

Queensland



Parliamentary Debates  
[Hansard]

**Legislative Assembly**

**TUESDAY, 4 NOVEMBER 1958**

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# Queensland Parliamentary Debates.

## Legislative Assembly.

### SECOND SESSION OF THE THIRTY-FIFTH PARLIAMENT.

Appointed to meet

AT BRISBANE ON THE NINETEENTH DAY OF AUGUST, IN THE SEVENTH YEAR OF THE REIGN OF HER MAJESTY QUEEN ELIZABETH II., IN THE YEAR OF OUR LORD 1958.

[VOLUME 2.]

**TUESDAY, 4 NOVEMBER, 1958.**

Mr. SPEAKER (Hon. A. R. Fletcher, Cunningham) took the chair at 11 a.m.

#### ASSENT TO BILLS.

Assent to the following Bills reported by Mr. Speaker:—

Coroners Bill.

Crown Employees Bill.

Hide, Skin, and Wool Dealers' Bill.

Weights and Measures Acts Amendment Bill.

Registration of Births Deaths and Marriages Acts Amendment Bill.

#### QUESTIONS.

SALE OF RENTAL HOMES TO TENANTS OF THE QUEENSLAND HOUSING COMMISSION.

Mr. BAXTER (Norman), for Mr. LLOYD (Kedron), asked the Treasurer and Minister for Housing—

“In view of the high profits being made by the Queensland Housing Commission on the sale of tenanted homes built under the Commonwealth-States Housing Agreements, and as the formula upon which economic rental is based includes the payment by tenants of interest and redemption on monies owed to the Commonwealth by the State for capital cost of construction, will

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he give consideration to either selling these homes to tenants at capital cost or selling them at valuation as at the date of the commencement of tenancy?”

Hon. T. A. HILEY (Coorparoo) replied—

“The honourable gentleman's references to high profits create an altogether wrong impression. I would remind him that no fewer than 655 houses were sold to produce an aggregate profit of £110,475—an average of £168 13s. 4d. per house. This is almost entirely the result of increased land values, but even then the properties are sold at prices very much below what purchasers would have to pay elsewhere for comparable building sites. It would also be quite wrong for honourable members to imagine that the making of a profit last year indicates that there will be an overall profit on the sale of houses. My concern is that we will not succeed in making sufficient on the favourable houses to offset what the State will certainly lose on a number of very bad houses that we inherited from Labour's administration. I can assure the honourable gentleman that the houses that we are selling represent mostly the cream. We are still left with the skim milk and the losses that the State will incur at Zillmere, Carina, Chermide, Ipswich and Toowoomba are calculated to completely absorb any profit which is derived from sales of the more favourable houses.”

OFFICE OF STATE CHILDREN DEPARTMENT AT  
CAIRNS.

**Mr. ADAIR** (Cook) asked the Minister for Health and Home Affairs—

“In view of the numerous requests made on the State Children Department, will he give consideration to opening an office of the State Children Department at Cairns?”

**Hon. H. W. NOBLE** (Yeronga) replied—

“The matter of establishing a District Office of the State Children Department at Cairns was considered when the staffing of that Department was investigated by the Public Service Commissioner early this year. There was then insufficient experienced Inspectors attached to the Department to permit an extension of country offices, and as additional Inspectors have recently been appointed, the matter of the District Office at Cairns is to be re-considered when the new appointees have had training and experience.”

EXTRA CLASSROOM ACCOMMODATION, DALBY  
HIGH SCHOOL.

**Mr. ADAIR** (Cook), for **Mr. DIPLOCK** (Condamine), asked the Minister for Public Works and Local Government—

“When is it anticipated that work will be commenced to provide extra classroom accommodation necessary for the intake of students at the Dalby High School at the beginning of the 1959 school year?”

**Hon. J. A. HEADING** (Marodian) replied—

“Plans and estimate of cost for the provision of additional classroom accommodation at the State High School, Dalby, have been prepared. The proposal is to be submitted to the Executive Council on Thursday next for consideration of approval of the expenditure involved. The work will be commenced as soon as possible after approval.”

STANDARD GAUGE, ALBURY-MELBOURNE, AND  
MT. ISA-TOWNSVILLE-BOWEN RAILWAY.

**Mr. DAVIES** (Maryborough) asked the Premier—

“(1) In view of the fact that the Menzies Liberal-Country Party Commonwealth Government has agreed to pay £7½ million of the total cost of approximately £10½ million to build a standard railway gauge between Albury and Melbourne, will he communicate urgently with the Prime Minister and point out to him that Queensland is entitled at least to a similar grant to enable work to be commenced immediately on a more important project from a national point of view, the rehabilitation of the Mt. Isa-Townsville-Bowen railway, and request an immediate reply?”

“(2) If the Prime Minister refuses the request, will he make another public statement immediately on receipt of the reply, condemning the Prime Minister for neglect of Queensland?”

**Hon. G. F. R. NICKLIN** (Landsborough) replied—

“(1) The Prime Minister is fully aware of the national importance of the Mount Isa-Townsville-Bowen railway, and I have no doubt of his great personal interest in the rehabilitation of that system. This being so, I feel confident that everything possible will be done by him and his Government when they are returned to power on November 22nd next to ensure that this State obtains the necessary finance to carry out the project.”

“(2) See answer to No. (1).”

COMMONWEALTH PAYMENT TO ANSETT-A.N.A.

**Mr. DAVIES** (Maryborough) asked the Premier—

“(1) Is it a fact that the Commonwealth Government has budgeted for a gift of £1½ million to Ansett-A.N.A., a private enterprise firm, to enable it to more successfully compete with the Government enterprise, Trans-Australia Airlines?”

“(2) If so, will he communicate with the Prime Minister and request him to reallocate that £1½ million towards work on the Mt. Isa-Townsville-Bowen railway as Country-Liberal Party policy is non-interference with private enterprise by Governments, and because of the extreme national importance of this railway line?”

**Hon. G. F. R. NICKLIN** (Landsborough) replied—

“(1) I am not aware that the Commonwealth Government has budgeted for a ‘gift’ of £1½ million to anybody.”

“(2) Evidently the Honourable Member is not keeping up with current events. Surely he knows that the Commonwealth Budget has passed through both Houses of the Commonwealth Parliament, and, that the Commonwealth Parliament is prorogued pending the forthcoming election. If the Honourable Member has learned anything of Parliamentary procedure in the time he has been a Member of this House, which is doubtful, he should realise that in these circumstances it is impossible to have the contents of that Commonwealth Budget changed, except by the Parliament itself. In any event, the Commonwealth Government knows its own business best and I would not dare to presume to be an adviser to the Prime Minister on how he should frame his budget.”

COST OF BINDING BOOKS, PARLIAMENTARY  
LIBRARY.

**Mr. DAVIES** (Maryborough) asked the Treasurer and Minister for Housing—

“(1) In view of the public attack by the Country Party member for Cunningham,

the Hon. A. R. Fletcher, on the efficiency of the staff of the Government Printing Office when he stated 'a considerable saving in binding costs which hon. members will be interested to know, was effected as a result of switching our binding work from the Government Printing Office to a private concern. By doing so we have saved as much as 50 per cent. on individual items' and 'I expect that they are more efficient in private enterprise,' will he state if he agrees with this view?"

"(2) Does he consider that the hon. member was fair in making such an attack on the remarkably efficient officers of the Government Printing Office in order to attack a Government enterprise?"

"(3) Will he inform the House of the total amount saved on binding work up to the present time?"

"(4) If money was saved, will he give the correct reasons why?"

**Hon. T. A. HILEY** (Coorparoo) replied—

"Binding work cannot be considered only on price. The quality of bindings is capable of infinite variation. Without examination by a competent tradesman of such work, I am unable to comment on the degree of saving as claimed by the honourable the Speaker.

But I can say that the cost of binding work in the Printing Office has been the subject of concern, not only of late, but over recent years. I can assure the hon. gentleman that, unlike the Government of which he was a member, my Government is concerned to see that the Government Printing Office is able to compete both in price and quality with the best of private enterprise.

We are conscious of many real advantages enjoyed by the Government Printing Office. It pays no rates, it pays no sales tax on plant or consumable material. With these advantages, it should be able to compete.

That it sometimes did not do so was the direct result of Labour's policy under which the fine tradesmen who work in the Government Printing Office were denied modern and up-to-date plant. Some of the plant items in use up to 1957 were so old that they should have been in a museum of antique printing appliances. Some were even antecedent to metal bearers and worked on the Noah's Ark pattern on wooden bearers.

The Government is determined to end Labour's sorry pattern of obsolete equipment. Orders have been placed for really modern appliances, totalling £130,000. Of this, £100,000 is expected in this financial year and if the hon. gentleman has read the Budget, he should have seen that £100,000 is provided in this year's loan fund estimates.

I want to see this binding work back at the Government Printing Office, but I do not want it at an excessive price. I

do not want it at the cost of a reduced quality. We shall get that business back on the merits of the Printing Office. I have enough confidence in the Queensland tradesman that if you give him the right tools, he will stand up to competition from anywhere."

#### PAPERS.

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

Report of the State Government Insurance Office for the year 1957-1958.

Report of the Health and Medical Services of the State of Queensland for the year 1957-1958.

Report of the Commissioner for Transport for the year 1957-1958.

The following papers were laid on the table:—

Order in Council under the State Development and Public Works Organisation Acts, 1938 to 1954.

Proclamation notifying Her Majesty's Assent to the Queensland Marine Bill.

Order in Council under the Supreme Court Act of 1921.

Order in Council under the Stock Routes and Rural Lands Protection Acts 1944 to 1951.

#### CHARITABLE FUNDS BILL.

##### INITIATION.

**Hon. A. W. MUNRO** (Toowong—Minister for Justice): I move—

"That the House will, at its next sitting, resolve itself into a Committee of the Whole to consider of the desirableness of introducing a Bill to make alternative provision for the extension of the charitable purposes for which certain funds may be applied, and for the disposition and appropriation of such funds for and to charitable purposes other than those for which they were established, and for other purposes."

Motion agreed to.

#### JURY ACTS AMENDMENT BILL.

##### INITIATION.

**Hon. A. W. MUNRO** (Toowong—Minister for Justice): I move—

"That the House will, at its next sitting, resolve itself into a Committee of the Whole to consider of the desirableness of introducing a Bill to amend the Jury Acts, 1929 to 1956, in certain particulars."

Motion agreed to.

# INSPECTION OF SCAFFOLDING ACTS AMENDMENT BILL.

## INITIATION IN COMMITTEE—RESUMPTION OF DEBATE.

(The Chairman of Committees, Mr. Taylor, Clayfield, in the chair.)

Debate resumed from 30 October (see p. 924) on Mr. Morris's motion—

“That it is desirable that a Bill be introduced to amend the Inspection of Scaffolding Acts, 1915 to 1955, in certain particulars.”

**Hon. K. J. MORRIS** (Mt. Coot-tha—Minister for Labour and Industry) (11.15 a.m.): Hon. members will remember that on Thursday last I had almost completed my remarks on the introduction of the Bill. When time expired, I had just started to speak about the insertion of a new subsection for the issue of regulations to prescribe, regulate and control the precautions and measures to be taken in connection with the use of explosive-powered tools. I am sure that this will be recognised universally as a very important sub-section, because the use of explosive-powered tools has recently become quite extensive. Their correct use is of very great importance. Previous Governments had no occasion to regulate their use because, as I say, they have only recently been accepted into normal building practice.

Since the Act came under my administration—that is, within the last 12 months—numerous representations have been made to me by the Building Workers' Industrial Union and the Trades and Labour Council for the taking of legislative action on the use of explosive-powered tools. An explosive-powered tool is a powder-powered tool and fires blank cartridges. It is used to fire a steel projectile with a sharpened point through steel plate up to and including three-quarters of an inch in thickness. Many non-fatal accidents have been caused by its use, and legislation similar to this has already been introduced in New South Wales and Victoria. The Government recognise the desirability of controlling their use and, as can be seen, action is being taken in that direction. As a result of this, definitions of “explosive-powered tool” and “projectile” are being included in Section 3.

It will be seen that virtually all the amendments proposed in the measure are concerned with protecting workers who are engaged in activities covered by this Act.

The measure is in accordance with the policy of the present Government to give workers in all callings every possible protection and safeguard when performing their work. The Government firmly believe that workers should be able to work in congenial conditions with the minimum risk of injury, and that the protection of the lives, physical fitness and well-being of workers in employment is an essential consideration of primary and paramount importance. Workers generally can rest assured that it is the intention

of the Government to continue actively in furthering safety measures in all occupations, by both legislative and consultative means.

I should like to elaborate a little on what I have said about explosive-powered tools. Some people fallaciously believe that an explosive-powered tool, which carries a blank cartridge and has a stud or bolt that can be fired into wood or steel, thus saving a great deal of time and labour, can be fired into the air. The only way in which it can be fired is to depress the end completely. The danger associated with it is that unless the user knows what he is doing, he can cause an accident by carelessness. Suppose that the piece of wood that I hold in my hand was being worked on with the gun. The projectile would enter the wood all right but, as it is so thin, it would go right through and out the other side. The workman must know what he is working on and be sure that the material has a good backing so that there is no danger of that. All these matters are important. I have spent some hours examining the device and I am satisfied that it is good. I am equally satisfied that conditions must be laid down so that only licensed people may use it. And that is what the Bill seeks to do.

The other day I promised to give hon. members a technical definition of a crane chaser and I shall do so now. A crane chaser is a person who attends an overhead travelling crane. He follows the load of the crane and is at all times on the floor of the workshop or factory. His job is to supervise the safe slinging or fixing of the load on the hook of the crane. Hundreds of overhead cranes are used but because of their limited capacity and intermittent use, many would not require a permanent certificated crane chaser. Some overhead cranes, such as one at the Doboy powerhouse have a capacity of 120 tons. In many cases the loads are lifted over the heads of workmen in the workshop or factory and I believe, and the officers of my department believe, that in the interest of industrial safety the men responsible for doing the job should prove by passing an examination that they have the knowledge to determine the size of rope or other tackle to be used and to use it in the safest possible way.

**Mr. Power:** Are you going to require them to hold a certificate?

**Mr. MORRIS:** Yes. I said that when I introduced the Bill.

**Mr. Power:** I was not here then.

**Mr. MORRIS:** Although there are not many accidents from this type of equipment, it is possible that the crane chaser does not know, or has not proved that he knows, the importance of the size, strength and quality of the rope and that his ignorance will endanger the lives of his fellow workers.

On Thursday I spoke of the work being done by Mr. McDonnell of the industrial safety section of the department and I told

hon. members that we have circulated throughout Queensland in factories and elsewhere many signs and posters. I have some samples with me. I said, too, that we have had requests from all over Australia for samples of the posters. It is believed that they are contributing very greatly to industrial safety.

In the three years preceding 30 June, 1957, time lost through industrial accidents rose steeply but, because of the safety measures being pursued so vigorously by the officers of the department, not merely has there been a cessation in that steep rise but actually in the year ended 30 June, 1958, there has been a reduction of 47,910 man-hours so lost.

I have brought along three of the posters because I thought hon. members might be interested in them. For the information of hon. members I also have a copy of the Foreman's Safety Handbook, a publication issued by the Industrial Safety Advisory Service. It is a handy little guide both to employers and employees, indeed a helpful little handbook on industrial safety. I table the three posters and the handbook.

(Whereupon the hon. gentleman laid the posters and handbook on the table.)

**Mr. MORRIS:** I have given a full coverage of this important measure. Throughout the world Queensland is recognised as having a healthy climate. It is important that the Government should assist industry in Queensland in every practical way to make this the safest State in which to work. I am delighted to know that employers and employees generally are becoming very conscious of the need for industrial safety, as I am delighted to pay tribute to the officers of my department who are working so constantly and assiduously and with such keen interest in this field. I commend the Bill to the Committee.

**Mr. DUGGAN** (North Toowoomba—Leader of the Opposition) (11.27 a.m.): I think hon. members who approach the Bill objectively will regret the fact that the Minister in his introductory remarks last Thursday did not mention the purpose behind the amendment to the law. On that occasion for almost an hour we listened to the Minister introducing this Bill which he described as an extremely important measure. When he commenced in those terms hon. members could have expected him to give the committee reasons for the introduction of the Bill. But instead of outlining dispassionately and objectively the merits of the proposed legislation the Minister attempted to make political capital out of the Bill with the excuse of making a historical survey of the incidence of industrial accidents in Queensland and Australia generally. For a considerable time he engaged in a party political debate. If the Minister wishes to introduce desirable measures—in this instance the measure is desirable—it is a pity that he would not

stick strictly to the reasons for the amendment to the law rather than attempt to make cheap political propaganda. He told the Committee that he wished to make a historical survey but his subsequent remarks conveyed that he was more concerned about making political capital because he said—

“I should like to say that for years the members of the Country and Liberal Parties when in Opposition viewed with some concern the general subject of industrial safety. We were deeply conscious of the wide suffering caused by industrial accidents . . . The inaction of our predecessors in this field must lead one to the inescapable conclusion that they were little concerned with the problem.”

It would be hard to imagine more monumental nonsense than that observation when we realise the tremendous fight Labour had to put up over the years to get reasonable working conditions and safe industrial practices to protect men in industry.

**Mr. Morris:** According to the figures they were not very effective.

**Mr. DUGGAN:** I shall have something to say about that in a few minutes. The Labour movement, both political and industrial, will be completely behind the hon. gentleman if he is sincere in his efforts for greater industrial safety. We would not want to score any political capital by adopting that attitude. When for purposes of purely political propaganda, he completely discredited everything that Labour has done he invited retaliation.

**Mr. Morris:** I do not mind that.

**Mr. DUGGAN:** The hon. gentleman does not mind that. I do not mind either, as long as the hon. gentleman does not put himself and his Party on a pedestal and make out that they are the only people interested in the preservation of safety. It is time that we took the hon. gentleman to task. If it were not for the Labour Party and the industrial movement there would have been little action taken to carry out safety practices.

**Mr. Morris** interjected.

**Mr. DUGGAN:** A 1909 report to the Chief Inspector before Labour came into power, said—

“The Act, when first put in operation, was very much opposed and criticised, and was thought to be a very harsh measure and would be the means of stopping industry and blocking enterprise, and virtually kill the Northern mining fields; however, after the Act had been in operation a few months, the feeling generally improved, and it was general comment: ‘Pity it was not in force 10 years ago, as much valuable machinery might have been saved.’”

There was no mention of valuable lives; the main point was that so much valuable machinery might have been saved.

**Mr. Morris** interjected.

**Mr. DUGGAN:** The hon. gentleman has already had an hour and 10 minutes in which to speak; I have only 25 minutes. He spent one and a-half hours in engaging in political propaganda. Let us find out what he said when he was a member of the Opposition. How sincere was he then? He had quite a lot to say when he was a member of the Opposition. Perhaps he has forgotten what he said on previous occasions when a Labour Government brought down legislation to amend these Acts. I shall refresh his memory. When the 1951 amending Bill providing for additional safeguards was before Parliament, the hon. gentleman said—on the Second Reading debate—

“I have no objection to the Bill . . . and every hon. member will be quite happy to co-operate with the Minister in endeavouring to secure the greater safety of the workers and the people.”

That is what he said in 1951, but last Thursday he said that our predecessors had no thought about these matters at all. If hon. members want really fulsome praise of the Labour Government for the amending legislation designed to secure greater safety for workers they will find it in this concluding paragraph of the hon. gentleman's speech on that occasion. It appears at page 577 of “Hansard” Vol. 201 and reads as follows—

“Recapitulating my observations, I think the Bill is a very good one, and with the exception of one or two machinery faults that could, with some discussion, be cleaned up, it is a very fine one and one of which all will be proud, as it will help towards the safety of people engaged in the building industry.”

Yet on Thursday, for the purpose of cheap political propaganda he said that our predecessors were not concerned about these safety measures. During the same debate the hon. gentleman's leader, now the Premier, made the following statement—

“As the hon. members for Mt. Coot-tha and Sherwood have said this Bill in the main is a desirable one, as it deals particularly with safety precautions that are necessary in the use of scaffolding. It brings up to date the present Inspection of Scaffolding Acts.

This Bill should prevent as far as possible nasty and fatal accidents, which can occur as a result of lack of proper precautions.

We agree with the principles of the Bill, which are designed to tighten up safety regulations in order to protect persons who are compelled to use scaffolding in the course of their employment.”

During the discussion on the 1955 amendment, the Premier said at page 880 of “Hansard” Vol. 211—

“The Bill will accord a greater measure of safety to the persons concerned . . . The new powers will be in the interests of administration and will make for better and safer scaffolding.”

In each of the annual reports of the Chief Inspector of Machinery he has mentioned the assistance from the legislation and the benefit that accrued as a result of steps taken by successive Labour Governments in this matter.

The history of industrial activity in this State which has been studied by men like the late hon. member for Rockhampton, Mr. Larcombe who was regarded as one of our Labour historians, reveals the difficulties experienced over the years in protecting the rights of workers in industry, how the Workers' Compensation Act had to be introduced and amended from time to time by Labour Governments to provide adequate compensation for victims of industrial accidents. In many instances, before Labour administrations introduced these reforms, the cost of litigation and the technical and other difficulties in the path of the claimant for compensation were such that the person surrendered his right to compensation rather than subject himself to the hazard of costly litigation.

Labour Governments gave jurisdiction to the Magistrates Court, so that these matters could be determined cheaply and expeditiously. It is quite wrong for the Minister to pose as the sole champion in this field.

Quite frankly, I think the Bill is very good and very desirable. I support it but as I told the Minister when I assumed the office of Leader of the Opposition and outlined the attitude of Opposition members, if these measures are introduced in a straightforward way, he will get the support of the Opposition, and a full measure of praise for the legislation, but I am not going to sit idly by when an attempt is made to create an opinion in the public mind that this Government are the only Government concerned about industrial conditions and so on.

On the Minister's own admission, many measures introduced even this session have been the result of evidence prepared for presentation here by a previous Labour administration. That acknowledgment has been made by the Minister and other members of the Cabinet.

**Mr. Morris:** Not in regard to this Bill.

**Mr. DUGGAN:** No, but the Minister has made that admission about other Bills.

**Mr. Morris:** Yes, the Hide, Skin and Wool Dealers' Bill.

**Mr. DUGGAN:** Even on that Bill the Minister tried to gull the Opposition into supporting it, on the basis that it was modelled on the New South Wales Act. When dealing with another Bill recently, however, the Minister said he was not going to follow slavishly New South Wales legislation. The Minister makes a particular speech on one occasion, and an entirely different speech covering the same principle on a subsequent occasion. We must keep track of these things, to understand where the Minister is going.

We are very pleased that the Government are conscious of the need for such legislation. In the past there has not always been the same recognition by Government members. They claim to represent big business, and they do represent big business. Those people are more concerned with the safety of machinery and investment than the safety of their employees.

Mr. McDonnell's name has been mentioned by the Minister. I have not had the pleasure of close association with him. I have spoken to him once or twice over the telephone and I have had occasion to deal with his department. From my inquiries, I believe he is a very good officer. I share the Minister's view of his work and enthusiasm for the achievements he is setting out to accomplish. I hope they will be realised during his period of office. But there was a deal of evidence building up on the need for corrective measures to be taken in this field not only in Queensland but also in other States where Liberal-Country Party Governments have been in power. I shall deal more fully with that at a later stage. However, in an article in "The Courier-Mail" on April 14 this year, staff reporter John Hay reported an interview with Mr. McDonnell on the progress of the Safety Advisory Service, and he gave a verbatim report of this statement by Mr. McDonnell—

"Number One point in this business is to convince employers that safety means money. So far I've had 100 per cent. co-operation from employers."

He gave emphasis to the money aspect, and did not express any concern about the safety of human lives. No emphasis was given to the plight of a person who loses a limb, is maimed, or who suffers permanent impairment of health; the emphasis is on the matter of money. We should stress this phase very strongly.

**Mr. Morris:** You are.

**Mr. DUGGAN:** I am entitled to do so, because the Minister shed a great many crocodile tears on the need to protect those engaged in industry, when in actual fact the basis is made clear and supported by his chief executive officer, that it should be approved if it can be demonstrated that money will be saved.

**Mr. Morris:** Nonsense!

**Mr. DUGGAN:** I am quoting from the report, and the Minister cannot contradict it. If the Minister will give me one hour and ten minutes I will be able to deal with the matter fully, too.

The particular newspaper article to which I have referred shows that amongst other things industrial accidents are costing Queensland £22,000,000 every year. It was the economic impact of industrial accidents with which the newspaper was mainly concerned. It accentuated the fact that eight times more working time was lost through accidents

than through industrial disputes. Here we have the economic angle—the loss of production to the employer—as the primary consideration, but I remind hon. members that we do not have workers killed or permanently disabled by industrial disputes.

Speaking of the "hidden costs" of industrial accidents, the writer of the article went on to quote the singularly callous conclusions of an American expert who, under 11 headings, listed factors in hidden accident costs. Among these were—Cost of time lost by foremen, supervisors and executives assisting injured workmen, and breaking in a replacement for him. Fancy putting that forward! Fancy objecting to the time lost by a foreman to go to the assistance of the man injured as the result of an industrial accident! And another heading was the cost of time lost by other employees who stop work out of curiosity or sympathy to help the injured employee. Another reason was the incidental costs caused by interference with production. In many of these matters the prime consideration of many employers and many agencies is not so much the humanitarian approach but an approach motivated by savings in costs to the employer. I think that that is an entirely wrong approach.

The Minister is not the only one who can use the research facilities available to him through his officers in the way of recording the number of days lost through industrial disputes and accidents. Mr. Holt, in the Federal Parliament, had some interesting things to say on the same problem as recently as 24 September this year. He pointed out that Australia loses five times as many working days from industrial accidents as from industrial disputes and that each year some 400 Australian workers are killed at their work through accidents; at least 3,500 more are maimed. He said that compensation is paid for something like 350,000 injuries which keep people away from work for a day or longer; that we forgo the equivalent of 17,000 man days of work in each calendar year as the result of industrial accidents; in workers' compensation premiums industry pays more than £29,000,000 a year. He said that safety measures had caused reductions in accidents and disease-loss rates. Before giving the reductions, let me say that this is common in every State in the Commonwealth. The survey shows—

Automotive Plant—Down by 97 per cent. in 8 years.

Oil refinery—Down by 94 per cent. in 7 years.

Food Factory—Down by 92 per cent. in 4 years.

Paper Mill—Down by 54 per cent. in 3 years.

Chemical works—Down by 79 per cent in 11 years.

Steel works—Down by 71 per cent in 9 years.

This is a problem recognised by all Governments. We realise, too, that it is very necessary and proper that adequate steps should be taken to see that the hazards in industry are reduced as far as possible. It has to be borne in mind that there has been a tremendous development in industry and hazards occur despite industrial education which is going on through advisory services. The unions have also taken the matter up. Other employees realise the need for care. In many ways there are avenues of greater risk today because of the modern plant in operation. The number of injuries is likely to increase greatly where work is done around fast-moving and belt-driven machinery, and where there is concentration of a great deal of power.

We of the Opposition frankly admit that we are glad that the Bill has been introduced to improve safety measures in industry. Not only from the point of view of economy in industry, which is extremely important, but also from the humanitarian side, there is every justification for the introduction of measures that have as their object the lessening of hazards in industry generally. Everything possible should be done by the introduction of strict measures, by the proper training of workers and by the strict examination of all types of machinery and equipment, such as explosive hammers, used in modern methods of construction. Modern equipment is necessary in the interests of quicker and cheaper construction, but we must see that it is not introduced at the expense of human life and safety.

We on this side are pleased to see a tightening up wherever it is necessary. In contrast with its attitude towards the measure that I criticised the other day, the trade union movement is in full agreement with this and similar measures. If the Minister goes through his records, he will find that on occasions they have sought the right to institute prosecutions for breaches of various regulations and have agreed to hand over to the Crown any fines that might be imposed. I do not know if that request has been acceded to, but the trade union movement is eager to have every possible safeguard embodied in legislation.

From the beginning it was the Labour Party that introduced many safety measures into its legislation. We bow to nobody in our desire to see that legislative control is vested in the Government through their Executive in an effort to ensure that industrial hazards are reduced to the absolute minimum.

I regret that the Minister did not start his speech in the way that he ended it. If he had set out his reasons for introducing the measure, adequately and fairly in the first place, I would have given him a full measure of praise. My only criticism is that he tried to score some cheap political propaganda instead of seeing that the measure was introduced as soon as possible for the benefit of those engaged in industry.

**Hon. W. POWER** (Baroona) (11.48 a.m.): Unfortunately, I was not present when the Bill was introduced last week as I was attending a meeting associated with a youth movement. I regret that the Minister, when bringing in legislation that will undoubtedly give some real benefit to workers in industry, has tried to belittle what was done by previous Labour Governments for the protection of workers. It has always been Labour's policy to protect the lives and safety of people who are engaged in industry as far as it is humanly possible. At the same time, it was always their desire not to impose undue hardship on those responsible for the conduct of industry.

The previous speaker referred to commendation by the Minister of legislation that I introduced in 1951. I point out that no Minister can possibly know the requirements of every department under his control. A Minister is not a jack of all trades, and he must be guided by the officials in the various departments and sub-departments. Everything that has been done in the administration of the Sub-Department of Machinery and Scaffolding has been the result of advice received from the various officers controlling it. The man who is at present administering it has paid a good deal of attention to the protection of workers, especially those who use machinery. When I was Minister I did not always agree with him; but I believe in giving credit where it is due and I know that he is doing an excellent job now. At the same time, it is unfair of the Minister to try to belittle what was done by previous Labour Governments.

**Mr. Hanlon:** Wouldn't it be true to say that much of the ground work for the Bill was done by the late Mr. Devries in the last 12 months of his administration?

**Mr. POWER:** That is the information I have been given. I cannot see any objection to the Bill.

**Mr. Morris:** What was the information you were given?

**Mr. POWER:** That the late Mr. Devries had the matter in hand before he died.

**Mr. Morris:** Now that you raise it, I will read the files to you.

**Mr. POWER:** I do not care what the Minister reads; that is the information that has been conveyed to me. Any measure brought forward for the protection of industrial workers will have my support. But the Minister is not consistent in his attitude. When dealing with this Bill he referred to similar legislation in New South Wales, but when we pointed out to him on another Bill that similar legislation was introduced in New South Wales it did not suit him. It appears that he will use New South Wales for comparison only when it suits him. I should like to see a little more consistency from him.

I believe there should be some special training for the workers affected by the Bill.

I am glad to know that they will be required to be licensed. From my knowledge of the department, acquired through administering it for three years, I know there are many dangers in industry.

The crane-chaser is to have a certificate. Did the Minister discuss the proposed amendment with the unions, and what is their attitude? This may not be a Bill to deal with crane-chasing but to deal with vote-catching by the Minister and those behind him.

I have said that I will support anything to improve the position but the Minister should go further and protect all those engaged in industry. I understand the Building Workers' Union and other unions have sought to have the wearing of steel helmets made compulsory to protect the heads of workers. I suggest the Minister might consider that.

**Mr. Wallace:** It is compulsory in New South Wales.

**Mr. POWER:** The hon. member for Cairns informs me that it is compulsory in New South Wales. As the Minister has used New South Wales for comparison, he might follow it in that respect, too.

**Mr. Knox:** You mean the composition helmets? Steel would be very uncomfortable.

**Mr. POWER:** I am not worried about that. I want the Bill to go through before 12 o'clock because I would like to read it. I will not spend much more time discussing it. I do not know its full contents as I was not here when it was introduced, but I suggest that the Minister consider a provision to make it mandatory for workers to be provided with steel helmets for their protection.

**Mr. WALLACE (Cairns) (11.54 a.m.):** Unfortunately I was not able to be present last week when the Minister introduced the Bill. The matter has been dealt with fully but I want to raise one or two points. The Bill provides for the protection of workers so far as it goes. There is provision for protection in it; but we think it cannot be thoroughly administered because there are not enough licensed scaffolders to do the work. There are not nearly enough scaffolders throughout the State. My information comes from the trade unions, mainly from workers in the building trade. There are not nearly enough licensed scaffolding inspectors throughout the State. I am told the shortage is caused through anomalies in remuneration. To obtain a license a man must complete 12 months' study at the Central Technical College. This course has been in operation for about two years. Students become expert in knot-tying, splicing, rigging, erection of all types of scaffolding, and stresses and strains—particularly in materials used, steel and wire rope. Such a scheme of education is very good but it would be more effective if it could be extended to big centres

like Townsville, Rockhampton and Cairns. If similar courses were available in other parts of the State there would be a much better chance of sufficient licensed scaffolders being available. I am told that on 90 per cent. of the building jobs in North Queensland no licensed scaffolders are employed. In most instances the carpenters on the job erect the scaffolding. The unions insist that where no licensed scaffolder or scaffolding inspector is available, the carpenters on the job must erect the scaffolding in the interests of safety.

My information is that accidents from faulty scaffolding are becoming more numerous. They increased by over 300 per cent. between 1950-51 and 1957-58. Changed building construction methods are probably largely the cause. We are moving away from timber construction to brick, steel and concrete work. Many more multi-storey buildings are being erected. There is no doubt that with the construction of multi-storey buildings accidents must become more prevalent and more serious.

**Mr. Knox:** Why do you say that?

**Mr. WALLACE:** I make that statement on the advice of building trades people and they are in a position to know and to advise.

As a further indication of the need for more licensed scaffolders I point out to the Committee that an employee who is injured on scaffolding that has not been passed by a departmental inspector may lose or prejudice his rights to damages. And I say that in all sincerity. An accident occurred at the Townsville powerhouse. A man was working on scaffolding that had not been passed by an inspector and when he claimed compensation or damages the judgment said he was guilty of contributory negligence in that he went onto a faulty scaffolding. Because the scaffolding had not been passed by a scaffolding inspector or had not been erected by a licensed scaffolder, he had no right to go onto it.

Progress reported

*At 12 noon, in accordance with Standing Order No. 307, the House went into Committee of Supply.*

#### SUPPLY.

RESUMPTION OF COMMITTEE—ESTIMATES—SEVENTH AND EIGHTH ALLOTTED DAYS.

(The Chairman of Committees, Mr. Taylor, Clayfield, in the chair.)

ESTIMATES-IN-CHIEF, 1958-1959.

DEPARTMENT OF HEALTH AND HOME AFFAIRS. CHIEF OFFICE.

**Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (12.1 p.m.):** I move—

“That £808,350 be granted for ‘Department of Health and Home Affairs—Chief Office’.”

At the outset, I wish to say that I regret very much that the report of the Health and Medical Services was not in the hands of hon. members before this morning. We endeavoured to have the report down earlier, but Dr. Fryberg had been overseas so long, and he wanted to go through the report in detail before it was printed. That is why it was late. We had it ready on Thursday last, but not in time to have it tabled in the House. I am sorry that it was not available sooner.

Since I assumed this office I have appreciated the work of all my officers, both laymen and professional. There are some people in the community who speak disparagingly of the Public Service, but that has never been my attitude. I have a very great respect for the members of this very fine Service. It is not possible to speak individually of all of them, but I do pay a tribute to the work of the Under Secretary, Mr. McCormack, a most efficient officer. After seeing his work and comparing it with the work of officers in other States, I am convinced that he ranks as the best hospital administrator in Australia. I speak highly too of my Director-General, Dr. Fryberg, and his assistant, Dr. Johnson. I could go through the department complimenting the different officers on their very good work. I thank them all and I pay a tribute to them for their good work in the interests of the State. I wish to say a word of praise for my private secretary and his assistant and typists for their loyalty and their hard work which relieves the Minister of much of his burden.

This appropriation is an increase of £113,484 on the appropriation for 1957-1958, and an increase of £161,983 on the amount expended in that year. The increase of £161,983 comprises £61,882 for salaries and £100,101 for contingencies. The Vote covers two separate and distinct services—the administrative section of the department and the medical section. The medical section itself covers distinct and separate entities in the tuberculosis section, the laboratory of micro-biology, enthetic diseases section, the Government Analyst, and State school health services. The increase in salaries is £13,513 for the general administrative section, and £48,369 for the medical services section.

These increases are due mainly to—

- (a) provision for additional appointments in the Health and Medical Section, Laboratory of Microbiology, and Government Chemical Laboratory;
- (b) full year's provision for increased payment to officers of the Administrative Section following reorganisation, and full year's provision for increased salaries of Medical Officers and other senior officers, granted from 2 December, 1957;
- (c) adjustments consequent on basic wage variations.

The main items responsible for the increase in the Vote are indicative of the fact that the department is required to and does move with the times in providing a modern and up-to-date service over a very wide field.

The largest single item is £40,000 for the additional costs of compulsory X-rays in the anti-tuberculosis campaign. The suggestion of compulsory chest X-rays has been received very well, although a section of the community has been very vociferous in protesting against compulsory X-rays. No-one, and this could be said of me, likes compulsion of any sort, but on the whole this scheme has been very well received. Similar protests were voiced when immunisation was first mooted in this State, and in other States and countries in the world. Today there are no protests against immunisation and the great value of that practice is recognised.

It was some time before I consented to compulsory chest X-rays in the anti-tuberculosis campaign. From the time I was appointed to this portfolio the Federal Director of the campaign, a very capable and notable medical man stressed the need for compulsory X-rays in this State, as in other States, except Victoria, but I had to be convinced that it was quite necessary. It is only two or three months since the need for it became completely apparent to me. A survey of school children leaving school, after being Mantoux tested, revealed that a very high percentage of the children were positive. In the Far North 60 per cent. of the school children leaving school were positive to the Mantoux test. In Brisbane the percentage was 25 per cent. positive compared with 5 per cent. in Victoria.

This result showed that either these children had at one time been subject to infection with tuberculosis, or that there was some other bacteria of a type similar to the bacteria of tuberculosis, which could possibly bring about the same reaction. I examined the matter very closely and was assured by the medical authorities that there was no bacteria known which could have brought about the same positive reaction shown by these children. We are not convinced that that is so and at the present time research is being undertaken to discover if there is some endemic bacteria which will bring about a positive Mantoux reaction. However, in view of the fact that these children were Mantoux positive we could not take the risk of allowing people who may possibly have tubercular infection to move around the State and infect other people. It was for this reason that we approved compulsory chest X-rays. In the North there is a higher proportion of Mantoux positive cases. There may be a basis for that. A person can have latent T.B. Numbers of New Australians may have had tuberculosis in their own countries. Although they have been cleared by X-ray, they may have latent tuberculosis. When subject to a hot tropical climate such as in North Queensland, there is a tendency

for this germ to develop into an active germ from a latent germ, and it is possible that in the many New Australians in the North there may be some sort of pool of tubercular cases which has to be discovered and treated in hospital annexes.

**Mr. Duggan:** Can you offer any explanation why England believes in education rather than compulsion?

**Dr. NOBLE:** It is recognised that England is four years behind Australia and America in the fight against tuberculosis. In Australia we have a death rate of about 6.1 per 100,000 population as against 10.6 in England. It is considered that the service in England does not compare with the efficiency of the service out here. I pay a tribute to Sir Harry Wunderley who was the first man to think of combating tuberculosis. If it had not been for him we would not have had the wonderful service we have today. Because of the work being done it is hoped that within the next 10 years we will win the fight against tuberculosis. We should strain every effort to discover those who are positive so that they might be brought along for treatment. There is no hardship involved because of the adequate pension provided by the Commonwealth Government.

If a man is to receive treatment he knows that his family will be cared for. I say again that it is the duty of every citizen to take all steps to find out who is positive. I am sure that the people of this State consider that to be their duty. In one week outside the City Hall 6,113 Brisbane citizens had chest X-rays by the mobile clinic placed there during Health Week.

**Mr. Walsh:** Why is the percentage so high in Queensland in children as compared with the other States?

**Dr. NOBLE:** There are two possible answers: One is that we have a higher pool and the other is that there may be some bacteria which is not known at the present time.

**An Opposition Member:** You referred to the high incidence in England. Would economy have anything to do with that?

**Dr. NOBLE:** I think economy plays a very big part as it does in all the backward countries of the world with all these diseases. In England the standard of living has improved over the last few years.

**Mr. Duggan:** What is the relative percentage in adults?

**Dr. NOBLE:** I cannot tell the hon. gentleman that.

**Mr. Duggan:** There is not the same disparity.

**Dr. NOBLE:** I shall find out the figures and inform the hon. gentleman later.

An increase of £19,500 is involved by the Salk vaccination campaign of the age groups between 16 and 44 years. This campaign is going very well. In Queensland we have had the highest number of volunteers of all the States. The average number of volunteers is between 60 and 70 per cent. in the parts of the State where the campaign is under way. I recommend that all people in the areas where the teams are operating go along to be vaccinated. There was an outbreak of poliomyelitis at Singapore. Last week I saw a Press report which indicated that there were 34 cases of poliomyelitis in Melbourne. I had Dr. Johnson ring through to Melbourne to ask about the types of cases and what type of people were affected. It was found that of the 34, 32 had not been vaccinated—only two had been vaccinated. It was very doubtful whether they had poliomyelitis or not. There is great value in Salk vaccination in the fight against poliomyelitis, and I recommend to everyone within the age group of 16 years and 44 years to become vaccinated when the service becomes available. I should like to say that the vaccination service would have proceeded faster but for the limitation in the amount of vaccine available. Because of the previous low injection rate in the South where they were vaccinating only those in the 20-year age group we were able to get extra vaccine. That works out at about 60,000 doses a month. I strongly recommend all people in the districts where the teams are working to take advantage of the service now being given by my department. We are very hopeful that Salk vaccine will be the answer to the present poliomyelitis epidemic in Melbourne.

The two amounts of £40,000 and £19,500 that I have referred to are recoverable, the expenditure on the anti-tuberculosis campaign, from the Commonwealth Government and the cost of adult Salk vaccination campaign by the very reasonable charge of 2s. per injection. I do not think anyone would complain about having to pay 2s. for an injection that will give him immunity from this dread disease.

An increase of approximately £5,000 under the heading of "Industrial Hygiene" covers an amount of £3,000 for the medical protection of people exposed to radio-activity. This expenditure is required for the necessary expense that it is estimated will be incurred this year for the protection of workers in the uranium industry. The balance of £2,000 is required to meet the department's share of the cost of an air pollution survey in Brisbane, which is the first step towards overcoming air pollution and smog caused by the increasing industrialisation of the city and its suburbs.

The development of the uranium deposits of Mary Kathleen makes it necessary that the Government Analyst have the latest equipment for the analyses of uranium-bearing ores, and an amount £1,200 is provided for the purchase of apparatus for this purpose. All the workers in the Mary Kathleen area

have been supplied with check badges, and it has been ascertained that no industrial danger arises there from radiation. The badges are sent down to Brisbane and examined here and so far no case has been discovered where radiation has reached anywhere near danger level. It is a common belief that all uranium is radio-active. As a matter of fact, you can swallow it and it will not do you any harm. There is no radio-activity in uranium, and the workers at Mary Kathleen are completely safe from radiation.

The air pollution survey in Brisbane is very important. There has been a good deal of talk in the Press recently about smog in Brisbane, and we are in agreement with much of what has been said. After we have made a complete survey, we hope to introduce legislation that will prevent air pollution by new factories, and over a period of time we hope to catch up with those already in operation.

The wide field covered by the Government Analyst in his assistance to industry and his protection of the public is also indicated by the fact that a further £2,000 is provided for that section for a new and up-to-date textile testing machine.

This State, in common with all other States in the Commonwealth, continues to experience considerable difficulty in getting doctors and dentists for service, particularly in the more remote parts of the State. There has been in existence a fellowship scheme under which the Department of Health and Home Affairs pays the university fees, plus a living allowance of undergraduates studying to qualify as doctors or dentists. It has been found that the maximum benefit was not being obtained because students who failed in one of their years or through ill-health or for some other reason were forced to abandon the course were not replaced. Whilst the intake of first-year students was kept up to the maximum, the number of fellowship holders qualifying fell below that number. To correct the position, it has been decided that where a fellowship holder drops out during the course of his studies, the balance of the fellowship shall be offered to a student in the same year. Vacancies amounting to ten were filled this year, making necessary an increased provision of £8,500.

There is at present a shortage of doctors and dentists throughout the State. In the main, fellowship holders have been sent to the small one-man hospitals. As I went round the State I became aware that these young people were suffering from a sense of insecurity. They were removed from any form of help, and if they were faced with a medical or surgical emergency they felt unable to cope with it. For example at Julia Creek I met a young man who I am sure will do well in the profession. He came down to the coach to say goodbye to us, and as he walked away into the darkness I felt extremely sorry for him. His attitude

conveyed the impression to me that he felt insecure, and that as he left us he was going back into the darkness of insecurity.

The first step we intend to take to overcome the problem is to see to it that every young medical officer in a country hospital is brought down to the base hospital once in every 18 months and given further post-graduate basic training. Secondly, as was indicated in this morning's "Courier-Mail," we will have in the first instance one flying surgeon with a surgical team of sisters and modern equipment. He will be based at Longreach and will go round to all the small hospitals at regular intervals to confer with the young doctors. He will be on hand at any time and available for any emergency and he will see that the people of the far flung parts of the State are well served medically.

**Mr. Walsh:** Having given them all that training you will lose them to social services, Repatriation, Workers' Compensation, Medical Benefits, and so on.

**Dr. NOBLE:** They must be trained. They cannot be left untrained. And we cannot be selfish. As long as they carry out the terms of their scholarship and serve the State for the seven years required, they are justified in taking advantage of all that we can give them to equip themselves to the utmost.

**Mr. Walsh:** It would be better to retain their services.

**Dr. NOBLE:** It is no use having any medical men in the State who are not capable of doing a good job. It is up to the State to see that every man practising is capable of giving good medical service to the people. That is the Government's objective and it should be the objective of any government alert to the needs of the health of the community. With the help of the flying surgeon, young doctors will be able to keep up with their surgery and will feel secure and so we will be able to keep them in the country towns.

**Mr. Hilton:** Will their training include anything in radiology?

**Dr. NOBLE:** I did not intend to touch on the subject at this stage and I will not talk on it at length now but the Government are aware of the shortage of psychiatrists and pathologists and it is their intention to set up fellowships for the training of senior men to provide a pool to staff institutions. We are working out the terms of those fellowships and we are confident that they will be sought after. The doctors will work over a period of years for their higher degrees. Moreover, with the better conditions we are introducing and the better superannuation, we will be able to keep the men in the service. They will find it a very interesting life with a wealth of material on hand for them to carry on their practice.

Increased provisions are being made for the Queensland Health Education Council and the Queensland Institute of Medical Research.

A glance at the component Votes of the department gives a picture of the many and varied fields that are covered. There is, however, a common thread to be discerned, that is, that the activities of each section are concerned directly with the everyday life of the people. In many instances the activities are directed to the relief and improvement of those sections of the community that are subject to some disability of health or circumstance.

While I do not propose to speak at length of each of the fields covered by the department, I think it appropriate and necessary to touch on some of the most important sections and for convenience I will deal with them in the order in which they appear in the printed Estimates.

Native Affairs and the well-being of the coloured people are today creating more interest in the community and being given more publicity than perhaps in any other period in our history. A great deal of earnest thought is being given to the matter by many people with knowledge of it gained by many years of work with the aborigines and on their behalf and nothing but benefit to the community as a whole and to the aborigines themselves can flow from it. It is equally a fact, however, that many with little or no knowledge of the subject, although motivated by the best actions, are seeking and obtaining publicity on the matter. Where knowledge of the problem is replaced by sentimentality, opinions formed, however earnest and however sincere, do little to arrive at a correct solution.

The most regrettable and indeed dangerous development, from the point of view of both the natives and the community as a whole, is that here, as in other parts of the globe, there are persons who, under the guise of benefactors and friends, are using the problems surrounding the integration of coloured people into the community to sow the seeds of discontent and strife in the minds of those whom they profess to help. My Government are determined to take every step possible to speed the attainment of our objective—the assimilation of our coloured people into the community with full privileges and responsibilities of citizens. At the same time, we recognise that too precipitated action could well destroy the fruits of years of painstaking effort and achievement, and set back the clock for the majority of these people. The problem as we see it is twofold: first, to educate and prepare the aboriginal for the responsibilities as well as the privileges of citizenship, and, second, and by no means the easier, to educate and persuade the community to accept and recognise the coloureds as equal partners in the daily life of the nation. When considering such a problem, it is wise, from time to time, to take

stock of what has been achieved lest we become discouraged by over-emphasis of what yet has to be done.

In Queensland a great deal has been achieved; for example, the people in Torres Strait enjoy a large measure of self-government in local affairs; many have accumulated a deal of wealth. Both by the nature of their islands and by inclination, they have always looked to the waters of Torres Strait to supply them with the means of existence. They are at the present time dependent economically, almost entirely, on pearl and trochus shell. We recognise, however, that with the development of plastics it is possible that the market for these products could be lost. It is therefore essential that no effort be spared in an endeavour to provide alternative employment for the islanders and their islander-owned boats should this happen, but, at the same time, everything possible should be done to enable the pearl and trochus shell industry to survive. It is now providing lucrative employment to the islanders and bringing an increased standard of living. It is accepted by those with a knowledge of the pearlshell industry that one of the requisites—perhaps the principal one—to support the sale and use of articles manufactured from pearl-shell against the threat from plastics is a continuous supply in sufficiently large quantities to meet the manufacturers' requirements. It has been pointed out with truth that if a manufacturer is forced to tool up for plastics because he cannot obtain the required quantity of pearl-shell, he will be lost forever as a buyer of shell, with a consequent victory to plastic. This was the reason for the master pearlshellers' request that Japanese Ryukyuan divers be brought into the Torres Strait. Prior to the last war, the divers there were almost exclusively Japanese capable of diving in deep water who obtained large tonnages for their boats. Since the war, there have been no Japanese divers, the divers being almost exclusively Torres Strait Islanders who were not diving in the deeper waters and consequently there was a smaller recovery of shell.

**Mr. A. J. Smith:** They proved a failure.

**Dr. NOBLE:** Later.

For this reason, the Government supported a request made by the master pearlshellers to the Commonwealth Government that skilled Japanese or Ryukyuan divers and tenders be permitted to come to Torres Strait, subject to provisions that aimed not only to protect the islanders in their industry, but to benefit them by working with and receiving tuition from these skilled operatives. As the hon. member for Carpentaria would agree, they did not have any idea of obtaining shell from Torres Strait.

**Mr. A. J. Smith:** No idea.

**Dr. NOBLE:** Representatives of the pearlshellers journeyed to Okinawa and selected and engaged Ryukyuan. Unfortunately, this selection was not good, and the Ryukyuan

failed to live up to what was expected of them in achieving increased production. I would point out for the information of hon. members that these operatives were selected by the master pearlers, and brought to Torres Strait at their expense. They were also required by the Commonwealth Government to guarantee their repatriation in the event of their employment being discontinued. It was in all respects an undertaking by the master pearlers. Were the undertaking successful, they would have benefited financially; in the event of its failure they carried the loss.

**Mr. A. Jones:** Apparently they were no better than the islanders.

**Dr. NOBLE:** They were not as good. They did not have the least idea. They were used to diving in the still waters at Okinawa, whereas there are very strong currents in the Torres Strait. They tell me that you do not just see the shell sticking there. It is necessary to observe the action of the waters round the shell deposits. These chaps had no idea.

The Islanders stood to benefit by the terms imposed by the Queensland Government if the Ryukyuan lived up to expectations of them. Conditions laid down that for every Ryukyuan employed on a pearler's boat a Torres Strait Islander had to be employed, and that the Islanders were to be tutored. The experiment appears to have failed, but at no cost to the Islanders. It is still most desirable that the Islanders be given tuition in deeper diving and action is already being taken to implement a plan whereby some very skilled and successful Islanders become the tutors. A recommendation to this effect was included in the report by the Parliamentary All Party Committee, but it is felt that it may be preferable for the skilled divers to tutor other Islanders while the skilled men are working on their own boats, rather than to detach them from their boats.

I mentioned previously it is recognised that there is a possibility that the market for shell could disappear and that it is necessary that the possibilities of establishing other avenues of employment for the Islanders be thoroughly investigated. Already the Commonwealth Government have been requested to investigate the pearl shell industry in Australia, with a view to determining, among other things—

(a) the best action to be taken for its retention;

(b) a more satisfactory system of marketing in Australia and overseas;

(c) the extent to which secondary industries operative, or to be established in Australia, could assist in absorbing some of the produce.

It has also been directed that an immediate investigation be made into the possibility of establishing secondary industries in Queensland to absorb, at least, portion of the pearl shell produced at Thursday Island. This

investigation is at present proceeding. The Commonwealth Department of Trade has been asked to advise on the market potential of beche-de-mer in the eastern countries. The Fisheries Department has also been asked that investigations, in conjunction with the C.S.I.R.O., be extended to include the possibilities of the use of the pearling luggers in tuna or other fishing. We were also told that there was an unlimited supply of crayfish, for which there is a market in the United States and Australia. The Torres Strait Islanders are a vigorous and intelligent people who are proud of their race, and are not anxious for wholesale assimilation. They are even now a vital self-supporting unit in our Queensland community. The mainland aboriginal constitutes the more involved problem. They have become detribalised in the main, and to a large extent have lost their native arts and cultures. Direct assimilation into the everyday life of the community must be the solution of their problem.

A great deal of progress has already been made to this end. Of a total population of full-blood and part-blood aboriginals in this State of 37,400, 20,300 are outside the control of the Department of Native Affairs, and have already been assimilated in the community, compared with 17,000 still under control. The policy is, that protection and help of all kinds be given to the controlled aboriginals on Government settlements and mission stations until they are prepared for, and willing to take, their place in the community. It is accepted that it is a major step, bringing with it trials and disappointments, for a person who has enjoyed all his life the protection and guidance of sympathetic officers of the Native Affairs Department, to establish himself in the white community.

For this reason, I feel that the establishment of the hostel for Protected Aboriginals at Aitkenvale, Townsville, is a major step towards the assimilation of young aboriginals into the community.

Here, young aboriginals will find a home, with sympathetic and kindly assistance, while they undergo training as apprentices, to fit them into the community as fully-trained tradesmen.

Approaches have been made to employers in Townsville to take suitable young men from Palm Island as apprentices, with a deal of success.

This establishment could well be the first of a series which will provide the spring-board or taking-off place from which great numbers of young coloured people are launched into a full and successful life in the community. The solution lies in the education of the children of protected aboriginals. The department is giving serious consideration to the subject, in order to ensure that every child is properly and fully educated. It is only in recent years, the last two years, that a full course of education such as in our primary schools has been

available for aboriginal children. Previously the course was modified. I am told by our education authorities that we may need a different approach to the education of our native people. That too will be considered. If a child is capable of secondary education, the opportunity will be given to him. At present 16 native children are boarding at secondary schools, and two are at the teachers' training college. A month or so ago I heard a broadcast by "Monitor" from the Cherbourg Settlement. He was interviewing two school children of about 15 years. He said to one of the children, "What are you going to be?" She said, "A nurse. As soon as I get through the Junior, I am going nursing." He said to the other child, "What are you going to be?" This girl said, "A stenographer. I am training now, and as soon as I get through my Junior I will be employed in some office as a stenographer." There is great hope of successful assimilation of our coloured people through the education of the children.

**Mr. Wallace:** Are the two students at the Teachers' Training College full-blood aboriginals?

**Dr. NOBLE:** One is from Carmel College in Charters Towers. I met the other lad when I went to Palm Island. He had been in the primary school and had taken his Junior. I said, "Are you satisfied to stay here?" He did not have much thought on the matter, but, when I told him the possibilities if he was prepared to leave Palm Island and attend the training college, he said he would like to go there, so arrangements were made to enrol him at the college this year. He will be absorbed in the teaching service.

**Mr. A. Jones:** A number of aboriginals attend private schools.

**Dr. NOBLE:** Yes. At present there are 16 boarders. Any native child who is capable of going through the university will be given the opportunity without hesitation by the department.

Care of the aged is a problem which is causing concern to social workers and Governments in most parts of the world today, particularly when such people become bedfast.

Every effort should be made to prevent this happening to old folk. With the present-day advance in geriatrics, the specialty of old age, this is becoming more and more possible. It is indeed a tragedy if old folk are condemned to a life of dependence and discomfort by conditions which confine them to their beds, but that might be overcome by skilled attention.

It is unfortunately true that up to the present this has occurred in many cases.

I am determined that no effort shall be spared to ensure that the best geriatric attention shall be made available to our old folk. This was one of the main reasons why

I sent my Director-General of Health overseas to study at first-hand modern techniques in this field.

I am pleased to say that a leading worker in geriatrics from England, Dr. Marjory Warren, is at present in Queensland to lecture and advise on this problem.

From day to day the number of ambulatory inmates in our Eventides is decreasing, whilst the number of bed cases is increasing. As a matter of fact, of the 900-odd inmates at "Eventide", Sandgate, 425 are hospital patients. That position is not good enough. With proper care and attention we should be able to get these people up so that they can lead the lives of happy old people. It is my earnest hope that we will be able, not only to arrest this trend, but to succeed in saving the majority of old folk who come under our care from becoming bedfast, as well as enabling many who are now confined to bed to enjoy once again the power of mobility.

With modern developments our "Eventides" are therefore becoming more and more geriatric hospitals, and as such will take their place in the overall hospital picture.

Of the total sum of £14,985,171, required for all the activities under the control of the department, £8,837,748 is for hospitals. This is a very large sum, and I feel certain that hon. members will agree that it is necessary, in the interests of all the people in this State, that every effort should be made to ensure that whilst modern and efficient service is given to all patients, a strict, careful watch must be maintained over all expenditure, so that unnecessary expenses are not allowed to occur. If this were not done, the Government could well find themselves having to meet very large bills for both capital and running costs that were not justified. This could well constitute a grave danger to the hospital service of the State.

Hospital construction is a case in point. The annual interest and redemption bill is now £1,325,000, representing a considerable portion of the total expenditure for hospitals. Whilst there can be no question of not providing all the hospital accommodation required for our people, in well constructed modern buildings, it is equally true that there is no justification for unnecessarily costly buildings.

Since my appointment as Minister, I have given very careful attention to this question, with the result that there has been evolved a new type of building eminently suited for hospital purposes in this State, and much less costly than designs that have become common, not only in Queensland, but in other States also. This will result in a very considerable saving in loan money, with a consequent less heavy burden on our hospitals for interest and redemption.

**Mr. Davies:** Where will we see the first of this type?

**Dr. NOBLE:** Southport. It is to be remembered that it takes from three to five years to plan a hospital. In the case of Southport it was proposed to construct a new general hospital for £450,000 but we are providing the same number of beds and administrative buildings at an estimated cost of £230,000. The Surat hospital was burnt down and plans were drawn to spend £160,000 on a 16-bed hospital. That figure was cut to £71,010 for a brick hospital and for a wooden building it would cost £63,191. We have adopted the figure for the brick building as it will be more lasting. Plans for nurses' quarters at Bowen were estimated to cost £20,975 but we have been able to cut that figure down to £9,550, a saving of £11,425. Plans for the building of the Toowoomba nurses' home to accommodate 100 nurses were to cost £286,000, an average of £2,800 to provide the quarters for each nurse. I said to the architect, "You are asking us to provide £2,800 for virtually a room for each nurse, whereas most people in the community can get a cottage for the same amount. It seems wrong that each nurse should have £2,800 spent on her accommodation." We are going to erect a three-story brick building which will provide excellent accommodation including every possible convenience for £152,000, thus saving £134,000.

**Mr. Duggan:** Would that be done by improvements in planning?

**Dr. NOBLE:** We will be cutting out a lot of the unnecessary things. Recently I had an interview with a leading man from the Ministry of Health overseas who told me that the same position obtained abroad. He told me that had they gone on building the way they were, they would have gone bankrupt.

**Mr. Duggan:** Is there any merit in the proposal to give some of the nurses a living-out allowance so that they can provide for their own accommodation?

**Dr. NOBLE:** I do not think it would be satisfactory for trainee nurses. They must be supervised. There is a tendency in other parts of the world today to have the sisters living out. In England, for example, where conditions are somewhat different from those in Australia because of the larger centres of population, no sisters' homes are to be built in future. They will live out. It is better for the sisters, too, because it gives them a freer and happier life. That may come about in Queensland; sisters will have the right to live out and will be paid an allowance.

**Mr. Hanlon:** You will give them the option?

**Dr. NOBLE:** Yes, the same as domestics. The previous Government said that domestics in hospitals should live out, and we have continued the practice. Most of them are much happier living in their own homes.

**Mr. Davies:** Could you give us some idea of the services that you are cutting out?

**Dr. NOBLE:** It is difficult to explain such matters in a debate in the Chamber. However, if the hon. member will come to my office I shall be happy to show him the blueprints and explain what is being done.

**Mr. Gardner:** Is the same architect doing the job?

**Dr. NOBLE:** Yes. Most hospitals boards have their own architects.

Another very important factor is wise planning to obviate the construction of more hospital beds than are actually required. In this connection, it is pertinent to point out that the period of time from the original decision to construct a hospital till it is ready for use ranges from three to five years. As a result, careful examination and estimation of the circumstances that will prevail on the completion of the building are required before a decision is arrived at.

On the occasion of the recent opening of a new hospital, I pointed out that the stage is being reached where the construction of new public bed accommodation is no longer required. Hon. members opposite endeavoured to read into that that it was the intention of the Government to depart from the free hospital policy. Nothing could be further from the truth!

Again I take the opportunity of stating our policy on hospitalisation. It is this: Free public hospital beds will be provided for all our sick people who desire to use them, and there is no intention whatever to restrict or reduce the number of free public beds with the object of forcing people to enter intermediate or private beds. At the same time, we recognise that no Government have either a legal or moral right to exert pressure of any kind on anyone to enter a public bed against his wish, and, as with public beds, no restriction will be placed on the number of intermediate and private beds for the purpose of forcing people who do not desire to do so to use public beds.

An examination of the hospital bed figures in this State shows that the number of beds, excluding chronic and T.B. beds, in relation to population, is 8.6 per 1,000. That is much higher than the bed ratio that is deemed necessary, on present-day standards, in any part of the world. This is borne out by practical experience, as in very many hospitals in this State the number of available beds exceeds the demand for them.

I point out to hon. members that an estimation of the hospital beds per 1,000 population takes no heed of whether they are private, intermediate, or public beds. It is based simply on the number of sick and injured people in the community requiring hospitalisation. It is readily accepted that an overall figure can hide various local shortages, and an excess of overall beds does not mean that

there are not some individual towns or districts where additional construction is required.

The figure of 8.6 beds per 1,000 for the State includes not only Government hospitals but also hospitals privately owned and controlled.

A further factor is that, with present-day advances in drugs and medical techniques, the number of beds required to serve any given population is constantly reducing.

The whole hospital picture has changed. I can remember, when I was first studying medicine, that in the medical wards of hospitals by far the greater number of patients were young or middle-aged. Pneumonia and acute illnesses were prevalent and were treated in the hospitals; these days pneumonia rarely is. Even Dr. Evatt is being treated in a hotel room in Melbourne. There is no need to put such cases in hospital because, with modern drugs and modern techniques, patients can be well and quickly treated in their own homes.

Today most of the patients in medical wards are old people. Only the other day at Ipswich I saw a whole ward full of old people. It is the intention of the Government, instead of having eventide homes and the like scattered all over the place, to have a geriatric ward in every hospital so that the aged, if they have to be hospitalised, can be cared for in their own district. We are now conducting a survey to find out how many old people we have in hospitals and we will shortly take the steps I have indicated.

One of the most important factors governing the number of beds required is the average length of stay in hospital. For example, a reduction of the average length of stay from four weeks to two weeks would reduce the number of beds required by approximately half.

My statement that there was an excess of public beds was made at the opening of a Brisbane hospital and was intended primarily for consideration by hospital authorities in Brisbane. The ratio of existing hospital beds in Brisbane, again excluding tuberculosis and chronic beds, is 8.7 per 1,000, and the ratio of public beds is 6.2 per 1,000; in other words, approximately two out of three of all beds are free public beds. In addition, 820 new beds in hospitals under construction, or about to be constructed, must be added to the Brisbane total. Of these, 174 are outside Brisbane but in districts previously served by Brisbane hospitals; 404 are in the new Chest Hospital at Chermside, but, on the experience of other States, it can be confidently expected that this hospital will become available as a general hospital in the not too distant future. It would be sheer folly, if not worse, to disregard these facts and figures and to embark on new construction in addition to that in progress or about to be commenced. It must be abundantly

clear that any slight overcrowding still existing in Brisbane hospitals will be completely overcome when the hospitals I have mentioned are completed.

Again, the average length of stay in hospital is affected to a large degree by chronic patients who occupy beds continuously over a very long period. I have already laid down a policy of providing suitable wards or annexes at hospitals for these long-stay patients. They do not require the costly equipment and construction necessary for acute hospitals. Most comfortable accommodation can be provided for this type of case at a fraction of the cost of accommodation for acutely ill patients and, what is more, these old folk will be more comfortable and more contented in a section of the hospital that belongs to them than in a busy acute ward where seriously ill patients require special attention. The provision of this accommodation will make available more beds in acute wards.

As the eventide homes are tending to become closer to the general hospitals, so are the mental hospitals. After the war, mental hospitals throughout the world became seriously overcrowded, largely because of senile old people who could not be accommodated in the already overcrowded acute hospitals. Unfortunately, in very many cases these patients were doomed to end their lives in mental hospitals, not because they were suffering from any mental illness or disease but simply because there was nowhere else for them to go. The construction of senile annexes attached to general hospitals in Queensland has gone a long way towards righting the position. Already 404 old people have been transferred from the Brisbane Mental Hospital to these annexes. Action is already being taken for the construction or conversion of buildings to provide a further 300 beds for these patients at general hospitals.

Westwood Sanatorium will probably become vacant early in January when the Commonwealth tuberculosis annex is completed at the Rockhampton Hospital. We will convert it to an old people's annexe and it should have room for from 75 to 100 patients.

The old nurses' quarters in Townsville are being considered for conversion into a 100-bed long-stay hospital. Why a two-storey hospital was built at Emerald I shall never know. There was already a good hospital there. A small hospital built in two storeys is bad economically because services have to be duplicated. We are hoping to provide additional accommodation for aged people in the old hospital. Throughout the State more than 350 additional beds will be available in geriatric wards.

**Mr. A. Jones:** You still have about 2,300 inmates in Goodna.

**Dr. NOBLE:** The numbers are getting fewer. The old people are going out. The provision of the buildings on the hill was very wise. One building is being used for

kiddies—a very happy place—and the other houses patients who are well enough to run their own committees and arrange what work they shall do. They even produce their own newspaper. It is an open ward where they are free to come and go. As these patients become fit to leave they will either go to their own homes, the homes of relatives, or to a rehabilitation centre we hope to have completed at Sandgate this year to accommodate 40-odd patients.

**Mr. Hanlon:** Has the over-crowding been eased at all?

**Dr. NOBLE:** Yes. It is not the same place. It used to break one's heart when he went up there. More buildings are available now. About 250 patients can be accommodated on the hill. Getting the old people out helped a great deal. The objective of mental treatment is to cure people before they need enter a mental hospital.

Lowson House at the Brisbane General Hospital has been converted to a nerve hospital for early treatment of sickness that would previously have meant that the patient would be later admitted to a mental hospital. Treatment and accommodation in Lowson House are available free of charge. In other States it would cost all patients £15 a week or more for this treatment in similar hospitals.

These achievements, together with construction of mental hospitals, have practically overcome the overcrowding. In the very near future sufficient accommodation will be available in mental hospitals for more visitors' and patients' lounges and other desirable amenities. Queensland, alone among the Australian States, is in this happy position.

I am pleased and proud to report to the Committee that the first Alcoholic Residential Clinic is now in operation at the Brisbane General Hospital, providing a service that has long been needed. Dr. O'Sullivan and the other medical officers are doing a mighty job.

**Mr. Wallace:** Does the clinic cater for males or females?

**Dr. NOBLE:** Both. I am looking round now for a building as a rehabilitation centre for female patients. Probably 12 or 15 beds would be sufficient. I was recently asked by way of a question in the House to explain the reason for the increased receipts by hospitals last year and the estimate for this year, and I deferred my answer so that it could be dealt with now. For the hon. member's information, and for the information of the House, the increase of £72,000 estimated for this financial year is made up by increases under the following headings:—

Patients's fees.

X-ray fees for private doctors' patients.

Pathological fees for private doctors' patients.

Senile annexes—receipts for 12 months as compared with seven months for 1957-1958.

The increase in patients' fees represents fees for an increase of approximately 70 in the daily average of intermediate and private beds over the State. This increase is mainly in Brisbane. Hon. members will remember that because of the severe overcrowding at the Brisbane General Hospital it was not possible for the authorities there to provide more than a token number of intermediate beds. As a result many people who desired intermediate accommodation were unable to obtain it and were forced into free public beds.

**Mr. Davies:** Did that happen in any other hospital in the State?

**Dr. NOBLE:** There would be one or two throughout the State. Most hospitals have plenty of beds.

**Mr. Davies:** I was referring to the people who were forced into public beds.

**Dr. NOBLE:** Toowoomba and Mackay are overcrowded and Townsville was, but not now.

As hon. members also know patients in intermediate beds engage the doctor of their choice, and this is one of the reasons why a number of people seek intermediate accommodation. It is nice to have a doctor of your own choice. You can ask how your relative is and if he is not doing well you can tick him off if you wish. In the General Hospital it is only at certain hours that you can see the patient.

**Mr. Davies:** That benefit has been lost to a great degree where they have groups.

**Dr. NOBLE:** It is to a great extent. They can still go to the clinic and tell the doctor what they think if they desire.

When the new South Brisbane Hospital was completed, it was progressively opened, as it was not humanly possible to staff and open a new hospital of 750 beds in any other way. Beds were allotted between intermediate and public in accordance with the demand. The last three wards will be opened this financial year and it will be the first year when all beds have been occupied. The increase in fees from private doctors' patients referred for X-ray or pathological investigation, is attributable to the large number of these cases now being given attention. Receipts of patients' fees from senile annexes is explained by an anomaly that would otherwise arise. The Commonwealth Government, under its social services legislation, make provision for an amount determined by the Commonwealth authorities, to be deducted from the pension of inmates accommodated in old peoples' homes. This amount is the same for every old peoples' home throughout Australia. It is purely an accident of circumstances that decides whether old people find themselves admitted to the

hospital ward of an eventide, or the senile annexes that have been established at hospitals. It would be unjust therefore, if a deduction were made from the pension of the inmates of eventide, and no deductions made from inmates in senile annexes. To rectify this it was decided that the same amount would be charged to old folk in senile annexes as is paid from their pensions in old peoples' homes. There is no question of any hardship being imposed thereby on patients in senile annexes. They have all been transferred from mental hospitals where they received no pension at all; now they rank for pension, the balance of which is credited to their trust account. At Eventide, any balance of pension not used goes to the trust account and over the years the trust account has been getting higher, with a consequent reduction in the pension, and the Commonwealth are paying less and less. I see no harm whatever in treating senile and old patients on the same basis. I am pleased to be able to report that major steps have been taken in the last 12 months to help lighten the burden on the less fortunate members of our community, and to foreshadow that the social services provided for Queensland people by my department will not only be continued this year, but that further major achievements can confidently be expected.

On behalf of my Government, I shall spare no effort to implement our policy to provide a better and more efficient service towards the restoration to full life of those who have the misfortune to be afflicted physically or mentally, or who are under any disability the relief of which comes within the scope of the activities of my department.

**Mr. HANLON (Ithaca) (2.21 p.m.):** This is a very important department, which has been referred to as the Department of Humanity. I do not suppose any department provides greater service, numerically or in quality, for the citizens of the State than the Department of Health and Home Affairs. It is closer to the ordinary person in the community in my opinion than any other department.

It was refreshing to hear the Minister supporting the activities of his department. I am sure hon. members join with him in expressing appreciation of the manner in which his officers attend to their duties, and to carry out fully the various services for the benefit of the people.

The Minister protested, a little too much, in regard to questions asked from this side of the Chamber. Opposition members, as well as the public, still have a measure of doubt whether the Minister, or the parties to which he belongs and which form the Government, are really enamoured of the services provided by the department over recent years. We of the Labour Movement have always thought that the provision of social services in health and in other directions are fundamental in any democratic country which accepts the responsibility of looking after its citizens. The other

parties in this country and in other parts of the world have been forced to come into line with the thought of the Australian Labour Party and Labour parties throughout the world.

Without trying to score politically, it is obvious from "Hansard" reports throughout the years and from statements outside this Chamber, that many of the services provided by the department when instituted were bitterly opposed by hon. members opposite. The Australian Labour Party can be pardoned if it is over-suspicious that the Government, with their past history and the past history of others of the same parties, will attempt to break down the standard of service given by the department.

The cost of hospitalisation and the building of hospitals has been raised by the Minister. If he can bring about economies in the construction of hospitals without in any way reducing the quality of the free service to patients, he will be commended, but we were a little disappointed at the rather offhand manner in which he brushed aside the several interjections by the hon. member for Maryborough. The hon. member for Maryborough asked why a hospital can now be built for £150,000 instead of £300,000 and still provide the same quality of service. I know that the Minister is trying to interject that he indicated that the hon. member for Maryborough could have a look at the blueprints to study the question closer. I hope the same privilege will be extended to all on this side of the Chamber. He is rather vague when he is not able to give a better reason why plans of buildings can be prepared by the same architect for buildings at a greatly reduced cost and yet provide the same services. It makes one wonder what the architects have been doing. If they can prepare plans of buildings to cost much less and still give the same services I am sure the previous Government would have been only too happy to have had the work done cheaper. I do not think the change has been brought about by any change in Government. Previous Governments endeavoured to get the best possible results from the operations of the department. The Minister made a very good point when he said that the system of free hospitalisation for which this State is famous costs a huge sum of money. If we want to keep up the standard of service to the people we have to ensure that we do not waste money. We are suspicious, nevertheless, when we hear the Minister tell us that he can cut hundreds of thousands of pounds off the cost of hospital building, and according to him, suffer no loss in quality.

**Dr. Noble:** They will be better.

**Mr. HANLON:** I shall be happy to see the blueprints the Minister is talking about. I cannot see how it can be brought about. Possibly the Minister has been helped because all the main cities in the State are now provided with the more expensive type of hospital. We have them at Townsville, the South Brisbane Hospital—

**Dr. Noble:** We would never have built the South Brisbane Hospital.

**Mr. HANLON:** I hope we will not find hon. members on this side in another 20 years rising and quoting "Hansard" to show how we would never have had the South Brisbane Hospital when the need for it is never greater than it is today if it were not for the Labour Government. There was some doubt expressed when a Labour Government wanted to build the Story Bridge. It was said by those who opposed us that it would be a white elephant, that it was too big and too expensive, that Brisbane was only a hick town. The Australian Labour Party Government never approached any form of administration on such a timid basis as that. By saving himself £50,000 today the Minister might find he is costing himself another £1,000,000 in 20 years' time. It is not new to hear that the Government wish to decentralise the hospital system and provide smaller hospital units in various parts of Brisbane and the South Coast area. If hon. members go back to the pre-war years they will find that plans were adopted then to cater for the building of the auxiliary Hospital at South Brisbane and smaller units at Redcliffe, Wynnum, Southport, and other places. The hon. member for Southport remarked that the Southport Hospital is being built 20 years too late. That might be true. It has to be borne in mind that the war upset all plans for the development of hospitals in this State. If one goes back to the original planning before the war I think one would find that provision was made, first of all, for the General Hospital at Herston to be a truly base hospital with all equipment and facilities that could not be provided in a number of small hospitals scattered round Brisbane. Surely the Minister would not say that equipment such as that at the Brisbane General Hospital should be scattered round among various small, cottage hospitals in the vicinity of Brisbane or even up to 50 or 60 miles away from Brisbane.

**Dr. Noble:** You must have one base hospital.

**Mr. HANLON:** That is so. You must have somewhere to install expensive equipment and to treat critical cases that cannot be handled at the smaller hospitals. We have no argument against the gradual improvement of hospital services in towns such as Southport and Redcliffe. It was just unfortunate that World War II prevented the hospital development in those areas that Labour had planned. We do not want a return to the philosophy of hon. members opposite in the administration of the Department of Health and Home Affairs, particularly in hospital services. We do not want to go back to the days when they said, "Anything is good enough for non-paying patients." Such a philosophy is absolutely condemned by hon. members on this side of the Chamber.

**Mr. Dewar:** Who said that?

**Mr. HANLON:** You did.

**Mr. Dewar:** I did?

**Mr. HANLON:** The hon. member's colleagues said it in this very Chamber. Members of the parties who are now sitting on the other side of the Chamber said 30 years ago that any dirty old blankets and cracked crockery were good enough for non-paying patients. That is not the philosophy that put hospital administration in this State in the proud position that it occupies today. In the days that I am referring to notices were hung on the beds of non-paying patients in general hospitals to show that they were paupers and could not afford to pay their way. I do not think that even hon. members opposite desire a return to those practices, but there are forces within the Liberal and Country Parties that are unwilling to spend the millions of pounds necessary to maintain the hospital services that were established by Labour. As a matter of fact, the Menzies Federal Government embarked on a deliberate attempt to break down this State's free hospitalisation system. It was only because of the stand that was taken by the Labour Government of the day that free hospitalisation was maintained in Queensland.

**Mr. Dewar:** We are spending more this year than you ever spent.

**Mr. HANLON:** The hon. member for Chermside throws up his hands and says, "We are spending more this year than you ever spent." Probably that is because of the inflationary trend that followed the advent of the Menzies Government in 1949 and the deliberate policy of his Government in this State that has resulted in severe increases in the basic wage and in the cost of provisions and other necessities to hospitals and other similar institutions. As I pointed out during the Budget debate, the Government are spending only about £150,000 more this year on a net basis on hospitals than was spent last year.

**Mr. Pizzey:** The people are healthier under our administration.

**Mr. HANLON:** All I can say to that interjection is that there will be an epidemic of Labour voting on 22 November next.

As I have pointed out, according to the figures on page 20 of the Estimates, there was a net expenditure on hospitals last year of £6,351,672. Subtracting Commonwealth contributions for hospital benefits, pharmaceutical benefits and for the maintenance of tuberculosis sanatoria and the like from this year's expenditure gives the net expenditure by the State Government on hospitals as £6,512,000, which is not very much more than the net expenditure last year.

We have to remember, too, that this year we will completely exhaust the Hospital, Motherhood and Child Welfare Fund. That

calls for consideration. Each year for the last five or six years or more we have drawn £300,000 or £400,000, or perhaps £200,000 or £300,000, from the accumulated balance in that fund and this year we will use the whole income plus all that remains of the accumulated balance of about £600,000.

**Dr. Noble:** That is because of the policy of becoming a claimant State.

**Mr. HANLON:** That is so. The Treasurer has already pointed out that he is deliberately doing that to support his application to the Commonwealth. But what are we going to do next year? Suppose the Commonwealth do not approve of our becoming a claimant State. We have no balance in the fund. Where will we get the £500,000 or more that we have yearly put into hospital expenditure from that fund? It is causing us considerable concern because money cannot be produced out of thin air. I hope the Minister has got enough from Consolidated Revenue this year to make sure that his colleagues will not deny him his next year's requirement simply because he did not want it this year.

Last year £1,005,000 was set aside for provisions in hospitals and this year the estimate is for £992,000. That does not read very well. We all agree that the costs of everything have risen in the State, especially in the last six months or so, and they will be higher this year than last financial year, yet there is a decrease of something like £13,000 in the appropriation for provisions. Admittedly the expenditure was only about £961,000 so there will be an actual rise of about £30,000 if the full appropriation is expended. I should like the Minister to explain why the full allocation for provisions was not used last year and why the increase is comparatively small for next year.

I think it was the hon. member for Port Curtis who alleged a month or so ago in the Chamber that the Minister had suggested to hospitals boards throughout the State that they reduce the quality of provisions bought for hospitals, that they use cheaper cuts of meat and so on.

**Dr. Noble:** What sort of cuts of meat would you advise?

**Mr. HANLON:** I do not know. I am simply telling the Minister that the hon. member for Port Curtis said in the Chamber recently that it had been suggested to hospital boards that they buy cheaper cuts of meats for patients. That was ridiculed at the time but it may be borne out by the fact that in the last financial year some £40,000 less was appropriated for provisions in hospitals and that this year's allocation represents no very great rise.

**Dr. Noble:** You always try to have sufficient moneys to meet the bills. If you do not spend all your funds you are just being on the safe side.

**Mr. HANLON:** The Minister cannot have it both ways. He tells me that last financial

year the appropriation was not used up because the department always likes to be on the safe side and make sure that it has enough for provisions. If the Government say that they are being on the safe side this year in appropriating £992,000-odd against £1,005,000 last year, the Minister must admit that apparently they are going to spend less on provisions for patients in hospitals this year than last year.

**Mr. Dewar:** People went into hospital to get a decent feed under Labour.

**Mr. HANLON:** The hon. member probably would do well to go in and have a bit of treatment himself. I would not like to indicate what hospital I would send him to. However he has brought a point to my mind. The hon. member for Kedron who unfortunately is not able to be here today asked the Minister a question a couple of weeks ago about the proposed increase in patients' payments in the next 12 months. He wanted to know why there was going to be an increase of £20,000-odd in patients' payments. The Minister told him that he was going to deal fully with that when his Estimates were being debated. He has pointed out that there will be additional payments from the setting up of annexes for aged people in hospitals, and so on. That is something we were not aware of and consequently had not taken into consideration. Nevertheless there is a suspicion in the minds of many people that hospital wards are being deliberately closed, particularly in the Brisbane General Hospital, to make way for intermediate and private-paying patients.

**Dr. Noble:** Tell me one case where a patient has been refused admission to a public ward?

**Mr. HANLON:** I have not a case in mind. I do not say that anyone has been refused admission to a public ward but if that policy is to be maintained, in a few years' time people will not be able to enter public wards at the Brisbane General Hospital. Perhaps they will be admitted but they will be admitted under conditions which should not be imposed, taking into account the increased accommodation that has become available since the opening of the hospital at South Brisbane and will become available as other public hospitals are opened in the future.

A couple of weeks ago I directed a question to the Minister about conditions in wards like 3E at the Brisbane General Hospital where beds are placed right up the middle of the ward and far more patients are crowded in than might reasonably be expected now that additional accommodation has been provided at South Brisbane. I have come to the conclusion that the reason that more space is not given to public patients in these wards is that the Minister is definitely using up space that should be devoted to public wards to provide accommodation for paying patients. As he has pointed out, nobody is

compelled to enter a public ward if he does not want to. Everybody should be free to go to his own doctor if he is prepared to pay for hospital accommodation. But there should be sufficient accommodation available for all who require free treatment. It is not a good policy for the Minister to make a great song about people wanting to occupy beds in the intermediate hospital or single rooms when these facilities are provided at almost bargain rates—about £2 2s. a day for a single room.

**Dr. Noble:** Would you advocate putting these fees up?

**Mr. HANLON:** I am not prepared to agree to a Government subsidy so that these people should receive the very best in hospital accommodation in single rooms at the expense of people who cannot afford to pay at all. That is what I am objecting to. If the Government can provide the highest standards for public patients in public wards and still find money to subsidise single rooms at £2 2s. per day in general hospitals providing facilities which would cost £30 or more a week in a private hospital, well and good.

**Dr. Noble:** Do you think the fees are too low in the private and intermediate wards?

**Mr. HANLON:** I am not saying anything about the intermediate wards but I am saying that the Government should not deliberately deprive public patients of adequate facilities because they want to give some of that accommodation to people who say that they are not taking advantage of the facilities of the Brisbane General hospital because they are occupying a private room at £2 2s. a day.

**Dr. Noble:** There are very few private rooms.

**Mr. HANLON:** There are very few. I hope that the Government will not sacrifice any amenity or benefit to the people in the public wards in order to more or less subsidise intermediate and private accommodation up to a much higher standard.

**Dr. Noble:** Your suggestion is to put the fees up and get more money for the public wards.

**Mr. HANLON:** I am not saying that at all. I am not going to be tricked into saying things that the Minister wants me to say. I do not want the Government to subsidise intermediate wards or private rooms and at the same time deprive public patients of a reasonable standard of comfort as they should have and was provided for by Labour Governments.

(Time expired.)

**Mr. WATSON (Mulgrave) (2.46 p.m.):** I thank the Minister for giving the Committee the opportunity of discussing this all-important department which is nearer to the people than any other. During the debate he will hear much constructive criticism that

will be helpful. Members generally will deal with problems affecting their electorates. I shall refer to one or two matters that require attention in my electorate. The Labour Government neglected to provide a hospital adequate for the needs of such an important industrial centre as Gordonvale. As far back as 1928 the late Hon. H. A. Bruce promised the people that it would be provided. During the year 1955-1956 the public of Gordonvale became so incensed about it that they made a demand on the Premier of the day and the member for the district. A short time after the Government built a very fine maternity hospital of 10 beds which, I understand, cost in the vicinity of £50,000.

**Mr. Davies:** What year?

**Mr. WATSON:** It was opened recently. I agree with the Minister that much of the money expended on the erection of large hospitals could have been spent with greater benefit to the people generally.

**Dr. Noble:** More hospitals.

**Mr. WATSON:** That is true. Although there is a very fine maternity hospital at Gordonvale, the ordinary hospital is what may be termed a "dump." Patients are accommodated on the hot unceiled verandahs and there is no protection from flies and mosquitoes. I have previously made representations to the Minister regarding the matter and the Minister has told me that finances are limited, but he has assured me that until a new hospital can be built, further accommodation will be provided by removing the old maternity ward to a central position so as to link it with the general hospital. For the time being that will do.

**Mr. Davies:** How far are you from Cairns?

**Mr. WATSON:** Fourteen miles.

**Mr. Davies:** A bitumen road.

**Mr. WATSON:** That interjection is in accord with Labour's policy of centralisation, rather than decentralisation. When I made representations in 1950-1953 I was told that Gordonvale was really only a catchment area to which invalids and patients could be attended to temporarily, before transfer to Cairns. I disagreed with that idea, but I approve of the Minister's statement in favour of decentralisation. It will have a very beneficial effect in these towns.

Gordonvale is an industrial centre where over 1,000 men are employed. The policy of taking an accident case a distance of 14 miles to Cairns is undesirable. I ask the Minister to give early and favourable consideration to my suggestion.

During my recent visit to the Gordonvale hospital I was informed that the daily average of patients was 25. The matron assures me that she has difficulty in retaining nurses and sisters to look after this number of patients, as they have to work long hours to do so. I ask the Minister to consider that

position too. If the facts are as stated by the matron, I ask him to consider favourably an increase in the number of nurses and sisters at that hospital.

The Tablelands, within my electorate, has no hospital. Patients have to travel from Millaa Millaa and Malanda to the Atherton Central Hospital. I am not asking for the impossible, but I have made representations to the Minister and I understand he is considering either the setting up of an ambulance centre at Malanda, or better still, the stationing of a nurse at Malanda so that better service can be given to the residents. If that is done, they will not have to travel to Atherton daily as at present.

According to the last census, 1,500 people in Malanda and district rely for treatment on the hospital at Atherton.

I have a further suggestion which I think should be of material value. During my recent inspection of the hospitals, I was told that a great deal of the repair and painting of hospitals is left to the Department of Public Works. The central hospital is at Cairns, and, with other hospitals at Gordonvale and Babinda. I think the Minister should have under his control a staff to carry out running repairs at the hospitals.

Mr. Wallace interjected.

**Mr. WATSON:** No. The things I have mentioned took place before I entered Parliament. I inquired from the matron about a particular job and was told that the hospital knew absolutely nothing about it. I have been told by the Minister that most jobs of any size are now being done under contract, with very beneficial results.

On behalf of the people of the North, I extend thanks to the Minister for the financial assistance given by his department in the transport of patients to hospital for medical attention not available in their own area.

I notice in the Estimates that for 1957-1958, rail passes granted by the department cost £9,539, travelling expenses for radium treatment, £8,801, and further travelling expenses, £3,277, when it was necessary to get patients to Brisbane as quickly as possible by air. In all £22,933 was spent last year on rail and air passes so that people could get treatment in Brisbane that was not available in the North.

I think I can speak for all hon. members who represent the North when I say that the people are very appreciative of this assistance. Men employed in sugar mills have said quite openly that they would not be alive today but for the quickness of the service given by the department. I wish, on their behalf, to thank the Minister very much.

Between 1950 and 1953 when I was a member of this Chamber I had a good deal to say on the work of the Institute of Medical Research. I now find that there has been some improvement in the staffing of this

department, but the last report of the Queensland Institute of Medical Research has this to say—

“An important duty of a Research Institute is to discover and train young research workers. At the present time, the number of young workers employed by the Institute is declining, and no suitable people have applied to fill existing vacancies. There was formerly a training scheme, which was sufficiently liberal to encourage young people to take it up and to foster continuing loyalty to the Institute after they graduated. It is significant that 7 out of 10 students trained under this scheme are still on the staff, whereas only one remains out of 9 appointed after graduation. The benefits are obvious, and it is urgently necessary that an effective training scheme be resumed, if the Institute is to survive as an active research organisation.”

The former Government, in the latter part of their term of office, decided not to carry on with this scheme. The subject is important to Queensland, particularly because of tropical diseases and it is necessary that the Minister should set up a scheme that will be a monetary attraction to the graduate so that we can get some value from his university education. I have had much to do with Weil's disease and scrub typhus in the sugar industry. From the report, it seems a good deal of attention has been given to these two diseases and to Q. fever. The number of sufferers from these diseases is diminishing although there were 199 cases of Weil's Disease in 1956, 197 in 1957 and 157 in 1958. Although there has been a reduction in the number of cases we have yet to find a method of combating the rodent that is responsible for spread of the diseases. I was determined in 1950-1953 to see that an officer was stationed at Innisfail but I found that the medical profession had not found any quick remedy for Weil's disease, but now, I am pleased to say, that those who contract the dreadful disease are able to leave hospital in a few days. Formerly, the heart was affected and in many cases they were not able to work for months. A cure is not so difficult now. The rat is being controlled and in this respect we must pay a tribute to the various pest boards, and the health officers of the department, for the work that has been done in North Queensland. As most hon. members know, the disease is contracted from the excreta of the rat and so it is necessary in sugar areas, particularly north of Townsville, that the rat should be destroyed.

An examination of the various reports discloses that burning the cane is giving excellent results in the control of rodents. Of the 157 cases in 1957 referred to in the report, 87 were contracted during the wet period of the crushing season, that is, June, July and August. Irrespective of what we may do at that time of the year, there is always some difficulty in burning the cane. Although the cane must be burnt before

it is harvested in an effort to prevent the spread of Weil's Disease, because of the damp climate there is still very great danger of coming into contact with the excreta of the rodent. It is interesting to learn that of the 130,354 acres harvested last year in the 11 mill areas affected, 128,369 acres were burnt. Of that area, 16,742 acres were burnt for the purpose of safeguarding the cutters against Weil's Disease.

I should like to pay a tribute to the work of the officers of the department. In the 11 mill areas, 1,942 farms were inspected. In effect, that meant that 15,000 acres had to be patrolled by the departmental officers who, quite apart from the help that they are giving to the farmers and the workers in other directions, are playing a very important part in controlling rodents.

Very little was known of the scrub typhus before troops were stationed on reaches of the Russell River during the war. Many of them contracted this dread disease, and a number of them died. I again pay a tribute to the Innisfail laboratory for the very fine work it has done in controlling this disease. It is contracted from lice, which enter the body through wounds. Previously it was a dangerous disease.

**Mr. Aikens:** It resulted in a 50 per cent. kill, didn't it?

**Mr. WATSON:** Approximately. I extend sincere thanks to the department, and particularly to the research section in Innisfail, for a job well done.

I have not a very great knowledge of Q Fever in the tropics, but I have read about it in the various reports. Whilst the number of cases of this disease is not nearly as great as of Weil's Disease and scrub typhus, it is increasing.

It is heartening to know that Dr. Derrick is playing an important part in preventing the spread of this disease.

**Dr. Noble:** It is very easily cured.

**Mr. WATSON:** I have been told that medicines of today will cure Q Fever. It started in Brisbane in 1936, when it was called abattoir fever. Possibly at that time the doctors thought that meatworkers were contracting it through some process with which they were associated. Today, under the direction of Dr. Derrick, whilst the spread of the disease has not been limited, at least it can be controlled. It has spread throughout the continent. Queensland led the investigations into its cause and cure and very great credit must go to Dr. Derrick and his staff. I know that the people of the West will join with those of the North in paying tribute to the departmental officers for their grand work on tropical and western diseases.

The hon. member for Tablelands said in the Chamber some time ago that it might have been possible, on the completion of the Tinaroo Falls scheme, for the Minister to

add another home for the aged to the list, which at present is three—four when Maryborough is finished. We think the North deserves one, but, as the Minister pointed out, the buildings at Tinaroo Falls were temporary and for a particular purpose, namely, for shifting and re-erection at the termination of work on the dam. The Minister therefore considered that they were not suitable. The nearest eventide home we have in the North is at Charters Towers. I gathered from the Minister's remarks today that there is a waiting list for admittance. I ask him to give consideration to establishing an eventide home further north. In most of the homes the aged are very happy if they are somewhere near a city. They like to be able to go into town once a week and have a drink or two and sit under the "tree of knowledge" for a chat.

**Mr. Adair:** Mareeba would be an ideal place.

**Mr. WATSON:** From the point of view of health Yungaburra is the only place, but if the home is to give the best service to the old people I suggest in all seriousness that the Cairns district would be very suitable.

I want to refer now to some of the Government's subsidies that are perhaps not known to the general public. Last year subsidies granted to homes for aged persons outside the department amounted to £388,216 11s. 11d.

**Dr. Noble:** Where they are building those homes, with the number built, they will provide all the eventides we need.

**Mr. WATSON:** I agree, but we have not been able to get one in the North. If they are not going to help us we expect the Government to do something about it. Topping the list of homes granted a subsidy is the Salvation Army Eventide Home for men at Riverview, with £93,250. Others are—

St. Vincent de Paul, Mackay	£ 22,259
Presbyterian Cottage Homes, Corinda .. .. .	45,243
Aged Christians Home	
Gregory Terrace .. .. .	19,934
Bethany Home, Rockhampton .. .. .	29,035
Methodist Garden Settlement, Chermanside .. .. .	53,671

The smaller homes have received smaller amounts making up the total of £388,000.

In addition, the Minister has paid a 50 per cent. subsidy to local authorities who provide homes for the aged. In my electorate, particularly at Yungaburra and Malanda, I have inspected some of these beautiful homes. They cost £1,200 to £1,500 and are suitable for married couples. They are beautifully set up and electricity is installed. I can assure hon. members that the 50 per cent. subsidy has been wisely spent.

The Country Women's Association comes in for a £1 for £1 subsidy on the capital

cost of providing hospitals for waiting mothers in country areas—another very worth while objective.

For State children from State organisations again a subsidy up to 50 per cent. is paid.

The Flying Doctor Service, which is playing such an important role in the outback, attracts a subsidy of 25s. for every £1 raised, plus a special grant of £10,500 in 1956-1957 and a further £500 annually from the Workers' Compensation fund.

Ambulance Brigades receive a subsidy of 10s. in the £1 with a special rate of 15s. in £1 for Cairns and Rockhampton aerial ambulance services. Again the Government make a subsidy available on a £1 for £1 basis to the Mothercraft Association. The Spastic Children's League receives a £1 for £1 subsidy, the Bush Children's Health Scheme a subsidy of 10s. in the £1 plus rail fares for children brought to Brisbane to receive medical, dental, or hospital treatment or brought to the seaside home to enjoy the benefits of the salt water. Last, but not least, a subsidy of 7s. 6d. in £1 is paid to the Surf Life Saving Clubs.

(Time expired.)

**Mr. HERBERT (Sherwood) (3.11 p.m.):** I should like to open my comments with a few remarks directed to cottage maternity hospitals, with particular reference to my own area. The ambulance brigade have made plans for the construction of an ambulance centre at Oxley because of the huge amount of work they are getting from the area. At present a car is on the road almost full time running maternity cases from Inala and surrounding districts into the city. We have had a very encouraging report from the Minister about hospital accommodation generally but I think we could well consider the establishment of a cottage maternity hospital somewhere in the area adjacent to Inala on the Brisbane-Ipswich line. Fortunately, there are still some tracts of Crown land available. I should like to see a move made in anticipation of the eventual construction of a small cottage maternity hospital in the area. Inala is a suburb of young families. Already 10,000 people live in the area. Although it is within the city boundaries Inala will eventually be one of the biggest towns in Queensland in its own right. The establishment of a cottage maternity hospital would have advantages not only to the patients but also to visiting people. At the present time people from Inala have to travel by bus to the Darra railway station, by train from Darra to the Valley, and by tram to the hospital. It means that a father has not sufficient time to get home from work, pick up his children, and visit his wife in hospital in the time allowed for visiting. I do seriously suggest to the Minister that steps be taken to provide at least a maternity hospital somewhere in the Oxley area before all the available land is occupied.

I should like to direct the main substance of my remarks to mental hygiene. I frequently visit the mental hospital at Goodna which is in my electorate. It is certainly encouraging to see the effect the Minister's policy has already had on the institution. It has been the concern of all Governments that people suffering from mental sickness should receive adequate treatment and care. In the past the idea has been rather to hide mental patients away. Most people are astounded when they learn that there are over 2,000 people in the Goodna mental hospital. The Minister's policy will not only reduce the numbers requiring admission but also lead to an improvement in the condition of the present inmates.

One of the matters that received most publicity was the re-organisation of the psychiatric unit at the hospital by establishing Lowson House for short-term cases. These patients receive treatment in excellent surroundings. The unit is used as a day hospital and it allows for the treatment of people under conditions that were not available 12 months ago. The other was the planning of the psychiatric hospital for longer-term cases. This is a particularly important matter. Numbers of cases can be cured after 12 months' treatment whereas in the past the patients were locked up for periods and a cure was delayed for years. It is most desirable that these people should be salvaged without certification. Once a person has been certified his recovery appears to be retarded. If they can have treatment in a psychiatric hospital without certification they have a much better chance of again taking their place in society. This plan to establish a psychiatric clinic in more commodious premises was long overdue.

The plan laid down to expand child guidance activities and for the teaching and training of staff is very important, especially for country areas. The more trained staff there are available the more chance of providing a service for out-patient treatment for backward children in country areas. It is also proposed to provide a special clinic for adolescents, which is a positive contribution to the solution of some of our youth problems. The Parliamentary Youth Committee took evidence on this point, and this clinic may solve many of the problems now confronting us. What impresses a visitor to Goodna or any other mental hospital is the number of people in these institutions who should not be there. It is obvious, even to a visitor without medical knowledge, that many people there, should not be there. The new policy instigated by the Minister is aimed at removing these people from mental hospitals. There are the senile cases who have become dependent. The provision of the senile annexe in local hospitals removes one of the biggest problems. It is not possible to see the young people in these institutions without being moved. If anything can be done to save these young people from mental hospitals it should be done, not only

for their sake but for the benefit of the community generally. Those who are sub-normal and who are capable of doing a routine job are assisted by organisations that are of comparatively recent growth. The Sub-normal Children's Association is recognised by the Government and receives a large subsidy. The work done by this association is of tremendous benefit to the community. If they get the child at an early age there is the possibility of training it to at least prevent it from becoming a complete liability on social service. The child may be trained sufficiently to get some enjoyment out of life instead of leading a vegetable existence in a mental institution. The Sub-normal Children's Association is to be congratulated on the tremendous work it does in salvaging young lives.

A further group of people who should be confined elsewhere than in a mental hospital is the alcoholic group, and people with other addictions. Fortunately we have not the drug addiction of other countries, but we have the alcoholic problem, and it is now being tackled by the new General Hospital unit. I hope in time it will be possible to take advantage of some of the overseas methods of combating alcoholism, so that alcoholics may be treated as sick people rather than people who merely have a weakness for drink.

The last classification for which we must provide institutional care comprises sex offenders and criminal mentally sick. Those people belong to a specialty of forensic psychiatry. Special psychiatric facilities will be developed, in close co-operation with the Prison Department. In the past these people have been merely locked up, without any attempt at treatment of them. Although many of them can never be released, at least they can be treated, and by that treatment we may gain experience that will be of assistance in the treatment of other cases that possibly have no criminal tendencies.

In order to get the best treatment for patients in mental hospitals, the Government have increased the medical and nursing staffs. A nursing job at Goodna is not eagerly sought after, but fortunately the staff shortage seems to have been overcome. I impress on the Minister the importance of having good housing for medical staff. Psychiatrists are few and far between, and good psychiatrists are even further apart. There are very few first-class psychiatrists in Australia. A good psychiatrist in outside practice can make considerably more than he could in a mental institution, so it follows that the good doctors who have remained in mental institutions have done so because they feel they have a mission to society.

The Government have a duty to provide those men with accommodation and salaries comparable to those enjoyed by practitioners outside the service. I am not suggesting that they should be given a tremendous wage, in keeping with the earnings of an

outside psychiatrist, but at least they should be provided with accommodation of the very best quality.

It is useless merely to provide cottages at hospitals and expect first-class psychiatrists to apply for positions there. The Government have to build really good homes and look after them in order to encourage psychiatrists to work in these institutions. I know the Minister is well aware of the problem and has already taken steps to provide this accommodation at the Brisbane Mental Hospital. I commend him for his action. At the moment several first-class homes are under construction. If they had been built some years ago, we may have been able to hold some of the medical officers lost to the department, and may even have been able to attract others to the service. We are fortunate in having some men who have been prepared to carry on under what might be considered adverse circumstances and it now appears that they are to be rewarded with first-class housing.

The Government have overcome the peak overcrowding in mental hospitals, and will continue to reduce the population of those institutions as the effects of the special services are felt. It follows that the patient-doctor or patient-nurse ratio will improve, if we hold our staff at the present level. That is the aim of the Government, because in mental work more than in any other field of medical activity a close personal touch is required, as well as much time-consuming work. Although in many cases that work may be non-productive, it is hopeless to treat a mental patient merely by giving him a glass of physic twice a day. Over the past years Governments have been anxious to protect patients and the public and the trend has been towards a kindly but strict parental control. Many cases take months to regain stability and during this time they are cared for so that personalities are not dwarfed and initiative stunted. The new system being introduced by the Minister is a programme of rehabilitation to get people back into normal life. Special wards are being developed with graduating degrees of liberty until finally the patient finds himself in a ward which is, in effect, a self-governing community.

If somebody on the point of release from a mental hospital is given a discharge and shot out into the world very often the shock is so great that he is back in the institution in a couple of months and is there, perhaps, for ever. The new system of release by degree is important.

The William Powell Home which looked after discharged criminals later took in discharged mental people but there was no real after-care to people discharged from mental hospitals. I have had many instances in my area because families have come to live in it to be near their folk in mental hospitals. The Government are now realising the particular need for looking after patients being

discharged from mental hospitals to ensure that they will not go back. If a man has been for some years inside a mental institution, having every care taken of him, and is then thrown out into society where he has to look after himself and take care of his money the shock is so great, particularly if he is a border-line case, that he might come back to hospital. The idea is to have a special officer and the patients will learn to live as we do. It is felt that many, if not all, will very soon be able to fill a productive place in the community.

I have mentioned that the nursing position has improved. The Government have appreciated the need for nurses in mental hospitals to be well trained. It is a specialist job, and to this end they have appointed a Tutor Sister. She is presently stationed at Goodna and the idea is to develop a pilot training programme. Under this scheme psychiatrist nurses play an important role. The nurse must be the patient's friend and the doctor's eyes. The psychiatric nurse is expected to fulfil a role requiring intelligence, integrity of character and professional skill. The need for efficient selection of applicants and the best of teaching and training needs no further emphasis. Of course at Goodna and the northern mental hospitals there is a preponderance of male nurses. This is not the case in other hospitals.

The establishment of up-to-date training schools in our hospitals is essential and we must face up to the costs of procuring teachers with the necessary experience and qualifications. We have the problem of paying these people enough to keep them in Queensland so that they will not be attracted to better jobs in the South. The long-term treatment of mental cases is a problem which will always be with us. They will require proper accommodation for the term of their natural life and this is an entirely different concept to the acute or short-term treatment in public hospitals. In our mental hospitals patients live their lives for days, months and even years. During this time they can be "drowned" in the monotony of routine or can learn to live again. Facilities and amenities for patients have been reviewed. If a really strong effort is made, after a period we may be able to salvage some of them and bring them back into the outside world.

The provision of facilities and amenities for patients is important. It is not much good leaving them out in a yard to sit on a form for days on end. They merely become vegetables. The new system of thinning out the ranks at the Brisbane Mental Hospital means that more lounge and training space can be provided. The patients can then have some sort of recreational facilities and can be encouraged to take part in sport, at which many of them are experts in their own fields.

At Toowoomba extensive alterations are in progress, and at Ipswich additions and

new units are in the course of construction. At the Brisbane Mental Hospital a modern ward has been occupied this year, and in all hospitals it is the aim to provide up-to-date domestic facilities, all of which are important.

A very important step that has been taken by the Government—and it is one that the Minister is to be particularly commended on—is the institution of a permanent chaplaincy service. For some unknown reason, such a service has been denied over the years, but the Minister has appointed three chaplains. These gentlemen have been nominated by their respective church organisations and they will fill full-time offices. This is a very important step in the treatment of the mentally sick whose only refuge in many cases is religion. It is of very great benefit to them to have the help of a chaplain. It is also a very great benefit to their relations. Many patients find that they can get much comfort from a chaplain.

An important feature in psychiatric therapy is to help a patient towards some incentive sufficiently inspiring to overcome the psychological defences and compensations that have led to his escape from realities through mental sickness.

It can be readily understood that it requires considerable inducement or incentive to make the realities of life, which often mean strife, worth facing. To many people religion supplies the answer to most of their fears, and the provision of a chaplaincy service has already made a good deal of difference in mental hospitals.

The Minister's plan has been to introduce an "open hospital" programme. Instead of the old idea of barred windows and high brick walls, he has introduced the pattern of the "open hospital" system where people can come and go, subject of course to the restraints applicable to certain types of mental illness. In future, people in Queensland will regard mental illness not as something to be hidden, but as a sickness similar to those diseases that affect other parts of the body. It is the opinion of the Government that no matter how sincere may be their efforts, and no matter how earnest and skilful may be their officers, the successful rehabilitation of mental patients will depend on the public. Every person in Queensland can contribute something to the restoration to their proper place in society of people who have recovered from mental illness. Every person in Queensland, by tolerance in the first difficult weeks of adjustment after a recovered patient leaves hospital, can help to salvage a human life. Every person, be he a workmate or an employer, can play an essential part in saving a human soul by accepting a recovered patient into industry and treating him with sympathy and tolerance. Every person in Queensland can play an important part in the care, treatment and rehabilitation of the mentally sick by encouraging the Government in their endeavours.

I hope to see in the very near future greater public participation in the work of mental hospitals. I realise that it has been difficult in the past, but in mental hospitals the help of relatives and friends is of tremendous importance to the inmates. Hon. members would be astounded if they knew how very few people visit mental institutions. One or two concert parties do a remarkably good job, but there is a great need for much more public participation in the work of hospitals.

I commend the Minister on the steps that he has taken to open the doors of mental institutions. I am sure that in the years to come we will see the full fruits of his work by a reduction in the number of certificates issued for the mentally sick.

**Mr. GRAHAM (Mackay) (3.35 p.m.):** I suppose no Government department is more closely associated with the people of the State than the Department of Health and Home Affairs. In its development over the years it could be said that successive Labour Governments have recognised their full responsibility for its administration. Many Ministers in turn have been responsible for innovations for the betterment of the health of the people. If the present Minister follows their lead and administers the department as well as they did, we will have no fault to find with him.

The department has been staffed with some wonderful officers in the past and it still is. We as members of Parliament have a great deal to do with them. I am sure hon. members will agree that every officer is conscious of his responsibilities and I pay great tribute to those I have had dealings with in my short political career. They are imbued with a great sense of responsibility and service.

We are very fortunate in having such a department. Its functions are many and varied. In many respects it is good to have a medical man in charge, because his training and knowledge give him a closer understanding of its requirements.

It is interesting to read in the Annual Report about Hansen's disease and the advances made by medical science. Apparently Hansen's disease has been almost conquered. It is gratifying to see that only a few patients are now being treated for it. It has been my pleasure in recent years to visit Peel Island because a friend of mine contracted the disease. I was very much surprised at the treatment the patients receive there. Dr. Gabriel has done a remarkable job at the Lazaret and has helped greatly in curing the disease.

I realise the difficulties associated with hospital construction throughout the State. The hon. member for Mulgrave complained about the absence of a hospital at Gordonvale. I should like to add my protest at the Government's decision not to erect a new hospital in Mackay. The need for a new hospital at Mackay must be accepted by everybody. The present hospital has been

there for very many years. A considerable amount of money has been spent on repairs but much more will have to be spent to keep it in reasonable repair. Past Governments saw the need for the erection of a new hospital but, immediately the present Government took office, for reasons best known to themselves they scrapped the plans and specifications of the new hospital and instituted some other scheme for the erection of another building in the hospital grounds. I believe the Government's scheme will aggravate the position. The over-crowding at the Mackay hospital some years ago has been somewhat eased but the fact remains that the number of patients seeking hospital treatment and the present state of the existing buildings warrants a new hospital. I cannot understand why the hon. members for Whitsunday and Mirani, who have a particular interest in the hospital, remained silent and let the Minister override the previous decision of the department to build a new hospital there.

**Dr. Noble:** Would you agree that Dr. Berry is a very good superintendent?

**Mr. GRAHAM:** Yes, she is a remarkable woman.

**Dr. Noble:** Do you agree that she is a very capable hospital administrator?

**Mr. GRAHAM:** I think she is a very capable hospital administrator.

**Dr. Noble:** I can assure you that she is completely in agreement with our plans.

**Mr. GRAHAM:** May be she is. She may just fall into line with the desires of the Government.

**Dr. Noble:** Don't you think that she is a woman with an opinion of her own?

**Mr. GRAHAM:** Possibly she would be, but where would she be if she were to oppose the hon. gentleman or his department? I can quite understand Dr. Berry's attitude. She is probably following the line of least resistance.

**Dr. Noble:** You would not say that Dr. Berry is a weak-willed woman.

**Mr. GRAHAM:** I am not saying that at all. Why did she not oppose the erection of a new hospital?

**Dr. Noble:** Because she is completely in favour of this new hospital.

**Mr. GRAHAM:** She was evidently in favour of the other one. A great deal of money has been spent on the preparation of plans and specifications for a new hospital. I do not know the figure but I suppose £8,000-£10,000 must have been spent on architects' fees. But apparently all that has been thrown down the drain. Probably a similar amount will have to be spent on new plans and specifications. The present

hospital is out of date. If the Government carried on with the original plans for a new hospital the old building could be used as a home for aged people, something that is badly needed in Mackay. The establishment of an aged people's home in Mackay should be considered.

Other hon. members have spoken about the need for aged people's homes in various parts of the State. In Mackay we have such organisations as the Mackay Benevolent Society, St. Vincent de Paul Society—

**Dr. Noble:** They are extending.

**Mr. GRAHAM:** Yes, they are extending. They are operating a home for the aged. Consequently the need for a home for aged people in Mackay has been proved. The Government would have rendered a greater service to the people of Mackay and district had they proceeded with the original plans to build a new multi-storey hospital and had used the old building for an aged people's home. We do not need a five-storey building but, say, a two- or three-storey building should be made available. If the Government intend to establish senile annexes away from mental institutions I suggest that one should be established at Mackay. There are numbers of Mackay people housed at the mental asylum at Goodna because of their senility. If a senile annexe were established at Mackay these people could be accommodated there and they could be visited more conveniently. There is also a need for the expansion of out-patient departments in the various areas. For some years there was an out-patients' clinic at Sarina, which is 23 miles from Mackay. A doctor from the Mackay Base Hospital used to visit it twice a week. Now a doctor is stationed at Sarina and I believe the practice has been discontinued. I should like to see an out-patients' clinic established in the country townships adjacent to Mackay. Transport is a big problem for mothers who have to catch rail motors and travel 40 or 50 miles. After reaching the hospital they may have to wait for two or three hours before getting treatment for themselves or their children. And then they have the long journey home again. I suggest that the Government should establish out-patients clinics at places such as Finch Hatton, Marian, Mirani and further south at Carmila, Koumala, and further north at Calen and Farleigh. The establishment of these clinics would save the country people a tremendous amount of worry and money. They would know that on Monday, Tuesday or Wednesday they would only have to go a few miles to visit a doctor. At present the Mackay Hospital provides attention for country patients on several days of the week. I also suggest that consideration be given to the appointment of another doctor at the Mackay District Hospital in order that out-patients clinics may be established in various places outside Mackay. I have spoken before on the matter of a home for aged people. It

is something that should receive immediate attention. Its provision would mean many more happy and contented people. The provision of a senile annex at Mackay would overcome a great difficulty.

There are a number of sub-departments associated with the Department of Health and Home, but none is closer to the young married people than the maternal and child welfare section. There has been a remarkable growth in this section during the years. Much attention was given to this section by Labour Governments. Young married couples are able to get advice and assistance from a trained staff, and since it has been in operation there has been a considerable drop in the infantile mortality rate. In this modern age many problems are experienced in the rearing of children. The young mothers today need advice and assistance. The number of visits to various centres throughout the State proves how favourably the service is regarded by the public. There are 63 metropolitan centres and 172 country centres. I suggest an increase in the number of country centres in order to avoid the cost and inconvenience now being experienced by young mothers in country districts. Some live miles away from a centre, but despite the inconvenience do not hesitate to visit the nearest or the Travelling Maternal and Child Welfare Clinic for the purpose of getting advice.

I sincerely hope that the Government pay full regard to the requirements and wishes of the general public in regard to free hospitalisation. Some people believe that free hospitalisation has its disadvantages, but while I think that those who can afford and want to pay for hospitalisation should be given that right, the intermediate-bed system should not be extended at the expense of those who cannot afford to pay for hospital treatment. If some hospitals have empty beds, they could be made available to intermediate patients but I should strongly oppose any move by the Government to whittle down the number of free beds in order to provide beds for those who desire intermediate accommodation.

The Australian Labour Party is very proud of having established the free hospital system. The public fully appreciate the benefit of this system over the years. I am not suggesting that the Government will abandon it, but I think that, when the time is opportune, they may try to extend the intermediate ward system to the detriment of the public ward system. I hope the Government realise their responsibility to those who need free hospitalisation. We know the trend in the southern States in hospital costs. At one time there was an influx of people from southern States, people who desired to take advantage of the free hospital service here rather than the costly hospitalisation provided in New South Wales and elsewhere. Some action had to be taken in recent years to prevent a growth of that practice, which was interfering with the rights and privileges of the people of

Queensland. Whilst we retain a system of free hospitalisation for the public, particularly that section which is not in a position to pay, we will be doing the right thing by the people. The extension of health services to the people of the State cannot be retarded in any way. If it is going to cost more to keep people healthy by the provision of these services then the Government will have to find the money. They are generous enough in their approach. Might I say to the Minister that whilst the Government are going to extend surgeon- or specialised-treatment to people in the far west it might be extended as far as Mackay. Visiting specialists come to Mackay once a month and it may be possible to send surgeon-specialists to Mackay and places further north at fortnightly intervals. In the long run that would prevent people from coming to Brisbane for specialist treatment. We have good hospitals in Mackay to render ordinary treatment. I am all for an extension of health services to the people.

**Mr. RAMSDEN** (Merthyr) (3.57 p.m.): In speaking to these Estimates I want to draw the attention of the Committee to the great work the department is doing in some of the lesser-known fields. In the first place there are the State Social Service Fellowships in medicine and dentistry. In 1944 the Government realised that there would be serious shortages in the field of medicine and dentistry particularly after the war unless some prior action was taken. In that year fellowships tenable at the University of Queensland were made available in medicine and dentistry to successful students from the senior public examination who were interested in the scheme. The Government agreed to pay all university fees and, in addition during the term of each fellowship awarded a fixed annual allowance to help with living expenses. In return, the student agreed to serve the State in whatever department or institution the Minister for Health and Home Affairs directed for a period equal to the duration of the course plus one year. Originally five fellowships in the faculty of medicine and five in the faculty of dentistry were awarded each year until 1956 when the number was increased to eight in each faculty. In 1957, it was decided to offer 12 fellowships in medicine and 8 in dentistry from the commencement of the 1957 academic year. This number has continued to be offered, and a similar number of fellowships will be offered in each faculty again next year. The people of the outback and the isolated spots of the State owe much to this system of fellowships for many of the superintendents of our country hospitals are fellowship holders and are giving an excellent service to the community in their areas. It is interesting to note just how few, for one reason or another, have not fulfilled the terms of their agreement. The figures are impressive. I think that the committee would do well to study them. For instance, of 94 students who were

awarded fellowships in medicine, 12 failed in their examinations and had their fellowships cancelled; five dishonoured their contract before graduation and eight after graduation. Thirty-three had graduated to February 1957. In the faculty of dentistry the figures are a little better, because 77 were awarded fellowships, six failed in their examinations and had their fellowships cancelled, one dishonoured his contract before graduation and 11 after, whilst 43 graduated to February 1957. There may be some who would argue that any system of bonded student is wrong and does not attract the best type of student. That of course depends upon just how rigidly the bond system is operated. In all these cases in the faculties of medicine and dentistry, in spite of the agreement that binds them, encouragement is given to fellowship holders who have the ability and are desirous of furthering their knowledge in their own particular field, to do post-graduate courses. This, of course, is not only of benefit to the student himself but is of great benefit to the State. Many cases can be quoted of students who have been granted leave of absence to enable them to undertake post-graduate courses in medicine and dentistry in this way. For example, there was the case of a fellowship holder in medicine who was given leave to do a post-graduate course in Great Britain. In other cases, leave of absence has been given to enable graduates to study Part II. of the Diploma of Psychological Medicine at the University of Melbourne. There was also a Rotary Foundation scholarship tenable at Harvard University that was taken up by another fellowship holder who, since finishing his course, has returned to Queensland and is now engaged in the Institute of Medical Research.

We all know how high is the cost of instruments, particularly in the field of dentistry. Because it was felt that this high cost might deter some worthy students from undertaking the course, it was agreed to provide the necessary instruments on loan during the course. In addition to the payment of fees and the provision of instruments, the course also provides generous allowances. The cost of the fellowships has risen from £1,066 in 1943-1944 to £23,260 in 1957-1958. Altogether, to the end of 1958, £171,876 has been expended on the fellowship scheme. Its success can be gauged not only from the figures that I have mentioned, but more particularly from the gratitude and appreciation of the people of the remote areas of the outback, who have expressed their appreciation of the benefits that they have received from the medical and dental services provided in their localities.

Let me say, too, that this scheme is not getting doctors on the cheap. The State Government pay all university fees on behalf of the student and, in addition, they pay allowances based on whether or not he must live away from home in order to complete

his studies. The allowance for a student who can live at home for the first year of his course is £4 a week, which rises by 10s. a week for each year till the end of the fourth year, when it is increased by 5s. a week until, at the end of a six-year course, he is getting an allowance of £6 a week over and above his university expenses. If he has to live away from home, he is paid £6 a week for the first year, which is increased by 10s. a week each year till the end of the third year, when it rises by 5s. a week, so that by the end of the sixth year he is getting £7 15s. a week. In addition, each student is granted a book allowance of £15. If the Treasury will stand it, there is justification for a more generous grant in the allowance for the purchase of technical books, which are very expensive. While £15 may have been an adequate allowance some years ago, we all know that, with the high cost of educational books these days, it would not go very far, and no student can rely on a library to supply most of his textbooks.

The next field of interest that I want to mention relates to the sub-normal child. I have spoken about this on a number of occasions in the Chamber and, before becoming a member of this Assembly, I took a real interest in the problem that confronted the parents of these afflicted children. In my first Address-in-Reply speech I spoke of the problem of the sub-normal and, as reported at page 102 of "Hansard", Volume 218, I said—

"It is a problem that previous State Governments have never fully faced up to, and I trust that now we are in office we will do more for these children and play a fuller part in relieving their parents of some of the terrible strain to which they are constantly subjected."

I then went on to say, on page 103 of the same volume of "Hansard"—

"I request the Government, when drawing up the forthcoming Budget, to ask the Minister for Education to budget for an extra £8,500 so that his department can assume responsibility for the salaries of the teachers and the administrative staff at Bowen House, the sister centres at Ipswich and Toowoomba, and the one to be established at Rockhampton."

That cry for help was not in vain. Although the money did not come from the Education Vote, it did come this year from the Department of Health and Home Affairs. This year a subsidy will be paid towards teachers' salaries on the basis of £650 a year for each female teacher and £900 a year for each male teacher, with a subsidy limit of £8,700 a year. I should like to place it on record that a suggestion made by my wife led to a donation by Mrs. Frank Nicklin's Welfare Committee of a minibus to the centre at Bowen House to provide transport for some of the children who had to be taken there at great cost of time and heartbreaking energy by their mothers day after day. I personally hope that

some other charitable body will follow the lead and make a similar donation so that the centres ultimately will be as well catered for as the spastic centre in my own electorate. I hope, too, that the benefits of these extra subsidies and amenities will be passed on by the authorities at Bowen House to help relieve the financial burden of the great number of parents whose children must, by force of circumstance, attend that centre. For years now I have often witnessed the plight of parents and, through the Services Trust Fund, have helped many of them who were struggling each week to meet the 3s. a day fees plus fares to and from the centre, which, with the mother's fares included, often totalled as much as 25s. a week or even more. I make this public appeal to the Bowen House Centre Executive to pass on the benefits they have received from the Government in this our first year of office to the parents, who have enough to suffer without the added burden of the financial strain of high fees and fares. It should now be possible for the centre to devise some means whereby the parents can receive the benefits relayed to them. If the parents do not receive the benefits passed on to them, then the extra money granted to the centre will not have achieved its purpose.

In addition to this increased subsidy specifically given to increase teachers' salaries, the State pays a £1 for £1 subsidy on subscriptions and donations to the Sub-normal Children's Welfare Association.

**Dr. Noble:** We also paid the whole cost of the new building.

**Mr. RAMSDEN:** I am delighted to hear that. Perhaps then my figures will be a little out of date. The total amount paid to 30 September, 1958 since 1 July, 1954 was £32,412 and there remains to be paid during 1958-1959 a further £19,236, making a total payment of £51,648. In addition we have paid 100 per cent. subsidy on the capital cost of the Bowen Hills centre to the tune of £27,161, with a balance of £6,418 yet to be paid, which will give a grand total of £33,579. The same 100 per cent. subsidy has applied to the cost of furniture at Bowen Hills, Toowoomba, Ipswich and Rockhampton. This has cost the State £2,493 and only £89 still remains to be paid. When this is paid the grand total for furniture will be £2,582.

I offer sincere congratulations to the Nicklin-Morris Government for the splendid interest they have shown in this great work for the sub-normal since I spoke in Parliament on the subject a little over 12 months ago. Many mothers of the children have written to thank me for the interest I and the Government have taken in their problems.

The final facet on which I will have time to touch is the help the State is giving to the incapacitated and physically disabled. It may not be generally known that artificial limbs and medical aids are provided for persons who cannot afford to meet the cost. Each case is considered on its merits in the

light of a medical report and after due consideration of the applicant's financial position. I have been able to help two families in Merthyr in this way. They have been most appreciative. We hear a great deal about what the Repatriation Department does but there is not very much publicity given to the fine work that our own Department of Health and Home Affairs does in a similar way for the civilian population of the State.

I should like to place on record my personal appreciation of the very co-operative and helpful attitude of Mr. Maurice Little, a very capable and sympathetic officer.

The monetary value of artificial limbs supplied in 1957-1958 was £1,503. The value of medical aids such as back braces, leg-irons and similar aids was £1,581, a total expenditure of £3,084. That was the monetary value but the benefit received by the beneficiaries cannot be assessed in pounds shillings and pence. Now that the department is under the capable control of a medical man we can look forward to the Department of Health and Home Affairs fulfilling its function in the social services of the community with the least amount of red tape and the greatest degree of sympathy. The health services of the State are indeed fortunate to have as the Minister in charge a man of the ability, understanding and calibre of the hon. member for Yeronga. There will be no need to establish a Dr. Noble ward in any hospital. I feel sure that his greatest monument will be better medical and social services for the people of this vast State.

**Mr. GARDNER (Rockhampton) (4.16 p.m.):** I wish to refer to the great work of this very important department. We hope, as the last speaker said, that it will not be necessary to erect a monument to Dr. Noble because he will always be remembered in this State by his work. The work of this department covers a very wide field. This department has an appropriation of virtually £15,000,000, it covers 13 sections, and it is difficult to deal with them all in 25 minutes. I wish to pay a compliment to the work of the department and the work of the Government on free hospitalisation. I was pleased to hear from the Minister, who is a medical man, of some of the things that will be attempted in the near future. There is the problem of the young surgeon who is placed in charge of an institution in the outback after spending a short period at the General Hospital. The Government will endeavour to get specialists to visit these outside districts to give assistance when required. I was pleased that wherever it is practical the young men in the outblocks will have a refresher course. That is a step in the right direction. Anybody who has had experience on a hospital board over a number of years, as I have had, knows the problems that arise. One of the difficulties of hospital boards is to secure sufficient staff of the standard required. Often the boards have to accept the labour that is offering. One section of

the work in Queensland that merits special commendation is free hospitalisation which was inaugurated by the Labour Government. I am very proud of the system of free hospitalisation introduced by a Labour Government. Previous Governments had a strenuous fight to retain that system, and I hope the present Government will not depart from it.

In his Financial Statement the Treasurer said that, although Queensland would seek to be a claimant State, we would not have to give away our present hospital system. If that is so, the demand for free hospitalisation will be met.

While speaking of hospitalisation generally, I do not think we can overlook the Golden Casket. The money provided by it has gone towards the establishment of many social services in this State. I have not heard any hon. member discuss the Golden Casket Office since I have been in Parliament. Frank Burke and his staff through the operation of the Golden Casket Art Union have in the years from 1920 to 1958 made contributions to the Hospital, Motherhood and Child welfare Fund amounting to £19,555,967. The Golden Casket Office in addition has made contributions to many other organisations engaged in social work. I compliment the manager and his staff on the way in which they have carried out their duties and on the assistance they have given, particularly to the Hospital, Motherhood and Child Welfare Fund. That fund has operated as a bulwark for the preservation of free hospitalisation.

The finances of the fund are now at a low ebb, but that does not detract from the work of the Golden Casket Office. Last year an amount of £1,559,101 was placed to the credit of the Hospital, Motherhood and Child Welfare Fund. Payments were also made to the Bush Nursing Association, the Brisbane Women's Hospital, Dental Clinics, the Creche and Kindergarten Association. The assistance has been of great benefit to Queensland.

I listened attentively to the Minister's statement on the construction of hospitals and about the new type of hospital to be built by the Government. As a member of a Hospitals Board for some years, I thought that the architects were correct in providing hospitals with lifts so that doctors and nurses would have easier access to patients and operating theatres. If hospitals of only one floor are built, on the style of army hospitals, doctors and the nursing staff will have to walk down long corridors from one end of the building to the other. I am not foolish enough to criticise the project at this stage. I shall visit the Minister to inspect the new hospital designs. At the moment I feel that hospitals spread over a large floor area are not in the best interests of medical work, but I shall not pass judgment on them at this stage. It might be a money-saver but a step backward from the point of view of construction.

**Dr. Noble:** A lot depends on the number of beds.

**Mr. GARDNER:** Yes. Great work has been done by the department in the provision of "Eventide" homes at Sandgate, Charters Towers and Rockhampton. I realise the great work done for the aged people in the community. The State is grappling with a great problem. We have a very sympathetic Minister in charge of the department. It is not necessary to say that virtually every home for the aged in Queensland is filled to capacity. From the statement made this morning by the Minister the Government intend to build hospital annexes for the senile and so relieve the situation at these homes.

When the new chest clinic in Rockhampton is finished in a month or six weeks' time I am pleased to know that the status quo will be maintained at Westwood Sanatorium.

**Dr. Noble:** We will endeavour to arrange for the same staff to be kept on.

**Mr. GARDNER:** The staff were particularly anxious to know what was likely to happen to them.

**Dr. Noble:** Because they have made their homes round the place.

**Mr. GARDNER:** That is so, and they are looking forward to a continuance of their work. The Government must be complimented on continuing the policy laid down by previous Governments. We cannot get away from the fact that it is very costly for the Government to maintain "Eventide" homes and I do not think anyone could quarrel with the suggestion that deductions should be made from the pensions of patients in senile annexes in the same way as they are made from the pensions of inmates of "Eventide" homes. The gross cost per resident in the Rockhampton "Eventide" home last year was £8 9s. a week and the net cost £5 15s. 3d. That figure is the highest in the State. The gross cost in respect of Charters Towers per inmate was £7 12s. 5d. a week and the net cost to the Government £4 19s. 2d.; in the case of Sandgate the gross cost was £6 16s. 3d., and the net cost £3 16s. 0d. The number of residents in "Eventide," Rockhampton at 30 June last was 221, the number in "Eventide," Charters Towers was 323, and at Sandgate 890. Those figures indicate how the disparity in costs come about. The same services have to be provided whether the institution is catering for 100 or for a few. The ordinary Queenslander who studies the matter will realise the difficulties of the department in trying to make ends meet. In these homes the pensioner is supplied with good food, a good home, clothing and free medical services. If there is

one department that is doing a magnificent job for the young people of this State, it is the State Children Department. We often hear the average man complaining about his lot, but he should think of the poor child who is being brought up in an orphanage under the care of the State. The State Children Department has done a job of which it can well be proud. The officers have the duty of looking after State children and getting foster parents for them. Many of the denominational homes also take care of State children.

One paragraph of the Director's annual report covers child delinquency, and I think it should be recorded in "Hansard." This is what the Director says about the farm home for boys at Westbrook—

"Despite the criticism which has been aimed at this Home, my superior officers can be well assured there is nothing wrong here. The boys are well fed, clothed, and bedded, and many claim that they are better off at Westbrook than they were at their own homes.

Much has been said lately about delinquency but, with over 34 years' experience at this Home, I would say that the real cure to the whole problem is not what the Government should be doing but, instead, what the parents should be doing towards the proper upbringing of their children. Youngsters should be kept off the streets, and the mothers should be at home to receive them when they come from school so that they can be cared for. If the children are small, they should receive the love and attention from the mothers which is their heritage. Children reared under such conditions very seldom offend against the law."

That is a very fine paragraph, and I advise the hon. member for Chermerside, who is Chairman of the Parliamentary Committee for the Investigation of Youth Problems, to study it.

The State Children Department is entitled to much more praise than it gets. This is what the Director reports under the heading "State Wards in Employment"—

"There are 263 wards in employment. Of this number 99 are resident with foster-mothers and go to and from their work each day. This group is engaged in clerical, factory, shop, or trade work governed by awards; many are apprenticed. Their wages are apportioned by the Department to provide for a reasonable board, out-of-pocket expenses, and the balance is banked in a Trust Account which is drawn against to provide clothing for the child."

I intend to quote two paragraphs on the banking system so that hon. members will understand fully what the Trust Account means and what a great advantage it would be if it operated in every home. In the case

of a boy aged 14 years who is employed as a shop assistant, the wages are apportioned as follows:—

	Per week.		
	£	s.	d.
Board and lodgings ..	3	8	6
Fares .. .. .	8	1	
Pocket-money and lunches ..	1	6	5
Banking .. .. .	10	0	
	<hr/> £5 13 0		

The apportionment of the wages of a girl of 16, who is employed as a clerk-typist, is as follows:—

	Per week.		
	£	s.	d.
Board and lodgings ..	3	0	0
Fares .. .. .	4	0	
Pocket-money and lunches ..	2	17	1
Banking .. .. .	3	10	0
	<hr/> £9 11 1		

The Director goes on to say—

“It has been stated by parents in the community, from time to time, that they have difficulty in teaching their teenage sons and daughters to be frugal.

“For some years now, our boys and girls have been accommodated, clothed, and provided with spending money for reasonable entertainment and outings, and yet we see that they bank some of their earnings. It is felt that this is good policy for their future in becoming acquainted with a proper sense of values. Purchases of clothing for the girls are usually supervised by our lady inspectors. Likewise, our male inspectors supervise the purchases for our boys.

“Our method could be followed with advantage by worried parents who find difficulty in curtailing the extravagant tastes of daughters and sons apt to live beyond their incomes.”

I hope that the committee investigating juvenile delinquency will take notice of that.

In the few minutes of my time remaining I want to make an earnest appeal on the subject of assistance to denominational homes.

**Dr. Noble:** Denominational homes.

**Mr. GARDNER:** Denominational homes. While the department pays £1 5s. to the homes for each child, in the same ratio, and 50 per cent. on capital cost for outlays and improvements, these people are having an extremely bad time and I ask the Minister to put the matter before the Government to see if it is possible to take another step forward in the good work being done in a general sense in looking after State children and to allocate an extra amount to them. I have here a letter from an orphanage in my

district pointing out the great anomaly it is suffering under. Last year, to make ends meet, it was necessary for them to sell bonds worth £2,250. With 916 children in homes the costs are very great. The cause is a worthy one and I ask the Minister to give it very favourable consideration. If the matter is studied closely in the light of today's costs it will be realised that £1 5s. is not enough, and it should be increased.

**Mr. THACKERAY** (Keppel) (4.38 p.m.): This is the first time that we have had a doctor in charge of this portfolio. There has been a general tightening up at the Rockhampton General Hospital. Although the Minister is doing everything in his power, a pressure group is operating. Dr. Cavage, one of the most brilliant medical men in Queensland and the Liberal Party president of the Wandral branch, have made outspoken statements against the Government's administration, in relation to medical supplies and instruments urgently needed in Rockhampton. We believe that all equipment necessary for the saving of life should be available at the Rockhampton General Hospital. There is no shortage of such equipment in the Brisbane General Hospital.

During the last two years, under the Gair Government and the present Government, there has been retrenchment in the staff of the Rockhampton General Hospital by over 30. Nobody can deny it. Tradesmen have been dismissed, including electricians and plumbers. Some fitters, an electrician and a plumber have been employed but others have not been replaced.

**Dr. Noble:** Surely there would be no shortage of proper instruments at the Rockhampton General Hospital?

**Mr. THACKERAY:** I am not a medical man and I do not know anything about medical instruments but according to statements made by Dr. Cavage and according to other information that I have, orders have been placed for various instruments and they have been refused. It will be something for the Minister to look into. I draw attention to a statement appearing in the “Rockhampton Morning Bulletin.” It was not made for nothing.

The daily average of patients in the Rockhampton hospital is about 180. The septic and bathroom facilities are inadequate. Extra facilities should be provided to alleviate the unsatisfactory conditions. Only one bathroom and toilet block is provided for the various wards. The Medical Advisory Committee and the Public Service Commissioner have refused these amenities and instruments that I have been talking about. It is my opinion that the welfare officer is not doing her duty in the interests of the persons she is there to cater for. She is merely a political tool to influence people in various walks of life.

**Dr. Noble:** What side is she on?

**Mr. THACKERAY:** She is not on the hon. gentleman's side, either. She is employed as a welfare officer and as such should work purely in the interests of the inmates. She should not be used as a political stumbling block.

I do not know whether this matter comes under the control of the Minister for Health and Home Affairs but I should like some information about the T.B. Clinic in Rockhampton. What was the date set out in the contract for the completion of the T.B. Clinic? What penalty clauses, if any, were included in the contract? On what date is it expected that the T.B. Clinic will begin to operate? If the completion of the building is delayed the penalty clauses should be invoked. No contractor should be permitted to delay the operations of an establishment like a T.B. Clinic.

The hon. member for Rockhampton said that something should be done about the Westwood Sanatorium. Many senile people have entered the Eventide Home in Rockhampton with the sole object of staying there for the remaining years of their lives. How is the medical profession to determine who shall stay at Eventide, and who shall be forced to go to Westwood? I would say that 25 per cent. of the inmates of Eventide would be senile.

**Dr. Noble:** That applies to all Eventide Homes. We are not going to shift them.

**Mr. THACKERAY:** That is what I was wondering. I was wondering how the medical profession were going to overcome that hurdle.

**Mr. Gair:** There would be a much higher percentage here.

**Mr. THACKERAY:** We have people in various phases of senile decay in the Chamber. Some of them are suffering from political decay. In the last few months political decay has been typical of a party not far from my left.

The city of Rockhampton is big enough for two General Hospitals. We hear a great deal of talk about decentralisation. We have big hopes for development in Rockhampton. The time is opportune for the establishment of a General Hospital in North Rockhampton.

**Dr. Noble:** The present hospital is only half full.

**Mr. THACKERAY:** I think the average is 180. We should have a general hospital at North Rockhampton. There are in the vicinity of 25,000 electors in Rockhampton and the great percentage is moving to the north side.

**Dr. Noble:** The greatest number of hospital patients in Rockhampton are in private hospitals.

**Mr. THACKERAY:** I do not doubt it because the standard has degenerated in the public hospital.

**Dr. Noble:** There are more people in the public hospital now than there were last year or the year before, but there are more people in the private hospitals than in the public hospital.

**Mr. THACKERAY:** There are more people in private hospitals because of medical benefits.

**Dr. Noble:** There are 40 intermediate beds in the Rockhampton hospital.

**Mr. THACKERAY:** If the hon. gentleman says so that would be right.

As our Leader said, men of ability and standing in the public service should be paid a higher salary. I do not think that Dr. Cavage, the superintendent of the Rockhampton general hospital, is being paid a salary commensurate with his ability and responsibilities. He should be paid a salary equal to the amount earned by a specialist on Wickham Terrace. Many medical men have told me that he is equal in ability to the specialists on Wickham Terrace.

The Government inaugurated free Salk vaccine inoculation. It should be given free by all local authorities. The Rockhampton City Council charges 2s. for each inoculation, and just across the river the Livingstone Shire Council provides it free. Why cannot the so-called progressive party in Rockhampton do the same?

**Dr. Noble:** The hon. member had better ask the Mayor.

**Mr. THACKERAY:** He tried to join the hon. gentleman's party the other day. In New South Wales, contributors to medical benefits fund, do not have to pay on a week-to-week basis. They use their medical benefit cards. That system should be put into operation in Queensland. Officers of the department and the various Boards concerned could look into that matter. If a man is in hospital for six or seven weeks the hospital fees may be in the vicinity of £100. It does not matter whether the fees are collected weekly or in a lump sum. If a patient is in a medical benefits scheme, the payment to which he is entitled under that scheme should be deducted from the amount due to the hospital—the patient paying the difference.

**Dr. Noble:** He would not have to pay anything. There would be a balance over and above the hospital fee.

**Mr. THACKERAY:** Some patients receive only pro rata payments in view of the fact that they were suffering from some complaint at the time of joining the scheme.

**Dr. Noble:** A hospital is entitled to collect the amount due from the medical benefits scheme. That applies to all hospitals, whether private or not.

**Mr. THACKERAY:** The patient signs a form which allows the hospital to deduct the amount.

**Dr. Noble:** The hospital gets a cheque for its services and the balance goes to the patient.

**Mr. THACKERAY:** The manager of "Eventide," Rockhampton, Mr. Taylor, is doing a very fine job, but on a recent inspection I found overcrowding in the ward where meals are served. I think it is Ward 3D. It contained four rows of tables, and inmates had to push others aside in order to get to their places at the tables. I understand that plans have been prepared for an extension of the dining room. Additional nurses' accommodation is also required. I should like the Minister to give a clear definition of the supplementary issue of clothing to the inmates. Various Ministers have dodged this issue for years. They have refused to state the entitlement of each patient for the year. Various managers refer to it as a supplementary issue, while others refer to it as a yearly issue. I ask the Minister to make a definite statement as to whether inmates are entitled to a basic issue each year of, say, a pair of socks, a cardigan, a pair of trousers, a singlet, and so on.

The district officer for the Central District, State Children Department, Mr. Holbeck, is also doing a good job. There are two homes in Rockhampton—St. Joseph's Home and St. George's Home. The hon. member for Rockhampton has touched on the subject. With the hon. member for Rockhampton, I think that greater assistance should be given to these homes. I notice that a grant of £100 was made to St. George's Home, but I cannot find any reference to a grant to St. Joseph's Home.

**Dr. Noble:** For every State child the homes receive 25s. a week.

**Mr. THACKERAY:** Grants have been made to different organisations in Queensland, including a grant of £100 to St. George's Home, but I cannot find that any grant has been given to St. Joseph's Home.

**Dr. Noble:** Many years ago a few institutions were given small grants, but over the years those grants have been cut out. At the moment we pay half the cost and the maintenance of new buildings, and so much a week for each child.

As some organisations have received a grant for many years, it has been continued in those cases.

**Mr. THACKERAY:** Is that why one home is mentioned and not the other?

**Dr. Noble:** Yes.

**Mr. THACKERAY:** The amount for each child should be increased to 35s. a week. Mr. Jeffries of St. George's Home and Father Anderson of St. Joseph's Home are doing fine jobs. I think that the Government should assist those two organisations by increasing the grant to 35s. a week. In

the larger homes where there are a greater number of children there should be an increase in the grant.

I think that there should be an alteration in the Act with regard to the operations of the Queensland Ambulance Transport Brigade. In New South Wales a board operates and it is given power to allow executive bodies to borrow money on the open market. Something similar should be done in this State. Failing that the Government should make an allocation each year for the building of ambulance centres in the State. The Minister knows the particular centre to which I am referring. These people recently had a Princess competition and in three months were able to raise £500. That centre could no doubt in three or four years pay off a building costing £15,000. Such centres should be able to borrow money and there should be legislation brought down to set up a board so that the Q.A.T.B., Brisbane, would be the borrowing agency for the whole of the State. If one centre wanted to borrow its efforts would have the backing of the whole of the State.

**Dr. Noble interjected.**

**Mr. THACKERAY:** I realise that a centre might want to build a five-story building by spending £100,000 where £15,000 would probably be sufficient.

However, there should be some method of bringing Q.A.T.B. centres into closer harmony. With the advent of the two-way radio there should be a standard of radio communication set up.

**Dr. Noble:** We have set a standard.

**Mr. THACKERAY:** Since when?

**Dr. Noble:** In the last six or eight months. A couple of the ambulance brigades had different modulations but we now have a standard system of two-way radios for fire brigades and ambulances.

**Mr. THACKERAY:** There is a set standard of two-way radios? Is it a standardised hook-up from Cairns to Brisbane?

**Dr. Noble:** One or two had different types but from now on there is one standard.

**Hon. A. JONES (Charters Towers)** (4.59 p.m.): I agree with previous speakers as to the work of the Department of Health and Home Affairs. As hon. members know I held the portfolio for that department for some years and so I have some knowledge of its work. It is pleasing to know that today the Minister has not the amount of work thrust upon him as the Minister holding the portfolio had a few years ago. In addition to the sub-departments I had jurisdiction over the Police Department, the Government Tourist Bureau and the Department of Local Government.

**Dr. Noble:** You were very nearly the whole Government.

**Mr. A. JONES:** The Minister has a full-time job and his is probably the most important of all the portfolios. His department is very close to the people but the work of his officers is not well known to the people of the State. You cannot publicise all the work being done by it. When I was Minister for Health and Home Affairs, more than once aeroplanes were requisitioned to bring patients to Brisbane from as far away as Cairns at a cost of several hundred pounds. Those things are not generally known, but that is the type of work that is done by this department. I have never come into contact with more conscientious officers than those in the Department of Health and Home Affairs, and many of them are still there. They do the real work of the Government and make a Minister's job easy.

I should like to make some general reference to Queensland's health system. I believe that we have possibly the best balanced health service in the world. On my recent visit overseas I was naturally interested in social services and health schemes, and I came to the conclusion that Queensland had a health service second to none in the world. I made a careful examination of the national health scheme in England, and it is my opinion that it is a welfare state in every sense of the word. The Government have gone too far, with the result that the system is not balanced. Everything is free—there are free spectacles, free hearing aids, free artificial limbs, and free invalid chairs. As I say, almost everything associated with the health of the people is free.

I believe that the development of the welfare state in England has been largely responsible for the refusal of many people to migrate. It is very good to see the aged being cared for properly but, as I say, the national health scheme has gone too far. Everybody is on a doctor's panel. This means that if you live in a suburb placed similarly to Ashgrove, you cannot get treatment from a doctor who lives in Coorparoo from whom you might previously have been receiving treatment. When I was in England my wife had occasion to visit a doctor. I told her to be sure to take some money because we could not expect to participate in the health scheme. However, when she returned she told me that the doctor had informed her that under no circumstances could he accept money from her. One bad result of the present system in England is that the personal touch between doctor and patient has been lost.

**Dr. Noble:** There is a revolt against the system at the present time. More and more doctors in England are setting up in private practice.

**Mr. A. JONES:** I can speak only of the system as I found it. I was not impressed with it.

**Mr. Davies:** Did you gain any impression on the general health of the people?

**Mr. A. JONES:** I should say that the general health of the people has improved over the years. It is 34 years since I was there previously, and the general health of the people has undoubtedly improved.

Last year the national health scheme cost the British Government £780,000,000, which is equivalent to about £14 per head of the population. It is a gigantic scheme, but it is out of hand. Queensland has one of the best-balanced health schemes in the world. When hon. members opposite eulogise the Minister for what he is doing and the health set-up in Queensland generally, as they are entitled to, they should realise that they are also eulogising the previous Labour Governments who were responsible for laying the foundation for it. After all, Queensland is a very big State. When I was in charge of the department, some of the smaller hospitals, especially one in the south-west that I have in mind, cost as much as £7 a patient a day to run. That was by no means an isolated case.

In all parts of the world a great deal of interest is being taken in the Royal Flying Doctor Service. As far as I have been able to learn, no other country has a similar service. It seems to have been given great publicity and to be well thought of by all I spoke to about it. I saw articles in the London Press about it, too.

I turn now to one or two local matters. The first is the Mental Hospital at Charters Towers. I have not been advised officially, but I saw in the Charters Towers paper a report of an interview with the Minister at the aerodrome when he passed through there some time ago indicating that it was his intention, after certain work is done, to stop work on that hospital. He did not give any reason. He will remember that there was some local resentment because the Charters Towers people believed that the Mental Hospital should at least be completed. I well remember that time and time again in this Chamber when discussing these Estimates hon. members, especially those representing northern electorates, stressed the need to build a mental hospital in North Queensland so that it would not be necessary to bring patients from the Gulf, Winton, Cloncurry, and such places to Brisbane. Eventually it was decided to build the hospital in Charters Towers.

While I was in charge of the department the population of the Brisbane Mental Hospital at Goodna was about 2,300 or 2,400. According to the annual report tabled today it is about the same now. The figure might be about 100 lower, which would probably be accounted for by the inmates at Charters Towers. Probably the Minister has his reasons for the action proposed to be taken. The Government may not have the money.

**Dr. Noble:** That is not the reason. I will tell you the reason.

**Mr. A. JONES:** It seems to me to be unreal to embark on such a project and then

not finish it. The Charters Towers Mental Hospital is a modern hospital. Any hon. member who cares to inspect it will find that it is one of the most up-to-date in the world. Overseas institutions were studied in the search for ideas for it. I understand that the Public Works Department yard is being removed from Charters Towers, which would indicate that it is not intended to proceed with the work for some considerable time, if at all.

Another matter I want to refer to affects the Medical Superintendent of the Mental Hospital. I understand that the medical superintendent at the Charters Towers General Hospital visits the mental hospital daily, more or less looking after the patients. I believe that it works out all right. On my recent visit to Charters Towers the Hospital Board informed me that they had received permission to advertise for another doctor for the General Hospital. If another doctor is appointed there will be two doctors at the General Hospital but Dr. Robinson, the present medical superintendent, will continue to look after the mental hospital. There may be reasons for it but the logical arrangement appears to be that one doctor should be appointed as a full-time resident medical officer at the mental hospital instead of having two doctors at the General Hospital. I have been associated with the Charters Towers General Hospital for the last 20 years. In that time there has never been more than one doctor stationed at the hospital. In those days it was a far more important hospital than it is today because there were few hospitals in the west and many patients came from the west to Charters Towers. No doubt the Minister has a reply, but I think it is far more satisfactory to have a doctor permanently stationed at the mental hospital than to rely on somebody a mile away. It appears to be making a sort of makeshift job of the whole thing. If it is a matter of a few hundred pounds extra to appoint a doctor to be permanently stationed at the mental hospital, it would be worth it. Certainly it does not seem to be satisfactory that a doctor at the General Hospital should also have under his control a mental hospital a mile away in the same city, particularly if a second doctor is to be appointed to the General Hospital. I should be glad to hear what the Minister has to say about the matter.

I was very pleased to hear some of the Minister's remarks about the Torres Strait islanders. I have always taken a great deal of interest in these people. On two occasions I visited most of the Torres Strait islands with the Director of Native Affairs. I was always impressed with the intelligence of the natives. While it may be said that as a Government we probably did not do as much as we should have done for them when we were in office, nevertheless it must be remembered that there was a state of chaos up there when the war intervened. It was many years before we could get things back on an

even keel. I was pleased to hear the Minister say in reply to a question the other day that he was arranging to have various plants, banana suckers, and seeds sent up. When I visited the islands I noticed that there was very little foodstuff growing there. I do not think there was sufficient incentive for them to grow it, they did not know very much about how to grow it. They did receive some encouragement after being shifted to the mainland from Saibi. When I visited the area two or three years later I was astounded to see what they had done in growing pine-apples, bananas, etc. They demonstrated what they could do if they received encouragement. If the rest of the natives were given the same encouragement they would probably do equally as good a job. There is no doubt about their intelligence. I had occasion to attend their tri-ennial conference at Badu Island. Representatives from all the islands attended that conference. Again I was astounded at the way they conducted their own business. I am satisfied that the time is not far distant when we shall have to give consideration to giving them some type of representation in this Parliament. It is a matter that I mentioned to my own Government when we were in office. It could be similar to the Northern Territory representation in the Federal Parliament. They are people who should be given some encouragement.

**Dr. Noble:** The islanders themselves are not keen to do it. They discussed it at their last conference six months ago. At the present time they do not think they are ready.

**Mr. A. JONES:** I had deputations on two occasions when they asked me if the Government would give favourable consideration to the matter. I found their standard of intelligence was very high, and they expressed themselves very well. There appeared to be a very good standard of education on the island.

**Dr. Noble:** They are a very fine race.

**Mr. A. JONES:** There is no doubt about that. I was pleased to hear the Minister say that he was taking an interest in it because it is something which should have the consideration of the Government.

Reference has been made to "Eventide" homes. As hon. members know, one of the first "Eventide" homes was established in Charters Towers; it houses 460 or 470 inmates. Anyone who has visited it will agree that there is probably no better institution in the world. There are little cottages for married couples and single huts for single men who are able to look after themselves. That is the ideal set-up and one that should be extended. Many church organisations are building similar institutions. I know the difficulties. Sometimes 50 per cent. or more of the inmates are not able to live away from a hospital. "Eventide" homes are something of which the people can be proud. That is very evident

when one visits aged people's homes in other parts of the world. The homes that impressed me most were in Sweden which has some of the best in the world. There are as many as 4,000 or 5,000 people in some of the large homes. The organisation in that country seemed to be perfect. I visited one in Gothenburg and I was very impressed with the organisation and the manner in which the whole of the work was carried out. I have always had a great interest in "Even-tide" homes, and it was stimulated because of the one in my own electorate.

**Mr. AIKENS** (Mundingburra) (5.19 p.m.): I was pleased to hear the eulogistic remarks of several hon. members regarding the manner in which the department is conducted. It is wrongly named; it should be named the Department of Humanity. That is where we get the real human touch. Hon. members will join with me in expressing a vote of appreciation of the excellent job that has been done, not only since this Government assumed office, but over the years by the Minister and officers of the Department of Health and Home Affairs. I have no quarrel with the present Minister's predecessors. I got from them the same measure of kindly sympathy and understanding as I get from the Minister. It seems to be something in the air that affects Ministers for Health and Home Affairs; they seem to get that human touch. As hon. members have to take all the problems that affect the sick, the aged, and the mentally ill to the department, we feel we have a much closer bond with this department than with many of the other departments. I really think that the trouble with Governments in the past is that in regard to administrative bodies they have shown lack of courage and vision. They seem to have set their Budget or their policy from day to day. They have adopted the attitude, "Let us try and patch up this particular job, and it may last a year or a couple of years." I was very pleased to hear from the Minister for Education that at least his department is looking further ahead than the next year or the year after that. His department is looking five, 10, or 20 years ahead. I speak of my own town, of course, Townsville. I have always advocated that the Government should look to population trends in the various cities of the State. The present Minister for Education is adopting a policy of courage and vision and is looking ahead not to next week or the next year, but to the position of Townsville in five, 10 or 20 years. I suggest that the Minister for Health and Home Affairs should do the same with regard to hospital administration and the hospital set-up in Townsville. He has been to Townsville frequently. He is always a very welcome visitor. He is a very approachable chap. By only regret is that his predecessor did not come to Townsville as often as the present Minister, but when he did come he was just as welcome. However, in my opinion, he did not see the things he should

have seen. I have no need to direct attention to the fact that Townsville is a rather lopsided city in layout. The whole of the administrative section of Townsville, including the General Hospital, is on the waterfront, and the city stretches out behind it like a fan, to a distance of seven, eight or nine miles. The pattern is becoming more pronounced year by year, with the development of Pimlico, Currajong, Aitkenvale, Mount Louisa, Wulguru, Stuart, Oonoonba, and Mundingburra. There is no further room for development in the city area. Consequently, those who want hospital treatment or want to attend as out-patients or visit the various clinics set up at the hospital from time to time have to travel long distances at considerable inconvenience in order to get there. I know the Minister cannot do it this year, because I understand his Budget and policy are already prepared, and he may not be able to do it next year, but I urge him to look ahead with regard to the population trend in Townsville, and set up, first of all, in the Hermit Park area at least an out-patients' department of the Townsville General Hospital. If that was done, people would not have to travel six, seven and eight miles by bus, bike, car or some other means, right to the seafront in order to get to the Townsville General Hospital. I ask him to set up an out-patients' department in the Hermit Park area. I am not concerned whether it is at Pimlico, Currajong or some other place, as long as it is established there for the convenience of the people. Later, when the Minister realises the benefit of that out-patients' department in the main population centre of Townsville, another hospital must be erected in that area. That does not mean that the present hospital will not be fully occupied. With the development of Townsville there will be room for two hospitals, but I urge the Minister not to spend further money on extensions, additions or alterations to the present hospital. It is badly situated from the viewpoint of convenience to the public. Any money spent on hospitalisation in Townsville should be spent on a new hospital where the people reside.

**Dr. Noble:** The present hospital is on a particularly cool site.

**Mr. AIKENS:** I am not complaining about the site. It is excellent, and very cool, but it is not right that the people should have to travel long distances at considerable inconvenience to themselves to get to the hospital. In the near future Townsville will spread from Brookhill to Mount Louisa. The population must go west because that is the only land available for building. It is ridiculous to have one hospital situated as far as possible from the main centre of population. If the Minister has courage and vision, he will see that any further money spent on hospital accommodation in Townsville is spent where the people reside, that is, in the Hermit Park-Pimlico-Currajong area. Let it not be forgotten that if

the Government put a hospital in that part they would also get all the Railway Estate people. They will find that when the Pimlico high school is erected that the Townsville high school will be practically denuded of pupils because they will go to the Pimlico high school because it is quicker of access and more convenient.

**Dr. Noble:** The Townsville Hospital site is completely covered.

**Mr. AIKENS:** All the more reason why the Government should leave it remain as it is and spend any future money in areas where people live such as the Hermit Park area, the Pimlico area and the Currajong area.

I want to make a suggestion and I feel certain that the Minister will be sympathetic towards it. At the Townsville General Hospital there is only one out-patients' department. Adults and children must attend this department. When a mother goes to it with a small child, probably a fretful or sick child, she has a problem to keep the child quiet and satisfied until her turn comes to see the doctor. I appeal to the Minister to set up at the Townsville out-patients' department a doctor specifically to deal with children. The Minister could set the age limit himself. He could say that there will be a doctor at the Townsville out-patients' department to deal with children under 12 years. After the doctor gets rid of the children he can then direct his attention with the others, to general patients. It is a heartbreaking thing for a mother of three or four little children to be sitting amongst adults waiting for her name to be called. It is a question of first in first served, but if the Minister adopted my suggestion he would earn the gratitude of the mothers of children. I do not think that adults would mind a bit if the mothers of the children were able to get away as quickly as possible.

To use the vernacular, I do not know whether I have been given a "bum steer" or not but there is a fair amount of fear and concern amongst the people of North Queensland at the present time that the Minister proposes to reintroduce into our general hospitals in Queensland the dangerous practice of honorary doctors.

**Dr. Noble:** No.

**Mr. AIKENS:** I am glad to hear that. If we are to have free hospitalisation at our general hospitals, and I hope we always will, those who deal with the people at general hospitals should be the staff of the hospital only.

**Dr. Noble:** Certain hospitals have part-time specialists. You would not get the B.M.A. to agree to honoraries.

**Mr. AIKENS:** There have been disconcerting rumours floating around that the Halberstators and the like are to come back

to the Townsville Hospital and the system of honoraries will operate as it did many years ago. We reached the stage when we had honorary doctors at public hospitals and in return for services rendered they were given so many beds in the public wards.

**Dr. Noble:** You still have it at Townsville now with the part-time specialists.

**Mr. AIKENS:** Those are the part-time specialists employed by the Townsville Hospitals Board, and they are paid by the board, and controlled by the board in their capacity as part-time specialists.

**Dr. Noble:** We will continue that.

**Mr. AIKENS:** I am not complaining about that. The Townsville Hospital is not big enough for the board to employ full-time specialists. Forget about the part-time specialists which are under the control of the hospitals board and who are paid for the work they perform for public patients. I am talking about the old dangerous racketeers and rotting honorary doctors.

**Dr. Noble:** By the same token the honorary system can be very fine. You cannot get a better system than that operating at the Mater Hospital.

**Mr. AIKENS:** I have no right to comment on that. It is not a public hospital.

**Dr. Noble:** It is a public hospital.

**Mr. AIKENS:** It is not a public hospital in the sense that I mean.

I can remember very clearly what happened years ago when private practitioners were allowed to practice as honorary doctors. In return for their services they were given beds in the public wards.

**Mr. Walsh:** That practice could find its way into the policy of the present Government.

**Mr. AIKENS:** I was told that it was going to happen. Previously it reached the stage in some hospitals where almost every bed in the public ward was tied up by these private practitioners or so-called honorary doctors. If you wanted to get into a hospital as a public patient you had to pay fees to the private practitioner, who virtually owned the beds.

I hope that the Minister does nothing to upset the excellent way in which Queensland's general hospitals are now run. I have a personal knowledge of the Townsville General Hospital, and I cannot speak too highly of the medical, nursing and domestic staffs there and the way in which the hospital is run. I had personal experience there recently with some of my grandchildren, and anyone who has knowledge of it cannot speak too highly of it.

I wish to say something now on behalf of people who live outside the cities and towns. Unfortunately there is a tendency

among members of Parliament, with the exception of those who represent country electorates—and some of them, too, are inclined to forget, soon after being elected—that they represent people in the country, to forget the interests of the people in those areas. Using Townsville as an example, I know that many people have to face long and tedious journeys of up to 150 miles to attend the out-patients' department at the Townsville General Hospital. If they think there is something wrong with them they either have to close their farms or arrange with someone to look after them. In the case of the farmer's wife or a woman working on the property, she has to arrange for someone to look after her children, and she then undertakes the tedious journey to Townsville to wait four or five hours in the out-patients' department before receiving attention. In other countries of the world—countries that we do not regard as being as advanced as we are—there are travelling out-patients' clinics. Something like a small pantechnicon with all the necessary apparatus for making a diagnosis travels to various small centres at certain times on fixed days. The residents know when the travelling out-patients' clinic will be in their district. For instance, one stationed at Townsville could visit places such as Toonpan, Antil Plains, Woodstock, Haughton Valley, Reid River, Mingela and Ravenswood. It could probably do all those places in one day. The next day it could go down towards the Burdekin River, and the following day up as far as the Herbert River. It could visit each place perhaps twice a week. A patient could visit the travelling out-patients' clinic and be told whether his complaint was trivial or not. Medicine could be prescribed and treatment given on the spot. Again, if his condition was regarded by the doctor as serious, arrangements could be made for him to enter the base hospital at Townsville for treatment.

Many hon. members who represent country areas, such as the hon. member for Flinders and the hon. member for Balonne, have personal knowledge of country people—the salt of the earth—who have died in country areas because they delayed too long in going to the nearest base hospital for diagnosis and treatment. They kept putting it off because the potatoes had to be dug or the cows had to be milked. Frequently country people who have delayed seeking medical advice have made the long and tedious journey to the nearest base hospital only to find that it is too late for the doctors to do anything for them.

**Dr. Noble:** That does not happen only in the country; it happens in the city, too.

**Mr. AIKENS:** If anyone within walking distance or tramping distance of a hospital is too stupid to go to it when he thinks he is really sick, it is very hard to have any sympathy for him. But sometimes the country people have to travel up to 100 or even 200 miles to the nearest hospital. There

again, it is a matter of looking ahead. The Government may not be able to do anything about it this year, but they should plan for a system of travelling outpatient clinics on wheels, so that they can send them to the people to give them medical advice and diagnosis, to the people of the country in particular.

**Mr. Beardmore:** The Flying Doctor is a help, you know.

**Mr. AIKENS:** Yes, but he cannot get to every little place within a radius of 20 to 50 miles. He can go to the outside places. I can say a great deal about the Royal Flying Doctor Service because it was my honour and privilege to be the chairman of the first public meeting addressed by the late Rev. John Flynn of the Inland when he told the people of Cloncurry in 1928 that he proposed to set up the first flying doctor service. I was then the deputy chairman of the Cloncurry Shire. That is one of the memories I will always cherish—that I happened to be there on that memorable night and chaired the meeting when the late Rev. John Flynn told us what he proposed to do. From that small beginning the flying doctor network has spread all over Australia and I hope it will continue to spread and to take to the people of the out-back the medical treatment that they deserve and that many of them already get from it.

There is another matter I want to raise. I asked the Minister a question on it last year, and if I remember rightly, the tone of his reply was that he was as concerned about it as I was and as concerned as any other hon. member. That is, with the operation of the Pharmacy Board. I am speaking only from memory and the Minister will correct me if I am wrong, but I think he said that there was some suggestion that the examinations for qualification as pharmacists or pharmaceutical chemists be taken away from the board and given to the university, that it be made a university course. That could not be done too soon for me, because I am firmly convinced, from my own observations and from investigations I have made, that the Pharmacy Board deliberately rigs the number of passes that it allows in the various subjects from year to year.

**Mr. Walsh:** Why would you say that?

**Mr. AIKENS:** If the hon. member merely has a look at the number of students who sit and the number who pass he will know. Surely to goodness those who study pharmacy and those who sit for the pharmacy examinations are not all the dills and nitwits that the Pharmacy Board makes them out to be.

**Dr. Noble:** You cannot believe every tale a student tells you.

**Mr. AIKENS:** I am not concerned with the tales of students, but I am concerned with facts and figures. I honestly and conscientiously believe that the Pharmacy Board lets through the final examinations only as many pharmaceutical students as the Pharmacy Board thinks the trade can comfortably handle in Queensland.

**Mr. Walsh:** Would not that apply to the university in some respects, too?

**Mr. AIKENS:** I think there might be more control over the educational system at the university than there is over the Pharmacy Board. I am quite open on the matter. I have formed my opinion. It is an honest and sincere opinion. I have expressed it in public, too. If the Minister wants to clear the air on the matter, let him have a public inquiry into the operations of the Pharmacy Board. I would be happy.

**Dr. Noble:** I will tell you something about it later.

**Mr. AIKENS:** Good. I know that the Minister's reply will be frank and honest and open and I think it will be along the lines of the answer he gave to my question when he expressed concern with the set-up.

We have reached the stage where relieving chemists just cannot be got. A chemist who runs his own business cannot get a locum to look after it because he is just not here. In an earlier debate this session I drew attention to the position at the Townsville General Hospital where a man who was in business as a chemist—and a very good man, too—retired from business as a chemist but was constrained by, I suppose, his concern for the people to come back from retirement to be the Chief Pharmacist at the Townsville General Hospital. He is battling along there on his own with no possible chance of getting another chemist in. His wages are the magnificent sum of £1,200 a year, about as much as a sixth-class clerk in the railway—not that I am sour on them or that I think they are overpaid but if they are really properly paid, what do hon. members think of the pay of the Chief Pharmacist at the Townsville General Hospital when he gets the same as the sixth-class railway clerk who may be employed day after day licking stamps or addressing envelopes. Even if the wages of the chief pharmacist at the Townsville General Hospital were commensurate with the duties he performs the Pharmacy Board needs to be cleaned up. There is a great deal of disquiet among people generally, particularly those who have anything to do with pharmacy students, at the high percentage of failures in the final pharmacy examination.

**Mr. Adair:** It wants inquiring into.

**Mr. AIKENS:** I am glad to have the support of the hon. member for Cook. I would be very happy—as I am sure others interested would be, too—if the Minister would hold an open inquiry into the Pharmacy Board and the remarkable number of failures, not only in the final but in the primary and intermediate examinations. They seem to let them through one at a time. It reminds me of the story of the woman who said, "My husband lets me spend money like water—drip by drip." That is the Pharmacy Board.

They keep the supply of chemists up to the people of Queensland like water—drip by drip.

When the Minister was in Townsville recently to open the new nurses' quarters we had a look at the old hospital buildings so that the Minister and his officers might determine whether or not some of the old buildings could be used as an annexe for senile people. We had a long talk. I had a lot to say but whether anybody took any notice of me is another matter. At times we were like the Chinese Parliament—everyone was talking and nobody was listening. I really think that a large portion of the old General Hospital in Townsville should be converted into an annexe for senile people. When old people go into mental institutions the Commonwealth Government deliberately dodge their responsibilities. Pensioners go into a mental institution but many of them are not completely insane. As one hon. member said on one occasion, "They are not mad, they are simply suffering from phenyl decay." The moment they go into a mental institution the Commonwealth Government strike them off their books, place the whole responsibility for their maintenance, care, food, and clothing on the State Government. It is one of the paltriest of paltry actions ever done by the Commonwealth Government to the State Government. The Chifley and Curtin Governments were just as bad as the Menzies-Fadden Government in that regard.

**A Government Member** interjected.

**Mr. AIKENS:** It is a case of Satan reproving sin if each attacks the other because of their attitude towards the old people in the community.

Old people should be admitted into the annexes so that the Commonwealth Government can be made to face up to their responsibility towards their maintenance. At least the State Government could get back from the Federal Government some measure of contribution towards the cost of maintaining and caring for old people in these annexes.

(Time expired.)

**Hon. W. POWER** (Baroona) (5.44 p.m.): I am glad to have the opportunity to make a few comments about the activities of the department responsible for the health of the community and the care of the aged people of the State. Many organisations operating in Queensland are doing excellent work. Some of them are being generously assisted but perhaps further assistance should be given to them by the Department of Health and Home Affairs.

I wish to refer particularly to the very good work done by the District Nursing Association which has premises in Hale Street, Petrie Terrace. This organisation has been operating for many years. At one stage they had no transport, at a later stage through my representations the Labour Government gave them a car. Since then

they have got a number of cars and have been receiving reasonable support from the present Government. I refer particularly to the grant of £3,200 last year. Financial assistance was given to them for the purchase of motor vehicles and the provision of suitable garage accommodation. Many people are unaware that they travel many thousands of miles each year. If my memory serves me correctly the number of patients attended during the year was well over 7,000. The district nurses have been able to provide a home-nursing service as a result of the excellent co-operation between the General Hospital and the association. If this organisation was not in existence many sick people would not be allowed to remain with their loved ones because they would have to go to hospital to get the nursing treatment that they needed. I thank the Minister for his assistance to that organisation, and I trust that any further requests for additional subsidy will be favourably considered.

The Blue Nursing Service, I understand, is an adjunct of the Methodist Church. Whereas the work of the District Nursing Association is confined to the metropolitan area the work of the Blue Nursing Service is State-wide. A sum of £11,000 was granted to this organisation last year. These people do work similar to that done by the District Nursing Association. If it were not for these services the hospital authorities would find difficulty in providing sufficient accommodation.

**Dr. Noble:** The Blue Nursing Service run an old peoples' hospital.

**Mr. POWER:** Yes. Another organisation which has not been in operation very long but which is doing good work is the Brown Sisters of the Poor. They do not charge for service and will not attend to any person who is able to pay for such service. They visit the homes of the very poor people. I hope that the Government will consider increasing their subsidy, which last year was £1,000. The Sunset Home is conducted by the Council of Churches. The building belongs to the Government and a subsidy of £150 is paid each year. A committee has been operating for many years carrying out the management and providing the finance for the amenities for the old people. It is not generally known that for many years the members of the committee have looked after the interests of old people there. At times it finds itself in difficulties. I approached the Minister in regard to further financial assistance, and I am pleased to say that as a result of action suggested by the Minister their financial difficulties are over at least for the time being.

It was disturbing to me to learn that the Queensland Ambulance Transport Brigade proposes to make a charge for attending accident cases. I thought that the Q.A.T.B. was a voluntary organisation, and that fees were not to be charged. They had a practice of asking people to pay £1 a year for the

provision of service. I now find that the Brigade will levy charges for attention to victims of accidents.

**Dr. Noble:** Not people who make a donation.

**Mr. POWER:** There are many in the community who are not contributors to the Brigade. I know the financial difficulties of many young people in the community. They cannot afford to make a contribution. Consideration should be given to making the Brigade part of our free medical service.

I am not in the habit of paying a compliment. I generally throw brickbats, but I always believe in giving credit where it is due. The action of the Minister in providing a special ward at the hospital for inebriates is a step in the right direction. Dr. Emil O'Sullivan started a hospital in my district for this work, but owing to heavy costs he was unable to carry on. After treating a number of people, he had to close the hospital. He has made a very close study of the illness caused by the over-consumption of liquor. His appointment in charge of this ward is an excellent step. I know that Alcoholics Anonymous is doing good work in certain directions, but over-consumption of liquor over a lengthy period must have some effect on health, and the action of the Government and the Minister is to be commended. It is a worth-while step that will be appreciated by the great majority of the public. I cannot imagine a worse spectacle than a man under the influence of liquor going home to his wife and family. Every effort should be made to cure him of the habit. I make it clear that I am not a wowser. If a person wants a drink, let him have it, but every effort should be made to cure those who practise the habit to excess, just as action must be taken to cure those who are addicted to drugs. I have evidence of some people taking drugs; where they are obtained, I do not know. Addiction to drugs is even worse than alcoholism. I have seen people who in my opinion are under the influence of drugs. Action should be taken to tighten control over the sale of drugs. The Government must keep the tightest rein on the sale of drugs.

The Surf Life Saving Association is another organisation subsidised by the department. The time is long overdue for greater contributions by insurance companies to the clubs. I am a director and Treasurer of the Police and Citizens' Youth Welfare Association, which has recently formed a lifesaving club to operate at Broadbeach, outside Lennons Hotel. A good deal of money has been spent in establishing the club. Of course, we will be knocking at the Government's door for a subsidy and there is no doubt we will get it when the club has been approved and accepted by the association.

I pay a tribute to these young men who from time to time take their lives in their hands in going to the rescue of people in

difficulties. These clubs should have greater power to enforce bathing only within the flagged area. Despite the placing of flags on a beach, some people will enter the surf outside the area, ignoring the advice given by the lifesavers on the beach. As a consequence, lifesavers are called on from time to time to risk their lives in order to rescue people who ignore the advice given to them, and swim outside the flags. Authority should be given to the life-saving clubs to deal with people who swim outside the flagged areas. I would even go to the extent of saying that police should patrol the beaches to deal with them because they are endangering the lives of life savers. Action should be taken to prosecute them. I do not say that the clubs should have the power of arrest or to take the names of the people but police should be there to do that job.

**Dr. Noble:** Some people leave their homes on the beach front and bathe in front of their houses. Do you say that they should be prosecuted?

**Mr. POWER:** I would not suggest that action be taken in such cases. I am speaking of beaches where large numbers of the public bathe and where the flags are put out. It is not fair that these young men who give their services free at week-ends should have their lives endangered. It is a pity to see them thumbing rides to the Coast each week-end. Action should be taken to provide transport for them.

I shall reserve further comment until the other Votes come before the Committee.

**Mr. ADAIR (Cook) (7.15 p.m.):** I take this opportunity of congratulating the Minister on the attention that he has given to his duties since attaining his present high office. He has given me every satisfaction in the various matters affecting my electorate that I have brought before his notice.

**Mr. Walsh:** If he does as well as the previous Minister did he will be all right.

**Mr. ADAIR:** If he does as well as the previous Minister we shall be quite satisfied.

The main structure of the hospital at Cairns is very old and before long a new building will have to be constructed. It is fully taxed to provide the necessary accommodation and further space is urgently needed. Several patients are accommodated on the verandas. In answer to a question by me the other day, the Minister said that when the new nurses' quarters are finished the present quarters will be occupied by patients. The new quarters for the nurses will cost about £255,000 and I am sure that the nurses will be deeply appreciative of them. It is likely that they will be in use in a few weeks' time.

The hospital at Cooktown is one of the oldest in the State. The previous Government did a good deal of work on it, and although it is in fairly good condition at

present a fair amount of work still requires to be done. Until recently there was an excellent doctor at Cooktown, but he has now left the area with the result that Cooktown has no resident doctor. It appears to me that the salaries offered to doctors in small, remote areas are not sufficient to encourage them to stay there. Even though they may be allowed the right of private practice, they would not get much from that. The doctor's residence at Cooktown, which cost £6,000 to build, is now vacant, and I should like the Minister to try to get a resident doctor for Cooktown as soon as possible.

**Mr. Aikens:** What salary is he paid?

**Mr. ADAIR:** I think it is about £1,500.

**Dr. Noble:** It is £1,250 a year with the right of private practice.

**Mr. ADAIR:** There is no private practice at Cooktown. Nobody there could afford to pay a doctor.

There is an excellent hospital at Thursday Island. Several of the nurses are islanders and they are doing very good work. Their quarters, which were built by the Sub-Department of Native Affairs, are of a very high standard. They were built mainly by coloured labour under a white foreman. They did an excellent job. I know that plans and specifications have been drawn up for the building of a new nurses' quarters at Thursday Island and I think they should be gone on with. The present arrangement is unsatisfactory. The sisters live in private homes scattered around the township.

The aerial ambulance, under the control of Superintendent Tom Briggs, is giving excellent service. I do not think any other part of Australia enjoys better service than that given by the aerial ambulance and by the Cairns ambulance. Tom Briggs puts his whole time into the conduct of the service and even attends race meetings throughout the Peninsula with his chocolate wheel and other means of raising funds. He is doing an excellent job.

**Mr. Bjelke-Petersen:** Do you think the flying surgeon will be helpful up there?

**Mr. ADAIR:** Yes, the Flying Doctor does an excellent job. The aerial ambulance attends to broken arms or legs that stock-riders and other horsemen sustain and takes the patient to the hospital in Cairns for treatment. The service is perhaps not as good as that given by the Flying Doctor, who attends to patients on the spot. Still it is excellent. It covers the Gulf and the Peninsula, including remote areas.

The Australian Inland Mission at Coen on the Cape York Peninsula is doing excellent work under the control of Padre the Rev. Colin Ford. The patients, mostly aboriginals, are brought to the hospital and cared for by the two Sisters. Serious cases are treated and sent by plane to the hospital at Cairns. The Government should do all they can to help the mission. It deserves help. The building cost over £20,000.

**Mr. Bjelke-Petersen:** What assistance did they get?

**Mr. ADAIR:** I have been told that the Government gave them £8,000 as a grant towards the cost of building the hospital. I do not know what assistance they get for maintenance but at least the Government should pay something towards maintaining the hospital.

The Department of Native Affairs has done and is doing an excellent job on Thursday Island. In the days of the Labour Government it took into its care the 6,000 islanders in the area. Under the control of Mr. Con O'Leary the Department of Native Affairs has done a fine job for the islanders. There is a large area to administer, including all the islands from Thursday Island to the New Guinea coast line. The "Melbidir" makes periodic visits with supplies to all the islands. The two ship's officers, Mr. Mellor and Mr. Brown are doing a good job.

**Mr. Aikens:** What do you think of the job being done by the church missions? Do you think they merit the criticism levelled at them?

**Mr. ADAIR:** Not all of the criticism they are getting. I shall deal with that later.

Any married man with a family on Thursday Island who is earning £1,000-£1,200 a year has no chance of saving any money. School teachers and other public servants get requisition passes each year to come to the mainland. Officers of the Department of Native Affairs are doing an excellent job. At least they should be given similar passes once a year to encourage them to remain on Thursday Island. A married man with a family has no chance of saving enough to pay fares. A single adult fare costs £20. The return fare for a man and his wife would cost £80; if he had any kiddies it would cost him at least £100 in fares for an annual holiday. I ask the Minister to give this matter earnest consideration because if he wants the departmental officers to remain there he will have to give them some encouragement.

The "Melbidir" goes round all the islands once a month. Mr. Mellor is the captain and Mr. Brown the engineer. Both would be entitled to the concessions I suggest. The investigation by the Parliamentary All-Party Committee which visited Thursday Island will do much for the development in that area. I believe that when the matter is dealt with the Islanders will benefit greatly. The main thing is the education of the Islanders. Without education there is nothing much that can be done for them. If we go the right way about it they can be brought to Junior standard. The Government should endeavour to see that all these children are educated to that standard. These people have shown great aptitude in any work undertaken by them. Those engaged in the building trade do work equally as good as any carpenter. I have seen those

Island boys in Cairns and Townsville and throughout the West carrying out jobs on the railway very satisfactorily. There are two Islanders employed as foremen in railway gangs in the Cairns area. There would not be any difficulty in assimilating these people. I do not think one could find cleaner homes inside and out than the homes of these Islanders on Thursday Island and Bardu Island and St. Pauls.

Good living conditions come next in importance to education. I know that the department is doing everything possible with the limited amount available to provide suitable homes. Many of the homes on Thursday Island should be condemned, but without them they would have nowhere to live. We know that 80 Okinawans have returned. Many buildings were constructed to accommodate them on Thursday Island. If the Government purchased those buildings they would provide accommodation for these Islanders. The master pearlers spent up to £50,000 and the buildings conform to the plans and specifications of the local authority. This accommodation could be used by the Islanders. The Department of Native Affairs is doing an excellent job in the building of homes. These two-bedroom homes which cost under £1,000 would be suitable for anyone to live in. I hope the Government grant enough money to carry on this good work. Hundreds of homes are needed on these Islands.

At Bamaga, on the tip of Cape York Peninsula, there are good reserves of maple, hickory, and other softwoods. I am informed that there is more than enough to meet the demand for building timber for many years. If the money was available the department could construct hundreds of homes throughout the islands. I believe the time will arrive when Islanders on remote islands will have to be taken to the mainland. Hundreds of islanders could be settled at the top of Cape York, where there is excellent soil and a plentiful supply of water, as well as timber. The Department of Native Affairs has proved that all types of vegetables can be grown at Bamaga. In time I think many Islanders will have to be transferred to Cape York Peninsula.

On my last visit to Coen I noticed that homes were being built for aboriginals. The department is engaged in building work on Thursday Island, Darnley Island, and, I think, St. Paul's Island, Badu, and other islands. The Islanders will benefit greatly from this work.

Social Service benefits are available to Torres Strait Islanders and non-controlled aboriginals of half-blood, but these benefits are denied to aboriginals on the ground that they are fully maintained on Government settlements and church missions. Representations should be made to the Federal Government for the granting of social services to aboriginals as well as Torres Strait Islanders. I have a lot of time for the aboriginal. Ha

is an Australian and should enjoy the same social service benefits as the Islanders. I ask the Government to make representations to the Federal Government for the granting of social service benefits to aborigines.

(Time expired.)

**Hon. H. W. NOBLE** (Yeronga—Minister for Health and Home Affairs) (7.40 p.m.): I should like to reply briefly to the speeches of hon. members. I thank hon. members for the way in which they have received the Estimates of my department, and on behalf of the staff of my department I thank the various speakers for the great praise that they bestowed upon them.

There has been very little criticism that calls for reply. The hon. member for Ithaca spoke of the type of hospital that we intend to build in the future and suggested that if we built single-storey buildings the nurses would have long distances to walk. The hon. member for Mackay also mentioned the matter. With a single-storey building you do not envisage a hospital of greater capacity than 200 beds. There would be very little more walking in a single-storey 200-bed hospital than in the present type of hospital. It would be easier to administer because when you have separate floors there is a duplication of services and that means that the matron has a harder task to keep control of the hospital generally.

I said that if the present Government had been in power the South Brisbane hospital would not have been built. I agree that there has to be a base hospital with all facilities for advanced specialist treatment but Brisbane has a base hospital in Bowen Bridge Road where every type of advanced therapy can be given.

**Mr. Power:** You are not closing the South Brisbane Hospital.

**Dr. NOBLE:** It cost £5,500,000 to build and it costs £500,000 each year by way of interest and redemption. It would have been better to spend that money on smaller hospitals through the suburbs of Brisbane so as to bring hospitals closer to the people. There are 750 beds in the South Brisbane hospital. We could have run the smaller hospitals more cheaply and we could have provided the same number of beds for £2,000,000. There would also be a saving in interest and redemption of £300,000. With that money we could have done a tremendous amount of building. Of course, I realise it is a matter of opinion, but in the opinion of the Government that would have been the wiser plan to adopt. We will remain in office for many years—as the years go by we will have a chance to develop this type of hospital throughout Queensland. The first of its type is to be constructed at Southport. I was informed only this afternoon that the plans are complete, tenders will be called and it is hoped to have the hospital built very shortly.

The hon. member for Ithaca implied that we had cut down the appropriation for hospitals, that in the Estimates for this year there was a greater amount provided than was actually expended last year. I find that for 1956-1957 £19,000 more was spent than in 1955-1956 and in 1957-1958 £28,300 more was spent than in 1956-1957. This year it is estimated that we will spend £31,000 more than last year. The administrative procedure adopted by the former Government as to the housing of domestic staff in hospitals was a very good one. Not one domestic lives within the hospitals under the jurisdiction of the Brisbane and South Coast Hospitals Board. There is a big saving in that regard. We would get only 25s. a week for the keep of domestics if they lived in. That is one reason why the cost of provisioning hospitals is getting lower every year.

The hon. member for Ithaca more or less advocated that the Government should charge higher fees for private and intermediate beds. He did not say it in so many words, but he kept repeating that we should not subsidise private and intermediate beds at the expense of public beds.

**Mr. Wallace:** He did not mention intermediate beds.

**Dr. NOBLE:** Yes, he did. I asked him twice, and on the second occasion he said that we should not subsidise private and intermediate beds at the expense of public beds. He more or less implied that at the present time the public beds are not receiving adequate service. Nothing is further from the truth. As a matter of fact, we intend to increase the services to people in public wards. Never in the history of hospitalisation in this State has anything been done in the rehabilitation of patients. That is something that we intend to go ahead with. Dietitians, too, have never been employed in any Queensland hospital, nor have social workers, who are faced with a tremendous task with many patients. Because of the policy of previous Governments of not allowing social workers into hospitals, when we advertised for them the other day we found that not one was available in the State. However, we intend to go ahead with the proposal to employ social workers. The Queensland University will be appointing a part-time lecturer in social work, who will also be a senior officer of the Brisbane and South Coast Hospitals Board. My department intends also to appoint a very highly-qualified social worker. With that as a nucleus, we intend to build up a high standard of social welfare work within the department. In the past, public health was considered only from the point of view of fighting infectious diseases. Today, however, with modern forms of therapy that is not a very great problem. The most important field in the State's health services lies in social work, and we intend to see that in this respect Queensland is treated properly.

**Mr. Windsor:** Will that tend towards better health??

**Dr. NOBLE:** Yes.

The hon. member for Mulgrave spoke of the need for a hospital at Gordonvale. One hon. member opposite interjected and wanted to know how far Gordonvale was from Cairns. The distance is 14 miles. The hon. member for Cook told us that the hospital in Cairns has insufficient accommodation. I agree with him. More beds will have to be provided there soon. However, before adding to the Cairns hospital it may be preferable to provide a small hospital at Gordonvale to save the people of that district the necessity of going into the central hospital at Cairns. After taking into consideration the beds that will be provided in the present nurses' quarters at Cairns, it might be better to build a small cottage hospital at a place such as Gordonvale than extend the Cairns hospital.

There has been a good deal of agitation for the establishment of an out-patients' clinic at Malanda. On the other hand, the ambulance committee at Atherton wants an ambulance centre formed at Malanda. There has been a good deal of controversy between those two schools of thought, and I have promised to visit Malanda and examine both proposals when I open the new nurses' quarters at Cairns towards the end of this year or early next year.

The hon. member asked if it was the department's policy to do away with painters and other tradesmen in hospitals, and to have most of the work done by contract. I think contract work is the most economical, but in some of the larger hospitals I think there is a case for employing permanent painters. The departmental officers and I have been discussing it and we intend soon to employ painters in some hospitals.

The hon. member spoke, too, of the buildings at the Tinaroo Falls dam site, and he mentioned their temporary nature. It must be remembered that Tinaroo Falls is quite a few miles from Atherton and Mareeba and it is very hard to get domestic and other staff to go to such places. When we establish institutions for the aged we find that we have to select a centre where staff is readily obtainable. There is a very good school at the Tinaroo Falls site that is not going to be used and the Atherton Hospital Board has been told it can purchase the building and take it down to Atherton to use as a female annexe. I hope that will be done.

The hon. member spoke of an Eventide Home. Eventide homes raise a big problem. Throughout the State we are not getting the ambulatory type of old person. Those coming into our homes are really hospital cases. The future of the Eventide homes of the State will be that the State will look after the hospital case and build geriatric wards or units throughout Queensland but the churches will look after the ambulatory aged and give a very good service indeed. When I took

office I found that the State was giving a straightout subsidy to the churches, the Salvation Army and the like, who were building homes for the aged. The Commonwealth Government would come along and ask, "How much are you getting from the State?" They would say, "50/50." The Commonwealth would then say, "We will give you 33½ per cent." In all the other States of Australia the State Governments are not giving one penny to Eventide or senile establishments built and conducted by the churches. The Commonwealth Government, as part of their platform, offer them £2 for every £1 raised but because Queensland was giving a 50 per cent. subsidy the Commonwealth gave not the two to one but merely the 33½ per cent. of the actual cost of the building only. So the State was not getting so many homes because the small amount of money in the State had to be distributed as a larger subsidy among fewer institutions. The Government thought that was not right. Now when the churches come along and say they intend to build an institution at a cost of, say, £20,000 we say to them, "You collect £5,000." They collect it and then they go to the Commonwealth and say, "We have £5,000." The Commonwealth then have to give them £10,000 so that they have in all £15,000. We come in at the end and supply the balance, and pay the cost of furniture and other items which do not attract Commonwealth subsidy and the church goes into the institution free of debt. Because we are husbanding our resources, more and more institutions are being built. In the next 12 months or so, more and more churches will come into the picture and develop fine and well-run institutions for the aged.

The hon. member for Mundingburra is very keen to have an aged people's home in his area. All he will have to do is go to one of the institutions up there and tell them the tale and I feel sure they will come into it. They will be getting a very good institution, a very good capital asset, at a small cost. If he did that he might have an institution for the aged named after him.

The hon. member for Sherwood spoke of the need for a cottage maternity hospital in his district. There is a shortage of obstetric beds in Brisbane. For some reason or other February is the peak period of the year. The birth rate seems to mount very quickly about February and March. I do not know the reason for it but it is the case. Last February and March the Brisbane Women's Hospital was overcrowded.

**Mr. Aikens:** Go back from February and March and you will get your answer.

**Dr. NOBLE:** I cannot give the hon. member the answer. As the hon. member for Mundingburra is so well informed on matters of medicine he might be able to give me the answer. In any case, the Women's Hospital was very overcrowded, consequently we had to open a convalescent ward in the South Brisbane Hospital for mothers from the Women's Hospital. They would have their

baby one day and go across to South Brisbane the next day. It turned out to be a very popular move.

**Mr. Power:** The Mater Mothers will be opening up, too.

**Dr. NOBLE:** I am coming to that. I was advised by various medical officers that it would be a good idea to make this ward a permanent obstetric hospital in the South Brisbane Hospital. To my mind it would be very silly to do so because before very long the Mater Mothers' Hospital will be opening. It would be very unfair to the sisters who have spent a huge amount of money—up to £1,000,000—to build that hospital. To my mind it would not be right to open another hospital to compete with them right at their front door. However, there is need for one, two or three cottage hospitals for maternity cases throughout the metropolitan area. I assure the Committee that perhaps before the next elections we shall have one somewhere in Brisbane. I cannot guarantee the hon. member for Sherwood that it will be in his electorate. We will see where most of the mothers are coming from and that is where the cottage hospital will be established.

I agree with what the hon. member said about child guidance clinics. Child guidance clinics are part of the social welfare service which the Government are very keen to institute. We intend to establish three clinics in Brisbane and one roving clinic for country areas. At the present time we are trying to get social workers. We hope to institute this programme early in the new year if we can get sufficient social workers.

**Mr. Baxter:** Do you mean a mobile clinic for the country?

**Dr. NOBLE:** Yes. Social workers in a group will go to, say, Maryborough and then move on to other parts of the State.

The hon. member for Sherwood also spoke about padres in mental institutions. I believe that they do a great deal of good, even if it be only to raise the moral tone. Through their colleagues in the various churches they will act as liaison officers between patients and their relatives, wherever they might live. Before very long we hope to extend the scheme throughout all the mental hospitals in the State.

I thank the hon. member for Mackay for his fulsome praise of the departmental officers. He mentioned that there are now only a very few people at Peel Island suffering from Hansen's Disease. The new drugs are quickly curing the disease. Only this year we altered the regulations. Previously it was necessary to obtain 12 negative smears before a patient could leave Peel Island. Now a patient can leave the island if he gets three negative smears in succession. Dr. Gabriel is at present attending a leprosy conference in Tokyo. We believe that leprosy is

not a very infectious disease. There has not been one known case of a person working in a leprosarium contracting the disease.

**Mr. Aikens:** It is the least transmissible of all the contagious diseases.

**Dr. NOBLE:** As the hon. member says, it is not a very transmissible disease.

**Mr. Power:** How is that prisoner getting on who is there for life?

**Dr. NOBLE:** He is still there. He must be almost cured. When Dr. Gabriel comes back from Tokyo we hope to alter the regulations further. Perhaps it may be possible to do away with the lazaret at Peel Island. It costs nearly £54,000 a year to keep it going.

**Mr. Aikens:** Dr. Molesworth and all the great authorities oppose segregation.

**Dr. NOBLE:** We will be guided by the advice we get from Dr. Gabriel when he comes back from his leprosy conference at Tokyo. The hon. member for Mackay was of the opinion that Dr. Berry could scarcely speak her mind because she would have her head knocked off if she disagreed with the Government. I know her very well. She is a strong-minded woman and there is no way in which you could scare her. It may have been the policy of previous Labour Governments to create fear in the minds of public servants but it is not the policy of the present Government. It is hoped that the provision of a 56-bed ward which should be built next year will relieve the position. One of the old wards could be used. The present building is very sound but the appointments are very poor. When we get the new 56-bed ward opened we will transfer the patients from one ward into it and when we finish Mackay will have a very good hospital. I think we can do the whole job for about £150,000 or £170,000. If we adopted the other proposal and pulled down the hospital we would have to spend close on £1,000,000 to provide the number of beds needed. There is not only one hospital there. There is a charity hospital or a Mater hospital run by the Sisters. I heard they too intend to increase the number of beds. If they do, there will be no need for us to increase our beds more than the 56 we are now building, otherwise the town would be over-hospitalised. There are towns round Mackay that need hospitals. Sarina has a population of 5,000 and an active committee has operated there for years endeavouring to get a hospital. When the money is available without doubt it will be a place where a cottage hospital will be built.

The hon. member for Merthyr spoke of those who were granted fellowships. I speak very highly of the work they do. We do not get the second-rate people. Those who become Fellows are very clever. Before we took office, one lad topped the Scholarship, Junior and Senior, and every year of medicine until he came to the 5th year, and

then for some reason or other he got the "bug" that he would not do medicine any more and walked out. The previous Cabinet would know of this case. If he had stayed he would have been a great addition to the medical profession.

**Mr. Aikens:** Why not ask him back?

**Dr. NOBLE:** He was a patient of mine. I saw him in my rooms for an hour or an hour-and-a-half. He wanted to become a writer; and he will do so. He has the brains and there is nothing he could not do.

The hon. member for Rockhampton referred to the Royal Flying Doctor Service. There is need for a Flying Specialist. In surgical emergencies a specialist is often needed. When we get this service operating it will cost £20,000 a year, but we will carry it on because the people in the outback have a right to the best of treatment.

The hon. member mentioned denominational homes when referring to State children and suggested there should be an increase in the subsidy payable for State children in our foster homes. Provision has been made in the Estimates for an extra payment of 10s. per week per State child in institutions and to the foster parent. It will be made retrospective to 30 June when one problem concerning widows is solved. The amount is to be increased from 25s. to 35s. a week, the payments to be retrospective to 30 June.

**Mr. Power:** The payment will be 35s. for each child?

**Dr. NOBLE:** For each State and foster child. It would be quite impossible to keep a child on 25s. a week plus child endowment of 10s. I do not know how they can be fed and clothed on that amount. In my opinion the extra 10s. is warranted.

The hon. member for Keppel spoke about a general tightening up. I do not think it is necessary to tighten provisions. He spoke of Dr. Cavaye, one of the best doctors in Queensland. I was rather surprised to hear that the hon. member had received a complaint from Dr. Cavaye. As a matter of fact, the only complaint by Dr. Cavaye was received a couple of years ago. The wrong type of trolley was sent to the hospital. It was not the type he wanted.

For the first time in Queensland the superintendents of our bigger hospitals were brought to Brisbane to discuss the requirements and the administration of their hospitals, and the best way of carrying out their duties. The superintendents from Townsville, Cairns, Mackay, Rockhampton, Bundaberg, Maryborough, Brisbane, Toowoomba and Ipswich spent two days in discussing these matters. I can assure hon. members that after this discussion they were well satisfied with what was being done and were very happy indeed about it.

It has been said that the salaries are not very high. With the rise that is expected,

their salaries will compare more than favourably with the salaries paid in other States. With the amendment of the superannuation scheme, I should say they will be very well served in regard to emoluments for the work they do. We intend to introduce something else. I have visited hospitals such as the hospital at Cairns. Dr. Lister, the superintendent there, is the best surgeon in the area, but because he is a full-time officer and superintendent of the Cairns hospital, he is unable to treat patients privately. He has to treat them in public wards, although many of these patients would want to be in a single room or in a room with two beds. After consultation with the B.M.A., we believe that superintendents should be given the right of consultant practice. That will not interfere with the work they are doing now, because the work at present is being done in the public wards. These doctors will not be able to run a private practice. The only work they will undertake is consultation work on patients sent to them by doctors in those towns.

**Mr. Walsh:** That is the thin edge of the wedge in the destruction of the free hospital scheme.

**Dr. NOBLE:** No.

**Mr. Duggan:** Will they charge for that service?

**Dr. NOBLE:** For consultative work. A certain amount will go to the hospital, and a certain amount to the doctor, and the balance to a common pool. As these men give their service for the State, the Government should endeavour to keep them in the service. They sometimes leave because conditions outside are better for them. We are trying to improve their conditions. If a man is prepared to stay in the hospital service, he should be allowed to go overseas for graduate study. He can then bring back to Queensland the knowledge he has acquired overseas, which will be of benefit to the community. As I have said, the balance of the money received for this work will be put into a common pool. At the end of every seven years, or a particular period, if sufficient funds are available, the fares of these men will be paid. Again, if sufficient funds are still available, they will get expenses. They will then be able to spend six months overseas on graduate work. I see no danger in that plan to the free-hospital scheme. At the Cairns hospital, for instance, half the intermediate beds are being used, the reason being that Dr. Lister is doing the work in public wards. I have spoken to patients in public wards. They have told me that they want single rooms or rooms with two beds. They want privacy. I too would like privacy, and I am sure all hon. members would desire it. These people should be able to obtain the services of this doctor, who is the best man at his work in the area.

**Mr. Walsh:** That may be so, but you are driving the patients from the public wards to the intermediate and private wards.

**Dr. NOBLE:** I know that they can be treated by him in the public ward. The only cases he will see are those sent to him for consultation by doctors outside.

**Mr. Aikens:** He will get to the stage when he will not be able to do the public ward.

**Dr. NOBLE:** I am watching the position closely and if such a position comes about I shall stop the practice.

**Mr. Davies:** Can you say you will not bring in a means test?

**Dr. NOBLE:** Anybody can go to the public wards for treatment by these men. They are very decent gentlemen and will play the game. I have confidence in them and if my confidence is amiss the position will be rectified.

I think the hon. member for Keppel spoke of clothes for the inmates of "Eventides." My information is that they can get whatever clothing is required. I do not exactly know what the hon. member's complaint is, but when a person at an "Eventide" wants a new issue of clothes he is able to get it.

He also spoke of the need for ambulance brigades to have the right to borrow. The Government are looking at the matter. There are two schools of thought about it. The first is that the central ambulance committee should be made a body corporate with the right to borrow for the whole State, and the second is that every ambulance centre should be a body corporate with permission to borrow. The question is being looked at by the Crown Law Office. The general feeling is that it is better to keep local autonomy. If we had successful ambulance committees, and most of them are, the central executive might be able to stand over these local committees by saying they should or should not do this or that. There would not be the same free giving as there is at Mackay and other places. The local ambulance committee at Toowoomba is doing an excellent job.

**Mr. Walsh:** And so is the Bundaberg one.

**Dr. NOBLE:** The solution is perhaps to create the committees as bodies corporate and give them permission to borrow. The matter is being investigated by the officers in my department and the Crown Law Office and I hope that before long we will be able to introduce a Bill to meet the needs of the people who work so hard on behalf of ambulance centres.

The hon. member for Keppel talked of Yeppoon. That centre might become a separate body with the right to borrow for its building. And then the question might be raised as to whether the Government will

guarantee the loans. The committees would become semi-governmental bodies and would borrow in their own rights. Eventually a Bill will come before the House.

The hon. member for Charters Towers spoke of national medicine in England. I have not been there, but I have read a great deal of what is happening, and of the dissatisfaction because the people feel that they are not getting a fair deal. At present the general practitioner has a tremendous amount of work to do and never examines his patients. He simply says, "Here is a serious case," and orders the patient off to hospital. As a result, general practice has come to a low ebb. The dissatisfaction has become so great that there are now 800 odd general practitioners in private practice in London. Previously there was a contributory scheme such as we have in Australia under which the people who contributed were provided with hospital accommodation. The demand for something of that nature in England is becoming so great that it is intended to introduce a scheme similar to that in Australia under which people can contribute to a society and have their medical and hospital charges subsidised. As the hon. member for Charters Towers has said, the opinion is growing in England that the authorities went too far and too quickly with their health benefits. The scheme got out of hand and it has not been nearly as successful as those who introduced it thought it would be. A growing number of people want to return to the previous practice of consulting their own doctors and are joining the societies that I referred to so that they can be free to do so.

The hon. member spoke also about the Charters Towers mental hospital, where there will be 170 beds. He wondered why we did not appoint a resident doctor there. However, there would not be enough work to keep a doctor fully occupied. There is at present an effort to correlate the work of physical and mental medicine, and we hope in the near future to employ another doctor to help Dr. Robinson at Charters Towers. In addition, we have in Townsville a special psychiatrist who visits Charters Towers at regular intervals and acts in consultation with the doctor there. It is proposed also to build an intermediate hospital at Townsville. As a matter of fact, the Townsville Hospitals Board has already been given approval to spend £2,000 on preliminary work in building an intermediate hospital, which will be just across the road from the General Hospital on the flat area that was previously occupied by the State school.

With the number of chronic mentally-ill patients becoming fewer as the result of aged people leaving mental institutions, we expect to have ample beds for many years to come. If we have more chronic mentally-ill patients we can provide extra beds. At present, how-

ever, I am advised that there is no need for more beds for chronic cases in Queensland's mental institutions.

The hon. member for Mundingburra spoke of the need for an out-patients' clinic in Townsville. We might give some thought to that suggestion. Townsville is expanding rapidly and probably something can be done. I cannot promise anything, but I will ask my officers to examine the suggestion.

The hon. member also suggested a travelling out-patients' clinic. The proposal sounds very attractive, but it is quite possible that if a medical officer went to a place such as Reid River the people of the area would make a social day of it. The doctor might see only one patient in the day, the rest of his time being engaged in talking to the people. Medical officers are very scarce. Only a few are expected to graduate during this and the next couple of years, with the result that we shall find it very hard to staff our hospitals. Under present conditions it would be better to give the people in outlying areas travelling facilities to enable them to attend hospitals in the larger centres. If the population of an area became large enough to qualify for a clinic, it would be better to establish a permanent clinic there.

I should say that within the next five or six years we shall have completed most of the main hospital building projects in Queensland. We can then go in for what might be called the luxuries. I admit that it would be very good to have out-patients' clinics in various suburbs and outlying areas and the day when we have them might eventually arrive. At present, however, we can do nothing about it because of the shortage of medical men.

The hon. member referred also to the Pharmacy Board and implied that it failed students in order to limit the number who can practise. Only recently a lady complained to me that her son was quite convinced that he had passed his final pharmacy examination, and I thought there might be something in some of the stories that I had heard. I said to my officer, "If these allegations are true I will alter the practice. I will not allow any victimisation or any such happening with the Pharmacy Board." So I called for the papers of some of the students who had failed and in particular for the paper of the student whose mother had called on me. There was no way in the world that he could have passed. His work was nowhere near the pass standard. I do not know much about pharmacy, but even I could see some glaring mistakes. When I showed his paper to a man well versed in the subject he said that there was no way in the world he could have been passed and that if the patient had been given the medicine prescribed in two instances he probably would have died.

**Mr. Walsh:** Would the failures relate to a particular subject?

**Dr. NOBLE:** Yes. Dispensing is one of the main subjects. Let me give the Committee the examination results. They are—

	Passed.	Failed.
June, 1955 ..	26	29
November, 1955 ..	29	33
June, 1956 ..	16	22
November, 1956 ..	33	47
June, 1957 ..	17	31
November, 1957 ..	36	61
June, 1958 ..	30	38

Some candidates sit year after year and some will never pass because they become stale. Of a total number of 380 who sat, from June, 1955, to November, 1957, some of them sitting many times, 157 passed and 223 failed.

Pharmacy deserves more than a Pharmacy Board in Queensland. For many months I have been holding discussions with the Queensland University and we have now reached a decision that the university will open a degree course leading to the degree of Bachelor in Pharmacy as from the beginning of the academic year 1960. From that time onwards any new applicant to do pharmacy will have to go through the university. At present some students are in the first, second and other years of their apprenticeship course and for some years the two procedures will have to run parallel to enable those people to complete their training.

**Mr. Walsh** interjected.

**Mr. Adair:** They are only glorified grocers, anyway.

**Dr. NOBLE:** They should not be, considering the responsibility entailed. The good chemist is very well trained.

**Mr. Walsh:** We have not very many dispensing chemists today.

**Dr. NOBLE:** We will when the university takes over. The Pharmacy Board is now trying to reach agreement on a proposal to put to me to enable those now serving their apprenticeship to qualify. When it is submitted we will be able to introduce legislation.

**Mr. Aikens:** The new scheme as envisaged by you will remove the odour.

**Dr. NOBLE:** That is right.

The hon. member for Baroona spoke of the District Nurses' Association, the Blue Nurses and the Brown Sisters. I agree with him wholeheartedly about the great value of their work. He spoke too of the Q.A.T.B. and their proposal to charge in accident cases. It was put to me by the ambulance committees throughout Queensland that most of the cases they have to attend are motor accident cases. They will not be charging for cut hands and minor injuries of that sort.

**Mr. Power:** It has been put to me that people who subscribe to the Brisbane ambulance and who meet with an accident in Sandgate have to pay the Sandgate ambulance for bringing them up to the hospital.

**Dr. NOBLE:** I understand they are not going to do that.

**Mr. Power:** I do not know whether it is true but that is what has been put to me.

**Dr. NOBLE:** I promise the hon. gentleman that I will investigate the matter.

I do not know how drugs can be further controlled. The Queensland regulations are the strictest in Australia. They are so strict that many other States have adopted them. If there is any sort of drug addiction in Queensland it must be because of pedlars and they are a matter for the Commonwealth Government, not the State. I have already spoken about the Cairns Base Hospital. I give a good deal of praise to Mr. Tom Briggs, the Superintendent of the Aerial Ambulance. He is at a disadvantage compared with the Flying Doctor. The pilot in charge of a plane used as an aerial ambulance has to make up his mind whether flying conditions warrant taking the risk of conveying a patient back to the base hospital, whereas the Flying Doctor can treat a patient on the spot and remain there if necessary. Mr. Briggs has been very careful in the way he has controlled his aerial ambulance service. Because of his efficiency there have not been any accidents with the aerial ambulance in recent years.

I was pleased to hear the praise of Mr. O'Leary and Mr. Killoran for their work on Thursday Island. When I was at Thursday Island last year, as the "Melbidir" was drawing away from the wharf with Mr. O'Leary on board some of the old islanders were weeping at the thought of his leaving. It impressed me that during his time he must have done a great job among these people.

I think that covers most of the points raised so far.

**Mr. HEWITT (Mackenzie) (8.27 p.m.):** I congratulate the Minister on the efficient manner in which he has carried out his duties since he took over his portfolio. He has done an excellent job firstly because he is a man fully qualified for the job and secondly because he has two feet on the ground, and is at all times prepared to see the other person's point of view. I pay tribute to all officers of the Department of Health and Home Affairs who have been most co-operative and helpful during our term of office. On many occasions they have gone out of their way to do things which were really not their duty. I express my appreciation and the appreciation of the electors of Mackenzie to these officers.

The Minister spoke of the excessive expenditure incurred during the time of Labour's administration in Queensland. He talked

about the South Brisbane Hospital. I think it is no worse than the Emerald Hospital. I should be the last in the world to deny any person the right to health services, but at the same time each and everyone is entitled to expect just treatment. I contend that the hospital at Emerald was built more for political purposes than for anything else. The Emerald Hospital was opened in 1950. It cost £352,000; if it were built today the cost would be far greater. A total of 49 beds are available but the average daily rate in 1956-1957 was 19 and in 1957-1958 it was 15.8.

**Mr. Davies:** What year did the hon. member say it was opened?

**Mr. HEWITT:** 1950. Surely the figures indicate that the hospital is far too large. It has prevented other deserving towns from having a hospital. That brings me to the township of Theodore, so well known to many hon. members because of the irrigation scheme that has been in the public eye for so many years. The Government spent £1,250,000 on that scheme, but the people in the area, perhaps one of the most difficult to get out of, have been denied a hospital. In that town and district there are approximately 1,500 people and 300 or 400 children of school age, but they have no hospital. That is an indictment of past administration. The hon. member for Belyando must take his share of the blame because, as hon. members know, Theodore and Emerald were originally in the old Normanby electorate. I urge the Minister to see what can be done for this township. It is a very deserving case. At Cracow, which is 31 miles away, the hospital was without a doctor for 2½ years until recently. Prior to his arrival the nearest hospital was 70 miles away and the roads were anything but good. The other towns could be easily isolated from Theodore in times of flood. I urge the Minister to go into the matter fully and see what can be done to provide this hospital need. At present there is an excellent clinic, and outpatient building, erected by the past Government at a cost of £6,000 on an area of five acres which would be a splendid site for a hospital. In order to give the Committee some idea of the work carried out I shall give some figures relating to ambulance bearers. The honorary ambulance bearers worked 1,400 hours during the past 12 months apart from the superintendent's time. There has been an increase in the number of patients treated at the Theodore clinic. The number treated in 1955-1956 was 964, with 1,704 visits, in 1956-1957 the number treated was 1,356 and the number of visits was 2,237, and in 1957-1958 the number of patients treated was 1,403 and the number of visits was 2,252. These figures do not include private visits to doctors at Biloela or Rockhampton. There is no hospital closer than 70 miles to which expectant mothers may go.

The figures relating to cases are as follows:—

Year.	Transport Cases.	Office Cases.	Miles travelled.
1955-56	368	1,095	12,283
1956-57	320	867	13,388
1957-58	495	1,600	18,655

It is a great hardship for expectant mothers to go to Rockhampton or Biloela. If the previous Government had given thought to these things there would not have been the waste of money that occurred in Emerald in order to supply 49 beds with a daily average of 15.8, while other people went without a hospital. I have experienced this unhappy state of affairs very acutely because it caused the loss of the life of my eldest child when it was two years of age. The wastage that was incurred for political purposes was something most damnable and something which has reflected no credit on the past administration.

Emerald had a very good, old hospital when the new hospital was built. I commend the Minister on his action in having plans in hand for the old hospital to be erected at the rear of this modern building, for use as a senile annexe. When completed it will accommodate 50 people. Many old people will thus be near their homes where they can be visited by relatives. That feature should be considered at all times. At the time of erection of the Emerald hospital, prior consideration should have been given to the need for a hospital at Clermont. The old Clermont hospital was in a most disgraceful state. I concede that it now has a modern hospital of one storey to accommodate 30 patients. A new maternity wing is to be built when funds are available. The building of the Emerald hospital rather than the hospital at Clermont showed the political motive of the previous Government. The daily average of inmates at Clermont hospital in 1956-1957 was 29, the figure this year being 23, compared with the Emerald hospital daily average for those years of 19 and 15.8.

**Mr. Davies:** In whose electorate are Clermont and Emerald now?

**Mr. HEWITT:** Clermont is in the Mackenzie electorate, while Emerald is in the electorate of Belyando.

**Mr. Davies:** Whose electorate will they be in?

**Mr. HEWITT:** The hon. member was in the previous Government. There is little for which they can be given credit.

It is difficult to keep doctors in outside areas. Dr. Farrelly who has been stationed at Clermont for some years is an excellent doctor. He has several children, but he has

only a very small home of two bedrooms. He applied to the previous Government for an additional sleep-out so that he could have proper accommodation for his children. The work would have cost approximately £750, but it did not receive the consideration it deserved. The Minister was in Clermont recently and the subject was raised with him. Having looked at the home provided for Dr. Farrelly, the Minister was fully satisfied that the work was warranted, and did not hesitate to correct the former Government's unsatisfactory decision. I do not think any hon. member would begrudge anything within reason to doctors who practise in these areas.

On that trip the Minister also inspected work being undertaken by the Department of Native Affairs in my electorate. Mr. O'Leary, who was with the Minister, is as highly regarded at Woorabinda as he is on Thursday Island. He has a very great understanding of the problems of coloured people. We must all try to understand their problems and endeavour to have them assimilated in the white population. Foleyvale, which is controlled by the Native Affairs Department, is not being used at the present time to the fullest advantage. Full consideration has not been given to the purpose for which it was established. It was established primarily for cattle raising, but we find on inspection that there are thousands of acres not even securely fenced or improved. Whilst other aboriginal settlements were losing stock through the shortage of feed there was an abundance of feed on Foleyvale, but this could not be utilised because of the lack of water on the unimproved area. That is an indictment against the former Labour administration. Surely the Minister in charge of the department should have acquainted himself with all these matters. The Government have had the property now for approximately 10 years and should have endeavoured to have it in full production. The present Minister is taking steps to have the property improved so that it can be used to the fullest advantage for the purpose for which it was bought. The farm settlement area was established at a place that is completely under flood waters from time to time. The whole of the area is often flooded and in some years there have been as many as three floods. So that the job can be done properly the Government are being forced now to shift buildings to more suitable sites. On the river bank there is a very extensive irrigation plant that has not been used, although pipes, etc., were available.

**Mr. Duggan:** Was the Minister responsible for the location of the pipes?

**Mr. HEWITT:** The ex-Minister should have satisfied himself about things generally and had a look round. He, as head of the department, is responsible. When we note the loss of revenue that took place through the very incompetent way in which the past administration allowed

this place to run along, it would pay hon. members of the former Government to keep out of the argument. Things are there for them to see. If they are not prepared to find out for themselves somebody should bring these matters to the notice of the people. Before very long, hon. members opposite will be telling us that we have left many things undone, and it is only right that the people of Queensland should know what has been going on. I believe that the Minister and the officers of the Sub-Department of Native Affairs are now working on a scheme to bring the Foleyvale and Woorabinda cattle properties into full production, which is the purpose for which they were originally established. We as a Government are responsible to the people. It is their money that is being spent, and they must be given the highest possible return.

**Mr. Davies:** Is it right that they got £60 a head for cattle from the Foleyvale area?

**Mr. HEWITT:** It would not be surprising, because that area has enjoyed a very good season and cattle prices have been very high. On the same day, bullocks sold up to £85 a head. I am not condemning either the cattle or the people, but the administration of previous Governments. As a business manager I always held myself responsible to the people who employed me, not to the people under me. The same remarks apply to a Government. The previous Minister should have made sure that the place was fully productive and that as much revenue as possible was earned. Before very long I am sure that production will increase. There are many thousands of acres of scrub country on the property that should have been "pulled" and grassed years ago. We cannot expect country such as that to be put into production overnight, but when it is "pulled" and watered it will fatten from 800 to 1,000 bullocks a year.

Farming should be a secondary consideration on a property that was acquired for cattle raising. The main purpose underlying it was to fatten cattle from Woorabinda and Cherbourg. When it is fully productive in that respect, consideration can be given to farming and other activities. There has never been any shortage of labour on the property. Many aborigines are available from Woorabinda, and up to 40 or 50 men have been employed. That would be a dream to anyone else with a property in that district.

**Mr. Clarke:** Foleyvale grows very good wheat.

**Mr. HEWITT:** That is a very pertinent interjection. As I said earlier, if the farm had been established on a sensible site instead of in a place where the crops were frequently washed away, it would probably have been a paying venture.

In conclusion, let me express my appreciation and the appreciation of the people of my electorate of the very good work done voluntarily by the Crippled Children's Association,

by the people of the Bush Children's Health Scheme and by all the other organisations that cater for spastics and other handicapped people.

**Mr. DEWAR (Chermside)** (8.51 p.m.): I congratulate the Minister on the undoubted enthusiasm he has shown in applying himself to his task. There is no doubt that the combination of the medical man and the sympathetic heart, as we see it in him, augurs well for the future health of the community.

I intend to speak on two subjects—the Metropolitan Fire Brigade Board and the State Children Department.

Firstly I should like to correct what I thought was an unfair suggestion by the Press about four or five months ago when reporting that the Government had made some changes in the appointments to hospital boards and fire brigade boards. It left the undoubted suggestion that the Minister had made the changes because of the inefficiency of the previous Government's appointees. I refer particularly to the former hon. member for Kelvin Grove, Mr. Turner, who had served as Government representative, on the Metropolitan Fire Brigade Board. In the first place, the Minister is not capable of making suggestions of that type and, in the second place, everyone knows that the appointments made to the Metropolitan Fire Brigade Board are made purely on the basis that the Government in power at the time desire to have one of their representatives on the board. It is simple as that.

**Mr. Duggan:** Why should that be necessary if the Government say they do not determine the policy of the boards?

**Mr. DEWAR:** I will answer that in a moment. That is the only reason why Mr. Turner's appointment was terminated and why I was appointed to the board in his stead.

**Mr. Walsh:** Spoils to the victors!

**Mr. DEWAR:** Hon. members opposite seem to be very unhappy about something they created themselves.

**Mr. Walsh:** Why not be frank about it?

**Mr. DEWAR:** I am frank. I am telling the hon. member that he is not even happy about something his Government created themselves. At the time the report appeared in the Press Mr. Turner was upset about it and he came to a morning tea that the new board gave the old board. The members of the board at the time who had served on the old board indicated quite clearly that Mr. Turner had served the Metropolitan Fire Brigade Board in a manner befitting a man in his position and that in no way could any fault be found with his services. For that reason, and in view of the publication of the report, I thought I should make that statement in the Chamber. The Metropolitan Fire Brigade Board was very pleased with his services.

**Mr. Davies:** It would have been much more gracious if you had left it unsaid.

**Mr. DEWAR:** I find it hard to follow the hon. member's reasoning at any time. Hon. members opposite have really excelled themselves tonight.

I propose to give now an outline of what is done by the Metropolitan Fire Brigade Board. The present board began its operations in 1921 after it absorbed a number of suburban fire brigade boards. It then became the Metropolitan Fire Brigade Board. The areas covered by the new Board were: the City, South Brisbane, Toowong, Ithaca, Albion, Nundah and Hamilton. Since then the Board's district has grown to a marked degree. The Board now controls 17 fire stations. Whereas the estimated expenditure for 1921 was £19,729 it is today £594,821. These figures are given as a guide to the growth of the fire brigade organisation in the Metropolitan area from 1921 to the present time. Whilst the numbers of officers and firemen have greatly increased over the same period, wages and salaries are now somewhere about 80 per cent. of the board's total expenditure each year. All fire brigade equipment is expensive. For instance fire hose runs out at a cost of approximately 5s. a foot. Fire engines and pumps are also costly items. The Metropolitan board some years ago gave consideration to the matter of endeavouring to minimise the cost of complete fire engines and to this end evolved a body for fire engines known as the Transverse-seat type which replaced the Braidwood-type. With the Braidwood-type the firemen stood on the running board and held onto a rail running the length of the fire engine, whereas with the Transverse-seat type they sit on cushioned seats on the vehicle itself.

A fire engine is, of necessity, a high-powered unit because it is called upon to operate a water pump for use in cases where there is no town water supply and use has to be made of static water supplies either in creeks, dams, house tanks or rivers.

Some few years ago the Metropolitan Board through its technical officers conceived the idea of getting away from what is known as a stereo-type complete fire engine unit, and adopted the principle of purchasing a motor chassis locally and having a body and also a pump fitted. The advantages of this idea are that the overall cost is greatly reduced. The body is made to the particular fire brigade boards' own design and also the pump is fitted in the position desired by the particular board.

Within the State of Queensland there are 75 fire brigade boards. It would be understandable that each board would have its own ideas about equipment, within certain limits. Some few years ago the Queensland Government sought the advice and guidance of the technical officers of the Metropolitan Board, particularly motor mechanic Carver with regard to a standardisation policy for fire

engines throughout the State. After some discussion in this direction suitable plans were drawn and arrangements made with the Metropolitan Fire Brigades Board for its motor mechanic Carver to fit to country fire brigades chassis the necessary power-take-off and pump, and a body was built on the chassis locally.

These arrangements proved very satisfactory but unfortunately the power-take-off units had to be purchased outside the State. There was a very considerable delay in the delivery of these items with the result that there was a great delay in the completion of each fire engine unit. Again, after consultations and continued discussions between officers of the Department of Health and Home Affairs and the Metropolitan Board's staff, arrangements were made for power-take-offs to be manufactured locally. This in turn has saved considerable time.

The Committee may not realise it but the Metropolitan Fire Brigade Board has built these units under the direction of its technical men for the various fire brigade boards of the State. Excellent units are being turned out at a cost that is saving the Metropolitan Board and the various other boards considerable sums of money. To date pumps and power-take-offs have been fitted to fire-engine chassis for fire brigade boards at Barcaldine, Mt. Isa, Murgon, Dalby, Atherton, Winton, Mackay, Blackall, and Boonah. That gives some idea of the services rendered to the various fire brigade boards of the State by the Brisbane Metropolitan Fire Brigades Board.

In passing I urge the Government to give consideration to more financial assistance for fire fighting within the field of the rural brigades board. About two or three months ago at the small north coast beach resort of Coolumbi I noticed a very bad fire adjacent to the Lutheran Youth Hostel that is being built there. I called out to a neighbour and we both went up to the hill. It appeared likely that the new hostel would be burnt. A young lad was trying to hold back a fire with a front of half a mile. We went to his assistance, and we sent word to the local picture theatre for volunteers. Later about ten men who were members of the rural fire-fighting group fought the fire for three hours. They were fully dressed and went straight in to fight the fire. I never saw men work harder. I was disgusted to learn that they did not get one penny towards the cost of buying equipment. When they wanted funds they had to go begging to the various people to raise a few pounds to purchase their needs. If there is any system that evolved out of the chaos of the previous 30 years that is deserving of criticism then surely this is one. I sincerely trust the Government will take a sympathetic view of this matter instead of considering political repercussions as was done by previous Governments, and that they will see that the rural firemen who are volunteers will at least be supplied with funds to purchase equipment.

I wish to say a few words on the State Children Department, and to refer to the comments made by the hon. member for Rockhampton. I refer to the statement made by the Director, Mr. Harris on page 7 of his report. It reads as follows—

“Much has been said lately about delinquency but, with over 34 years’ experience at this Home, I would say that the real cure to the whole problem is not what the Government should be doing but, instead, what the parents should be doing towards the proper upbringing of their children.”

I am not going to disagree with that statement; on the contrary I could not agree more with those comments. As one who was associated with the committee which inquired into the problems of youth, I say without equivocation that the blame for 99 per cent. of the cases of juvenile delinquency rests on the shoulders of the parents. There is no doubt about that. All the evidence I heard during the last 12 months points to that. Parenthood, if accepted, is a most thrilling responsibility, and the greatest thing that any person can enter into. The forming of child character is one of life’s most exciting experiences. Parents who fail to discharge their responsibilities to their children deserve the indictment of the community. It should be possible to force them by law to accept those responsibilities.

The report of the Director of the State Children Department contains figures for children’s courts. In 1956-1957 there were 392 cases in the metropolitan area and 350 in the country areas, whereas this year according to the report the cases in the metropolitan area numbered 529, an increase of 33½ per cent., and 362 in country areas, a very small increase. The increase is confined almost entirely to the metropolitan area and large provincial towns. The problem must be handled in a different way. If the report to be presented to the Government is implemented, I am sure it will be for the benefit of the community.

Penalties should be clearly defined. I mention a typical instance to prove my point. Two brothers came before a court, the older boy being fined £1, while the younger boy who needed more help was committed to Westbrook for three years. That disparity in sentence does not inspire confidence in the present system. That aspect will have to be considered in due course.

Greater attention must be paid to removing the cause of problems. I suggest first of all the establishing of a children’s court clinic. Psychologists, social workers and others in that field could do work of inestimable value. The committee hopes an adequate probation system will be established. In addition to children’s court clinics, there is a great need for child guidance clinics. Children can be referred to those clinics, and parents could seek advice in regard to their children. The committee also hopes to see the establishment of an intermediate institution for

boys up to 15 years as against a single system such as operates at Westbrook. That would be a step in the right direction. Boys of different ages should be segregated. It is not desirable to have boys of 13 to 15 years mixing with hardened types between 16 and 18 years. The setting of up an intermediate institution would allow far greater educational facilities to be provided. Instead of endeavouring to make farmers of boys who have no bent for farming, the general standard of education could be raised so that boys would be less likely to return to the type of life they led before they were committed to the institution. Added space could be created by doing away with one of the dormitories. I think that the provision of tutors for night classes and a greater study and recreation area would be a step in the right direction.

**Mr. Davies:** When did you expect to present your report?

**Mr. DEWAR:** It is virtually complete. It is in the hands of members of the committee with the idea of knocking it into shape for presentation to the Premier.

I think that we would do well to think in terms of altering the name of the State Children Department to the Child Welfare Department. Whether we like it or not the cold fact of the matter is that there is a certain stigma attached to a child who comes from a particular institution whether it be a foster home, a State home, or a church home or a prison farm. I know that most children are cruel at heart. One sees one’s own children doing cruel things and if we are honest we would admit that we have done them ourselves. I went to the Woolloowin State school and next door was the Woolloowin Home. It was a common practice when a boy fell out with one of the lads from the Home to refer to him as a State kid. If ever children are deserving of love and affection of people surely they are the young children in our State institutions who have been deprived of the natural love and affection of parents. They have been deprived of that because their parents are dead or something has happened to cause them to be in a position where it is necessary for the State to have care of them. In some way some adult has failed the children. Surely the people of the community should extend to these young people whatever love and affection they can. I earnestly suggest that the name of the department be changed to that of the Child Welfare Department so that as time passes on there may be removed the stigma of being referred to as a State child. Do not condemn them; let us try to help them.

I want to congratulate the Government on the re-establishment of the grant to the Marriage Guidance Council. A sum of £500 was given by the Labour Government to that council but next year it was refused. In the first year of office of the present Government a grant of £500 was made and this year

it will be £1,000. The new approach to things is something we can be proud of. If there is one organisation in this city doing an excellent job for the future youth of the community it is the Marriage Guidance Council. It is performing a function in the community never performed by any Government. It is one that is capable of expansion. It is only by the continued support by this or any Government that this organisation of voluntary people has any chance of survival.

It is perhaps well to know that the greatest amount of good, generally speaking, done in the community with regard to under-privileged children is initiated not by Governments but by private individuals. I refer particularly to the work that is being undertaken at the Montrose Home, which was started by the Brisbane Rotary Club, the Spastic Centre at New Farm, which was started by the Valley Rotary Club, and the Sub-normal Children's Association, which was started by groups of private people. All those excellent works in the community were started not by Governments but by private people who recognised the need for them and took action. Once they did something, the Government came in with £1-for-£1 subsidies.

There is a great need for work to help the young people of this State, whether they are afflicted mentally or physically, or whether they have been deprived of the natural love and affection of their own parents. As I say, much remains to be done and I do not think more satisfying work could be found in any sphere of activities.

(Time expired.)

**Mr. DUGGAN** (North Toowoomba—Leader of the Opposition) (9.16 p.m.): Many medical and pharmaceutical terms have been used in the Chamber today, but after listening to the Minister's two contributions one would perhaps be pardoned for thinking that he regards as the main requirement of hon. members a very large dose of Mother Seigel's Soothing Syrup. Rarely have I listened to a Minister who has praised so much the work of his department or to one who has said that it is functioning so perfectly that there is no room for criticism. However, it is very good to know that the Minister thinks that the efficiency of his department is beyond question. His is one of the most responsible portfolios in the Cabinet. I point out that of the total appropriations this year of something like £101,000,000, almost £15,000,000 has been allocated to the Department of Health and Home Affairs. That means that in every £7 to be expended by the Government, roughly £1 is to be applied to the services and instrumentalities that come within this sphere of his administration.

The Minister should be conscious of the very great responsibility that is cast upon him. I suppose that the Premier, who has an overall responsibility for the actions of his Government, must accept the No. 1 position. In the old days the Treasurer, too, held a

very high rank in the Cabinet. Today, however, with uniform taxation and the allocation of funds from the Loan Council, he no longer occupies in his own right the status that he enjoyed previously. The Minister for Transport, if he takes a close interest in his department, has a very great responsibility to discharge. But beyond that, I should say that the Minister for Health and Home Affairs, if he has a humanitarian outlook and is conscious of the great opportunities that lie in his hands to do something worth while in the community in the field of public health and the various social services, has tremendous responsibility too.

The present Minister can consider himself fortunate in assuming a portfolio that was built up over a period of years by successive Labour Governments, which left in his hands a network of excellent public hospitals throughout the State with facilities far in excess of those available in any other State. He has now the opportunity of building further on the foundations that were laid by previous Labour Governments. One of the great monuments to the work of Labour in this country, and particularly in Queensland, lies in the development of our hospital services. At a period when surgical cases were being either denied or delayed in most of the southern hospitals, it was always possible to get surgical attention at almost every hospital in Queensland.

On the Minister's own admission, we have now reached the stage where in many towns throughout Queensland there is an excess public bed capacity. Therefore, because of the work of previous Labour Administrations, he is in a position to introduce further refinements in public health policy that should be of benefit to the people generally.

The Minister has been extremely plausible in his contributions to the debate. I have always acknowledged that he is by far the most plausible of all the Ministers. He has an easy, suave way of speaking and is bringing into his parliamentary responsibilities one of those qualities that one very often associates with the medical practitioner who builds up a large private practice, as the hon. member for Ithaca has said, because of his very attractive bedside manner. He tried to lull us into a sense of complete acceptance that everything was well in Queensland. I shall reserve judgment because, on the advice of his own spokesmen here, he has much to live up to. I am sure that when he reads in the "Hansard" proof tomorrow of the various responsibilities said by hon. members to attach to his portfolio he will realise that he has a very heavy duty to discharge.

I want at this stage to go on record as saying that the Minister himself in the debate reaffirmed in very strong language that it is the considered and definite policy of the Government to maintain free hospitalisation in the State.

**Dr. Noble:** That is very true.

**Mr. DUGGAN:** I recall that in 1957 when he was addressing a meeting in support of the Liberal candidate for Merthyr in the electorate of the previous Minister for Health and Home Affairs he said—

“The Liberal-Country Party Government will retain the free hospital system. We know it is a cherished possession of the people of this State and any interference with it would be fatal for any political party.”

That is a strong enough declaration reaffirmed tonight.

**Dr. Noble:** I will reaffirm it now, too.

**Mr. DUGGAN:** All right. I am glad to have that declaration. I hope the Minister will adhere to it. The Minister has made many promises here that I hope he can fulfil.

I am not going to cavil at any of the refinements of health policy or suggestions for its improvement. The Minister will not find me an irresponsible critic in matters that he believes will be of benefit to the people of the State. I am not going to say that it is wrong that he should have an increased appropriation this year. It is interesting to note, however, the last year the allocation for his department was not expended, which gives room for speculation. Of the £7,130,000 voted, only £6,351,000 was spent. The whole emphasis today has been that more money has been spent by the department.

The point I am leading up to is that the Treasurer has accused the previous Labour administrations of not husbanding the finances of the State in a way that reflected the true financial position and he has given a very clear indication that at the end of this financial year every major trust fund will have been used, and in addition to that, we will show a substantial deficit. He said that the sole purpose of arranging the public expenditure of the State in that way was to focus the attention of the Commonwealth Government on the fact that the time has now come for Queensland to be a claimant State. He said that very definitely. If that is the case and if one of the fundamental principles that determine the policy of the Commonwealth Grants Commission is that there must not be in any one State a system of administration above the general average obtaining in the other States, then the State with that system will not qualify for assistance from the Commission, I suggest to him that as we have a free hospitalisation system in Queensland, which does not obtain in any other State of the Commonwealth, surely that will be one of the measuring sticks that the Grants Commission will apply in due course. Surely they will say, “You have a free hospitalisation system, a luxury that cannot be provided by any of the other States.”

**Dr. Noble:** They take comparative costs as between claimant and non-claimant States.

**Mr. DUGGAN:** I will come to that. If that is true, I do not think the Minister can take away from previous Labour administrations credit for what they did despite his allegations that we incurred excessively high building costs and excessively high administration costs. How can his statements be reconciled? How can it be true that the previous administrations were guilty of incompetence and extravagance, that they built unnecessary hospitals, that they had heavy administrative costs and that they duplicated facilities when, on the Minister's own declaration, the administration of public hospitals in Queensland costs less than that of the other States? He cannot have it both ways. There cannot be an indictment of the previous administrations on the score of extravagance and inefficiency, and at the same time an escaping of the requirements of the Commonwealth Grants Commission because of lower costs of administering the hospital service.

**Dr. Noble:** Building costs will not enter into the determination of the Commonwealth Grants Commission on the claimant State application because in the other States the Works Department builds the hospitals or the separate hospital boards and not the Health departments.

**Mr. DUGGAN:** It does not depend entirely on the capital costs of building at all. The Minister himself spoke about the duplication of facilities. He referred to the Southport hospital where he proposes to save so much money. If he can do it, I commend him for it. He has given high praise to the officers of his department. He has claimed that his Under-Secretary was the most efficient hospital administrator in the Commonwealth. He has referred to every officer mentioned as the most efficient man in his field. He referred to the surgeon in Rockhampton as being a most outstanding surgeon. He mentioned someone else in Cairns as being an outstanding surgeon. When he was referring to the hospital at Emerald he spoke about someone else as being an outstanding man there.

**Dr. Noble:** The superintendents of our hospitals do not deal with administration.

**Mr. DUGGAN:** The important point I want to make is that apparently the Minister has a staff of highly competent men. I hope he has. He is in a better position to assess their qualifications than I. I know some of them personally. They appeal to me as being efficient, courteous and helpful officers but I am not in the same position as the Minister to assess their qualifications. Surely to goodness the hon. gentleman cannot lay his accusation at the door of any previous Minister for Health and Home Affairs, no matter how inefficient he may have been. After all, he tells us that he has such a galaxy of talent in his administration. Why is it then that somebody along the line did not detect the so-called extravagances? He says that he has the same hospital architects, the same

officers within his department. Would they have permitted, as charged in his indictment, the construction of hospitals that were unnecessarily costly? It does not make sense to me. I do not claim any particular intelligence or application but in the whole of my ten years in the Ministry not once did I go against a major departmental recommendation unless I argued it out in great detail with my officers. Many times I over-rode the recommendations of departmental officers but invariably when major expenditure was involved there was complete agreement between myself and the principal officers in the Railway Department. I suggest that would be the policy that would apply now.

**Dr. Noble:** The pattern of the expensive hospital building was formed in the time of Mr. Charles Chuter. At that time the advice given to them by the British Medical Association and other authorities was against the establishment of very expensive buildings. That is when the policy was first developed. It has been carried on ever since.

**Mr. DUGGAN:** I am not going to argue in detail on this matter, suffice to say that when I have visited hospitals in other States I have noticed that they have followed the general pattern. As the Minister well knows, there are architects like Addison and McDonald, who specialise in hotel buildings, while others specialise in hospital buildings. Would the hon. member suggest that they would design expensive buildings because of the six per cent. they get? I know that these people have travelled widely. In preparing plans they apply the benefit of their knowledge by excluding practices which have been found to be uneconomical or undesirable in some way.

There are too many contradictions in the speech made by the Minister for Health and Home Affairs. He claims that it is possible to effect an extraordinary reduction in costs of hospital buildings. I have not had any evidence from the Minister of how he intends to bring this about except his glib assurance. I am not being disrespectful in any way because I respect his professional competence in these things.

There has been consistent criticism of the system of base hospitals and specialising. But I have yet to be convinced that the establishment of small cottage hospitals is necessarily a sound policy. There is a considerable amount of merit in the policy laid down in Mr. Chuter's time as Under Secretary. He may have made mistakes but he was a very capable officer. He grew up with an expanding hospital service. I know that other States have watched our Child Welfare Department and our dental services. Our hospital services have formed the pattern for hospital administration policy in other States. I am not going to say what is the maximum optimum size for a hospital. Whether it should be 500 beds, 700 beds or 250 beds I am not going to argue.

**Dr. Noble:** You will admit that very big hospitals become unwieldy?

**Mr. DUGGAN:** I agree there is a point there. It is difficult to draw the line of demarcation. In this modern age when accidents happen with dramatic suddenness and people suffer multiple injuries there is great benefit in having a panel of experts. A whole panel of specialists were waiting at the Brisbane operating theatre to attend to the man who had been attacked by a shark, and he was saved. On the Minister's own admission it is of great help to have specialists for immediate consultation. The Minister referred to the man who may be groping in the dark at Julia Creek, and how sorry everybody feels for the young man who takes on his hospital responsibility feeling uncertain.

**Dr. Noble:** I am trying to overcome that.

**Mr. DUGGAN:** I am all for it. In principle I am all for your plans to improve the professional status of these men and to create more incentive.

**Dr. Noble:** It is not necessary to have two base hospitals in the metropolitan area.

**Mr. DUGGAN:** I am not going to argue that particularly. The hon. gentleman did not say very much that was critical of the administration. Everything was lovely. Since the Minister has been there he has been acting in a manner reminiscent of a Minister with whom I was associated saying, "I will have a look at that." If I am any judge the hon. gentleman will completely forget about it when he gets away. I do not say that with any sense of injustice. I will make it my business to check in the period ahead to see how many of these fulsome promises are brought to fruition. If they are I shall be the first to congratulate the Minister.

I hope that the Minister will approach the problem of fellowships in a very realistic way. By 1963 we will have 279 fellowship or scholarship-holders and 34 graduates in medicine. The previous Labour administration realised because of the altered system of private practice it may be a good development. In the past I can remember getting Dr. Connolly at 2 o'clock in the morning on many occasions to attend a chronic asthma case. He would come round in 10 minutes in his pyjamas. How many cases are there today where you find a doctor doing that. Instead we have a disinclination to cater for the outside normal hours medical service, and instead have partnerships which make professional practise so much easier. Today there is a series of partnerships. Their gross income is in the vicinity of £6,000. Allowing 33 per cent. for expenses the net income would be £4,000, which is far in excess of the amount paid to Dr. Pye at the Brisbane Hospital and others occupying important positions.

**Dr. Noble:** What salary does Dr. Pye get?

**Mr. DUGGAN:** I have not got the exact figure.

**Dr. Noble:** £4,500 and a free house.

**Mr. DUGGAN:** He is worth every bit of it. When I asked a question of the Premier about sending Dr. Pye abroad the hon. gentleman contemptuously dismissed it and said, "The Government have no responsibility to Dr. Pye, it is the Brisbane and South Coast Hospitals Board. The hon. gentleman had enough interest to kick some of the previous members off the Board, which indicates that it is Government controlled. If members of the Brisbane and South Coast Hospitals Board become involved in an administrative act that brought discredit on the Government we would see how quickly they would move to instruct somebody on the Brisbane and South Coast Hospitals Board to get into line immediately.

**Dr. Noble:** You must admit we are upgrading all these salaries.

**Mr. DUGGAN:** I am not against that. While the Government are trying to upgrade certain sections of the Public Service they are fighting the rank and file tooth and nail on wage increases.

**Mr. Chalk:** That is not so.

**Mr. DUGGAN:** The Minister for Transport now interjects. He will have a quarrel on his hands before he is very much older. I was the only Minister for Transport who gave a margin to railwaymen which was ahead of that paid in any other State, and that has been acknowledged by the trade union movement. I think I can claim credit for that.

**Dr. Noble:** You did not know your own Act.

**Mr. DUGGAN:** In what way can that be suggested? I can defend my efforts as Minister for Transport. The present Minister for Transport has not the guts to introduce the Estimates for his department. I challenge him to introduce them. He is not game to bring them forward, although he was given notice 12 months ago to prepare them.

**Mr. Chalk:** You were not here last year.

**Mr. DUGGAN:** If I had been here, I may have prevented the hon. gentleman from making some silly mistakes.

The subject of fellowships is too serious. I shall not be sidetracked onto other subjects. I am in complete agreement with that policy, but I do not agree with the Minister that the right of private practice or consultative practice will solve the problem.

**Dr. Noble:** That has nothing to do with fellowships.

**Mr. DUGGAN:** We instituted this system of fellowships, because we were not able to recruit in the normal way men for these institutions.

**Dr. Noble:** We can always get superintendents for our base hospitals.

**Mr. DUGGAN:** On the Minister's own admission medical men will not stay at hospitals in isolated areas.

**Dr. Noble:** You do not know anything about it.

**Mr. DUGGAN:** I do. I had something to say on the system of fellowships. In architecture, engineering, medicine and chemistry the Government were forced to offer fellowships, because it was not possible to fill vacancies in those professions in various parts of the State such as Emerald, Julia Creek, and other farwestern towns. The only way to get men for those positions was to offer fellowships to bright young men. The matter does not end there, because when these men complete their period of seven years' service with the department many of them leave the department. The Minister said he wants to retain these men, and I commend him for that desire, but there are many men attached to the General Hospital who are more gifted than these ordinary men. Frankly, I have had discussions with them and they are not in favour of the scheme of private practice. They get no deductions for cars and various other things allowed for a private practitioner. Their gross salary is taxable. As the total cost would not be very great, I think it would be better if gifted men were given the opportunity of going overseas to undertake postgraduate courses. If they were given a reasonable salary as well as a superannuation scheme, and had the opportunity to keep in close contact with their medical confreres in other States and countries, I think they would be completely satisfied.

**Dr. Noble:** The great bulk of the money will not be taxable.

**Mr. DUGGAN:** I am not saying that the scheme will be rejected. I have not yet had an opportunity of talking to all of them.

**Dr. Noble:** They are all in favour of it.

**Mr. DUGGAN:** Some doctors do not like it. They have probably accepted it as the lesser of two evils. The Minister this afternoon said that the doctor in Cairns, because of his duties in the public section of the hospital was not able to attend to those in the private wards.

**Dr. Noble:** I did not say that.

**Mr. DUGGAN:** I agree with the hon. member for Mundingburra that if these doctors are given the right of private consultation for which they will be paid, whether a private room is made available or not for the purpose of the consultations, it is obvious that the great majority of doctors will tend more and more to look after the people who consult them privately rather than those who cannot afford to pay for hospital treatment. We will be able to test the views of the Minister in due course.

Fortunately all these things are recorded in "Hansard" and we will be able to see how the optimistic views of the Minister shape on trial. We will be able to assess the results from the trial. The action of the Minister in trying to retain in the service of the department men who have particular skill is to be commended. There should be some system of retaining them and I commend the Minister on his general approach, although I differ with him in many ways. I do not want him to think that I am not aware of the positive approach that has been made.

There are other matters that I should have liked to mention but as my time is about up I shall content myself by saying that a rosy picture has been painted by the Minister and we can only wait to see the results in due course.

**Mr. AHEARN (Sandgate) (9.41 p.m.):** I pay tribute to the Minister and the officers of his department on the work performed by them. Many tributes have been paid in this debate by hon. members on both sides to the hon. gentleman and particularly was one paid by the Leader of the Opposition. He paid perhaps the greatest tribute in the fear he showed of the Minister's continuance with the excellent policy he has implemented, with the additional policy and promises enunciated tonight. The Leader of the Opposition knew of the reaction this would have on the people and the confidence they would show in us at the next election. I congratulate the Minister on the way he has even exceeded our high expectations of his capacity, qualifications and ability.

I want to speak firstly in relation to the care of the aged and particularly the work of the "Eventide" homes. I have the largest "Eventide" home at Sandgate. As mentioned in the report of the Director of Health and Medical Services, since 1900 there has been an increase in life expectancy of 15 years due principally to improved hygiene, the progress of science, and the introduction of new drugs, particularly the anti-biotics. As a result we have the problem of an increased number of aged people, which number will steadily increase. It is an economic problem as well as a physical one, because a large proportion of our people are above the normal retiring age. Because of better health facilities they would be able in many cases to work profitably beyond the retiring age. We have the economic condition whereby a greater amount of social service payments has to be paid.

Aged people have to have companionship. The "Eventide" homes of the State are able to provide care and companionship for the aged and are doing a wonderful job in looking after the people who have been the pioneers of the State. They deserve the best in the eventide of their lives. The Sandgate "Eventide" operates very harmoniously indeed. Mr. Kelleher, the recently appointed manager has received praise from all acquainted with him and I

know that every member of the staff, including the nurses and the male wardsmen, do an excellent job. The people of Sandgate are very happy with the way in which the "Eventide" home there is conducted. There are very few complaints from any section of the community. From inside the home there are occasional small complaints. For example, a complaint was raised because the evening meal starts at 4.30 p.m. and finishes at 5 p.m. with the result that there is a long break before the first meal of the next day. That is not a real problem, however, because the inmates can have cups of tea at almost any hour and they can get provisions at the local store. Naturally, the evening meal must be fairly early so that the staff can finish work at a reasonable hour.

Another problem at Sandgate is the fact that there is one main kitchen and the meals for the women's quarters are taken round by truck. There are occasional complaints that the food is cold by the time the women receive it. A proposal has been put forward—and it is being considered by the department—that the food for the different wards be put on heated trolley and dropped off at their separate stations so that it will remain hot. As I say, there are very few complaints about the Sandgate home. Most of them are unjustified and any that are well founded are given full consideration.

There are "Eventide" homes at Sandgate, Rockhampton, and Charters Towers, and another is being built at Maryborough. For the benefit of hon. members who are not familiar with the statistics of the homes, I shall mention a few that I have noted. The demand for accommodation at the homes is heavy, but we are always able to cater for urgent cases. I have learned from my own experience at Sandgate that urgent cases can always get accommodation. Very few names are on the waiting lists. As a matter of fact, there is no waiting list for either male or female applicants at Sandgate nor is there any for males at Charters Towers. There is a small waiting list of nine males and 20 females for admission to the Rockhampton home, and of a few female applicants for Charters Towers.

The Minister pointed out that applicants seeking admission to homes for the aged are getting more feeble, because homes conducted by the church bodies are taking all the ambulatory cases and we are getting the very infirm and bedfast cases. The result is that more hospital accommodation is needed at the "Eventide" homes. I was very pleased to see that at Sandgate about 12 months ago further accommodation was provided for 78 bed cases by the conversion of ordinary wards to hospital wards. Hon. members may be interested to know that of the 890 residents at the "Eventide" home at Sandgate, 415 are hospital cases permanently in bed, another 240 are very infirm, people who acquire a deal of hospital attention but not constant hospital attention, and only 235 are ambulatory cases. In other words, only

about one-quarter of the inmates are able to get around freely. Hon. members will realise the problems involved mainly because we have to take all those who are bed cases.

**Mr. A. J. Smith:** Do you say the church people turn them down?

**Mr. AHEARN:** No, but there is some freedom of selection. There is also freedom of application, and I am sure that the numbers find their own level.

**Mr. A. J. Smith:** They do not want the bed cases.

**Mr. AHEARN:** I quite agree, because they have their own system with separate cottages and naturally it suits them better. They aim to provide homes and not hospitals.

A new Eventide home is being built at Maryborough, and the first section is expected to be able to accommodate 100 beds. It is expected to be completed some time during January next year. When all the planned buildings for that establishment are erected, the total accommodation will be for 250 people. I am very pleased to note the extension of the number of Eventide homes, because those that we have have proved very efficient indeed and we will need more of them. I know the hon. member for Mulgrave has pressed for one in his electorate.

The State spends a great deal on the homes because the department provides the food, accommodation, clothing, medical, dental and other services, and entertainment. It is pleasing to note that at Charters Towers and Sandgate bowling greens are provided for the enjoyment of the inmates and that films are screened regularly at all three homes and extensive library facilities are provided. Under the Federal Social Services Act, not controlled by us, we receive from the Commonwealth Government a grant of £2 12s. a week for each inmate. This money is paid to the Public Curator as determined by the Commonwealth Government. We bear the rest of the cost for each resident, at Sandgate £6 13s. 3d. a week, at Rockhampton £8 9s. a week and at Charters Towers £7 12s. 5d. a week. I am pleased to see that Sandgate is the lowest. Possibly it is because of the larger numbers. The State has to pay the amount over £2 12s. a week. Of course, it is money very well spent for the reasons I mentioned earlier.

The problem of aged people is increasing all the time because of improved living standards and the availability of life-saving drugs. As they deserve, the residents receive the best of food, the best of attention and the best of drugs. Nothing is allowed to upset their span of life. It is very important that the fields of gerontology and geriatrics be explored to the utmost to overcome the problems both economic and medical. I am pleased to see any endeavour to make some tangible entrance into those fields. Applications have been invited from qualified persons in the United Kingdom and Australia for

the position of specialist in geriatrics at a very attractive salary classification, and I congratulate the Minister on this move.

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

The House adjourned at 9.57 p.m.