat and coat but there was nowhere to hang them. I could see only dusty old shelves so I carried them in my hand. I went through the process of identification. I found that my mother's body had to stay there over the whole week-end because there was no medical officer on duty to perform an autopsy before Monday morning. This is wrong in any community that calls itself Christian. I will not rest until something is done about it. It simply means that if a person is unfortunate enough to lose his life on a Saturday nobody is interested in the body until Monday morning. I cannot see any reason why medical officers on duty at the General Hospital could not be called in. I cannot see any reason why relatives should be subjected to the harrowing experience of having to go to that place for identification purposes and then to leave their loved ones there for two days. It is all wrong. In the last month or so I have seen evidence of work going on down there. The exterior of the building is being renovated and I hope something is being done to the interior too. No doubt things like this probably happen every week-end. Probably one family is subject to this experience every Saturday or Sunday. I strongly press for autopsies to be made over the week-end at the General Hospital or that the services of a medical officer from the General Hospital be made available so that relatives may then take the body and place it in the hands of funeral directors. They would feel a great deal happier if they could do that rather than know that their loved ones are lying in the mortuary.

Mr. Aikens: You could have taken your mother's body away. The Government have no power to keep your mother's body if you want to take it away.

Mr. DEWAR: The Coroners Act lays down specifically that the body remain there until an autopsy is carried out. I found that out before I left the place. I found that the autopsy could not be carried out until 9 o'clock on Monday morning. The officers of the Health Department were extremely kind. I contacted the officer in charge of autopsies and arranged to have the autopsy

carried out with the utmost expedition on the Monday morning. Under the Coroners Act it was impossible to do anything before 9 o'clock on the Monday.

Mr. Aikens: Could your own private medical practitioner have carried out the autopsy on Saturday night or Sunday morning?

Mr. DEWAR: I do not know enough about the position, but apparently the autopsy must be carried out by a Government doctor. There was nothing I could do about it in any way. I cannot rest until something is done to eliminate the risk that other people may suffer the same harrowing experience. The State is interested in collecting taxation from people while they live and in collecting probate duty from their estates, but if they are knocked down and killed on a Saturday night the State is not interested in them until Monday morning. It is wrong that such a state of affairs should exist in any Christian community and I demand that something be done to correct it. We cannot allow such a condition of affairs to go on.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (4.21 p.m.): The statement by the hon member surprises me. The morgue is on call day or night. I understand that when Dr. Tonge is not available his assistant is. I assure hon. members that this matter will be investigated by me immediately. I can assure the Committee we shall make arrangements to see that such an incident does not happen again.

Dr. Noble: I understand that when the body is examined by the relatives it is not even covered up.

Mr. MOORE: I shall have a close examination made of the conduct of affairs at the morgue. I can assure hon. members that a similar incident will not happen again. Plans have been drawn for a new morgue and we are trying to find a more suitable site for it. The number of postmortems at the General Hospital and at the morgue are about the same. Again I assure the hon. member for Chermside that the matter will be investigated immediately.

Mr. SKINNER (Somerset) (4.24 p.m.): I congratulate the Minister, the Under Secretary, the Director-General of Health and other officers of this department on the great work they have done in building up an efficient health service for the people. All fairminded people appreciate the Government's health service. An efficient health service should always have priority over all other Government services. The people should be told the cost of our hospital services. It is gratifying to know, despite the grave financial problems, that every effort will be made to maintain the present standard. Free out-patient attention is provided even for the patients of private practitioners. The public should be told that treatment in a general

hospital ward is free and that for private accommodation a charge must be made. The provision of private rooms and wards adds to the cost of new hospitals and the cost of alterations to existing hospitals. It cannot be denied that the private rooms and wards are of the highest standard. Recently I had the privilege of opening the new private ward block at the Nanango General Hospital. The services and conditions in those private wards were beyond the expectations of the people. They were amazed. The charges of £2 5s. a day for a private room and 35s. a day in an intermediate ward of two or three beds are not exorbitant. They are accepted by the people as fair charges.

I view with concern the exploitation of free hospital services in this State by southern people. There should be some restriction. I am not speaking of a person who becomes ill while on a visit to Queensland. He or she is entitled to the best service that we can provide. I am speaking of people who come to Queensland solely for the purpose of taking advantage of this service. They are exploiting this concession, possibly to the detriment of some Queenslander who is unable to obtain a bed. A residential qualification may become necessary. The authorities may have to check the electoral rolls to make sure that the person seeking admission is on the Queensland roll. They would then have to determine whether the visit was planned to obtain free hospital treatment or whether it was a case of emergency. The decision would be a difficult one. This exploitation by southern people of our hospital service could destroy it. The public are entitled to the best possible service, from pre-natal care to the treatment of senility.

I have great regard for the work of the Maternal and Child Welfare branch and the optical and dental attention given to school children in the State by the State Schools Health Services Branch. Furthermore, we have the services made available by dental clinics, the work of the State Children Department, the care of the aged in "Eventides" and the care of the senile. The senile are now being accommodated in homes removed entirely from the environments of mental institutions where they have previously been accommodated. Hospital blocks have been provided for the care of the sick old women and men of this State.

Because of the foresight of Labour Governments in approaching the subject of social services we now lead every State in the Commonwealth in this humanitarian work. Our people are not only endowed with free hospitals but also have the best social services. Above all we have removed from the minds of the people the fear complex of being financially embarrassed when faced with sickness. It is one of the greatest things this State has given the people, because nothing is more detrimental to people faced with illness than to have financial worries. I repeat that the Queensland Government have endowed the people with

the best services available and have removed the fear complex about financial worry. They have contributed greatly towards a reduction in the infantile mortality rate and the incidence of trachoma in western children. The work of the State Children Department has considerably lessened the burden on the shoulders of unfortunate widows and mothers who because of the loss of the bread winner or the husband found themselves placed in the position of having to care for children. I pay a tribute to the Director of the State Children Department, Mr. Harris. I have had to interview him on behalf of people in my electorate and I know the sympathetic attitude that he adopts. We in this State have nothing to fear from the happenings in other parts of the world where waifs in the streets feed from scrap bins. That could not happen in this State. The State Children Department has helped to eliminate much child delinquency. The greatest contributing factor in child delinquency is lack of parental control. It is of no use blaming the children, castigating them, saying that they are responsible. Were it not for the work of the State Children Department, which cares for the unfortunate children of widows and deserted mothers, there would be much more child delinquency than at present. At a later stage I shall quote a statement by Mr. Harris on the matter.

I intend now to make a comparison between the expenditure by the State Government on hospital services in the State and that by the Federal Government. The estimated expenditure this year is £11,302,632, approximately 50 per cent. of which is for hospital services, and 25 per cent. for mental hygiene services. The State Government are contributing £5,005,248 from Consolidated Revenue and there is a further payment from the Motherhood and Child Welfare Fund of £2,500,000, a total of £7,505,248.

I think it was the hon. member for Chermiside who said that consideration must be given to the contribution by the Commonwealth Government. He forgot to point out, however, that the people of Australia are still paying the social service tax. The contribution by the Commonwealth Government as a subsidy at the rate of 8s. a bed for people other than pensioners and 12s. a bed for pensioners amounts to £1,048,583, whilst the pharmaceutical benefits amount to £270,830. The contribution by the Commonwealth Government, therefore, is £1,319,413 compared with the payment by the State Government of £5,005,248 from Consolidated Revenue and £2,500,000 from the Motherhood and Child Welfare Fund.

An anomaly exists in the bed subsidy paid by the Commonwealth Government to this Government, particularly when one considers the cost to the State of maintaining people in hospitals. The State receives 12s. a day for every age pensioner who occupies a bed in a public hospital. In addition, the pensioner gets the full amount of his pension,

that is, £4 a week. The pension is not reduced. In the case of an age pensioner who becomes an inmate of an Eventide Home, the Commonwealth deduct £2 12s. a week towards the cost of his maintenance in the home when the full cost per capita is £6 2s. 6d. a week. If the pensioner occupies a bed in the hospital block at the home, he still gets his £1 8s. a day, the residue of his pension after the deduction of the £2 12s., but the payment of £2 12s. to the State ceases and the subsidy is paid on the bed. If the pensioner is admitted to the General Hospital he retains his full pension and the State is paid the subsidy of 12s. a day for the bed. I cannot see any justification for the difference.

To go further, if the pensioner becomes an inmate of a mental institution his pension ceases automatically. There is certainly no justification for differentiation between physical sickness and mental sickness.

The bulk of the money for mental institutions is provided from State funds. The only contribution by the Commonwealth is £1,400,000, Queensland's share of the £10,000,000 made available for the construction of new buildings for the mentally ill. We cannot claim it until we spend three times that amount, or £4,200,000.

The Commonwealth provide the money for special buildings for the care of mentally ill ex-servicemen through the Repatriation Department and the State has the right to admit ex-servicemen to the institution, so the Commonwealth Government are to be commended for that. The State Children Department is one of the most important sections of the Department of Health and Home Affairs. I pay tribute to the work of the sub-Department of Native Affairs under the direction of Mr. O'Leary. We must all acknowledge the care, education, health services, and suitable housing at the various homes and settlements for the aboriginal population. The value of the work is reflected in the fact that less than 50 per cent. of the total aboriginal population seek to remain in the custody and control of the Department of Native Affairs as residents in the various homes and settlements throughout the State. We have only to look at their exhibit at the Royal National Association Exhibition to readily understand how these people can assimilate teachings and trade training to fit themselves to earn a living for themselves and families.

The functions of the State Children Department are set out under seven headings by the Director, Mr. Harris, namely—

“(1) To assist the widow, wife of an invalid pensioner, or other deserving mother, or relative, with finance to rear her young family.

“(2) To care for under-privileged children who, for various reasons, become the responsibility of the State as its wards, to rear, educate, and to place in employment.

“(3) To protect young life as required by the Infant Life Protection Acts and particularly to see that children of tender years are not permitted to be placed in undesirable and unsavoury surroundings.

“(4) To watch carefully the interests of infants placed for adoption, and of prospective adoptive parents.”

(Time expired.)

Mr. FLETCHER (Cunningham) (4.48 p.m.): I have been thinking for some time that the Minister would be disappointed if I did not take the opportunity to discuss community hospitals and his attitude towards them. I do not want him to misunderstand me and think that I am overlooking the many very good functions of his department. As a matter of fact, I have had a very happy relationship with the heads of his department. I have always been given a most courteous and helpful reception. They are serving the State well. Many things they are doing I approve wholeheartedly. Westbrook Farm Home for Boys is one which I hope I will have an opportunity to discuss on that Vote.

At the moment I wish to make a few comments on the Minister's attitude towards what he calls private or community hospitals. I listened to him most interestedly when he made a plea for the rationalisation of our thinking on hospitals. I considered it was a good idea on his part, but he went on to discuss his attitude towards community hospitals, country hospitals, or as I like to think of them, the examples of self-help in the small country communities. He said it would be wrong for the Government to build too many small hospitals in areas that were too close to larger institutions. That is a self-evident fact. It is a matter of opinion as to how close you can build hospitals before they become uneconomic or unwise, or how small a community should be before it is too small to support such an institution. The Minister went on to say that over-zealous people had gone ahead in small country towns and built what he termed small private hospitals. He went on to say that they were obviously too close to public hospitals and that they were doomed to failure. He was obviously referring to the ones on the Darling Downs that we discussed before. Again it is a matter of opinion as to when a community is too small or a hospital is too small to be doing a justifiable job for the community. It is also a matter of opinion whether those hospitals are doomed to failure. It is a matter of opinion what constitutes a failure for what constitutes a failure in a financial sense may represent a most successful community effort for as long as it exists. The one with which I am concerned at Pittsworth is of this size, and since its inception eight years ago it has had an average of 7.5 occupants, which is a considerable number of patients. For several months it has had, and now has, an average of 9.1, which is a considerable number of patients.

The last year for which the records are available they had 500 patients in bed, and that, too, is a considerable number. There were 60 babies born there during that year. Does that not constitute a necessary unit in the hospital programme of the State and something that constitutes a most valuable amenity to the people living in the area. It is valued by every man and woman and it is one that they would regret losing very much. If I were in the Minister's position I too would regret the failing of such an institution. The Minister said that few seriously ill people would want to enter a small hospital which would be relatively ill-equipped and would not have the necessary medical or nursing staff for serious cases such as would be found in the great modern hospitals which would be serviced by specialists. That is a general proposition and I do not think it is a fact. Those of us who believe in community hospitals never wanted to hold them up as specialist institutions. We want them to be cottage hospitals that will take care of those patients who do not need specialist attention; and they are in the majority. These cottage hospitals are not ill-equipped; they are as well equipped as any hospital in the State. Doctors and nurses have expressed the opinion that there is not anything better in the State than those very much maligned community hospitals on the Downs. There is nothing lacking; they have everything except those things that require specialist attention. You can disregard the claim that they are more or less disfranchised by the fact that they have not specialist equipment. They are not catering for that, they are catering for the run-of-the-mill cases which comprise the majority.

The Minister said that, if the Government subsidised these hospitals, misguided enthusiasts would build them throughout the State and bring about the condition that led to the abandonment of the old voluntary system. I do not think that is a fair statement. Other than the hospitals discussed last year and the year before, there are few hospitals of this type in existence. The Government would not be committed to a general principle. They could say in advance that they would subsidise only under approved conditions. The Government at all times would have absolute control of the situation. The people could be told, “If you build a hospital here, the Government will not grant a subsidy, because obviously it will not be a good proposition, but if you build it over here the Government will subsidise it.” There would be no danger of an embarrassing precedent. The Minister's statement can be discounted. He spoke with the air of having finished the argument, of having wiped off country hospitals for reasons that were good and sufficient, reasons that could not be questioned. That discloses that he does not know the situation or—

Mr. Moore: I know Government policy.

Mr. FLETCHER: Or does not care. I think it would be kinder to say he does not know. That he does not care would be unthinkable. If he knew the position, and he should know it, I think he would agree that we deserve better consideration, and that country hospitals should not be wiped off for the reasons advanced by the Minister as complete justification for refusing subsidies.

It has been said that we must have a sympathetic Minister. I think the Minister, with all other hon. members, agreed with that statement. Health services are the most important aspect of community life and we must have a sympathetic Minister, but my irresistible impression when the Minister spoke of community hospitals was that apart from that subject he was sympathetic, but on that subject he did not have a sympathetic trait. He seems to have an automatic antagonism to subsidising what he refers to as private hospitals. The hospitals of which I speak are not private hospitals in the true sense of the word. They are community, non-profit hospitals and deserve special attention and consideration for that reason alone. We do not get the sympathy we deserve. I have seen a more sympathetic expression on the face of the crocodile in David Fleay's zoo than the expression on the face of the Minister when he spoke of country hospitals. The Minister should visit these hospitals to get the facts. He might then change his mind. I take the opportunity of inviting him to visit them and consider them from every angle.

I object—I think that word is appropriate—to the Minister's reference to the men who have worked and are working very hard and unselfishly for community hospitals. He said they were misguided enthusiasts.

Mr. Moore: What is that?

Mr. FLETCHER: Misguided enthusiasts who went ahead and built hospitals on the Downs.

The argument for a subsidy has been voiced here so often that it does not require reiterating. These men went ahead and provided something for themselves. They want a subsidy to make conditions more attractive. The fees could then be reduced so that every section of the community could afford them. Of necessity a reasonable fee has to be charged to endeavour to balance the budget. At the moment it is 14 guineas or 15 guineas a week depending on whether a patient takes a private room or one with two or three beds. It does not pay its way. If it was subsidised on a reasonable basis they would be able to lower their fees. The working man cannot go to our hospitals no matter how much he desires to despite the fact that we have a 9.1 bed average. These men built the hospitals with their own hands because they wanted to provide a service for the people in the places where the people wanted it. They deserve commendation and

I do not think that they were misguided enthusiasts at all. The Minister said that he would like the whole business of hospitals treated on a non-political basis. I could not concur more wholeheartedly with him. I cannot believe that the question is always treated on that basis because the impression I have had on many occasions when free hospitalisation has been mentioned is that the Government have considered the political value rather than the humanitarian value. That impression was strengthened here three weeks ago when there was cross firing across the Chamber regarding free hospitals and the Minister interjected by saying, "It was good enough for us to win two elections on." It is a pity if that expresses his attitude of mind.

Mr. Moore: Come to my electorate and have a go at me next election.

Mr. FLETCHER: That is irrelevant and nothing to do with the matter. Free hospitalisation is a fine ideal to strive for.

Mr. Moore: You are opposed to free hospitals and why don't you say so.

Mr. FLETCHER: I am telling the truth and the whole truth. We often hear truths here but not always the whole truth. I believe in free hospitalisation and in its aims and objects. There is nothing finer than aiming for free hospitalisation when a person is sick. That is something that a civilised community should take pride in and cater for. The most desperate fear of the wage-earner is that he might get sick and his dependants would be thrown into complete distress or that he may become a burden on his family. To dispel this fear and give security, free hospitals is a fine thing to work for. Poverty and ill-health have always gone hand-in-hand and the knowledge that a man not blessed with much money can go to a hospital free of cost is a splendid thing. I support the idea that no man should be denied hospitalisation because he has not got enough money to pay for it. I take the opportunity of doubting the wisdom of its method of introduction and implementation. I think there are better ways of doing what is already an important thing. In the first place it is called free hospitalisation but would it not be better to say hospitalisation at the public expense. One of my colleagues when speaking today said that everything has to be paid for, and if we do not pay directly we pay indirectly. But can we afford the large amount of money this particular policy is costing? The Treasurer told us that we were short of money for our development. The attitude adopted by the Commonwealth is the better and saner approach by the institution of a Commonwealth health scheme or insurance policy. It is better than the idea which is often suspect of springing from politics. The Commonwealth Scheme engenders a spirit of independence and self respect whereas the idea of a free handout is inclined to destroy

that. All men should pay their way. I would not, of course, abolish free hospitalisation. It is the sort of amenity that once you give, you cannot take away. However, it could be modified along the lines of insurance. The people should pay their way through a scheme of national insurance. That would avoid the ridiculous position that allows people who take out insurance and get free hospitalisation to take their insurance benefits home. Good luck to them if they can do it, but the whole idea of that sort of insurance was based on payment for hospitalisation. Here, because the Government insist that hospitalisation should be free, the ridiculous position arises that people who are properly insured make money out of going into a hospital.

Hospitalisation in Queensland is free only on certain conditions. For instance, you cannot have your own doctor, which is very important to anyone who is sick. You can have it only under certain conditions, one of which is inhuman centralisation. Brisbane's beautiful General Hospital is a monument to many things: the thousands of weary miles that patients and visitors have travelled to get there; the thousands of weary hours they have waited in the ante-chambers in awful conditions before they could see the people they came to see; the heartaches of many mothers because it is in Brisbane and they live too far away to visit their sick children; the loneliness of many children who know their parents cannot travel so far to visit them, and the transport that people have to use to get to it. It is a beautiful building to look at, but I would rather that the men responsible for it had looked at it through their hearts and said, "How can we do a better job without centralising?" They should have built 20 smaller hospitals throughout the suburbs, hospitals that would go nearer to the patients. That would not have affected adversely the efficiency of the service, but would have brought much greater convenience and happiness to the people whom it was designed to serve.

The whole idea of free hospitalisation has been broken down to a certain extent, because intermediate beds are available at a price. There you can have your own doctor. If the Government were consistent, all hospitalisation would be free.

The Minister has said that small country hospitals were built ill-advisedly. I cannot agree with him. They are splendid institutions. When we started to build ours we were not told not to build it. We were warned that the building would not be taken over, but we were commended on all sides for building it. Several men in Brisbane, including Dr. Fryberg and Mr. Coll, and the secretary of the Toowoomba Hospitals Board, gave us a great deal of encouragement because they said our hospital would overcome much of the congestion at the Toowoomba General Hospital.

When Dr. Fryberg opened our hospital he said something that is good enough to go on record. This is a report of his speech—

"Extending his congratulations to the residents of the Pittsworth district on their practical example of self-help, Dr. Fryberg said that the community hospital movement was spreading throughout the world.

"The voluntary hospital system failed in the past because of lack of public support and limitation of the number of active workers," Dr. Fryberg continued. "Don't let this happen here. Today's costs of maintaining a hospital are great, and the project will need the assistance of everyone if it is to be successfully maintained."

I have no doubt Dr. Fryberg felt that the assistance of the Minister and the Government should be behind that of those to whom he was referring. If the Minister says they are ill advised, I take pride in being ill advised, too. If a man who spends his time, money and energy on ensuring the security of his family, his friends and himself is ill advised, I am ill advised. If it is ill advised to build a hospital where it is needed and where it is readily accessible so that patients may be treated by their own doctor in a happy environment, it is a good thing to be ill advised. Indeed, it is a pity there are not more ill-advised people in the community. If the Minister is as sympathetic as I think he ought to be he will help us to keep something that is of great value to the community.

There is ample precedent for the subsidy. Beds in intermediate wards in the General Hospital are subsidised by about 25s. a week. That is the difference between the cost of maintaining the bed and the amount charged the patient. If it is good enough to subsidise beds in Brisbane, it should be good enough to subsidise them in the country. The Friendly Society hospital in Bundaberg, too, gets a small subsidy.

These are not expensive or inefficient institutions. They are splendid hospitals by any standard. They provide excellent facilities; they keep doctors in the country and they help indirectly in stemming the drift to the city. I have already invited the Minister and I invite any Government member to accompany him. If they have eyes to see and hearts to appreciate, they will not fail to be impressed. They will probably come back in full support of my efforts to preserve our community hospitals at all costs.

Mr. BROSINAN (Fortitude Valley) (5.12 p.m.): It is doubly pleasing to speak on the Vote for the Chief Office of the Department of Health and Home Affairs because of the happy event last Saturday. Everybody knows the great work that the late E. M. Hanlon did in the Department of Health and Home Affairs and it will not be long before his son will adorn a bench of this Chamber as the new hon. member for Ithaca. He is a worthy son of a worthy sire.

I pay tribute to the Medical Superintendent of the Brisbane General Hospital which, let me say for the edification of hon. members opposite, is in the Fortitude Valley electorate. Dr. Pye and his deputy, Dr. Knyvett, are doing great work ably assisted by his senior medical officers, Dr. Fison in the Children's Hospital and Dr. Byrne in the Women's, by the General Matron, Matron Billings, Matron Bailey in the Children's, and Matron Spencer in the Women's and, right down the list, by all the sisters, nurses, trainees and wardsmen. They all add their contribution and make the General Hospital the grand institution that it is, one very close to the hearts of all persons. The hon. member who has just resumed his seat suggested that even we might have a heart. All people with a heart must realise that the value of the work done by doctors, nurses and staff of the General Hospital cannot be measured in pounds, shillings and pence. It is one of the greatest social reforms of the century where facilities, medical skill and attention, are available free despite the attempts to make the Government levy charges.

I regret the fact that the hon. member for Yeronga is out of the Chamber because I wish to refer to the speeches that he and I made in August last year. It will no doubt be recalled that when moving the Address in Reply I mentioned the noble work of the Queensland Radium Institute. I said that the installation of a linear accelerator at the Brisbane General Hospital meant a tremendous advance in the treatment of that dread scourge, cancer. I was taken to task somewhat by the hon. member for Yeronga who castigated me, and the Government to which it is my honour to belong, when he spoke on the Appropriation Bill. He committed an unpardonable sin when he said in an attempt to make political capital, that this Government should be condemned because they were prepared, through their own maladministration, to allow people to die. Twice he said that people would die because of the Government's maladministration. When he was questioned by way of interjection he said that the accelerator was here. This was in August, 1955, and at that time the accelerator was not in Queensland. It was on order. As a matter of fact, the Secretary for Health and Home Affairs, in a subsequent speech, read a letter from the manufacturers stating that the machine would not arrive in Australia until probably October, 1955. I repeat that the hon. member for Yeronga made his statement on 11 August, 1955. The accelerator eventually arrived. In a further effort to make political propaganda, the hon. member for Yeronga lauded the Victorian Government. He said, in effect, "Here is an administration that not only orders a machine three years before it wants it, but it has the foresight and the necessary administrative skill to see that it is properly housed and is ready to serve the people." Again I interjected and asked him whether he knew

what he was talking about and where would the first one be installed. He said, "In Victoria." In case anybody thinks I might be barking up the wrong tree, I refer to "Hansard" for 1955, at page 71. The hon. member said—

"I repeat that for three years the Government"—

referring to the Labour Government—

"knew of the arrival of the machine and they took no steps to prepare for its use. Only nine months ago was the first sod turned in erecting the building at the Brisbane General Hospital. I repeat that for three years the Government knew of the arrival of the machine and they took no steps to prepare for its use. Had the Government prepared, people suffering from cancer would have had the use of this instrument in a few weeks, but because of the inactivity of the Government in not preparing a building a considerable number of people might die."

The hon. member was prepared to suggest that we were so callous and so completely devoid of humanitarian principles that we would not attempt to install with all speed a machine that could save life. What are the facts? When the machine arrived the building as planned by the administrative section of the department, was progressing and had reached the stage necessary to take the machine. The machine has since been installed, but a similar machine has not yet been installed in Victoria. So that State will not be the first in Australia to have one operating, as it was claimed by the hon. member for Yeronga. Mr. Jimmieson of the Brisbane General Hospital was sent to Melbourne to work with the English representative of Metropolitan Vickers, Mr. Haimson, but they were not able to proceed far with the work in Victoria because the building had not been completed. Mr. Jimmieson and Mr. Haimson returned to Queensland where everything was ready for them. They spent some time here installing the machine and it only now awaits calibration by the expert from England, Mr. Milling, who will be here on 6 November. Metropolitan Vickers linear accelerators have to be fabricated and you have to order them some years in advance. The Queensland Government ordered the machine within a few months of the Victorian and South Australian orders. Victoria should have been the first to have the machine in operation. I understand that Metropolitan Vickers install, calibrate and put machines into use in the sequence of orders received. The hon. member for Yeronga held up the Victorian Government as paragons of virtue, but they were not ready for the installation of this machine. His remarks about the unpreparedness of the Queensland Government, the Department of Health and Home Affairs and the Brisbane and South Coast Hospitals Board rebounded on him. They are applicable, however, to the Victorian Government.

Mr. Milling, the representative of Metropolitan Vickers, will arrive on 6 November to calibrate the machine at the Brisbane General Hospital. The Queensland Radium Institute will be the first to put one of these machines into operation in the southern hemisphere. The hon. member for Yeronga, in an effort to score politically, used part truths, some untruths and some false accusations.

Mr. Moore: He said patients would die.

Mr. BROSNAN: He said that three times. If he was in the Chamber, I should reply to that. I do not know why he said they would die. The fact is that sufferers from this scourge will certainly not die because of lack of equipment in Queensland. The Queensland Radium Institute set up by the Queensland Labour Government will have the first machine of this type installed in Australia.

I thought it was desirable to let those in Australia who read "Hansard" know the facts. The hon. member for Yeronga implied in his speech last year that his information was obtained from an authoritative source, the B.M.A. Events have proved that his premise was false. I am sure hon. members on this side of the Chamber agree that no Labour Government in this State have ever been found wanting, that this Government have never been found wanting or that any future Labour Government will be found wanting in humanitarian efforts and the provision of social services that the people need and want.

The Government, the Department of Health and Home Affairs, the Brisbane and South Coast Hospitals Board and the Queensland Radium Institute are to be commended for the part they have played collectively and individually in providing this magnificent machine that has been installed and will be ready in a few weeks for the treatment of unfortunate persons suffering from malignant growths. I commend the Minister and his department and all those associated with the installation of this machine, and I condemn the hon. member for Yeronga for attempting to gain political capital by suggesting that the Government would allow people to die rather than make a wholehearted effort to get the machine at an early date.

Hon. W. POWER (Baroona—Attorney-General) (5.29 p.m.): It is not usual for a Minister to speak on the Vote for another department, but I take the opportunity to comment on the work of the District Nursing Association in the Greater Brisbane area. In paying tribute to that association I also pay tribute to the Blue Nursing Service Association.

I have a great deal of knowledge of the work of the District Nursing Association. I have on many occasions referred patients to that association for attention. The association was without transport, and the Government, realising the importance of its

work, gave it a car and when its work extended, they made another car available. By its own efforts the association has recently purchased a third car. It received considerable help from people in the motor trade who gave a large discount on the purchase of this car after the association had raised funds to purchase it. It now has three cars in the district. The association attends to some thousands of cases throughout the Greater Brisbane area, and if it was not operating many of the cases would be inmates of hospitals. It is pleasing to know that we have such an excellent band of people who by their collective and individual efforts raise funds from time to time to enable this splendid work to be carried on. The maintenance of three motor-cars is not a simple matter. Fees are not charged to people unable to pay them but those able to make contributions are asked to do so. The Government provide a home and recently a large sum was expended by the Department of Public Works in improving it and in providing motor-car accommodation. A request has been made to the department for an extension of the garage to enable the other cars to be housed. In addition the Government are increasing the amount of grants to this association, and at the present time we are giving it £3,000 a year. What I like about these people is that they realise they cannot depend entirely on the Government for support and so by their own efforts they are raising funds to carry on. I recently attended the annual meeting of the District Nursing Association where I met the Rev. A. Preston who is also associated with the Blue Nursing Service. I was particularly struck with the remarks of the reverend gentleman when he said it was time people ceased to lean upon the Government. He said that the Government had been most generous in making a grant last year of £8,000. His was a very commendable thought and one that should be inculcated into the minds of many people who feel that when they establish an organisation they should lean upon the Government for financial support.

I do not propose to deal with matters that my colleague the Minister will deal with in reply to a speech by a certain member of the Opposition. It is all very well to establish something and then ask the Government to subsidise it without individual effort to carry on its work. I pay a tribute to these two associations for their splendid work. It is acknowledged and appreciated by the Government. The sum of £8,000 was given to the Blue Nursing Service. We provided two cars for the District Nursing Association, recently improved its home and installed a hot-water system and other amenities. I have told these people more than once that they are hiding their light under a bushel. Many people know nothing of the splendid work they do. If they did, they would support them much more generously.

I did not want the Vote to go through without paying my tribute to both associations. These nurses are on call at all times; they are doing excellent humane work in helping the sick and the suffering. Only recently the district nurses performed a service for aged people who had not been out of their homes for many years by giving them a trip and entertaining them at afternoon tea. All this work is done by a band of people voluntarily in the interests of humanity.

I present my compliments to the District Nursing Association and the Blue Nursing Service. I admire their humane work, and I pay generous tribute to committees who raise funds to make their work possible.

Mr. LOW (Coorooora) (5.37 p.m.): The work of this department is vitally important to the welfare of the people of the State. I pay a tribute to the hon. member for Chermiside for his consistent work in the interests of the spastic children of Queensland. We must record our sincere thanks to him.

The Minister and Dr. Fryberg need not leave Parliament House if they want to do something about health matters. If they examined the Parliamentary kitchen and saw the conditions under which food-stuffs are prepared and under which the staff has to work, I am sure they would realise that there was room for improvement there.

I record my appreciation of the work of the ambulance brigade. I thank the Government for continuing their subsidy to it, for which the estimate this year is £234,500. I am very pleased, too, that the subsidy for the Red Cross Blood Transfusion Service is being continued. The amount for this year is £54,000. The Maternal and Child Welfare Service is doing excellent work. It took five years or more to convince the Minister that a centre at Tewantin was necessary. I know there were problems involved, one that Tewantin was not on the railway. However, the Minister approved of the establishment of a service early this year and in the first three months 132 young mothers took advantage of it.

The Sisters of the State School Health Service do excellent work in travelling from school to school in the performance of their duties, making suggestions for the welfare of the children. Although very desirable improvements have been carried out and new State school buildings are far better than those erected in the past, there is still room for much improvement in the lighting and ventilation of the old buildings. I know that the Secretary for Public Works will give the matter his keen attention and that we can expect very satisfactory results.

The Sisters often recommend the replacing of earth closets with septic conveniences and this should be done wherever possible.

Mr. Pizzey: What about the multiplicity of health inspectors?

Mr. LOW: I will come to that later.

I support the practice of laying a bitumen or asphalt surface underneath school buildings to eliminate the dust nuisance and provide a suitable lunch area for school children.

I ask the Minister to confer with the Secretary for Public Works and Housing on those three matters.

Everybody is happy with the work of the State Children Department. More applications are received for children than there are children available for adoption; so the department has a big job ahead of it. Recently I had a talk with the Director of the department about a letter I received from one of my constituents. I was very concerned at the lack of adequate accommodation for the employees of the State Children Department. Any hon. member who sees the difficulties under which they work will readily recommend improved conditions for them.

Much has been said about free hospitalisation but hospitalisation is not always free. There is still one section of the community paying for hospitalisation. Infectious disease cases are still a charge on local authorities. Further, if a person living in Brisbane contracted an infectious disease while in Rockhampton he would be admitted to the Rockhampton Hospital but a charge would be made against the Brisbane City Council. The charge is made against the local authority for the district from which the patient comes. An epidemic could mean a very big drain on local authority funds. Therefore hospitalisation is not entirely free because infectious disease cases are a charge against local authorities in this State.

It would be a step in the right direction if the Government provided for the appointment of at least one woman on hospital boards. There are all sorts of problems associated with hospital boards on which women could offer a great deal of good advice.

Tonight's "Telegraph" refers to the shortage of doctors. It states—

"Queensland faces an acute shortage of doctors by 1959. This is stated by the Director-General of Health (Dr. Fryberg) in his annual report read in Parliament today."

I note with great concern the lack of doctors in Queensland to carry out medical work in general hospitals throughout the State. Something must be done about it urgently. From my discussions with young doctors at general hospitals it would appear that improved salaries are required. Doctors' residences should be provided at all large hospitals. I know a number of young doctors marry on the completion of their study and hospital training. They go to country areas and the first obstacle to overcome is the absence of a suitable house. Consequently, they become extremely disappointed and dissatisfied from the start.

Mr. Moore interjected.

Mr. LOW: It all depends where they are. There is a great shortage of doctors throughout Queensland. There are not enough doctors to serve every area. I wish to bring under the notice of the Minister a local matter with which the Secretary for Public Works and Housing is conversant. There is great congestion in the maternity section at the Nambour General Hospital and a new wing is required urgently. The Department of Public Works is preparing plans for an extension of the building. I trust that the Minister will support the Brisbane and South Coast Hospitals Board in their efforts to provide this increased accommodation. I also point out that the operating theatre is in such a position at the Nambour General Hospital that patients have to be wheeled through the public wards to reach it. That is very undesirable.

We have from time to time discussed the needs of the young and the old, and provision has been made for their welfare, but it is also proper that we should do something to improve the appearance of cemeteries. Many cemeteries are under the care of trusts, others under local authorities. Cemeteries that are overgrown with grass and weeds present a very depressing sight to mourners at a funeral. We should acknowledge our responsibility to the dead. We should see that trusts and local authorities keep cemeteries free of grass, weeds and rubbish. I commend the suggestion to the Minister and his officers.

What does the Minister intend to do with the 1,802 acres of land at Burpengary which were set aside as a hospital reserve? There is divided responsibility. The land is overgrown with groundsel. It was estimated that it would cost £1,000 to clear 600 acres now badly infested, but the department has consistently refused to accept any responsibility for its destruction. It is a groundsel seed bed. The responsibility should not be passed from one department to another. It rests with the department, and, as it is referred to in the "Government Gazette" as a hospital reserve, I should say it is the responsibility of the Department of Health and Home Affairs. It should co-operate with the Co-ordinating Board.

In conclusion I wish to say that travelling out-patient clinics based on large hospitals are required to give service to people in outlying areas. They would not then incur tram and bus fares to visit base hospitals for treatment, which in many cases is very expensive, particularly in country areas.

Mr. DAVIES (Maryborough) (5.56 p.m.): I am pleased to have the opportunity to comment on the work of this department. Labour's policy has been carried out by the Minister and his officers and their work in all fields is magnificent.

I express to the Minister the sincere thanks of people of the Maryborough electorate for his sympathetic assistance over the years.

Hon. members have referred to the important work of the department in restoring patients quickly to health so that they may return to industry and so maintain the production of the State.

We are accused of making a political football of free hospitalisation, but that is not so. It is the duty of any Government to place a record of their achievements before the people and that is just what has been done by Government members. We have warned our electors of the risk of losing free hospitalisation if the Opposition are returned to power.

I record my appreciation of the sympathetic consideration of the Minister and his officers, particularly Dr. Fryberg, Mr. McCormack, Mr. Coll, Mr. Howe, and Mr. M. Little. I congratulate the Minister and his officers on the manner in which they have carried out the Government's Christian-like policy in regard to hospital administration. During the debate the hon. members for Cherside and Cunningham spoke of free hospitalisation and endeavoured to point out that there was no such thing as free hospitalisation because the people paid through taxation. Although they both laboured the point their arguments are not sound. They talked about our system of hospitalisation during the elections. If they were returned to power they would have supported the policy adopted in other States. It would be the end of free hospitalisation, but to save their conscience they would keep a few free beds. Eventually the number of free beds would dwindle and we would have what is known in the South as pauper beds. The man on the basic wage would have no chance of getting one of them. They would be reserved for people in indigent circumstances. Another argument of the Opposition would be that it would be just as well for the people of the State to pay the hospital as they pay through taxation. The same rates of taxation apply throughout Australia. The Minister pointed out that in New South Wales, with twice the population of Queensland, it costs New South Wales on a proportionate basis more for their hospital system than it costs this State. The citizen of New South Wales has still to pay for his hospital service. It has to be kept in mind that a free hospital system means that a person may go into a hospital free of cost. That has a good psychological effect on the patient because he has no financial worry. We can be proud of our system. No-one should cavil at it even if he thought he paid extra taxation to support such a system. One hon. member opposite interjected that there was no free dental treatment. There is free dental treatment for people in certain circumstances. Our hospital system was not built in a day; it was only after long years of Labour administration in this State. We have progressed gradually, step by step, bringing greater

privileges to the people. A person who seeks dental treatment is not sick in hospital, he gets his full salary all the time. We cannot compare the two positions.

The Minister reminded the Committee that in the South a person getting more than the basic wage has to pay up to 18 guineas a week for hospitalisation and that there were many people waiting for minor operations, and that only a small number could get free beds and only if they were in extremely indigent circumstances. The position that obtained in Queensland prior to 1915 was similar to that in the southern States today. In the hospital at Maryborough before that year there were a few free beds known as "pauper" beds. On the bottom of each was hung a big card on which was printed the word "pauper." Although that may not be done in the south today the position is virtually the same. The free beds there are equivalent to the pauper beds of Queensland prior to 1915.

Mr. Pizzey: Have you seen them?

Mr. DAVIES: I have not, but I have been told of them by people whose word I accept.

Despite record grants from their respective Governments and very high fees, public hospitals in the South are suffering record deficits and do not know how they will meet their commitments.

Another indication of how wise Government control can be successful, despite Opposition criticism about cattle stations, and so on, is the planning and erecting of hospital buildings in this State. The planning, tendering and erection work is supervised from beginning to end by Government supervisors. In building new hospitals in Queensland the average cost has been approximately £4,000 a bed. Admittedly the cost of the new South Brisbane Hospital, which is equal to the finest in the world, is equivalent to £7,000 a bed, but in the other States the cost is up to £12,000 a bed. The comparatively low cost in Queensland is due to Government supervision of construction work. In addition, the average daily cost per patient in our hospitals is the lowest in Australia.

At times we hear criticism of the Brisbane Children's Hospital, but I cannot speak too highly of the work there. Thanks to a sympathetic Government, many people in Maryborough have brought their children to the Brisbane Children's Hospital free of cost; their circumstances have been such as to warrant a free railway pass. The work at the hospital, particularly the operative work, is remarkable and is worthy of the highest praise.

The hon. member for Cunningham let his imagination run away with him when he referred to what he called the awful conditions in the waiting rooms at the Brisbane General Hospital. His statements were quite untrue. I have been in the waiting rooms

and I can assure hon. members that they are better than the general standard of waiting rooms in the average doctor's surgery. The Brisbane and South Coast Hospitals Board is deserving of the highest praise for what is done at the hospital for the comfort of the people who go there.

The present Medical Superintendent of the Maryborough Base Hospital is Dr. Ron E. Aitken. He has been there for a few years. His brilliance as a surgeon and his excellent work as an organiser and an administrator, have won for him the admiration of the people of Maryborough and the surrounding district. I believe that shortly he will take up a position at the Brisbane General Hospital. I am very pleased to know that his services will not be lost to the State's hospital system. I was very pleased to learn, too, that his successor is an excellent surgeon with a very good reputation. I feel sure that he will be an admirable successor to Dr. Aitken.

The visits of specialists to public hospitals are overlooked by hon. members opposite. They fail to pay tribute to the department for providing the services of these men. The Maryborough hospital has a physician specialist, an ear, nose and throat specialist, eye specialist, orthopaedic specialist and, in the medical superintendent, a surgeon specialist. They give admirable service and they have a waiting list. They cannot cope with all the patients. We wish they could come more often.

Mr. Evans: Are they honorary specialists?

Mr. DAVIES: Yes, and they rank among Queensland's best. If it is necessary for the patient to travel to Brisbane, perhaps because the specialist has not the equipment on the spot, the Government provide the transport. In the rare instances that plane travel is required the Government provide it as long as the request is supported by a medical certificate. Everything possible is done to improve the health of the people and it is free.

I commend the Government for having fought so hard against the vicious attacks of the Opposition, and their friends in the Federal Government, in their attempt to smash our free hospitalisation system. The courage of the Minister and the Government in standing up to those onslaughts deserves the highest praise from every worthwhile citizen. Only the Queensland Government are sufficiently inspired by humanitarian principles to construct homes for the aged. Listening to the Minister for Social Services representing the Commonwealth Government at the opening of the Methodist aged people's home in Bundaberg, one might have been forgiven for thinking he was responsible for all the money for its construction. He handed out first one cheque and then another, and in very plausible terms he spoke of the support given by the Commonwealth Government, implying that they matched £1 for £1 what the State Government subscribed.

To such organisations the State Government give a subsidy of 50 per cent. on the total cost of land, buildings, furniture, and so on. So that there will be no wild ventures of planning and building, as in the South, where the costs of hospitals per bed are exorbitant, tenders are called, received and investigated by the Department of Public Works. As soon as tenders are approved, the church organisation knows that it can go ahead with financial arrangements because 50 per cent. of the total cost will be given by the Government. Moreover, the State Government make advances on progress certificates from the architect. The builder has no need to worry about money on that score.

What happens with the Commonwealth Government? If the organisation can raise 20 per cent. on loan, the State Government comes in with its 50 per cent. subsidy, leaving 30 per cent. to be subscribed as donations, etc. The Commonwealth give approximately half of that 30 per cent., that is to say, a mere 15 per cent. How generous they are! How typical that is of their niggardly attitude to Queensland and their deliberate neglect! No other State gives a 50 per cent. subsidy. Taking off the 20 per cent. loan it leaves 80 per cent. and the Commonwealth Government give half of the 80 per cent. By not granting a 50 per cent. subsidy the other States get 40 per cent. from the Commonwealth Government. The Commonwealth Government require great detail before their grant is made available. They have to be shown exactly how every penny is spent. They have to be certain that no subsidy is being given on furniture or equipment but simply on the building.

Mr. Pizzey: What did you get from the Chifley Government?

Mr. DAVIES: I am glad the hon. member for Isis is shifting his ground thereby admitting that something is wrong. He is trying to convince the Chamber that somebody else did wrong. Even if that were so, two wrongs do not make a right.

The Queensland Government have provided homes for the aged. At Rockhampton there are 185 residents, Charters Towers 337 and at Sandgate Eventide Home 866. We are very proud of the amenities provided for the people. Ambulances convey residents from Sandgate to the Brisbane General Hospital for medical, dental, optical and chiropody treatment. They have film screenings, libraries and bowling greens. It is not just a dreary kind of home. Gardens are another attractive feature. Last year 24,200 seedlings, 64 shrubs, 1,300 bulbs and 102 rose trees were planted. All these things are provided for people in the twilight of their lives. Ambulances made 754 visits during the year to the Brisbane General Hospital, and 50 visits to the Mater Hospital, representing a total of 18,233 miles on behalf of these people.

In Maryborough the Government have decided to build a home for the aged and infirm. Work has commenced and a mile of fencing has already been erected round the building. A Maryborough contractor has already done a considerable amount of work on the home. Already £15,000 has been spent on what will be one of the most modern homes in the State. I do not say that because it is in Maryborough but because the Government have had the advantage of previous experience. They have profited by any mistakes of the past. When completed it will be a model home of which Queensland will be proud. Individual cottages will be provided for men and women and for married couples. I will not go into details of the various schemes but I can assure hon. members that they will bring much happiness to many hundreds of people. The Commonwealth Government pay £2 12s. to the State Government and £1 8s. to the resident for pocket money. That total of £4 represents the Old Age Pension payment. The weekly cost of maintaining a person in a home for the aged is—

	£	s.	d.
Sandgate	5	7	1
Charters Towers	6	0	3
Rockhampton	7	3	0

Actually that was the cost in 1954-1955. It will be greater now because of the mad inflationary trend for which the Commonwealth Government are responsible. The cost of maintaining the homes is—

	£	s.	d.
Sandgate	248,820	0	0
Charters Towers	113,459	0	0
Rockhampton	72,718	4	6

In the South many aged people know not where to die because they have no home to go to. They have to depend upon the charity of their neighbour.

Queensland was the first State to provide special accommodation for the senile aged so that there would be more beds available in general hospitals. The Government also offer a 50 per cent subsidy for local authority cottages for age and invalid pensioners. Eighteen local authorities are taking advantage of the scheme and 240 pensioners will be provided with homes in the near future. There has been a shocking and callous disregard of mental patients by the Commonwealth. They pay no pensions to them and no subsidy towards maintenance. The Commonwealth says that they will pay £10,000,000 for buildings if £30,000,000 is spent by all the States. Queensland's share of the £10,000,000 would be £1,400,000 and we would have to spend £4,200,000 to get that sum. It costs Queensland £1,700,000 annually for the upkeep of mental hospitals now. The Commonwealth saves half that amount by not paying people their pensions.

I wish to pay tribute to Mr. Harris of the State Children Department. He does excellent work in administering the Adoption

of Children Acts. He takes a very sincere interest in the children under the care of the department and he makes careful investigations regarding applicants for children for adoption. He is very pleased when people come to him with a child that they have adopted and say, "Do you think I have done a good job?" In 1936 when adoption orders were first established after the passing of the 1935 Act there were 181 adoptions and in 1956 the number had risen to 783.

(Time expired.)

Mr. CHALK (Lockyer) (7.38 p.m.): About 30 per cent. of the hon. member for Maryborough's time was spent on general matters and the balance in gazing into the crystal ball, like a modern Argus, telling this Chamber what would be the policy of the Liberal-Country Party on hospitalisation. We have said that we favour free hospitalisation and if the State can afford it it should continue. Free hospitalisation is costing this State a considerable sum and I believe that the hon. member's own party is concerned about it. We have never at any time said that we were not in favour of free hospitalisation. Let us look at one or two other things mentioned by the hon. member. For instance, he said something about homes for the aged. He criticised the Federal Government subsidy for the building of homes for aged people. He endeavoured to dazzle us with figures. I am not in a position to dispute them, but churches and other organisations that build homes for aged persons appreciate the subsidy. I do not criticise the State Government's contribution, but I remind hon. members that the present Federal Government are the only Commonwealth Government to grant a subsidy for this purpose.

Mr. Pizzey: No money was made available by the Federal Labour Government.

Mr. CHALK: I am not dealing with the subject in a political way but your statement is correct.

The hon. member for Maryborough said that in southern States old people "know not where to die." Does he mean that they live on, or what is his point? That sort of statement is utter nonsense.

The hon. member for Fassifern struck the right note. He said health services are of vital importance and should be discussed without political bias. That has been the approach of other hon. members, but apparently the hon. member for Maryborough has a chip on his shoulder or some spleen to vent against the Federal Government. He devoted most of his speech to an attempt to belittle that Government for something he alleges they have not done. I remind him, however, that they are the only Federal Government who have ever assisted in the building of homes for aged persons.

I shall touch on the work of several branches of the department, particularly the services in the Lockyer electorate. I take first of all the maternal and child welfare centre at the top of The Range in Toowoomba. "Unara" is regarded as a Toowoomba home but it is really in the Lockyer electorate. I take an interest in the activities of that home, as do also the hon. members for North Toowoomba and Toowoomba. The new home for aged persons at Mt. Lofty, the mental institution at Willowburn and the epileptic home at Willowburn are also in the Lockyer electorate. From time to time I visit them to obtain first-hand information about them. I pay tribute to the devotion and loyalty of the staff at those homes and institutions. There is a graduation ceremony twice a year at "Unara" to which members of the public are invited. We have an opportunity not only of seeing the home but also of seeing the type of people who graduate. Dr. Fryberg, Dr. Murphy and others who from time to time attend these graduation ceremonies will, I am sure, agree with me that the matron and the sisters of the home and Dr. Hickey and other instructors who go there do a very good job. What is more, the home turns out a certified graduate who can go into the community and do great service. From a quick look at the report of "Unara," during the last 12 months 53 mothers and 133 babies passed through the home. In each case very valuable help was given to the mothers and infants. For that reason the home is playing a very vital part in guarding against infantile mortality above the Range. Most of us who have spoken about it have praised the matron, the sisters and the staff generally for the condition of the home and its facilities and services. I always take a particular interest in the beautiful garden round the home and the manner in which the grounds are kept. I do not know the name of the gardener, or whether there is more than one. The home is the first place that meets the eye of people approaching Toowoomba from the east, and no matter what time of the year one passes it the gardens are always in first-class order. One sees many shrubs and flowers, with lawns well kept. It is only right that we should mention these things. The garden is part of the setting of the home, something of which the Toowoomba people are proud.

I have not yet had an opportunity of seeing all the work carried out at Mt. Lofty. This home was taken over by the State Government from the Commonwealth and as the Minister indicated earlier it is a place that will be provided for senile people. It is something urgently needed in our community and it will be of great advantage to Toowoomba and the Darling Downs. It will serve a very useful purpose. I commend the State Government for the part they are playing. I hope the institution will be completed shortly.

I have had very little direct contact with the Willowburn Mental Hospital. It seems that those responsible for its administration generally regard the place as being in the province of the hon. members for Toowoomba and North Toowoomba. That is quite understandable, because it is called the Toowoomba Mental Hospital. However, it is in the State electorate of Lockyer and I take a good deal of interest in it. Whilst those who administer the hospital may not realise that it is in the Lockyer electorate, whenever I have had to get in touch with them I always received the utmost courtesy. However, on several occasions I have been asked why I do not visit it as often as some of the other institutions and homes in my electorate. The reason is as I have indicated it.

I wish to praise the work of the Epileptic Home at Willowburn, which is under the charge of Superintendent Edgar Kenyon, who is probably known to many hon. members. Throughout the year various church organisations, the Country Women's Association, and other public bodies are invited to visit the home and give concerts. At Christmas time, too, many presents are given to the patients. I have been at the home during visits by those organisations, and I was pleased to see the happiness that they gave the inmates. Most of the patients are ill only occasionally; they appreciate the visits. They can also speak of the conduct and operation of the home, and whenever I have spoken to them they have had nothing but glowing words of praise for the help from the superintendent and his staff.

Mr. Keyatta: It is a Government institution.

Mr. CHALK: It is a Government institution, and it is very well run.

Some of the younger children in the home have told me of the interest taken in them by Mrs. Kenyon. Apparently she takes a motherly interest in the very young children. At present there are approximately 120 patients in the home, of whom about 30 are of school age. A school is conducted within the home, and it would do any hon. member good to see the way it is run. The home is splendidly conducted and nobody could help admiring the facilities provided.

Baby clinics, the attendance of trained sisters at State schools and dental services are all things that country people appreciate. Although it might be contended that the people in my electorate are not far from the city, it is not so much the actual attention that is appreciated as the fact that the mothers and children can get such services so close to their own homes. One of the drawbacks of living in the country is the time involved in travelling to the city. We are mindful of the service given country mothers and their children and agree that it is in the best interests of the community.

I saw the Salk campaign being conducted in two of the largest schools in Toowoomba, including Toowoomba North. I pay tribute

to the head teachers of the various schools for the way they co-operated in that major undertaking and we all hope that it will be successful in wiping out poliomyelitis.

I note that the grant last year to the Bush Children's Health Scheme was £9,500 whereas the Estimates provide for £4,500 this year. The Minister may be able to explain the reduction.

The grant to the Mothercraft Association has been increased from £1,800 to £4,000. I should like to know whether any of that amount will be allocated to country areas. If it is passed on to the parent body in the city, on what basis will the country associations benefit from the increase?

I support the remarks of the hon. member for Cunningham about country hospitals. He is much more capable than I to present the case because he has had direct association with the Pittsworth hospital and he knows something of the difficulties of Crow's Nest and other places in his own electorate and in Aubigny. His arguments deserve the Minister's very careful consideration.

A private hospital at Gatton has been able to carry on mainly because of the efforts of the two doctors and the loyalty of a couple of young sisters to their profession. From time to time it has almost had to close. It is not a co-operative or community venture like the Pittsworth hospital. I can fully appreciate the problems of people in country areas. We could save money on hospitalisation if we would only heed the arguments of the hon. members for Cunningham and Aubigny. If the Government could by making a few pounds available in subsidy keep a country hospital going to give service to the people of an area, is that not better than incurring huge expense in building big hospitals with additional beds in the city areas? There is a sound argument for a subsidy for community hospitals that are providing a very essential service to a district.

Some people do not want to go to city hospitals. Very often they do not have the facilities to travel 30 or 40 miles to a hospital in the city. If patients can go to a hospital in their own home town it relieves their relatives of much anxiety. It makes visiting much easier, too. I have spent some time in a hospital and I know the benefit of such visits. If relatives can visit patients frequently it goes a long way towards helping them to recover.

(Time expired.)

Mr. ADAIR (Cook) (8.2 p.m.): I join with my colleagues in complimenting the Minister on the excellent administration of his department. In the Far North of Queensland we are very proud of the State's free hospital scheme. In no other Government department are officers to be found with such understanding as the officers of the Department of Health and Home Affairs. The Under Secretary, Mr. McCormack, does an excellent job. At all times he is prepared

to assist in every possible way. Mr. Howe the Minister's secretary, has always helped me with my different requests. Miss Freudenberg, at all times is willing to give every assistance. I could go on mentioning the names of excellent departmental officers. Dr. Fryberg, the Director-General of Health, and Dr. Johnson, the Deputy Director have done fine work. They have many difficult problems to solve. We are proud of our free hospitalisation in Queensland. I fully appreciate what it means to the people in the northern and western areas as well as in the metropolis. People at Thursday Island, Cooktown or Coen who require specialist treatment can get free transport to Brisbane for medical attention. There is a modern hospital at Cairns equal to anything in the State. Dr. Lester, who is in charge, is held in high esteem by the people there. Nurses' quarters are being built at a cost of £250,000. The people at Mossman are very grateful for the hospital there. Tourists to that area always visit this scenic point. Cooktown is in a remote part of the State; it has two hospitals. The people think the world of Dr. Healy, the local doctor. He has the right of private practice but although he travels out 30, 40 or 50 miles in his Volkswagen to attend people he does not charge them. There is no hospital between Cooktown and Thursday Island. Two doctors look after the inhabitants of Thursday Island who number 1,500, 400 of whom are white people. The local hospital provides an excellent service for the people. The fully-trained coloured nurses are doing an excellent job. Nurses' quarters and a maternity ward were built there recently. Most of the work was carried out by Islanders under the supervision of a foreman. They are excellent tradesmen. The building of these additions provides employment for Islanders who would otherwise have to seek work elsewhere.

The Thursday Island hospital caters for the people of the island and surrounding islands. There are small hospitals on these other islands. If a patient is seriously ill advice is sent by radio on the treatment to be given. If necessary the patient is taken to the mainland, but in most instances it is possible to carry out treatment of Islanders at their own island hospitals.

There is a T.B. hospital at Thursday Island with accommodation for 77 patients and extensions are being made to increase the accommodation to 100 patients. That hospital does excellent work. When patients make sufficient progress they are transferred to a convalescent hostel and later when they receive the approval of their doctor they are allowed to go to their island homes. Although these places are very remote, the treatment at these hospitals compares with the treatment at any other place in the world.

A Government Member: Is there much T.B.?

Mr. ADAIR: A big percentage of the population is affected, but it is being checked.

Dr. Noble: Do the Commonwealth Government pay for the treatment of T.B. patients?

Mr. ADAIR: Yes, and they are doing an excellent job. I give credit where it is due.

Recently my son relieved at the Thursday Island hospital. He went there for three months but stayed five months. I visited the hospital on several occasions. From my observations I think the treatment given to outpatients compares with that received at the Cairns hospital. The doctors on Thursday Island look after the people on other islands and intermittently visit mission stations run by church organisations such as Pamaga and Arakan on the Peninsula. They provide excellent service, irrespective of the colour or creed of the patient. They get the same service as white people on the island at the hospital. They get the same good treatment as that given in any other part of the State.

The Government are to be congratulated on the help given to old people in "Eventides." I get many requests from people to these homes which are at Charters Towers, Rockhampton and Sandgate. I am sometimes asked to do what I can to have old people sent to them. Often a request is made for a person living in my electorate to be admitted to, say, Sandgate, the reason being that his relatives live at Sandgate and they would be able to visit him there. I have been requested to make arrangements for old people to be admitted to the Rockhampton home. On all occasions my approach to the Minister has been successful. I assure hon. members that I am grateful for this help. It is pleasing to know that when people get old with nobody to care for them they have somewhere to go and somebody to care for them.

We have an excellent ambulance brigade at Cairns under Superintendent Briggs, a very fine person with ambulance work at heart. We have the best ambulance service of any part of the State. The people of the Far North give freely to the ambulance brigade and it is able to supply amenities which people living in the metropolitan area cannot get. Whether a person subscribes to the brigade or not he can get free ambulance transport. In the South, if you are not a subscriber to the brigade you have to pay for ambulance transport.

An aerial ambulance service is conducted in conjunction with the ambulance brigade at Cairns and gets a subsidy from the Government. The aerial ambulance serves the far northern portion of my electorate right through to Coen, Cooktown and the Gulf and sometimes Thursday Island. Aboriginals get an excellent service from the aerial ambulance, and on most occasions when the ambulance comes through it is to give aid to an aboriginal who might have broken his leg or arm. The same service is given irrespective of colour or creed. The aerial ambulance is doing an excellent job, and I commend the

Cairns superintendent, Mr. Briggs, and his staff on their work. Most of the station properties in the Far North are very isolated, and their only means of communication with the ambulance brigade in Cairns is pedal wireless. However, the brigade keeps in touch with them and gives service whenever it is required.

The hon. member for Cunningham spoke of the small hospitals in his area. In my electorate there are small hospitals at Cooktown and Thursday Island.

Mr. Pizzev: They are very necessary.

Mr. ADAIR: They are doing an excellent job. At the Cooktown hospital there is only a doctor and a matron, and it is almost impossible for the doctor to operate with the assistance available. However, any patient needing operative treatment can be flown to Cairns, where he can get the best treatment. The doctor in Cairns is a very good man, one quite capable of setting up practice as a specialist in Brisbane. Although I know he would not agree with me on politics, I must give credit where credit is due. He is an excellent doctor and the people of Cairns swear by him.

The Sub-Department of Native Affairs is a very important section of the department; it looks after the welfare of aboriginals and islanders. We in the North do not put islanders in the same class as aboriginals. Islanders are men of excellent physique. If you picked out 100 islanders and 100 Europeans, I am sure that in physique the islanders would far outclass the Europeans. They virtually live on sea food, and dugong is one of their favourite dishes. The Director of Native Affairs, Mr. Con O'Leary, has done an excellent job at Thursday Island in looking after them. Many people criticised him because they thought it wrong to look after the welfare of dark people. However, he took over the island and administered the settlement with great success.

The Commonwealth Government allowed the Japanese pearl-ers to enter Queensland waters and dive for pearl. Over 5,000 islanders, all seafaring people, rely on the industry for their living.

(Time expired.)

Mr. EVANS (Mirani) (8.27 p.m.): This is a very important Vote because the health of the people should be our first concern. My electorate is far from Brisbane but I get all possible co-operation from the department, the Director and the Minister.

I passed on one request on behalf of the parents of a blue baby, who had to go to Melbourne. It was pathetic to see the boy withered and pale and blue but I am happy to say that he has returned cured; he is now bright and happy and attending school. Whenever I receive a request for a railway pass I have no trouble in getting the officers to accept my statement and it is sent on. Immediately a telegram is sent the people

are set at ease in the knowledge that the train or plane travel directed by the doctor will be provided by the Government.

Generally the officers do a good job although there are matters of policy that I do not agree with. The hon. member for Cunningham dealt with community hospitals. Queensland, with its sparsely settled areas, needs more decentralisation. When I was a member of a hospitals board, that was the policy of the Government. They agreed to build a hospital at Sarina. I think the hon. member for Charters Towers was then Secretary for Health and Home Affairs, and £1,000 was allocated and spent on clearing the site. We were promised a cottage hospital with a maternity wing. I still say it is very necessary. The present population is over 4,000 and the numbers are increasing. People working in the district desire maternity facilities for their womenfolk. Because there is no hospital there the womenfolk may be away from their husbands and families for two or three weeks in a city hospital. I am not suggesting there should be a hospital with facilities for major operations, but great assistance would be rendered by a small hospital with a maternity wing, to act as a clearing station for major cases to go to district hospitals. It would also help to relieve overcrowding at the Mackay Hospital.

It has been said by hon. members on the Government side that we are against free hospitalisation. That is not so. I was a member of a hospitals board for many years. I was a member when precepts were cut out. In season and out of season local authorities fought to have precepts cut out and eventually the then Minister for Health and Home Affairs, the late Hon. E. M. Hanlon, agreed. However, the charge was made for a short period after that. I was on the finance committee and one of the most unpleasant jobs I had as a member of the hospitals board was to go through the accounts. With the exception of the chairman all members of the committee were politically opposed to me. Nevertheless we were a very harmonious team, and we worked splendidly together. There were never any fights; all matters were dealt with on their merits. Handling the accounts was difficult because the honest man, working and plugging along, wanted to pay his account while many others whom I knew were well off would avoid payment. Summonses to bring them to court are unpleasant and unsatisfactory. Many of them were prominent men whose names I will not mention.

I believe in free hospitalisation. Everybody should have access to the best medical attention available.

I compliment the Director-General of Health on his appointment of doctors. On one occasion we thought we should select the doctors but we soon found out our mistake. We called applications but Dr. Fryberg told us the mistake we were making if we employed a certain doctor. Up to that stage

we thought we could do it ourselves, but when we were told the reason why we should not employ this doctor I was quite satisfied that only men who understand and have access to records should make recommendations. All the time I was on the board we had great help from Dr. Fryberg.

I repeat, I agree with free hospitalisation. Somebody has to pay. It comes out of Consolidated Revenue and from other sources. It comes out of taxation, but under the system in Queensland poor people who do not pay tax, or very little tax, do not have to pay for hospitalisation. That is quite right, and I agree with it. I want to disabuse the minds of hon. members opposite who think to the contrary.

The population of Sarina is 4,000 but the Minister told us that our request was against Government policy. We were told many times that it was against the policy of the Government to cut out precepts, but the local authorities carried resolutions year after year and eventually the Government agreed. As a result of the requests for the decentralisation of hospitals it is possible that the Government may see fit to change their policy and provide a decentralised hospital service. If a person working in Sarina needs an X-ray he has to go to Mackay to have it and very often it is not possible to get back on the 3 o'clock rail motor the same day. There is a drift in population from the country centres. The populations in Mackay and North Mackay are increasing but they are decreasing in the country centres. The Government and everybody else, irrespective of politics, should do everything possible to provide amenities and facilities for the people in the outlying areas in order to induce them to remain there and induce others to go there. It would add to the contentment and satisfaction of the people and do much to remedy the drift to the cities. Many people at the Sarina mill are always prepared to accept employment at the Farleigh mill because there is a bus service at the latter and they can live in the city. Even if they are not earning so much they prefer to be within a reasonable distance of Mackay where they can obtain medical and specialist treatment for their families. The Mackay hospital is seriously overcrowded. When I was a member of the Hospitals Board nine years ago a new multi-storied hospital was approved. Plans were drawn but it has not got much further. No doubt the Minister will tell me that the delay is due to a lack of money. It has not been a matter of money for nine years. The present 90-bed hospital has averaged over 150 patients over the last 12 months. Dr. Berry would not turn anyone away. Hon. members will appreciate the difficulties confronting the nursing staff working in a 90-bed hospital in which there are 150 beds. Quite recently part of the old men's ward was roped off to add space to the isolation ward. The people in Brisbane need to be looked after and so do the country people. We are playing just as important a part up

there as they are playing in Brisbane. Up to £12,000,000 worth of sugar is sold annually from the Mackay district. Although the South Brisbane Hospital is necessary it is very urgent that the present position at the Mackay hospital should be remedied—150 beds are in this wooden building which was built for 90 beds. The Secretary for Public Works and Housing should get busy and do something to relieve the position. It is impossible to give the patients the attention they would get if the necessary accommodation was provided. I understand the plan of the proposed new building has been altered since I was a member of the board. In the interests first of the patients and secondly of the staff I urge that the work be started as soon as possible.

The population of Mackay and district is increasing rapidly. The population of North Mackay has increased in a few years from 800 to 900 to over 4,000. The city of Mackay is spreading very considerably, but despite that and the increase in population no improvement has been made in hospital accommodation.

I hope the Minister will tell us tonight that in the very near future tenders will be called for the construction of a multi-storied hospital.

I shall deal fully on another occasion with the Department of Native Affairs. I mention one matter that causes me some concern, the selling of pearls, pearl shell and trochus shell. Tenders for that material should be called. In answer to a question the Minister told me that quotes are sought from buyers. I produced in this Chamber records of a tender called on another occasion, when tenders were made available to the other tenderer. I may be misinformed but I believe that is the reason quotes are not now given. On that occasion the tenders were disregarded and the man who got the contract—I think he still has the contract—was allowed to tender after reading the other tenders.

When the Government have things for sale, they call tenders, and I agree with that policy. Those of us who handle the money of other people always do the same thing.

I commend my suggestions, decentralisation of hospitals and the calling of tenders for pearl shell, to the Minister for his consideration.

Mr. WOOD (North Toowoomba) (8.43 p.m.): The keynote of this debate has been frankly expressed admiration of the work of the department and the efficient service given by the Minister. Only an extremely biased political opponent of Labour would be other than ungrudging in his tribute to the department and its several branches.

Opposition members can readily understand the pride of the Government and Government members in the many aspects of the department's work. I do not think any department in any State of Australia is administered in a more humane way.

The officers of all branches are humane in their outlook. I join with hon. members on both sides of the Chamber in paying tribute to the highly-skilled and sympathetic administration of the department.

I join with them in congratulating the Minister. It is notable that the Minister in charge of this department always becomes a zealot. I think that is because the problems of the department are human problems. The late Ned Hanlon has been mentioned, and his intense interest in the work of the department. The standards laid down by him have never been relaxed, and although the Opposition might differ with the Minister on matters of policy, and it is their perfect right, not one of them has questioned his intense interest in his department. I do not think that we can too often come back to the subject of hospitals. We are rightly proud of them. I was interested to hear hon. members opposite, including the hon. member for Mirani, state their belief in the maintenance of a free hospital system. I well remember in this Chamber a few years ago moving a private members' motion on the maintenance of a free hospital system. The debate was most intense.

Mr. Pizzey: It was never in jeopardy.

Mr. WOOD: And the strongest pressure was brought to bear on the Government to throw that system overboard. I still remember the pleas by hon. members opposite that the Government should follow the direction of the Commonwealth Government and jettison their free hospital system. All the protests of the hon. member for Isis cannot remove from my mind the inescapable conviction that to accept the Commonwealth system could only mean the compulsory levying of a charge on all patients with the exception of those covered by a rigid means test.

Mr. Nicklin: It was never asked.

Mr. WOOD: I read the agreement and one of the main clauses was that a charge be levied on public patients in public wards. Is it by accident that Queensland is the only State to fight against the Commonwealth Government and the only State with a free hospital system? Is that purely accidental?

Mr. Pizzey: It is their prerogative.

Mr. WOOD: Had we accepted the Commonwealth scheme that hon. members opposite wished us to adopt we would be with every other State in charging a minimum of 12 guineas for beds in the public wards of our hospitals. It is to the everlasting credit of the Minister that he joined with the Premier and Cabinet in leading the fight. I know it is his dearest wish, no matter what it costs us, that we still retain that system. I have not the slightest doubt, no matter how the Opposition might protest now, that had the result of the election been reversed and they

became the Government our free hospital system would have disappeared. All their protests will not make me come to any other conclusion.

Much has been said of the free hospital system and we are pleased to have the assurance that it will be maintained. I know I can sympathise with the hon. members for Mirani, Aubigny and Cunningham who quite rightly put up a case for community hospitals in their electorates. I know the position at Pittsworth which is only 26 miles from Toowoomba. I know the local pride in the community hospital. It is doing a great job, but we have to go to something deeper than local pride. Are we to cut across the policy of the Government and break down a system that has been so successful?

Mr. Evans: Don't you believe in decentralisation?

Mr. WOOD: Of course I do.

Mr. Evans: That is all we ask for.

Mr. WOOD: Although the work is done by a voluntary body and done efficiently, the hospital for which hon. members opposite ask for support is still only half an hour's travel by fast ambulance over bitumen roads from Toowoomba. Crow's Nest is approximately the same. Is it not advisable for the State Government to carry out their policy of concentrating on those hospitals that will give the greatest service to the greatest number over the whole of the State? I sympathise with the hon. member for Cunningham, because I know he speaks from the heart. However, it is not because of any lack of sympathy on the part of the Minister or the Government that his wish has not been granted. Once having laid down a policy—and it is working very successfully—the Government cannot throw it overboard by helping a co-operative hospital. If help was given to one hospital, it would have to be given to every private hospital in the State. No matter how the Government might appreciate the work done by those hospitals, they must follow their State-wide hospital policy. Even though there is some heartburning about it, the Government's hospital policy has been outstandingly successful.

I shall deal briefly now with what I regard as the outstanding achievement of the Queensland Government, that is, their maternal and child welfare service. The hon. member for Lockyer paid a well-deserved tribute to the work of this service through the maternal and child welfare clinics, through the homes, through the toddlers' clinics, and through the correspondence section. I have found a greater fervour and a greater zeal to give service in this staff than in any other branch of the Public Service. No-one who has had any association with the work, from the Director-General of Health and Medical Services, through the

Director of Maternal and Child Welfare Services, the Superintendent and the staff, could help but feel admiration for the magnificent work being done in saving the lives of mothers and children. I can think of no nobler work than that.

I pass on to homes for the aged. It is a sign of our greater social consciousness when we realise the debt we owe to the aged and the infirm. I am speaking now not only of the State. Church and charitable organisations do excellent work in their own fields, but the State is more than playing its part. In Toowoomba, for example, the home for the aged at Mount Lofty is being greatly extended. In addition, a Methodist garden home for the aged is being established, as well as the Lutheran home for the aged and the Broadribb home for the aged. All of them are doing excellent work. The State Government subsidises the capital cost and the cost of equipment to the extent of 50 per cent. The Commonwealth Government make a grant too, but I am rather disappointed at the way they make political capital out of any grant they make. Whenever a grant is made, the local Federal member or a Federal Minister makes a public parade of handing over a cheque, although I think I am safe in saying that in no case is the help given by the Commonwealth equal to that given by the State. I have had complaints recently that the Commonwealth Government will not give any promise about the amount of their grant until they know how much the State Government are giving. Organisations controlling homes for the aged have asked the Commonwealth Government to let them know the proposed amount of subsidy and they have replied, "Until we know what the State are giving, we cannot tell you." It is the responsibility of the Federal Government to help the aged and not to make a public parade.

Another sub-department doing excellent work is the State Children Department, very efficiently conducted by Mr. Harris and his officers. All hon. members on both sides frequently have distressing and harrowing cases of severe economic hardship brought to their notice. All such cases receive the utmost sympathy from the department and wherever help can be given it is freely offered. When a mother finds herself in a state of penury through the death of her husband, or through his desertion, or drunkenness, her plea to the department does not fall on deaf ears.

Much has been said about the serious problem of juvenile delinquency. The State Children Department cannot cope with more than a small percentage of it. Usually the delinquents who come under its care are those who have been committed to the Westbrook Farm Home for Boys. Some of them are tough lads, some indeed almost incorrigible. It is to the credit of the department that about 98 per cent. of those who have passed through the Home have become good citizens.

I do not intend to outline the many causes of juvenile delinquency. An unhappy home life is probably the most common. I know of nothing sadder than the story of a mother whose child has brought sorrow to her heart by taking the wrong path. We are glad to help wherever we can. Young men and women today are better behaved and have better morals than ever before in history. All ages have known gangs of louts who cause trouble, but we are inclined to exaggerate their importance and to brand them as a class because of the behaviour of a few. Because a young man adopts a type of dress that he believes suits his age, he is labelled a bodgie. True, we have the larrikin bodgie, and he must be dealt with as a delinquent, but it is wrong to label as a bodgie every lad who adopts an eccentric dress.

The latest fad is the rock'n-roll craze. The Press and the radio are largely responsible for it. A rock'n-roll film is now being shown in Queensland. If the Press had not written up the reactions of teenagers in America and elsewhere, probably teenagers here would not have bothered going to see it; but, because the emotional outbursts in America were featured, each young man or woman feels it incumbent on him or her as a teenager to react similarly. Most of those who go along and show their feelings at this type of film are normal. We have the lout and larrikin but most of them are moulded into this pattern by the outbursts of the Press and radio. By all means deal with the lout and the larrikin but do not brand as a larrikin everybody who belongs to that class and who indulges in some type of mild behaviour because he feels that he should do it to be given the label of "Teenager."

Mr. SMITH (Carpentaria) (9.1 p.m.): Firstly, I thank the Minister and his departmental officers for all the courtesies and assistance shown to me. To itemise them all would take more than the time allowed me under the Standing Orders. I have had dealings with all the sub-departments of the Department of Health and Home Affairs, including Native Affairs. Every assistance has been given in the matter of hospitalisation and railway requisitions to bring people to Townsville or Brisbane for specialist medical treatment, and return. It is time publicity was given through "Hansard" to humane organisations like the Bush Children's Health Scheme. The 1956-1957 Estimates contain provision for a subsidy of approximately £5,000 from the Department of Health and Home Affairs to the Bush Children's Health Scheme. Even in the out-back country bush children health scheme committees are finding great difficulty to select children to come to the coastal areas under the original plan. One of the main objects of the scheme was to bring children from western areas who were suffering with the dread eye disease, trachoma. In my electorate, covering the whole of the Gulf of Carpentaria down to the South Australian

border, where it joins the Gregory electorate, other than a few isolated cases of aboriginal children, not one child can be found who is suffering from trachoma. The same improvement is noticeable in children's teeth. Regular visits and examinations by dental clinics have done great good. Railhead clinic services go to the railheads, say, at Dajarra, Mount Isa and Forsayth. Road transport facilities take them into the outback areas to give dental attention to both children and adults. Homes are made happier because parents know that their children are being taken care of. Medical sisters visit State schools to see how children are fed in their homes.

When children were found to be suffering from malnutrition the parents were supplied with a diet chart, and now malnutrition amongst children is almost a thing of the past. The Department of Health and Home Affairs contributed £54,000 to the Red Cross organisation. Everyone is familiar with the great work that is done by this organisation. Recently members of the American fleet, on learning of the needs of the Blood Bank, offered themselves as blood donors. Another great organisation is the Flying Doctor service of North-western Queensland. The contribution to this organisation was in the vicinity of £32,000. We are all familiar with the great service carried out by this organisation. A couple of years ago I thought they were wandering away from the right track, and I think the speech I delivered on that occasion was of great assistance in bringing them back to the right track. We shall maintain our free hospitalisation above all things.

I also wish to refer to the death of a man named Jorgensen on 13 March in a hospital at Mount Isa. I urge the Government not to let the matter drop without further investigation on a top level. All kinds of accusations were made as to the cause of this man's death. An article appeared in "Truth" of 30 September headed, "Police Ask for Royal Commission in Mount Isa case."

Charges have been made that the cause of his death was treatment received while an inmate of Mt. Isa hospital. That charge has been made by a solicitor named Hopgood who appeared for the defendants when they were committed for trial on a charge of manslaughter. They were found not guilty in the Supreme Court. This is the report including Mr. Hopgood's statement—

"I, too, am not happy. A man has died, and the manner of his death has not yet been satisfactorily explained. A Royal Commission might get to the bottom of it all."

It is understood that one of the major matters that would be aired at a Royal Commission would be concerned with alleged experience of Jorgensen while an inmate of the Mt. Isa Hospital.

Jorgensen died in the hospital on March 13—nearly five weeks after he was arrested and charged with inciting a prisoner to resist arrest.

Questions at the inquest were asked as to whether Jorgensen fell out of bed while seriously ill in the hospital, and as to whether he had more of a blood transfusion than he should have had."

I think the law should be amended to compel notification to the Director-General of Health and Medical Services by doctors of patients whose condition is the result of other than natural causes. The police could be notified if that was the opinion of the medical officer.

Mr. Pizzey: You cannot force a doctor to hold a certain opinion.

Mr. SMITH: Dr. Pearce of the Mt. Isa Hospital told Jorgensen's brother that Jorgensen could have received his injuries in a brawl. That must have taken place five weeks before his death. He was morally bound to inform the officer in charge of police when Jorgensen was brought to the hospital that in his opinion his injuries were received in a brawl. In those five weeks the police could have ascertained whether he had been involved in a brawl. Opposition members claimed during the debate on the Medical Acts Amendment Bill in September last year that the Government were trying to turn medical practitioners into police pimps. The main principle of that Bill was the reporting of illegal operations on women. Legislation should be passed to compel the reporting of patients admitted for other than natural causes.

The suggestion has been made that his death could have been caused by treatment in the hospital. That is a serious charge against the staff and the doctor who administered the blood transfusion.

Mr. Pizzey: Has it been disproved?

Mr. SMITH: No. The doctor at the inquest gave evidence that he could have received injuries in a brawl or disturbance. If that had been investigated, the cause of his death could have been determined with accuracy. The doctors' evidence at the inquest was confusing and it was that his death could have been caused by this or by that. When there is confusion of opinion between medical men as to the cause of death legislation should be introduced to force the doctors of this State to notify the police or the Director-General of Health when they hear of injuries received by the person who ultimately dies. This would give the police a chance of investigating the cause of death. I ask the Minister to give this matter consideration. I do not think it is asking too much because charges have been made and not substantiated at the inquest or in the Supreme Court. Charges have been made that the injuries received by Jorgensen were because of the neglect of staff or sisters when he

fell out of bed. Charges have also been made against the medical practitioner who gave him a blood transfusion and it was said that he got an overdose of blood. Are not those serious charges to make? Of course they are. They need investigation and we should leave no stone unturned to set up at the earliest possible date, some organisation, Royal Commission or inquiry on a legal basis to see what did cause the death of Jorgensen. Dr. Pearce told Jorgensen's brother over the telephone that his injuries could have been caused by a brawl. If that is the case there should be legislation to force a doctor immediately to notify the officer in charge of police that there is a patient in his hospital with injuries that might have been caused in a certain way. This would give the police an opportunity of inquiring into the matter. Only a few days ago I heard that Jorgensen's injuries were caused in a private home in Mt. Isa. It is the story going round that they were caused by a brawl in a private home. I request the Minister to get Cabinet to clear this matter up at the earliest possible date for the benefit of the police, the public, and the remaining members of the Jorgensen family. They should clear up why Jorgensen lies in his grave at Mt. Isa.

Mr. Low: You think Cabinet will take much notice of your request?

Mr. SMITH: I can ask.

The CHAIRMAN: Order! Matters involving legislation cannot be discussed in Committee of Supply. I have given the hon. member a good deal of latitude.

Mr. SMITH: I will have more to say on it later. Something should be done as charges have been made against the administration of our hospitals as to the cause of death of a particular person. This death should have been investigated at the earliest possible moment. Every medical practitioner should, by legislation, be forced—

The CHAIRMAN: Order!

Mr. SMITH: I will not say legislation, but by some power they should be forced to notify the police. If a medical practitioner can tell a member of the deceased man's family that his injuries could have been caused in a brawl, there should be some authority somewhere to have that doctor immediately notify the officer in charge of the police so that they can start an investigation as to how the man received his injuries. If that had been done in this case his injuries would have been investigated five months before his death.

Mr. COBURN (Burdekin) (9.20 p.m.): I join with other hon. members in paying tribute to the Minister and his co-operative and helpful staff for their very generous response whenever I have made representations to them. All hon. members at times have occasion to request passes, either rail or

air, for their constituents to come to Brisbane for specialist treatment, and on every occasion when I have sought them they have been forwarded with the greatest expedition. I am grateful to the Minister for that. If on any occasion he has erred, it has been on the side of generosity.

There are certain matters of policy with which I disagree. For example, the appointment of members of hospitals boards is not as democratic as it could be, and therefore the method should be altered. I know men in Ayr who gave years of their lives to building up the hospital. They were members of the hospital committee at a time when they had to work to raise money for the hospital, but today few of them would have any chance of becoming members of the hospitals board because of the present method of appointment. I know the Minister argues that the Government find the money and therefore should have the say in the appointments, but again I join issue with him. The people find the money and they should say who shall be members of hospitals boards. If they do not do their job to the satisfaction of the people, they can be replaced by somebody who will do better. Members of hospitals boards should be elected on the same day as members of shire councils, and under the same franchise. That would be a more democratic method of controlling our hospitals than the present one.

I was very pleased to hear the Attorney-General's references to the excellent work of the District Nursing Association and the Blue Nursing Service. I know the Rev. Arthur Preston, who was responsible for the inauguration of the Blue Nursing Service, very well.

Mr. Power: He is an excellent man.

Mr. COBURN: He is. I also know others closely associated with the humanitarian work of that service, and I know that they are deeply grateful to the Government for their financial help in extending the work. Many years ago in Sydney I saw the work of an old religious order who called themselves the Little Brown Sisters. They did excellent work in the highly industrialised areas of Sydney, where there was a good deal of poverty. Very often elderly people who are sick are much happier and contented if they are cared for in their own homes than in an institution. In addition, it relieves congestion in the hospitals.

I have nothing but praise for the new Ayr Hospital. It is an excellent building, and a new residence for the doctor is almost completed. A big maternity hospital is being added, and everything meets with our satisfaction. However, the story at the other end of my electorate is very different. I have told the Minister about the Bowen Hospital on more occasions than I care to think about. It is a veritable fire trap. Because of the nature of the structure and its position on the top of a hill where the water pressure is low, the danger of its becoming

an incinerator instead of a hospital is ever present. Although plans, estimates and specifications have been drawn up over the years and a substantial sum of money spent, we are no nearer having a fire-resistant hospital than we were 12 years ago.

Much has been said about hospitalisation in Queensland and we all recognise that it is an excellent system; but it is wrong to decry the efforts of other States. We cannot say from personal experience whether their hospitals are up to our standard or conducted as well as ours. The only way we can compare them is by analysing the mortality tables, and they seem to show that conditions in the other States are not nearly as bad as hon. members opposite have represented them. The hon. member for Maryborough said the conditions in some States were so bad that people had difficulty in finding a place in which to die.

The latest figures I have been able to get from the librarian are those from 1946 to 1948, set out in the Year Book of the Commonwealth of Australia No. 39, 1953. As so much has been said about Victoria I will compare their figures with ours.

Mr. Davies: Can you give us the figures for the other States at the same time?

Mr. COBURN: I do not want to do that because it would take up too much of my time.

Mr. Davies: Can you tell me where Queensland comes among all the States?

Mr. COBURN: I have not enough time to give all that. This is the comparison with Victoria showing the average number of deaths per 1,000 of the population in each age group—

Age Group (Years).	Victoria.	Queensland.
0-4	7.31	8.49
5-9 .. ..	.73	.87
10-14 .. ..	.59	.77
15-19 .. ..	.96	1.17
20-24	1.37	1.7
25-29	1.47	1.9
30-34	1.75	2.35
35-39	2.29	2.95
40-44	3.47	4.17

Mr. Davies: Did not most of the States have free hospitals up to about 1951 or 1952?

Mr. COBURN: They may have.

Mr. Davies: And has not the position deteriorated since then?

Mr. COBURN: It was not a matter of free treatment in hospitals; it was a matter of the standard of hospitals. I could continue right through every age group to the very last—90 years and over, Victoria 318.37;

Queensland 347.45. That comparison refutes any suggestion that hospitalisation and medical services in other States are as poor as they have been represented to be by hon. members opposite. If what hon. members opposite said was correct it would have been reflected in the mortality rate. The mortality rate does not prove what they have said. The Queensland Year Book for 1954 gives the expectation of life for various countries. At birth in Queensland it is 67.8, Canada 67.1, England and Wales 68.3, Norway 69.7, U.S.A. 69.5. From one year in Queensland it is 68.8, Canada 69.3, England and Wales 69.4, Norway 71, U.S.A. 70.3. At 10 years of age the expectation of life in Queensland is 60.6, Canada 61.3, England and Wales 60.9, Norway 63.1, U.S.A. 61.9. At 20 years of age in Queensland it is 51.2, Canada 51.9, England and Wales 51.3, Norway 53.7, U.S.A. 52.3. So we find it right through. I do not want to weary the Committee with all these figures.

The New South Wales Year Book shows that the death rate in Queensland has gone from the lowest in the Commonwealth in 1921 to the highest in 1947. Page 226 of the Official Year Book of New South Wales, No. 53, in 1950-1951 shows that in 1921 the death rates per 1,000 of the population were as follows:—

New South Wales	10.35
Victoria	10.79
Queensland	10.24
South Australia	10.38
Western Australia	11.88
Tasmania	10.83
Whole of Australia	10.58

In 1921 Queensland had the lowest death rate in Australia. This is the position in 1947—

New South Wales	7.44
Victoria	7.31
Queensland	7.47
South Australia	6.77
Western Australia	7.28
Tasmania	7.21
Whole of Australia	7.34

By 1947 Queensland had the highest percentage of death rate and the highest percentage in the overall for the whole of Australia.

I am trying to prove that it is wrong for hon. members to try to create in the minds of other people the impression that in other States they do not care about the lives of the people with whose care they are charged. Nobody can say that the Prince Alfred Hospital in Sydney is not of the highest standard to be found anywhere. I was in the Lewisham Hospital six or seven years ago and no better treatment could be imagined. The treatment was the very best and the building was palatial.

Mr. Devries: But they cannot get in.

Mr. COBURN: If they do not get in they are not dying. Their mortality rate is lower.

A Government Member interjected.

Mr. COBURN: The only thing to do is for somebody to produce later figures than I have been able to get from the library. I can produce only the latest figures available to me and the latest available do not prove that the hospital and medical treatment available to people in other States is what hon. members would lead us to believe.

Mr. Davies: Twelve guineas a week for people on the basic wage is enough proof.

Mr. COBURN: By saying such things they are only degrading a Government of the same political colour as themselves. In Tasmania, New South Wales, and Victoria till recently, there were Labour administrations. I am sure it does not matter whether they are a Labour Government or a Government of any other Party, they are all humanitarian enough to provide the best possible medical service to which the people are entitled. It is very unneighbourly for us to speak in the terms that we have been speaking about our neighbours unless we can prove by figures that the mortality rate is high in another State because of their neglect in these matters.

Mr. Donald: Many people from Victoria and New South Wales are treated in the hospitals here.

Mr. COBURN: I know of people who go from Queensland to New South Wales for treatment. I did so myself because I felt that I would get better treatment for my complaint down there than I would get here. It is a matter of choice. I have nothing to say against free hospitalisation. During my life I have probably done more work for free hospitalisation than many hon. members opposite. For 17 years I was a member of the Hospital Committee at Ayr and for two years I was President of the Hospital Board. We introduced a contributory scheme under which we gave every subscriber free medical and operative treatment and pharmaceutical requirements. The cost was two guineas a year or two pence in the £1 on earnings. We did all that under a voluntary system. We organised dances and sports meetings to raise money and a subsidy of £1 for £1 was paid by the Government. Nobody can tell anyone in the district where I am known that I have not played my part in building up the hospital system in this State. I am proud of our hospital system. I give everybody who was responsible for the introduction of our hospital system full credit. Everybody knows the work that the late Hon. E. M. Hanlon did for hospitals, and also his successor the hon. member for Merthyr. I give the hon. gentleman a full measure of credit. I have never said one disparaging word concerning the hon. gentleman's administration. I have had nothing but

the kindest treatment from the hon. gentleman, and all my requests have been responded to generously. I appreciate that. I do not like hon. members to decry a system in other States when they cannot prove by figures that what they can be fully verified.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (9.39 p.m.): The hon. member for Burdekin quoted mortality figures. The following are the mortality figures per thousand of the population for the Commonwealth of Australia and the various States:—

Commonwealth of Australia	..	8.9
Queensland	.. .. .	8.4
New South Wales	.. .. .	9.3
Victoria	.. .. .	8.9
South Australia	.. .. .	9.2
Western Australia	.. .. .	8.2
Tasmania	.. .. .	7.9

The infant mortality rate was as follows:—

Commonwealth of Australia	..	22
Queensland	.. .. .	20.3
New South Wales	.. .. .	24.9
Victoria	.. .. .	18.4
South Australia	.. .. .	23.3
Western Australia	.. .. .	22.4
Tasmania	.. .. .	23.4

Victoria has no tropical diseases and no Hansen's disease and no natives to speak of. There are huge congregations of natives particularly in the north of this State where they are semi-civilised, hence the mortality rate must be higher. Taking into consideration the different factors, the figures prove that Queensland compares well with the other States.

For the information of the hon. member for Carpentaria I state that the Medical Acts require that a doctor on obtaining information of an attempted crime or a completed crime must notify the police.

The hon. member for Mirani will be pleased to hear that the work of drawing specifications and plans for the Mackay Hospital has been completed and passed by the Department of Public Works. The estimated cost of the first section is £200,300. Accommodation will be provided for approximately 79 patients in the two-floor block, to be constructed of brick. When finance is available work on the remainder of the building will be undertaken.

The hon. member for Cooroora referred to the subsidy granted to the Bush Children's Scheme. The collections were exceedingly high for the year 1955-1956. They totalled £7,786. There was a special drive for funds in that year. It is not estimated that the figure will be as high this year and therefore the estimated subsidy was reduced. If the collections increase the subsidy will be increased.

Vote (Chief Office) agreed to.

NATIVE AFFAIRS.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (9.42 p.m.): I move—

“That £671,725 be granted for ‘Native Affairs.’”

Vote agreed to.

CHARITABLE INSTITUTIONS AND GRANTS.

Hon. W. M. MOORE (Merthyr—Secretary for Health and Home Affairs) (9.43 p.m.): I move—

“That £653,058 be granted for ‘Charitable Institutions and Grants.’”

Mr. MULLER (Fassifern) (9.44 p.m.): I should like to comment on the institution for inebriates, Marburg. Mr. Moffatt is superintendent. The work is so important that an extension of it should be considered. Part of the report reads—

“Alcoholics Anonymous, the Society which aims at convincing the alcoholic that he is powerless over alcohol, visits the Institution weekly. This Society, which teaches that the alcoholic is never cured and warns him of the necessity of refraining from the first drink, has achieved some notable successes at Marburg. It is estimated that since the introduction of Alcoholics Anonymous to Marburg, there have been at least 30 recoveries.”

Many of the inmates of the Institution have been disowned. They feel that they have been discarded by society and after their discharge many drift back to their former habits. There is a bus service to Marburg and Ipswich. They should have a stepping stone, a half-way institution to help their return to society. Some of the older people could be transferred to Eventide.

There is not the slightest doubt that churches do wonderful work for these unfortunate people. The relevant portion of the report reads—

“The spiritual needs of the inmates are well provided for in the visits to the Institution by the various denominations. Rev. Frs. A. Treacy and W. Cuneo (R.C.), Rev. H. L. McIntyre (Baptist), Rev. A. Hunt (C. of E.), and Pastor Haebich (Lutheran) all made regular visits.”

They are doing excellent work.

Alcoholics Anonymous is doing wonderful work not only at Marburg but throughout the State. I know two cases in my home town. The men had reached an almost hopeless state. They seem to feel that they are down and out and that no power on earth can help them to get back to normal life. As a result of the work of this institution some of the men who were real drunkards are today leading a normal life. The people at Marburg get to the state when they feel they are hopeless to control themselves and when they

leave an institution, if they have not a home or friends to go to, they pick up a bus and go to Toowoomba or Ipswich to an hotel. Some of them have friends to take them in hand. I should like to see the Minister investigate the possibility of creating some half-way house to intercept them and take care of them until such time as they return to normal employment. They might be put in another home where they would be cared for.

Vote (Charitable Institutions and Grants) agreed to.

MATERNAL AND CHILD WELFARE.

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

“That £279,024 be granted for ‘Maternal and Child Welfare.’”

Vote agreed to.

HOSPITALS.

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

“That £5,973,000 be granted for ‘Hospitals.’”

Mr. COBURN (Burdekin) (9.47 p.m.): Since the Minister has informed the hon. member for Mackay that approximately £200,000 has been appropriated for necessary additions to the Mackay hospital I am sure that the Bowen people would appreciate it if he could give the latest information concerning the provision of a new hospital at Bowen.

Vote (Hospitals) agreed to.

AMBULANCE BRIGADES AND GRANTS.

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

“That £329,375 be granted for ‘Ambulance Brigades and Grants.’”

Vote agreed to.

FIRE BRIGADES.

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

“That £120,000 be granted for ‘Fire Brigades.’”

Vote agreed to.

MENTAL HYGIENE.

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

“That £2,033,687 be granted for ‘Mental Hygiene.’”

Vote agreed to.

LAZARET.

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

“That £58,677 be granted for ‘Lazaret’.”

Vote agreed to.

GOVERNMENT MEDICAL OFFICERS.

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

“That £6,487 be granted for ‘Government Medical Officers’.”

Vote agreed to.

REGISTRATION BOARDS.

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

“That £8,515 be granted for ‘Registration Boards’.”

Vote agreed to.

STATE CHILDREN.

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

“That £477,897 be granted for ‘State Children’.”

Mr. FLETCHER (Cunningham) (9.52 p.m.): I commend the work of the Westbrook Farm Home for Boys. It is an admirable institution, a full knowledge of which should be possessed by all hon. members of the Committee. It represents the only chance that many so-called bad boys have in life. My impression of it has improved over the years. Previously it was rather overcrowded, but that disability has been largely overcome. My general impression of it is good. There is an air of cheerfulness about the place, not of gloom or repression. It does not seem to the onlooker to be a place of punishment but rather a reform school to educate the lads and improve their attitude.

The work of the institution is carried out by a very good type of staff. It is easy for Opposition members to say that more money should be spent, but no-one will say that, with his grave responsibilities, the superintendent is overpaid.

The boys look like normal boys. They are encouraged to take part in sport. I have helped to get outside bodies to organise sport to give the lads an interest outside the institution. They should not be allowed to feel cut off from the world or that others think they are not normal. Give a dog a bad name and he will live up to it. Give those lads the impression that they are thought to be bad and not fit to mix with the rest of the

community and perhaps they will live up to that. Certain bodies around Westbrook and Pittsworth have arranged cricket and football matches and other games. According to the superintendent they have been a great success. My first reaction to the whole idea of a reform school was that the very bad boys—and there are bad and not so bad—should be segregated. I understand that that would be very difficult and very expensive. With the standard of the supervisory staff and the fact that they are on the job all the time it is probably something which is exaggerated in the minds of the unskilled in these matters. I rose to mention the lack of workshop accommodation.

At 9.55 p.m. under Standing Order No. 307 and Sessional Order, progress was reported.

The House adjourned at 9.57 p.m.