

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

TUESDAY, 28 OCTOBER 1969

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

ASSENT TO BILLS

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

Coal and Oil Shale Mine Workers (Pensions) Act Amendment Bill.

Swine Compensation Fund Act Amendment Bill.

Foot and Mouth Disease Expenses and Compensation Fund Act Amendment Bill.

AUDITOR-GENERAL'S REPORT

PUBLIC ACCOUNTS

Mr. SPEAKER announced the receipt from the Auditor-General of his report on the public accounts of the State for the year 1968-69.

Ordered to be printed.

QUESTIONS

ISSUE OF RENEWAL NOTICES BY AUSTRALIAN TRADE AND BUSINESS DIRECTORY

Mr. Houston, pursuant to notice, asked The Minister for Works,—

Has the Police Fraud Squad received any complaints regarding alleged "renewal now due" accounts issued by Australian Trade and Business Directory being received, unsolicited, by firms and organisations and set out in such a form as to allege a contract? If so, with what result?

Answer:—

"Yes. Investigations of complaints are presently proceeding."

CAPACITY OF ELECTRIC POWER STATIONS AND BULK SUPPLY PRICES

Mr. Houston, pursuant to notice, asked The Minister for Local Government,—

(1) What is the capacity of each of the six largest electricity supply power stations in Queensland?

(2) What is the lowest bulk price per unit charged to a bulk consumer supplied from each of these power stations?

Answers:—

(1) "The capacities of each of the six largest electricity supply power stations in Queensland are: Swanbank A and B, 396 MW present capacity, 876 MW projected

capacity; Tennyson, 240 MW; Bulimba, 180 MW; Callide, 120 MW; Collinsville, 60 MW present capacity, 120 MW projected capacity; Kareeya (Hydro-Electric), 72 MW."

(2) "The Swanbank, Tennyson and Bulimba power stations form part of the Southern Electric Authority's interconnected system which, as well as serving the Authority's distributing undertaking, supplies electricity in bulk to the Brisbane City Council, Dalby Town Council and the Wide Bay-Burnett Regional Electricity Board. The bulk supply prices payable by the Brisbane City Council, Dalby Town Council and the Wide Bay-Burnett Regional Electricity Board are derived from two-part tariffs formulated on different bases. Allowing for this difference, the tariffs are comparable. The largest bulk supply is to the Brisbane City Council and the two-part tariff for 1969-70 is: Demand @ \$2.72 per kW per month; Energy @ .4164c per unit (kWh). The overall per unit price will depend on the Council's actual demand and consumption in the year concerned. The Callide station forms part of the Capricornia Regional Electricity Board's interconnected system which supplies only the Board's own consumers. The Collinsville and Kareeya stations form part of the interconnected system of the Northern Electric Authority of Queensland which supplies electricity in bulk to the Cairns, Townsville and Mackay Regional Electricity Boards. The lowest present bulk supply price is .908c per unit to the Cairns Regional Electricity Board."

CONSTRUCTION AND RECONDITIONING OF PRISONS

Mr. Armstrong, pursuant to notice, asked The Minister for Justice,—

(1) How many (a) new prisons have been constructed and (b) prisons have been reconditioned since 1957?

(2) Where were they built or reconditioned?

(3) What was the total cost?

Answers:—

(1 and 2) "Construction of three prisons has been commenced since 1957. One, a medium security prison at Wacol is completed except for sick bay and chapel. Another, at Rockhampton—dual purpose prison—is under construction. The third, a medium security prison at Townsville is being constructed in stages. Brisbane Prison is being re-built in stages over several years. Townsville Prison has been added to by increased prisoner accommodation, office accommodation, workshops including laundry, and re-modelling of kitchen."

(3) "The total cost to September 30 last is \$2,669,663."

ASSISTANCE FOR DESERTED FATHERS AND
WIDOWERS WITH FAMILIES

Mr. Tucker, pursuant to notice, asked The Minister for Health,—

As it has been announced as Liberal policy, has any consideration been given to providing assistance to deserted or widowed fathers with young families by way of the cost of a housekeeper? If so, with what result?

Answer:—

"The Department of Children's Services assists widowed or deserted fathers by admitting children to care, and arranging for their placement in supervised foster care, family group homes, or in children's institutions. In cases where fathers are unable to work and in receipt of Commonwealth Social Service Benefits but capable of caring for the children, the Director will consider their eligibility for the payment of family assistance. The Government is very conscious of this problem. It must be realised however that while the provision of housekeepers involves economic factors, it also involves emotional and personal factors which may be of equal, if not of greater importance for the physical and mental well-being of the children. The Commonwealth Minister for Social Services, Mr. Wentworth, in a recent Press interview, stated that widowers with families were one section of the population which he hoped to be able to assist as soon as possible."

MAINTENANCE STAFF, PRINCESS
ALEXANDRA HOSPITAL

Mr. Newton, pursuant to notice, asked The Minister for Health,—

In view of the dismissal of two carpenters, two builders' labourers and one electrician from the maintenance staff at the Princess Alexandra Hospital, will he immediately review the position of loan money for maintenance work to avoid further dismissals from this staff?

Answer:—

"I am advised that, apart from one plumber who is at present employed in a temporary capacity only and who will be continued in employment until early in 1970, it is not anticipated there will be any other reduction in the maintenance staff at the Princess Alexandra Hospital."

PUBLICATION, "HOW TO AVOID PROBATE"

Mr. Carey, pursuant to notice, asked The Minister for Justice,—

(1) Has his attention been drawn to a publication entitled *How to Avoid Probate*, attributed to Norman F. Dacey and published by the National Estate Planning Council?

(2) Is the advice contained in this publication valid? If not, will he issue a warning to the public against following these directions without taking legal advice, if necessary, from the Legal Aid Committee?

Answers:—

(1) "Yes."

(2) "The matter has been investigated by the police and no offence is disclosed. There is no information of any value in the publication. It gives no information answering the description of the title. It is published by J. A. & Associates of 58-62 Grey Street, South Brisbane, and is a gimmick to attract enquiries so as to market books on sex. If a person desires to obtain legal advice about probate he should consult his solicitor, not only about his will but to avoid the pitfalls of publications which speak with no authority. A person who acts as his own lawyer has a fool for a client. The public is warned against this type of publication which is a catch to get other business of a doubtful nature."

KARUMBA WATER SUPPLY

Mr. Wallis-Smith, pursuant to notice, asked The Minister for Conservation,—

(1) Has any firm decision been reached on a suitable water supply for Karumba? If so what are the details of the scheme?

(2) Will all residences at Karumba, including those at the mouth of the Norman River, be served by the scheme?

(3) Will all prawn-processing works be supplied?

(4) When is it expected that the scheme will be completed?

Answer:—

"In regard to Items (1) to (4) of the Question, on September 4 in Answer to a similar Question, the Honourable Member was informed that investigations have shown that the only practicable arrangement for supply of potable water for Karumba is a scheme to pipe supply from the Norman River upstream of Normanton to Karumba. Such a scheme is estimated to cost some \$1,400,000. In view of the difficulty of providing such a scheme from State funds, the Government has requested Commonwealth financial assistance for provision of this supply. No reply has yet been received from the Commonwealth Government on this request. The proposed scheme would be adequate to cope with existing and new works at Karumba'. It is assumed that this request is still under consideration by the Commonwealth Government. The Honourable Member is further informed that reticulation of available supply from the Artesian Bore suitable for laundry and

ablation purposes is approaching completion. This reticulation includes service to residences near the mouth of the Norman River. In addition a detailed survey has been made of the proposed pipeline from upstream of Normanton to Karumba."

ACADEMIC QUALIFICATIONS OF PRINCIPAL,
QUEENSLAND INSTITUTE OF TECHNOLOGY,
CAPRICORNIA

Mr. Wright, pursuant to notice, asked The Minister for Education,—

With regard to the qualifications of the principal of the Queensland Institute of Technology, Capricornia, as listed in the institute's handbook, namely, "A. Inst.P., A.A.I.P., M.A.T.M., M.B.S.A., F.T.I."—

(1) What is the meaning of these abbreviations?

(2) Are they recognised academic qualifications in Queensland and other States?

Answers:—

(1) "A. Inst.P.—Associate of the Institute of Physics (England); A.A.I.P.—Associate of the Australian Institute of Physics; M.A.T.M.—Member of the Association of Teachers of Management; M.B.S.A.—Member of the British Sociological Association; F.T.I.—Fellow of the Textile Institute (England)."

(2) "Membership of the Institute of Physics and/or the Australian Institute of Physics is recognised as an educational qualification throughout Australia. All are recognised as teaching and/or industrial qualifications in Great Britain. Because some of these professional bodies have a small membership in Queensland, they would not be well known, but they are nevertheless recognised professional associations."

LICENSED INSURERS AND BROKERS

Mr. Wright, pursuant to notice, asked The Minister for Labour and Tourism,—

(1) How many licensed (a) insurers and (b) brokers are operating in Queensland?

(2) How many of these firms are owned (a) wholly Queensland, (b) wholly Australian, (c) partly Australian and (d) wholly foreign?

Answers:—

(1) "(a) In addition to the State Government Insurance Office (Queensland), there are 159 insurers licensed under "The Insurance Acts, 1960 to 1968" to carry on marine and/or general insurance in Queensland. (b) There are 34 brokers licensed to operate in Queensland."

(2) "(a to d) This information is not known."

CONTROL OF "OPUNTIA INERMIS" PRICKLY
PEAR BY CACTOBLASTIS

Mr. Wright, pursuant to notice, asked The Minister for Lands,—

(1) Is he aware of the concern being expressed by many landholders that the density of *Opuntia* prickly pear is on the increase in Queensland and that there has been a decline in the effectiveness of *Cactoblastis* in controlling this noxious plant?

(2) (a) Is prickly pear increasing in this State and (b) has there been a decline in the effectiveness of *Cactoblastis*? If so, what action is being taken by his Department to combat this problem?

Answers:—

(1) "I am aware of and also have been concerned by reports that the common pest pear *Opuntia inermis* is on the increase and that *Cactoblastis* has not been present in sufficient numbers to control the new growth."

(2) "(a) Prickly pear grows quite well during dry weather and in the absence of grass and other vegetation the seedlings develop without competition and are more noticeable than if normal ground cover is present. (b) There has been no decline in the effectiveness of *Cactoblastis* in controlling the common pest pear, but officers of my Department have long been aware that the insect does not do well under drought conditions when the larvae are open to attack by numerous predators. Almost all of the reports of the absence of this insect in various localities have been investigated and it has been found that the position is better than was at first believed. *Cactoblastis* eggs are being collected by the Biological Section of my Department and to date about 200,000 have been distributed to landholders who have reported the presence of pear and the absence of the insect. This work will proceed until it is known that *Cactoblastis* is again working in all areas where pear has re-appeared."

SOLICITOR KANE'S LETTERS TO COMMISSIONER FOR RAILWAYS ABOUT
FIREMEN WILLADSEN AND POWELL

Mr. Bousen, pursuant to notice, asked The Minister for Transport,—

(1) Did the Commissioner for Railways receive two letters from Mr. Myles Kane, solicitor, concerning two firemen named Willadsen and Powell, who were dealt with by the Commissioner? If so, were the letters dated February 2 and April 5, 1968?

(2) Will he arrange with the Commissioner to supply Mr. Kane with an answer to these letters?

Answer:—

(1 and 2) "A letter dated February 2, 1968, was received by the Railway Department and acknowledged. There was a follow-up letter dated April 5, 1968. No further communication has been received from the solicitor in the interim. The secretary of the Department will write to him."

WEEK-END SALE OF SECOND-HAND MOTOR VEHICLES

Mr. Bennett, pursuant to notice, asked The Minister for Labour and Tourism,—

(1) Is any legislation in force that prohibits the sale of second-hand motor vehicles during week-ends? If so, what is the maximum penalty in relation to such sales?

(2) If there is a law forbidding these sales, is it policed and, if so, by whom?

(3) How many prosecutions were launched for this offence in the twelve months ended September 30, 1969?

Answers:—

(1) "Yes. The penalties are.—First offence—minimum \$10, maximum \$100; second and subsequent offences—minimum \$20, maximum \$200."

(2) "Yes, by Industrial Inspectors."

(3) "Nine, and five other prosecutions have been set down for hearing."

SEX EDUCATION IN SCHOOLS

Mr. Bennett, pursuant to notice, asked The Minister for Education,—

(1) Has he been following the present controversy on sex education in schools?

(2) In view of the general body of psychiatric opinion that sex education in schools is harmful and causes teenage delinquency, what is the present attitude of his Department?

(3) Is it proposed to make any changes?

Answers:—

(1) "I am aware of recent published statements on sex education in schools."

(2) "My Department does not favour the introduction of a specific course on sex education."

(3) "No changes are proposed at present in order to make provision for this type of instruction."

WOLFRAM DEPOSITS ON MOA (BANKS) ISLAND

Mr. B. Wood, pursuant to notice, asked The Minister for Conservation,—

(1) Is he aware of the extent of wolfram deposits on Banks Island? If so, what information is available?

(2) Is he aware of the amount of wolfram that has been mined to date and, if so, what is the quantity?

(3) What companies have made any approach to his Department regarding mining the deposits?

(4) What was the purpose of the proclamation gazetted over Banks and Mulgrave Islands, reserving them under section 23A of the Mining Act?

(5) Have approaches been made by the Island Mining Co-operative and Mr. J. L. Jones regarding mining?

(6) Why have requests by this company for access to Banks Island been refused?

Answers:—

(1 and 2) "Wolfram deposits occur on Moa (Banks) Island, which occurrences have been documented in the *Queensland Mining Journals* of August 1944; September 1951; and December, 1953. There has been no drilling or exploratory shaft work and consequently no assessment of the extent of the deposits. The deposits have been worked on a 'gouger' basis by Torres Strait Islanders resident on the Moa Island Torres Strait Reserve and from other Reserves. Permissive access has been given from time to time to some residents of the Reserve for Pacific Islanders who are not assisted Torres Strait Islanders and who have no legal right of access to or residence on the Reserve. These small mining efforts have been spread over a period of some 30 years and no accurate records are available of the quantity of Wolfram won."

(3) "In recent times—Up to April 23, 1969—(i) Peter Eric Gauld; (ii) Consolidated Mining Industries Limited; (iii) Antelope Queensland Pty. Ltd.; (iv) Roland Cantley, Civic Hotel, Canberra; (v) Silver Valley Uranium N.L.; (vi) Geophoto Resources, Consultants. Subsequent to April 23, 1969—(i) Torres Strait Mining Co-op.; (ii) Island Mining Company; (iii) Mr. Norman Hunter; (iv) United Uranium N.L. In addition there have been some telephone inquirers, each of whom has been invited to submit written application."

(4) "A Proclamation was issued on April 3, 1969, published in *Gazette* No. 48 of April 5, pages 1140-41, under "The Mining Acts, 1898 to 1967", thus reserving the areas from general application of the Mining Acts, in addition to reservations already provided in terms of "The Aborigines and Torres Strait Islanders' Affairs Acts, 1965 to 1967".

(5 and 6) "As indicated earlier, an approach was made on behalf of Torres Strait Mining Co-op. by telegram, indicating four Directors formerly residents of the Reserve for Pacific Islanders and one former resident of Badu Island, seeking permission to send Mining Consultant to

Banks Island, which was not approved by Director. When the approach for access to Banks Island Reserve was not approved, a Mr. J. L. Jones and a Mr. P. Bethel entered the Reserve and subsequently were charged with entering a Reserve without authority. Bethel pleaded 'Guilty' and Jones pleaded 'Not Guilty', but both were convicted by the Court of Petty Sessions at Thursday Island. I feel it prudent to inform the Honourable Member that a meeting of some people was held at the Federal Hotel, Thursday Island, when some decision was reached to form a syndicate to mine minerals on Banks Island, ignoring of course, the fact that Banks Island is a Reserve for Torres Strait Islanders. A document was completed under date July 12, 1969, between a group styling themselves 'Torres Strait Mining Co-operative Limited' and 'Island Mining Company', whereby the 'Island Mining Company' undertakes to manage and administer mining operations on Banks Island for Torres Strait Islanders. Up to October 27 there is no record in the Registrar of Companies office, Brisbane, of this Co-operative having made application for registration. Relevant clauses are—Island Mining Company will arrange sales of minerals, supply technical officers and finance to set up the initial operation, but after surveys are complete determination would proceed to the extent both parties would be required to provide finance. A significant clause is that the 'Co-operative' and 'Island Mining Company' would each receive 50 per cent. of profits after expenses deducted. This agreement was signed by J. L. Jones as Director, Island Mining Company and five persons as Directors of Torres Strait Mining Co-operative Limited, none of whom have any rights whatsoever over minerals on Banks Island. Inquiries indicate that John Lee Jones is also the sole owner of 'Island Mining Company', which is registered at Cairns under "*The Business Names Acts, 1962 to 1965.*" A Torres Strait Islander who is Chairman of Kubin is also a signatory as 'Director of the Torres Strait Mining Co-operative'; however, I have seen a statement written by this man which includes the following—"I'll give them a cup of tea. They stay with me 15 minutes and then they sail away to Thursday Island so Mr. Jones Jones tells me to sign my name as a Director of Co-operative for Mining. I did sign as a Director so no permission was granted by me to landed Banks Island. I sign because I was told to do so by Mr. Jones Jones'. Mr. J. L. Jones, who also describes himself as Manager of Coral Reef Sea Foods Limited, again a registered business name—sole owner John Lee Jones, has endeavoured to negotiate the use of Torres Strait Islander-owned vessels to produce beche-de-mer, but has avoided declaring to the Department a banker's reference and other business references. I must point out that

the Wolfram deposits on Banks (Moa) Island are within the area reserved for the benefit of assisted Torres Strait Islanders, the deposits were discovered by the Torres Strait Islanders, they have been intermittently worked by the Torres Strait Islanders for many years, and I have no intention of allowing the deposits to be exploited to the disadvantage of the Islanders."

COURSES IN BUSINESS ADMINISTRATION

Mr. Hanson, pursuant to notice, asked The Minister for Education,—

(1) Apart from the faculty of commerce and the opportunity to obtain an economics degree and allied diploma courses at the University and institutions of tertiary education, what facilities are available to young people to participate in a comprehensive specialist course in business administration?

(2) Have any approaches been made to the Government by industry leaders to have a school of business administration instituted in this State and has there been any discussion between him and industry leaders towards this end?

Answers:—

(1) "The Queensland Institutes of Technology in Brisbane, Capricornia and Darling Downs, offer either full-time (two years) or part-time (four years) certificate courses in Business Studies followed by a two-year part-time course to complete an advanced Commercial Certificate. Technical Colleges and the Technical Correspondence School offer a range of courses for a lower standard of management training."

(2) "No. The Technical Education Advisory Council on the recommendation of its Business Studies Committee was responsible in 1965, for advising the Minister for Education to establish a School of Business Studies in each of the Queensland Institutes of Technology. This Committee has representatives from industry and commerce. The Queensland Institute of Technology, Brisbane, offers—
(a) A full-time and a part-time Associate Diploma Course in Business Administration; (b) A full-time and a part-time Associate Diploma Course in Public Administration; and (c) A part-time Diploma Course in Business Administration for persons holding a tertiary qualification in a field other than Business Studies."

LUNCH ROOM, CAIRNS CENTRAL STATE PRIMARY SCHOOL

Mr. R. Jones, pursuant to notice, asked The Minister for Works,—

(1) Are lunch rooms and/or tuck-shops provided in new schools accepted as a total State responsibility?

(2) If so, why is the parents and citizens' association at the Cairns Central State Primary School required to meet costs, under the subsidy scheme, of ceiling and painting the tuck-shop?

Answers:—

(1) "The fabric of a lunch room is provided, as a total State responsibility, at new State primary schools where the enrolment is expected to exceed 300 pupils. However, in these cases, the provision of the necessary equipment, fittings and utensils is the full responsibility of the parents and citizens' association and no subsidy assistance is available on the cost thereof."

(2) "The parents and citizens' association of the Cairns Central State Primary School is required to undertake additions and improvements to the lunch room under the School Improvement Subsidy Scheme because subsidy assistance has previously been granted for the lunch room facilities and equipment already at the school."

METROPOLITAN FIRE BRIGADES BOARD'S OPPOSITION TO REGISTRATION OF UNITED FIREFIGHTERS UNION

Mr. Dean, pursuant to notice, asked The Minister for Labour and Tourism,—

(i) Is the Metropolitan Fire Brigades Board (a) a member of the Commonwealth Fire Boards Association and (b) a member of the Queensland Country Fire Boards Employers Union?

(2) Has the Board been associated with any Court actions against Commonwealth fire-fighters amalgamating in their own Union? If so, how much has the Board contributed to the cost of such Court actions and what percentage is this amount of the total Commonwealth outlay in this regard?

(3) Is any further Court action contemplated and, if so, what amount has been budgeted by the Board for this purpose?

Answers:—

(1) "(a) There is no such organisation as the Commonwealth Fire Boards Association. There is an Association of State Fire Authorities entitled the 'Australian Assembly of Fire Authorities'. The Metropolitan Fire Brigades Board is a member of this Assembly. (b) The Metropolitan Fire Brigades Board is an Associate Member of a registered State Union of Employers, entitled 'The Queensland Country Fire Brigade Board's Union of Employers'."

(2) "Together with all other major Australian Fire Authorities, The Australian Workers' Union and other sundry commercial organisations, the Metropolitan Fire Brigades Board has opposed the Federal registration of the United Firefighters

Union as an Industrial Union of employees. Since the initial application by the United Firefighters Union for Federal registration, the Metropolitan Fire Brigades Board has outlaid an amount of \$5,991.01 over a period of six years as its share of the costs associated with the opposition by the Fire Authorities to registration of this organisation in the Federal sphere. This outlay represents 11.54 per cent. of this cost."

(3) "At present, the decision of the Commonwealth Industrial Conciliation and Arbitration Commission to register the United Firefighters' Union is subject to an appeal to the High Court of Australia. No separate amount has been budgeted for by the Board in the current year as these costs cannot be predetermined. However, in the light of previous years' expenditure, a provision considered to be sufficient has been made to cover all legal expenses necessary for the operations of the Board."

APPOINTMENTS BY STATE FIRE SERVICES COUNCIL

Mr. Dean, pursuant to notice, asked The Minister for Labour and Tourism,—

During the past twelve months, has the State Fire Services Council made any appointments to officer rank from outside Queensland's Fire Services? If so, how many and why were these preferred to Queensland-trained men?

Answer:—

"Approval has been given to the appointment of one Fire Services Inspector and two country brigade officers as their qualifications and experience were considered more suitable than those of applicants from within the Queensland Fire Service. The country officer appointments were approved on the recommendation of the respective Boards. In its annual report recently presented to Parliament, the State Fire Services Council expressed its concern at the lack of suitable Queensland applicants for the position of Inspector of Fire Services."

PAPERS

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

Reports—

Public Service Board, for the year 1968-69.

Public Service Superannuation Board, for the year 1968-69.

Commissioner of Main Roads, for the year 1968-69.

Comptroller-General of Prisons, for the year 1968-69.

Commissioner for Railways, for the year 1968-69.

The following papers were laid on the table:—

Orders in Council under—

The Harbours Acts, 1955 to 1968.

Water Act 1926-1968.

The City of Brisbane Acts, 1924 to 1967.

Regulation under the Health Act 1937-1968.

FORM OF QUESTIONS

Mr. TUCKER (Townsville North) proceeding to give notice of a question—

Mr. SPEAKER: Order! That question has already been answered.

Mr. Bromley: We are entitled to get the information in the House, not from the Press.

Mr. TUCKER having completed notice of the question—

Mr. SPEAKER: Order! I have previously ruled that an hon. member cannot demand an answer to a question; neither can he dictate the answer he shall get. A question regarding a recess has already been answered by the Premier.

Mr. TUCKER: Where is the answer?

Mr. SPEAKER: A question on similar lines was posed previously.

Mr. TUCKER: Where was it asked?

Mr. SPEAKER: Order! The hon. member asked a previous question relative to the adjournment of the House.

Mr. TUCKER: And I was told I would be informed at the appropriate time.

Mr. SPEAKER: Order! The hon. member was given an answer to his question. He is now asking a supplementary question. I repeat that an hon. member cannot dictate what type of answer he shall get to a question.

Mr. TUCKER: I think his action is completely discourteous to this House.

Mr. SPEAKER: Order! I will have a look at the question.

Mr. Davies: If the House is going to adjourn for a week, the people should be told.

Mr. SPEAKER: Order! I will look at the hon. member's question. In its present form it contains far too much verbiage to be acceptable.

Mr. JENSEN (Bundaberg) proceeding to give notice of a question—

Mr. SPEAKER: Order! That part of the question is not in order.

Mr. JENSEN: I will leave that part out.

Mr. SPEAKER: It will certainly be left out.

Mr. JENSEN having completed notice of the question—

Mr. SPEAKER: Order! The question contains other unnecessary comments. I shall have a look at it.

Mr. HANSON (Port Curtis) proceeding to give notice of a question—

Mr. SPEAKER: Order! Is the hon. member asking a question or making a statement?

Mr. HANSON: It is a very pertinent question.

Mr. SPEAKER: Order! It contains far more information than is necessary. I shall have a look at it.

CHIROPODISTS BILL

THIRD READING

Bill, on motion of Mr. Tooth, read a third time.

SUPPLY

RESUMPTION OF COMMITTEE—ESTIMATES—
FIRST AND SECOND ALLOTTED DAYS

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

ESTIMATES-IN-CHIEF, 1968-69

DEPARTMENT OF HEALTH

CHIEF OFFICE

Hon. S. D. TOOTH (Ashgrove—Minister for Health) (11.44 a.m.): I move—

“That \$4,748,321 be granted for ‘Department of Health—Chief Office.’”

This appropriation is the amount required for the administrative and medical sections of my department. It is \$715,185 in excess of the approved allocation for 1968-69 and \$807,288 greater than the actual expenditure for that year, the latter amount being made up of \$384,560 for salaries and \$422,728 for contingencies.

The increase of \$384,560 for salaries is due mainly to—

Increased commitments resulting from award increases;

The payment of a full year's salary to new appointees who received less than a full year's salary in 1968-69; and

Provision for a net increase of 27 in the staff of the various sections covered by the Chief Office vote, the main component being an increase of 24 in the various medical sections of the department.

TECHNICAL ADMINISTRATION BRANCH
(ENGINEERING)

This year we have provided for an increase of two officers in our engineering section, giving an effective strength of five. It is becoming increasingly evident that more

regular and periodic inspections by our technical engineering staff ought to be made at our hospitals and institutions. Hospitals, in keeping with current developments, are replacing items of equipment with modern-day apparatus—oil-fired automatic burners in lieu of solid-fuel types, automatic refrigerated X-ray developing units in lieu of still-water types, high-pressure sterilisers in lieu of boiling-water units, liquid petroleum gas ranges in lieu of slow-combustion coke fuel units, and so on. In addition, all new hospital buildings and nurses' quarters, where considered necessary, are being air conditioned or air cooled with evaporative cooling plants. Steam plants and reticulated hot water systems are constantly being updated. All this spells out large capital outlay. We propose periodical inspections to protect this capital. Let me say that departmental staff activity will in no way supplant the maintenance contracts into which boards may have entered with local contractors for maintenance service.

AUTOMATIC DATA PROCESSING—HOSPITALS

Provision has been made also for a team of five full-time officers to constitute a planning group to study and to report on the introduction of automatic data processing equipment into our public hospitals. A policy committee, comprising senior officers of the Department of Health, the Public Service Board, the South Brisbane, North Brisbane and Chermiside Hospitals Boards, the Mater Hospital authorities, the Treasury computer installation and the Main Roads Commission computer installation, has been functioning for over 18 months.

The full-time planning group of five, with its leader, Mr. O'Connell, who is an experienced systems officer, has been operating since the beginning of this financial year. Not only has the policy committee given consideration to what may be described as the "bread and butter" lines of computerisation, such as payrolls and group taxation, but its activities have extended to the more complex areas of the hospital.

The Physicists Department of the Queensland Radium Institute will install equipment which will calculate radiation doses through the Queensland University computer installation by means of an on-line terminal facility. The newly created Department of Nuclear Medicine—a diagnostic department—will be equipped with a data-processing unit (electronic calculator). The mammoth manufacturing dispensary at the Royal Brisbane Hospital—a business with a turnover in excess of \$3,000,000 per annum—will be installing an electronic accounting machine with paper tape output for use with the Treasury computer installation.

The policy committee has supported a recommendation submitted to the Health Ministers' conference in Adelaide that a national medical services computer committee be established. State officers will

be attending a conference next month in Sydney, comprising officers of the Commonwealth and State Governments, to formally constitute the committee and establish how it is to function. We support wholeheartedly the principle that there should be a free and complete exchange of information between the States and the Commonwealth in this field of hospital computerisation, leading in time no doubt to the sophisticated use of computers for patient monitoring. We intend to play our part in this development.

COMPREHENSIVE PROGRAMME—CARE OF THE AGED

Included for the first time in our Health and Medical Section is provision for a staff of 12 to launch the new comprehensive programme for the care of the aged. The staff comprises two doctors, two social workers, two organisers and six supervisors for the home care service. The new programme will provide for the development of services to aged citizens in their homes in co-operation with the services already being provided by the community.

Initially, community home care services will be set up in the metropolitan area, one at Fortitude Valley and one at South Brisbane, as a pilot scheme. Each centre will be staffed by a medical officer, a social worker, three supervisors, an organiser of home helps and a staff of part-time home helps. Elderly people who require some form of assistance in their homes will be seen by the staff of the Community Home Care Service on referral from their local doctor or from a hospital doctor, and an assessment will be made of what is required to help them live better in their own homes.

The State Health Department will be providing, for the first time, a home help service if such assistance is indicated. It is hoped to be able to provide better care for the elderly living at home and to co-ordinate the efforts of the voluntary organisations already assisting aged people at the present time. The service to be provided, which will be under the control of the Division of Geriatrics, will supplement already established services and is considered to be a major advance in the provision of care for the aged. It is expected that further centres will be developed until a comprehensive home care programme is available on a State-wide basis. Plans for the introduction of this service are well advanced, and a start is expected to be made next month. Initially, the cost of the scheme will be met by the Commonwealth and the State on a \$1-for-\$1 basis. Special allocation of \$46,000 is provided for the establishment of the first two home care centres during 1969-70.

It is also proposed to finance the establishment of senior citizens' centres as part of the development of the co-ordinated home care programme for the elderly and disabled. Capital construction costs of approved projects will be subsidised up to a maximum of

one-third of the cost from State Government loan funds and a similar amount from the Commonwealth Government. The remaining third is a matter for community or local government effort. The estimated expenditure on this development during 1969-70 is \$40,000.

Mr. P. Wood: What services will be provided at those centres?

Mr. TOOTH: I have discussed two divisions. Is the hon. member referring to the places for the elderly?

Mr. P. Wood: Yes.

Mr. TOOTH: The services will be entirely up to the people who run those centres. All we do is provide a third of the cost, the Commonwealth provides a third, and local effort provides the remaining third. The local committee controlling each centre will decide the extent of the services to be provided at that centre. The Commonwealth will underwrite the cost of the social workers at those homes.

DIVISION OF GERIATRICS

I should like to make special mention of the work being done by my department in this very important field of the care of the aged in the community. It is the particular concern of the Division of Geriatrics, under its director, Dr. M. Cheong, who has established his headquarters at the geriatric unit at the Princess Alexandra Hospital. This unit comprises an in-patient section of 128 assessment and rehabilitation beds and a day hospital caring for approximately 50 patients per day. In addition, the unit has direct access to 72 long-stay beds within the hospital complex. The unit is fully staffed and equipped to provide an efficient paramedical service, which includes physiotherapy, occupational therapy, speech therapy, and the services of medical social workers.

The medical staff of the Division of Geriatrics provides an advisory consultative service to patients at "Eventide", Sandgate and the long-stay wards of the Chermiside Hospital. The public health nurses of this division are continuing to provide consultative nursing advice to patients in their homes, and the social workers continue to maintain an advisory and case-work service to the elderly living in the community in the metropolitan area of Brisbane.

TECHNICAL ADVISER (RADIATION)—

DIVISION OF INDUSTRIAL MEDICINE

Under the subdepartment of the Division of Industrial Medicine there has been created a new position entitled Technical Adviser (Radiation). The capital value of X-ray equipment throughout Queensland in our State public hospitals would be worth many hundreds of thousands of dollars. Each year the cost of providing films, chemicals and allied equipment would also aggregate a very considerable amount of money. The major

role that will be played by this new appointee will be to visit all hospital X-ray installations and to report to their condition, their efficiency and their safety. We intend to update existing equipment and to remove any obsolescent units.

This officer will also play an important role in advising operators in our smaller hospitals in the techniques of operating the X-ray units and in the processing of films. Hon. members are aware that in our smaller hospitals it is not possible to employ qualified radiographers, and, indeed, the work volume would not justify, on an economical basis, their employment. And so it is that we have matrons, sisters and other members of the staff, under the supervision of the medical superintendent, operating X-ray machines in simple procedures. It is our hope that, once this officer organises his programme on a permanent basis, not only will our equipment be assured of regular efficient maintenance but in addition the quality of our films should be enhanced considerably.

CONTINGENCIES—CHIEF OFFICE

Turning to contingencies, it will be noted that there is an increase this year of \$422,728. This has been necessary principally for the following major items:—

(a) An anticipated increase in the number of supernumerary medical officer postings required for newly graduated doctors;

(b) A special allocation of \$46,000 for the establishment and maintenance of home care centres for the aged;

(c) The cost of new equipment for the Laboratory of Microbiology and Pathology, the Government Chemical Laboratory, the Institute of Medical Research and the Division of Air Pollution Control;

(d) The granting of additional social service scholarships in medicine, dentistry and speech therapy.

GOVERNMENT CHEMICAL LABORATORY

I want to draw particularly to the notice of hon. members the appropriation made under medical contingencies for the Government Chemical Laboratory, which provides a chemical analytical and advisory service to other Government departments in Queensland and to some Commonwealth departments. These services will continue to be provided in the current financial year.

In addition, the facilities of the laboratory are being extended by the establishment of an up-to-date spectrographical laboratory which will be provided with equipment designed primarily to enable it to provide comprehensive analyses for the Department of Mines in its assessment of the mineral wealth of Queensland. An amount of \$155,000 will be required during 1969-70 for additional equipment, and special provision has been made for this amount.

I should like to apprise hon. members of the recent acquisition by the Government Chemical Laboratory of a piece of equipment which places it in the forefront of research into the incidence of silicosis hazards in mines. This is a Talbot diffraction size analyser, newly developed in South Africa for dust sampling in mines and for related investigations into industrial hygiene situations. The unit imported from South Africa for our laboratory was the first sold outside the country of origin.

In order to ensure trouble-free assembly, operation and servicing of the analyser, a senior chemist of this department was sent to South Africa by air for a period of three weeks to study in the company's laboratories, and also to undertake a practical appreciation of mines dust, mines ventilation and other industrial hygiene problems of interest to Queensland. The cost of the analyser was \$17,810.

Major equipment for which special financial provision is allowed by the Treasurer includes an emit spectrograph and ancillary equipment which is to cost \$72,000, and an XRF spectrograph costing \$60,000. I am sure that it will give hon. members considerable satisfaction to know that the Government Chemical Laboratory is keeping abreast of developments in a matter of such great importance to the State as the safe exploitation of our mineral resources.

DIVISION OF AIR POLLUTION CONTROL

Honourable members will notice that the costs of the Division of Air Pollution Control are shown separately for the first time this year in the printed Estimates. In fact, the Clean Air Act provides for the establishment of an Air Pollution Trust Fund by the Treasury. Licence fees prescribed by the regulations under the Act were first levied in 1968-69 and the fund was established on 1 July 1969 by transfer of the total fees collected to that date from Consolidated Revenue to the Trust Fund. A grant of \$61,660 is being made to bridge the gap between estimated expenditure and estimated receipts. Total expenditure of \$84,526 is shown on page 97 of the Estimates.

The function of the Division of Air Pollution Control is to carry out the provisions of the Clean Air Act of 1963 and the Clean Air Regulations of 1968, to suggest further legislation where necessary, and to provide an advisory service to industry on air pollution matters. The Director of Air Pollution Control took up his appointment in August 1965, since when further staff appointments have been made. The new headquarters building of the division in Adelaide Street was officially opened on 29 March 1968. This air pollution centre is self-contained, comprising both offices and laboratories, and certainly ranks with the best in Australia.

A systematic survey of air pollution is being carried out and there are now some 30 air pollution monitoring stations established in Brisbane and Ipswich. A survey of industry is also in progress whereby the performance of each firm can be assessed and air pollution control measures discussed if these are necessary.

Members of the Senate Select Committee on Air Pollution who visited Queensland recently were much impressed with our progress in dealing with air pollution problems. They were also very impressed by the simplicity of our administrative arrangements whereby the Act is implemented by an Air Pollution Council responsible to the Minister, the director being responsible only to the council and to the Minister.

Mr. Bennett: How many are employed in the Division of Air Pollution Control?

Mr. TOOTH: The hon. member can find that by looking at the relevant column in the Estimates.

Co-operation between industry and the division has been a most helpful feature of our clean air programme. All the heavier industries in Brisbane and Ipswich have been licensed in accordance with the Clean Air Regulations of 1968. While the adoption by industry of the measures laid down in the Clean Air Regulations of 1968 in respect of stationary sources of pollution is under way, attention is being increasingly devoted to the problem presented by motor vehicles, both petrol-driven and diesel-driven. Draft legislation in respect of motor-cars is under consideration by the Air Pollution Council of Queensland.

The Division of Air Pollution Control is still undergoing a great deal of "tooling up" to provide the advisory services which industry throughout Queensland has come to expect in endeavouring to meet and adhere to the requirements of the Clean Air Act and regulations. As a result, additional equipment is sought for the laboratories during the 1969-70 financial year.

The difficulties experienced in recruiting suitable engineering staff have impeded the development of advisory services to industry. However, it is anticipated that the three vacancies (for two air pollution control engineers and one inspector) will be filled during the course of the year. One engineer has been appointed, although he has yet to take up duty, and the appointment of an inspector has been recommended.

LABORATORY OF MICROBIOLOGY AND PATHOLOGY

Increasing demands are being made for the diagnostic services provided by the Laboratory of Microbiology and Pathology, employing a staff of 69 personnel. The virology laboratory is the only diagnostic laboratory for virus diseases in the State. A number of research projects are being undertaken and 12 scientific papers have been

published during the year. Coronial autopsies are carried out for the whole of the metropolitan area by medical officers attached to the laboratory staff and during the past year 990 autopsies were performed. A special allocation of \$11,000 has been provided by the Treasury this year for new equipment, including an auto-analyser module and kits to convert the existing unit in the biochemistry section to a double-channel machine. This will cost \$3,500. Also to be purchased are an electronic calculator, a haemoglobinometer to measure haemoglobin to levels directly from a sample of blood, a coulter counter costing \$3,500 which automatically counts red or white cells in a sample of blood, and a microtome cryostat which is required for investigation of liver pathology of traffic accident victims in correlation with blood alcohol levels.

INSPECTORIAL DIVISION—HEALTH AND MEDICAL

A very active division of the department's health services is the inspectorial division, particularly the section of food inspection and the section of environmental sanitation. Fifty-eight inspectors are employed over all. The food inspection section is concerned with administering the State's food standards and generally with matters pertaining to the hygienic manufacture and distribution of food for sale. In addition to the relative provisions of the Health Act and the Food and Drug Regulations, the section administers the Health (Food Supply) Regulations and the Milksellers Regulations, and acts in an advisory and supervisory capacity in the implementation of the Cafe Regulations and Health (Food Hygiene) Regulations by the various local authorities throughout the State.

These duties include the sampling of food and inspections at all stages of food manufacture, storage, distribution and sale. Testing of liquor and policing of the "clean glass rule" also receive attention.

The Chief Inspector of Foods is the State representative on the Foods Standards Committee of the National Health and Medical Research Council, and through representation on this committee assists in the promulgation of uniform food standards. During the past 15 months he has attended five interstate meetings of the Food Standards Committee of the National Health and Medical Research Council. Several draft food standards at various stages of completion are under consideration.

Headquarters (Brisbane) staff has a normal complement of three chief inspectors, three senior inspectors, 17 inspectors and 11 cadets plus two inspectors at the Metropolitan Fish Markets.

In the country, the section shares with the sections of environmental sanitation and drugs and poisons the services of the district health inspectors stationed at Toowoomba, Mackay, Bundaberg, Rockhampton, Townsville and Cairns.

The section of environmental sanitation is responsible for collating, for the information of the Director-General, statistical data on health services carried out by local authorities throughout the State, and evaluating the data so that the Director-General's attention might be drawn to any deterioration in standards of environmental sanitation which warrant remedial action being taken. This information is drawn from compulsory reports submitted by the local-authority administration, the health inspector and the medical officer of health, complemented by sanitation surveys carried out by inspectors of the State Health Department in all local-authority areas of the State at least once each year.

Mr. Bromley: When are you going to tell us something about the overcrowding and waiting at casualty departments?

The CHAIRMAN: Order! The Chamber will not be overcrowded if the hon. member continues to interject.

Mr. TOOTH: In addition, the section controls the enforcement of the requirements of section 124 of the Health Act relating to lead toys, and section 127 relating to lead paint and hookworm control activities in Northern Queensland.

It also advises local authorities and their staff on sanitation problems, investigates complaints from the public, and supervises the work of health inspectors employed on Aboriginal settlements and mission stations throughout the State.

The scope of activity outlined has been actively carried out to the full during the past year, except where staffing difficulties in certain provincial cities have led to some curtailment in the number of supervisory visits made to local authorities. The position will be relieved if three cadets who sit for their qualifying examination early in December, 1969, are successful and remain in the service of the department.

HOSPITALS

The proposed contribution to the Hospital Administration Trust Fund from Consolidated Revenue for 1969-70 is \$30,311,651, an increase of \$710,663 over the actual contribution from the previous financial year. The total actual expenditure of 58 hospitals boards controlling 134 hospitals and 24 out-patient centres was \$49,698,359, and the expenditure on 30 other hospitals and institutions was \$2,572,845, making a grand total of \$52,271,204 during 1968-69. This was \$1,863,993 over the estimate for the year, the amount being made up of—

Excess contribution from	\$
Consolidated Revenue ..	1,878,419
Less savings from other hospitals	14,426
	<u>\$1,863,993</u>

Mr. Bennett: Tell us why you are setting out to destroy the free hospitalisation scheme.

Mr. TOOTH: I might have something to say about that later, and the positively scandalous propaganda engaged in recently.

The sources of income for the maintenance of State public hospitals during 1968-69, excluding the operations of the manufacturing dispensary, were as follows:—

	\$
Commonwealth Government	9,542,574
Hospitals boards, through the private and intermediate ward charges and ancillary services ..	5,004,806
State Government	32,189,479
	<hr/>
Total maintenance, including interest and redemption	\$46,736,859

The estimated expenditure for 1969-70 by hospitals boards is \$53,175,580, which is \$3,477,221 in excess of actual expenditure last year, an increase of 7 per cent. As against this, income from sources other than Consolidated Revenue is expected to rise by \$1,999,908 to \$22,863,929, leaving \$30,311,651 to be found from revenue, an increase of 2.4 per cent. over the previous year's contribution.

A major item in the increased cost of running our hospitals is the escalation in the wages bill from \$28,714,708 expended in 1968-69 to \$30,571,188 estimated for 1969-70, an increase of \$1,856,480, or 6.46 per cent. The increase is due mainly to the following factors:—

Award variations approved in 1968-69;

Allowance for a full year's pay for new staff who received less than a full year's pay in 1968-69, the year in which they were appointed;

Staff for new projects—Block 8, Royal Brisbane Hospital, Mt. Isa, and Gatton;

Additional staff to allow nurses' lectures to be given in employer's time; and

Allowance for employment of fuller staff complement in 1969-70.

Other major items of hospital expenditure provided for are an increase of \$300,000 on the 1968-69 appropriation for drugs to allow for an anticipated further increase in the usage of the more expensive drugs; an allocation of \$32,000 for completion of the renal transplant unit at Princess Alexandra Hospital and a special allocation of \$100,000 for purchase of major items of medical and other equipment and furniture. As I said earlier, the total estimated expenditure on State controlled public hospitals for 1969-70 is \$53,175,580. The Hospital Administration Trust Fund operates on the principle that the difference between expenditure from the fund and receipts and collections

paid into the fund is met from Consolidated Revenue, and the Treasury collections this year into the fund are expected to be—
\$

(a) From the Commonwealth by way of hospital and nursing home benefits, pharmaceutical benefits and tuberculosis recovery	10,635,379
(b) Collections from hospitals—patients payments for hospital fees	5,105,000
(c) Collections into the Manufacturing Dispensary—Sale of Drugs	3,388,900
(d) Hospital, Motherhood and Child Welfare A/c (Golden Casket)	2,950,000

It is a source of some satisfaction to hon. members, I am sure, that the first renal transplant operation in Queensland has recently been performed at Princess Alexandra Hospital. This is a logical development following the establishment of a renal dialysis unit at the hospital to treat by means of the artificial kidney machine patients suffering from terminal kidney failure, as it offers patients the chance of escape from intermittent haemodialysis and a possible return to normal life. It has been estimated that the number of kidney transplants likely to be performed at Princess Alexandra Hospital is 20 a year, whilst the unit is equipped to cater for a maximum of 30 to 35 transplants a year.

The surgical team at the cardiac unit at Chermiside Hospital is continuing to perform the cardiac surgical techniques, including heart valve replacements and hole-in-the-heart operations. Straight hole-in-the-heart bypass operations are performed as routine work by the cardiac team.

Operations for heart valve replacement by the use of animal heart valves are continuing. Apart from medical advantages, the use of this technique means that expensive artificial valves will rarely be needed. This State is fortunate in that Dr. Mark O'Brien, the leader of the cardiac surgical team, is a recognised world authority on the use of animal heart valves as replacements for diseased human heart valves.

The National Heart Foundation of Australia has continued a grant-in-aid to Dr. O'Brien to enable him to carry out cardiac research on animals at the Chermiside Hospital. This grant-in-aid of \$3,500 was first made to Dr. O'Brien in 1968 and has now been repeated.

A National Heart Foundation of Australia Overseas travel grant has also been awarded to Dr. O'Brien. This grant will enable him to observe modern trends and techniques in other cardiac centres around the world. A similar travel grant was awarded to Dr. Graham Nielson, full-time

cardiologist at Chermside Hospital, and Dr. Nielson was overseas for 10 weeks from 2 November, 1968.

Mr. Roland Bishop, electronics technician, was awarded a Churchill fellowship by the Winston Churchill Memorial Trust and was absent from Chermside Hospital for 14 weeks on an overseas study of the latest apparatus and equipment available for cardiac services and surgery.

During the financial year 1968-69, 122 patients had open or bypass cardiac surgery at Chermside Hospital and 80 patients had closed cardiac surgery. Of the 122 open surgery cases, 61 had animal valve replacements and this brought the total number of animal valve replacement cases, as at the end of June, 1969, to 116.

NUCLEAR MEDICINE

The establishment of a nuclear medicine department at Royal Brisbane Hospital, to be regarded in the first instance as part of the Queensland Radium Institute is a recent development.

This department will use radioactive substances in the diagnosis and management of diseases in man. As a diagnostic tool, nuclear medicine can supply new data not available by other methods, or data which can only be obtained by more complicated or more dangerous methods.

In September, 1968, Dr. I. H. Buttfield was appointed as physician to head this department. Previously Dr. Buttfield was engaged in specialist work at the Queen Elizabeth Hospital in Adelaide where he was senior medical registrar. He has taken up duty as the head of the nuclear medicine department.

Action has been taken since the appointment of Dr. Buttfield to obtain the highly complex equipment required and it is expected that the department, which has been functioning in a limited capacity up to the present time, will be engaged in a far wider field of medical investigation after new equipment is installed in the near future.

The equipment to be used includes a \$40,000 rectilinear scintillation scanner which will trace radioactive substances within the body. A tender has also been accepted for the supply of a gamma camera costing almost \$59,000. It is a faster scanner which can be used in the diagnosis of conditions in patients unable to lie still for any length of time. The supply of an automatic X-ray developer has been approved and the supply of other less costly items of equipment is also under consideration.

In accordance with Government policy, hospital buildings where necessary are being replaced, remodelled, extended or improved and consequently a very large building programme is presently being undertaken to ensure that the residents of Queensland

receive the best hospital accommodation possible within the financial resources of the State.

Significant major projects completed during the past two financial years approach a total of \$5,000,000 in capital expenditure and include—

Construction of a new hospital at Caloundra which provides 21 beds for public and private general and maternity patients, out-patients' and X-ray departments, operating theatre, nursing staff quarters and essential services at a cost of \$546,356.

A new female ward block providing 14 beds for public and private patients and a six-bed children's ward and ancillary services, an out-patients' administration block incorporating an operating theatre, X-ray department and dispensary at Collinsville Hospital at a cost of \$413,000.

Construction of a new block at Mt. Morgan Hospital providing 19 beds for public and private male patients, nine beds for children, operating theatre, out-patients' and X-ray departments, administration section and ancillary services and remodelling and renovation of the maternity block to provide 18 beds for public and private general female patients and 12 beds for maternity patients at a cost of \$542,000.

Mr. Hanson: On whose representations?

Mr. TOOTH: We look after the hon. member in many ways. To continue—

A new ward block and nurses' quarters, extensions to kitchen, laundry and boiler house, at Southport Hospital. The new ward provides 21 beds for public and private patients and a 12-bed children's ward and the nurses' quarters provides 21 single bedrooms for nurses and a matron's suite. The total cost of the project was \$566,000.

A new out-patients' block at the Townsville Hospital which provides out-patients' and casualty departments, specialists' consulting sections, X-ray, blood bank, occupational therapy and physiotherapy departments and clerical offices at a total estimated cost of \$1,264,268.

This is a really magnificent complex.

An additional nurses' quarters, which provides accommodation for 41 nurses and a matron at Toowoomba Hospital at a cost of \$407,214.

A new nurses' quarters, which provides accommodation for 40 nurses and a matron, at the Dalby Hospital at a cost of \$300,000.

The construction of a new operating theatre and X-ray block at the Biloela Hospital, which is Stage 1 of an extensive long-range rebuilding programme at the hospital, at a cost of \$103,500.

Provision of additional accommodation blocks 1, 2 and 3, "C" floor, Royal Brisbane Hospital, at a cost of \$218,000.

A new ward block at the Mt. Isa Hospital, which provides accommodation for 36 patients, at a cost of \$446,300.

Major projects at present under construction at an estimated total cost in excess of \$3,000,000 include the following:—

A new ward block at Cairns Hospital, estimated to cost \$2,770,000, which will be of five floors and provide patient accommodation for 37 maternity patients and 135 surgical patients, an operating theatre suite of four theatres and associated rooms, central sterilising facilities, an X-ray department clinic and various service rooms.

Mr. R. Jones: By the time that one is finished we will probably need another one.

Mr. TOOTH: That is possible. The Cairns Hospital presents very difficult problems, and one of the greatest of them results from the failure in the early days to secure a sufficiently large site for the hospital. I particularly appreciate the co-operation that the Government has received from the Cairns City Council in making an additional area of land available by re-arranging its streets adjacent to the hospital.

Other major projects are—

A new nurses' quarters at Mt. Isa Hospital, which will provide accommodation for 29 nurses and a matron's suite. It is estimated that the cost of this project will be \$320,000.

Stage 3, block 8, Royal Brisbane Hospital, which is an upward extension of five floors, allocated as follows:—

Floor "D"—Accommodation and ancillary rooms for 54 non-radium patients for the Queensland Radium Institute.

Floors "E", "F" and "G"—A new pathology department including a morgue and autopsy theatre on floor "E".

Floor "H"—Staff lounge room, workshop, plant rooms, storerooms and animal rooms for the pathology department.

The cost involved in the construction of this project is estimated as \$3,335,220.

A new ward block at the Babinda Hospital, estimated to cost \$240,000, which will provide accommodation for 18 public and private beds, a children's ward of five beds, and associated rooms.

A new general and maternity block at the Cloncurry Hospital, at an estimated cost of \$385,156. Accommodation for six maternity beds and 30 general beds, including six children's beds, together with the necessary ancillary rooms, will be provided.

A new twelve-bed general hospital, including a maternity section, delivery room, nursery, operating theatres, X-ray

department, solarium, out-patients' department, dental clinic, kitchen and laundry, at Eidsvold Hospital at an estimated cost of \$403,500.

Alterations and additions to the male and female wards at the Warwick Hospital, which provide for—

The demolition of a wooden veranda on the western aspect of the existing ward block and construction in lieu thereof of male and female wards to accommodate 14 beds in each ward.

Provision of five beds for male and female intermediate accommodation for overflow of private patients from the Horwitz Ward.

Remodelling of existing toilet and ablution facilities and the provision of nurses' toilet, sterilising and work room area, linen room and box room.

The estimated over-all cost of the project is \$256,640.

Alterations and additions to the general hospital at Nanango, which include the provision of a new operating theatre block, X-ray section, casualty and waiting room, etc., remodelling of the domestic quarters to nurses' accommodation, renovations to matron's quarters and new male and female ward toilet blocks.

A new maternity hospital is also under construction at Nanango, which will provide accommodation for public and private patients, labour ward, nursery, pan room, bathroom and toilets, etc.

The over-all cost of the two projects will be in the vicinity of \$183,000.

The provision of two additional operating theatres on "G" floor of the Clinical Sciences Building at the Royal Brisbane Hospital. That is the building in which the various professorial units from the university carry on the greater part of their work.

The anticipated cost of this project is \$278,300.

In addition, further major projects estimated to cost \$17,000,000 are in the planning stages or have reached the stage of planning where tenders are being called. These include a new ward block at the Townsville Hospital, estimated to cost \$2,670,000, which will provide accommodation for 81 psychiatric patients, 54 geriatric patients and 62 paediatric patients, several change rooms, bulk storerooms and a workshop. Tenders are now being called.

The following major projects are in advanced stages of planning:—

A new maternity block at the Winton Hospital estimated to cost \$110,000;

A new surgical block at the Rockhampton Hospital estimated to cost \$2,278,000;

A new 16-bed hospital at Julia Creek estimated to cost \$327,500.

The following major projects are among those in the preliminary stages of planning:—

A new operating theatre/out-patients' etc. block, Warwick Hospital, estimated to cost \$225,000.

A new multi-storey block (Block 7) at the Royal Brisbane Hospital estimated to cost in the vicinity of \$11,000,000;

A new out-patients'/administration block, Gladstone Hospital, estimated to cost \$357,000;

A new out-patients' department, Thursday Island Hospital, estimated to cost \$85,000.

In addition to the foregoing, further projects, for which estimates of cost are not yet available, include a new general hospital block at St. George; new hospital buildings at Mackay; the provision of additional ward accommodation at the Gladstone Hospital; remodelling of the female wards at Atherton Hospital; extensions to the multi-storey ward block at Mt. Isa Hospital; a new ward block at Southport Hospital; and new hospital buildings at Nambour.

Mr. P. Wood: Did you mention Toowoomba.

Mr. TOOTH: I think I mentioned Toowoomba in passing. At any rate, it is under consideration.

Mr. P. Wood: It seems to be rather low in priority.

Mr. TOOTH: It has been low in priority for a long time. One of our problems in Toowoomba is that so much had to be done when this Government assumed office in 1957. The problem in Toowoomba is that nothing had been done for decades. We have already spent—

Mr. P. Wood: You are wrong, you know.

Mr. TOOTH: The only thing that was done, namely, the construction of the tuberculosis building, was done by the Commonwealth.

Mr. Bousen: What about the maternity building?

Mr. Bromley: I would suggest that you do not get too nasty now, because you have many speakers to follow you.

Mr. TOOTH: I am not being nasty.

The CHAIRMAN: Order!

Mr. Bromley: If you are a gentleman you may be treated like one.

Mr. Bousen: You have been in office for 12 years and you have been promising us a medical block ever since.

The CHAIRMAN: Order! The hon. member for Toowoomba West will have an opportunity to speak to these Estimates; he is not permitted to make a speech at this time.

Mr. Davies: He was seeking information.

The CHAIRMAN: Order! I ask hon. members on my left to cease their persistent interjections. The Minister is being courteous enough to answer one of them. I think other hon. members should remain silent while that is happening.

Mr. Bousen: We want a new medical block at Toowoomba.

The CHAIRMAN: Order! If the hon. member for Toowoomba West continues in this way I have no hesitation in telling him I will have to warn him.

Mr. TOOTH: It is interesting to inform the House that the average daily bed occupancy for 1968-69 throughout Queensland's State-controlled hospital system was 7,761 as compared with 7,782 for the previous year, representing an over-all State drop in bed occupancy of 21. In the metropolitan area daily averages showed a decrease in respect of the year 1968-69 compared with the preceding year as follows: in Royal Brisbane Hospital, from 853 to 840; in Princess Alexandra Hospital, from 992 to 989; in Royal Women's Hospital, from 209 to 208; and in Royal Children's Hospital, from 165 to 161.

At Chermiside a small increase, from 845 to 849, was noted. In the metropolitan hospitals, nevertheless, staff was increased by seven full-time medical officers and three part-time visiting specialists, whilst sessions to visiting specialists already on the staff increased by 28. Trained nurse establishment was increased by 85 and an additional 66 student nurses were approved. In the country an additional 160 staff were approved during the year 1968-69.

I make special mention at this stage of the approval given for the introduction at the Royal Brisbane Hospital of a registrar training programme for general practitioners, to start in 1970. The General Medical Superintendent, in submitting his proposal to the board for its consideration, stated that he feels that the Royal Brisbane Hospital as a teaching hospital should be doing something towards the training of doctors for the specialty of general practice in the same way as it trains registrars for medicine, surgery, psychiatry and other specialties.

The Royal Australasian College of General Practitioners has a set of requirements which determines eligibility for membership of the college. These include five years' post-graduate experience, including two years in a general hospital and three years in a general practice or other approved training programme. It appears likely that an approved training programme for general practice conducted in a teaching hospital would meet these criteria.

The General Medical Superintendent is of the opinion that the College of General Practitioners would support a training scheme for registrars in general practice and believes that this is an essential role of a teaching hospital. He draws a comparison between

the casualty department of a teaching hospital and a very large general practice, and states, in effect, that the casualty department is essentially a very large general practice, except that no home visits are made from it. The Government has indicated previously that its role in the health services of the State is to provide a balanced health system in which there is the vital part to be played by the general practitioner. Hon. members would be aware that a considerable number of patents admitted to the public wards of our State hospitals, particularly in the metropolitan area, are admitted on the written request of general practitioners or through referral by specialists. Recent figures indicate that in one of our metropolitan hospitals admissions to public wards from these sources are as high as 55 per cent. of total admissions. Both the North Brisbane Hospitals Board and the South Brisbane Hospitals Board have considered over many months the merits of obtaining a senior officer in casualty on a full-time basis, to be designated as either casualty supervisor or admissions officer, who would be in a position to provide to casualty the added experience of his many years of medical practice and to supervise the admission of patents to hospital, either through private doctor referral or through the normal admission channels by the full-time resident staff. It is understood that the Royal Brisbane Hospital intends to appoint an experienced general practitioner to fill this role and this development is seen as being part of the over-all plan for general practitioner training within the hospital. This innovation will, I am sure, be watched with great interest.

SUPERNUMERARY MEDICAL OFFICERS—
FIRST YEAR

Hon. members will be aware that students graduating in medicine from the University of Queensland are given a provisional registration pending completion of 12 months' service in an approved hospital. All of our hospitals have what we call an approved staff establishment of doctors, sisters, nurses, wardsmen, clerks, etc., and these establishments are varied from time to time following representations from the board. In the 1969 university examinations in medicine, it could be expected that the number of doctors graduating and requiring posting to a hospital for the compulsory year will be in excess of the vacant positions on the staffs of the approved hospitals. This was also the position after the 1968 examinations. The Department of Health in these instances has always been prepared to place these extra doctors in our hospitals over and above the approved establishment and to bear the cost of their salaries from within the Department of Health Vote. We have provided \$60,550 for this purpose in this year's Estimates.

DIVISION OF PSYCHIATRIC SERVICES

The Division of Psychiatric Services is responsible for the administration of the mental hospital system and is vitally concerned in the community services of prevention and rehabilitation.

The mental hospital system has undergone enormous changes over the last 10 years, and these changes have increased in tempo over the past two or three years. This has been directly attributable to an easing in the chronic shortage of professional staff. Professional staff was difficult to obtain owing to the fact that clinical facilities in our hospital service were not sufficient to attract the few qualified and experienced people available on a national level. As a result of better professional training at university and an increased community awareness of mental health as a field for treatment, prevention and research, more professional workers have been available, and expanded financial provision has been made to engage such staff. It will be noted that the number of psychiatrists employed by this division has increased from five in 1966 to 16 in 1969.

During the last 12 months a new career structure has been provided for clinical psychologists, and already five well-experienced and well-qualified psychologists have been attracted to this State and have strengthened the effective psychological service to the division. Nurse-patient ratios have been increased, with a more effective out-reach to those patients requiring stimulation through re-socialisation programmes.

In regard to ward accommodation, the vast majority of bed establishments through the division have been reduced, allowing very much better provision for a considerable proportion of the inmates of the mental hospital system. Completely changed attitudes in the encouragement of patients to engage in the activities of normal living, and to provide and care for their own personal belongings, have transformed many wards.

As a result of vigorous representations at the State Health Ministers' conferences of 1967 and 1968, the Commonwealth Government has progressively relaxed its restrictions on the payment of social service benefits to inmates of mental hospitals to the extent that pensions are now payable to those inmates who are classified as moderately intellectually handicapped, and to mentally ill patients who are assessed as being rehabilitable, subject in each case to segregation from other sections of the institutions.

This changed attitude on the part of the Commonwealth Government has provided more than 800 patients with financial independence from the institutions, and has been a powerful force in the first real step towards their return to normal society. It has also resulted in substantial increases in the State's revenue by reason of the retention by the institution of that part of the pension

prescribed in the Commonwealth Social Services Act as being payable to the person controlling a benevolent home for the maintenance of the pensioner in such home. These increases are shown in the following table:—

	Actual Receipts		Estimated Receipts 1969-70
	1967-68	1968-69	
Special hospitals ..	\$ 27,882	\$ 250,782	\$ 262,000
Training centres for intellectually handicapped ..	52,506	91,278	212,000
	\$80,388	\$342,060	\$474,000

There has been a very considerable increase in the financial assistance received from the Commonwealth Government in respect of some patients in special hospitals.

Construction work involved in the provision of segregated accommodation for pensionable classes of inmates in Wolston Park Hospital is proceeding, and a new ward for female patients is planned.

Specific provision has been made for the training and care of the intellectually handicapped. The opening of the training centre for moderately handicapped male adults at Wacol, and the building of a modern and efficient school for the children at the Basil Stafford Training Centre, were milestones in the transformation of both residential accommodation and facilities. The whole of the Ipswich Special Hospital has been reconstituted as the Challinor Centre for the Training and Care of the Intellectually Handicapped, and substantial increases of paramedical staff have allowed the implementation of basic training programmes for even the most severely handicapped people. Much professional time has been spent in engendering co-operative community attitudes, and this has been well repaid by the formation of the Challinor Community Service, a registered charitable organisation dedicated to the care of the intellectually handicapped in the Ipswich district.

I draw the attention of hon. members to an article that appeared in the colour magazine of "The Sunday Mail" a few weeks ago. I suggest that those who did not read it do so, because it describes the splendid work being done at the Challinor Centre.

Alcoholism is now being recognised by the community as a treatable illness and not as a moral turpitude requiring punishment. As a result, the treatment services are being more fully utilised, placing an increasing strain on present facilities. The services have responded by an increase in professional staffing and by the provision of additional clinics, both for the treatment of the patient and for the support of the relatives. Legislative provisions have been expanded to allow the informal—that is, voluntary—admission of patients requesting treatment on their behalf, and the accommodation facilities are being used to the maximum.

DEPARTMENT OF CHILDREN'S SERVICES

Every phase of the work of the Department of Children's Services continues to increase, and to a great extent this must be related to our more permissive standards of living and the increased responsibilities which are devolving upon patients.

Queensland parents are generally very cognisant of their responsibilities, and there is by no means any reason to doubt that the majority of our young people, when they grow to adulthood, will be worthy of the responsibilities which they will have to face. Nevertheless, there are in our society some parents and young people who cannot meet the demands of modern living, and it is in this area that family breakdown is occurring and that there is increased incidence of juvenile delinquency.

It is unfortunate that for the financial year ended 30 June, 1969, the number of children appearing before Children's Courts was the highest of any year; but when these figures are analysed, the increase is attributed not to actual offences but to children who have been brought into care and control because of their anti-social behaviour patterns. The practice of bringing children into care and control because they are uncontrollable or their attitudes are likely to lead them into a life of crime is sound because it contains a very large element of prevention.

The services of the department, such as the Wilson Youth Hospital, the denominational training homes, and the department's own homes, have been taxed to capacity, and it has needed careful vigilance on the part of the department to utilise these services so that the maximum benefit could be given to the children coming into care.

Extended services will be necessary and, in addition to the rebuilding of the Westbrook Training Centre, work has commenced on the building of a 40-bed remand and assessment unit for girls at the Wilson Youth Hospital. Other additions, such as a new administrative building, a new dining room, kitchen, and classroom block, will permit the existing accommodation for boys at Wilson to be raised from 40 to 60.

In the field of children in need of care and protection, it is of interest to note the emphasis that is being placed on foster care. Each year has seen an increase in the number of foster care placements, and, with due regard for the excellent work being done by children's institutions, foster care can promote the best environment for caring for these socially deprived children. It is, of course, not possible for all children to be fostered, and therefore the denominational homes, including their family group homes, play an important part in the overall programme. There was a slight reduction in the number of children in denominational homes during the past 12 months.

The rate of payment for children in foster care and in denominational homes was increased as from 3 November, 1968, from

\$6.50 a week to \$7.50 a week. This rate increases to \$9 a week when children attend secondary school, including 50 cents for the child's use as pocket money.

The Government has continued to subsidise capital works and improvements in denominational children's homes, and this involved an expenditure during 1968-69 of \$418,820.

The relationship between the department and denominational bodies is most satisfactory, and this successful relationship has been one of the features of child welfare in this State, whereas in other States the trend is away from denominational bodies. In Queensland, the relationship has been consolidated and, it is felt, is very much in the interests of the children. Indeed, this is one of the marked differences between the way in which things are handled in Queensland and the way in which they are handled in other States, and the close liaison with the churches is proving to be of tremendous value.

In the field of financial assistance to families, the expenditure of the department continues to rise, and this increase has been due to a marked degree to the agreement made with the Commonwealth whereby the Commonwealth recoups the State 50 per cent. of its expenditure in financial assistance paid to deserted wives, wives of prisoners, and unmarried mothers.

The State, as from 30 June, 1968, increased its rates of payment to these families to the same level as the Commonwealth's "A" class widow's pension, and this policy has been followed and rates increased whenever additional benefits have been granted by the Commonwealth. It is to be regretted that desertion by the father is a matter of major concern in this field and one in which the incidence has been steadily increasing.

There has been a remarkable growth in the number of families who are benefitting under this scheme, and it is not seen that the number is likely to diminish. The growth has been remarkable following the change in policy after 1 July last year. It would seem to indicate that a substantial number of women who had been deserted or who were living in a one-parent situation seized the opportunity of relinquishing work which, of course, had prevented them from giving very much attention to their children. They decided, under the new and improved conditions, to assume a far greater measure of responsibility for the care of their children and this, of course, was all to the good.

Mrs. Jordan: They had to work before that.

Mr. TOOTH: They had indeed; but under the changed policy they have now in many cases been able to relinquish work and look after their children. As I say, this is very good. The State benefit, of course, with respect to deserted wives and wives of prisoners is paid during the initial period

of six months following desertion or imprisonment of the father, and this is because Commonwealth social service benefits are not available to these families during this period. However, once the period of six months has expired and the father has not returned or is still imprisoned, the Commonwealth then becomes responsible for helping the families, but at the same time the State supplements the Commonwealth payments in eligible cases to the extent of \$2.50 per child per week.

Unmarried mothers are not eligible at any stage for Commonwealth social service benefits, and these families continue to be assisted through the Department of Children's Services. Supplementary assistance to widows and other women with families in a one-parent situation has been paid for many years, but with recent increases by the Commonwealth in its social service benefits it has been necessary to adjust these supplementary payments. These reductions were always made but more families have been affected by virtue of the higher level of social service payments. These adjustments are necessary to preserve a balance between the level of social service payments and the earning capacity of the father of a normal family on the basic wage.

The number of children assisted is determined by relating the family income from all sources to a scale based on the State male basic wage. However, when the Department makes these adjustments, it ensures that any reduction does not bring a family's income below or to the equivalent of the amount the family was receiving immediately prior to the increase in Commonwealth social service benefits.

Mr. Melloy: You simply knock off any Commonwealth increase.

Mr. TOOTH: The hon. member heard the reasons. This is one of the most difficult problems we face and the hon. member knows perfectly well that the policy of the Government is well based. In fact, although certain families do not gain the full Commonwealth increase, they nevertheless receive an increase in the total income to the family.

SCHOLARSHIP SCHEME

Financial provision of \$183,650 is made to extend our scholarship scheme during 1969-70—an increase of approximately \$23,000 over last year's expenditure. We have decided this year to extend the scholarship scheme to eligible female applicants in both medicine and dentistry. The department has approved scholarships in a number of disciplines and at the present time, scholarships are being undertaken as

follows at either the University of Queensland or the Queensland Institute of Technology:—

49 in medicine; 33 in dentistry; 22 in social studies; two in science; three in psychology; three in occupational therapy; three in industrial chemistry; and one in medical laboratory technology.

Throughout Queensland we are currently employing in our hospitals and institutions people in the following categories who are bonded to serve the State for varying periods of time in return for 3, 4, 5 or 6-year scholarships awarded to them by the department:—

71 doctors; 26 dentists; six medical laboratory technicians; two scientists; one industrial chemist; 10 social workers; and two teachers of subnormal children.

We have calculated that, in dollars and cents alone, it costs the department \$6,374 to \$7,882 to put through a scholarship dentist, and \$7,634 to \$9,428 a scholarship doctor—depending on whether he is living at home or away from home. It has become necessary to vary from year to year the number of scholarships offering, in an endeavour to ensure the number graduating each year is consistent, taking into account failures and drop-outs. For 1970 we will be providing for—

Scholarships

- 16 in Medicine
- 16 in Dentistry
- 7 in Social studies
- 3 in Psychology
- 3 in Occupational therapy
- 3 in Teachers, subnormal children
- 1 in Speech therapy
- 2 in Industrial chemistry
-
- 51
-

WELFARE AND GUIDANCE

The Estimates of the Division of Welfare and Guidance will allow for the establishment of a child-guidance team at "Warilda" State Home for Children, controlled by the Department of Children's Services. Dependent in the past on the availability of staff, medical officers of the division previously visited periodically the various church homes that admitted children placed in care and protection. The new team at "Warilda", comprising a child-guidance specialist, psychologist, a child-guidance therapist and a social worker, will be able to provide improved services in the future obviously with more satisfying results.

DIVISION OF TUBERCULOSIS—REDUCTION IN STAFF

Hon. members will have observed a net reduction of seven in the staff of the Division of Tuberculosis. This is one area of my

department in which I welcome reductions in staff. They simply reflect, of course, the very successful and gratifying result of our continuous campaign against tuberculosis and allow the withdrawal of a country survey van and a mobile re-take unit during 1969-70. There has been a consequent reduction of nine receptionist operators on our staff establishment.

MATERNAL AND CHILD WELFARE

The year 1968-69 saw an expansion of the work of the Division of Maternal and Child Welfare, with the number of centres and sub-centres increasing from 280 to 301, and the number of attendances rising by approximately 10,700 to over 466,000 for the year.

One interesting new service introduced during the year was the visits by clinic sisters to outback areas with the Flying Doctor Service based at Mt. Isa, Charleville, and Charters Towers. Aboriginal mothers and babies at centres in the Gulf and Cape York Peninsula areas were among those attending these clinics.

A second mobile clinic van in the metropolitan area was put into operation in November 1968. The mobile clinics serve mothers and babies in the developing suburban areas.

The infant mortality rate rose from 19.5 to 20.3 deaths per thousand live births, but the increase may be more apparent than real, as, for the first time, stillbirths as well as neonatal deaths have been reported on the perinatal death certificate used for babies over 20 weeks of gestation and over 400 grams in weight. This new method of reporting may have resulted in the higher figure.

Mr. W. D. Hewitt: Aborigines are included in the figures, too, are they?

Mr. TOOTH: Yes.

Mr. P. Wood: Is it true that Queensland's mortality rate is the highest in Australia?

Mr. TOOTH: I cannot tell the hon. member that. That information is contained in the Director-General's Annual Report. At the moment I cannot recall precisely what the figures are, but there is no great variation among the States.

Mr. Bromley interjected.

Mr. TOOTH: I cannot be expected to know everything. If the hon. member realised the ramifications of the department he would know that that is impossible.

Mr. Bromley: I do.

Mr. TOOTH: Analysis of deaths in children aged one to five years reveals accidents as being the leading cause of death in this age group. Of 145 deaths in this group of children, 39 were from accidental causes. Deaths due to drowning and motor vehicle accidents constituted a large proportion. Only two deaths occurred from accidental poisoning.

The amount required for maternal and child welfare in 1969-70 is \$1,369,574, which is \$111,723 greater than the actual expenditure in 1968-69, the increase being made up of \$33,187 for salaries and \$78,536 for contingencies.

QUEENSLAND INSTITUTE OF MEDICAL RESEARCH

The Queensland Institute of Medical Research was established by Act of Parliament and commenced operations in 1947, under the control of a council which includes representatives of the Department of Health, the university, the Australian Medical Association, the teaching hospitals and the Royal Colleges of Physicians and Surgeons. It has a professional scientific staff of 17, including four graduates in medicine. Its work is organised into five major units, concerned with virus infections (especially those spread by biting insects, and including workers on related aspects of entomology), leukaemia and related tumours, allergy (especially asthma), Aboriginal child health and medical genetics. Each of these studies is of diseases of particular importance to Queensland and of research problems for which the Queensland environment offers peculiar opportunities. Important recent advances include: discovery of several previously unknown viruses in biting midges and sand-flies; identification of several native animals as the natural hosts of a virus that causes polyarthritis in man; new methods of studying the EB virus, found in cells grown from patients with leukaemia; purification and chemical analysis of members of a group of viruses important as the causes of encephalitis and other diseases throughout the world; detailed studies of various health problems in Aboriginal children, providing in several cases a basis for urgent public health action; and the description in a Queensland family of what may prove to be an important mode of transmission of inherited disease.

The institute's estimated expenditure for 1969-70 includes provision for these studies to be continued. Some increase in maintenance expenses has been made necessary by field studies of Aboriginal children (which require expensive disposable equipment and prepared laboratory kits and reagents) and by the growing need to use radio isotopes in laboratory studies. The Government decision to refund university fees to cadets and assistant scientists has also made necessary increased provision for the next year. Approximately \$9,000 is provided for new scientific equipment.

The institute has in recent years been able to recruit new scientific staff, and has broadened its interests into several fields important to Queensland. The appropriation of \$303,003 this year is an increase of approximately \$30,000 over last year's expenditure.

WELFARE SECTION

A service to the public that perhaps is not widely known is the Welfare Section of the Department of Health. This is a service providing surgical and medical aids to eligible patients on the recommendation of medical practitioners, and includes such items as special bandages, costing a few cents, to artificial limbs and prostheses costing in excess of \$100. The provision of these items is subject to a means test. Invalid wheel-chairs are made available on loan to patients, again on the recommendation of the medical practitioner. In these cases, the Director of Geriatrics is asked to examine the application. Provision of \$28,500 has been made this year for these aids.

Patients who require specialist medical or surgical attention not available at the hospital of admission may be brought to the nearest base hospital providing such specialist attention, or to Brisbane. Transport is by both rail and air, depending on the degree of urgency or the condition of the patient. Passes are issued by the Department of Health where patients are found to be unable to meet the cost of transfer. A sum of \$27,000 is provided this year for this purpose.

"EVENTIDE" HOMES

Despite the fact that church and charitable organisations are playing a very active role in the care of the aged by providing first-class accommodation for the well-aged and the infirm, with the assistance of the Commonwealth Government in the matter of finance, there still remains the need for the State to continue its interest in this field and the demand for admission to this department's "Eventide" homes at Sandgate, Rockhampton and Charters Towers has continued unabated.

In the main, the persons admitted to the State "Eventide" homes for reasons other than age are those who for personal reasons or physical or health handicaps cannot continue to reside in their own homes and find difficulty in obtaining accommodation elsewhere. Suitable aged persons from the special hospitals are also admitted to "Eventide", Sandgate. At 30 June, 1969, the number of residents at the State "Eventide" homes and the number of hospital patients were as follows:—

	Sandgate	Rockhampton	Charters Towers
Total population ..	977	238	287
Number in hospital wards	519	128	124

[Sitting suspended from 1 to 2.15 p.m.]

Mr. TOOTH: Before the luncheon recess, I referred to the "Eventide" homes and gave certain particulars. Residents who are patients in the hospital wards at those homes receive skilled medical attention and constant nursing care and, where specialist treatment is required, they are taken to the general public hospital for attention.

In addition to medical treatment, the residents receive, without charge, dental and optometrical treatment, physiotherapy and chiropody. Occupational therapy and entertainment are also provided free. Television sets are installed and libraries are available. At Sandgate and Charters Towers, first-class bowling greens are available for those residents, both male and female, who play bowls. Billiard tables are also provided at Sandgate and Charters Towers. Visiting concert parties provide entertaining programmes and films are screened regularly.

Whilst no major construction work has been undertaken, the work of progressively renovating the wards at "Eventide", Sandgate, continues. Many of the old-type wards have been completely upgraded and are now well ventilated and of pleasant appearance. Bathrooms and toilet blocks have been modernised and separate dining and lounge rooms provided. Floors have been vinyl tiled and fluorescent lighting installed. The privacy of the patients has been considered by the partitioning of the wards and the installation of permanent bed screens.

The kitchen at "Eventide", Charters Towers, is to be renovated completely, and the first stage of providing a new prefabricated cold room and gas stoves has been undertaken. The remaining work consists of provision of new work-benches and equipment and the tiling of the floor and walls. New hospital-type and institutional-type beds and lockers have been supplied for some of the wards and it is planned to replace all old-type beds and lockers on a progressive basis.

Improvements have been made to increase the comfort of the residents at Rockhampton and Charters Towers by the provision of lounge chairs and "lollabout" chairs, installation of ceiling and wall fans, provision of bed screening, installation of vinyl floor tiles and the supply of television sets and radios.

Accommodation charges for pensioner inmates are made in accordance with rates determined by the Commonwealth from time to time under the Social Services Acts. Non-pensioner inmates are similarly charged if they are in a position to pay; if not, the charge is reduced according to the inmate's financial circumstances.

The hon. members for Toowoomba East and Toowoomba West raised certain matters. I think it was the hon. member

for Toowoomba East who raised the subject of the infant mortality rate. The figures have been supplied to me, and are as follows:—

State	Deaths per 1,000 live births
Queensland	20.3
New South Wales	18.7
Victoria	14.4
South Australia	16.3
Western Australia	20.3
Tasmania	17.2

It is interesting, and indeed significant, that both Queensland and Western Australia have the highest rate of 20.3. The explanation, I think, is clear to all hon. members. Those two States have a large Aboriginal population. I see that the hon. member for Tablelands was waiting for my explanation, and he obviously agrees with it. It will be recalled that quite recently the Institute of Medical Research identified this problem in a special way and isolated it, and considerable activity is being devoted to rectifying the problem. It is not possible to isolate the Aboriginal mortality figures from those statistics.

Mr. P. Wood: I do not agree with you.

Mr. TOOTH: I know that the hon. member does not agree with that, because he is convinced that he is not being given the facts. This goes back to questions that he raised in the House 12 or 18 months ago. The plain fact of the matter, as I said in answer to a question dealing with children's services asked a few days ago by the hon. member for Nudgee, is that in statistical records no attempt is made to segregate Aborigines.

Mr. P. Wood: That is a lot of nonsense. I have never heard a weaker argument in my life.

Mr. W. D. Hewitt: They talk about assimilation, but what they want is isolation.

Mr. TOOTH: My information is that statistics concerning Aborigines are not kept separately. That is my information, and it has been given by people who I am sure would not attempt to mislead me.

Mr. P. Wood: Would you agree that you could get the information if you sought it?

Mr. TOOTH: No, because throughout Queensland there are Aboriginal families living in the community, and there is no reason why they should be regarded as being separate from the rest of the community. Every attempt is being made to prevent their being regarded as a different class of citizen.

Mr. P. Wood: You could get a representative sample.

Mr. TOOTH: Now the hon. member is talking about a representative sample. I am talking about statistics, and right up till now

that is what the hon. member has been talking about, too. Now he is shifting his ground very smartly.

Mr. P. Wood: I am not shifting my ground at all.

Mr. TOOTH: Of course the hon. member is.

Mr. O'Donnell: Have you any statistics from Aboriginal settlements?

Mr. TOOTH: I have no doubt statistics are available from Aboriginal settlements, but they would not answer the question asked by the hon. member for Toowoomba East.

Mr. Bousen: What steps have you taken to get the full particulars?

Mr. TOOTH: I am sorry, I cannot hear the hon. member.

Mr. Bousen: You don't want to.

Mr. TOOTH: It is not that I do not want to hear the hon. member. Quite frankly, I do not understand what he is saying.

Another point raised by the hon. member for Toowoomba West was the matter of building at the Toowoomba Hospital. I have here the history of that hospital, and it is rather interesting. In 1926 work commenced on new nurses' quarters, a mothers' hospital for maternity cases, and so on. Those projects were completed in 1928. Nothing happened then till 1936, when a dental clinic was opened. That is still functioning. The hon. member will be familiar with the dental clinic that was opened 10 years later.

Nothing further happened till 1955-56, when the present mothers' hospital of 60 beds was opened. For 20 years, nothing except a fibro dental clinic was provided at Toowoomba. That is, of course, just what I said.

In the decade since 1956 the following works were completed, at the costs shown—

	\$
Fountain House and furnishings	329,612
New boiler house and laundry, complete with two boilers and all equipment and furniture	397,333
New kitchen block, dining rooms, with all equipment, etc.	243,151
New general store and fixtures	21,500
Remodelling administration block to offices and quarters for resident medical officers, furniture and equipment	61,000
New electrical sub-station and overhead mains	10,000
Internal roadways, kerbing, channelling, waste-water mains and stone retaining walls	21,200
Child guidance clinic	7,407
Re-roofing Cossart House nurses' quarters	7,716

	\$
Remodelling X-ray plant	8,062
Conversion old kitchen block to offices for medical superintendent, matron, general medical office and social worker, and amenities room	45,796
Sterilising room and equipment	3,388
Conversion old mothers' hospital to children's ward, blood bank and physiotherapy sections, etc., equipment and furniture	56,264

There were then a series of miscellaneous items amounting to \$1,220,000, and finally new nurses' quarters, additions to Fountain House, equipment and furnishings, costing \$400,000. The total cost of that was well over \$2,000,000 and was incurred in 10 years during the life of the present Government. I therefore think that the hon. members for Toowoomba East and Toowoomba West do not have a great deal to complain about when the other demands made far and wide on the resources of the State are considered.

Mr. Bousen: Why is it that the medical profession is complaining about it?

Mr. TOOTH: Everybody complains about everything. Everybody wants ideal conditions, and that is good. I do not mind when people complain because things are not ideal. All I say is that the Government is doing its best with the resources available to it. Toowoomba has done fairly well, and it ill behoves the hon. gentleman from Toowoomba West to raise a hullabaloo at this stage.

Mr. Sullivan: What did Labour do?

Mr. TOOTH: I am telling hon. members opposite that. It did nothing for 30 years.

SUBSIDIES TO CHURCH, ETC., ORGANISATIONS, AGED PERSONS' HOMES AND HOSPITALS

I think I should point out to hon. members that the State's interest in the welfare of the aged people in the community extends also to assisting non-profit religious and charitable organisations in their work of providing accommodation for aged persons. This is a field in which the Commonwealth and State Governments combine, the Commonwealth subsidising the capital cost of construction of homes for the aged and the State providing liberal subsidies towards the cost of furnishing such homes.

The existing scheme came into operation with respect to all applications for financial assistance received after 30 September, 1963. Prior to that date, the State Government, in addition to subsidising the cost of furnishings, would consider an additional subsidy towards capital costs if the organisation's funds and Commonwealth subsidy were not sufficient for this purpose. However, since the Commonwealth's grant to an organisation can now reach two-thirds of the capital cost or twice the amount raised by the organisation towards the capital cost, whichever is the lesser, and

excludes amounts received from a Government or Governmental authority, the State's assistance is, for obvious reasons, confined to furnishings.

The present basis of State assistance is as follows:—

For block-type projects providing accommodation in single or double rooms and communal kitchen, dining and lounge facilities—subsidy up to a maximum of \$500 a person for single rooms and \$400 a person for double rooms occupied by two persons;

For cottage-type projects—subsidy up to a maximum of \$500 a person a single-unit cottage and \$400 a person a double-unit cottage occupied by two persons;

For infirmary sections—subsidy up to a maximum of \$400 a person;

For extensions to existing block-type homes—subsidy up to a maximum of \$400 a person; and

For projects where the intending residents are required to provide their own furniture—subsidy up to a maximum of \$250 a person.

Organisations are required to obtain competitive quotations for all requirements, but, if so desired, the items may be obtained through State Stores. It is of particular interest to note the assistance granted towards infirmary sections of homes for the aged.

Homes providing conditions which might be considered as those of a hospital or institution were not subsidised by the Commonwealth prior to 17 August, 1966, when the scope of the Commonwealth Aged Persons Homes Act was extended to include infirmary sections or sick bays up to a maximum bed number of 50 per cent. of the residential accommodation provided in the home. The Commonwealth's relaxation of the terms of this Act was a direct result of the 1966 Canberra Health Ministers' conference, at which the Commonwealth Minister for Social Services was also present, when a review of the Aged Persons Homes Act was sought by a resolution in view of the pressing need to accommodate the frail aged. Up to that time, they fell, as it were, between two stools. There was accommodation for the aged who were able to move about—the ambulatory aged—and accommodation for the sick aged, but there was nothing in the way of assistance for the frail aged. For that very reason, that matter was raised very vigorously and, in consequence, there was a relaxation of the Commonwealth's attitude.

State assistance totalling \$133,694 was provided last financial year to new homes or extensions to existing homes which have provided 298 additional beds for aged persons.

Mr. Hinze: We appreciated it very much on the Gold Coast.

Mr. TOOTH: I am sure that it is appreciated throughout the State. It is a very important development. An allocation of \$160,000 has been set aside for this purpose in 1969-70.

Apart from providing subsidy towards furniture and furnishings in aged persons' homes and infirmaries, the State Government subsidises the capital cost of new hospitals and extensions to existing hospitals for the chronically sick aged conducted by religious and charitable organisations to the extent of 50 per cent. of the cost, including buildings and equipment, up to a maximum subsidy of \$2,000 per public bed.

Subsidy is considered on the understanding that the hospital will accept, generally speaking, only those patients who are in need of constant medical and nursing attention.

Building works completed at 13 such hospitals during the last five years have provided 590 beds for chronically ill patients. The Government paid subsidies totalling \$1,173,388 towards the capital cost of these beds.

The State also subsidises the capital cost of providing public beds in acute hospitals conducted by religious and charitable organisations to the extent of 50 per cent. of the cost but not exceeding \$5,000 per bed for extensions to existing hospitals or \$7,000 per bed for completely new acute hospitals with all necessary facilities. These rates of subsidy were introduced as from 22 March, 1965. Prior to that date the maximum subsidy payable was \$2,000 per bed. In the four financial years since that date subsidies totalling \$162,133 have been paid towards the cost of providing 50 public beds in six hospitals conducted by religious and charitable organisations.

A major project is shortly to be commenced by the Mater Hospital authorities in Brisbane which will provide a completely new 160-bed adult public hospital, together with out-patients' and casualty departments, operating theatres and other ancillary services. The cost is estimated at \$6,500,000. It has been publicly referred to as \$9,000,000 but this includes nurses' homes and other things separate from the hospital proper. Subsidy up to a maximum of \$1,120,000 has been approved towards the cost of the 160 public beds and a further special subsidy of up to \$1,333,333 towards the cost of the out-patients' and other facilities block.

I have, for a period of about 1½ hours, covered as fully as I could in that time the varied activities of the Department of Health. I have endeavoured to illustrate the many-faceted nature of the work of this department. I have not touched on all its activities. For instance, I have not touched on our dental services, which are the most widespread in Australia. I have not touched on the fact that the department is also responsible for the control of explosives. A mass of small but related—some perhaps unrelated

—activities are the responsibility of this department. The burden of administration is a very heavy one.

This leads me to my conclusion, in which I wish to pay tribute to the work of Dr. David Johnson, who was Director-General of Health and who died in January of this year after only a short tenure of office. He had been with the department for many years and was one of its most valued officers whose personal and professional reputations were of the highest order. I can add very little to what the present Director-General has said in his annual report to Parliament, but I wish to associate myself with it.

In addition, we have lost by retirement a number of officers. I cannot name them all but I would be remiss if I did not refer to the retirement of Dr. John Baillie Henderson, who for many years was in charge of what we now call the "Baillie Henderson" Hospital, the special hospital in Toowoomba. He was a man beloved of all with whom he associated and his retirement was a loss to the service. However, his advice and assistance are still available to us when we need them and when we call on him for them.

Mr. Kelleher, who was for many years in charge of "Eventide", Sandgate, also retired after long and faithful service in many sections of the Department of Health. To him I extend our felicitations and good wishes in his retirement. Also, to that very important but unassuming gentleman whom very few people got to know, Mr. Coulson, the registrar of the various professional boards, I wish a long and happy retirement.

The CHAIRMAN: Order! I inform the Committee that, on the Chief Office Vote, I propose to allow a full discussion on the whole of the ramifications of a department (Consolidated Revenue, Trust and Special Funds, and Loan Fund Account) and then to confine the discussion to each particular Vote.

For the information of hon. members, I point out that the administrative acts of the department are open to debate, but the necessity for legislation and matters involving legislation cannot be discussed in Committee of Supply.

Mr. TUCKER (Townsville North) (2.36 p.m.): I commence my comments on the Minister's hour-and-a-half speech by protesting about the fact that the Auditor-General's Annual Report upon the Public Accounts was not in our hands until after 11 o'clock this morning. I find that to comment on the Minister's speech it is necessary to refer to that report, and many other members of the Opposition feel the same as I do. In this very vital debate I am expected to comment on the Minister's statement without having a copy of that report even only one day before the debate commenced. On behalf of the Opposition I protest against this discourtesy to the Opposition, which is

typical of the Government's attitude to the Opposition. That attitude is exemplified by the fact that this morning we read in "The Courier-Mail" that Parliament will rise next week and that the Premier did not see fit to inform the Opposition accordingly. Sir Francis Nicklin would not have done that. When he was Premier he would have apprised the Leader of the Opposition of that fact at the right time. The Opposition does not receive that courtesy from the present Premier.

The CHAIRMAN: Order!

Mr. TUCKER: I do not want to go any further on that matter, Mr. Hooper, but I protest that the Auditor-General's report was not in the Opposition's hands until this morning. The only thing about the present Premier that is not small is the number of his oil shares.

Mr. Sullivan: Why don't you get on with the Health Estimates?

Mr. TUCKER: I'll get on with them. You keep your mouth shut and let me go. The Minister might think that he will stand over there, but he won't stand over me; I tell him that quite definitely.

The CHAIRMAN: Order!

Mr. TUCKER: The field of health is so varied, wide and complex that it is impossible for me to deal with the whole of the Director-General's report in the 25 minutes available to me. I therefore intend to raise certain pertinent matters, and during the remainder of the debate my colleagues will refer to many other matters.

At the outset, might I say that I have a very high regard for the public servants employed in the Department of Health. They work assiduously on behalf of the people of Queensland and are very dedicated. However, I believe that they are labouring under difficulties while working for this niggardly Government. They are frustrated at every turn, either by the State Government or by the Commonwealth Government, particularly the latter.

If there is something associated with the Department of Health that we think should be publicised, my colleagues and I will immediately bring it to the light of day. Neither I nor my colleagues care how high-ranking an officer may be if he is at fault. We will probe any defects, and we make no apology for doing so.

This year's Annual Report of the Department of Health and Medical Services is reasonably comprehensive. After spending some days perusing it I regard it as quite a good report. If I have any criticism to make, it is that it does not contain any comparisons with what has happened in previous years. I know that to do so would mean a bigger report, but those who compile it have the necessary information at their

finger-tips. If such comparisons were presented to us we would be able to ascertain whether progress has been made, or if we are going backwards in some department. It would not hurt if such comparisons appeared in certain sections of this vital report.

The report proves how complex the health services of Queensland have become. It amply proves this fact to each member of Parliament and to all other people who care to read it. On my reading of it I believe there is a tremendous need in Queensland for a full inquiry into all aspects of health. I do not mean that we should have a witch-hunt, but nothing but good could come from such an inquiry. It would ascertain whether we are using available finances in the best possible manner and to the advantage of every man, woman and child in Queensland. That would be excellent. It would also ascertain whether we have correct priorities as we are about to enter 1970. It could also determine whether there are any areas of neglect. I believe there are. No matter how hard we may try, there will always be some areas of neglect. However, it is necessary to pin-point them at times because the administration and the Minister are sometimes very much involved and are unable to see what is happening. I do not make that statement in a derogatory way, but if we had a committee of inquiry conducted by competent people, nothing but good could flow from it.

Speaking personally, I believe that the Department of Health is being forced to use the axe and the brush-hook when it should be using the latest mechanical equipment on the job. A committee of inquiry would bring that fact to light. Perhaps this is caused by a continual restriction of finance from both the Federal and State Governments for this vital department. It is possible—indeed, highly probable—that departmental officers know that if more finance was available they would be able to introduce different ideas and approaches, and new attitudes. I understand that they cannot say anything about it; they must accept what is given to them and work with it. That is an obligation on all public servants and I have no argument with it. But independent people would be able to point out what should be done to improve health matters in Queensland.

My personal view—this is not necessarily the view of my party—is that the Department of Health would work better under a commission. A reading of the annual report makes this obvious. The commission could comprise representatives of the A.M.A., the A.T.N.A., and the unions, the Director-General, and some businessmen. It could look objectively at the whole concept of health, including submissions made to it, and report to the Minister. The initial

cost of establishing such a commission would be high, but I believe that in the long run we would save more than it would cost.

There is no course of hospital administration at the University of Queensland, and I should like to see one established there. At the moment, people desirous of undertaking such a course must go to the New South Wales university.

Mr. Tooth: We are sending people to the New South Wales university.

Mr. TUCKER: I am happy to hear that. However, I regret that they cannot be sent to our own university.

Mr. Tooth: The demand would not warrant more than one chair of hospital administration in Australia. There is not a great demand for hospital administrators. This matter has been considered carefully.

Mr. TUCKER: I should like the Minister to reply in more detail later on. A great deal of good could flow from such a course, and I am glad that some of our officers are undertaking it.

Some weeks ago I called for the appointment of an administrator at the Townsville General Hospital. This hospital has grown so large that it should have an administrator. I will not be deterred by what has been said about me or the headlines that appeared in "The Townsville Daily Bulletin" relative to what I said here. I stick to my belief that an administrator is needed at that hospital if it is to work efficiently. In any such appointment, it is not a matter of whether someone in the administration likes it or not; ultimately it comes back to the people, because it is the people who suffer or benefit from such action. Being parochial for a moment, I say that the people would benefit if an administrator was appointed at the Townsville General Hospital. I again ask the Minister, in all sincerity, to give favourable consideration to that submission.

There has been a falling-off in the amount allocated to the Department of Health, and the department is being slowly strangled by it. The Minister, no doubt, will ask me to prove my point. I intend to do so. The total expenditure of the Government of the State of Queensland from consolidated revenue will be \$425,400,000 this year; in 1959-60 it was \$206,500,000. Therefore, between 1959-60 and now, there has been an increase of 106 per cent.

The amount expended on hospitals this year will be \$33,300,000. In 1959-60, to use the same years that I used a moment ago for expenditure from Consolidated Revenue, the expenditure on hospitals was \$20,400,000. That represents an increase of only 63 per cent., whereas the increase in over-all spending from Consolidated Revenue was 106 per cent. Despite the fact that the cost of running hospitals has risen faster than costs in the economy generally, which is disclosed by the

Nimmo Report, it is therefore obvious that the expenditure on hospitals has not even kept pace with over-all Government spending.

Mr. Sullivan: At that particular time there was need for expenditure of a higher percentage on hospitals.

Mr. TUCKER: I think the Minister for Health can do quite well without the help of the Minister for Lands.

Expenditure on the Health Department in 1969-60 was \$30,800,000 and this year it will be \$57,000,000, which represents an increase of 86 per cent. Again it will be seen that expenditure on health has not kept pace with general expenditure in the State's economy, which, as I mentioned a moment ago, has increased by 106 per cent. Those figures clearly demonstrate my contention that expenditure on hospitals and health has not kept pace with over-all State expenditure.

I now move on to the next step, loss of revenue to the Health Department. This State loses approximately \$2,000,000 a year because of the Commonwealth Government's attitude to Queensland and its free hospitalisation scheme. I remember the Minister's saying, in reply to an interjection about Gough Whitlam's health plan, that he would have something to say about it. Apparently he did not get around to doing that.

Mr. Tooth: I speak again, you know.

Mr. TUCKER: The fact is that Queensland, because of its free hospitalisation system, is discriminated against and is being increasingly made the victim of the Commonwealth Government. The present Gorton Government's approach to Queensland is costing this State about \$2,000,000 a year.

Only 47 per cent. of people in Queensland belong to medical benefits funds. I have no quarrel with that, because I appreciate that where there is a free hospital system the great majority of people will want to take advantage of it. The national average for membership of medical benefits funds is about 85 per cent., so that Queensland membership, at 47 per cent., is well below it. For those who use the free hospitalisation scheme and are not members of a medical benefits fund, Queensland receives only 80c a day for hospital treatment.

Mr. Tooth: That is not what you fellows were saying during the election campaign.

Mr. TUCKER: The Minister can speak in his own good time. I am merely showing how we in Queensland are diddled to the tune of \$2,000,000 a year by the Commonwealth Government. In the case of patients who belong to a medical benefits fund, the hospitals receive \$2 a day. If patients do not belong to a medical benefits fund, all that the hospital receives for them is 80c a day.

Mr. Tooth: That applies in every other State.

Mr. TUCKER: I do not think it should. I think it is the Minister's place to do something about it with those who are of his political colour. It is time that he got down and did something about it. I believe that the policy has been designed by the Gorton Government to try to undermine the free hospital system in Queensland.

Dealing with that matter, the Nimmo Report said—

"At the present time a benefit of 80 cents a day is paid by the Commonwealth to hospitals on account of patients who are not pensioners and are not insured with a hospital insurance organisation. Payment of this benefit is not really part of the health insurance scheme. It is a relic of the system which was followed in the late 1940's. Eligibility for payment has been continued, but the rate has not been varied since 1948. At the present time payment at the rate of 80 cents a day is clearly of little significance to the patients who are eligible for it, bearing in mind that their hospital fees, even at the standard ward level, are in the vicinity of \$10 a day in most States."

The concluding sentence in the next paragraph says—

"While the policy continues it is our view that the Commonwealth should pay its full benefit (at present \$2 a day) to Queensland hospitals in respect of all public ward patients."

I ask the Minister this question: why did the Nimmo Report refer to Queensland public ward patients if that happens everywhere else? Here is a copy of the Nimmo Report; that is what it says.

Mr. Tooth interjected.

Mr. TUCKER: Do not let us talk about Gough Whitlam's scheme. Let us look at John Grey Gorton's scheme and see how he is treating Queenslanders at present. The payment has been 80c a day since 1948; it has not changed. Although the average daily cost for each patient has risen from \$2.94 to \$12.54 over the 20-year period to which I am referring, the Commonwealth Government still gives Queensland 80c a day, as it did in 1948. That parsimonious approach is one of the factors inhibiting the work of the Department of Health in Queensland.

In 1957 Queensland was spending 97s. 2d. a head on health; at that time the Australian average was 81s. 8d. a head. This State was well ahead of every other Australian State in 1957. The latest report from the Commonwealth Grants Commission shows that Queensland is no longer away out in front but only third. It is spending \$16.30 a head, whereas Western Australia is spending \$22.32 and Tasmania \$17.90 a head. Those statistics are available to anybody who wishes to check them.

The latest figures that I obtained from the Commonwealth Bureau of Census and Statistics show that Queensland has 1.04 doctors a thousand of population, New South Wales 1.28, and the Australian Capital Territory 1.41. Again this State has gone slowly backwards.

The Nimmo committee established that between 1965 and 1967 Queensland was obliged to meet 73.2 per cent. of all hospital costs, compared with Tasmania 61.2 per cent. and New South Wales 48.9 per cent., and that between those years the proportion of hospital costs met by State Governments fell in every State other than Queensland. What happened in this State? It rose by 1.4 per cent. No-one can convince me that everything is right in this State. No-one can convince me that Queensland has not been discriminated against and victimised because of its free hospitals.

Let me turn now to the school dental scheme and consider what has happened to it in the course of the last few years. As far back as 1952, Queensland had 25 school dentists. They examined 18.5 per cent. of all the primary school children in this State and managed to treat 14.5 per cent. of them. Last year the Director-General of Health and Medical Services issued figures showing that the number of dentists had fallen to 14, with only 9.5 per cent. of the equivalent number of children being examined and a meagre 3.2 per cent. obtaining treatment. This year the position seems to be even worse.

In 1967-68 the number of schools visited was 363; in 1968-69 the number fell to 351. The number of children examined in 1967-68 was 27,573; and in 1968-69 it was 27,418. The number treated in 1967-68 was 9,240; in 1968-69 it fell to 8,916. The situation last year was worse than that in the previous year, and this year it has again become worse.

According to the annual report we now have 16 dentists, two more than last year, but we are still five below the establishment and nine below the number we had in 1952. Is that progress in Queensland? My answer is definitely "No".

(Time expired.)

Mr. PORTER (Toowong) (3.1 p.m.): I speak in this debate because the Premier made it plain that he would take note of the debate on the Estimates of the Department of Health in deciding for or against an inquiry into the hospital administrative system. I support the plea for an inquiry. I do so, of course, without any personal bias whatever but merely because I believe it is necessary for any Government to remain flexible and forward-looking. No person or system can be constantly 100 per cent. right, let alone 101 per cent. right.

Over a period of time it is desirable that all systems should be looked at to see whether the criticism that is offered from

time to time is valid, and whether it can be accepted or should be properly rejected. Without doubt we have, in many respects, a very good hospital system. I readily concede that. I am not expert enough in this field to be able to pin-point all its virtues or catalogue all its faults. But the hon. member for Wavell is fortunate enough, with the expertise that his professional position and experience in hospitals give him, to be able to talk about this. I am not able to say whether he is right, or the degree to which he may be wrong, in anything he said in this Chamber, but I claim that he has not only the right but the obligation to say here what his experience and his convictions prompt him to say.

In this regard I agree with comments made by the hon. members for Balonne, Merthyr and others in the Address-in-Reply debate. I think it is pertinent to say that the role of a back-bencher is very essential to the healthy functioning of a Parliamentary democracy. The degree to which this is limited is the degree to which Parliamentary democracy tends to be lost. I think it is a great problem which applies not only here but in Parliaments all over the world when the executive branch of government wants only a kind of cosy agreement or a bland compliance from its private members. To me this is wrong and intolerable because Parliament justifies itself only when there is honest debate both here and in party rooms, both Government and Opposition. So I repeat that whilst I may not be in any position to adjudicate on the merits of the comments made by the hon. member for Wavell, I most certainly fiercely defend his right to say what he believes.

Perhaps it is pertinent also to relate what I have said about essential responsibilities of a private member to the recent State and Federal elections results. We Liberals have seen a big and oppressive change come over the scene in the last three years because we have been specifically and solidly chastised by the electorate. I think one of the main reasons is that we have tended to abandon a basic tenet of our philosophy, particularly the role of the individual in our society.

There has been a growing tendency for those on top to want the power of decision left in the hands of a relative few. To me, the philosophy which my party stands for means nothing once we abandon the right of individual members to dissent, object and criticise. Otherwise we appear to be adopting Labour's very servile acceptance of decisions from the top—right or wrong, wise or unwise. If we are to successfully commence the long, hard road back we have to return to a basic tenet of Liberal philosophy, namely, the recognition of the fact that there is at least as much virtue, and sometimes more, in dissent as in assent. In passing, I say that I deeply regret the answers given in this Chamber to questions relative to young resident medical officers who were dismissed by the Townsville

Hospitals Board and the giving of details of the applications made by the hon. member for Wavell for various hospital posts before he entered Parliament. I have said that in another place, and I say it here. I regret that the answers were given, and as a member on this side of the Chamber I disassociate myself from them.

I believe that ample grounds have been given for an inquiry into the State's hospital system. The Council of the Australian Medical Association, the nurses' bodies, including student nurses, the patients' associations, the professors of medicine and pediatrics, and the Liberal Party at its various conventions, particularly the one held in Toowoomba only a couple of months ago, all believe that there is scope for an independent inquiry into our hospital system. The department does itself no service if it tries to suggest, "Everybody is out of step but me". So universal, so insistent and so well documented are the demands for an inquiry that the department should not do itself that disservice by evading one. If nothing reveals a necessity for improvement, then public confidence is restored. If there are some changes to be made, then let us make them for the betterment of all concerned. Again I say that the minimal requirements of good stewardship suggest that one objective look at the system should be made at least every 10 years.

Mr. P. Wood: What is your attitude to free hospitalisation?

Mr. PORTER: I am sorry that I have not an opportunity to talk about attitudes, but I shall talk about free hospitalisation in a moment. There is so little time to say what needs to be said.

From some quarters an insistent cry has been made that, together with an independent inquiry into the hospital system, we should look at the whole practice of medicine in the State. I see no need for this, but if it is sought I would have no objection to it. To my mind the insensate attacks made by the hon. member for Townsville South when he spoke about "medical benefit rort boys" and \$15,000 a year bonanzas for doctors are most regrettable. It is a pity that he is not here this afternoon. If the practice of medicine is such a bonanza to spivs and layabouts, as he constantly suggests, why is there a chronic and growing shortage of doctors in this State? In 1961 an inquiry showed that some 20 per cent. of our graduates leave Queensland to practise elsewhere. I would not expect that figure to be less. A few minutes ago the hon. member for Townsville North indicated the number of doctors per 1,000 of population in Queensland compared with the rest of Australia.

If critics of the medical general practitioner want to attract public attention by violent and almost psychopathic denunciations, I think that both sides of the story should be told. We should pay attention to what is involved in becoming a G.P.—the

cost of education, the cost of establishment, whether he is buying into a practice or squatting in one, and the cost of running a practice, which an inquiry held in New Wales only two years ago showed was about 50 per cent. of the gross earnings.

We should look at the hours worked by a G.P. The New South Wales inquiry showed that usually a G.P. works 104½ hours a week. I wonder what the rate of pay for those hours would be in any comparable industrialised profession. In addition, we should consider the effect on the doctor's health and on his family life. And of course he does not have the opportunity to provide for sick leave, recreation leave, study leave or superannuation benefits, which are available in so many other fields of employment.

I am not suggesting that the general practitioners are impoverished, but to suggest that they have the "rorts" and benefits that have been talked about in this Chamber is, of course, absurd. We should remember also that in Queensland a G.P. charges \$2.85 for a surgery call, \$4 for a home call, and \$6 for a home call made after hours. If we call in a television repairman we have to pay him \$7 before he enters the house—before he does a thing—and we must pay him in cash.

I have said that I believe an inquiry is necessary, and it is only proper that I should now say precisely why I think so. If I have not the expertise of the hon. member for Wavell, I am not totally ignorant because, oddly enough, I was associated with the beginnings of the present hospital system. My first job was assistant to the then Assistant Under Secretary of the Home Secretary's Department, Mr. Chuter, in the 1920's when the present Act was being framed. I know the then prevailing attitude; the great faith that there was in bigness, in centralised power, which produced not only our hospital-board system, but also the Brisbane City Council. Since then I have had many friends in the medical profession who have done their residencies in, and have been interested in, our hospitals, and I have a daughter who has graduated as a nurse. If I am not expert in the professional sense, equally I am not totally ignorant in the lay sense. To me, an inquiry could cover many obvious areas, such as the economics of our system and its efficiency. What can we do about overcrowding? Should we make charges for any services? Is it proper to use our hospitals for elderly patients? Would there be benefit in a special hospital for accident cases?

On the matter of charges, I say that free hospitalisation has become something of a sacred cow in Queensland. We are expected to worship it without any regard for its absurd contradictions. The plain fact is that nothing is given free by Governments; this is merely a re-arrangement of income. We have no free hospital system. In this regard,

it is interesting to reflect that until 1946 charges were made according to ability to pay for all who entered our public hospitals, and this was so until the time that Commonwealth benefits appeared.

I make it quite plain, as I have done before, that I support free hospitalisation for those who cannot afford to pay for it, but I most certainly do not support it for those who can.

Mr. Murray: You support it for the needy, but not for the greedy.

Mr. PORTER: That is quite right.

I think it is immoral and improper in this day and age that most decent people, on modest incomes—that includes most of us—should pay our hard-earned cash to provide services that we do not use but that others, who do not think in the same way as us, do use. I am sure that from his own experience every one of us knows people who can well afford to pay for hospital services but who go into public hospitals and do not pay a cent, not even for the food they eat, which they would certainly pay for if they stayed at home.

We should not delude ourselves on what the majority of Queenslanders really think about free hospitalisation. The hon. member for Townsville North said that 47 per cent. of the population insure for some form of hospital cover, but I do not think he mentioned that 28 per cent. feel it necessary to fully insure for private hospitalisation. This is in a State where, theoretically, no cover at all is necessary. If we think of this in terms of families—because mainly families, and not individuals, are covered by medical benefits—quite obviously more than half our people, despite free hospitalisation, feel that they must be covered to some extent, and many to a full extent, in order to enter private hospitals. The private hospital cover, which is 28 per cent. in Queensland, is only 14.7 per cent. in Western Australia, 9.2 per cent. in New South Wales and .3 per cent. in South Australia. I suggest that this is an area for inquiry. Should charges be made and, if so, what manner of charges?

I do not think there is any doubt that the completely free system—come one, come all—which is paraded here as better than the systems in other States, because it does not ration the intake, must inevitably develop its own inbuilt rationing methods. I cannot see any way out of that. About two years ago Professor Gordon, who is Professor of Preventive and Social Medicine at the university, in an article concerning our system, said—

“No-one really requiring a bed was ever turned away. In many ways this is an admirable virtue and is to be preferred to the opposite state of affairs. However, one main difficulty is to assess real necessity, and most people familiar with hospitals would probably agree . . . that the nature and quantity of human symptomatology is such that any free system of medicine must

inevitably have in-built systems of rationing. These are usually disguised; long waiting times, long waiting lists, etc.”

Mr. Murray: Surely it would be true to say that the greedy have the available time of doctors for the needy.

Mr. PORTER: It would be infinitely better if there were some rational method of charging people who can afford to pay. It is only a matter of a few weeks ago that a resident medical officer society passed this motion at one of its meetings—

“The society is concerned at the lowered standards of care resulting from overcrowding of wards, out-patients’ facilities and other medical services at the Princess Alexandra Hospital and requests that action be taken to correct the situation as soon as possible.”

I believe that there are two major areas of inquiry, namely, charges (whether they should be made, and in what manner) and the staffing position in teaching hospitals.

I think that the major area of inquiry where changes of vast significance could be made, and far-reaching effects could accrue—it could be carried out with not \$1 of additional cost—is in the matter of the peculiar relationship that has been built up over the years between the hospital administrative machinery and the medical profession. As I understand it, there has grown, over the years, a kind of extraordinary mystique about this. The control of hospital administration must be totally in the hands of a department and its paid officers. This iron control, which it has developed into, can tend to be very inflexible. It can become resistant to change and sterile—and I do not mean that in the medical sense.

So, what I am advocating here as another and a major area of inquiry by an independent body is the philosophy of our free hospital system. I think it is this type of control which produces many abrasive problems. The dismissal of six young residents by the Townsville Hospitals Board is significant of it. This notion that the system is always 100 per cent. right, and that only doctors who will do as they are told are wanted and that the rest can keep out, is not useful to the system, the doctors or the nurses, and in the long run does not help the patients. It explains, at least in part, why so many of our doctors go elsewhere and why young residents are seeking improved conditions from hospital boards.

This absolute determination to keep out of the administrative structure all private practitioners and all university personnel if at all possible and to rely only on medical advice from its own full-time officers has applied from the very beginning of our hospital system and has now become part of the very core of its being. Naturally, one asks why and one is led into thinking that the reason for this is that the department, if it accepts

advice only from its own full-time professionals, can then reject that advice if it wants to, because no-one would ever know and there would be no embarrassing moments of publicity or inquiry. This has led to a situation where too much centralised control is exercised by the department, and we reach the stage where many people feel that although, in theory, boards run hospitals, in actual fact the department runs them.

I believe that this attitude of deep suspicion of doctors, a kind of residual envy of professional academic people, stemming from early Labour Governments, should be eliminated. It has continued, and, as always with Parkinson's law, what was once seen sincerely, even if wrongly, as a means to an end has now become an end in itself. Over the years, as I see it, the department has tended to rely more on those within its ranks for its advice on hospital administration, and to exclude those who, by their experience outside, have the best capacity for treating sick people. I know that over the years the medical profession has tried hard to help by offering constructive criticism, but it is becoming increasingly irritated by the refusal of the department to argue upon any factual basis and the tendency to dismiss any outside medical comment as being inspired by base motives—that this is just doctors' professional avarice; that they want to take more money. I think that the hospital services in this State, and the medical profession, are both suffering from what seems to me to be a rather primitive hospital philosophy which, of course, is unique to this State.

Another area for inquiry is the relationship between the nursing profession and the hospitals system. There is no need to make much reference to it here. For many years there has been a kind of internecine warfare between the Department of Health and the nurses. Much improvement has been made in the lot of student nurses, but they are still pressing for more. I do not think there can be any doubt that the economics of our hospitals system have necessitated a different treatment for nurses from that obtaining in other States. Senator Dame Ivy Wedgwood, Chairman of the Senate Commission on Health Costs, said—

"Nurses in Queensland are suffering disadvantages in excess of those in other States. There is room for improvement."

I believe that an independent inquiry would help to find that room for improvement.

What I am suggesting are therefore not matters that can be solved only by a tremendous injection of funds. I am not suggesting that the ills that I have mentioned can be cured only by finding "X" millions of dollars, because I know that it is very difficult to find any millions of dollars, let alone huge quantities of them. What I am suggesting are changes in attitude, and I think that that in itself would do a great deal towards improving the system, vastly easing

the Minister's burden, and providing a system that would give a better service to the people of Queensland.

I suggest that there should be an inquiry into costs of hospitalisation (that is, the economics of the system), into charges, whether charges should be made for some aspects of service, and what those charges should be.

We must also consider, of course, how we can pump more money into the system. I am not suggesting that I place on a low priority the need for more money. The last report of the Commonwealth Grants Commission shows our situation. Whereas Queensland once quite consistently spent per head of population more on hospital services than any other State, we now lie in third position; Queensland now spends \$16.3 per head, against an expenditure of \$22.32 in Western Australia and \$17.9 in Tasmania. In fact, Queensland is barely above the Australian average of \$15.38. I freely concede that to carry out many other great reforms we do indeed require the money of which the Minister constantly reminds us.

But there are fields in which money is not the sole determinant. If we do consider that some kind of charges should be made, I think that that would go a long way towards reducing the problems of overcrowding and congestion in out-patients' departments and other sections. Certainly we should look at the philosophy of the system—this rigidly centralised departmental control, with the exclusion of the private practitioner almost completely from the administrative system. I believe that this area is the one that promises the greatest hope for the future.

I think, too, that the boards of teaching hospitals should have more powers of decision, with university and medical staff having more voting representation on them. Certainly an inquiry should look at the role of the nurse in a modern hospital system. We have to check the warfare that has gone on here for so long, because it is not in the interests of those concerned. I think that the problems of overcrowding and inefficiency might well fall into place if we were to look at the decisions on costs and charges, and if the department saw the medical profession as friendly, not hostile, Indians.

Finally, there is perhaps one other field of inquiry, namely, specialisation. Should geriatric patients occupy normal hospital beds? Should we perhaps try to squeeze our resources to find some other way of looking after them? Could a special accidents hospital ease the enormous and disparate burden cast on general hospitals which have to cope with the victims of our accelerating highway carnage?

I conclude by saying that I have offered no personal criticism, and I expect what I have said to be received in the vein in which it is offered. I have tried to be factual and useful, because I consider that we are in grave danger of developing in

a monolithic hospital structure a kind of premature hardening of the arteries, and that would be a tragedy for a young and growing State. I say again that an inquiry could do no harm; it might do much good. I think that political common sense and community confidence both argue for an independent inquiry into the hospital system in Queensland.

Mr. MELLOY (Nudgee) (3.26 p.m.): Before dealing with the Minister's introductory speech and the Estimates themselves, I wish to comment on certain remarks made by the hon. member for Toowong, who has just resumed his seat.

I have been suspicious for some time about the real reason for the demand by members of the Liberal Party for an inquiry into the State's hospital system. I think that the hon. member for Toowong has let the cat out of the bag to a great extent, because he suggested that a committee of inquiry should consider the question of the payment of fees in public wards. In my opinion, that is one of the objects underlying the demand by back-bench members of the Liberal Party for an inquiry—not so much an investigation into the hospital system; more, perhaps, an investigation into the free hospital system—because, if the Committee is to believe the hon. member for Toowong, one of the things that must be inquired into is the question of charges in public wards.

The hon. gentleman stated also that he did not want the inquiry to extend to the medical profession as a whole.

Mr. Porter: Quite incorrect. I said I had no objection to that, and I stated why.

Mr. MELLOY: The hon. member said that he did not think it was desirable.

Mr. Porter: I said that I did not think it was necessary but I had no objection to it.

Mr. MELLOY: The hon. member said that he did not think it was necessary.

Mr. Porter: That is right. I stated why.

Mr. MELLOY: He qualified that, evidently, by saying that he did not object to it. However, the inference is there that he does not consider that an inquiry into the medical profession as a whole is necessary.

Mr. Porter: I gave my reasons for saying that.

Mr. MELLOY: That may be true, and perhaps it is a fact that it is not necessary to inquire into the medical profession as a whole. But the medical profession as a whole is undoubtedly bound up with the hospital system, and there must be some relation between the two.

I believe that any inquiry into the hospital system must be very comprehensive. Both the scope of the inquiry and the constitution

of the committee set up should be as broad as possible. It should not be merely a departmental committee of inquiry.

I turn now to several matters mentioned by the Minister. I was rather surprised that, in introducing the Estimates, he spent a considerable time on matters of minor importance. For instance, he dealt in some detail with matters such as the amenities provided for the staff of the department. I think that a Minister who is under such pressure and criticism as he is could have devoted more time to defending the hospital system and his staff than the Minister did on this occasion.

Mr. Tooth: This is the presentation of the Estimates.

Mr. MELLOY: That is so; but I have no doubt that, in his reply, the Minister will take advantage of the time available to reply to charges made against him. I think that the Minister could have given some indication to the Committee in his introductory speech of the manner in which the hospital system is conducted and attempted to allay the fears and forestall the criticism of hon. members of that system.

I welcome the Minister's advice that two new home care centres are to be established almost immediately, at a cost of approximately \$46,000. I think this is a step in the right direction. These centres will relieve, to a great extent, the pressure on our hospital bed position.

I am also pleased to note that the Minister is giving consideration to the appointment of a doctor as an admissions officer in the casualty department. I think this is an essential need in that department. We have heard numerous instances of people presenting themselves at the casualty department and, after very perfunctory examinations and diagnoses, being sent home again when really they should have been admitted immediately to hospital. The presence of an admissions officer, to make decisions on whether or not a patient should be admitted or sent home, will be a tremendous advantage.

In his introduction the Minister said that the number of doctors graduating this year will be in excess of the vacancies existing in our hospital system. I should be very surprised if the Minister means that the vacancies will all be taken up by this excess of graduates. Because of the unsatisfactory conditions under which they would be required to work in our hospitals, many of those who graduate will not remain in Queensland, but will migrate to other States and overseas.

Mr. Tooth: They will come back. Most young doctors go overseas.

Mr. MELLOY: That may be true, but the Minister is not going to obtain sufficient doctors to fill the vacancies that occur in our hospital system. He claims that the

number of graduates will exceed the number of vacancies, but the remark is pointless if vacancies cannot be filled.

I wish now to deal with these Estimates. The Minister for Health is in a rather invidious position. On the one hand, he is advised by experts within his own department whose advice he must accept, and on the other, he is subject to criticism and advice from outside the hospital system, particularly from members of the Opposition and members of his own party whose criticism and advice he cannot afford to ignore.

Mr. Hinze: "Dr. Porter".

Mr. MELLOY: The hon. member need not quote Dr. Crawford.

Mr. Hinze: "Dr. Porter".

Mr. MELLOY: It is against this background of conflicting and contrary advice to the Minister that we have to view the Estimates. It creates difficulties for us in dissecting and criticising them. And the Minister, being in a state of conflict in handling the portfolio must himself experience extreme difficulty in assessing the various demands of the departments under his control. It must cause him considerable worry as to where and how the money available to him should be spent. We are not as well informed as he is, and do not have available to us the advice of officers of the department, and that adds to our difficulties in dissecting the Estimates and making constructive criticisms and suggestions.

As has been pointed out by the Deputy Leader of the Opposition, it was only at 11 o'clock this morning that we were able to view the Annual Report of the Auditor-General on Public Accounts. It may have assisted us in assessing the needs of various departments administered by the Minister for Health. Possession of that report would have enabled us to make a more detailed examination of the Estimates; however, we did not have the advantage of it.

I wish to deal with several matters contained in the Estimates, the first being the school health dental services. It is quite apparent that those services are deteriorating from year to year. School-children do not receive the attention and examinations that are desirable to preserve their dental health. I suggest that a school dental nurses service, similar to the ones that exist in New Zealand and Tasmania, be set up in Queensland. The previous Minister for Health, the late Dr. Noble, investigated that matter and viewed it very favourably. The schemes in Tasmania and New Zealand function very well indeed and provide an examination and treatment service to school-children. It is alarming to learn that of the establishment of 21 in the State's school health dental services, there are only 16 dentists. That fact illustrates the tremendous shortage of dentists in Queensland and reflects the need to increase the number

of dental fellowships awarded each year, as I have suggested previously. That number could be increased by at least four a year to fill the vacancies that exist in the dental services.

I refer now to the Wacol Rehabilitation Clinic. That clinic provides a wonderful service, but I do not think that it goes far enough. Suggestions have been made that inmates of that clinic, on their discharge, should be able to receive treatment at a half-way house. Those suggestions are good ones, and the establishment of a half-way house is essential. Despite efforts made by staff welfare officers, a number of inmates of the clinic revert to their previous mode of living when they are discharged. Although they have "dried out", as it were, at Wacol, they do not come under the control of a department and are not encouraged to become completely rehabilitated. No employment service is provided for inmates of the clinic who are discharged. I know that the Minister has said that assistance is given to inmates to secure employment, but no recognised machinery is set up to find employment for them, even in Government departments. Having treated those inmates, the Government should be prepared to accept them in employment. If the inmates could be employed by the Government they could remain under the surveillance of welfare officers.

I wish to refer now to the Division of Air Pollution Control, which performs important functions in our health services. It was evident from the reply given recently by the Minister that the fall-out in the Pinkenba-Myrtle town area has doubled in the eight months since January of this year. That is a staggering increase. I do not know if the Division of Air Pollution Control is not doing the job it is supposed to do because of a lack of staff or a lack of knowledge of the conditions, but after it has been in operation for two years air pollution in this city is increasing. It seems that no active efforts are being made although certain industries have been declared under the Act. As the threat posed by fall-out is increasing, the members of this authority should pull their socks up and ensure that this problem, which is most evident in the city, is brought under a measure of control.

In referring to the Children's Services Department, I congratulate Mr. Clark and his staff on the work that has been done. They are restricted only by the regulations promulgated by the Government. I wish to emphasise a matter that I raised in a question this morning concerning people who receive Commonwealth Social Service benefits. As soon as an increase is granted in Commonwealth Social Service payments a corresponding reduction is made in the amount of aid received from the State. The effects of this policy are felt particularly by deserted wives and widows with children on State aid, because one of the children may

be taken off State aid. The State Government should stipulate its responsibilities in this field and if by good fortune these people receive additional assistance from the Commonwealth their State aid should not be affected. The State has its own system which provides that certain payments will be made. It should stick to them instead of taking a child off State aid immediately a deserted wife or widow is eligible for increased Commonwealth payments. Not only do these people suffer a monetary loss; they also suffer a material loss in the provision of school books and other educational facilities.

When discussing these Estimates it is fitting that I should refer to various hospital matters. There have been many and varied criticisms, not only by members of the Opposition and the Government, but also by interested bodies outside Parliament, of the conduct of our hospitals. I believe they are justified. I support the Deputy Leader of the Opposition in calling for a committee of inquiry, the constitution of which should be very comprehensive. Little is to be gained by a departmental inquiry into our hospital system. A comprehensive inquiry is needed.

Over the years complaints have been made by medical men, nurses and patients about lack of treatment. I am sure that no-one has any criticism of the treatment actually received. The criticism is of the treatment that is not received. The nurses and doctors enjoy the highest reputation and are greatly concerned with the patients under their care. However, they are not able to provide all the care that is necessary for the welfare of hospital patients.

Many wards in our hospitals which were built to accommodate 12 beds have 18 beds in them. This applies particularly at the Princess Alexandra Hospital. Patients who occupy these passageway beds do not have the normal facilities, such as headphones, which are available to other patients. This overcrowding causes criticism of the Department of Health.

Apparently our hospital boards feel that they are above the regulations that apply to hospital accommodation, for instance, a minimum of 90 square feet per patient. That regulation applies to private hospitals, but evidently not to public hospitals. I do not know whether hospital boards feel that they are above the law in this regard, but it is a fact that they do not comply with conditions that apply to private hospitals.

I suggest that one answer to the overcrowding problem is the establishment of perimeter hospitals and the use of the home-nursing service. This would enable recuperating patients to be transferred from the overcrowded hospitals to perimeter hospitals or to their homes and placed under the care of the home-nursing service, which would be provided by the hospital. For instance, the Meals on Wheels organisation could operate from the hospital kitchen. This would relieve

some of the pressure in hospital wards. It has been said that the cost of maintaining patients in a hospital is excessive, and that it would be cheaper to accommodate them at Lennons Hotel.

Another answer to the problem would be the establishment of State nursing homes rather than hospitals. It costs a lot of money to build a hospital. In addition, the Minister indicated the tremendous amount of equipment that will be installed in our hospitals in the next couple of years. It appears to me that the provision of this sophisticated technical equipment could be made the subject of a special Commonwealth grant. No doubt that equipment is essential, but its provision takes a tremendous amount of the finance that is available and could be used to provide more staff. It is things of this sort that are hamstringing our hospital service, not only in the construction of hospitals but also in the provision of necessary equipment.

I should now like to say a few words on the nursing service. At present nurses are shouldering tremendous burdens that are out of all proportion to their ability and knowledge. This has been brought about to a great extent by the shortage of medical staff. Duties that are far beyond the capacity of nurses and are largely the responsibility of medical officers are being delegated to nurses. This must be reflected in the treatment given to patients.

(Time expired.)

Mr. W. D. HEWITT (Chatsworth) (3.51 p.m.): It is accepted that the hon. member for Nudgee is the shadow Minister for Health in the Opposition's ranks. That being so, I expected from him a learned dissertation outlining the policies of the Opposition and giving its attitude to the various and important matters concerned with health administration. We could reasonably have expected him to make some passing reference to Mr. Whitlam's policy on health or the very important Nimmo Report, which is still under active consideration. We would have thought that he would have had specific things to say instead of generalities that established nothing.

He identified his own shortcomings by referring to the fact that the Auditor-General's report was issued only this morning, and somehow or other that was represented as a line of defence. He said in effect, "If this valuable document had been in my hands earlier, my argument would have been so much more telling". It is important to recognise the function of the Auditor-General's report. It is a report that analyses the financial administration of the State; that establishes that funds have been spent in keeping with the authorisation to spend them; and that there has been no misappropriation. It is an important document, but it is not a policy document, and for a person to say that his case is weakened because he did not have access to it is to

say that he has no background knowledge of the subject. In a few minutes his case is dismissed, and he fails in his claim to be the shadow Minister for Health in the ranks of the Opposition.

The Deputy Leader of the Opposition made greater reference to the matters to which I have referred, and we can at least pay him the compliment of acknowledging that he has done some home work, although he, too, made some reference to the Auditor-General's report. But the hon. member came a little unstuck when he fell back on the Annual Report of the Health and Medical Services of the State of Queensland. On the one hand he said that he had been studying the document for the last several days and, whilst in general terms he was complimentary to its contents, he deplored the fact that comparisons were not made with past years.

I rather fear that the hon. member must have lost his chewing-gum between the pages whilst perusing this document, because on page 6, Table V, there are comparisons going back to 1935. Table VI and Table VII take us to 1963. Table VIII takes us to 1947, and Table IX takes us to 1960. The whole document is studded with useful comparisons with past years. The hon. member must have been studying rather late at night with the result that he did not take those comparisons very much into account.

To understand the ramifications of this department it is important to understand its full scope. It embraces such important issues as hospitalisation, psychiatric services, the Radium Institute, maternal and child welfare, air pollution, public health, child services, alcoholism, medical research, and a host of other associated fields of endeavour. It is an administration that in the current financial year will claim \$57,000,000 of expenditure, representing 13 per cent. of the total expenditure. It is an administration that claims to have treated 243,835 people in the year 1967-68, with a daily occupancy of beds exceeding 7,700. It is a department whose services have extended greatly during this Government's term of office and which can, in consequence, claim credit for many things that have happened. The fields of psychiatric services, geriatrics and treatment for subnormals and alcoholics have been extended greatly and improved upon, and, indeed, some fields of endeavour have been explored for the first time.

These things stand out in stark contrast to the many things that were not done under previous administrations. Therefore, I say right at the outset that the Government's record in the field of health administration in this State is a creditable one and that there is very little indeed for it to be ashamed of; by comparison, there is much of which it can be proud.

These Estimates attract added interest this year because a call has been made for an inquiry into the whole ambit of health

administration in Queensland. That argument was developed in the maiden speech of the hon. member for Wavell, in which he preached the doctrine of divine discontent. He identified shortcomings as he saw them and, in his professional capacity, spoke upon them, and I am one of those who believe that his contribution was a valuable one, one that should be listened to, analysed and, indeed, to some degree acted upon.

Mr. Hinze: You can't have "two bob" each way. Whom are you backing?

Mr. W. D. HEWITT: The hon. member for South Coast should contain himself. If he wants a declaration and is merely trying to anticipate me, I am leading up to saying that I support those who believe that an inquiry would be useful, and I shall set out to show why.

However, I preface my remarks by saying that, in asking for an inquiry, I do not reflect upon the integrity of the Minister. The relationship between him and me has been good. It has been a long association, and his advice to me since I came into this place has been valued by me. He commands my utmost good will. I do not reflect on the capacity of the professional staff—certainly, I am not competent to do so—and I do not reflect upon the competence of the administrative staff because I have not any reason to do so. I do not necessarily call for an inquiry because I can point to specific reasons, although, like the hon. member for Nudgee, I suspect I could find plenty of generalised reasons. My reasons are simply these: that there would be no harm in an open inquiry and there may be some good.

An administration as vast as the health portfolio can become depersonalised. It can be remote and the system can be inbuilt. People who live very close to problems may tend to lose some objectivity—I do not say that in any harsh sense—and I believe that an inquiry at any time does not represent a retreat by a Government, nor does it reflect upon the Minister who is handling the portfolio for the time being. Indeed, the reverse may be the case, because a Government can lose face by not looking into things. That leads into a particular philosophy that I have long embraced: a belief that all fields of Government activity should be looked at occasionally, because we are the custodians of public money and only the best is good enough. We must make sure that moneys are spent in the best way possible and ensure that they produce the best result. Therefore, I support the call for an investigation merely because I believe that many things can, and should, be looked at. On other occasions I have asked for close scrutiny of other fields of endeavour; I shall do so again.

Now, because I have developed that attitude, a few weeks ago I was castigated by the hon. member for Baroona because I had sung the praises of efficiency experts.

I did not envisage efficiency experts such as Crabgrass or Mr. Abernathy fame. Perish the thought! Any concept that leads to plaguing and pestering people in their everyday role is quite abhorrent to me. Rather, I believe in the streamlining of systems, the avoiding of duplications, the lightening of the load, and the saving of public moneys. If an inquiry would do this and at the same time achieve improvement in an already good health administration, then nothing bad could come of it. Something good could come of it.

To develop this argument a little further, I have agitated for the last few years for the introduction of microfilm processes into the Public Service and the Public Service report, year by year, has waxed hot and cold on the issue. I await with great anticipation the opportunity to read the Public Service Board Report which was tabled today.

I remind the Committee that if other Governments had not instituted inquiries from time to time many things would not have been unearthed. It is timely to refer to the fact that the public accounts committee in Victoria recently pointed out to the Victorian Government that something like \$1,000,000 a year of useless expenditure was being incurred in the use of Government motor-cars. There are plenty of reasons for an inquiry in this case and I support the call for one.

A few weeks ago the Minister for Police, in simple terms, said that he looked for the best Police Force in Australia. It was a noble call and I think that it would not be a bad thing if we aspired to have the best health services in Australia and set about getting them. Maybe advice from a competent committee would be a very useful first step.

It is not possible to deal critically with all aspects of an administration as vast as the Health Department. Indeed, one would be fluttering like a butterfly from flower to flower if one attempted to do so. Therefore, I content myself with a few comments upon some matters of particular interest to me. I make reference first of all to the improvements that have been effected in this State in the treatment of the mentally ill. We know that institutions in Queensland have had their fences pulled down and their bars removed, and that the stigma has been taken away from mental illness. A breath of fresh air has blown through the place and a completely new approach has been taken. Psychiatric services have been vastly expanded. Our treatment of the mentally ill in this State is to be applauded.

Unfortunately, some of the old concepts remain. Too many people still conjure up dreadful thoughts when one talks about institutions for the mentally ill. I believe the Government acted wisely when it recently chose to change the names of some of these institutions. We can, to some degree, get rid of the old concepts by changing the names.

To give a simple example of the degree to which the word "Goodna" still conjures up the very worst in people's minds, a few months ago I was contacted by a certain person whose relative had been sent to Wolston Park. Apparently, somewhere, the word "Goodna" had been mentioned to her. She contacted me in a state of great distress and pleaded with me to do everything possible to prevent this person being sent to Goodna. I investigated the background of the case and was assured that Wolston Park was the only proper place to send this person; but so agitated was the person who approached me about him that I thought the only way to set her mind at rest was to take her to this institution. This I did. Her reaction was immediately noticeable. Nothing was hidden from her. We were shown through the entire establishment and were told something of the treatment that the person would receive. We were also told what the ultimate outcome should be. When we left that place she was infinitely relieved and thankful beyond words.

I believe a job has still to be done in breaking down this old concept and making sure that people realise that the mentally ill are no different from those who suffer from any other malady. We should let them know also that an institution is not a dreadful place of incarceration but in fact a place where people receive the best possible attention and treatment that is their due.

While on the matter of misinterpretation, I think it timely to refer to certain attitudes to the treatment of subnormals and the intellectually handicapped. We know now that those people are treated at Challinor Centre. I do not intend to ventilate matters that could embarrass or hurt the people concerned so I speak deliberately in general terms only, but the Minister will recall submissions and suggestions that I have made to him.

I have evidence that, at times, doctors in their diagnosis of and treatment of those unfortunate people show scant knowledge of the incidence of the peculiar illnesses that are suffered by subnormals. I have evidence also that some medical practitioners speak in derogatory terms of those institutions, and give advice that, in my opinion, is totally wrong. I suggest that there is a need for general practitioners to have some passing knowledge of those institutions and some understanding of the work they are doing. If they took the trouble to gain that knowledge they would alleviate a good deal of mental strain suffered by the unfortunate parents of subnormal people.

I have suggested to the Minister that some dialogue be established with the medical profession so that general practitioners in particular can see those institutions and can understand what is happening at them so that as a consequence they could possibly give better advice and diagnose some of the cases a little better than they have done in the past.

The Minister referred to air pollution. It is timely to remind him of the contents of the policy speech made by the Deputy Premier on 23 April, 1969, in which, under the heading "Environmental Pollution Control Council", he said—

"Our industrial progress—plus modern packaging—is rapidly creating problems of pollution previously not experienced in this State. We have pollution of rivers and streams by sillage, liquid trade wastes and other substances. We have pollution of the environment by solid wastes, ranging from simple litter, through to the complex problem of disposal of common garbage and the more difficult residues from trade processes.

"The Government, therefore, regards as of great importance that early steps should be taken to study all aspects of environmental pollution before our industrial progress creates problems of complete intractability.

"It is therefore proposed to establish an Environmental Pollution Control Council comprising representatives of the Department of Local Government, Health, Irrigation and Water Supply, Harbours and Marine Departments, together with representatives of Local Authority, Chamber of Manufactures, Chambers of Commerce, Housewives organisations and other co-opted bodies to advise the Government on ways and means to combat such problems, and to ensure safeguard of public health, as well as general cleanliness of our surrounds."

By virtue of the fact that so many departments were mentioned in that policy speech I am not quite sure into whose paddock the problem falls so I refer to the matter while discussing this Minister's Estimates.

I hope that there is not undue procrastination in forming the proposed committee and getting it going. With infinite respect to the Minister, I say to him that it is later than he thinks. The discharge of vast quantities of industrial and domestic wastes into the State's rivers and streams creates a problem that is compounding year by year. The sooner we realise that and impose some control upon pollution, the better.

I shall give a simple example not of obvious domestic waste but of a problem that has an effect upon environment. A few weeks ago I read in a fisheries magazine that the discharge by industrial complexes of great volumes of boiling water into a river has an effect upon fish life in that river. One would feel that clean hot water discharged into a river would have little effect and need not be worried about unduly, but it removes oxygen from the water, and tests have shown that it has an adverse effect on fish life in our streams. Even such a seemingly harmless discharge must be watched, and it is but a small example. This is

a continuing, growing problem and, indeed, it will probably be the great social problem of the 1970's and 1980's.

A wealth of overseas research material is available on which a committee could start work, and I hope that there will be little delay in setting such a council in operation.

I now make passing reference to the nursing profession, to express satisfaction with the establishment of a concept of regional training and a system of in-service training. We all know that there are manifest problems in nursing administration, but I hope that many other desirable reforms will be implemented as finance and opportunity permit.

I was pleased to hear the Minister refer to the reduced incidence of tuberculosis and the obvious effectiveness of chest X-rays. I applaud the work of the Radium Institute, and commend the continuing fine work of the Division of Maternal and Child Welfare under the firm and sure authority of Dr. J. F. McFarlane.

I have by no means exhausted the number of things that could be referred to. I applaud the administration in so many other departments where good, dedicated public servants are doing their very best in this vast field of health administration. I am sure that our health services will continue to expand because this Government recognises the many problems involved.

I conclude on the note on which I opened, namely, that I see no reason why an inquiry into health administration would not be to our advantage and, indeed, I feel it could possibly provide the Government with a rich field of information and advice.

Mr. MARGINSON (Ipswich East) (4.12 p.m.): During my short term in this Assembly I have come to appreciate the contributions by the hon. member for Toowong in various debates. But, this afternoon, I felt that, to some extent, he let me down when he suggested to the Committee that we should at least partially abolish our free hospital system. My experience is that an attempt to partially destroy anything leads ultimately to its total destruction. I was very sorry to be told by the hon. member for Toowong that he, and no doubt some of his colleagues, advocate the destruction of our free hospital services.

Mr. Carey: He is not the spokesman for the Government, you know.

Mr. MARGINSON: The hon. member's remarks are on record.

We must take it that he has expressed the feeling of members on the Government side of the Chamber, namely, that they believe we should start the destruction of our free hospital system. I was very sorry to hear that.

I regret that there has not been a substantial increase in the allocation for Queensland hospital services. Undoubtedly

there is an increase this year, but it has not kept pace with rising costs. The percentage of expenditure on hospital and health services generally has decreased compared with that of the two previous years. It is not good for our health services, or for the State, when the percentage of allocation is reduced.

I believe I have some knowledge of the difficulties that arise in hospital administration. If Parliament feels that there should be an inquiry into our hospital service, let us have it by all means.

I was interested in the Minister's contribution this morning. However, I felt that he was merely reiterating some of his speech in the Address-in-Reply debate last year. This confuses people about the improvements that will be made to our hospital service. These matters are repeated time and time again. The Minister, in 1968, and again today, referred to certain work in the out-patients' department and the casualty department at the Townsville General Hospital. This morning, he said that there would be a multi-storey building in Cairns. He referred to that in 1968. Today, he thanked the Cairns City Council for its co-operation relative to some streets that were closed. That is exactly what he said in September 1968.

Mr. R. Jones: That was a Labour council, too.

Mr. MARGINSON: Quite correct.

The Minister referred to new quarters for nurses at Dalby. The Minister said "new nurses' quarters" but I prefer to say "new quarters for nurses". Today, and in September 1968, he referred to a new ward at Mt. Isa. He said the same about Rockhampton. In 1968, he said that plans were being prepared for a new kitchen block and new quarters for nurses at the Boonah Hospital. I am pointing these matters out to show the delay.

Mr. Wright: And procrastination.

Mr. MARGINSON: Procrastination. That would be right.

However, not one sod has been turned, not one nail has been driven and not one brick has been laid at Boonah. In 1968, he said that this was to be the forerunner of a major building programme at the Boonah Hospital. I do not know when the other buildings will be erected. I have no doubt that the hon. member for Fassifern is interested in this matter.

In my opinion, the relationship between hospital boards and the department is causing too much delay in obtaining approval to carry out certain work. In the Department of Health there are committees such as the building advisory committee. Boards have to submit proposals to that committee, and I have no argument with that. My argument is with the delay that occurs. The plans submitted to that committee have to be

forwarded to another department for its approval, a department over which the Minister for Health, I admit, has no control. This is where considerable delay occurs. Then, when that department has made an examination of those sketch plans, they are sent back to the Department of Health for consideration by the building advisory committee. Eventually, they are sent back to the hospital boards, in most cases, with certain amendments. In some cases, many amendments are made.

Before tenders can be called, the plans have to be referred again to the building advisory committee of the department, so they are referred yet again to the Department of Works which had to look at them in the first place. After receiving them back from the Department of Works, with more consequent delays, the board may receive approval to call tenders for the work. That is what I believe has happened in the case of the work to be done at the Boonah hospital. At least the stage has been reached of calling tenders, and in fact tenders may have closed. It is quite likely that that work will be started early in the next calendar year at the earliest.

I believe that at times deliberate attempts are made to delay certain projects that hospital boards require to be undertaken. I make the assumption from events that have taken place in connection with the planning at the Ipswich hospital. From memory, four or five years ago the Ipswich Hospitals Board came to an agreement with the department over the planning of certain buildings as a project spread over some five or six years. The board had to go through all the ramifications that I have described. Some of the work has been completed and, in my opinion, they are very good jobs. There has, however, been a standstill in the work at Ipswich, again as the result of administrative delay between the hospitals board and the department.

The Ipswich hospital still needs a new kitchen block, which I know was asked for at least five years ago. I know that certain proposals and conditions are being made for its planning now. In the meantime, the board has required so much more work, such as a dental clinic, a new X-ray department, and new equipment. The equipment in the X-ray department, for example, is many years old. The pathology laboratory has not kept pace with the expansion of the hospital and needs enlarging. The delays with work of this type indicate to me the need for a tightening up in the relationship between the department and the various hospitals boards throughout the State.

Another matter to which I wish to refer is recognition of the Institute of Hospital Administrators, and the degree that is available to hospital administrators from the university in New South Wales. As representative of that institute in Queensland, I made approaches to Ministers who preceded

the present Minister for Health. I have had representatives up here from New South Wales and Victoria who met Ministers on this very issue, and at all times recognition of this institute has been refused. I believe that Queensland is the only State in which the Institute of Hospital Administrators is not recognised. I was therefore delighted to hear the Minister tell the Deputy Leader of the Opposition today that it is now proposed to recognise this institute and to have some men trained in hospital administration in Queensland.

At the same time, I am one of those who believe that medical men do not have a monopoly on hospital administration.

I do not know whether the Minister or his officials are aware of it but a tendency is creeping into the hospitals system today for a medical man to assume unofficially, if he possibly can, depending upon the strength or weakness of the secretary, the responsibility for the administration of the hospital. I believe that the administration should be left to people who are trained to the degree that I have mentioned.

As I said in the Address-in-Reply debate, my main complaints about the hospital service in this State relate to the long waiting periods in out-patients' departments. I am the first to admit that on some days certain emergencies arise at general hospitals and that some medical officers have to be taken away from the out-patients' departments.

Mr. Carey: You agree that their attendance times should be staggered?

Mr. MARGINSON: Patients' attendances?

Mr. Carey: Yes.

Mr. MARGINSON: I agree with that; but there are long waiting periods in out-patients' departments that I find it difficult to believe are the result of the circumstances I have mentioned.

I am greatly concerned at the number of complaints in my electorate about delay in performing operations. A staggering feature is that a public patient has to wait two or three months for an operation. Recently a patient at the Ipswich hospital was told that he would have to wait for six months. He was told also that if he elected to be put in a private ward in the same hospital the wait for the operation would be a fortnight. In my opinion, that should be stopped. I would be delighted if a commission of inquiry could look into matters of that nature. I will give the Minister the name of the patient.

Another point that concerns me is the extraordinarily long delay in dental treatment at the hospital. It is appreciated that urgent dental work, such as extractions, is done within a day and that an appointment is made for the patient.

Mr. Tooth: That would apply to emergent surgery, too, would it not?

Mr. MARGINSON: Yes; but the waiting period for other dental treatment is extraordinarily long. The people of Ipswich are very hopeful that accommodation at the dental clinic will be increased.

I turn now to a matter that has worried me for a number of years. In my capacity as secretary of the Ipswich Hospitals Board, I wrote a letter expressing alarm at a current practice. That was before the present Minister took office, but it still goes on. I refer to the optical service provided at Ipswich by the firm of Trevor Henderson. By arrangement with the Government, that firm gets in touch with hospital patients—they may be registered out-patients or indigent persons such as pensioners—and says that it has a scheme under which they can visit its rooms and it will provide them with certain optical services.

These services include the supply of nickel-framed spectacles. They do not provide bifocal lenses. If a patient requires lenses for far seeing as well as for reading, he is supplied with two pairs of spectacles. In years gone by the Government paid this firm 1s. 6d. a pair for these spectacles and special lenses were supplied at Government cost for people suffering from cataracts. Over the years this system has been used for nothing more than enabling the firm to make contact with the patient. After that, the next step is not to sell him the service that the Government has arranged—and which now, by the way, is peppercorn or nothing; he makes no charge for it—but to see what else he can sell the patient and at what price.

Mr. Carey: You will admit that the late Trevor Henderson was a very humane gentleman.

Mr. MARGINSON: I am speaking about the firm of Trevor Henderson.

Since I entered this Parliament I have encountered a number of instances which I can cite. I had encountered them before, and I had my staff coached to inform the patient in writing what he was entitled to. But the other day a pensioner came to me who really thought that he was getting something under the scheme for which he may have to pay a couple of dollars. He had recently received a bill for \$3.50 for lenses only; he supplied his own frames. His wife also was talked into getting something better. The stock phrase seems to be, "These do not suit you". She got a bill for \$25 whereas she had thought she was getting some concession from the arrangement with the hospital board, through the department. This is a racket that should be looked into.

Mr. Carey: Did your constituent get two lots of lenses or only one?

Mr. MARGINSON: One lot.

I want to make reference to one other matter if I have time. The employees at the Queensland Industrial Institution for the Blind wrote to the Minister for Health on 11 July

last pointing out that during general transport strikes they have difficulty in getting to the institution. They asked the Minister for a sympathetic hearing to resolve their problems. We must remember that these people have no sight. Unlike us, they cannot hitch a lift in a public transport strike.

They wrote to the Minister suggesting that he consider making arrangements to transport them to the institution on such days, and they received this letter from him dated 21 August—

"Dear Mr. O'Mahoney,

"I refer to your letter dated 11th July, 1969, relating to the decision given regarding employees of the Queensland Industrial Institution for the Blind reporting for work during strikes.

"In the case of Public Servants it has been ruled that when a transport strike occurs it is the officer's obligation to present himself at his place of employment."

I have no quarrel with that. The letter goes on—

"If he cannot arrange this he is granted leave either as a charge against recreation leave or without pay.

"The decision given in the case of employees of the Queensland Industrial Institution for the Blind is in accordance with this ruling and, under the circumstances, I am unable to suggest any departure from it."

They told me that, although on this transportation problem the Minister treats them as public servants—and, with due respect to him, might I say it is to suit his own wishes—they are not so recognised when public servants are granted increases in salaries or allowances. They have made representations to be paid as public servants but they have been refused. In fact, their only increases have been basic-wage increases.

(Time expired.)

Mr. HOOPER (Greenslopes) (4.32 p.m.): First of all, I join with the Minister in paying a tribute to the late Dr. David Johnson. In addition to knowing his capabilities in his department, I knew him personally, so I was pleased with the tributes paid to him by both the Minister and the Director-General. Dr. Johnson was a very fine Queenslander indeed.

I should like to refer briefly to the remarks made by the hon. member who has just resumed his seat. He dealt with optical prescriptions, and I endorse what he said. This matter has concerned me for a number of years. It has gone on for so long that it has become very serious indeed. By interjection I asked the hon. member whether he was aware of the tender figure. It has been public knowledge for many years. It is a peppercorn. In fact, at one stage the firm tendered for half a peppercorn, and it admits that. A firm would not tender

like that unless it got something out of it; nobody could convince me that it did it to create good public relations or to perform good deeds for people who cannot afford to purchase glasses. The hon. member for Ipswich East indicated what has been going on for so long, and the matter could be well and truly investigated. I am very grateful to him for bringing the matter up.

Mr. Bromley: If you read the speech I made last week, you will see that I said the same thing.

Mr. HOOPER: If the hon. member for Norman referred to this matter I must agree with him, because it should be attended to.

It is not fair to the profession because it is giving the profession a bad name. Many opticians are concerned and worried, just as are laymen, public men, and the pensioners who receive the spectacles.

Earlier in this debate a plea was made for an investigation of our hospitals system. I sincerely believe that if sufficient arguments are advanced by hon. members on both sides of the Chamber to warrant an investigation, the Government and the Minister have nothing to lose but everything to gain. If sufficient evidence is placed before the Committee in this debate, such an inquiry will have my support.

I say clearly and definitely that, as a Liberal member of Parliament, and an individual, I fully support our free hospital system.

Mr. Bennett: You should tell your Federal colleagues that.

Mr. HOOPER: I will deal with the hon. member's Federal colleagues shortly.

The Liberal Party's platform, in common with that of the Labour Party, advocates free hospitals. While I am part of the Liberal Party I will fight for their continuance. Thank God there has been no indication of any deviation from this policy in the party.

I now wish to place before the Committee an anomaly that possibly has escaped the Minister's attention. Although I brought it to his notice, he may not be aware of its true background.

Opposition Members interjected.

Mr. HOOPER: The Minister is as approachable as one could wish. In my opinion he attends to his duties very capably.

I am referring to pensioners, who, under the social service scheme, are entitled to free medical care by a doctor of their own choice. If they go to hospital they can again have the doctor of their own choice attend them, provided they are in a private or intermediate ward. Normally, they are required to insure with a recognised medical benefits scheme for hospital benefits only. I know of many cases—as do members of the medical profession—in which pensioners require X-rays, pathology tests, and other

tests that cannot be carried out in a doctor's surgery. If the doctor writes a note to one of the public hospitals, the tests or X-rays are carried out free of charge by the public hospital, and the results are returned to the private doctor's surgery. That is all very well, but if a patient has been frugal enough to save a small amount from his pension to insure under a hospital scheme, and becomes ill and is admitted to hospital, naturally he chooses to go to an intermediate ward. But the silly part about it is that if an X-ray or pathology test is required, because he is an in-patient in an intermediate ward, he has to pay for the test. I can imagine nothing more ridiculous. If the patient gets out of bed and gets fully dressed, gets a letter from the doctor, goes down in the lift—even in a wheel-chair—and gives the same letter to the same person, the service is free. I admit that I did not explain this point to the Minister because it has only just come to my notice.

Mr. Tucker: Still not discharged from the hospital?

Mr. HOOPER: Still not discharged from the hospital.

These people are not asked whether they are in-patients or out-patients. They simply carry a letter from a doctor. As the cost is infinitesimal, I suggest in all seriousness that this be included as a free service in our health policy. I asked a private practitioner how many patients he would refer in a year and he told me two or three. I am pleased that the Premier is in the Chamber because he is sympathetic and I am sure that he will do everything possible to have it included. However, if by this time next year it is not, I shall again be asking for it and pressing for it. I am sure that the Minister will have another look at this matter for the reasons I have outlined today.

The organisations with which I am associated deeply appreciate the establishment of the steering committee to investigate all aspects of the education, re-education and employment of blind people. I pay a tribute to the members of that committee. The two officers from the Department of Health, namely, Mr. Norman and Mr. Handran, brought a tremendous amount of ability and knowledge to the committee. I regret that the late Honourable J. C. A. Pizzey is not here to see the report of that committee.

Mr. Bromley: The Minister has lost his copy.

Mr. HOOPER: With respect to the hon. member for Norman, the Minister has the report and is studying it. I am sure that when he and the Minister for Education have finished studying it, a tremendous amount of good will result from it.

Through you, Mr. Ramsden, I wish to pose certain questions to the Minister. What is an autistic child? What facilities are available for the treatment and education of these

children? Can they be cured? Are they educable? This subject has been topical since a news item that the autistic association had lost its accommodation. I do not know whether that statement was correct or whether we have facilities.

The TEMPORARY CHAIRMAN (Mr. Ramsden): Order! There is far too much audible conversation in the Chamber.

Mr. HOOPER: I hope that the Minister will answer those questions at a later stage.

I pay a tribute to the Queensland Institute of Medical Research. I join in the concern expressed by other hon. members relative to its present accommodation. I understand that there is a move afoot to do something about it. As a director of the Asthma Foundation of Queensland, I pay a tribute to the officers of the institute. Their findings have been valuable. They do a tremendous job in assisting not only the Asthma Foundation but other charitable health organisations as well.

Nowadays we are all health conscious, and this has led to certain controversies. We all have our own hobby-horses, and mine is the Asthma Foundation of Queensland and of Australia. I am pleased that the Minister has from time to time met deputations from the medical and management panels of the foundation here, and has made available to it the facilities at the Chermiside Chest Hospital. I am, however, rather disappointed with the attitude of other authorities to that institution. In view of the decrease in the number of tuberculosis patients, the Asthma Foundation of Queensland, in conjunction with the Asthma Foundation of Australia, put forward a resolution in an endeavour to have the Federal Government pass legislation under which chest hospitals could treat asthma patients. Unfortunately the foundations in Queensland and Western Australia were the only two who supported that suggestion. The only thing to be said is that we are grateful to the State Government for allowing asthma sufferers to make use of the facilities available.

Speaking of the Asthma Foundation reminds me that a few years ago the State Government made a grant of \$20,000—then £10,000—to that foundation, to be spread over five payments of \$4,000 a year. We have received our yearly payment this year, and we are indeed grateful for it. However, the final payment will be made next year, and I make it known to the Government that the good work being done in Queensland by the foundation for asthma sufferers can now be seen. I ask the Government to give serious consideration to making available further donations to support the foundation that is doing so much for the asthma sufferers of our country.

The Asthma Foundation is quite concerned over a new drug, known as Intal, that is now being distributed. Intal is known

throughout the world as one of the greatest breakthroughs ever in the treatment of asthma. I believe that overseas it has completely cured some asthmatics. It is, however, not yet available on the free list under the national health scheme. I ask the Minister to make pressing representations to the Federal Minister for Health, whoever he may be, for this drug to be placed on the free list.

Mr. Sherrington: That is the trouble with the free list; there are not enough of the life-saving drugs on it.

Mr. HOOPER: That is quite right; I agree with the hon. member.

Intal is one of the greatest breakthroughs ever in the treatment of asthma, and it has cured many asthma sufferers.

I now wish to say something about the free hospitalisation system. I think we should analyse some of the reasons why there is overcrowding in out-patients' departments and some wards. The first is the financial incapacity of certain people to pay for medical attention, and that is a good reason. The second, in my book, is sporting accidents. Although sporting clubs definitely are doing a good job in the community, sportsmen who play dangerous sports should be prepared to insure themselves and pay for treatment when accidents occur. In fact, clubs with sufficient finance used to do that; I think they should still do it. One has only to go to a casualty ward on a Saturday night to see the number of sportsmen who are there.

Mr. Bennett: In this country, sportsmen get only about \$4 a week.

Mr. HOOPER: That is so, but an insurance scheme would alleviate their difficulties.

Another reason for the overcrowding of out-patients' departments is their convenience. People go there simply because it is convenient for them to do so and because their own doctor might not be on duty. A fourth reason is the erroneous idea that a patient who goes there will see better doctors, irrespective of his ability to pay for treatment. All hon. members have seen people arrive at out-patients' departments at public hospitals in chauffeur-driven cars. They can afford to pay for treatment elsewhere, but the treatment there is free and they accept it. I do not "knock" them for doing that, but they do add to the overcrowding.

Many people who attend out-patients' departments have an insurance cover that would enable them to be treated by a private doctor. I have in mind particularly people covered by workers' compensation insurance. Pensioners could also go to a private doctor, as could repatriation cases. They are not asked any questions about insurance cover when they go to a casualty section, but other facilities are available to them. Others have lodge benefits available

to them; still others are covered by medical fund insurance. If all these people were excluded, overcrowding would be reduced greatly and the position would be alleviated. I believe that one of the answers that the Government is looking for is to be found in persuading people to make use of other free services that are available to them. If that were done, there could well be a permanent reduction in the number of people attending out-patients' departments.

In years gone by the old A.L.P. erected a monument to the late Ned Hanlon for instituting free hospitalisation.

Mr. Sherrington: And they had reason to do it.

Mr. HOOPER: Yes, I agree that they had reason to do it. What does one hear from the new-look A.L.P.? In its recent policy speech, the A.L.P. said that Queensland's free hospital scheme was in jeopardy, that Queenslanders would have to meet a 10 per cent. increase in income tax to get free what they receive today. If one's wife was forced to go to work, she too would be taxed an additional 10 per cent. to get what she is getting free now.

Mr. Bennett: Propaganda.

Mr. HOOPER: It is fact. The Liberal Party supports free hospitalisation. I hope that the Federal leader of the A.L.P. does.

The reasons why all of us must continue to support free hospitals and auxiliary treatments become obvious if one goes overseas and has the opportunity of ascertaining what people have to pay for treatment in countries such as the United States of America. I remind the Committee of the service provided here by the Red Cross Blood Bank, which makes blood available free to people who have to receive transfusions. One has not to go very far from Australia to find countries in which there is trading in blood. In Singapore, for example, blood is sold to the highest bidder.

If that ever occurs in our country we will be in real trouble. Let us continue our system of free hospitals. I know it is the Opposition's policy; it is the Liberal Party's policy as well. But if sufficient evidence is brought before the Committee to prove that an investigation is necessary, I know the Opposition will support it; I sincerely do. If this has to be held for the benefit of Queenslanders, for the benefit of the department, and for the benefit of medical research, then let us have it.

Mrs. JORDAN (Ipswich West) (5.1 p.m.): The range of the work of this department is very wide indeed, covering many fields of health. As the community becomes aware of the growing need in a particular sphere of health, it is increasingly demanding that more should be done. With the advent of new drugs, some illnesses or handicaps that previously were accepted as incurable are

now responding to treatment. In some instances new fields of health services are opened up.

We in Queensland are indeed fortunate that our free hospital scheme with its out-patients' department has become an accepted and appreciated part of our way of life. I think we have had indications of that today in submissions made by members from both sides of the Committee. Contrasted with the very high cost of illness and hospitalisation in other States, it is something of which we can be justly proud. Set up by a Labour Government, it expanded under successive Labour Governments, and its benefits were such that with the change of government to the political parties presently holding office, free hospitalisation continued although some ancillary services have now to be paid for. Indeed, I believe that any Government that sought to eliminate free hospitals would court disaster.

In the campaign preceding the Federal election held last Saturday, a lot of rot was spoken about Labour's policy and its effect on free hospitalisation in Queensland.

Mr. Chinchin: Explain it to us.

Mrs. JORDAN: I repeat that a lot of rot and propaganda was spoken in this sphere.

The cost of hospitals accounts for a big proportion of the estimated expenditure, namely, \$33,250,000. Last year's Vote was overspent by almost \$2,000,000; but I have no criticism to offer of that for I believe that the health of our people and the services required in the field of health are of the utmost importance. In addition, natural increases in cost whittled away the allocation and this will apply again to the increased Estimate for this current financial year.

Very often people do not realise the importance of good health until they lose it. Then, as they search for help, they realise that good health is much more important than affluence. So we should not reduce the State's expenditure on health but rather continuously expand the whole field of health services. This does not necessarily mean increasing already huge expenditures because I believe that much can be done to improve services by reorganisation and good husbanding of our financial resources.

Over recent months a good deal of criticism has been levelled at the Health Department, and some of it justified. Indeed, there are so many sections in the department that it would be impossible to consider every detail or everything that we believe needs to be done. The money that is spent is not always well spent, and when deficiencies and poor services to the public are reported the Minister should indicate that he will look into them instead of pushing them under the carpet and pretending that they do not exist.

Like the Deputy Leader of the Opposition I believe that an independent inquiry should

be held into the Health Department. Over the years it has become inbred, and knowledgeable, independent people who could analyse problems and recommend priorities could do an excellent job to improve the department.

Too often in this Chamber members of the Opposition in particular have been fobbed off with evasive answers that have little to do with the questions asked. Many answers are too long and give little information. Members of Parliament are the elected representatives of the people; in fact I believe that they are the vehicle of the conscience of the people.

As a member I have asked a number of questions on hospitals in Ipswich and, in many instances, have received an unsatisfactory reply from the Minister. Recently I asked a question about waiting time at the Ipswich Hospital for people who required operations, and I implied that the waiting time for certain people ranged from five to seven months for non-urgent operations. In reply the Minister took great pleasure in informing me that the waiting time was only three months. Last year I asked similar questions because the same situation existed at that time and I received replies of the same kind from the Minister. Surely he did not think that I made up the story or took a haphazard guess at the length of the waiting time. The truth of the matter is that a number of people who experienced long delays asked me to try to obtain earlier appointments for them. I shall cite the case of one patient who was given an appointment for a spinal operation on 10 January, 1970. That date was given to the patient when she was examined on 23 July, 1969, so the delay was far greater than three months. My question and the Minister's reply were reported in the local Ipswich paper, "The Queensland Times", and the husband of the lady concerned was so annoyed that he sought publicity on the suppression of the true facts. He even went on a television programme. Following representations—and the hon. member for Ipswich East was brought into the matter because the lady was one of his constituents—her appointment was altered to 9 October, 1969. A number of other people who were required to wait about seven months for appointments were indignant at the distortion of truth by the Minister in his reply reported in "The Queensland Times". It may be that the Minister was not correctly informed on the situation. I would like to think that that is so and that his answer to me was not distorted deliberately.

Mr. Tooth: Everybody agreed that those operations were not emergency operations.

Mrs. JORDAN: They were not emergency operations but were what are called "cold" operations.

Mr. Tooth: They were public patients.

Mrs. JORDAN: They were public patients. Such treatment does nothing to create confidence in the department or, indeed, in the Minister. It detracts from the excellent job that is being done, although I have some criticism to offer on a number of facets in the department.

In the last session of Parliament, when I asked questions about the Ipswich hospital, I was a constant source of embarrassment to the member for Ipswich East, who at that time was secretary of the Ipswich Hospital Board, and he and I were not always on very friendly terms. I know that some suspicion fell on him because it was thought that he or other members of the staff were giving me the information.

Mr. Tooth: I did not suspect it, anyhow.

Mrs. JORDAN: Indeed, I think one poor chemist got the "shunt" because it was thought that he was giving me the information.

Recently, when the member for Ipswich East and I were travelling together by car to Parliament House, he said to me—and I am sure he will not object to my quoting him—"I know now where you got your facts last year because people are now coming to me about similar things and putting their problems to me, asking me to do something about them." That is how it was, and I know that most members, particularly city members, have similar experience. So it is with other things; much of the information we get comes from people who have been affected by anomalies or by what has been done by Government departments. "John Citizen" lets us know about most of what is going on; he lets us know pretty strongly what he objects to. It is then up to us as members to try to do something. Some of these matters may be unpleasant for us, as I found last year, but it is useless to run away from either asking the question or giving the answer.

Towards the end of October last year I criticised the gross overcrowding at the Ipswich Maternity Hospital. Very shortly after, in a speech, the Minister informed us that the Ipswich Hospital Board had been advised to submit plans for necessary extensions and facilities at the hospital. At that time, I think the paper had barely hit the desk in the secretary's office telling him to prepare the plans. The Minister informed me of it by letter of 25 October, and Ipswich was happy with the announcement. Criticism died away as we awaited the 40 extra beds we thought we were getting in the Ipswich Maternity Hospital. Imagine our surprise when, in July this year, we learnt that the extension provided only four extra beds. Even the hospital board was upset. On 25 July I wrote to the Minister in protest and I am still awaiting a reply. On re-reading the Minister's original letter of 25 October, 1968, in the light of the subsequent revelation I realised that it was

cleverly worded to convey either interpretation. That was quite smart, really, but not very nice, and certainly it served no useful purpose. Maybe at the time I was not suspicious enough; perhaps I was much too trusting; that does not always pay in this game. Such subterfuge in no way helps the Government or the people.

In many areas shortages of staff and money cause shortfalls in service. The scheme recently announced by the Minister to bring into hospitals younger girls to work as nursing aides until they are old enough to commence formal training will prove to be worth while. It will attract more recruits to the nursing field and will provide an avenue of employment for some of our school-leavers. Some of them might otherwise have been lost as potential nurses because of the time gap between leaving school and commencing training as a nurse.

I wish to deal now with some aspects of the Division of Psychiatric Services. With the changes that have taken place in the care of psychiatric patients and the allied high rate of recovery now taking place, the public attitude to such people is changing. Challinor Centre is in my electorate, and, while I do not pretend to be an expert, I am interested in the work and in all that is now being done there. I have visited Challinor Centre and viewed the new treatment that has resulted in a change from custodial care to rehabilitation.

A community auxiliary operates in Ipswich to help at Challinor Centre. It aims to establish a sheltered workshop and some industrial therapy. It was pleasing to see mention of the work of the auxiliary in the report. There has been a substantial increase in paramedical staff, and social workers are now doing a fine job there. However, it seems to me that there are still not enough doctors to cope with what is needed. One doctor to 150 patients is not enough, especially with the high incidence of sickness, notably amoebic dysentery.

I asked a question recently about that disease. The Minister admitted that its incidence was as high as 10 per cent., and he said it went as high as 50 per cent. in certain situations in other countries. The nursing staff are disturbed and fearful of being infected by the disease. They are concerned because, quite often, days elapse without examination of infected patients by doctors, and they feel that more regular examinations and inspections should be carried out.

I ask the Minister to look carefully into this matter. I am not talking simply for the sake of having a "go" at him. Like many people at Challinor Centre and members of the general public, I am greatly concerned. Many of the infected patients have been transferred to the Ipswich General Hospital. I have been told that there has been quite a high death rate.

I was pleased to see, in the report of the Division of Welfare and Guidance, one sentence, under the heading "Wilson Youth Hospital," reading—

"Recently more extensive services have been undertaken at Karrala House."

Last year's report on Karrala House was much longer and more detailed. That institution, and the treatment of the unfortunate and misguided girls who were sent there, left much to be desired. I feel that my crusade on Karrala House was justified. That one sentence speaks for itself and covers a good deal. I hope that the improvement will continue and that good results will flow from it.

This leads me to say something on the need for more half-way houses for those who have been rehabilitated from Wolston Park and Lowson House. I have discovered cases, who have had difficulty becoming part of the community once more, particularly those without relatives or with relatives who do not want them to stay with them. Many of them have had an institutional conditioning, some for many years, in orphanages or children's homes and then, because of other inadequacies in coping with life, they end up in Wolston Park or Lowson House. Quite often, these rehabilitated people experience difficulty in being accepted in the community and in finding and retaining living quarters. This often becomes a nightmare for them and they again lapse, sometimes into drug-taking. Some of them were, initially, drug takers. They try to remove the stigma that many unsympathetic people who lack understanding still attach to them. For some patients it is a vicious circle from which they cannot escape.

Half-way houses, run as family homes with a house mother in charge, could give such people a sense of security, and make the transition from institutional to general community much easier. Such half-way houses could also be havens for guidance and advice when they are out on their own in the community and again find themselves in difficulties. From what I have seen in this field, I believe that, unless such half-way houses are provided, many former patients will again require institutional care.

Recently, through an unfortunate accident that happened to a son of a friend of mine, I came to know something of the sad cases and heartbreaks in the paraplegic ward at the Princess Alexandra Hospital. A boy only 23 years of age dived into a pool last summer and damaged his spine. He is now a paraplegic, with no hope of recovery. His mother is in receipt of a widow's pension, and she has two other young children. She has no home of her own, but is living with her aged parents. She has been informed by the hospital authorities that before long her son must leave the hospital. The authorities also informed her that, because of the intensive care that he must have, she herself could not possibly manage to look after him. She

cannot afford to place him in a private nursing home, nor can he stay with her because her parents' house is already overcrowded. She has applied for a Housing Commission rental home, but so far has had no luck in obtaining one.

There are many such patients at the Princess Alexandra Hospital, most of them young men, and their rehabilitation and housing present quite a problem. In South Australia there is a Housing Trust welfare village at Mitchell Park, at which housing in 26 flats is provided. There are family units and single units specially designed with furnishings and fittings to cater for paraplegics and other handicapped people. Doorways are wide enough for wheelchairs to pass through with ease. As the number of such cases is growing in Queensland, I commend to the Minister the provision of similar accommodation in an endeavour to help such unfortunate people.

Finally, I wish to make some reference to the Department of Children's Services and the tremendous job that is done by the director and his staff. I feel that what difficulties there are in this work cannot be laid at the door of the director and his staff, but are the result of the policies laid down by the Government. Since the Federal Government has provided some measure of financial assistance, there has been an improvement in the financial position of widows with children and of deserted wives, although in some cases anomalies have arisen and families have received less than before. Some in Housing Commission homes have lost rental rebates, and they, too, are worse off than they were. As the hon. member for Nudgee pointed out, in some cases the important concession of free textbooks has been lost.

I feel, too, that the rule that ownership of a motor-car prevents the granting of assistance should not be as hard and fast as it is now. I feel that there should be more flexibility in this requirement, and that it should be considered in the light of each person's transport needs and costs. I know that cars "eat" money, but time itself will prove to each person concerned whether the possession and running of a motor-car is economic and suitable to her circumstances, and necessity will, in the great majority of cases, make her act accordingly. I consider that the requirements are at present much too rigid, and that, in particular, greater consideration should be given to those who live some distance from the city or from public transport. Many of them have to use taxis, which can be very expensive indeed.

Therefore, I ask the Minister to give some consideration to that point and to treat on their individual merits cases involving the ownership and usage of motor-cars so that the family concerned is able to have transport available without too much expense.

Mr. Tooth: That will be done if representations are made to the Director.

Mrs. JORDAN: I thank the Minister for that tip.

Mr. Tooth: The whole situation is flexible. The same thing applies to taxis.

Mrs. JORDAN: I have made representations on that subject and have not been successful.

Mr. Tooth: Of course, he has to make a judgment.

Mrs. JORDAN: I agree, but I think that the situation should be much more flexible. I know of two cases in which the use of a motor-car for transport is important to people.

(Time expired.)

Dr. CRAWFORD (Wavell) (5.26 p.m.): I have enjoyed the debate this afternoon. I have enjoyed listening to the various opinions expressed by hon. members on both sides of the Chamber, and I have enjoyed very much the contribution of the hon. member for Ipswich West, particularly her references to paraplegics and to half-way houses for people who have been in mental institutions. I made some remarks about the latter during my speech in the Budget debate, and one could say a great deal about the need in the community for paraplegic units. However, that would entail a very detailed submission and is best left at the moment.

As the Committee is discussing the Health Department Estimates, I think that some remarks relative to finance would be pertinent at this moment. On the basis of the money expended on health services in other parts of Australia, I have said before that I believe an additional \$30,000,000 would be needed to make the expenditure on health in Queensland comparable with that pertaining in the southern States. About 73 per cent. of the additional money would be spent on staff, and it would reduce greatly the shortages in nursing, medical and paramedical staff from which Queensland has suffered recently.

Mr. Hinze: Where do you suggest we should get it from?

Dr. CRAWFORD: Some of the money is available already. In other States of Australia the workers' compensation insurance organization is geared to paying for the hospital bed. Through workers' compensation insurance, the community is responsible for supplying money for the individual hospital beds. That is facilitated through the claims section of the Workers' Compensation Department.

In Queensland, the last figures available, for 1967-68, show that the profit from the workers' compensation section of the State Government Insurance Office was about \$7,250,000, and that was a remarkable increase on the \$5,500,000 profit in the preceding year. In New South Wales or Victoria that money would

have been paid directly on a day-by-day basis to hospitals that were handling compensation cases. In Queensland, on the other hand, it is put into an account known as the Compensation Bonus Distribution Account.

Beside this \$7,250,000 profit, other money from workers' compensation operations goes back into Consolidated Revenue. For example, in 1967-68, about \$1,170,000 was paid into Consolidated Revenue by the State Government Insurance Office of Queensland in lieu of income tax to the Commonwealth. That money, at least, went back into circulation. The State Government Insurance Office, according to the report of the Auditor-General, has over-all assets of \$161,500,000. Undoubtedly this is a very desirable state, but when one considers that in the other States the sums I mentioned are used for the purpose of financing hospital improvements, particularly improving staff and staff numbers, this is a matter which should be looked at very carefully.

As I have previously pointed out before in this Chamber, medical insurance will help appreciably as the recommendations of the Nimmo report are implemented. For every 10 per cent. of our population who are on the lower-income scales and who are given a basic standard insurance the State will receive approximately \$1,500,000 to \$2,000,000 annually on a bed usage basis. If the entire population of our State could be handed this type of insurance, we would have in the vicinity of \$15,000,000 to \$20,000,000 additional revenue each year. I know this will not occur in toto because it will not be practicable. However, the lower echelons of our society will have this insurance cover provided. If the entire amount from these sources could be used, we would have, with State Government Insurance Office funds, very close to the \$30,000,000 we need every year.

Expansion of intermediate services in our hospitals is, of course, a necessity. For some reason which has always escaped me, the Health Department is not very keen to expand intermediate services. As one hon. member mentioned today, many patients throughout the State are willing and anxious to avail themselves of intermediate services, with their own doctors in attendance. At the Redcliffe Hospital intermediate services mean that the patient concerned has a serviette with his or her tray. In Cairns a major building project is proceeding and before the actual building commenced representations were made to the department to incorporate extra intermediate beds. It was estimated by doctors in Cairns, who found that their patients desired intermediate beds, that an extra \$100,000 would flow into the hospital's coffers if the extra intermediate beds were provided in that one centre.

At the Royal Brisbane Hospital the intermediate services drastically need expansion. In the general section there are only 60-odd beds. The Princess Alexandra Hospital has

a more adequate number of intermediate beds but the position there could be improved still further. A very large sum would accrue to the hospitals each year if these suggestions were implemented.

Turning for a moment to fund raising and philanthropy, I believe money could be obtained from citizens. They would be prepared to act as philanthropists if they were approached correctly. I have mentioned before that I worked for a man in England who was a wizard at this type of fund raising. One of his very worthwhile activities was to entertain people who had money and to interest them in leaving it to an institution rather than to the Government. He raised millions of pounds sterling by simply engaging in that type of activity.

One of the major amounts that we have secured in Queensland came from Sir Edwin Tooth, whose estate has now been responsible for large-scale philanthropy in this city. It was solely due to the offices of a leading physician in this city that the Government of the day was persuaded to accept money for the Tooth lecture theatre and laboratory which are at present located in the Royal Brisbane Hospital.

I do not know why, but the Health Department appears to regard fund-raising as an insult to its integrity. This attitude must be radically revised because, as I have said in public many times, we are going to need money raised in this fashion. At the moment a vast building programme is proceeding throughout the State. In a recent communication, which, no doubt, every hon. member has seen, the figure of \$36,000,000 was mentioned. Although that figure is a very high one, I wonder who decides the priority of the facilities that are needed throughout the State, as for instance, whether a new children's hospital will be constructed in Brisbane or a new ward block constructed in Cairns. I will be interested to hear the Minister explain how priorities are assessed and by whom.

My next point relates to the money made available by the Commonwealth in another fashion. Over the last few years the Commonwealth Department of Health has made money available to the States for the construction of mental health institutions. Several people whose statements I am prepared to believe have told me that Queensland has not accepted its full share of the available money. I read the Annual Report of the Director-General of the Commonwealth Department of Health for the year 1968-69 and found that the Commonwealth grant to Queensland for the period from 1955 to 1969 was \$2,260,000. I point out that Queensland possesses 14 per cent. of the Australian population. By comparison, South Australia, with 9.4 per cent. of the population, received a Commonwealth grant of \$2,630,000 during the same years.

Mr. Bromley: What would be the reason for Queensland's not getting its fair share?

Dr. CRAWFORD: I do not know; I am asking.

The Commonwealth grant was for building new mental institutions. In Victoria, which has just under twice Queensland's population, the grant amounted to \$11,530,000, which is more than four times Queensland's grant over that period. Why has this occurred?

Turning to children's services and child guidance, I point out that the institution of child guidance probably gives greater service than any other institution to our community. On 29 May, 1963, the then Minister for Health, the late Dr. Winston Noble, announced while opening a clinic at Toowoomba that a child guidance hospital would be established in that city. In the same year he suggested also that a similar hospital would be established at Townsville. The citizens of North Queensland already support handicapped children very enthusiastically, as I am sure hon. members from that part of the State will agree. In effect a series of institutions for the care of handicapped children, crippled children, blind children and subnormal children have been established, with a total value of \$1,000,000 and running expenses amounting to \$400,000 per annum. Those institutions are very well supported by citizens in North Queensland who have been active since 1963-64 in urging the department to provide a child guidance hospital in Townsville. Their representations have not been heeded in spite of the fact that in 1963 Dr. Noble announced that it was desirable to construct such a hospital.

Social work in the home has been the subject of some comment recently. I think the hon. member for Ipswich West referred to the matter. In Brisbane the Children's Services Department employs 40 child welfare officers, of whom a small proportion are trained in social work. The child welfare officers aim to alleviate the problems of families and, where necessary, arrange for the admission and care of children. Most of those officers are based in George Street, Brisbane, and a few are at institutes in Toowoomba and Townsville. All the child welfare officers have to work from their central offices, which means that they spend a great deal of time in the central office instead of in the districts that they are servicing. The usual end result is that they cannot visit their clients as often as they wish. To visit a client at the Gold Coast, an officer has to travel 100 miles at a cost of at least \$10 to do four hours' work.

It is common for a foster home to be visited not more than once in six months. It would be better to have the child welfare officers working from district offices, the size of the district being determined by the population. In that type of system there would be greater autonomy for the child welfare officer and his team, the work would become more stimulative and effective, and

more time and effort would go into work with families and less into bureaucratic procedures.

Some centralisation would still be necessary for records and research. The child welfare officers themselves are distressed because no real research is being carried out by the department. They are also distressed by the fact that personal records of the Department of Children's Services are very poor and leave very much to be desired indeed.

Another point about children's services, in general, is that there is a tendency all over the world—and I am sure the Minister will agree—for children's homes to accommodate only small numbers of children, with a house mother and, if possible, a father, as a family unit. We should do a great deal more, although I admit this is a very difficult field because, as the Minister said today, we have a very large number of children who have to be institutionalised. The St. Vincent's Home at Nudgee has 247 children. This matter requires very urgent attention and some worthwhile answers must be worked out.

In Queensland, far too much emphasis is placed on the institutionalisation of children. We need an augmented and well-orientated service, with a great increase in the number of welfare officers. We also need a campaign to attract and hold qualified social workers in the Department of Children's Services. The organisation of the field work should be rationalised by creating a network of district officers, so that the needs of the "clients" will come before the needs of the bureaucracy.

Mrs. Jordan: This would work out cheaper than an institution.

Dr. CRAWFORD: I am certain it would.

There have been various difficulties in the guidance department, and I have mentioned the urgent need for children's beds so that they can be institutionalised as patients under the guidance of a psychiatrist. A great difficulty arises in the treatment of some of the children because they are neglected children, and a very high percentage of them, about half, come from homes that we would regard as undesirable. Many of them also have electroencephalographic disabilities, that is, they have had brain damage at some stage, and very many of them do not know their parents.

The important point is that these children can be rehabilitated and I am assured by the experts in this field that the work is most productive if adequate facilities are provided, and I consider this to be one of the really urgent priorities for our consideration. At this stage, when we are dealing with money matters, the general recommendations would be, in my view, a new children's hospital complex (which I referred to in the Budget debate), a burns unit (which is essential for treating children properly), acute psychiatric beds at the Princess Alexandra

Hospital, and child guidance beds. In the child guidance department, at the moment, there is a nine-months' wait in Brisbane and a wait of from four to six months in Townsville for routine appointments.

It may be pertinent to note that Dr. Wright, who recently resigned from the Townsville General Hospital because children's beds were not available, has been replaced. In my Budget speech, I commended the Department of Health on replacing him quickly, but I now understand that the new appointment is only temporary. I will be much happier when I know that we have a permanent appointee in Townsville.

My next recommendation is that a commission for country hospitals be established, outside the auspices of the Health Department, to co-ordinate priorities in these institutions.

As I said in my Budget speech, the Sydney Hospital is rebuilding. It is interesting to note that the committee that carried out the planning of the Sydney hospital comprised three people, namely, the director of a management consultant firm, the president of the Sydney Hospital who is a senior physician, and the Professor of Clinical Science at the National University in Canberra, who was formerly the Director of Medical Research in Sydney at the Kanamatsu Institute. As I understand, that planning department had the right to "co-opt" other experts if necessary. In Brisbane, the planning department for the Mt. Gravatt hospital is the present Director-General of Health and a previous Director-General of Health.

It is interesting to note that, in recent times, there have been some innovations occurring in New Zealand on private hospital financing. The health department in New Zealand assists private hospitals financially because they relieve the strain on public hospitals. New Zealand has been providing this service since 1952. For the 1968-69 financial year, loans to private hospitals for buildings amounted to \$200,000, and for the current financial year they are expected to exceed \$600,000. We have not in Queensland any concept even akin to this. However, we need to take serious cognisance of this progressive outlook to alleviate the overloaded bed situation.

I repeat what I have said many times before about free hospitals. This system should now be retained in its entirety. I disagree with my colleague, the hon. member for Toowong, in this respect. I believe, as I have said before, that in time a system paid for on a bed basis by the Commonwealth Government, will spread throughout the country. It will not be the system we employ at the moment in this State; it will be one based on the Commonwealth Government paying the money permanently through some form of insurance scheme.

I wish to make a short statement on health and coronary artery disease, associated with the recent controversy which has been raging in this area on the relative merits of dairy

products and margarine-type products as exemplified in vegetable oils. My interest is in health, not the other aspects of this matter. A recent publication from Britain sets out in great detail what has been happening in an experimental unit in Sweden. We must reach the stage very soon when these suggestions, proved experimentally, absolutely, completely and utterly, will be implemented, and the dairy industry and the vegetable oil industry will have to marry. There is, now, completely incontrovertible evidence that vegetable fat is superior to animal fat, but the two can be used together.

Mr. Ahern: How much margarine is manufactured entirely from vegetable oil?

Dr. CRAWFORD: I shall tell the hon. member that at another time.

The dairy industry will continue to produce milk and butter, but some of the fat will be removed from those products and vegetable oil will be added to them in lieu of the fat removed. It will come about that linoleic acid, as vegetable oil, will be added to dairy products in place of animal fat. Every vegetable fat is not suitable. For instance, coconut oil is completely unsuitable. The oils from safflower seed and sunflower seed are suitable. A combination of the two will give us a most satisfactory product and the best of both worlds and we will retain the very valuable protein from the dairy products. We will reduce our coronary artery disease drastically, according to these experiments, if we feed our population this combination from an early age.

Mr. DEAN (Sandgate) (5.50 p.m.): No Estimates afford more scope for debate than do those of the Department of Health. Unfortunately, of course, in the short period of 25 minutes it is impossible to deal with all the ramifications of this very important department, and consequently one has to deal with those aspects of health and medical services in which one has a special interest.

At the outset, I think I would be recreant in my duty if I did not express gratitude to the hon. member for Wavell for the refreshing atmosphere that he has brought to the Chamber. His presence is refreshing not only in the contributions that he makes, but in his forthright statements that are received with intense interest. I appeal to the Minister to take cognisance in due course of what the hon. member says, because he is not only a professional man but one with much practical experience in the field of medical science. I congratulate him on his forthrightness, and again say that we should heed his advice on many aspects of health generally.

In presenting his Estimates, the Minister mentioned that great and important institution in my electorate, the "Eventide" Home, which houses between 800 and 900 people. The Minister made several references to painting and renovations carried out there, and the general high standard of maintenance. I

was rather disappointed that he finished speaking about "Eventide" without saying that it was intended to build a new and modern establishment in which the inmates could be given the treatment and consideration that aged people in the community so richly deserve.

Although the manager, the assistant manager (Mr. Sullivan), and the staff provide a high standard of service, they and the inmates would be much happier if they were accommodated in modern and pleasant surroundings. Only recently in this Chamber I referred in a speech to the modern hospitals and homes being built by church organisations and similar bodies, and I said then that the "Eventide" Home should follow the pattern of the hospital at Redcliffe, and the Masonic Home at Sandgate, which last Saturday conducted its annual fete. The residents of "Eventide" are entitled to a similar high standard of accommodation, and I hope the time will come when consideration will be given to replacing "Eventide" with a modern brick structure.

The Minister mentioned that a modern kitchen is required at "Eventide". I can assure the Committee that it is certainly time for a new kitchen. The cooks and kitchen staff do a wonderful job, but they do it under difficulties. A close watch is kept on hygiene and it is as good as it can be under the circumstances, but while the kitchen has an ordinary concrete floor it is impossible for those who are the guardians of the inmates' health to maintain the very highest standards of hygiene. Even if the department does not provide a new building, I hope that it will not be long before a new kitchen is built and all the necessary new utensils provided.

I frequently visit the Royal Brisbane Hospital and the Princess Alexandra Hospital, and at times the Mater Misericordiae Hospital, to see patients who have requested my assistance with their private affairs. No doubt other hon. members have received similar requests. The staff at those hospitals do a marvellous job. I do not intend to condemn them, but I condemn the powers that be for not training the staff correctly.

I shall not name any hospital in particular, because I have noticed in all the hospitals I have attended a considerable slackening in the standard of care of the patients. For example, a great deal of noise is created in the wards. Although the persons concerned probably do not realise what they are doing, a good deal of loud talking takes place when people get together in little groups. That is only natural, I suppose, but I believe that such noise is unnecessary in wards in which sick people are lying in bed. It is evidence of a lack of training and a failure on the part of the powers that be to instruct the staff. I do not mean that they should stand over the staff or bully them. The sister in charge of the ward would be quite capable of issuing the necessary instructions and seeing that they were carried out. Sisters in charge

of wards usually have years of experience, and they should realise that junior members of the staff—I reiterate that I am not condemning them—create unnecessary noise from time to time. Admittedly some visitors may be guilty of doing that, too, but it is the staff that I have in mind particularly. I have been told that those who are to blame are not members of the trained staff but temporary employees who are brought in when they are needed.

I have raised the matter in this debate in the hope that the Minister will have a quiet talk with his senior officers and ask them to explain to the senior medical officers that they are dealing with human beings and that patients should be shown the consideration that they deserve. You, Mr. Hooper, have had a good deal of experience of hospitalisation, as I have, and you know that nothing is more annoying in hospital than having to put up with unnecessary noise. For example, the side of a steel bed might crash down onto another part of a metal bedstead. The sound it makes goes from one end of the ward to the other, and that might happen at 10 o'clock at night. A member of the staff may thoughtlessly drop it down when giving a patient attention, but it is a shock to the system at that time of night. Although some hon. members may think it is not important, those who have spent some time in a hospital bed will know how annoying it is.

I should say that the hospital system generally is good. The atmosphere at the Cherm-side Hospital—I was out there last week—is much better than the atmosphere at hospitals right in the heart of the city. In my opinion, it is contributing greatly to the speedy recovery of convalescent patients. Most of the patients at Cherm-side are in that category.

While I am dealing with hospitals, I wish to refer to the wonderful work being done by ambulance services in conjunction with the hospitals. The ambulance plays a very important part in modern hospitalisation, and I think that urgent consideration should be given to the organisation of ambulance services, especially those in the metropolitan area. I have a close working knowledge of one ambulance service, and I think the stage is fast being reached at which a separate section of the ambulance brigade will have to be formed to provide transport to hospitals.

[Sitting suspended from 6 to 7.15 p.m.]

Mr. DEAN: At this stage I should like to pay a tribute to the ambulance services of Queensland, and in particular to the service administered by the metropolitan ambulance committee. This is a service of which I have a close working knowledge. I know the responsibilities and the good work done, particularly in inter-hospital work.

Earlier I said that in time we would have to consider revising the inter-hospital transport system as it affects ambulance services because it is diverting ambulance officers from their more necessary duties in these

days. The high accident rate on our highways and the large number of domestic calls being made on the ambulance services highlight the necessity, in the City of Brisbane anyway, for the establishment of an inter-hospital transport service separate altogether from the ambulance service—a service run by the hospitals themselves. It could be administered by the parent centre of the ambulance service in this city or perhaps it would be better placed under a separate administration.

Mr. Jensen: You don't think they should cage for their money, do you?

Mr. DEAN: I certainly do not, and the responsibility again devolves upon the Government to relieve them of the task of collecting in the streets. The time must come when we will have to look at the financial arrangements existing between the ambulance services and the Government. No man should be expected to collect his own salary, as happens in the case of some ambulance officers.

Turning now to Sandgate, the centre in which I am particularly interested, greater responsibility devolves upon this centre than upon any other subdepot in Queensland.

Mr. Carey: You would not like to see the ambulance taken over by the hospital board, would you?

Mr. DEAN: I have not the time to answer interjections and I do not intend to be sidetracked. Because of the location of "Eventide" home the local ambulance centre at Sandgate have added responsibility. They do an additional 24,000 miles a year in inter-hospital transportation for that institution. Patients are transported daily from "Eventide" to the hospital for various kinds of treatment, and back again, and, except for an extra car now and again no recognition is given to the centre. Occasionally they are helped by a car from Redcliffe but, generally speaking, the Redcliffe centre is fully occupied with its own responsibilities on the peninsula without coming into the Sandgate area.

I repeat that the relationship of ambulance services to inter-hospital transportation will have to be looked into in the very near future.

Mention has been made in the debate of the problem of pollution, particularly air pollution in this city. If one cares to observe the atmosphere on virtually any morning of the week, one can see overhanging the city great masses of polluted air. It is a very serious matter and must be having a very detrimental effect upon the health of the citizens of Brisbane. As hon. members know, a committee has been set up and a department is actually working at the present time. But one could be pardoned for gaining the impression that many big industrial concerns in the city are not heeding the advice that is given to them to help lessen the very serious problem of

air pollution. Pollution is caused by factories both on the fringe of the city and in the inner-city area.

The problem of air pollution also confronts travellers on public transport facilities. Possibly a person would not be popular with certain sections of the community if he criticised people who smoke in buses, but I point out that recently I received a letter from a niece in Toronto in which she said that anybody who lit a cigarette or a pipe in any section of a bus in that city was liable to a fine of \$20. That restriction should be placed on smokers in Queensland. If people want to smoke cigarettes or pipes, they could be allowed to do so in a special compartment set aside for them. Until fairly recently that restriction applied in trains. I am glad that the Minister for Transport is present so that I can inform him that the railway by-laws are not enforced. I should imagine that smokers are a bigger nuisance in railway carriages than in any other form of public transport, and no restrictions are placed upon them at all. Separate compartments should be set aside for smokers so that they can engage in their self-destruction, if I can put it that way, without annoying other passengers.

Mr. R. E. Moore: Would you ban drinking tea, too?

Mr. DEAN: That is strange coming from the hon. member for Windsor, but as my time is nearly expired I shall refrain from answering it. An analogy cannot be drawn between cigarette smoking and tea drinking, so it was stupid of the hon. member to try.

I wish to deal now with inspections of cafes to enforce the hygiene regulations. Enforcement is left to local authorities, but it is too big for them to handle. In almost every shop that sells cakes or sandwiches, the foodstuffs are handled by the bare hands of the person behind the counter.

The CHAIRMAN: Order! There is too much audible conversation in the Chamber.

Mr. DEAN: The Government has shelved too much of its responsibility for protecting the community from unhygienic food-handling. It should provide local authorities with assistance to enforce the regulations or alternatively take over the supervision of hygiene in shops. During the lunch hour in a shop situated not far from this building, anyone can see food handled by the bare hands of people behind the counter. I do not blame the employees because most of the time suitable facilities are not provided for handling the food.

Mr. Carey: Are you blaming the shopkeepers?

Mr. DEAN: The shopkeepers should be forced to carry out the law and comply with the food hygiene regulations.

Mr. Carey: I want to know because I am an old shopkeeper.

Mr. DEAN: Well, the hon. member should know.

Honourable Members interjected.

The CHAIRMAN: Order!

Mr. DEAN: I am stressing this because in my opinion—which I am entitled to hold—and in the opinion of many other people, hygiene inspectors are too soft in enforcing the food hygiene regulations. I can assure you, Mr. Hooper, that what I say is correct. Hon. members, particularly those who are so loud in their protestations, know that what I am saying is true. The hygiene regulations should be enforced more stringently.

I pay a tribute to the Children's Services Department, knowing as I do the excellent work carried out at Sandgate in caring for many unfortunate children. The mothers of the children carry out their responsibilities, but I am sad to say that many of the fathers do not. The staff at the home at Sandgate try to make up for the shortcomings in the children's homes and they do a wonderful job. The matron at the home deserves the highest commendation for the wonderful work performed by her and the staff in caring for these unfortunate children. Recently, additions were carried out at the home, which cares for about 2,000 children a year. Many are restored to near-normal health before leaving, or are taken to the children's hospitals.

I sincerely hope that more money can be allocated to improve our Queensland hospital system. Like my colleagues on this side of the Chamber I hope and pray that the Government will not relinquish the wonderful system established many years ago by a Labour Government to provide free hospitalisation for those who are unfortunate enough to need hospital treatment. We should always retain this wonderful system whereby no-one entering hospital need feel apprehensive about a huge bill awaiting him for the treatment received. I appeal to the Government to preserve this wonderful system at all costs.

The CHAIRMAN: The hon. member for South Coast. I remind hon. members once again that the Chair is not obliged to give the call to an hon. member who does not stand and call.

Mr. HINZE (South Coast) (7.28 p.m.): In making my contribution in this debate on the Estimates of the Department of Health on behalf of the many constituents in my area who have been public hospital patients on the Gold Coast, I convey to the Minister our congratulations on a job well done. I also extend my congratulations to the late Dr. Johnson, the former Director-General of Health, and to Dr. Patrick on his recent appointment as Director-General of this very important department.

I assure the Minister that I will not be fashionable on this occasion; I certainly will not be asking for an inquiry into the Department of Health, because I cannot see any reason for a public inquiry. I wish to put the Minister at ease at the outset and extend my congratulations to him and his officers.

At this time the Minister's department is attracting a good deal of public attention and I suppose there is every reason why it should. Every year there seems to be a demand for an inquiry into the activities of a major department. Last year there was a demand for an inquiry into the Department of Education, and the year before a demand was made for an inquiry into the Department of Lands. Before that, it was the Department of Transport.

Mr. Newton: They were badly needed.

Mr. HINZE: The hon. member says they were badly needed. If he thinks that there is something wrong with the efficiency of every one of our departments, perhaps we should employ a firm of consulting economists or efficiency experts to inquire into the various aspects of the administration of our departments every year and report to Parliament. However, I cannot see much purpose in suggesting an inquiry into the Department of Health.

From the multiplicity of duties carried out by this department, some problems must arise from time to time. The Minister, the Director-General, and the officers of the department listen to the criticism voiced by Opposition members, and it is the duty of Opposition members to bring these matters forward. I commend the Deputy Leader of the Opposition for pointing out last week some problems that had arisen at the Townsville General Hospital. It was obvious that he had done his homework. Any hon. member who considers he has a problem should raise it in the Chamber and then, if the Minister and his officers cannot answer it, it might be necessary to have an investigation of some kind. With our present system of freedom to say what we like in the Chamber, I cannot see that there is any need for the inquiry that some hon. members seem to be concerned about.

I could not agree more with the hon. member for Sandgate, who said he hoped we never give away free hospitalisation in Queensland. We are the envy of every other State in the Commonwealth. If there is one thing an affluent society should do, it is assist people who need health services. This is what Queensland did many years ago. I am certain that we do not intend to do anything that will affect this system. We are proud of it and we believe that we are providing a wonderful service for those in need. We must retain it.

There must be always some problems in a system of free hospitalisation. Today an hon. member listed some of them. I represented the City of Gold Coast and the Albert

shire for four years on the Gold Coast Hospitals Board. I know that there is a waiting list in the out-patients' departments in most of our hospitals, largely through the hypochondriac, the person who continually visits a doctor.

Mr. O'Donnell: What about the millionaires who receive free treatments?

Mr. HINZE: I am not opposed to that. I do not believe in being sectional. If one person is entitled to it, every person is entitled to it.

The hon. member for Albert and I are proud of the Gold Coast Hospital. At present, there is a delay of approximately 12 months in the obtaining of dentures. It was longer, but it is gradually being reduced. If people want a free dental service and are prepared to put their names on a waiting list, it is up to them. All demands can be satisfied given enough money. One hon. member said this afternoon that all we need is another \$30,000,000 and he suggested a philanthropic way of raising that sum. He has a good deal to learn if he thinks we can raise \$30,000,000 a year as easily as that.

Dr. Crawford: That is not what I said.

Mr. HINZE. It sounded like it to me, and I was listening.

I thank the Minister for making some land available at Miami.

Mr. Tucker: Why did you threaten to resign from the board?

Mr. HINZE: The Gold Coast Hospitals Board?

Mr. Tucker: Yes.

Mr. HINZE: I never did threaten to resign—never in my life. Somebody must be pulling the hon. member's leg.

I wish to convey my thanks to the Minister and his department for advising me last week that some \$30,000 had been made available for land for a hospital at Miami. It is an ideal site. The present hospital at Southport services an area extending approximately 20 miles from Coolangatta to Southport, then another 16 miles farther north to about Pimpama, and west to the hills. Quite a large area is serviced by the hospital. It has 113 general beds and 33 maternity beds, making a total of 146. The average daily occupancy is 116, of which 87 are general cases and 29 maternity cases.

On the Gold Coast also is the Glen Pacific Private Hospital at Narrowneck. Unfortunately those who own it have put it on the market for sale, and if it is sold its 40 beds will no longer be available. It has an average occupancy of 20, so, if it is sold, 20 people will have to seek accommodation at the Southport Hospital, which will mean that the hospital will be completely full. Recently the hon. member for Albert and I have been told that approval has

been given for the addition of a new wing to the Southport Hospital to accommodate 35 patients. But delay, of course, always occurs; it takes two years from the granting of approval to completion of the work. It is easy therefore to imagine the position on the Gold Coast when the new wing is finally completed.

Across the border, the Tweed Heads Hospitals Board has been in existence for 40 years. It has made representations to the New South Wales Government over that long period, and only in the last few months has the New South Wales Government decided to build a 46-bed hospital on Greenbank Island. When that hospital is built, I hope the Queensland Department of Health will not gain the impression that there is no longer any need for additional hospital accommodation on the Gold Coast. Hospital treatment is not free in New South Wales, and if free hospitalisation is provided for some people in Queensland, it should be provided for all. I sincerely trust that the construction of the hospital on Greenbank Island will not make the Department of Health consider that there is no need to proceed with the construction of the hospital at Miami.

A report submitted to the Gold Coast Hospitals Board by the architects to the board, Messrs. Conrad & Gargett, takes as a basis an estimated present population of 66,000 on the Gold Coast. On a figure of four hospital beds to each thousand of population, the present requirement is 264 beds, or 118 more than the 146 now provided at the Southport Hospital. With the proposed extension at the Southport Hospital, the number of beds available will be 181, which is still 83 fewer than the number required for a population of 66,000. Everyone knows, of course, that although the permanent population is 66,000, there would never be a day when the influx of tourists does not lift the population to 100,000. Therefore, the Minister and his departmental officers can see that an increased allocation of funds for hospitals on the Gold Coast is urgent and necessary and that planning for a second hospital should begin.

The engineers of the Gold Coast City Council, in designing sewerage works, have in mind a possible increase in population to 304,000 in 20 years' time, and the Main Roads Department, in its planning of road improvements and the provision of a freeway, considers it likely that the population in 20 years' time will be of the order of 200,000. Taking the opinion of both those authorities, one sees that responsible authorities have in mind a figure of about 200,000 to 300,000 people for the population of the Gold Coast in the next 20 years. I think hon. members will accept these authorities as having some standing in the community and that, in making projections of population, they know what they are talking about.

Working on the basis of four beds per 1,000 of population and a population at present of 66,000, the number of beds now required is 264. The existing bed accommodation at Southport hospital is 146, with a planned final extension of 35 beds, and this indicates a current shortage of 83 beds. It is agreed that the population in 20 years will be 264,000 or, say, 266,000. At four beds per 1,000, that indicates that 1,064 beds will be required. The agreed estimate of average population is 66,000, which means that 800 beds will be required over the next 20 years. The final bed accommodation at the Southport hospital will be 181. Subtracting that from the 1,064 beds that will be required shows that an additional 883 beds should be provided.

The recommendation of the consulting architects is that one major hospital for 800 to 900 beds should be designed, to be built in progressive stages at, say, four or five-yearly intervals, and located in the Burleigh Heads-Miami area. A programme under this heading might be as follows:—

	Beds
Southport Hospital (when complete)	181
Ensuing 5 years, commence new Hospital—Stage I (including current shortage of 83 beds) ..	283
Next 5 years—New Hospital—Stage II	200
Next 5 years—New Hospital—Stage III	200
Final 5 years—New Hospital—Stage IV	200
Total beds required over this period	<u>1,064</u>

I bring these figures to the notice of the Minister and his officers to indicate the need to give serious consideration to planning for the future in the Gold Coast area, which has the fastest growth in population in the State of Queensland. I accept all the arguments relative to the demands made on the Department of Health and the requirements that it has to meet; I accept that there is a shortage of funds. However, I suggest to the Minister, on behalf of my electorate, that it is necessary to look ahead.

In introducing his Estimates to the Committee, the Minister said—

“It is a source of some satisfaction to hon. members, I am sure, that the first renal transplant operation in Queensland has recently been performed at Princess Alexandra Hospital. This is a logical development following the establishment of a renal dialysis unit at the hospital to treat by means of the artificial kidney machine patients suffering from terminal kidney failure . . .”

I have repeated that to emphasise the importance of that achievement to Queensland. It shows that this State can keep pace with the rest of Australia and

the rest of the world in the latest developments in surgery. I congratulate the doctors and the officers of the department concerned, and I believe that every member of the Government will join with me in commending their efforts.

As I mentioned earlier, it is 20 miles from Coolangatta to Southport. The point I wish to make is that people, particularly pensioners, living at the extreme southern end of the State who wish to go for out-patient treatment now have to travel by bus—there is, of course, no railway—and in some instances it is cheaper to pay for private medical attention than to travel by bus to the hospital at Southport, spend a considerable time there, and then return to Coolangatta. This is another real argument in favour of doing something concrete in the very near future about planning the major hospital complex that is required, particularly as the funds have been made available for the purchase of the land.

With the Christmas season coming up we expect a population of about 150,000 on the Gold Coast and I think it is necessary that we secure the services of three additional junior resident medical officers to assist our local superintendent and his doctors and nurses at the Gold Coast hospital. We are proud of specialist services about to be made available at this hospital, and we are at present calling for the services of a gynaecologist and an orthopaedic surgeon. This will complete the seven specialist services at the Gold Coast hospital.

Nursing sisters on the staff number 95. I want to commend Matron Ward publicly. She comes from the area of my colleague the hon. member for Roma. She had a very good name before coming to the Gold Coast area and she has lived up to it there. She is a wonderful person with the interests of her patients, as well as her nursing staff, at heart. I publicly acknowledge that we on the Gold Coast are being well served by this wonderful person.

I wish also to commend the superintendent, Dr. Joe Taylor, a dedicated man if ever I saw one. He has a residence adjoining the hospital and lives for nothing but his work; apparently he does not think about anything else. Some men who come into an area become involved with service and sporting organisations but not Joe Taylor. I am sure I have the backing of my colleague the hon. member for Albert when I say that Superintendent Joe Taylor is possibly one of the best doctors in Queensland.

Mr. Carey: He could build a medical empire for himself in private practice.

Mr. HINZE: The point my colleague makes is a good one. It is quite true that in private practice Joe Taylor could make possibly twice as much money as he does now; but he is a dedicated person; he is

giving his services to the State of Queensland; and I want to make sure he is honoured for it.

On the administrative side, I pay tribute also to our secretary, Jack Casey, for the good job he has done for the Gold Coast. He was the first secretary of the hospital and he has done a wonderful job in building it up.

In 1960 the allocation of funds for total expenditure by the Health Department was \$38,300,000. To indicate the Government's recognition of the importance of this department, every year since then there has been an increase. It is not enough, of course, to satisfy everybody in the Committee, but the following figures show an increase in every year. The amounts allocated were—

Year	\$
1961	42,200,000
1962	42,900,000
1963	46,600,000
1964	49,800,000
1965	52,800,000
1966	56,400,000
1967	61,400,000
1968	67,500,000
1969	73,100,000

It must be agreed that the Government has allocated increased funds year by year for this very important department. Every hon. member knows that there is only one cake to be divided between education, health, mines and main roads.

I wish to pay a tribute to the wonderful service that "Greenhaven" and "Keewarra" Blue Nursing Services render to the Department of Health. The former is in Southport and the latter in Coolangatta, and people on the Gold Coast are extremely proud of those two institutions. The Minister has referred to the subsidies paid to them to carry out hospital care of aged persons. If our society is an affluent one, as we claim it is, aged persons should be properly cared for. Church organisations, with the aid of the State and Commonwealth Governments, perform wonderful services to assist the Health Department.

I am concerned at how a thrifty hospitals board that saves funds is not given authority to spend those funds but is required to repay them to Consolidated Revenue. That is not a good practice. Hospitals Boards should be given more authority to spend funds. People who constitute hospitals boards are concerned with the betterment of health in their areas, and usually a board comprises two representatives of local authorities and two or three people appointed by the Minister. Every service that they provide is on behalf of the Health Department, and they are proud to be appointed to a hospitals board.

Mr. Davies: Don't you think that the Government was foolish to sack the Labour man from the board?

Mr. HINZE: I didn't know that it had sacked the Labour man.

Hon S. D. TOOTH (Ashgrove—Minister for Health) (7.53 p.m.): At this stage I should like to reply to a few of the comments that have been made. Unfortunately it is impossible to deal with the wide variety of comments, so many of which are of great interest. I do not want to trespass unduly on the time of hon. members so I shall deal with only a few.

The Deputy Leader of the Opposition, the hon. member for Townsville South said—

Opposition Members: Townsville North.

Mr. TOOTH: Townsville North. After all, it was an accidental compliment, I suppose. However, he referred to the expenditure of \$33,265,251 on hospital services and complained that that amount was insufficient. I shall not argue with him on the sufficiency or otherwise of that amount, for I have already gone on record as saying that the Government could use an increased sum of money both on maintenance and on capital expenditure.

It is quite obvious that the hon. member is confused about these accounts. Four years ago, during the debate on the Estimates of this department, I spent some time in referring to the Hospital Administration Trust Fund and in indicating to the Committee the way in which this fund is organised and arranged. That is to be found in the 1965 "Hansard" at page 1666 if the hon. gentleman cares to refer to it. I feel it would be a good idea to write into the record once again the background of this fund. It is rather interesting, because it has direct reference also to some subsequent comments he made about a decrease in the amount of money being made available for hospital purposes.

Until 1962 the total amount spent on hospitals was shown in this summary. The Hospitals Administration Trust Fund was established at the Treasury on 1 July, 1962.

The establishment of the Fund enabled expenditure and receipts from all sources relating to the maintenance of State-controlled hospitals to be shown in relation to one another. In effect, it revealed the net cost to the State of operating its free hospital system, that is, the amount of money that must be paid each year from Consolidated Revenue towards hospital costs. That is the estimated amount of \$33,265,251.

Into the Trust Fund are paid—

(i) All moneys received by Hospitals Board by way of patients fees and other local receipts, Commonwealth Hospital benefits in respect of uninsured patients and medical service pensioners, and payments from hospital benefits organisations for insured patients in public wards, and also Commonwealth Nursing Home Benefits.

(ii) Moneys received by the department from the Commonwealth for pharmaceutical benefits and reimbursements of tuberculosis expenditure.

(iii) Moneys transferred from the Hospital Motherhood and Child Welfare Trust Fund.

(iv) Collections of the Manufacturing Dispensary.

These also go into the Housing Administration Trust Fund in addition to the amount which is transferred from Consolidated Revenue.

The amount of the difference between the expenditure of hospitals and the total of the collections in (i) to (iv) that I have just mentioned, is met from Consolidated Revenue.

For 1969-70 the position of the Trust Fund could be summarised as follows:—

	\$
(i) Estimated expenditure ..	53,175,580
(ii) Estimated collections ..	22,863,929
(iii) Transfer from Consolidated Revenue ..	\$30,311,651

The expenditure of \$53,175,580 is subdivided in the Trust Fund into three main headings—

	\$
(i) Hospitals Generally ..	\$44,355,027
(ii) Interest and redemption ..	\$5,537,702
(iii) Manufacturing Dispensary, etc. ..	\$3,282,851

and is \$3,477,221 higher than last year's expenditure figure, or an increase of 7 per cent.

Of the total allocation for hospitals generally for 1969-70, 46.22 per cent. has been allotted to the Metropolitan and Redcliffe Hospitals Boards and the balance of 53.78 per cent. to country hospitals boards.

I would now like to draw attention to the appropriation and expenditure figures for hospitals as printed in the Estimates of Probable Ways and Means.

In the summary of the Estimates of the Department of Health, on page 31, it can be seen that the amount of \$33,265,251 has been provided for hospitals from the Consolidated Revenue Fund, as I have stated previously.

I should point out that included in that figure is an amount of \$2,953,600 provided for payments to hospitals and institutions not controlled by hospitals boards. That represents an increase of \$380,755 on last year's expenditure. This expenditure is in respect of subsidy paid on public beds in church-controlled hospitals and subsidy paid to community hospitals. There are a number of those in the country. I am not sure of the exact number, but I think there are seven. This means that the amount provided for State-controlled hospitals from the Consolidated Revenue Fund is \$30,311,651, an increase of \$710,663 on last year's appropriation. This position is set out clearly on page 35 of the Estimates.

I am going through this so that it will be written into the record. I realise that it is a little difficult to follow these figures in this way, and it might be helpful to hon. members if they are included in "Hansard".

To arrive at the gross expenditure figure approved for 1969-70 for State-controlled hospitals, we must add to the figure of \$30,311,651 the receipts paid into the Hospital Administration Trust Fund from all sources. As previously indicated, these receipts amount to \$22,863,929, making a gross expenditure figure for State-controlled hospitals, as opposed to all hospitals generally, of \$53,175,580. That figure is shown in the footnote on page 31 of the Estimates.

I shall read to hon. members the various sources of revenue paid into this fund. They are—

From the Commonwealth—	
	\$
Hospital benefits	6,622,820
Pharmaceutical benefits	2,693,096
Tuberculosis reimbursement	1,319,463
	10,635,379
From hospital boards by way of patient payments and other local receipts	5,105,000
From Manufacturing Dispensary and Central Dental Bulk Store	3,388,900
From the Hospital Motherhood and Child Welfare Trust Fund (Golden Casket)	2,950,000
Balance brought forward from preceding year	766,650
Hospital board credit balances returned at 30 June last	18,000

That makes a total of \$22,863,929. Details of expenditure from the Hospital Administration Trust Fund are set out on page 97 of the Estimates.

This brings me to the question of the drop in expenditure to which the hon. member referred. This would have occurred somewhere about 1962 at a time when, instead of the total amount spent on hospitals being recorded in the summary, only the amount of transfer from the Consolidated Revenue Fund was recorded. In this way, of course, the other amounts were not recorded. This led to the particular problem to which the hon. member for Townsville North referred.

The hon. member referred to some of the arguments that were used in the recent Federal election campaign. I have the feeling that he was rather anxious to put the Australian Labour Party right in the eyes of at least the members of this Assembly.

Mr. F. P. Moore: He did not do a bad job.

Mr. TOOTH: He made a good effort. He was at pains to say what he said.

He said that the Commonwealth Government pays Queensland only 80c a day for uninsured patients in hospitals. Of course, that is perfectly true. But in the last few weeks the A.L.P. has been consistently misrepresenting the situation. A.L.P. members have been going around the countryside saying that the Commonwealth pays Queensland only 80c a day for public beds, whilst it pays the other States \$2 a day. That was reiterated and reiterated to the point where it was being stated as a fact, and, I am sure, was being believed by very decent fellows who were A.L.P. candidates. They were misled by their own propaganda machine.

Mr. Murray: The Opposition Leader was saying that.

Mr. TOOTH: That is right. My only assumption on this matter is that they were being misled, because I am sure that they would not deliberately mislead the community.

This so moved me that in the end I took pains to have the matter clarified in Thursday's issue of the "Telegraph".

Honourable Members interjected.

The CHAIRMAN: Order! I inform hon. members on both sides of the Chamber that I do not intend to tolerate this cross-firing.

Mr. TOOTH: On Wednesday of last week, an A.L.P. candidate whom I know personally, and for whom I have a very high regard, reiterated that statement. I am referring to Mr. Len Keogh. It was perfectly obvious to me that he was being misled. I therefore made a statement to the "Telegraph", and, through the assistance and courtesy of that newspaper, it was given reasonable prominence under a three-column heading. In the "Telegraph" of Thursday last, under the heading, "A.L.P. claims over hospitals 'untrue,'" this appeared—

"A.L.P. suggestions that the Federal Government was discriminating against Queensland in hospital benefits for public bed patients were untrue, the Health Minister, Mr. Tooth, said today.

"These statements border on political dishonesty," he said."

I repeat that statement now. I am reported further as saying—

"The truth of the matter is that in all States the Commonwealth pays 80c a bed day for uninsured patients and \$2 a bed day for insured patients."

That is the way in which it is handled everywhere.

Mr. Houston: How many are uninsured in the other States?

Mr. TOOTH: What has that to do with it? Hon. members opposite were talking about discrimination.

Mr. Tucker: Isn't that exactly what I said?

Mr. TOOTH: That is what you said.

Mr. Houston: That is what everyone has been saying.

Mr. TOOTH: No, it is not, as I shall show in a moment.

Mr. Houston: When did you attend a meeting and listen to what Labour members said?

Mr. TOOTH: I have more to do than that.

The CHAIRMAN: Order! The Leader of the Opposition will have a chance to speak during the debate, and I suggest that he take that opportunity.

Mr. Houston: Mr. Hooper—

The CHAIRMAN: Order! If the Leader of the Opposition continues to interrupt, I shall have to deal with him.

Mr. TOOTH: I went on to say in the newspaper article—

“Our problem arises from the fact that only about 47 per cent. of Queenslanders carry hospital insurance.”

I went further and said—

“If there is any discrimination it is in favour of Queensland as the original intention of the Commonwealth to pay \$2 was to assist public patients to pay their hospital costs.

“But public patients in Queensland have no hospital costs.”

I made that statement so that there would not be any misunderstanding and so that the unfortunate people who were being misled into making untrue statements would be able to avoid doing so in future. But what did we see in the next day's issue of the “Telegraph”? On page 4, in an advertisement headed “Inside Politics” by somebody named Jack Stanaway—

Mr. Houston: Don't you know him?

Mr. TOOTH: No, I do not know him. Is he somebody I should know?

An Opposition Member: From the Ashgrove campaign.

The CHAIRMAN: Order!

Mr. TOOTH: That explains something. I have been wondering about the positively scandalous personal attacks that were made upon me in Ashgrove during the last State election campaign. It was, without doubt, the foulest campaign that I have ever been engaged in, and the personal attacks on me were a public scandal. I see now where they came from.

Opposition Members interjected.

The CHAIRMAN: Order!

Mr. Bromley: I have been told that you bunged on a turn on election night.

Mr. TOOTH: I had every reason to. Let me tell the hon. member what was done. Somebody nailed on one of my posters in Ashgrove the A.L.P. sign saying “Labour Ministers will not use their position for personal gain”. In my opinion, that was an absolute scandal. I have never owned a share in my life.

Opposition Members interjected.

The CHAIRMAN: Order! When the Committee comes to order, I will call on the Minister and I will not—I emphasise that—allow any further cross-firing.

Mr. TOOTH: The advertisement headed “Inside Politics” was by Jack Stanaway, and in the fifth paragraph it read—

“Did you know also that the Commonwealth Government provides a miserable 80 cents per occupied hospital bed to Queensland compared with \$2 for every other State?”

That is the statement that I say is a complete untruth.

I pay the Deputy Leader of the Opposition this tribute. I think he went out of his way to make the point he did because he has a reasonably tender conscience and he wanted to correct the situation.

Opposition Members interjected.

The CHAIRMAN: Order!

Mr. TOOTH: I am giving him the benefit of the doubt. Apparently hon. members opposite do not think he has a reasonably tender conscience.

Mr. Davies: Do you remember the speeches you made as a back-bencher when you referred to members of the A.L.P. as Communists?

The CHAIRMAN: Order!

Mr. TOOTH: If the hon. member is referring to speeches I made in which I said that the A.L.P. was strongly influenced by Communists, I certainly did make them. I still believe it, and I am prepared to say it now.

Opposition Members interjected.

The CHAIRMAN: Order!

Mr. TOOTH: So much for the Deputy Leader of the Opposition.

The next speaker was the hon. member for Toowong, and the burden of his speech largely was that there should be an inquiry into the hospital system. I say here and now that I do not propose to canvass that issue. The Premier has stated that there will be a decision on it after this series of debates on the Estimates has been concluded. Beyond that, I am not prepared to become involved. But there were some comments made by the hon. member for Toowong that I do want to follow up.

Mr. Bromley: One thing was to do away with free hospitals.

Mr. TOOTH: The hon. member knows where I stand on that.

Mr. Davies interjected.

The CHAIRMAN: Order! I have appealed to the hon. member for Maryborough to desist from persistent interjections. I will not warn him again.

Mr. TOOTH: I want to refer to certain things said by the hon. member for Toowoong. The first was that it is the duty of back-benchers to criticise. I would be the last to deny that. I feel it is the duty of back-benchers to offer advice and criticism, and there is no objection to this. He then went on to say that members of the Executive should not resent criticism. This, I feel, is also correct, but, by the same token, members of the Executive have every right—indeed, a duty—to correct errors and to analyse anything that is said, particularly any criticism of the departments for which they are responsible and which carries either overt or covert criticism of departmental officers. This a Minister should be able to do.

Let me say also that he not only has this right to reply but I think he has the right to make a reply without being subjected to abuse or personal insult.

I now come to the hon. member for Nudgee, who referred to the fact that we have this year—and indeed, had last year—more graduates in medicine than places for them in the establishment of the Queensland hospitals system. This is so. We have at the present time, in prospect at any rate—what the final numbers will be I do not know—somewhere between 20 and 25 over and above the places available for first-year medical graduates. But the Department of Health accepts a responsibility for these young doctors. That is why we have provided an extra \$60,000 in the Estimates over and above what is needed for the establishment—so that we will be able to employ them as supernumeraries in hospitals throughout the State.

After referring to certain wards in our great metropolitan hospitals that were overcrowded—he spoke as if they were continually overcrowded—the hon. member referred to the fact that when this happens the area of floor space available per bed is less than we demand from private hospitals, and he asked was there one law for the State hospital system and another for private hospitals. It is true that these wards are

occasionally overcrowded when extra beds are brought in, but the simple answer is that private hospitals can reject patients. They are paying patients and they expect the care due to those who are able and willing to pay. Make no mistake, they pay very well indeed for the privileges. But in the public hospital we must accept patients if it is at all possible. We try to reach a situation in which none are turned away or rejected. I hope that none ever will be. I hope we will never reach the stage in Queensland that is frequently reached in southern States. In the southern papers we read of people in dire straits and great physical need being sent home because no beds are available in hospital for them.

Mr. Harris: If you say that that does not happen in Queensland now, I can cite the cases of a dozen patients who have been sent home in the last week in my own electorate, and they should not have been sent home.

Mr. TOOTH: I hope that the hon. member will give me details of those cases and their full names and addresses, so that they can be investigated.

Mr. Harris: Without any trouble at all.

Mr. Bromley: Will you promise that in future they will not be sent home before they are properly well?

Mr. TOOTH: I will make no promises at all.

The hon. member for Ipswich East referred to the Queensland Industrial Institution for the Blind. As I have said, I do not want to trespass unduly on the time of hon. members, but I do want to write this into the record. I want members to understand the situation at the Queensland Industrial Institution for the Blind, particularly relative to wages and conditions of workers.

The wage rates I am about to give are payable to adult blind workers (other than apprentices), plus the Commonwealth pension, as shown. These are minimum rates which all must receive irrespective of their capacity to earn, and in a number of cases the workers are not able to make any worthwhile return for these wages. That is a fair comment.

Mr. Bromley: No, it's not fair. I will deal with this later.

Mr. TOOTH: Obviously in some cases they are unable to do it, but they all get this minimum wage.

The following table shows the wages and other payments received by workers at that institution:—

Employees	Minimum Weekly Wage	Commonwealth Pension	Bonus	Total Income
	\$	\$	c	\$
Married men with sighted spouse	33.05	15.00	60	48.65
Married men with blind spouse	33.05	13.25	60	46.90
Single men	33.05	15.00	60	48.65
Females	24.25	15.00	40	39.65

The male basic wage is \$33.55 per week and the female basic wage is \$27.25 per week, so that it will be observed that all workers are in receipt of a weekly income in excess of the State basic wage in the following respects:—

(a) Married blind workers (with sighted spouse) receive a minimum weekly income of at least \$13.10 per week in excess of the basic wage. Where the spouse is blind the minimum weekly income is \$24.60 in excess of the basic wage.

(b) Female blind workers receive a minimum weekly income of \$12.40 in excess of the female basic wage.

(c) Single male blind workers receive a minimum weekly income of \$13.10 in excess of the male basic wage.

Mr. Bromley: That's poor consolation for the loss of their sight.

Mr. TOOTH: I hope that the hon. member for Norman does not begrudge these people these wages.

Mr. Bromley: You are the one begrudging them. You are fighting about the wages they get. Their wages are only peanuts. You have sight, but you can't see.

Mr. TOOTH: Other concessions and conditions granted are—

Free railway passes to all blind workers at the institution to come to and from work each day if rail transport is used;

A free railway pass within a 25-mile radius of Brisbane any time required;

An annual free railway pass for themselves and their families to any part of the State during their annual holidays; and

Interstate rail concessions for a blind person and guide on rail journeys to other States.

Free bus passes are granted by the Brisbane City Council to all blind people in the metropolitan area for themselves and guides. This includes guide dogs.

The institution provides a free braille and talking-book library consisting of braille-embossed books, disc-type records, and tape cassettes for all blind workers and for other blind people throughout the State.

Talking-book and tape-playback machines are supplied to blind employees at half the actual cost.

A Christmas bonus is paid to blind workers.

The Commonwealth Government grants free wireless and television licences to blind workers and former workers of the institution, provided the latter are pensioners. A Commonwealth telephone rental concession is also available to blind workers with private telephones.

The State Government has granted a concession of 50 per cent. on registration fees of motor-cars owned wholly or in part by blind pensioners. The institution pays an amount

of \$2 a week to married men and \$1 a week to single men and women upon retirement. This is in addition to the Commonwealth blind pension.

Their working conditions are briefly—

Sick leave at the rate of 10 working days on full pay is granted in respect of each year of service. Sick leave conditions are the same as those granted to public servants under the Public Service Act and regulations thereunder.

Extended leave on full pay is granted as follows:—three months on full pay for each 13 years of service, or six months after 26 years of service.

Three weeks' recreation leave per annum plus Christmas Day, Boxing Day and New Year's Day on full pay are granted, in addition to the other statutory holidays and any other holidays appointed under the Holidays Act, on full pay.

The hours of work are from 8 a.m. to 4.45 p.m. with three-quarters of an hour for lunch and two smokos of 15 minutes each, and no Saturday work.

I intended to write this into the record in considerably more detail but I realise that hon. members wish to take part in the debate, and I do not wish to trespass on their time.

Mr. Bromley: They want to get stuck into you.

Mr. TOOTH: And I wish to give the hon. member for Norman an opportunity to get stuck into me.

Mr. P. WOOD (Toowoomba East) (8.27 p.m.): The Premier stated that he intends to use this debate to determine whether or not there shall be an inquiry into hospital administration.

Mr. Bromley: He has not been here all day.

Mr. P. WOOD: That is so. I do not know how genuine the offer was because we have been debating this issue since a quarter to 12 and the Premier has spent remarkably little time in the Chamber during that time.

There have been, I think, 12 speakers in the debate and, if we take a count on this issue, we find that 10 favour an inquiry, one is against, and one is sitting on the fence. As the Minister said he would not canvass the issue, I assume that he is sitting on the fence. That means that, so far, about 84 per cent. of members who have spoken want an inquiry, and 8 per cent. do not want one. Knowing the way in which the Government juggles percentages of voting support relative to electoral boundaries, the Premier will no doubt decide that 8 per cent. against an inquiry is a sufficient vote to justify not holding one.

I support whatever moves have been made towards a complete review of hospital administration, and many valid reasons have been advanced in this debate.

The Minister said that he wished to give other hon. members an opportunity to debate this issue, but I point out that he spoke for about two hours this morning and for an hour in the Budget debate. He has spoken previously on hospital administration, and he took 45 minutes in his reply to hon. members who have spoken in this debate. He answered the Deputy Leader of the Opposition and referred to the remarks made by the member for Ipswich East, the member for Toowong, and a few of the remarks made by the member for Nudgee. However, many other members made good and telling points, and posed many questions, the replies to which I was awaiting with interest, but they seem to have been conveniently overlooked.

Mr. Tooth: Oh, no!

Mr. P. WOOD: I suggest that an inquiry is reasonable. Rather than traverse the ground covered by other hon. members, I wish to advance my specific reasons for an inquiry into hospital administration, based on the Government's indifference to Aboriginal child health, and Aboriginal health. I do not know that the Minister has a more serious problem in the health services at the moment. To my mind there is no other problem that is more serious or grave than this one.

Yet in almost two hours that the Minister spoke on hospital services this morning, he made one fleeting reference to the Maternal and Child Welfare Service for introducing a service with the assistance of the Royal Flying Doctor Service. He would have made no other reference to this problem had he not, after the luncheon recess, and after an opportunity to obtain some information, replied to some interjections I made before the luncheon recess.

I want to know, and I believe that the Minister and all other hon. members should know, the extent of the problem of Aboriginal child health and Aboriginal infant mortality. In the brief reference the Minister made to this issue he said that urgent public health action is required. He gave absolutely no indication in his speech today of what he considered to be urgent public health action. He outlined some limited emergency measures that were to be taken in a matter I raised in a question some weeks ago. There is a very serious problem. I think that the measures the Minister outlined previously—not today—are completely inadequate. We must recognise that this is a large-scale emergency problem and that emergency action is needed on a large scale, not on the limited scale suggested by the Minister. The position with Aboriginal infant health and Aboriginal child mortality—and in this I include Torres Strait Islanders—in this State is very disgraceful indeed.

The new measures outlined by the Minister in his answer the other day were prompted to some extent by the work of the Queensland Institute of Medical Research, which has been doing extremely valuable work in

this respect. I think it was also due in some respects to prodding from this side of the Chamber.

The Maternal and Child Welfare Service is undertaking an expanding role in this area. I think that every hon. member knows the fine work that has been done for many years by that service. The director and the entire staff are dedicated people who are doing magnificent work in many remote areas of the State as well as in the more populated areas.

Mr. Murray: Are you referring to Dr. McFarlane?

Mr. P. WOOD: That is so. She is a capable and dedicated person. The resources available to that service are completely inadequate for the great task of improving Aboriginal infant health.

The emergency proposals outlined by the Minister include a grant of \$15,000, which I take it is to provide, among other things, for the appointment of a promotions officer and some publications by him, films and other things. If the Minister considers that one promotions officer, qualifications unspecified, can solve the problems of Aboriginal health and Aboriginal infant mortality, he is very optimistic indeed.

He said in his reply also that the Minister controlling the Department of Aboriginal and Island Affairs was considering the appointment of one medical officer to assist with the problem. I do not know whether the Minister has given it favourable consideration or otherwise. One medical officer will be valuable but I doubt whether he can be very effective in overcoming such a great problem.

The maternal and child welfare sisters, with the co-operation of the Royal Flying Doctor Service, are visiting certain Aboriginal communities once a month for a period of 3½ to 4 hours. They consult with the nursing staff at those places. If the settlements are fortunate, they may have nursing staff. I know that the Department of Aboriginal and Island Affairs will appoint nursing sisters to places such as Edward River and Mitchell River, but it is very difficult to find staff willing to serve in remote areas. There are constant staffing difficulties, and for lengthy periods many Aboriginal communities are without qualified nursing help, let alone medical help.

The Minister said in reply to a question I asked that no visits were made by maternal and child welfare sisters to Hopevale because of its proximity to Cooktown. It is only about 38 miles from Cooktown, and the road there is not too bad. Would it not be more reasonable for one sister to travel 38 miles to Hopevale than to bring an unknown number of children from Hopevale to the Cooktown hospital? I think it would be a wise move to bring under the control of the Department of Health all the hospitals and nursing staff presently on Aboriginal

reserves and under the control of the Department of Aboriginal and Island Affairs. I am sure that that would lead to better administration.

The position of Aborigines on reserves is bad; the Committee should know just how bad it is. Often there is supervision by qualified nurses, and other supervision of a kind by people with other qualifications, yet the Aboriginal infant mortality rate is very high indeed.

Mr. B. Wood: You may not know that Government nurses in the islands of Torres Strait receive half a day's training.

Mr. P. WOOD: I did not know that, and I am disheartened to hear it. I do not know what the Minister for Local Government and Electricity is laughing about. I am disheartened to hear that, and I do not think that it is anything to laugh about.

While the position in Aboriginal and Islander reserves is bad, in what are known as "fringe settlements" the position is disastrous. There is no nursing or medical supervision. There is little, if any, advice available for Aborigines and Islanders, principally Aborigines. The seriousness of the situation is simply not recognised. If we can make estimates based on similar areas in other States, the infant mortality rate is 200 per thousand of population, which is exactly 10 times the general infant mortality rate throughout Queensland. I asked, by way of a question to the Minister, what was the general infant mortality rate in Queensland, and the answer was 20.3 per thousand of population. That is the highest in Australia, alongside that of Western Australia. Of course, as the Minister acknowledges, it is caused by the excessively high Aboriginal infant mortality rate.

Does anybody really know what these statistics mean? I think it is our business to know. I think it is the business of the Minister for Health to know what the problem is. I think it is the business of Parliament, and the Department of Health, to know, too. Despite the sanctimonious humbug of the Minister, I believe that statistics can be obtained—

Mr. TOOTH: I rise to a point of order. I have been accused of sanctimonious humbug. I take exception to that remark, and I ask that it be withdrawn.

Mr. P. WOOD: I will withdraw it. Let me read what the Minister said in answer to a question that I asked some time ago. I asked a simple question about Aboriginal children in the care of the Department of Children's Services. I considered it was reasonable that the figures were not available but the Minister went on and said—

"These figures are not available as it is not considered desirable by the Department of Children's Services to segregate

Aboriginal children, even statistically, nor to discriminate in any other way between them and other children in its care."

Mr. Ahern: Fair enough!

Mr. P. WOOD: Does the hon. member think so? I think it is absolute nonsense, because such statistics are kept in other fields of the Minister's department. On the one hand, he tells me very piously—I hope that the Minister does not take offence at that—that it is not right to discriminate even statistically; on the other, such statistics are kept in subsections of the department under his control.

Mr. Ahern: Which ones?

Mr. P. WOOD: The Department of Maternal and Child Welfare.

Mr. Chinchen: Do you think we should keep Asians separately?

Mr. P. WOOD: Let me answer first the hon. member for Landsborough. I say that there are departments under the Minister's control that keep statistics of the type that the Minister piously tells me should not be kept. On page 31 of the Annual Report of the Director-General of Health and Medical Services appears the report on the operations of the Division of Maternal and Child Welfare, and I quote this sentence from it—

"The infant mortality rate in Aboriginal children continues to be high as investigation at the individual settlements reveals."

That is precisely the information I have been trying to obtain from the Minister ever since September 1967, when I first asked him questions about Aboriginal mortality. Statistics of the sort that Parliament should be interested in are available.

Mr. Tooth: They are not available, and you refuse to accept the truth. They are not available on a Queensland-wide basis.

Mr. P. WOOD: I do not want them on a Queensland-wide basis. I want whatever figures the Minister has. In the instance to which I have referred, figures obviously are available to give hon. members an indication of what is happening on some Aboriginal reserves. I think that we ought to know what is happening other than on Aboriginal reserves, and the Minister can get that information if he wishes. He can get all sorts of people to give him information, and I think it is absolutely essential for the Department of Health, the Minister and Parliament to have that information.

Let me go on to one further point. The Minister told me that Aboriginals and Islanders should not be segregated, even statistically; yet there are hospitals under his direct control in which segregation is practised. I will not accept from the Minister a rebuke that I should not ask questions seeking statistical information that may be

segregated—I would not use that word, but the Minister did—when there is segregation in hospital wards in this State.

A Government Member: Where are they?

Mr. P. WOOD: If the Minister wants to know where they are, I will tell him. I will not answer the interjection because I believe that the Minister knows where they are.

Mr. Tooth: I do not know.

Mr. P. WOOD: If the Minister wants to know, I will tell him. If he goes to Thursday Island he will see segregated wards, and there are segregated wards at Normanston. I have given two instances.

Mr. Tooth: It is strange that the hon. member for Cook is not telling us these things.

Mr. P. WOOD: He has already made representations in the appropriate place.

Mr. Tooth: Apparently he supplies the information and you use it.

Mr. P. WOOD: I have been to Thursday Island and seen the hospital. I do not know whether the Minister has.

Mr. Tooth: I should like to be confronted by the hon. member for Cook.

Mr. P. WOOD: Statistics are compiled on a variety of special groups, including Aborigines.

Mr. Davies interjected.

Mr. P. WOOD: I think that the Minister is ashamed of what the statistics might show.

I have outlined the problem—it should not need outlining—and it is obvious that it is a serious one and that something should be done about it. The difficulty is to get the Government to appreciate the urgency of the matter. Many hon. members have visited the islands and various other parts of the State in which there are Aboriginal communities. We pat the little kiddies on the head and say what lovely little people they are, as they are, and then too often we go away and forget about them and they have a life of ill-health, if they survive. The Government must appreciate the urgency of the problem and make some decisions in the matter.

Let me offer some suggestions about what should be done to overcome this serious problem. If the department can decide to do more in the matter than has been indicated in the last few days, it would have to be done by decentralisation to the local hospitals. An expansion of the activities of the maternal and child welfare section which is already doing very fine work, would be needed. Where local hospitals exist, a maternal and child welfare sister, given some means of transport, should be able to call

on fringe settlements or any place where Aboriginal children are, and examine them and advise the mothers on nutrition and hygiene; I think those are the two main problems.

This is a departure from the normal activities of the maternal and child welfare service, where, generally speaking, people come voluntarily. I am suggesting that the service should go to Aboriginal mothers and infants and exercise close supervision of the care the mothers give their children. I am not saying that the mothers are being neglectful; this may happen in one or two cases; but usually, lack of knowledge is the problem.

A very close liaison between the maternal and child welfare service and local hospitals and medical staff would be required, and a close liaison with other Government agencies in an area.

The wages we pay Aborigines and Islanders on reserves must be more realistic. The hon. member for Cook spoke well on this matter the other day. We expect Islanders to provide for themselves and their families, which are sometimes large, on an income that is usually less than half the average income. It is no wonder there is a lack of nutrition and health.

I shall have to move fairly quickly onto another area in which I believe there is neglect of the health of Aborigines and Islanders. The statistics compiled by the Department of Health show that, outside of the metropolitan area, Thursday Island and the islands generally have the highest rate of venereal disease in Queensland. The rate is very high and I am not sure it is fully reported. Brisbane has a special clinic for the treatment of this disease, which, we should always bear in mind, was brought to the islands by Europeans. At the special clinic in Brisbane 1,202 people were treated in the year under review. In the same period on Thursday Island 259 people were treated. It seems to me that venereal disease in the islands is merely being treated as cases arise. I do not know of any planned programme of eradication of the disease. I believe that such a programme should be undertaken and surely the first step in this, in view of the incidence of the disease in the islands, would be to establish a special clinic on Thursday Island rather than have the disease treated generally in the out-patients' section of the hospital. I put that seriously to the Minister. Rather than treat this disease as it arises, for goodness sake, if it is possible to do so, let us have a programme of eradication.

My concluding remarks refer to some comments made by the hon. member for Toowong, Mr. Porter, who spoke in support of charges in Queensland hospitals. That has been denied as Liberal Party policy by other speakers from the Government side

and by the Minister; but we must remember that Mr. Porter speaks for a significant section of the Liberal Party. There is a real threat to free hospitalisation posed by his views, which are supported by a number of colleagues inside and outside of the Chamber.

My final comment relates to the Toowoomba Base Hospital. This morning the Minister for Health seemed to take exception to what he chose to call a hullabaloo raised by the hon. member for Toowoomba West and me about the deplorable conditions in the medical block at that hospital. I can assure the Minister that both the hon. member for Toowoomba West and I, without apology, will continue to raise hullabaloo on that matter. If the Minister was a patient in that block or a medical practitioner required to work in it, or if he was member for either of the Toowoomba electorates, I am sure that he would be raising almost as much hullabaloo as the hon. member for Toowoomba West and I have raised. We will continue to raise hullabaloo until the Government takes some action on the matter.

Mr. KAUS (Hawthorne) (8.51 p.m.): It is a pleasure for me to be able to enter the debate and to support the Minister's remarks.

Mr. Davis: Do you support the call for an inquiry?

Mr. KAUS: I do not. There is no necessity to have an inquiry. Of course, the hon. member for Toowong is entitled to his opinion, as I am entitled to mine. I do not support any inquiry into the hospital system; as a matter of fact I am in favour of free hospitalisation in Queensland. This Government has improved the system since it took office, and it will continue to improve it.

I should like to reply to a few of the remarks of the hon. member for Toowoomba East. I suggest that he make a few more visits to the North to see the conditions that prevail there. I have been to the North on numerous occasions and found the local people, particularly the inhabitants of the Torres Strait islands, to be the healthiest that I have seen. I would not mind living there myself.

I should like to deal now with the Queensland Health Education Council, and if hon. members opposite listen to my remarks they will learn a few things.

Mr. Tucker: We would be obliged if you would turn yourself up.

The TEMPORARY CHAIRMAN (Mr. Ramsden): I would be obliged if the hon. member would speak a little louder and if other members would keep silent.

Mr. KAUS: The Queensland Health Education Council was established to promote and extend health education. The council has a proud record of achievement throughout the State and has given the lead to the other States on many aspects of health education, just as Queensland has on free hospitalisation. Most of the other States are envious of Queensland.

Mr. Lee: All of them.

Mr. KAUS: As I am reminded, all of them.

The council comprises representatives from a large number of bodies interested in health education, and they come from the University of Queensland, the Queensland Cancer Trust, the Australian National Council of Women, the Australian Red Cross Society, the Queensland Radium Institute, the Department of Education, and, of course, the Department of Health. The council, under the chairmanship of Mr. George Healy, is to be highly commended on the work it is doing so effectively in many phases of health. Attention should be drawn to an important aspect of the council's policy, namely, the concentration on the education and training of children while they are still of school age.

For quite a number of years the council has had a textbook in use by teachers in primary schools titled "Subject: Health", which has been completely revised in recent years. The primary school syllabus provides for one lesson a week, from Grade 1 to Grade 7, for the teaching of various aspects of health.

Each year, a particular aspect of health is highlighted and special teaching notes and publications are sent to schools. Some of the special projects have included "Safety at School"; "Body Care and Grooming"; "Dental Health" (which is very important to youngsters today); and "Coughs and Sneezes".

Before the break-up of schools for the Christmas-New Year holidays, which is only a few weeks away, teaching notes are provided for a lesson on the prevention of drowning accidents. This lesson is given in the country as well as in the metropolitan and coastal schools because there has been too high a record of child drownings in creeks and waterholes.

I know that the council is gratified by the response to this campaign, which has meant a reduction in these unfortunate fatalities. This is the time at which kiddies should be taught, although today most schools have swimming pools, and children are swimming at a very early age. However, when they are away from their instructors, swimming in streams or in the surf, they become a little over-confident and, before they know it, they are in trouble.

The Health Education Council also provides primary schools with films on loan, and pamphlets and posters. In collaboration with the Department of Education the subject of health education has now been included in the new syllabus for secondary schools. This is presented by physical education teachers as part of the periods allotted to health and physical education. The council has provided a manual for the use of teachers, and visual aids in the form of films, slides, pamphlets and posters are provided to supplement the manual.

I am sure that all hon. members will agree with me that, in concentrating on the young, the council is pursuing a wise policy the fruit of which will be seen in the next few decades.

Mr. O'Donnell: That book has been on issue for the last 20 years.

Mr. KAUS: It is still doing a good job. I am not decrying it.

In addition, the council takes advantage of all available media for the education of people of all ages in matters of health. It has maintained a weekly issue of news articles to all newspapers in Queensland, and it provides the Brisbane "Telegraph" with articles for publication three times weekly. Special articles are provided also for metropolitan and country dailies. In 1948 the council made an arrangement with the commercial broadcasting stations for a five-minute recorded session once a week. This session, under the title of "Health in the Air" still continues. In addition, many radio stations broadcast special written "scatters".

A similar happy relationship has been established with television stations in Queensland. Since 1959, when television transmission commenced, the council has prepared a successful series of weekly animated features, which have appeared on the children's session on Channel 9 in almost continuous procession. Filmed versions of this series have been used by all country television stations. All films from the council's 16-mm. film library have been sought and used by every television station. Parents and citizens' associations can use this material, and I think it would be a good idea for them to use at their fetes the council's Brisbane Exhibition display.

Mr. Tooth: The council co-operates in all of these matters and is most happy to help.

Mr. KAUS: Provided it is asked.

Press and radio and television stations are to be congratulated on their public-spirited co-operation with the council in disseminating health education material free of cost. No doubt they do this in the public interest and with a feeling that in this way they are making a contribution to the well-being of

the community. I know that the Queensland Health Education Council is extremely gratified at the willing co-operation it receives from the publicity media. Without it, the council would be greatly hampered in its work.

I understand that the council now has a film library of well over 1,100 16-mm films on health subjects. They are extremely popular and are constantly out on loan to primary and secondary schools, women's organisations, voluntary youth organisations, hospitals and ambulance brigades for training purposes, and many other agencies. During the past financial year nearly 6,000 films were made available on loan and the council recorded a total viewing audience last year of approximately 298,691 people.

Each year the council compiles an itinerary for screening in country areas. I know that this service is warmly appreciated by local authorities and country residents. The most recent itinerary was of the South Coast and Burnett areas, where 33 screenings were made to a total of 18,553 people. The council provides a film-lending service for the country as well as the city, and it is regularly availed of by local authorities in the country. Full credit must be given to the local authorities for their interest in health education, and particularly to health inspectors who invariably offer their ready co-operation to the council.

The council also assists the mothercraft section of the Maternal and Child Welfare Service by conducting screenings for girls in secondary schools in the main centres in Queensland.

No doubt all hon. members have closely examined the display at the Brisbane Exhibition each year under the title "The Health Show". The location of this exhibit has been transferred to the Frank Nicklin Pavilion. The council has always mounted a most attractive display covering a wide range of subjects such as diseases, pests, physical and mental health, personal cleanliness and home hygiene and safety. These displays are important teaching adjuncts. Observant people will have noticed that the last display included an exhibit dealing with hygiene in handling food, and that recent exhibits featured displays on common garden plants harmful to man, and poisonous marine stingers including the box jellyfish.

Health education displays at district shows are provided at Toowoomba, Maryborough, Bundaberg, Rockhampton, Mackay, Townsville and Cairns. The council also provides other displays at the request of local authorities each year, and these have been made available at Dalby, Warwick, Beaudesert and the Gold Coast. Similar displays have been provided for use in the foyers of commercial houses.

In addition to providing displays and making films available, a considerable part of the council's programme is the production of pamphlets, booklets and posters. These deal with virtually every aspect of health and disease, and cover 133 different subjects. I was pleased to learn that it is not the council's policy to broadcast them indiscriminately but to make them available only on request to interested persons or organisations. They are made available at show displays through kindergartens, maternal and child welfare centres, doctors and dentists' surgeries, and schools and voluntary organisations. To give the Chamber an idea of the council's activities in this direction, the distribution of publications last year was as follows:—

Pamphlets	2,409,268
Posters	29,521
Booklets	54,668
Bookmarks	149,750

A further important feature of the council's work is its education campaign to alert the public to the dangers to health in cigarette smoking. The council has been active on this campaign since 1959, and has largely directed its attention to school children from Grade 7 upwards. On this subject the council has produced teaching notes, pamphlets and films for the use of school-teachers. The council has also produced a "smoking machine". No doubt hon. members have seen it at the Exhibition, and in many other places.

Dr. Crawford: Have they investigated the incidence of smoking among school-children?

Mr. KAUS: I cannot answer that one. Whilst the smoking machine does not produce any strictly scientific conclusion, this ingenious device nevertheless does show in a graphic way the amount of tar and other substances inhaled by the cigarette smoker. Seven of these machines are now being continuously demonstrated at all State and private secondary schools in Queensland.

I have already referred to the special efforts that the council makes each year before school breaking-up time to warn parents and children against drowning accidents.

I should also like to draw attention to the incidence of child accidents both in the home and elsewhere, which are too common a feature of our modern way of life. We read from time to time of young children scalding themselves by pulling pots from stoves. We read of children being poisoned by drinking kerosene or other substances which have been thoughtlessly placed in soft-drink bottles. The Health Education Council does all it possibly can to reduce this seemingly unnecessary waste of young life, and I know that it is repeatedly issuing warnings to parents and others through maternal and child welfare clinics, kindergartens, schools and other avenues.

The Health Education Council now, of course, collaborates closely with the Anti-Cancer Council of the Queensland Cancer Fund, which in recent years has done so much good work on this important subject. Recent cancer campaigns have included an additional drive through women's groups to explain to them the need for examination from time to time for breast cancer and uterine cancer and the prevention of skin cancer in children. The council has given much thought to the unreasoning fear of this disease that has, on occasions, arisen in some minds. It has arranged with the Director-General of Education for a special lesson entitled "The Structure, Growth and Abnormal Development of Cells", which is given in the biology lesson of the first-year science course in high schools. To aid teachers in this direction the council has published and distributed a special booklet on the subject.

The council has maintained a wide distribution of sex education booklets. Some of these are made available to parents for their own use and some are for them to pass on to their children or discuss with them. A special group of films on the subject is maintained, and when these are screened it is at the request of a voluntary organisation to supplement talks by qualified persons. The council assists all organisations working in the field of sex education with films, film strips, and publications.

Much more could be said about the council's work, particularly its campaign on specific subjects. However, mention should be made of the fluoridation of public water supplies.

Mr. Bromley: Do you believe in that?

Mr. KAUS: Yes. It has been able to assist local authorities and the medical and dental profession when the question of local action has been under consideration.

Mr. Bromley: Can you explain fluoridation?

Mr. KAUS: Yes, I can. Just look at my teeth—the result of fluoridation. Other campaigns have dealt with asthma, dental health, Health Week, resuscitation, venereal disease, immunisation, etc.

Before I close my remarks I should make some comment on the council's work in the education of young people, especially in the dangers of drug addiction. Considerable prominence has been given to this matter in certain sections of the Press recently and the Government is fully aware of the possibilities that the habit of taking drugs of addiction may grow here to the extent that it is growing overseas. A lesson entitled "The use and abuse of drugs" is included in the syllabus for Grade 10 in secondary schools. For some years now the subject of drug taking has been included in the

health education contained in the school syllabus. Recently this has been brought up to date in view of the latest overseas trends.

To help teachers advise students about drug abuse, the council has recently issued to all teachers reprints of special reports on this subject. In addition, the council has printed six publications for the education of both adolescents and parents.

As well, 14 films on drug abuse have been procured, and to 30 June, 1969, these have been loaned on 166 occasions and screened to an audience of 7,090. The council has been active also in giving talks and lectures to groups. During the last financial year, talks were given to 52 groups comprising a total audience of 5,180.

While it seems that no serious drug problem exists in Queensland, it is comforting to know that positive steps have been taken to prevent what has already happened in other countries. I know, because I have been out with the drug squad having a look around Brisbane. It is quite an education. However, the night I was out was very quiet.

Mr. Bennett: I should like to know where they took you.

Mr. KAUS: The hon. member would be surprised; we went into his area quite a number of times looking at some of the boys there.

I believe that, if the public in general, and the young people in particular, are educated in the dangers of drug addiction and develop an attitude of abhorrence towards it, such a problem will be prevented in Queensland.

In conclusion, I commend the Health Education Council for its work and the Minister for the lead he has given to the people of Queensland in publicising from time to time the educational campaigns on specific subjects mounted by the council.

Mr. WRIGHT (Rockhampton South) (9.16 p.m.): In rising to speak in this debate, I should first like to refer to a statement made by the Minister this morning. He mentioned the important part being played by churches and charitable organisations in caring for aged people. I agree that they are doing a marvellous job. However, he went on to say that there still remains a need for the State to play its part. That was the gist of his remarks.

I question his sincerity and that of the Government in their attitude to "Eventide" homes and I intend first to use the Estimates to support my statements.

The appropriation for 1968-69 was \$935,726. However, the cost of maintaining "Eventide" homes is said to have risen by \$45,327. The expenditure for this period was \$866,204. It will be noticed that this is \$65,522 less than originally proposed.

Therefore, I question the concern this Government professes for aged people and I query answers given by the Minister to questions I asked about the increases in rates put on pensioners since the increase in the Commonwealth social service pension this year.

The increase in 1968 was 70c out of the dollar increase in pension, and again in 1969, when the pension was increased by \$1, the rate was increased by 70c. I asked the Minister what departmental policy or formula was used in levying these increases. His reply was—

"The amount is determined from time to time by the Commonwealth under the Social Services Act."

Mr. Tooth: That is right.

Mr. WRIGHT: Yet the Minister also previously cited the tremendous cost per inmate of \$28.21 and led us to believe that this cost was so great that these increases had to be made. Yet, last year alone \$69,522 less than the original estimates was spent.

Turning now to other answers to questions given me by the Minister—and it seems that the hon. member for Toowoomba East and I have similar problems—on 20 August, 1969, I asked the Minister a question about the number of inmates in "Eventide", Rockhampton. He told me 241. On 14 October, 1969, he advised me that the number was 260. Maybe his mathematics are poor.

This leads one to wonder if he is giving misleading information and, if so, what is his reason for doing so. The figures he gave me highlighted many of the anomalies in the Government's attitude and apathy towards "Eventide" homes. In the last 10 years the number of beds at "Eventide", Rockhampton, increased by 34. However, in the answer to the question I asked on 14 October, the Minister pointed out that in the last five years only six more inmates could be cared for. And he tells us that this is a very important concern of his Government and his department!

Let us remember that today one person in every three can expect to reach the age of 75—and very shortly it will be one in two—yet in five years "Eventide", Rockhampton, has been expanded to take only six extra inmates. So we have reason to question his statements. In addition it was found that there was a waiting list at "Eventide", Rockhampton, as, I have no doubt, there is at many others, of from three to six months for males and a minimum waiting period of six months for females. Again I question his "real concern" for housing those people.

I have talked to many pensioners in Rockhampton and spent my time before the election discussing their problems with them. I found that a number of pensioners

in Rockhampton are paying up to \$10 or \$12 a week for rent. The inmates of "Eventide" are required to pay their normal sum of money and then, in addition, to buy soap, fruit and the other normal commodities that they want. I found, too, that relatives of inmates went along to "Eventide" on every pension day to borrow a few "bob". So it is easy to see that many pensioners are in a serious plight, which we might call the pensioners' plight, brought about by the attitude of this Government in not providing homes for them.

While I am on the matter of old people, the senior citizens of the State, I should like to comment on another home in Rockhampton for the aged, known as Talbot Estate. I am sure that members of the Government are very proud of the previous member for Rockhampton South, Mr. Pilbeam, who was always full of praise for Talbot Estate. I am sure that hon. members remember his speeches. If he was not talking about kerbing and channelling and bitumen roads, he was talking about Talbot Estate. However, I should like to point out a number of the things I found out about the estate.

Over the last six or seven months a number of residents on Talbot Estate, ministers of religion and people in recognised organisations have expressed their concern to me about what is alleged to be going on in the estate, so I should like to acquaint hon. members with a number of the problems that confront its residents.

The President of the Pensioners' League pointed out to me that last Christmas the previous member for that electorate, Mr. Pilbeam, set up a Christmas tree in one of the streets in Rockhampton and said that it was to raise funds for a pensioners' Christmas. However, on investigation it was found that it was not for the pensioners of Rockhampton but for Talbot Estate. The Pensioners' League spoke out on the matter and, I believe, moved a motion censuring Mr. Pilbeam.

I should like to deal further with this estate about which Mr. Pilbeam was so proud.

Mr. Miller: Have you got proof of this?

Mr. WRIGHT: I have got proof, yes.

Mr. Miller: I would like to see it.

Mr. WRIGHT: I am sure the hon. member would like to see it. If he lets me finish he can do so. I am willing to table the evidence and give the Minister the names of the organisations and the individuals concerned.

I shall point out how I came across this information originally, prior to my election to Parliament. A number of pensioners on Talbot Estate rang me and asked me to go to the estate and obtain postal votes for them.

When I went to the estate one pensioner welcomed me into her home, rather cagily, and then she said, "I want you to go to So-and-so, but go over the back fence. We don't want the secretary of the estate to see you." The second woman looked through the blinds as I was about to leave her house, to see if anybody was watching, and then said to me, "Would you please go back over the fence?" That was the first indication I had that something was wrong, so I then found that the secretary of the estate had told one pensioner to remove a refrigerator from her veranda because it was unsightly and that another pensioner, who had the courage to complain, had no maintenance work carried out on her cottage. She wanted the blinds fixed, but that could not be done. I then came across another woman who had allowed a couple of people to stay with her one night when they drove her back from the South, and during the early hours of the very next morning, the secretary's wife was on her doorstep castigating her for allowing people to stay in her cottage, which, by the way, she had paid for.

Mr. Tooth: What do you want me to do about it?

Mr. WRIGHT: I will tell the Minister what I want him to do.

The implication here is that these people are so afraid that they will not say anything because they have nowhere else to go. That is the implication, and it is very serious.

Mr. Tooth: What do you want me to do about it?

Mr. WRIGHT: I will tell the Minister all about it in a moment; I want him to take action to provide better homes for these people.

The CHAIRMAN: Order! I ask the hon. member to address his remarks to the Chair.

Mr. WRIGHT: I will do so, Mr. Hooper.

I was told of another case in which one of the residents of this estate went to hospital. The secretary rang the hospital continually to find out if she would be all right and would be able to care for herself when she came home. I was told of another woman who had remarried, and her new husband was being pressured into paying for the cottage which, I point out, had already been paid for by the wife.

I have proof, and I will name the organisations if necessary, or if anyone wants me to.

Government Members interjected.

Mr. WRIGHT: St. Vincent de Paul, Meals on Wheels, and the Blue Nursing Service. Those are three to start with.

On investigation, I found that the pensioners were sneaking food to each other because they did not want anyone to know that they were sick.

A Government Member: Rot!

Mr. WRIGHT: That is true. They did so because the secretary told them that if they could not care for themselves they would have to get out.

Mr. Lee: Who is the secretary?

Mr. WRIGHT: A Mr. Stan Bedden.

Mr. Lee: Not Col's brother?

Mr. WRIGHT: No, but he may be some relation to the Lee from Yeronga.

Mr. Bennett: He is more likely to be a relation of Pilbeam's.

Mr. WRIGHT: Possibly he was selected by Mr. Pilbeam.

These people found as I did, namely, that there was an atmosphere of fear around this estate.

Mr. Tooth: This has nothing to do with the Health Estimates.

Mr. WRIGHT: It has a lot to do with them. If there were more "Eventide" homes, these people would know that they could leave and go somewhere else. They would then have the courage to do something about it. But where can they go? In "Eventide", Rockhampton, we have had an increase of six beds in five years. The Minister should remember that Rockhampton alone has about 2,000 pensioners who would like to live in places like the "Eventide" homes.

Mr. Tooth: You have a wonderful field for developing aged people's homes up there; that is what you want to get into.

Mr. WRIGHT: We should like to do that but we want some State assistance. We should like the Minister to accept his responsibility.

Mr. Tooth: You will get some assistance; you will get \$500 a bed.

Mr. WRIGHT: We found that the Meals on Wheels organisation was not allowed into this estate. We checked with the secretary of the home and his wife, and found, as his wife put it, that they did not encourage it. These aged people, citizens of Queensland, because they live in this estate, do not have the benefits that other citizens of Queensland enjoy.

I was told—and I am ashamed of this as a Baptist, since Mr. Stan Bedden is also a Baptist—that only certain church services are encouraged on this estate. The Church of England and Catholic services are not permitted because Mr. Bedden has made it a prerequisite that he will allow church services in "his estate"—note "his estate"—only if all people can take communion. As

all hon. members are well aware, in the Church of England and the Catholic Church, only communicants can partake at the Lord's table.

Mr. Ramsden: In other words he is an ecumenical?

Mr. WRIGHT: I do not know what he is. I think he is bigoted.

The point in all this is that there is an atmosphere of fear prevailing at Talbot Estate brought about and sustained, I believe, by the apathy of the Government to the needs of the aged. I asked the Minister many questions about the names of the people who controlled this estate. I asked who were the present members of the local administrative committee and what were the duties of the secretary, so that I might highlight this matter, but the Minister told me that the information was not available. That may be fair enough, but I think it is time that this Government took some interest in these people.

Mr. Tooth: We mind our own business; we have enough troubles.

Mr. WRIGHT: I realise that from some of the Minister's Estimates.

I now move on to school health services and, in so doing, I commend the work done by the medical officers and school sisters, but I question the coverage and breadth of the work. The Annual Report of the Health and Medical Services of the State of Queensland for the year 1968-69 states that 111,993 children were examined. I decided to check on the total number of pupils in Queensland and I found that there were 373,946.

Mr. Hungerford: When was your count up till?

Mr. WRIGHT: August 1968.

Of the 111,993 pupils examined, 4,662 were found to have visual defects, postural defects, lower limb defects, skin defects, heart murmurs, etc. That makes me wonder how many of the 373,946 not examined have defects.

I have had personal experience of some of those cases. A girl of seven in my school had a serious visual and hearing defect. It was not found until she was seven because that was when she was first examined. A boy of 10 had a lower limb defect which was not found until he reached that age. A boy of 11 had a serious visual defect.

The system lacks follow-up work. It lacks the means of examining those who are absent on a particular day. It has great irregularity.

I spoke to the hon. member for Logan this morning. He informed me that the normal practice is for the children at each

school to be examined once every two years. We looked at some statistics on the school dental services and we were amazed at what we found. Of almost 400,000 students, only 27,418, or 6.9 per cent., were examined by school dentists. On the average, children would be visited once every 15 years.

Mr. R. Jones: Do you include State and denominational schools?

Mr. WRIGHT: Yes, both.

It was also mentioned this morning that the department has 16 officers and that five vacancies exist. If the Government is really concerned about the health of school-children, it will fill those vacancies. I should like to know how long the vacancies have existed.

The Rockhampton General Hospital has required an eye specialist for some time, and needs a social worker. I understand that this is also the case in many other hospitals.

The hon. member for Hawthorne referred to the tremendous amount of advertising undertaken by the council to educate children in health matters. One pamphlet he mentioned emphasised the need for children to have a dental check every six months. Under the present system, a child is supposed to be examined every two years, although, as I said, on the average, each child is examined every 10 years. Under this present system of infrequent visits, it is no wonder that the Minister can report that only 37 per cent. of children examined had sound mouths.

This is an important part of education. The capabilities and output of children depend on their physical state of health. If these children are to be cared for properly they must have proper medical attention. I ask the Minister to look seriously at the anomalies that exist in the dental health service and the school health service.

I had with me this morning the president of the Pensioners' League in Rockhampton, who asked me to comment on the fact that most pensioners have to wait up to nine months to get a set of dentures at the Rockhampton hospital. We suggested to one fellow in my area that he go to Mt. Morgan because he might get faster treatment there. I believe that in some States a pensioner who cannot go to a hospital goes to a private doctor—in this case it would be a dentist—and the bill is sent to the Government. I ask the Minister to consider the introduction of such a scheme in this State. If the Health Department could be billed by private dentists for services rendered to pensioners, many hundreds of pensioners would be saved the inconvenience that they now have to suffer.

Finally, I wish to speak briefly on what I consider to be another major role of the Health Department. I refer to the rehabilitation of prisoners. At present rehabilitation

activities—I am speaking mainly of the Brisbane Prison—are regarded as a privilege, not a right. Approximately 30 of the 500 prisoners at the Brisbane Prison are able to take part in various activities that may help them.

I should like to point out to those who might be wondering what this has to do with the Estimates of the Department of Health that this problem will be overcome only if the services of psychiatrists, psychologists, and social welfare workers are made available in the prison. I have heard of many cases—and I am sure the hon. member for South Brisbane could tell us of many, too—of judges recommending psychiatric treatment for prisoners and of the recommendation falling on deaf ears and no treatment being given as the necessary facilities are not available.

Mr. Tooth: You are talking nonsense.

Mr. Bennett: Mr. Kerr sometimes is not even informed of it when the papers go over there.

Mr. Tooth: You are talking utter nonsense.

Mr. WRIGHT: That is correct.

Mr. Tooth: That is a lot of rubbish.

Mr. WRIGHT: I believe that to be the position. The classification of a prisoner at the Brisbane Prison takes up to 10 minutes before a board consisting of a psychiatrist, a psychologist, a welfare officer, and a member of the Prison Service. That is the only part that those officers play in the prison; they are never available when the prisoner needs them. If we are to accept our responsibilities to prisoners, we must provide them with the necessary facilities to overcome their social problems.

I noticed in today's "Telegraph" that Mr. Kerr, the Comptroller-General of Prisons, states that a new prison for the strict treatment of young offenders is a necessity.

The CHAIRMAN: Order! I was hoping that the hon. member was going to deal with Health Department matters.

Mr. WRIGHT: I am dealing with the role of the Department of Health in prisons.

The CHAIRMAN: Order! Prisons do not come under the administration of the Department of Health.

Mr. WRIGHT: But psychiatric, psychological and social welfare services do.

The CHAIRMAN: Order! The Chair will decide that.

Mr. WRIGHT: The Comptroller-General of Prisons has referred to the need for a new, stricter prison. I am trying to point out

that if psychiatric, psychological and social welfare services were available to prisoners, such a prison would possibly not be needed.

Mr. Tooth: Let me tell you for your information that the Director of Psychiatric Services sends members of his staff to the prison.

Mr. WRIGHT: How many?

Mr. Tooth: I would not know that.

Mr. WRIGHT: I should like the Minister to tell me, because I do not believe that what he says is true. It is contrary to the evidence that we have.

In conclusion, the Comptroller-General of Prisons is reported as saying that many young men are deeply indoctrinated in criminal tendencies. I believe that, with the help of psychiatrists, psychologists and social welfare officers, criminals can be indoctrinated into a proper attitude to society. The Health Department has an important role to play in prison work, especially in rehabilitation programmes, and it is time this was acknowledged.

Mr. NEWTON (Belmont) (9.39 p.m.): I challenge the Government on the Minister's statement earlier tonight about hospital accommodation in the metropolitan area, particularly the south side. It is quite evident that the Government is not aware of the true position. If it were, the Minister would have mentioned earlier in the debate the very important subject of hospitals for suburbs on the south side of the river. Hon. members know that the development taking place there far exceeds that taking place on the north side of the river and that the north side is better provided with hospitals than the south side. I ask the Government to consider very seriously the discrepancy.

Comments made at the recent annual meeting of the Mater Misericordiae Public Hospitals indicate clearly how serious the situation is at those hospitals, which play such an important part in the life of the people on the south side of the river. The newspaper report made it quite clear that there is every possibility that both the children's and adults' sections of the Mater Public Hospitals may have to be closed if more finance is not forthcoming from the general public and the Government. Some hon. members who have spoken earlier in the debate have said, "Thank goodness Queensland has not reached the situation that has been reached in southern States." However, it is knocking at the door, and somebody should realise that and take action before the situation in the metropolitan area deteriorates further.

Mr. Tooth: Do you say that the Mater Public Hospital is likely to close down?

Mr. NEWTON: Yes, I do.

Mr. Tooth: On what grounds do you say that?

Mr. NEWTON: I will read to the Minister the report of some of the comments that were made at the annual meeting of the Mater Misericordiae Public Hospitals. It appeared in "The Courier-Mail" of 1 October, 1969, under the heading "Hospital's need for more support", and it said—

"Administrators of the Mater Hospital last night expressed grave concern over the plight of the Mater Children's Hospital unless greater public and government support were forthcoming."

It continued—

"On an average more than 300 children attend its casualty and out-patient departments each day. Most of them medically, or scientifically, are not very 'interesting' cases but they are really sick children."

Later it said—

"... so pressing is the problem of the Children's Hospital that it cannot wait the development of the adult hospital in three years' time.

"Unless further financial assistance is obtained from the Queensland Government it can be forecast that the development of an efficient pediatric service on the southside of the river will stagnate," Dr. O'Callaghan said."

Mr. Tooth: I thought you said they were going to close down?

Mr. Chinchin: It does not say that.

Mr. NEWTON: If the hon. member cannot read into this report—

Mr. Chinchin interjected.

Mr. NEWTON: The hon. member for Mt. Gravatt is laughing. He should be more concerned about the situation than any other hon. member. Before the 1966 election the Country-Liberal Government promised him a hospital. He is lucky that the people in his electorate have not protested and petitioned him to find out why it has not been built.

Mr. Chinchin interjected.

Mr. NEWTON: At least they are doing something about it. All that the hon. member is doing is interjecting, as he always does in this Chamber, with no concern for his electors. He is trying to defend the Government that promised these people a hospital away back in 1966. Another election has been held since then, but still they have not got the hospital.

The Government should wake up before it is too late, and I am sounding a note of warning now on behalf of the people who run the Mater Public Hospitals.

Mr Chinchin interjected.

Mr. NEWTON: Give me a chance! I am not taking any interjections from the hon. member. I want to get this on record and give him the chance to answer it. After all, the hon. member on behalf of the

Government claimed that there was no need to worry about accommodation in the public hospitals in this State.

This was a meeting of the Mater Misericordiae Hospital and the Chairman of the Board, Mr. John Kelly, said—

“Overworked staff and overworked clinics create a situation from time to time almost beyond human endurance.”

Do hon. members opposite mean to say that this is not a serious situation? What is wrong with them? Let me read further—

“Faced with an expenditure of over \$6,000,000 from other than Government sources, in the adult hospital, what can the hospital administration hope in the immediate future to do about relieving conditions in this hospital? One may also conjecture that a similar situation could also arise in the not too far distant future in relation to the Mothers' Hospital,” Mr. Kelly said.”

He has involved the public section of the children's hospital and the adults' hospital and he now queries what might happen to the mothers' hospital.

Mr. Lickiss: Do you know what that proves—that you can read a newspaper!

Mr. NEWTON: Well, isn't the hon. member clever? After all, that is all he has done here on many an occasion. He ought to take top marks.

Mr. Tooth: That is all wrong, you know.

Mr. NEWTON: Of course it is not all wrong. The Minister comes in here and makes statements. He cried about somebody putting something on his signs yet he did not “go crook” when someone stuck the hammer and sickle on the House.

Mr. Tooth: That's not right.

Mr. NEWTON: Of course it is; it was a shocking indictment of Government members. The hon. member for Toowong was campaign director at the time and neither he nor any other member on that side complained about it. It shows what they will stoop to. The Minister tonight complained about what we do or what Mr. Stanaway might do. They should look to their own records.

Further in the report is this very important point—

“On the surgical floors the demand for beds frequently exceeds their supply and it is only by curtailing in-patient stays that the work load can be handled. This curtailment is not in either the patients' or the hospital's interests,” he said.”

That is very pertinent to Opposition criticism tonight of overcrowding in Government hospitals. The problem is not confined to the Mater hospital. Quite frequently hon. members on this side visit constituents in the Princess Alexandra Hospital and they

know that similar conditions exist there. It is entirely different from when Labour controlled the Princess Alexandra Hospital. There were no beds up the centre of the wards then; they were not stacked one on top of the other as they are at the present time. Patients were not turned out before they were fit to go home, as they are under this Government.

The hon. member for Sandgate and other Opposition members have pointed out that the Queensland Ambulance Transport Brigade provides a continual bus service in the metropolitan area to convey back to hospital for treatment people who should still be in hospital. What a shocking state of affairs! Yet members of the Government have the hide to say that there is nothing wrong with the State's hospital system.

Mr. Chinchin: Who said that?

Mr. NEWTON: We are condemning the Government on behalf of the people of Queensland. For goodness sake try to take a little bit of notice. I know that the hon. member is not dumb. On any matter concerning Mt. Gravatt or the Belmont electorate he is always out on a lead if he thinks he can harm me, but I always come out in front.

I shall revert to the Government's promise to construct a hospital at Mt. Gravatt.

Mr. Chalk: Don't get worked up.

Mr. NEWTON: I am not getting worked up at all. There is no happier person in the Chamber than I am. It is no use my getting worked up; I would only get ulcers, and then there wouldn't be a bed in a hospital for me. I will not get upset.

Let me remind the Government of its election promise in 1966 to provide a hospital at Mt. Gravatt. This is 1970, and still it has not been provided. Look at the assurance given to provide a hospital at Wynnum.

Government Members interjected.

Mr. NEWTON: It was given by the then Leader of the Liberal Party, Mr. Ken Morris.

A Government Member: No. That's too far back.

Mr. NEWTON: Yes it was. I will produce statements.

Mr. Sherrington: They have not even cleared the scrub from the site yet.

Mr. NEWTON: That is true. If a member of the Opposition asks a question about what is going on at the Wynnum site he cannot find out what is going on. It is time that the Government looked at the matter of providing community hospitals on the south side of the Brisbane River. Of more importance is the need for the Government to take steps to ensure that a children's

hospital is provided on the south side of the river. Irrespective of how Government members may joke about the matter, they have been warned that an extra hospital is needed on the south side to relieve the congestion at Brisbane's children's hospitals. I sound a serious note of warning about the position in our children's hospitals. It is about time the Government looked into the matter of acquiring land on the south side for a children's hospital to serve the fast-growing areas there.

Mr. Chinchen: Whereabouts?

Mr. NEWTON: There are some very good sites close to the Mt. Gravatt hospital site and in the Belmont area. As the Government has almost closed the Brisbane abattoir, I can get acres and acres of land that will make a beautiful hospital site. If the Government intends to build a children's hospital, the Belmont area should be considered, because so far almost everything has gone to the Mt. Gravatt electorate, and Belmont has got nothing.

Mr. Chalk: It must be the representation.

Mr. NEWTON: It is not the representation. Surely to goodness the Treasurer has heard me make my complaints time and time again about the deal I am getting from the Government. It is through my complaints that I have got, over a period of time, those things that are necessary for the Belmont electorate. On this occasion I appeal to the Government to act on this important matter which affects people on the southern side of the Brisbane river.

I should now like to deal with sackings of maintenance staff at the Princess Alexandra hospital. Any person who knows anything about any of the callings in the building industry would know, by looking around the hospital, that there is a need for a continuous maintenance programme at that hospital. Yet this Government, which has just been returned to office and which has just brought down another Budget, which it claims is better than last year's Budget, which was called the "Queensland's March to Progress" Budget—

Mr. Chalk: This is the "Away we Go" Budget.

Mr. NEWTON: It seems the way we are going that before long there will be another dark and gloomy Christmas for the workers of Queensland because of the dismissals taking place at the Princess Alexandra Hospital. These men could be gainfully employed. They are carpenters, electricians and builders' labourers. They are all loyal men.

At 9.55 p.m., under Standing Order No. 307 and Sessional Order agreed to by the House on 22 October, progress was reported.

The House adjourned at 9.56 p.m.