

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

WEDNESDAY, 25 SEPTEMBER 1963

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year to year by Orders in Council extending the operation to December 31. This involves a review of the position annually. In this connection I might say that the Act has only a very limited operation at the present time. I am not in a position to say whether there is only one public company in Queensland presently taking advantage of the provisions of the Act."

PART-TIME SPECIALISTS, TOWNSVILLE GENERAL HOSPITAL.—Mr. Aikens, pursuant to notice, asked The Minister for Health and Home Affairs,—

(1) Are part-time specialists attached to the Townsville General Hospital restricted to the number of days and/or hours per week that they are available for consultation by out-patients?

(2) Is it a fact that out-patients, referred to some part-time specialists by resident doctors, have to wait weeks for an appointment?

(3) If so, could consideration be given to (a) an extension of consultation time allotted to these part-time specialists or (b) the appointment of additional part-time specialists?

Answers:—

(1) "The part-time specialists attached to the Townsville General Hospital are appointed for a number of sessions per week. A session is a period of three hours and the number of sessions per week approved is based on the estimated requirements of the Hospital."

(2) "The Medical Superintendent of Townsville Hospital has advised that some patients may have to wait some weeks for their appointments, but their health is not prejudiced by their having to wait, and that any patients requiring urgent attention are dealt with without delay."

(3) "It is expected that if the part-time specialists are unable to cope with the demand within the existing sessional periods, the Board will seek approval for an extension of the services."

FLUORIDE IN TOOTHPASTE.—Mr. Sherrington, pursuant to notice, asked The Minister for Health and Home Affairs,—

In view of the generally held opinion that the intake of fluoride and its consequent distribution through the bloodstream is of benefit in the preservation of teeth, is there any medical or clinical proof to substantiate the claim of certain brands of toothpaste that the inclusion of fluoride in toothpaste is helpful in the prevention of dental decay?

Answer:—

"Permanent teeth start to erupt at the age of six years but fluorine has its effect before eruption, that is, before the child is able to use a toothbrush on them. The

WEDNESDAY, 25 SEPTEMBER, 1963

Mr. SPEAKER (Hon. D. E. Nicholson, Murrumba) read prayers and took the chair at 11 a.m.

ADDRESS IN REPLY

PRESENTATION

Mr. SPEAKER: I have to inform the House that I propose to present to His Excellency the Administrator, at Government House, tomorrow morning at 9.45 o'clock, the Address in Reply to His Excellency's Opening Speech agreed to on 24 September, and I shall be glad to be accompanied by the mover and the seconder and such other hon. members as care to be present.

QUESTIONS

OPERATION OF FINANCIAL EMERGENCY RELIEF EXTENSION ACT.—Mr. Duggan, pursuant to notice, asked The Minister for Justice,—

(1) Is he prepared to consider an appropriate amendment to or repeal of "The Financial Emergency Relief Extension Act of 1932," which provides for statutory reduction of interest rates, in view of the fact that there has been a voluntary restoration by the companies affected of the interest rates operating prior to the introduction of this Act?

(2) Is there only one public company in Queensland presently taking advantage of the provisions of this Act and that this company is operating on an extremely profitable basis and the ordinary shares are currently considerably in excess of par value?

Answer:—

(1 and 2) "This matter has been considered on a number of occasions including prior to 1957 when the Honourable Member was a member of the Government. It would appear that the Question relates primarily to the provisions of Section 17b of "The Financial Emergency Act of 1931". The Financial Emergency Acts generally are kept in force from

best way, therefore, to get the effect of the fluorine is by adding it to the water supply. There is some evidence that regular and careful brushing with toothpaste containing stannous fluoride will inhibit dental decay. However, the average child and adult do not brush their teeth often enough nor carefully enough for the fluoride in toothpaste to have a significant effect on caries. Various other methods have been suggested and tried but no other method of preventing dental decay has been shown to be as effective a preventive as fluoridation of water."

AYR CATTLE FIELD STATION.—Mr. Coburn, pursuant to notice, asked The Minister for Agriculture and Forestry,—

What work is presently being undertaken at the Experiment Station, Clare Road, Ayr, and what worth-while results have already been obtained from experiments carried out at this station?

Answer:—

"The Station referred to has been known as the Ayr Cattle Field Station for about three years and is principally concerned with research relating to the breeding of dairy cattle suitable for tropical conditions. A long term project is under way crossing Zebu cattle of the Sahiwal Indian dairy breed with British and Australian breeds of dairy cattle. A dairy animal is required that will maintain a normal lactation under tropical coast conditions which at present depress the production of British breeds. Resistance to cattle tick is also an important feature that will be sought. As a secondary project green lot feeding using cow peas and molasses has also been undertaken as a means of stimulating the fattening of beef cattle in some areas."

REX RANGE ROAD BETWEEN MOSSMAN AND JULATTEN.—Mr. Adair, pursuant to notice, asked The Minister for Mines,—

As the Rex Range road is an important link between Mossman and Julatten and is considered an important tourist road, will he have this section of road declared a main road with a view to having it widened and bitumen-sealed at an early date?

Answer:—

"No further road declarations will be made before 1965. If the Local Authority desires to have the road declared it should submit a documented case for consideration."

SEA EROSION AT MACHAN'S BEACH.—Mr. Adair, pursuant to notice, asked The Premier,—

As sea-erosion has caused extensive damage to the sea front at Machan's Beach and is threatening extensive damage to homes and properties, will he have the matter investigated at an early date with

a view to granting assistance similar to that granted to residents on the South Coast?

Answer:—

"Contrary to the Honourable Member's belief, the Government did not grant assistance to Main Beach residents threatened with erosion. However, it did have a responsibility to protect a major State highway which was seriously threatened by encroachment of the sea at Main Beach, and as a consequence a protective scheme embodying contributions by the Gold Coast City Council, the affected residents and the Government was agreed to. As the Honourable Member will now appreciate, the circumstances at both places are not comparable, and he will also remember that the Government put forward a proposal to the Mulgrave Shire Council in January last respecting Machan's Beach, which the Council in its wisdom declined to accept."

PAROLE AND PROBATION OFFICERS.—Mr. Sherrington for Mr. Bromley, pursuant to notice, asked The Minister for Justice,—

(1) How many parole and probation officers are employed by the Government and in what districts are they employed?

(2) What are the detailed and complete duties of these officers?

(3) How many parolees are being presently attended to by parole officers in (a) the Brisbane metropolitan area and (b) country districts?

(4) How many prisoners were released on parole or probation during the years 1960-1961, 1961-1962 and 1962-1963?

Answers:—

(1) "At present there are six male and one female (part-time) probation and parole officers employed by the Government in addition to the Chief Probation Officer. They are all employed in the metropolitan area. In addition there are twenty-three honorary probation officers as well as Clerks of Petty Sessions engaged throughout the State in supervising probationers and parolees."

(2) "It would not be reasonable for a Minister to attempt to supply a detailed and complete statement of the duties of particular officers by way of an answer to a question in Parliament. If this were done in one case it could be regarded as establishing a precedent for the supplying of similar detailed and complete information in all other cases. This, of course, would quite unjustifiably take up the time of the legislature. I would suggest that the Honourable Member call on the Chief Probation Officer who will be authorised to discuss details of the various duties with him. For the Honourable Member's information in the meantime I might say that shortly stated the duties of the Chief Probation Officer are to

supervise the work and training of probation and parole officers as well as personal attention to initial interviews, attending meetings of the Parole Board and the assigning of officers to particular duties. The duties of probation and parole officers include supervision of probationers and parolees including interviews, visits to places of residence, preparation of reports and assisting in the probation and parole work for the protection of the public interest and facilitating the social growth and rehabilitation of the persons concerned."

(3) "The total number of parolees, as distinct from probationers, at present being supervised by probation officers in addition to their probation case-loads is as follows:—In the metropolitan area (Supervised by Stipendiary Probation and Parole Officers), 29; In country areas (Supervised by Honorary Parole Officers and Clerks of Petty Sessions), 14 (including 2 females)."

(4) "Information is as follows:—1960-1961, Probation 200, Parole 25; 1961-1962, Probation 253, Parole 29; 1962-1963, Probation 351, Parole 28."

ESTABLISHMENT OF DENTAL CLINIC AT ATHERTON.—Mr. Wallis-Smith, pursuant to notice, asked The Minister for Health and Home Affairs,—

In view of heavy demands made on the dental clinic at Mareeba, will he consider the early establishment of a dental clinic at Atherton to provide for the people of the Tablelands and Mount Garnet and district?

Answer:—

"The Mareeba Dental Clinic is a full time clinic, except for occasional visits to Chillagoe, and there is no evidence of any heavy demand on the clinic, and there is no Waiting List. In the establishment of new dental clinics, it has been the policy to give priority to those areas which are more isolated and which have no access to dental facilities. There are from 9 to 10 dentists in private practice in the various towns in the Atherton Tableland, including 2 in Atherton. The claims of this district for dental facilities will receive consideration in relation to the over-all needs of the State. Of a total of 639 dentists practising in Queensland, there are 123 employed by the State Government."

PAYMENTS TO LECTURERS AT ADULT EDUCATION CENTRES.—Mr. Tucker, pursuant to notice, asked The Minister for Education,—

(1) What payments are made to those who lecture at Adult Education centres or on behalf of the organisation throughout the State?

(2) When were these rates first determined and how many times since then have they been altered?

Answer:—

(1 and 2) "The rates payable to persons lecturing in Adult Education Centres were first determined in 1945 and ranged from half a guinea to three guineas per lecture, according to the subject, the amount of preparation involved and the qualifications of the lecturer, as follows:—1. Half a Guinea—Leaders of discussion groups, film screenings, &c. 2. One Guinea—Hand crafts, elementary language teaching, &c. 3. One and a-half Guineas—Travel talks, certain Art lectures, &c. 4. Two Guineas—General lectures on specific subjects involving careful preparation, delivered by well qualified persons. 5. Three Guineas—For a highly qualified graduate such as a University lecturer, lecturing in his own subject or any other person possessing very high academic qualifications in his special field. These rates remained unaltered during the remainder of the 12 years of Labour regime. However, the rates were increased in 1958 by the present Government, as indicated below:—1. Half a Guinea to One Guinea. 2. One Guinea to One and a-half Guineas. 3. One and a-half Guineas to Two Guineas. 4. Two Guineas to Three Guineas. 5. Three Guineas to Four Guineas."

PEDESTRIAN LIGHTS AT BALD HILLS SCHOOL CROSSING.—Mr. Dean, pursuant to notice, asked The Minister for Mines,—

In view of the ever-increasing volume of traffic using the main North Coast-Gympie road, which passes the Bald Hills State Primary School, can he give an indication when pedestrian lights will be installed at the Bald Hills State School crossing?

Answer:—

"No. The school is already in a restricted speed area and the normal warrant for lights does not yet exist."

PARKING ARRANGEMENTS IN CENTRAL TRAFFIC AREA.—Mr. Sherrington for Mr. Bromley, asked The Minister for Labour and Industry,—

(1) What is the number of parking meters installed in the inner metropolitan area?

(2) What is the number of (a) parkatareas with meters and (b) parking bays, in the central traffic area?

(3) Are plainclothes officials employed in policing these parkatareas and, if so, how many?

(4) What is the amount of the revenue collected since the installation of these parkatareas and what is the weekly cost of (a) policing, (b) collecting, and (c) maintaining them?

(5) What is the average weekly amount paid by motorists in fines in relation to (a) breaches in parking at these meters and (b) other parking breaches?

(6) What was the amount paid in fines for all minor traffic breaches during the year 1962-1963?

(7) Does he intend to further extend the central traffic area in relation to parking, and, if so, in what districts?

(Originally asked September 11, 1963.)

Answers:—

(1) "Parking meters are installed, operated and maintained by the Brisbane City Council. I am informed that 2,369 are in operation in Brisbane at present."

(2) "There are 2,610 parkatareas installed within the Central Traffic Area, providing unlimited time parking at 5,142 marked parkatarea spaces, provided the required fee of 2s. is inserted immediately upon parking in such space. I would also mention that free space is also available to accommodate over 7,000 vehicles on streets elsewhere within the Central Traffic Area subject to a two hour limit, between the hours of 7 a.m. and 4 p.m. Monday to Friday and 7 a.m. to 12 noon Saturday provided of course the area is not a prohibited standing or parking place prescribed by regulation or delineated by official traffic sign."

(3) "There are no plain clothes police officers employed in this regard. However, nine civil employees of the Traffic Engineer's Office at the present time have authority to issue minor traffic offences tickets and do so as an adjunct to their collecting duties. These employees are issued with identifying hats, badges and numbers, and carry official authorisation."

(4) "The parking fees collected from parkatareas since the commencement of the scheme on December 4, 1961, up until the end of August, 1963, amount to £124,595. Revenue from penalties associated with the scheme in this period was an additional £42,477. Unless the Honourable Member is more specific in his Question, it is not possible to supply the information in the form asked. It is, however, estimated that the weekly costs incurred in all aspects of operating the parkatarea parking scheme in this financial year are £629. This figure includes the cost to supervise all parking regulations in the Central Traffic Area during fixed hours, collect, count and bank the revenue received from parking fees maintain parkatareas and parkatarea spaces, recoup the cost of traffic paying office, administrative costs in all these activities, vehicle costs, printing and stationery."

(5) "Records are not kept of payments received from the various types of offences for which minor traffic offences tickets are issued. It is considered, however, that payments for the various offences, will be proportional to the tickets issued for these offences. On this basis, therefore, for the first two months of this financial year in Brisbane, the average sum paid for breaches in parking at parkatareas was £140 per week, and £692 per week for other parking breaches."

(6) "In Brisbane during the financial year 1962-1963—£35,632."

(7) "It is not my intention at this moment to extend the Central Traffic Area."

PAPER

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

Report—

Registrar of Co-operative Societies for the year 1962-1963.

MAIN ROADS ACTS AMENDMENT BILL

INITIATION

Hon. E. EVANS (Mirani—Minister for Development, Mines, Main Roads and Electricity): 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 Main Roads Acts, 1920 to 1962, in certain particulars."

Motion agreed to.

MEDICAL ACTS AMENDMENT BILL

INITIATION IN COMMITTEE—RESUMPTION OF DEBATE

(The Chairman of Committees, Mr. Hooper, Greenslopes, in the chair.)

Debate resumed from 24 September (see p. 460) on Dr. Noble's motion—

"That it is desirable that a Bill be introduced to amend the Medical Acts, 1939 to 1958, in certain particulars."

Mr. AIKENS (Townsville South) (11.24 a.m.): When the debate was adjourned yesterday at 12 noon under the Standing Orders I had asked the Minister for Health and Home Affairs whether psychology was recognised as a branch of the medical profession, and he said it was recognised as an adjunct of the medical profession, whatever that means. He said that they had a psychologist attached to the welfare and guidance clinics.

Dr. Noble: In the mental hospitals, too.

Mr. AIKENS: If they are in mental hospitals, too, they would work under the strict supervision and control of the medical officer in charge of the particular establishment.

Dr. Noble: That is true.

Mr. AIKENS: On the other hand this man at the university in Townsville works as a private practitioner without any supervision or control. I assume, too, that the psychologists attached to the welfare and guidance clinics would not be in a position to charge their unfortunate patients five guineas a visit as is being done by this so-called Dr. Edward Scott at the Townsville University, using his university office as a consulting room.

Recently in the Medical Journal of Australia there was an article by a northern doctor in which he complained—and rightly so—that the medical profession had a particularly bad image with the public in Queensland. Now, that is not the fault of the great mass of genuine medical practitioners, who carry out their job in a responsible and workmanlike manner to the limit of their ability and their knowledge. The bad image that is created of the medical profession in Queensland is due to what I term the lunatic fringe of the medical profession—the psychologist, the hypnotist, the mumbo-jumbo man, the African voodoo man and all those others on the fringe of the medical profession—who fatten and batten on the unfortunate patients who are sent to them by the few faddists in the medical profession who believe in that particular type of treatment. I have a very high regard for the great mass of medical practitioners in this State but I think it will be realised that there are more faddists in the medical profession than in any other profession and, until the medical profession, or the Minister for Health and Home Affairs, or the Government, or this Parliament, deals with the faddists in the medical profession who are bringing the whole of the medical profession into disrepute, the public will never be completely protected.

In Townsville, in addition to Dr. Edward Scott, we have a hypnotist who operates in North Ward and who calls himself Van Lowe. Believe it or not, I know of cases where patients have been sent to this hypnotist. Do not forget that hypnotism is another part of the lunatic fringe of the medical profession. I know there are children in the gallery so I will have to be very careful of what I say but I think they will realise in later life the value and the worth of what I am saying. A young boy was suffering from a peculiar physical condition that brought about a particular physical manifestation inducing masturbation and his doctor sent him to this hypnotist just as another doctor in Townsville sent a woman to him to be cured of smoking. That woman, who was not cured, came to me, too. Bear in mind, the charge made by this hypnotist is not five guineas a time

as is charged by Dr. Edward Scott; it is 10 guineas a time to see this hypnotist, Van Lowe, in North Ward, probably because of the salubrious surroundings in which he works. I do not know what he does to his patients. He probably puts them under the "fluence" and then says, "Eena, meena, mina, mo, smoke no more and off you go." I do not know what he said to the unfortunate young boy who was the victim of a physical condition that induced masturbation. Perhaps it was, "Eena, meena, mina, mo, don't tease your lizard, off you go," or something like that. But at 10 guineas a time! The unfortunate parents of that young boy brought him to me and I got in touch with the very fine staff—I suppose it would be the best hospital staff in Queensland—at the Townsville General Hospital and, by the time they got their specialists and pathologists and what-have-you onto the job and sent blood samples and everything down here, they found he was suffering from a blood condition that caused this permanent physical manifestation that induced masturbation. The boy was treated at the Townsville General Hospital as a public patient and was completely cured of his ailment and today he is one of the finest young men in Townsville. He would have been a physical and mental wreck if something had not been done for him. Today he looks like blossoming into one of our finest sportsmen. But doctors are sending patients in Townsville not only to psychologists and not only to the African voodoo men but also to the hypnotist. It is about time that we dealt with the lunatic fringe of the medical profession in this State.

Mr. Smith interjected.

Mr. AIKENS: If anyone needs to go to members of the lunatic fringe of the medical profession, I suggest that it is the hon. member for Windsor, who has just interjected. He should seek treatment for a pachydermatous hide, seeing that he had the hide to run for a ministerial position in the Liberal Party although he is never in the House to pull his weight with other hon. members. If I had his hide, I would probably be Prime Minister of Australia.

As I have already said, this hypnotist Van Lowe charges 10 guineas a visit. The Minister for Health and Home Affairs has a well-deserved reputation, I think, as one of the most competent surgeons in this State. I know a man who went to him in his capacity as a surgeon and had a gall-bladder operation performed for 10 guineas, and I have no doubt that he supplied his own needle and thread! Yet we have these fakers and mumbo-jumbo men charging their unfortunate patients 10 guineas a visit and Scott at the university charging five guineas, and these people are sent to them by members of the medical profession. The time is rotten-ripe for something to be done about it.

In Townsville there is also a Chinese herbalist. I know people who claim that they have derived great benefit from visits to

him. We have also a chiropractor who is famous throughout Australia for some of the magnificent work that he has done. I have not time to go into details, but I am sure the hon. member for Cairns knows of the case of one of the most prominent and brilliant singers that North Queensland ever produced. A clothesline fell on the back of her neck and she appeared to be crippled for life. After having been given up by all the doctors and specialists, she was carried to this man, who was then at Millaa Millaa, and within a fortnight she walked out cured.

The CHAIRMAN: Order! I hope the hon. member will now return to the subject of the Bill.

Mr. AIKENS: Yes, I shall get back to it. I want to ask the Minister for Health and Home Affairs what would happen if a registered medical practitioner in Townsville sent one of his patients to either the Chinese herbalist or this famous chiropractor. Immediately that was done, the Australian Medical Association and the Ethics Committee of the Medical Council would come into it, and I have no doubt that the Minister and the Director-General would also come into it. The chiropractor or herbalist would probably be persecuted, and certainly some action would be taken against the qualified medical practitioner who referred the patient to him. No doctor can send patients to reputable men such as the Chinese herbalist and the chiropractor who is famous throughout Australia for the work that he has done and is doing.

Mr. Wallace: But they do.

Mr. AIKENS: Yes, but the Minister for Health and Home Affairs, the Director-General or the Australian Medical Association must not know officially about it.

In Townsville recently three members of the medical profession boasted publicly that they had sent patients to this doctor of philosophy who is practising psychology in his office at the North Queensland University College. This man answered the statements I made in the House about him by saying that he was treating only isolated cases as a result of representations made to him by the doctors. If that is in fact all that he was doing, why did he have 2,000 billheads printed with his name, "Dr. Edward Scott", in large black letters at the top?

I am not going to digress and I know that you would not permit me to, Mr. Hooper, but I shall tell the Committee some of the piffle that this man is telling his patients.

The CHAIRMAN: Order! The hon. member knows what the Bill contains. It deals with the registration of doctors, and I hope that he will keep to that subject. I have allowed him a lot of latitude.

Mr. AIKENS: I know that you have given me a lot of latitude. If I cared to move as

an amendment that the words "in certain particulars" be deleted, there could be a debate on the whole of the Medical Act. I do not want to do that, but I will if it is necessary because I think that this matter is rotten-ripe for disclosure and the taking of some action.

This Dr. Edward Scott asked a man in his middle forties, "Did you ever throw a stone at a Chinaman when you were a boy?"

The CHAIRMAN: Order! I have already reminded the hon. member that that has nothing to do with the Bill.

Mr. Donald: How do you know?

The CHAIRMAN: Order! I remind the hon. member for Ipswich East that I was dealing with the hon. member for Townsville South.

Mr. Donald: You are dealing with every member of the Chamber. If anybody else knows what is in the Bill, I do not. The Bill has not yet been printed.

The CHAIRMAN: Order! I remind the hon. member for Ipswich East that in his introductory speech the Minister outlined the details of the Bill, and it has nothing to do with chiropractors or psychologists.

Mr. Donald: The Bill is a Bill to amend the Medical Act; that is what it is.

The CHAIRMAN: Order!

Mr. AIKENS: I thank you for the leniency and latitude that you have shown me, Mr. Hooper. In order to save you from embarrassment and interjections from other hon. members, I move the following amendment—

"Omit the words—

'in certain particulars.'"

That will clear you and save interjections, and it will also clear me. I shall not take very long to deal with this point.

As I said, a man in his middle forties went to see Dr. Edward Scott about a child of his, and Dr. Scott said to him—this was one of the questions he asked—"Did you ever throw a stone at a Chinaman when you were a boy?" The man said, "That was an old North Queensland custom when I was a boy." Dr. Edward Scott said to him, "Well, that will have a very important bearing on your attitude, as a father, to your child." I am amazed that Dr. Scott did not say to this man, "Did you ever throw a bungler at a politician on Guy Fawkes night?", because no question asked by a psychologist and nothing that he does is so ridiculous that I am not prepared to believe it.

I do not want to embarrass the Leader of the Opposition, but I am sure that I heard him say on one occasion—I agreed with him wholeheartedly—when we were dealing with an amendment to the Criminal Code that he questioned the facility with which

psychiatrists—and the Bill does deal with psychiatrists—could go into the witness box in a court, particularly in a criminal court, and give all sorts of stupid, irrelevant and conflicting evidence about the mental condition of the prisoner at the Bar. As a result of the evidence given by psychiatrists, psychologists, and mumbo-jumbo men, sometimes the jury—more often than not, unfortunately—is influenced into bringing in a verdict that the unfortunate, as they call him, prisoner at the Bar did not know what he was doing at the time of committing the crime, and consequently he is treated with kid gloves and given all the sympathetic treatment in the world.

I think that one of the most welcome and refreshing things that has ever happened in criminal jurisdiction in Australia happened in the Criminal Court in Sydney yesterday. Eminent psychiatrists, one after the other, went into the witness box in a murder trial and said that a man who had been guilty of several mutilation murders was not responsible for his actions because he alleged that he had been sexually assaulted by a corporal in the army when he was a young man. There was no proof of the allegation, and there was no question of tying the two incidents up, but the Crown did not dispute that the man was insane at the time when he committed the crimes. To their eternal credit—I hope that we see it frequently in the criminal courts in this State—the members of the jury in that case treated with justifiable contempt the evidence given by the psychiatrists and brought the prisoner in guilty of murder, as he was, and he has now gone to gaol for the rest of his life. Had they listened to the psychiatrists, of course—and bear in mind that the Crown did not dispute the evidence given for the defence—the prisoner would have been brought in not guilty on the ground of insanity and would have been sent to a mental institution for five or six weeks or five or six months. The same psychiatrists would then have gone to the Minister for Justice in New South Wales and said, “Whilst this man was insane when he committed the crimes, he is not insane now,” and he would have been turned loose on the community again to commit more of his foul deeds. As I said, I think this is one of the most refreshing things that has happened in recent years in the field of criminal jurisprudence in Australia.

I make this urgent appeal to the Minister. I know I cannot embarrass him by mentioning the fact that he has, in the lobby, the Director-General of Health for Queensland. I know it is useless appealing to the Australian Medical Association. We know the Australian Medical Association is controlled, and in fact tyrannised, by a small group of specialists who have no conception whatever of the problems of the ordinary general practitioner with whom the great mass of the people come into contact and for whom the great mass of the people of Queensland have a very high regard and a great respect.

As I say, this little group of specialists who control and tyrannise the Australian Medical Association are not concerned with the problems of the general practitioner and are certainly not concerned with the freedom and liberty of the people of Queensland. Consequently, because men like Scott, Van Lowe and many other fakers and mumbo-jumbo men happen to mix in the right social circles, they are tolerated and their stupidities are countenanced, with the result that the lunatic fringe of the medical profession in Queensland is, as was truthfully said in the *Medical Journal* the other day, bringing the whole profession into disrepute.

I know that the Minister for Health and Home Affairs is a gentleman of very high repute in the medical profession. I know that he will always remain so. I know that the same thing can be said of the hon. member for Bowen. But these men have got to do something about the lunatic fringe of the medical profession. They have got to do something to stop the mumbo-jumbo men working inside the boundaries of the medical profession with the crackpots who are just outside the boundaries of the profession. They have to stop the crackpots inside from dealing with the charlatans and crackpots outside. There are not very many of them, but until the problem is grappled with and overcome the public of Queensland will never feel completely safe in going to a doctor, and they will never have the confidence and respect for the medical profession that they really should have, because the great bulk of members of the medical profession deserve their respect and confidence. This small section, because of their social affiliations, because they mix in the right circles with the small close-knit tyranny that controls the A.M.A. in Queensland and the rest of Australia, can get away virtually with murder.

I am speaking here today on behalf of the people of Queensland and, I hope, on behalf of the great mass of decent, honest, general practitioners in Queensland. I am speaking on behalf of some specialists in Queensland who give good, genuine and decent service within the limits of their ability and knowledge; but unless we clean up the medical profession, and clean it up from within, we will continue to have this bad image, so far as the public are concerned, of the medical profession.

I have kept this debate free of rancour. I think I have presented a case calmly and dispassionately. I do not want to embarrass the Minister for Health and Home Affairs and the hon. member for Bowen by saying this, but I think they know that what I have said is true. I know that in their hearts they would like to do something about it. I appeal to them to explore every possibility of doing something so that the people of Queensland may feel safe with the medical profession and give to the great bulk of its members the confidence and respect due to them.

Amendment (Mr. Aikens) negatived.

Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (11.44 a.m.), in reply: In reply to the two speakers who have taken part in this debate, it appears evident from the remarks of the Leader of the Opposition that he has the idea that the Australian Medical Association is the body responsible for implementing the provisions of the Act and registering—or otherwise—medical practitioners in this State. That was the impression I gained from his remarks. The Australian Medical Association has no say whatever as to who shall be registered or who shall not be registered by the Medical Board of this State. That is the prerogative of the Medical Board. They have the right, of course, if they so desire, to prohibit or stop a medical man from joining the A.M.A.

Mr. Duggan: I am not under any disillusionment about what you are saying but I would be very surprised if the Medical Board were not influenced by a recommendation from the Australian Medical Association.

Dr. NOBLE: As the Minister, I would be advised, and we would do the wise thing in all these matters. They themselves have no real responsibility in this matter.

I was surprised to hear the hon. member for Townsville South say that the Australian Medical Association was a body controlled by a coterie of specialists. I remind him that the President of the present council of the A.M.A., Dr. Anderson, is a general practitioner of some repute. I think the majority of the members of that council are in fact general practitioners.

Mr. Aikens: Will you admit that many general practitioners belong to the A.M.A. merely to get the literature and the books?

Dr. NOBLE: No. I think every medical practitioner regards the A.M.A. as a very reputable body and is proud to become a member of it. As the Leader of the Opposition pointed out, it sees to the interests of its various members. All unions do the same thing. It is not a trade union, but it is a union. Apart from looking after the material interests of its members, it encourages post-graduate training. At its own expense it sends people skilled in certain fields of medicine to lecture in various parts of the State. It publishes the Australian Medical Journal, which is a great help to all medical practitioners. I should say that the A.M.A. is a very worthy body. As was mentioned yesterday by the Leader of the Opposition, it has done a great deal for the good of the State.

The hon. member for Townsville South said that doctors in Townsville were referring patients to a hypnotist. He mentioned the name of a Mr. Van Lowe.

Mr. Aikens: I did not say that all doctors were.

Dr. NOBLE: He said that some were. If they have been referring patients to Mr. Van Lowe, and if the hon. member names the doctors and supplies particulars the matter

will be taken up by the Medical Board and disciplinary action taken. Under the Act it is not permissible for a medical practitioner to consult or deal with an unregistered practitioner.

Mr. Aikens: What are they doing with Edward Scott?

Dr. NOBLE: If he is charging a fee for his services that is surely a matter not for the Medical Board, but for the senate of the university.

As to the relationship between medical men and psychologists, medical practitioners do use the knowledge of psychologists. They refer patients to them for psychological assessment. Any treatment that is to be carried out is carried out under the supervision of the medical man himself. We are getting very good results in the hospitals, particularly in the welfare and guidance clinic at Windsor, where we employ psychologists. In addition to making a psychological assessment of the various young people who come before them, they are doing group therapy. Parents and children come along to the centre, and the results have been very gratifying. It is all done under the supervision of medical practitioners. In the same way as physiotherapists and radiological technicians, they provide an ancillary service which is carried out under the supervision of medical practitioners.

No medical practitioner would send a patient to an unregistered practitioner. To do so is to act unethically, and such action is regarded very seriously by the Medical Board. If the hon. member has the name of any practitioner in Townsville who has done so it is within his power to approach the Medical Board about it, but he would then not enjoy the privilege afforded in this Chamber and would be liable to an action for defamation.

Mr. Aikens: I will tell you what I will do; I challenge you: if you deal with the doctors who send patients to Scott, I will name the doctors who send patients to Van Lowe.

The CHAIRMAN: Order! The hon. member knows quite well that he cannot issue challenges.

Dr. NOBLE: As far as the referring of patients to Dr. Scott is concerned, he is a psychologist and such action would not be regarded as malpractice. He would be making a psychological assessment and advising the doctor of the treatment to be carried out. As far as I know, there is nothing unethical so far as Dr. Scott is concerned. The question of his right to charge the people cannot be decided in this debate.

Mr. Duggan: Apparently neither you nor I know the rights of the story about Dr. Scott, but if the hon. member would make the charges outside Parliament he could get the matter cleared up.

Dr. NOBLE: That would be a very good idea.

Mr. Aikens: I will make some charges outside Parliament that they made about the Leader of the Opposition, and he did nothing about them.

Dr. NOBLE: It would be up to the hon. member for Townsville South to name the doctors sending patients to Van Lowe, but he would not have privilege outside this Chamber if he makes statements to the Medical Board and the medical men could sue him for damages.

Mr. Aikens: Will you accompany me to my next Regent meeting? Can I tell the public you will be there?

Dr. NOBLE: No, the hon. member may not; I hear enough of him in this Chamber.

The hon. member referred to the apartheid policy in South Africa in connection with reciprocity of registration of medical practitioners in this State and said, "Under the reciprocity scheme, why don't you force the South African Government to accept coloured medical practitioners who graduate in Queensland?"

Mr. Aikens: No, I did not. I said, "Why don't you refuse reciprocity until they do that."

Dr. NOBLE: The hon. member could say the same about all the Australian States. As a nation we do not in general accept coloured people as migrants—only a limited quota of coloured people. I am not for one moment condoning the apartheid policy of the South African Government, and I do not think that any member of this Chamber would condone it. The fact is, and I am sure the hon. member knows it very well, that if a coloured person graduated here, he would have reciprocal rights in South Africa. Whether the South African Government would vet him or not, I do not know. The same principle applies to a coloured person who graduated in South Africa and obtained a degree. He would be acceptable to our Medical Board, but I would not know whether the Australian Government would allow him to come to Australia. That is not a matter for debate here. I should say that there may be medical men in South Africa who desire to come to Australia to practise and I do not see why we should prevent them from coming here if there is reciprocity between the two countries.

Mr. Aikens: I realise that, as a State, you cannot do much.

Dr. NOBLE: The Leader of the Opposition was somewhat worried about the graduation qualification and why we do not accept graduates out of hand and register them in this State. He was also worried about why we are amending the Act to make the law in this State such that the primary qualification must be acceptable to the Medical

Board. As a matter of fact, there are such diplomas as a skin diploma, a prophylactic medicine diploma and an eye diploma, and various other super specialties, and as the law now stands a graduate from a university, with no reciprocity in this State, can go to a country and get a diploma. Under the present law he can come here and be registered even if his higher qualification may be in a very limited field such as skin or eye, or any such field. We believe that in those cases it is reasonable for the primary qualification to be adjudged as suitable before the person may practise in our State, and not the secondary or graduate qualification. If a practitioner has a skin degree, and if his primary degree is recognised as one that might entitle him to sit for the examination in Queensland he can sit for that examination. It is not an examination that goes into great detail in anatomy, physiology, biochemistry, and such things. I know most men forget these things in any great detail as the years go by. It is a clinical and technical examination. If the man knows his clinical and practical work as a medical man and if the board considers his primary degree to be such as to entitle him to sit for the examination, he will be allowed to sit and then allowed to practise if he passes it. That is perfectly fair. It was a provision passed by the hon. gentleman's own Government and I commend that Government for it.

As to reciprocity—there are countries in the world, such as Canada and the United States, whose medical graduates are as good as ours. I have not looked into the matter of whether we could have reciprocity with those countries. There might be no objection to it. It would be a matter of mutual arrangement between the countries concerned. I might point out that, over the last few years, only one or two practitioners from the United States of America have come here desiring to practise. They have sat for their practical examination and clinical examination and passed and are now practising in Queensland. Perhaps we should have reciprocity but it may be that the United States of America does not want it. It is a mutual concern and there must be agreement between the two countries. There might be some difficulties that I do not know of, but I will raise it for general discussion at the next conference of Health Ministers and it might be wise to approach those countries, through the Commonwealth Government, for reciprocity between the various States of Australia and the United States of America and Canada or any other country that might be concerned.

The hon. gentleman was somewhat worried why it was only at this very late stage that we had discovered that the Royal Australasian Colleges of Surgeons and Physicians and the associations of psychiatrists, radiologists, etc., were registered whereas in fact they had no legal authority

to issue degrees. I think that was overlooked. In England the royal colleges have royal charters and are legally authorised to issue degrees. The only way the Australian colleges could be so legally authorised would be by the Commonwealth Government but there could be a constitutional bar even to that. Apparently they have never been granted such a charter. They are colleges of very high renown and their graduates and degrees are accepted all over the world as being of very high quality. All we are doing in the Bill is providing for authority to be vested in the board to grant specialist registration to graduates of these colleges or any other college authorised by the board. In other words, we are giving the board power to decide which college shall be entitled to registration.

I think I have covered the greater part of the matters raised by the two speakers.

Motion (Dr. Noble) agreed to.

Resolution reported.

FIRST READING

Bill presented and, on motion of Dr. Noble, read a first time.

FLUORIDATION OF PUBLIC WATER SUPPLIES BILL

INITIATION IN COMMITTEE

(The Chairman of Committees, Mr. Hooper, Greenslopes, in the chair.)

Hon. H. W. NOBLE (Yeronga—Minister for Health and Home Affairs) (12 noon): I move—

“That it is desirable that a Bill be introduced relating to the addition of fluorine to public water supplies.”

The purpose of this Bill is to make legal the addition of fluorine to public water supplies, and to indemnify any local authority against the costs of legal action which may follow fluoridation of water carried out in the prescribed manner. It does not coerce local authorities in any way. In respect of controlled fluoridation of water, any local authority is free to reach a decision. Having decided to fluoridate, however, the local authority must follow certain procedures to be laid down in regulations under the Act. Likewise, a local authority, having fluoridated a water supply, may cease to fluoridate the supply at any time if it so desires.

This Bill is introduced because the Solicitor-General considered that local authorities should be given specific power to add fluorine to water. The present situation was open to criticism, and perhaps to legal challenge.

Mr. Houston: Will you give us some details of the regulations that you intend to bring in under this Act?

Dr. NOBLE: The regulations will merely lay down the scientific manner of carrying out fluoridation.

Mr. Houston: We had one instance where the regulations exceeded the Act.

Dr. NOBLE: They will not exceed the Act. They will lay down specifically how fluoridation shall be carried out.

Mr. Aikens: Will local authorities be indemnified against any action resulting from their gross neglect in the fluoridation of water?

Dr. NOBLE: The hon. member will find out about those things as I go through my speech.

The Government is glad to introduce this measure and, in so doing, give local authorities full protection in adding specified amounts of fluorine to public water supplies. I am convinced that fluoridation of water is safe and that it will prevent most dental decay in those who drink fluoridated water from birth onward. In this opinion I have the backing of every major medical and dental association in Australia, Britain, Canada, New Zealand, and the United States of America.

I shall not worry the House with a recital of the names of all of these bodies, but I shall mention a few. These are the National Health and Medical Research Council of Australia, the World Health Organisation, the Medical Research Council and the Ministry of Health in Great Britain, the New Zealand Royal Commission, the Canadian Medical and Dental Associations and the Ontario Committee of Inquiry, the United States Public Health Service, the American Academy of Science, and the American Medical and Dental Associations. I could quote very many other bodies in many countries which have endorsed fluoridation of water, but the above list will give members some idea of the weight of scientific opinion supporting this measure.

Lest it be said that our dental health is good, I would say that the average Australian child has several missing, decayed, or filled teeth, and the number increases with each year of age. There are simply not enough dentists to treat this decay adequately, even if treatment were free to all. Full dental care of caries alone would cost Queensland parents millions of pounds every year. The annual cost of adding fluorine to every water supply in the State that is deficient in this element would be a fraction of this figure, being estimated at £75,000 to £150,000.

The association of fluorine in water with reduced dental decay was not reported until 1938. Up till then a high fluorine content in water was considered to cause only an unsightly mottling of the teeth, though occasionally it was observed that these mottled teeth were quite strong. World War II intervened, and it was not until 1945 that the city of Grand Rapids, in Michigan, U.S.A., added one part per million of fluorine to its water supply. Once the beneficial results became known, from 1950 on, other communities commenced to fluoridate their

water supplies. From this humble beginning there has been a spectacular increase in the number of people in the United States who drink water to which fluorine has been added. At December 31, 1962, there were 2,317 communities in the United States supplying fluoridated water to a population of 43,750,000—an increase of 349 communities and of 5,280,000 population in the last two years. In addition, an estimated 7,000,000 people were using public water supplies in which fluorine was naturally present in protective amounts. In Canada, a population of 2,000,000 now drinks fluoridated water. In Great Britain, after a five-year trial in three cities, which was reported in 1962, the Ministry of Health made these findings—

“These reductions (in dental caries) amounted to 66 per cent. in the three-year-old children, 57 per cent. at four years and 50 per cent. at five years . . . The proportion of children in the study areas with ten or more carious teeth has been reduced by as much as six-sevenths in the case of children aged three and four years . . . and the proportion of children free from caries has been increased by about three-quarters.”

After an extensive review of the evidence concerning toxicity of recommended amounts of fluorine, the British Report concluded (p. 49)—

“No harmful effects from the addition of one part per million of fluoride to drinking water have been demonstrated in any of the extensive medical evidence collected and reviewed by the Research Committee.”

The Research Committee is of the same opinion, therefore, as the World Health Organisation's Expert Committee on Water Fluoridation, which, in 1958, reported—

“The most convincing evidence of the safety of water fluoridation comes from the numerous population groups (3 million in the U.S.A., 0.5 million in England), who have drunk naturally fluoridated water containing 1 part per million, or more, during their lifetime. In these groups water drinking has been, of course, uncontrolled, and there have been well and ill babies, as well as healthy young adults and frail elderly people. Medical practitioners and specialists in these areas have never detected or defined a systematic aberration in health of any kind related to the fluoride consumed.”

After detailing the more important evidence, the World Health Organisation's Expert Committee concluded—

“All these findings fit together in a consonant whole that constitutes a great guarantee of safety—a body of evidence without precedent in public health procedures.”

The Ministry's Research Committee agrees with these conclusions. In its opinion, the

raising of the fluoride content of drinking water to a level of one part per million is safe.

Mr. Hughes: Over what period of time do you get beneficial results after fluoridation?

Dr. NOBLE: The best results are obtained if it is taken from birth onwards; but once one begins taking it, there is an appreciable diminution in caries even then.

As a result of this report, more than 70 local authorities in Britain have announced their intention of proceeding with fluoridation.

It may not be generally known that fluorine is already present in most public water supplies other than rain water. As water flows over the soil or collects in underground streams, it takes up some fluorine (as fluoride) from the rocks and soil. The amount it takes up will naturally vary from place to place. Some of our artesian waters in Western Queensland have 15 or more parts fluorine per million of water. Some, such as the public supply at Barcaldine, have from 0.7 to 1.4 parts per million, which is distinctly beneficial. Surface waters (rivers, reservoirs, etc.) usually have 0.1 to 0.2 parts per million, and this is not enough to protect the teeth from decay.

Mr. Tucker: Is that the same fluorine as it is intended to introduce?

Dr. NOBLE: I shall explain that as I go along. I shall explain all the way through.

Fluorine resembles chlorine, bromine and iodine. All are active elements and are not found in nature as elements, but only when combined with other elements to form salts or compounds.

The fluorine compound present in these waters is usually calcium fluoride. However, on dissolving in water, the calcium fluoride breaks up into calcium ions and fluorine ions. An ion is an electrically charged particle. Likewise, when sodium fluoride is added to water, which is the chemical that is generally used, it breaks up into sodium ions and fluorine ions. So the result is the same eventually. All fluorine ions are identical, no matter whether they come from compounds naturally present or artificially added, and once inside the human body, all fluoride ions act in the same way. Fluorine enters bone and dental enamel. In the case of dental enamel, fluorine actually enters into chemical combination with the molecule of enamel, causing it to become harder and more resistant to decay.

In adding fluoride to water, calcium fluoride is rarely used, because its solubility is low and the required concentration can be difficult to scientifically control accurately. The type of water supply, and the availability and cost of other fluorides are important in selecting a suitable fluorine compound—after all, it does not matter because it is the fluorine ions that count—but sodium fluoride and sodium fluoro-silicate are commonly

used in public water supplies. With these compounds there is no difficulty in maintaining a concentration within 10 per cent. of the recommended concentration in any part of the reticulated supply. However, calcium fluoride is the cheapest available fluoride, and it is likely that recent developments will make it possible to use it in controlled fluoridation of water. There has been research on that method in the other States and they may be able to use calcium fluoride eventually.

Dealing with objections to controlled fluoridation, there are few who will deny the caries-reducing effect of fluorine, but some people object to it on other grounds. I will deal briefly with some of the more frequently raised objections.

The first is that fluoride is a cumulative poison and that its ill-effects may not be noticed for 20 years. The best evidence on the absence of ill-effects from the consumption of recommended amounts of fluorine is that many thousands of people have lived all their lives in areas where the water contained 4 p.p.m. to 8 p.p.m. of fluorine, and their record of disease is just as low as that in areas where the water has no fluorine.

Mr. Sherrington: You say it is a cumulative poison?

Dr. NOBLE: No, some people who object to it say it is a cumulative poison. Indeed, there has never been an authenticated case of fluoride poisoning or fluoride allergy in any of the millions of people who take the recommended amounts of fluorine in water.

It is said that fluorine concentrates in the bones and teeth. This is true, but the concentration is not great. For example, in people who had consumed water with only 0.1 parts per million fluorine for more than 20 years—and that is the natural supply—the fluorine content of rib varied from 0.02 per cent. to 0.062 per cent, an average of 0.041 per cent. In people who had consumed water containing 1 part per million fluoride for 12 years the rib fluorine values varied from 0.119 per cent. to 0.195 per cent., an average of 0.139 per cent. If the water contained 2.5 parts per million fluorine, the rib fluorine content varied from 0.104 per cent. to 0.45 per cent, an average of 0.257 per cent. If the water contains one part per million fluorine the fluorine content of bone gradually rises until equilibrium is reached (about 0.2 per cent. for rib), after which no more is stored. These are authenticated figures.

With properly fluoridated water it is clear that the cumulative action is slight. It is not evident except on chemical analysis of bone. It causes no symptoms whatever, and is entirely harmless. That fluorine is a poison is not denied. But the same can be said for a wide range of substances and compounds in everyday use. For example, chlorine and soda lime, already used extensively in water as part treatment, are poisonous. Only recently a number of deaths were

reported in babies whose feeds had been made up with common salt instead of lactose yet few of us think of sodium chloride as a poison. The important point is the concentration or dose in which a substance is used. The statement that fluoride is a cumulative poison is quite unjustified.

Another complaint is that fluoridation is mass medication. The Shorter Oxford Dictionary defines "to medicate" as "'to treat' as for a disease." Like chlorine in water, fluorine in water does not treat disease. The function of both is to prevent disease or to lower its incidence. Chlorine, fluorine and vaccines of all kinds are not treatment—their function is to prevent the occurrence of a particular disease or group of diseases. There is no more medication in fluoridation than in chlorination or in the compulsory addition of iodine to table salt. Every bit of table salt in Tasmania is iodised to prevent goitre.

Mr. Davies: You haven't got to take table salt.

Dr. NOBLE: Furthermore, fluorine is already present in most waters, and in many foods. Perhaps they could be said by the opponents of fluoridation to be partially medicated.

Another complaint is the one just made by the hon. member for Maryborough, that everyone must drink fluoridated water, whether he wants it or not. This is untrue. No-one can be forced, or will be forced, to drink properly fluoridated water. However, experience elsewhere has shown that when fluoride is added to a water supply only a few persons in the reticulated area refuse to drink it. These can be permitted to install defluoridating apparatus, or they can install rainwater tanks. I say very definitely and very sincerely that it is not right that children should be deprived of the benefits of fluoridation because of a minority of adults who, in their stupid thinking, object to it.

Some say that fluoridation will benefit only children. This is partly true. Children do in fact derive most benefit, but only because they have more teeth. During childhood the milk teeth are replaced by permanent teeth. On the other hand, most adults no longer have a complete set of natural teeth. However, if natural teeth are present fluorine will benefit them. It even seems to arrest decay in teeth that are already carious. The beautiful white teeth of children who take fluorine in adequate amounts have to be seen to be believed. If cavities do occur, they are small and easily filled.

Some ask, "Why not give fluorine in other ways than by putting it in the water supply?" Tablets are frequently suggested as an alternative. When they are taken regularly they certainly will reduce tooth decay. One Australian local authority offered fluoride tablets free of charge. The potential demand was more than 1,000 bottles of 100 tablets, to be replaced as required. After six months only 140 bottles had been issued, and very few parents returned for another supply.

Mr. Aikens: Doesn't that show how few people want it?

Dr. NOBLE: It shows how careless people are about their children's teeth.

Mr. Hughes: In a test in New South Wales was it not proved that fluoridation was most successful?

Dr. NOBLE: Yes, absolutely.

The TEMPORARY CHAIRMAN (Mr. Gaven): Order! I ask hon. members to allow the Minister to introduce the Bill without interruption. They will have ample opportunity later to debate it. Let us hear about it first.

Dr. NOBLE: This, of course, meant that the very people whom we want to protect did not receive protection. Putting fluorine in the water is cheaper and more satisfactory than buying tablets. Again, it has been suggested that since not everyone wants fluorine, people who do want it should add it to the water they drink. This is like asking a local authority to supply water as it comes from a river or dam. Those who do not like it turbid can filter it, and those who do not want it to contain bacteria can add chlorine.

Mr. Donald: There is no comparison.

Dr. NOBLE: It is the same thing.

There are some goods and services that can be supplied cheaper by the community than by any individual in that community.

Fluoridation of water has been thoroughly tested. It is no longer experimental. Adding fluoride to foods is largely untried, and consumption of these foods can be expected to vary a great deal more than the consumption of water.

In introducing this Bill, I am confident that the Government is making a very important move in bringing the benefits of fluoridation to the people of Queensland.

In conclusion, I should like to draw the attention of hon. members to the remarks of Mr. Powell, Minister for Health in Great Britain, as reported in "Hansard", on 10 December, 1962. He was asked was he aware that some members of the population had scruples about fluoridation, and was he satisfied that their objections had been fully considered. He replied—

"Yes, sir. I am completely satisfied. These scruples are unfounded and groundless . . . I am sure that in this as in other elements of preventive health, realising the importance of this measure, local authorities will come forward steadily and actively to put it into effect."

That is also my hope.

Mr. DUGGAN (Toowoomba West—Leader of the Opposition) (12.22 p.m.): I think it will be admitted that this is certainly one of the most important Bills introduced for some considerable time. I do not think

there can be any doubt that, during its passage and subsequently, it will be regarded as a very controversial measure. On behalf of the Opposition I intend to make a rather important declaration. I have certainly never heard a similar declaration during my association with any party in this Parliament. We have decided, after consideration, to treat this measure as a non-party matter and to leave it to the individual conscience and judgment of members of the party to determine their attitude to the Bill. That is akin to the attitude adopted in the House of Representatives on the Matrimonial Causes Bill. The members of the various parties were free to follow their consciences on that measure. Because there is so much conflict of opinion and so much emotional disturbance about this matter, we believe we should not try to dragoon people within the limits of the strict disciplinary powers that all parties exercise in these matters, and that we should leave it to the individual conscience of members. Indeed, in the House of Representatives the Government accorded to the members of the Liberal and Country Parties the same privilege as the Labour Party granted its members on that occasion. There is a very marked division of opinion on the fluoridation of public water supplies, if not amongst the medical people—and there is some evidence of that—then certainly as far as the general public is concerned.

Mr. Hughes: Are they as fully informed?

Mr. DUGGAN: I will come to that point later.

For that reason we say there should be complete freedom of choice in this matter. This is not peculiar to any one State, or any section of the Commonwealth. Only last week in the Federal Parliament, Mr. Killen, a member of one of the Government parties, apparently adopted an anti-fluoridation attitude. In Queensland, Mr. George Gray, the A.L.P. member for Capricornia, is the Australian president of the anti-fluoridation committee, while Senator Dittmer is a very strong protagonist for the fluoridation of public water supplies. So we have two prominent A.L.P. members, one a medical man who supports it and one a non-medical man who does not. And the New South Wales and Victorian A.L.P. have come out in favour of the fluoridation of public water supplies.

There are two Government representatives on the Metropolitan Water Board in Sydney. One is the Under Secretary to the Treasury, who might ordinarily be expected to reflect Government opinion but he voted against the fluoridation of the public water supply. The other was formerly a very senior public servant and he adopted the same attitude. So there is a wide division of opinion on the matter.

I understand that in Queensland the Trades and Labour Council has made a pronouncement in favour of the fluoridation of public water supplies.

We have had some general discussion in our Caucus on the matter and there is a wide divergence of opinion among us. We felt that, as the liberty of the subject is to some extent involved, we should respect that attitude. That divergence of opinion on this side will become apparent during the debates. I personally think the weight of medical evidence is in favour of the fluoridation of public water supplies and I would vote for it but there are on this side men whose opinions I respect, and they will express those opinions quite fearlessly according to the dictates of their conscience and the evidence at their disposal and will be against it.

There is one strong reservation I think I should tentatively put forward at this stage because there might be powers already existing that enable this attitude of mind on my part and on the part of my colleagues to be adequately protected. I suppose there is reason to assume that the Bill will be passed, because if it comes to a vote there will be some hon. members on this side who will vote for it. It may not come to a vote. It may be simply a question of the declaration of points of view. But I think there should be sufficient numbers to support the measure. So we pass on from that point.

Although at this stage we make no decision on the matter, we reserve the right as a party to consider the desirability of providing for the holding of a compulsory referendum rather than giving the local authority carte blanche authority to introduce fluoridation.

Dr. Noble: There is such a provision binding the local authority if it uses loan money.

Mr. DUGGAN: That is right—10 per cent. if loan money is used. In cases where loan money is not used for the purpose, no doubt the figure would be very different.

Mr. Aikens: If they put in the plant out of their own revenue, there is no provision for a referendum.

Mr. DUGGAN: That is right. That was done at Tenterfield. About 10 years ago the council decided to introduce fluoridation and purchased equipment but it lay idle for 10 years. The present mayor campaigned against it and was elected on anti-fluoridation. Incidentally, I understand he is the local cordial manufacturer, and he claimed that fluoridation of the public water supply would be detrimental to the sale of his cordials. In any case, I think he was elected on a 3 to 1 majority.

I can say reminiscently that I had a very amusing interlude with Senator Dittmer on one occasion. The Senator is a very gifted person. He has one of the best brains of anyone I know. He has a very facile mind, is fluent of tongue and has medical as well as a number of other degrees. He entered the fray either at Tara or at Chinchilla with Dr. Johnson, the Director-General of Health. These two went out there and were meeting

with enthusiasm when all of a sudden there arrived on the scene some of these eloquent anti-fluoridation orators, out-numbering and out-voting them three or four to one. Dr. Dittmer said it was one occasion on which his eloquence fell upon barren soil.

On this matter we understand and accept the principle that there is a wide divergence of opinion so I reiterate that members on this side of the Chamber will be free agents in the debate to act and speak as they think.

In all fairness, this has happened because there is considerable evidence to suggest that the incidence of unnecessary dental decay is unduly high in Australia and many other countries. We spend hundreds of thousands of pounds on treating it, and someone on this side of the Chamber asked in a question the other day the number of people receiving dental attention at dental hospitals. We know that in Great Britain the provision of dental services costs £50,000,000 a year and a large percentage of that amount is spent in the treatment of dental decay.

Evidence undoubtedly exists that the addition of fluorine to water inhibits dental decay. At Julia Creek the concentration in natural artesian water is as high as 3.2 parts per million.

Mr. Aikens: And the children all have this mottling of the teeth.

Mr. DUGGAN: I understand that medical evidence suggests that concentrations in excess of 2 parts per million will induce the mottling to which the hon. member for Townsville South has referred. It is claimed that if the dosage is less than that, such mottling does not occur. There are many parts of Queensland where the water already has fluorine in excess of the minimum dosage of 1 part per million, so that people in those areas are using this facility now.

Those who feel rather upset about this matter regard fluorine firstly as a medicament, and its addition to public water supplies as an infringement of the liberty of the subject. The case of those opposed to fluoridation rests predominantly on those two points. In addition, of course, it must be emphasised that there is some doubt regarding possible damage to the health of some individuals.

On the Opposition side are people who believe in fluoridation and others who do not, and I want to devote my 25 minutes to a balanced presentation of the matter. The argument of the Minister has been entirely for it, and he backed his views by those of responsible bodies. Some of them I have been able to check. The Minister no doubt knows of other authorities of considerable reputation with contrary views, but I personally feel that there are more authorities in favour of fluoridation than against it. At the same time, the opinions of some of those with doubts cannot be ignored. When it is remembered that there have been released on world markets in recent times

drugs that have been responsible for the gross disfigurement of unborn babies, we must be careful to subject all these things to the very closest scrutiny.

There are some who speak against fluoridation and others who say that it is perfectly safe. The Minister stakes his professional reputation on the latter belief, and there are many outstanding authorities of a similar mind. There seems to be overwhelming weight of medical opinion supporting that point of view, but there are also eminent authorities, of whom I shall quote three or four in a moment, with some doubts. I want to make a balanced contribution because unfortunately in these controversies all the facts are not presented. Half-truths are given, which makes the position of the ordinary man, who hears not the complete argument but merely part of it, more confused.

I can summarise the arguments for and against by saying that those who favour fluoridation claim that it inhibits dental caries; that the incidence of dental decay in Australia is far too high; that attempts to influence the diet of the population by publicity have been ineffective; that there is a shortage of dentists; and that a disproportionate amount of money is being spent on the repairing of teeth, which could be done more safely and effectively by the adoption of fluoridation measures. Other arguments can be advanced, but they seem to be the most important.

Against fluoridation is the argument that in excessive dosage it causes mottling of tooth enamel and may cause other and more serious damage. At least four eminent Australian authorities have gone on record as being opposed to it. It is claimed that it is unethical to administer it through a water supply indiscriminately. It is claimed that the reduction in the incidence of caries after the use of fluoridation is not as great as some people suggest. It is claimed that the statistical bases for the case in favour of fluoridation are sometimes unprofessional and unethical. There is some doubt as to whether the cumulative process in the human body is safe. There have been some suggestions that it may be connected with Mongolism. When I say that, people supporting the anti-fluoridation campaign have used that argument rather extensively. However, in fairness to the medical profession, I think very eminent medical organisations and highly authoritative medical opinions have discounted the suggestion.

Dr. Noble: I should say that the incidence of Mongolism in Queensland is the same as it is in areas where there is a fluoridated water supply.

Mr. DUGGAN: Yes. As I said, I am trying to present a balanced picture. It is also claimed that fluoride is a waste product of aluminium production and that big business is pushing it for a new market. By a coincidence the Tasmanian Labour Government is a large shareholder in the aluminium

plant at Bell Bay, but I understand that that plant does not produce the type of fluoride that is used for fluoridation of water. In fact, I understand that that particular type of fluoride is not produced in Australia. So, if somebody is pushing it, it is certainly not being pushed with Australian capital. It is claimed also that fluoridated water does some damage to domestic pipes and appliances. The element of compulsion has also been raised and exception taken to it. It is claimed that it may conflict with certain religious beliefs. From my reading, no religious body of any significance in Queensland is opposed to it, with the possible exception of Jehovah's Witnesses. They are opposed to blood transfusion, so they may possibly be opposed to fluoridation. There is also opposition based on its cost, and one of the main grounds of opposition is that it cannot be regulated accurately. It is claimed that in some areas there are not enough trained personnel to see that the safeguards are policed effectively, and that is a matter for very careful scrutiny.

Dr. Noble: Unless the local authority, when introducing fluorine into its water supply, follows the safeguards laid down by the regulations, it will not be permitted to introduce it.

Mr. Aikens: What if they do not follow the regulations?

Dr. Noble: They will not be allowed to do it.

Mr. DUGGAN: Again I say that, unfortunately, because people's emotions are disturbed by these matters, it is not always easy to get a factual presentation of an important question such as this. Information has been given to me—I acknowledge Mr. Gray as the person who sent it to me—about a case in which a Miss Gladys Ryan, I think it was, sued the Irish Government because it introduced in 1960 a Bill that provided for the compulsory fluoridation of public water supplies in Ireland on a progressive basis. When it was introduced to the particular county where she lived, she said it was repugnant to her and that it interfered with the liberty of her person because she was obliged to take the water in the particular form in which it was provided by the local authority, and she sued. The case occupied 56 days in the Irish Court, and the Attorney-General, Mr. O'Keefe, handled the case for the Government. I am not being disparaging when I say that evidence given by very eminent authorities in that case indicated that she was justified in taking the action that she did take, and she may have been justified on moral, personal, and other grounds.

Dr. Noble: She lost on every ground.

Mr. DUGGAN: She may have, but people opposed to fluoridation do not mention that she lost the case. I might say that some hon. members on this side of the Chamber will speak against fluoridation with great sincerity and with some knowledge of the subject.

However, as has been pointed out to me, the Attorney-General said in that case that there was no compulsion to reticulate a water supply to anybody. It is not an inalienable right that water should be reticulated to you. The local authority does it for public convenience but it does not say that you cannot make provision for your own domestic water supply if you care to do so.

There was also a rather interesting proposition put forward for the defence, the Irish Government, in this matter. It was that in such matters when the whole population is served by a public utility, either through a transmission line or a publicly-owned pipe or reticulation system, satisfaction could not be given to everybody any more than it could be when a local authority introduces a reticulated electricity supply system and someone says, "I refuse to use a 240-volt system; I want a 110-volt system onto my property." That argument was used in this case.

Mr. Hughes: In Brisbane, if water passes your property you are forced to pay for it whether you use it or not.

Mr. DUGGAN: That is right; you are forced to pay for it but not to use it. I spent several hours reading a great deal of literature on this matter and there is no need for me to listen to anybody—although I shall do so. I suppose I have read a good deal more than will be contained in the speeches that will be made on the matter in this Chamber.

Mr. Aikens: Have you taken into consideration that that woman lost her case on a point of law, not on the basis of fact?

Mr. DUGGAN: All I am concerned about is that it would be more helpful if, in addition to being given much of this information, we were given information on the result of the case. The evidence overwhelmingly suggests that she failed. I for one would not be competent to determine such a matter because it is one of great importance, but because this matter is important I do want to say for the record that one of the eminent gentlemen who gave evidence in the case I have mentioned was Professor Anton Gordonoff, Professor of Toxicology and Pharmacology at the University of Berne in Switzerland, Member of the Swiss Commission of Medicines and Drugs of the National Health Administration, Member of the Medical Society of Vienna, Member of the Therapeutic Society of France, and author of 235 original works on the particular subject. One cannot disregard the importance of his contribution. This is what he said—

"Fluorides are very toxic. Fluorine is the most toxic of the halogen elements. It would be difficult to say what quantity of sodium fluoride would be poisonous to human beings, as no investigations about this have been carried out. Calcium is a necessary substance for human and animal

organs. Fluorine pushes it out of the way, and for that reason bones become porous.

"It is a well known fact that fluoride destroys the enzyme system of the body, but the effect of this on the body has not been investigated."

He goes on to give many more reasons and mentions thalidomide, the great problems the introduction of that drug caused, and the great measure of distress that resulted. He mentions that fluorine is only slowly excreted and can accumulate in the body, and the harmful effects it can have on ordinary persons in the community. He states that the poor people in the community may have a greater quantity of soup than others and therefore would have a greater dosage.

In addition, evidence was given by Professor Andrea Benagino, Dean of the School of Dental and Medical Surgery, University of Rome, Director of the George Eastman Institute of Dentistry, Rome, who published 120 scientific works on this particular matter. There were other authorities that no doubt other speakers will produce in due course. Some very prominent authorities have spoken on this matter.

Dr. Noble: They were all individual.

Mr. DUGGAN: I agree, and I want to say for the record that in addition to those we have in Australia Dr. Stanton Hicks, formerly a professor at the University of Adelaide. I want to give a balanced picture in this matter and I point out that in Australia many eminent authorities have said that this is a step towards socialisation of medicine and that it takes away individual freedom. Others who have taken this stand in Australia are Sir Arthur Amies, Dean of the Faculty of Dentistry at Melbourne, Dr. Phillip Sutton, also of the Faculty of Dentistry at Melbourne, and Professor K. J. B. Polya, Department of Chemistry, University of Tasmania, and many overseas people whose names I have and whose opinions I have considered. However, I will not include them in the record here.

The World Health Organisation has been put forward as an authority in favour of fluoridation whereas in actual fact some reports do not contain an endorsement of the opinion of that body. A good deal of information has been used both for and against fluoridation and again I say that there is a good deal of confusion about the validity of some of the assertions that have been made. Undoubtedly there is a very sincere belief on the part of many people that the liberty of the subject is involved and that therefore there should be no mass medication. A strong body of opinion in the community feels that before such steps are taken a compulsory referendum should be held. There is a considerable body of medical opinion on this matter which seems to me, personally, to swing the balance very largely from the medical angle. They are only allegations or opinions expressed by

particular people that fluoridation may have these effects. Nothing I have been able to find says that it can be shown, either clinically or scientifically, that it is unsafe to have fluoridation, although there have been authoritative bodies of men who were able to advance that argument with some certainty.

Mr. Aikens: You have some doubts about its efficacy?

Mr. DUGGAN: I have some doubts about its dangers. I say without reservation that there is a strong body of men who fear there may be some dangers. I have no evidence that those dangers actually exist. Naturally, if people fear there are dangers they are entitled to express their opposition to fluoridation.

I think this measure should be treated on the basis on which hon. members accepted the Minister's introduction. Although there were some interjections they were relevant and sincere. I think everyone is interested in this matter. Certainly there will be some thoughtful contributions. It is a very important matter that will affect a great number of people in Queensland over a period of time.

As my time has expired, I conclude by saying that I have tried to put the position as fairly as I possibly could.

Mr. MELLOY (Nudgee) (12.48 p.m.): As has been indicated by the Leader of the Opposition, we on this side of the Chamber are at liberty to discuss this matter according to our assessment of it. I intend to take the opportunity to express my opposition to the proposal to introduce fluorine into the drinking water of the community. Very serious and earnest consideration must be given to any legislation which provides for the introduction of any new element into the water supply of the community. With the introduction of this Bill to provide indemnity to local authorities against claims for compensation following the addition of fluorine to a water supply, we must give full consideration to any implied endorsement of the principle of fluoridation of town water supplies, which the Bill does to a certain extent. By passing the Bill we will be more or less saying to a local authority, "You go ahead and fluoridate your water. We will provide compensation or indemnity in respect of any action that is taken against you by anyone who feels he has been injured in any way by the introduction of fluorine into the water supply."

Because of the absence of unanimity between experts and authorities, and in the medical profession itself, I think we must be particularly cautious in our approach to this subject. There are three main aspects of fluoridation that we must bear in mind

when considering our attitude to it. Following my reading of the opinions of various authorities, the aspects we must consider are—

(1) the systemic effects upon the body of the individual;

(2) the question of whether or not fluoridation produces the results claimed for it;

(3) the moral justification for the use of a public water supply for the mass medication of a community.

The Minister said that in his opinion fluoridation is safe. He quoted authorities confirming that opinion, but he quoted only those authorities in favour of the fluoridation of water. He referred to the effect of fluoridation on deciduous teeth, but he did not particularly mention the effect on the 6-year-old molar, which is one of the teeth most susceptible to decay.

Incidentally, while I am on that subject, I am induced to say that there is an opinion that the largest incidence of decay in the 6-year-old molar is caused by the fact that the development of that tooth, which goes on for some years before it erupts, is during the stage when the baby is weaned during the ninth to twelfth month. That is the period during which the fusion of the cusps of the 6-year-old molar is taking place, and the deficiency in the diet of the child during this change-over from breast-feeding to artificial feeding is responsible for the weakness in that portion of the enamel which is involved in the fusing of the cusps of the 6-year-old molar. I point out that any protection by means of fluoridation will not affect the decay of the 6-year-old molar in particular.

It has been said that fluoridation is most effective for children's teeth. If fluoridation was being applied only to children's teeth there might be some merit in it, but we must remember that fluoridation will affect every section of the community, irrespective of age.

The Minister said that, with the introduction of fluorine to town water supplies, everyone does not have to drink the treated water. He said that people could install anti-fluoridation units. That is a ridiculous argument. Why not offer fluoridation units to those who want to drink water with fluorine added rather than force it on to the whole community and expect those who do not want it to install anti-fluoridation units?

The Minister also said that the majority of experts and authorities assert that fluorine inhibits dental caries. Suppose that we accept that view, it is also equally true that the experts do not express the opinion that fluoridation should be forced on the whole of the community by a system of mass medication. They certainly assert that it can affect dental caries but they do not express the opinion that we should force

everyone, irrespective of age, condition of health, or any other factor, to drink fluorine-treated water. It is admitted by all authorities that fluorine is not an essential element, even in traces, for the normal physiology of animals or man, and no experimental work or clinical observations have proved that fluorine is in any manner essential for animal or man.

Professor D. W. Steyn, Professor of Pharmacology and Toxicology at the University of Pretoria in South Africa, who had done 27 years' field and laboratory research work on the toxicity of fluoride and recently spent three years collecting reports and evidence for and against the fluoridation of public water supplies, stated in April of this year that he considered that fluoride and lead were the two most dangerous poisons as far as chronic poisoning was concerned.

It is said that fluorine has a very strong tendency to accumulate in those parts of the body where calcium is concentrated, and the bones and teeth, being by far the richest organs in calcium, are most inclined to accumulate fluoride.

In considering the toxic effects of fluoride, several factors have to be taken into consideration, such as diet, the state of health of the individual, the quantity of water consumed, the drinking of beverages containing different amounts of fluorine and the natural fluorine content of the town water supply, which will not be constant, and which will be subject to the introduction of other elements.

As a general rule the daily consumption of drinking water containing one part per million or more of fluoride is the major source of the total fluoride in the average daily diet. The average daily intake of drinking water for adults being $2\frac{1}{2}$ pints, the amount of fluoride absorbed by this means would be approximately 1.4 milligrammes. In addition to this, .25 milligrammes of fluoride is contained in the daily average food intake. The safety maximum of fluoride in drinking water is only 1.5 parts per million and it might be as well to dwell on that fact. That is a very minute measure and I think the narrow margin between what is safe and what is unsafe—approximately .5 of a part per million—is not sufficient when the water supply content of fluorine is not constant and cannot be made constant. I contend that, in view of the varying factors, the margin is so narrow as to be very dangerous and any authority must hesitate long before deciding to fluoridate its town water supply.

Dr. Steyn, whom I have already quoted, stated that, from the many investigations he had carried out over a period of 27 years, the conclusions he had reached were that, with certain unfavourable conditions, human beings, especially children, would suffer harmful effects from drinking water containing concentrations of fluorine as low as one part per million. Having that in mind, and

while there is any element of doubt as to the effects of fluoride, we cannot in all conscience agree to its introduction to the water supply of any town or community.

Progress reported.

The House adjourned at 1.2 p.m.
