

Queensland



Parliamentary Debates
[Hansard]

Legislative Assembly

THURSDAY, 23 NOVEMBER 1972

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Mr. SPEAKER (Hon. W. H. Lonergan, Flinders) read prayers and took the chair at 11 a.m.

PAPER

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

Report of the Queensland Meat Industry Authority for the year 1971-72.

QUESTIONS UPON NOTICE**COST OF FEDERAL A.L.P. HEALTH SCHEME**

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

What is the estimated cost to the taxpayers of Queensland, of the Federal Australian Labor Party Health Scheme proposal for a 1.35 per cent. charge on taxable incomes if the A.L.P. is elected to the Commonwealth Government benches on December 2.

Answer:—

“Spokesmen for the Australian Labor Party have stated that the additional charge on the Queensland taxpayer if the 1.35 per cent. levy on taxable incomes is introduced for the implementation of its health plan, will be \$22,000,000.”

HOSPITAL SITE, HEATLEY, TOWNSVILLE

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

Has his attention been drawn to an article in *The Townsville Daily Bulletin* of November 21, wherein the need for a hospital in the western suburbs of Townsville is being peddled as a new idea by the Australian Labor Party for political-propaganda purposes? If so, as the result of representations made by me some time ago, has his Department acquired an area of land for a hospital in that area and will he indicate any progress made in the matter?

Answer:—

“My attention has been drawn to the article referred to by the Honourable Member. At the request of the Townsville Hospitals Board and following on the personal representations of the Honourable Member that further land be acquired for possible future hospital requirements in Townsville, a parcel of good-quality land, approximately 30 acres in area, has been acquired by the Hospitals Board in the suburb of Heatley. The Honourable Member will be aware that the Townsville

Hospital is being developed to its maximum extent in the current building programme, and whilst there is not at present any proposal for the utilisation of this additional site for hospital expansion, I have no doubt that when a new hospital complex is developed in Townsville, the Heatley site will be very favourably considered."

DISBURSEMENT OF LEGAL FEES
ALLEGEDLY DUE TO J. D. CURRIE
BY Q.C.E.

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

Is a solicitor named Currie at present charged with the misappropriation of considerable funds belonging to clients and is he the same man who appeared for the Trades Hall unions and the Queensland Central Executive of the Australian Labor Party in their court action against the Government over the declaration of a State of Emergency during the tour of the Springboks Rugby Union team? If so, can the \$17,000 for Currie's legal and other fees, which are as yet unpaid by the unions and the Q.C.E., be diverted towards providing some relief for the defrauded clients?

Answer:—

"Yes. Currie was a member of the firm of O'Sullivan, Currie and Company who were the instructing solicitors in an action challenging the validity of the Order in Council declaring the state of emergency. I understand from the Queensland Law Society Incorporated that all claims on the Legal Practitioners' Fidelity Guarantee Fund which are satisfactorily substantiated will be paid in full."

SAND-MINING STRUCTURE, CURRUMBIN
CREEK ESTUARY

Mr. Ahern for **Mr. Hinze**, pursuant to notice, asked The Minister for Mines,—

(1) What conditions apply to the mining lease which allows for an unsightly, dilapidated eyesore of a tin shed to disgrace the foreshores of possibly the most picturesque estuary on the Gold Coast at Currumbin?

(2) Has the Government taken any steps to have this unsightly relic demolished and, if the eyesore rests on land covered by an ancient perpetual lease, will he consider its relocation as being in the best interests of Australia's premier tourist resort?

Answers:—

(1) "This plant is located on an Amalgamated Dredging Claim granted by the Labor Government before this present Government came to power. No special

conditions were applied. The term is perpetual. The plant treats beach sand materials transported to it."

(2) "As the plant is not subject to special conditions and as the usual requirements of the Mining Act are being met, my Department has no power to require its removal or relocation."

COMPLAINT ON ROOF REPAIR CHARGE
TO CONSUMER AFFAIRS BUREAU BY
R. OSBORNE

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

(1) Did the Commissioner for Consumer Affairs receive a complaint from Mrs. R. Osborne, 26 Mountain Street, Mount Gravatt, concerning exorbitant charges for roof repairs carried out by Mr. Brian McIntosh of Roof Guard Roofing Service?

(2) If so, what action was taken by the Commissioner in relation to a charge of \$150 for placing a sealing compound around 17 patches on the roof, which is completely beyond the limits of all fair trading?

(3) Could this be classed under the Act as undue profiteering?

Answers:—

(1) "A complaint was received by the Commissioner for Consumer Affairs from Mr. R. Osborne. Enquiries indicated that the work referred to had been carried out on a private basis by an employee of Roof Guard Roofing Services (Qld.)."

(2 and 3) "Enquiries pursued by the Commissioner did not reveal any breach of the Consumer Affairs Act in relation to the transaction referred to."

WATER SUPPLY FOR COEN

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

(1) As the provision of a town-reticulated water supply at Coen is of paramount importance to the health of the residents and especially as twelve new houses are at present being built and there is an annual onset of severe intestinal complaints, will he consider obtaining a special grant to enable the proposed water conservation and reticulation to proceed immediately in order to obviate the delay of three years which exists at the present time?

(2) If this is not possible, will he consider the provision of adequate water to the new houses to enable septic systems to be installed?

Answers:—

(1) "The provision of a town water supply for Coen is the responsibility of the local authority, namely the Cook Shire

Council. It is understood that appropriate action between the shire and the Department of Local Government is proceeding. The Honourable Member therefore should direct his Question to my colleague, the Minister for Local Government."

(2) "I have requested an urgent investigation to proceed with a view to ascertaining whether a suitable supply of water is available to enable septic installations within the homes."

EDUCATION RECORD, CHERBOURG
STATE SCHOOL

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

(1) How many children at present attend the Cherbourg State School and what was the enrolment for 1969, 1970 and 1971?

(2) How many received secondary education and completed grade 10 for each of the years 1969 to 1972 inclusive?

(3) Of those who completed grade 10, how many were able to obtain positions (a) in their own district and (b) elsewhere?

(4) How many completed grade 12 in the same years?

(5) Have any students been able to enter the teachers' colleges or the university for training as a teacher and, if so, what number?

Answers:—

(1, 2, 4 and 5) "The Honourable Member is advised to direct these sections of his Question to my colleague, the Minister for Education, as the responsible authority."

(3) "The information sought is not readily available and would entail considerable research in tracing through the post schooling progression of each pupil if, as is doubtful, all can be identified. Such research does not appear justified as, generally speaking, the Honourable Member can be advised that all pupils who have successfully completed grade 10 have been placed in suitable employment through departmental agencies."

REST AREAS, PENINSULA DEVELOPMENTAL ROAD

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

As the Mulligan Highway is carrying increased traffic each year and is the only road linking Cape York Peninsula with the remainder of Queensland, and as no rest areas are provided for hundreds of miles, will he give consideration to providing rest

areas at McLeod River, Hann River, Laura River and other suitable places along the highway?

Answer:—

"On the Peninsula Developmental Road, north of Mareeba, a rest area is being planned near the Palmer River. Consideration will be given to other rest area proposals in the future including those suggested, but it should be realised that more highly trafficked roads have higher priority for such facilities."

NEW BRIDGES, THOMATIS CREEK
AND BARRON RIVER

Mr. Sherrington for **Mr. B. Wood**, pursuant to notice, asked The Minister for Mines,—

(1) Is planning well under way for the completion of the new Thomatis Creek bridge by the revised date of early in the 1975-76 financial year?

(2) When will work on the bridge and associated road works commence and what is the approximate cost?

(3) Is the completion of the new bridge over the Barron River programmed for 1975-76?

(4) In view of the dangerous nature of both bridges, will he give further consideration to advancing the programme for these works?

Answers:—

(1) "Planning is in hand with this object in mind."

(2) "It is planned for work to start on Thomatis Creek bridge and approaches during 1974-75 financial year. The total cost is approximately \$720,000."

(3) "Yes, at this stage, depending on funds being available."

(4) "The bridges have been advanced as early as planning permits. In the meantime the existing bridge will be adequately maintained."

EYE SPECIALIST, CAIRNS BASE
HOSPITAL

Mr. Sherrington for **Mr. B. Wood**, pursuant to notice, asked The Minister for Health,—

(1) Is the position of visiting eye specialist to the Cairns Base Hospital vacant?

(2) When will this position be filled?

(3) In the meantime, what arrangements will be made for patients requiring eye treatment?

Answers:—

(1) "Yes."

(2) "When a suitable applicant is available as a result of re-advertising the position."

(3) "The previous holder of the position is still in Cairns and will attend any emergency. Other patients requiring specialist eye attention are referred to Townsville Base Hospital."

DELAYS IN PAYMENT OF PROPERTY
OWNERS, NORTHERN FREEWAY
RESUMPTIONS, BRISBANE

Mr. Davis, pursuant to notice, asked The Minister for Mines,—

Will he investigate complaints that property owners who have been affected by the Northern Freeway have had to wait for periods of up to one month for payment for their properties after reaching a settlement with the Main Roads Department?

Answer:—

"I have no knowledge of any complaint by property owners affected by the Northern Freeway of undue delay in being paid for property acquired by the Main Roads Department. In fact 80 agreements have been reached to date since the issue of the brochure setting out the properties affected and owners have gone out of their way to express satisfaction with the speed with which payment has been made. It must be realised that there are certain formalities which have to be complied with before such business can be concluded and this applies equally in the case of private transactions of this nature. However, if the Honourable Member can bring forward any specific cases I will be glad to have them investigated."

RETENTION OF BILOELA BASE HOSPITAL
AS NURSE TRAINING CENTRE

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

(1) Will many country hospitals throughout Queensland shortly cease to be training schools for nurses?

(2) As Biloela Base Hospital, with a daily average of 26 inpatients, is the medical centre of an area extending from Bauhinia in the west to Calliope in the east and from Monto in the south to Wowan in the north, will it be retained as a training centre for nurses?

Answer:—

(1 and 2) "Only hospitals with an average of not less than 30 general beds occupied daily will be recognised by the Nurses Board for training of student nurses

for graduation as general trained nurses following recent amendments to the Nurses Regulations. Biloela Hospital is one of those affected by the amendments. I would point out however that students enrolled prior to the amendments will be permitted to complete their training. The Hospitals Board may also seek approval from the Nurses Board of Queensland for the recognition of the Biloela Hospital for the purpose of training general nursing aides. This is a twelve months' programme, and successful aides will become enrolled with the Nurses Board. The Honourable Member will be interested to hear that at the September meeting of the Banana Hospitals Board which controls the Biloela Hospital, it was agreed that a request be made to the Nurses Board of Queensland to phase out the Biloela Hospital as a general nursing training school and to apply for registration as a training school for general nursing aides."

HARRISIA CACTUS

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

(1) Has *Harrisia Cactus* reached plague proportions in North Queensland or in any other part of the State?

(2) Has Dr. Bennett of Trinidad visited Queensland to study the growth of this pest? If so, what was the result of his investigations and what action will be taken to control the cactus?

Answers:—

(1) "Infestations of *Harrisia Cactus* of varying extent are located in the Collinsville, Rockhampton, Gatton, Goondiwindi, Cambooya, Mount Morgan and Charters Towers areas. All are regarded as being under reasonable control but there is a particular problem in the Collinsville area where a significant area, about 180,000 acres, is generally infested. The techniques required for the control of the cactus are constantly being researched by my Department's scientists and significant progress has been made towards effective and economic control of the plant in the Collinsville area."

(2) "Following recommendations of the *Harrisia Cactus* Committee, investigations into possible biological agents for control of *Harrisia Cactus* have been instituted through the Commonwealth Institute of Biological Control for a survey of potential control factors in South America. A report from Dr. F. D. Bennett of that Institute indicated that a number of promising insects had been located and the Institute has been requested to carry out further tests of these insects with a view to their possible introduction into Australia. Dr. Bennett recently inspected *Harrisia* infestations in the Collinsville area."

BUS TRIP FOR "EVENTIDE" (SANDGATE)
INMATES TO MOOLOOLABA

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

(1) Was a bus trip organised from "Eventide," Sandgate to Mooloolaba and return on November 17?

(2) How many of the inmates went on the trip, at what time did they leave Sandgate, at what time did they return and what was the fare charged?

(3) Did all the inmates contribute to the cost of the buses or only those who went on the trip?

(4) What was the total cost of the trip, including wages and overtime incurred by the staff who acted as escorts?

Answer:—

(1 to 4) "Yes. A bus trip was organised from 'Eventide', Sandgate, to Mooloolaba and return on November 17. 56 male and 67 female residents went on the trip in two buses, departing from Eventide, Sandgate at 9.00 a.m. and returning at 5.20 p.m. No fares were charged, nor were any of the residents required to contribute towards the cost of the outing. Bus charter fees and the cost of meals at the Mooloolaba Hotel were paid from trust funds which are held especially for patients' amenities. The total costs involved were as follows:—Bus charter fees, \$204; Meals, \$184.50; and Wages and overtime of nursing staff accompanying the residents, \$130 approximately. Total, \$518.50. I appreciate the interest of the Honourable Member for Toowoomba North in the arrangements made by the management of the Eventide Home at Sandgate to provide organised picnic parties for the residents of that home. If he has any further interest in the matter I shall be happy to arrange for him to have a seat on the next bus or perhaps this might be arranged more appropriately through the good offices of Mr. H. Dean, M.L.A., Member for Sandgate. The only stipulation I would make is that the Honourable Member will, of course, have to pay for his share of the day's outing."

WEARING OF SAFETY HELMETS BY
MOTOR CYCLISTS

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

(1) Does the appropriate regulation for the compulsory wearing of safety helmets by motor-cyclists in Queensland insist that the protective safety helmets, on purchase, bear the Australian decal of E33 for road use, as the minimum requirement?

(2) Is further provision made in Queensland for minimum standards for competition use and, if not, has consideration been given to setting down the Australian Standard of E43, as specified as the minimum requirements by the Auto Cycle Council of Australia?

Answer:—

(1 and 2) "Regulation 90 (a) of the Queensland Traffic Regulations provides that the driver of a motor cycle (and a person carried) shall wear a safety helmet which shall comply with the Australian Standard for safety helmets for the time being as issued by the Standards Association of Australia."

INCREMENTAL WAGE PAYMENTS,
RAILWAY DEPARTMENT
EMPLOYEES

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

(1) Are railway-car conductors included and entitled to receive payments of incremental benefits in the pay period ending December 3 and back-dated to the operative date of October 1, 1972?

(2) Which classifications of railway employees are not eligible to receive the incremental pay benefits which have now superseded the service allowance and will he outline the reasons for their disentitlement?

Answers:—

(1) "Car conductors are included in the service incremental payments scheme which will date from October 1, 1972, and as I have already announced, are amongst those classifications of employees who will be paid progressively by the respective branches as the checking of such employees is completed."

(2) "The scheme applies to wages staff only. Salaried staff who do not participate include stations masters, night officers, clerks, typists, draftsmen, and administrative officers (Schedule X, Railway Award—State), engineering officers (Schedule XI, Railway Award—State) and inspectorial and supervisory officers (Schedule XII, Railway Award—State). As agreed to by relevant railway unions, approximately 300 lower paid salaried staff are to have their remunerations expressed as a weekly wage rate in lieu of an annual salary and are thus rendered eligible for inclusion in the scheme. I might add that I have already written to the railway unions who met me in deputations on the question of improving the former service allowance scheme introduced into the Railway Department by this Government in January, 1970, setting out full details of the new scheme."

MARINE SURVEYORS, CAIRNS

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

Is he aware of the difficulty being experienced by shipping interests and prawn-fleet operators as a result of the non-availability of marine surveyors for long periods at Cairns? If not, will he have the matter investigated with a view to rectifying any undue delays which are being experienced?

Answer:—

"I am not aware of any particular difficulties being experienced by shipping interests and prawn fleet operators in Cairns, but the matter will be investigated. Four marine board surveyors are stationed in Townsville and as far as I am aware any owner requiring survey is accommodated, providing he gives sufficient notice and pays the requisite fee. Everywhere in Queensland, including Brisbane, the regulations require at least seven days' notice to be given to the desired date of survey. To properly organise a survey systematically, it is essential that adequate notice be given so that the proper arrangements can be made for co-ordination with other surveys and for transport and accommodation. The ideal situation would be to have surveyors in every port, but this is not justifiably economical at present."

SAFETY PRECAUTIONS IN SALE AND USE OF TOXIC MATERIALS

Mr. Burns, pursuant to notice, asked The Minister for Development,—

(1) Is he aware of the dangers inherent on many supermarket shelves through the sale of toxic materials such as "Drano", "Hi Speed" oven cleaner, "Vim", "Ajax" and other caustic substances in packs and cans with snap lids or sealed with pieces of paper, which makes them far from child-proof?

(2) Is any regulation in force or proposed which requires items carrying the words "Poison—Keep out of the reach of children. If taken seek medical advice", to be sold in containers which have safe methods of resealing after use and are truly child-proof?

(3) Have moves been made to provide safe pill containers which remove the danger of children taking pills or medicines because the container is easily opened and the contents are often coloured similarly to sweets and lolly water?

Answer:—

(1 to 3) "These matters do not come within my administration."

ENVIRONMENTAL STANDARDS

Mr. Ahern for **Mr. Row**, pursuant to notice, asked The Premier,—

In view of the frequent references made in this Chamber by Honourable Members of the Opposition to environmental control based on foreign criteria, will he give an assurance that adequate local criteria will be established before environmental standards are irrevocably documented?

Answer:—

"Yes, I can give the Honourable Member the firm assurance that this course has already been adopted and that it will continue to be the practice adopted by my Government."

SUGAR SUBSTITUTE, MONELLIN

Mr. Blake, pursuant to notice, asked The Minister for Primary Industries,—

(1) Is he aware of a report that scientists are extracting from a berry, which grows profusely in West Africa, a powerful new artificial sugar named "monellin," which reputedly is three thousand times sweeter than sugar but contains no carbohydrates and should be a boon to dieters?

(2) Is it known if the profusion of the berry and the economics of the production of monellin indicate that it is likely to represent a threat to the cane-sugar market?

(3) In the event of monellin becoming a competitor of cane sugar, would it be considered a prohibited import under the Commonwealth *Sugar Agreement Act 1971* or any other existing Australian legislation?

Answers:—

(1) "I am aware of the existence of 'Monellin', a non-caloric sweetener derived from a berry which grows in West Africa. Like most other non-caloric sweeteners such as saccharin, it is many times as sweet as sugar."

(2) "'Monellin' has only recently been isolated in the United States of America. I understand that its toxicity and other properties affecting its suitability for use in foods have not yet been evaluated. I understand that the economics of its production are, at this stage, unknown. A product such as 'Monellin' would be expected to compete with other non-caloric sweeteners presently in use rather than pose any major threat to markets for cane sugar."

(3) "It is considered that 'Monellin' would not be a prohibited import under the *Sugar Agreement Act 1971*. I am not aware of any existing Australian legislation which would prohibit its import."

OPERATIONS UNDER FAUNA
CONSERVATION ACT

Mr. Blake, pursuant to notice, asked The Minister for Primary Industries,—

For the year 1971-72,—

(1) How many staff were employed by the Fauna Conservation Branch of his Department and what was the cost of its operation?

(2) What royalties were collected under *The Fauna Conservation Act of 1952* for (a) the harvesting of kangaroos and (b) other fauna?

(3) How many hunters' licences or open-season fauna permits were issued for (a) fauna taken for personal use and (b) fauna taken for sale?

(4) How many fauna-dealers' licences were issued?

(5) How many fauna-export permits were issued?

(6) What was the total amount of fines collected under the Act?

Answers:—

(1) "Twenty-five staff were employed, the cost being \$167,014."

(2) "(a) \$114,747.90; (b) \$15,685.01."

(3) "(a) 58; (b) 1,494. Figures for Rockhampton and Cairns issuing offices not yet available for 1971-72. The total for the State would approximate 1,800."

(4) "94. Figures from Rockhampton and Cairns issuing offices not yet available for that period. The total would approximate 100."

(5) "6,126. This total includes 150 permits for overseas movement."

(6) "\$376.50."

TRAFFIC LIGHTS, IPSWICH ROAD—
RUDD STREET INTERSECTION,
OXLEY

Mr. K. J. Hooper, pursuant to notice, asked The Minister for Mines,—

(1) What consideration has been given to the installation of traffic lights at the junction of Ipswich Road, Rudd Street and Douglas Street, Oxley, and are plans in hand to install traffic lights?

(2) Has any consideration been given to the construction of underpasses and flyovers at this site?

Answers:—

(1) "Provision has been made in the Main Roads Department tentative four year planning programme for installation of traffic lights."

(2) "Yes. Long-range planning includes construction of an interchange but at this stage it appears that it will be some considerable time before any such proposal can be implemented."

RITCHIE ROAD STATE SCHOOL

Mr. K. J. Hooper, pursuant to notice, asked The Minister for Works,—

Is he aware that the Ritchie Road State School is the only school in the Brisbane City Council area which is not either sewered or provided with septic facilities? If so, will he take steps to rectify the matter immediately?

Answer:—

"The installation of a septic system at Ritchie Road State School will be undertaken when a reticulated water supply becomes available. No indication can be given at this stage as to when this is likely to occur. However, if the Honourable Member cares to make representations to the Brisbane City Council for the extension of its water supply, this may expedite the provision of a septic system at this school."

TRAINING OF TEACHERS FOR
PRE-SCHOOL CENTRES

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

(1) When will the teachers now participating in the single semester kindergarten teachers' college course for pre-school teachers commence teaching in the Department's pre-school centres?

(2) When will the next single semester course commence and how many teachers will be taken into the course?

Answers:—

(1) "The 28-week course presently being conducted at the Brisbane Kindergarten Teachers' College to prepare teachers for State pre-school classes concludes on March 30, 1973. Teachers completing this course will commence teaching in State pre-school centres as the facilities are completed."

(2) "A second special course, similar to the first, will commence on February 5, 1973. This course will cater for 20 teachers."

SURVEY OF KINDERGARTEN ATTEND-
ANCES, TOOWOOMBA AREA

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

With reference to surveys undertaken by his Department in connection with the establishment of pre-school centres, what

proportion of first-grade students at each of the schools at Harlaxton, Toowoomba East, Wilsonton, Rangeville and Toowoomba North have attended a kindergarten?

Answer:—

"The proportion of grade 1 children who had attended an approved kindergarten prior to attending each of these schools is as follows:—Harlaxton, 4 per cent.; Toowoomba East, 14 per cent.; Wilsonton, 0 per cent.; Rangeville, 9 per cent.; Toowoomba North, 7 per cent. A survey of the five schools mentioned by Mr. Wood shows that land acquisition will be required before State pre-school facilities can be established at Toowoomba East, Wilsonton, and Toowoomba North. Land acquisition has already been initiated at Harlaxton. Furthermore, the need for land acquisition at Rangeville is presently being considered. Consequently, action has been taken to provide a pilot State pre-school centre at Harristown where the percentage of grade 1 children who have attended an approved kindergarten is also low and where a suitable site is available on the school grounds."

APPOINTMENT OF DISTRICT COURT JUDGE, ROCKHAMPTON

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

(1) As the matter of the appointment of a full-time District Court Judge to the Central District seems to have been left to speculation, in that in the past any request for a definite decision has been evaded, and in view of the interest that has arisen there and more specifically in Rockhampton, (a) will such an appointment be made and (b) is it intended that this will be done during the 1972-73 financial year?

(2) What are the specific details as to the improvements which are intended in the court facilities in Rockhampton, in view of the indications which he gave, as reported in *The Morning Bulletin* during October this year?

Answer:—

(1 and 2) "As the Honourable Member knows the consideration of an increase in the size of the District Court Bench is currently on the notice paper of this Assembly."

PRE-SCHOOL CENTRES, ROCKHAMPTON

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

(1) How many departmental pre-school centres will be ready for use in Rockhampton for the 1973 school year?

(2) How many children will be catered for per week by these centres?

(3) Where will the centres be situated?

(4) Have approaches been made to him for consideration to be given to using the creche and kindergarten affiliated centres as departmental centres in that all the fees and costs of running these centres will be met by the State, even though the centres will remain the property of the respective associations?

(5) Has consideration been given to providing special assistance to independent church schools to enable them to implement a pre-school education programme and, if so, will he give details of the assistance envisaged?

Answers:—

(1 to 3) "Tenders have been called for the construction of a pre-school centre at the Frenchville State School. This centre will comprise two units and will cater for up to 100 children."

(4) "No such approaches have been made."

(5) "Cabinet has decided: That non-State schools be eligible for the same types of Government assistance for the provision of pre-school education facilities as they are for the provision of primary school facilities. That until otherwise determined this assistance take the form of—(a) Payment of interest charges on new building costs; and (b) Per capita grant equal to half of the per capita grant for each primary child, for each child four years' old and over enrolled and in regular attendance for at least five half-day sessions per week in the pre-school facility, provided such facility is equivalent in standard to those provided by the State."

SOUTH QUEENSLAND EGG MARKETING BOARD

Mr. Baldwin, pursuant to notice, asked The Minister for Primary Industries,—

(1) With reference to articles, letters and news reports in recent issues of *The Courier-Mail*, what reasons were submitted by the South Queensland Egg Board for requesting higher egg prices?

(2) For each quarter during the period January 1 to September 30, 1972, (a) how many cases of (i) first quality, (ii) second quality and (iii) small eggs were received at the Board, (b) what were the sales in each category made under Board permission by producers in the Board area, (c) how many cases of eggs were sold to places outside the Board's area in each category and at what respective prices (i) to southern States, (ii) overseas and (iii) elsewhere in Queensland and (d) how many cases and what weight of eggs of all kinds have been pulped and how much has

been sold (i) in Queensland, (ii) interstate and (iii) overseas, and at what price per pound?

(3) What is the average number of eggs required to produce one pound of pulp?

(4) For the period June 30 to November 20, (a) how many cases of eggs of all grades were imported to the Board's area, (b) how many were delivered to the Board, (c) how many cases from interstate were for pulping, (d) how many truck-loads of eggs from interstate have been (i) rejected and (ii) confiscated by the Board, to whom did they belong and to whom were they consigned and (iii) what happened to those confiscated?

(5) Are any egg and pulp producers in the Redlands Electorate under prosecution by the Board and, if so, how many and for what reasons?

(6) Under what sections of the appropriate Act and regulations have Board inspectors the power to terrorise families of suspects at their homes by trespass and disturbances at night?

Answers:—

(1) "The determination of egg prices is a matter entirely for the Egg Marketing Board, the statutory marketing authority."

(2) "The relevant information is available only from records of the Egg Marketing Board."

(3) "9.23."

(4) "Statistics are not available with respect to imports of eggs into the Board's area from outside sources. I understand that certain eggs recently seized by the Egg Marketing Board are the subject of legal action."

(5) "I am not aware of any such prosecution."

(6) "Board inspectors are authorised under section 21 of *The Primary Producers' Organisation and Marketing Acts 1926 to 1966* to carry out any necessary investigations where a breach of the Acts is suspected."

QUESTIONS WITHOUT NOTICE

EXTENSIONS, SOUTHPORT GENERAL HOSPITAL

Mr. MELLOY: I ask the Treasurer: Further to his reply to my question without notice on Wednesday, 22 November, I draw his attention to the "Gold Coast Bulletin" of that date, in which the honourable member for Surfers Paradise repeats his claim that \$6,000,000 has been allocated for the Southport Hospital and states that the Treasurer's denial simply meant that the cheque had not yet been cashed. I ask the Treasurer for a firm statement on the matter. Is this another instance of the mayor of the Gold Coast, who is also the honourable member for Surfers Paradise, being slightly misrepresented?

Sir GORDON CHALK: In reply to the honourable member's question yesterday, I said that I had been telephoned by a Press representative last Friday afternoon and asked where the \$6,000,000 for the new Southport Hospital appeared in the State Budget. I was told that the mayor of the Gold Coast, Alderman Small, had made a statement to the effect that \$6,000,000 had been allocated for this financial year. I said I believed that the honourable member for Surfers Paradise had been misreported. It is true that a proposal for the Southport Hospital involving \$6,000,000 has been considered by the Health Department and the Treasury, but certain land matters have to be adjusted before final planning can be completed.

I now give an assurance that there is such a proposal. I believe that the honourable member for Surfers Paradise acted in good faith in saying what he did in the circles referred to. As to the statement about the cheque, it will be drawn at the appropriate time.

PROTECTION FOR PRIME MINISTER, REDCLIFFE ELECTION MEETING

Mr. HOUGHTON: I ask the Premier: In view of the personal assaults upon the Prime Minister during his recent visits to Perth, Adelaide and Melbourne, and the display of mob disorder at his recent meeting in the Brisbane City Hall, will the Government take special precautions for his visit to Redcliffe on Friday, 24 November, and ensure not only that he is protected from physical indignities but also that interested citizens may be permitted to hear him expound Government policy?

Mr. BJELKE-PETERSEN: I can assure the honourable member that the Government will make sure that the necessary police protection is provided, as he requests. What has been happening in various southern States is, of course, a case of "chickens coming home to roost" as a result of A.L.P. organisations throughout Australia suggesting to various people, "If you don't like a law, break it", and encouraging them to defy the law.

This is a very serious and important question. How can people who seek to become the Government in the Federal sphere possibly uphold the law when, at the same time, they encourage the type of conduct that has been experienced at certain political meetings?

I again assure the honourable member that the Government will make sure that the Prime Minister is given the necessary protection, even though the A.L.P., if it were the Government, would not do so.

MODE OF DRESS IN PARLIAMENT, SOUTH AUSTRALIAN PREMIER

Mr. HUGHES: I ask the Deputy Premier: Has his attention been drawn to a photograph in today's issue of "The Australian", showing

the Premier of South Australia (Mr. Dunstan) wearing pink hot-pants in that State's Parliament?

Mr. Aikens: He's a political "poofter".

Mr. SPEAKER: Order!

Mr. HUGHES: Does the Deputy Premier consider that the A.L.P. should be permitted to introduce this style of attire as parliamentary dress in Queensland, thus giving the impression that Parliament should reach the situation where, like a Gilbert and Sullivan comic opera, it is taken over by fairies as in "Iolanthe"?

Sir GORDON CHALK: I have seen the photograph on the front page of this morning's "Australian" showing the South Australian Premier dressed in what have been described as pink hot-pants when he appeared yesterday in the South Australian Parliament. It is not for me to comment on the situation in South Australia, but honourable members will recall that recently certain comments were passed about the dress of parliamentarians in this State. At that time I indicated publicly that I favoured the style of dress that has applied in this Chamber since the establishment of the Queensland Parliament, namely, shirt, trousers, coat and tie.

The Premier of South Australia is frequently endeavouring to set a new trend in dress reform. He has appeared in Canberra, at Loan Council meetings and Premiers' Conferences, in attire that has attracted considerable attention. During his recent visit to Queensland I described him as the "pukka sahib from the sandhills of South Australia". On that occasion, too, he was attired in a manner not common to the ordinary male person.

I think the style of dress worn by the Premier of South Australia lowers the dignity of the Parliament of that State, and I certainly hope that the Australian Labor Party in Queensland will not copy it.

FEDERAL ASSISTANCE, DELFT REPORT ON RESTORATION OF GOLD COAST BEACHES

Mr. HINZE: I ask the Treasurer: Has any reply been received from the Commonwealth Government to representations made by this Government on behalf of the City of Gold Coast for assistance in the implementation of the Delft Report on a 40-40-20 basis? On this question, I refer him to statements made by the Federal Leader of the Opposition, which clearly indicate that, by offering Commonwealth assistance to the extent of 50 per cent, he is trying desperately to win the seat of McPherson.

Sir GORDON CHALK: The circumstances surrounding the implementation of the Delft Report are of concern not only to the residents of the Gold Coast but also to the Government. As I understand the situation, the report was considered by the Gold Coast City Council. Discussions were held

between the Co-ordinator-General and the Treasury, and, as well, both the Premier and I attended certain conferences.

This Government first offered to the Gold Coast City Council a loan of \$2,000,000 to enable the work to commence. That loan was taken up by the council, which also tendered a letter accepting the terms laid down by the Government, that is, a subsidy of 20 per cent on certain work and of 33½ per cent on other work. There was also an undertaking that the total work involved, comprising 39 separate undertakings, would be carried out by the council. It was agreed that if, as a result of our approach, the Commonwealth Government indicated that it would regard the work as being of a special nature and would provide a subsidy of 40 per cent—as was done in New South Wales in relation to certain flood-mitigation activity—the State would also find 40 per cent, leaving Gold Coast ratepayers to provide the remaining 20 per cent.

As I have said, the council has taken up the loan of \$2,000,000. There now seems to be some disagreement within the council about the continuation of the work. The Premier and I have no doubt that the council is committed to continue the work and to take up a further loan of \$3,000,000 this financial year, and this is substantiated by correspondence on file. The amount has been approved by the Australian Loan Council and it has been provided for in my own budgeting, so that the work can proceed.

The only question that remains unresolved is the extent of subsidy that the council is to get from both the Commonwealth and the State. I recall that as recently as the middle of October I wrote to the Prime Minister, as did also the Premier, requesting that this matter be considered urgently. Up to the present, as I understand it, no decision has been reached, although the matter is still under consideration. In the meantime, the council is proceeding to expend the \$2,000,000 and I believe that it will take up the further \$3,000,000 to continue the work. Whatever the basis of subsidy, the Government has indicated clearly its desire to render every possible assistance in having the work completed in the period recommended in the Delft Report.

SEX EDUCATION IN SCHOOLS

Mr. LEESE: I ask the Minister for Education and Cultural Activities: In view of the alarming increase in illegitimate births mentioned in the annual report of the Director, Department of Children's Services, would he inform the House if he is prepared to introduce meaningful sex education in State primary and secondary schools?

Sir ALAN FLETCHER: I think the honourable member is attributing to me greater powers in respect of action that might be taken through the Education Department than are likely to be latent therein. Meaningful sex education is a subject that we are

very interested in developing, but I remind the honourable member that there are in the community at large very mixed views on sex education of school students by teachers or other officers of the Education Department. The matter is being discussed with all those who are able to give helpful suggestions on it, and it may well be that we will develop over the years what the honourable member referred to as a "meaningful" approach to sex education. At the present time, my personal opinion is that it is more the influence of other elements that have arisen in the community than the fault of schools that illegitimacy is getting somewhat out of hand.

That is all I can say at this stage. The matter is being discussed with all those who are interested in it and likely to be of help. However, at the moment I cannot give the honourable member an easy assurance that the problem will be solved. I shall just repeat that I think other factors in the community have had a greater influence on the problem than schools have had.

POLITICAL SIGNS ON LOCAL AUTHORITY
MOTOR VEHICLES

Mr. WRIGHT: I ask the Minister for Local Government and Electricity: What is his department's policy with regard to vehicles owned by local authorities being used to display party-political signs? I ask this question because at least one vehicle owned by the Rockhampton City Council is at present displaying a Country Party election sign. Will he advise whether he condones this practice and, if not, what action can be taken in the matter?

Mr. McKECHNIE: Local authorities have full jurisdiction and control over such matters. I advise the honourable member to take the matter up with the Rockhampton City Council.

WOONGOOLBA DRAINAGE AND FLOOD-
MITIGATION SCHEME

Mr. D'ARCY: I ask the Premier: Has he seen the headline in last week's edition of "The Albert News", "Government to aid flood scheme", which applies to the Woongoolba drainage and flood-mitigation scheme submitted by him to the Commonwealth Government? Can he confirm that he has had an affirmative reply from the Commonwealth Government, or is the newspaper article only Country Party propaganda?

Mr. BJELKE-PETERSEN: I have not seen the article to which the honourable member refers. If it is under the name of the Country Party, it certainly will be sound, solid and sensible, and he can pay a great deal of credence to it. However, to date I have not received a final decision on the Woongoolba scheme. The honourable member and many people associated with the Government parties know that I, personally, have worked hard in putting a

firm and worth-while case before the Federal Government, and the Queensland Government has been in consultation with that Government on the matter. The honourable member may rest assured that the Country Party and the Government generally will do everything possible to achieve a satisfactory result.

At 12 noon,

In accordance with the provisions of Standing Order No. 307, the House went into Committee of Supply.

SUPPLY

RESUMPTION OF COMMITTEE—ESTIMATES—
ELEVENTH AND TWELFTH ALLOTTED DAYS

(The Chairman of Committees, Mr. Lickiss,
Mt. Coot-tha, in the chair)

ESTIMATES-IN-CHIEF, 1972-73

HEALTH
CHIEF OFFICE

Debate resumed from 21 November (see p. 1932) on Mr. Tooth's motion—

"That \$7,947,897 be granted for 'Department of Health—Chief Office'."

Mr. HANLON (Baroona) (12.1 p.m.): If I might briefly recapitulate what I was saying on Tuesday night, it was an A.L.P. Government in Queensland that pioneered free hospitalisation. It progressively took over responsibility for meeting the costs of public-ward care; it relieved the local-authority precept obligation; and it phased out reliance on charity fund drives. We now see the latter returning in Queensland. With all credit to current hospital fund organisers, the drawback in future, as it was in the past, will be that success depends very much on continuance of the motivation of the people involved at the time in the charity drive. I give full credit to the substantial support of Queensland Newspapers Pty. Ltd. But the amounts collected are not big in comparison with the amounts required. As other charities enter the picture and gain attention, the support may tend to fall off.

In 1947 the support of the Chifley Government at Federal level for the concept of free public-ward care made it a possibility in all States. However, I understand that Queensland was the only State that provided free out-patient treatment as well as free in-patient treatment. In the 1950's the Menzies Government tried to strangle that.

The Australian Labor Party has been accused during the Commonwealth election campaign of attempting to destroy free hospitalisation, but the Menzies Government in the 1950's endeavoured to strangle it. However, the A.L.P. Government in Queensland stood out alone and resisted its attempt. We have since had availability of free public-ward care and free out-patient care in Queensland. The Menzies Government's scheme opted towards private insurance to meet public-ward charges or to offset to a

varying extent the more expensive care in intermediate or private hospitals and charges by a private practitioner chosen by the patient. So we have had continued this dual system of free hospitalisation and the alternative of the private hospital or the private practitioner for which a person could insure himself through an approved medical benefits fund.

All taxpayers contribute through State and Federal taxation. When somebody pays stamp duty on the transfer of a car, the Treasurer does not make any differentiation according to whether he is using a public ward or a private ward. Through State or Federal taxation all taxpayers contribute to the funding of free hospitalisation in Queensland and to the Government's subsidy to private medical insurance by way of Commonwealth benefit. Every taxpayer contributes.

I have not time to canvass the deficiencies that have arisen, except to say that Queensland's free public system has been discriminated against, particularly in the decline of the occupied-bed-day subsidy as a percentage of cost. The alternative private insurance scheme has been crumbling in the face of rising costs. Despite the desperate efforts made in the last year or so to prop it up it is patently clear that currently it is not satisfactory to doctors, patients or hospitals. Indeed, private hospitals are becoming a disappearing feature of the scene in Queensland. That is very obvious.

Labor proposes a rescue operation for both. It proposes a rescue operation for the State free-hospital system, with the possibility of such a scheme becoming available in every State in Australia. We should not be dogs in the manger and say, "We want to keep what we have, but we do not want to give the other States an opportunity to have it." Labor proposes a rescue operation that will not only assist to maintain free hospitalisation in Queensland but will extend the opportunity to every other State. It also proposes a rescue operation for the private medical insurance scheme. It will provide an occupied-bed-day subsidy that will move in accordance with costs. In this regard it will enable people to be covered more adequately.

Mr. Whitlam has indicated there will be a levy of 1.35 per cent of taxable income, but some 325,000 families will not have to pay any levy at all. The levy will be shown on taxation returns as being specifically for hospital and health purposes. Taxpayers will know that that is what it is to be used for and that it cannot go to anything else. With due respect to our colleagues in the Federal Labor Party, I think that they have possibly brought some of the criticism on themselves by suggesting that this is an additional levy of 1.35 per cent. In effect it means, and this is how it should be described, that, of the total Commonwealth taxation imposed by a Labor Government, that segment represented by 1.35 per cent of the taxable income of taxpayers other than those who

are exempted from it altogether will go to pay for health services. That is different from saying that we are going to make people pay for hospitalisation by levying 1.35 per cent of their taxable income.

Furthermore, a Federal Labor Government will do what the State Government has not been able to do even with the benefits of free hospitalisation, which we acknowledge for the purpose of the argument, recognising at the same time that it has its deficiencies, namely, extend the service with 85 per cent or more of freedom from charge, to people in their own suburbs where they can if they wish attend their own doctor. As Mr. Hayden suggests, if the Commonwealth health fund is directly billed, they will possibly be able to do so completely free of charge. Probably through a desire not to be inundated by patients, who would avail themselves of the services of doctors practising in close proximity to them, or for some other reason, the State Government has not extended the free out-patient system to the outer areas of Brisbane, and naturally, it cannot be decentralised sufficiently in the country.

Labor's scheme will allow this to be done through a combination of free out-patient treatment and free public-ward treatment at hospitals and freedom for people to attend their own doctors. Of course, people will have a choice in hospitalisation. Anyone who wishes to do so will still be able to insure with medical benefits funds to assist in the payment of additional costs that he may incur in the hospital of his choice. No Government in the world is in a position to supply free to everybody the best room in the best private hospital. That is obviously ridiculous and it has not been said that the Labor Party will abandon or wipe out medical benefit schemes entirely, as the Minister for Health suggested, perhaps inadvertently. People will still have the opportunity to insure themselves over and above the occupied-bed-day subsidy, which will move with costs and will thus meet public-ward charges not only in this State but in other States as well.

The suggestion that medical treatment will not be free because of this 1.35 per cent levy completely ignores the fact that Mr. Whitlam has indicated in his speeches that there will be a complete restructuring of the taxation scale, which will mean that a great number of people who are continually paying additional taxes because of inflation will be paying a tax more representative of their real income than the inflationary tax they are paying at present.

What do we have from the Liberal Party relative to taxation? We do not know by how much they are going to increase taxation if they are returned as the Government, nor do we know what portion of the total will be devoted to health services. We do not know what any tax increases will be used for. We all know that in recent years, as elections come and go, the additional five per cent levy on income tax

has been going on and coming off like a yo-yo. We all know that the Liberal-Country Party Government has been reaping a massive increase in revenue purely through inflation, without having to increase taxation scales, and that this year, when it reduced personal taxation by 10 per cent, it was actually budgeting to collect \$400,000,000 more in tax than it did last year. Nevertheless, it told the people in the last Budget that it was giving them a 10 per cent cut in tax.

Furthermore, the public are completely unaware of the use to which income tax increases imposed by the McMahon Government will be put. They certainly do know that if the health services levy means that an increase of 1.35 per cent of taxable income is involved, such a rise will be devoted to hospitals and health services.

Mr. Chipp has expressed the view that marihuana is not a drug that leads to addiction. Recently he voiced such an opinion here in Brisbane, and the State Attorney-General, who is also the Deputy Leader of the Liberal Party, dissociated himself from Mr. Chipp's comments. I ask: in the face of evidence that marihuana can lead to the taking of harder drugs, such as heroin, will any increase in taxation levied by the McMahon Government be used in the implementation of a programme to inform the public that it does not lead to addiction?

Has the Federal Government given any assurances on the utilisation of the revenue collected by way of increased taxation? Whether or not such assurances have been given, would they be worth anything? After all, even if the electors do not get rid of Mr. McMahon at the forthcoming election, his own party will certainly do so soon after it. The people of Australia could not possibly rely on any guarantee given as to the nature of the expenditure of additional funds. However, the taxpayers will know that under a Federal Labor Government the portion of their income tax represented by the 1.35 per cent will be channelled into health services.

It may be necessary to increase taxation; I do not know. Perhaps costs will rise. It will be no wonder if they do, because, after all, for a long time the community has been getting health services on the cheap. For a number of years nurses have been in receipt of low wages—however, they are now beginning to receive justice—and, although doctors are the target for criticism from time to time, the great majority of them work very hard to earn their money.

My concern is that in the interim till the Federal Labor Party's health scheme is fully operative a heavy load may be unleashed on the general practitioners who conduct suburban clinics. These group practices have been established not by the Government but by the G.P.'s, who are a declining race. I am worried about the prospect of an interim reduction in quality of G.P. services as a result. Finally, I ask: After 23 years of

Country-Liberal Federal Government and 15 years of a similar type of State Government, who is responsible for the shortage of doctors?

(Time expired.)

Hon. S. D. TOOTH (Ashgrove—Minister for Health) (12.12 p.m.): At the outset, I compliment the honourable member for Baroona on his very clever speech. I understand his peculiar and special difficulties. He adroitly manoeuvres his way between the shoals and rocks through which, as a member of the Opposition, he has to pass. I do not propose to review his comments at any length; rather will I content myself by saying that it appears that in the past few minutes he has given what amounts to a guarantee against inflation if the Federal Labor Party wins the Federal election.

Mr. HANLON: I rise to a point of order. I do not wish to interrupt the Minister, but I point out that I gave no guarantee against inflation under a Labor Government. What I said was that at least a Labor Government will try to stop inflation, which will be a major improvement on the efforts of the McMahon Government.

Mr. TOOTH: I accept the honourable member's explanation, but I took his comments to mean that Labor uses its current activities as justification for its claim that it will curb inflation. I hope that if Labor wins office it will succeed in curbing inflation. The Liberal-Country Party Government has done a tremendous amount to hold inflation.

I should like to know from the honourable member for Baroona whether, if implemented, the A.L.P.'s scheme would raid the reserves of \$148,000,000 now in the medical funds. Labor spokesmen have given a very clear indication that they intend to do just that. Can the honourable gentleman give me a guarantee that that is not so? There is nothing but a deafening silence.

In a recent edition of the A.M.A. Gazette there appeared the statement that because no concise and clear document has been provided outlining A.L.P. policy, it is impossible to get a clear understanding of it. The article goes on to say that we are required to follow the speeches that are made from time to time and that, therefore, the scheme alters from time to time. I admit my ignorance on this point—I would not know whether such a statement is correct or not—but I certainly have not seen any document in which the Labor Party's scheme is outlined in clear and definite detail.

Mr. Houston: How are you able to criticise it so much if you don't know anything about it?

Mr. TOOTH: Because I have listened to the speeches based on it. However, I cannot spend my time arguing with the Leader of the Opposition as I wish to deal with some of the comments made in the debate on Tuesday.

The honourable member for Nudgee tried to combat my clear demonstration of the paucity of Mr. Whitlam's claim that Queensland has the most congested hospital system of the States, and that we have the fewest beds—when I pointed out that in fact Queensland had the highest bed capacity per thousand of population in all categories, and also the highest public bed capacity. The honourable member tried to cloud the issue by saying that although this may be true, it is not an effective capacity because most of the empty beds are in country centres. To disabuse his mind on that score, I shall quote metropolitan figures. The honourable member said, "There is a lack of beds in the metropolitan area." For his information, the Royal Brisbane Hospital has 1,032 beds. In the last financial year the average occupancy was 795.25, which is approximately 80 per cent of the capacity. That percentage is regarded as tolerable and acceptable for acute hospitals. In the Royal Women's Hospital there are 380 beds, and the average occupancy last year was 244. This represents about 64 per cent occupancy, which is well below the accepted maximum. The Royal Children's Hospital, with 200 beds, had an average occupancy of 147, representing 74 per cent, again much below 80 per cent. The Princess Alexandra Hospital, with 1,136 beds, had an average occupancy of slightly over 80 per cent.

Mr. Newton interjected.

Mr. TOOTH: The honourable member should wait for the figures. I can out-shout him. With 1,136 beds, there was an average occupancy of 947, or 83 per cent. Cherm-side, with 1,255 beds and an average occupancy of 853, showed 69 per cent occupancy.

So much for that argument. Once again the utter falsity and irresponsibility of the argument being used to defame and decry our system in Queensland is exposed. I hope Opposition members will now stop repeating the sort of thing that their Federal leader, with his lack of scrupulousness, has been continually repeating all over the countryside, thus damaging the credit of the system and the confidence of the community, eroding the morale of the staff, and seriously interfering with recruitment, in respect of which, every year at this vital stage, problems arise. All of these things are being adversely affected by Labor's scandalous, utterly untrue propaganda.

Mr. Melloy: What a lot of nonsense!

Mr. TOOTH: Anyone can say that sort of thing.

Mr. Houston: Your latest idea is to refuse to take girls in country centres into the hospitals.

Mr. TOOTH: There is an answer to that interjection. Why doesn't the honourable gentleman endeavour to get a little information before buying into things he does not

understand? If he were to go out and act as a judge at a dog show, he would be in his element.

I now want to compare the situation in our metropolitan public hospitals with the situation in the South where, as I pointed out the other day, the bed occupancy is up to 93 per cent. The honourable member for Nudgee discussed a number of other matters, but I do not wish to impose on the time available to other honourable members who may wish to speak. If I have time, I will deal with a few of them at a later stage. However, I must deal with a matter raised by the honourable member for South Coast, who made some interesting comments. I intend to deal only with his remarks concerning the resignation of medical staff, and his particular reference to Dr. Robert Richardson, the young man whom the Leader of the Opposition defended. Of course, he was very careful, when referring to Dr. Richardson and another doctor, to take out a little insurance by saying, "I don't know these people."

Mr. HOUSTON: Mr. Speaker has frequently ruled, and I am sure you will agree—

The CHAIRMAN: Order! Is this a point of order?

Mr. HOUSTON: Yes. The point of order is that the Minister is referring to a speech I made in a previous debate. I have not spoken in this debate.

Mr. Melloy: "Cop" that!

The CHAIRMAN: Order! There will be no "copping" of anything.

Mr. Melloy: I was speaking to the Minister.

The CHAIRMAN: I am on my feet, so the honourable member will do no speaking.

From memory, Standing Order No. 120 provides that an honourable member cannot refer to anything said in a previous debate in the same session. If the Minister is referring to a previous debate in this session, I ask him to desist.

Mr. TOOTH: I accept your ruling, Mr. Lickiss. As always, you are quite correct. I do not propose to refer to the honourable gentleman's remarks in the debate on the Education Estimates. What I do want to say is that the honourable gentleman depends upon the evidence of Dr. Robert Richardson and claims that he is a person who can be relied upon.

Dr. Richardson is a young man of 26 years who knows all about "pot" and wants its use legalised. I take the opportunity to say that this proposal to legislate the use of "pot" is almost universally condemned by world authorities, including the World Health Organisation. This must be put into perspective because a few people, for personal and peculiar reasons, desire to legalise its use.

Dr. Richardson has recently been conspicuous for his vitriolic attacks on the Health Department and me personally. The personal attacks do not matter to me. I want to speak on his reliability as a witness. It can be gauged from a letter he wrote to "The Australian" recently, which is a farrago of nonsense. His most extraordinary statement was that, in the Queensland health service—

"Inadequately trained doctors are allowed to take ultimate responsibility in country hospitals, that is, unregistered doctors who are allowed only to treat public patients and without supervision."

To start with, we do not have first-year medical doctors in country hospitals. They are confined to the large metropolitan hospitals and to the base hospitals in provincial cities.

Mr. Houston: That is the country, isn't it?

Mr. TOOTH: The Leader of the Opposition should argue that point with people who live in provincial cities.

The next point is that the doctors are in fact under supervision. The suggestion that people in our big hospitals are being treated by, and receiving the ultimate treatment from, doctors who are either untrained or partially trained, or are incompetent, is completely untrue. This is part and parcel of the campaign to discredit the Health Department in Queensland.

It is a great surprise to me that this young man should have taken the attitude he did. It is possible that he does not completely understand the practice in regard to first year-student doctors because, during the period when he had conditional registration, he suffered an unfortunate accident in which he lost a limb. He was also involved in court proceedings over the same incident. In consequence, special arrangements had to be made by the Director-General of Health and Medical Services to see that he was able to complete his conditional year and secure his registration. I should say that his present attitude is a classic example of biting the hand that feeds him.

Mr. Houston: You expect that, because you give a person some aid—

Mr. TOOTH: I expect decency.

I now turn to the remarks of the honourable member for Wolston, for whom I have very great respect indeed. Much that he said received a sympathetic echo. I realise his problems regarding air pollution. I accept his invitation, and at a time that is mutually acceptable we will go to the area he referred to and have a look around. It will not be the first time I have been there. I was hoping that this problem area was coming under control, but apparently it is not. I shall take the first opportunity to accept the honourable member's invitation.

The honourable member referred to hospital boards, and he suggested, so far as I could see, that they were merely rubber stamps and had little or no responsibility. I propose to set the record straight. Of course, I know that the honourable member faces some problems. He is expected to take a certain attitude, and I sympathise with him in his difficulty. However, to keep the record straight, I propose to enumerate the responsibilities of hospital boards.

Mr. Houston: He was secretary of a board, so surely he should know.

Mr. TOOTH: I am the Minister, so surely I should know.

Mr. Houston: You are the Minister, but you don't know.

The CHAIRMAN: Order!

Mr. TOOTH: The boards have complete control of staff, including the engagement of staff and appointments to the medical staff. The appointments of matrons are, for very good reasons, subject to the approval of the Director-General of Health and Medical Services. The boards make appointments of dentists and dental mechanics, subject to the approval of the Director of Dental Services. They are responsible for all staff disciplinary measures, including punishment for proven offences and dismissals. That is a fair responsibility. The boards are responsible for staff promotions. The total staff in all categories in hospitals is 15,000-odd, which means that the boards have great responsibility in this area.

Hospital boards have to arrange for the calling and acceptance of tenders for the annual supply of provisions, including meat, bread, fish, poultry and groceries. They have to arrange for maintenance contracts in respect of items of plant and equipment.

After receipt of approved budgets, they have to arrange for the calling and acceptance of tenders for painting contracts or additions, alterations or improvements within the various votes of the approved budgets. They have to place orders for the supply of plant and equipment. Items of surgical plant and equipment are subject to scrutiny by the Advisory Committee on Drugs and Surgical Appliances. They have to examine the need for additional patient accommodation, staff quarters, and other ancillary services, and submit these for departmental consideration.

They have to examine staff establishments, and seek approval from the department for any variations that may be desired. They have to engage and instruct architects in the preparation of plans for approved projects. These projects originate primarily with the boards, and not in my office. This, for example, is what is now happening at Southport.

Mr. Houston: They don't tell you much.

Mr. TOOTH: The Leader of the Opposition listens to a lot of guff and rubbish. That is the trouble with him.

Hospital boards deal with all complaints regarding treatment, etc., and, where necessary, they institute corrective measures. They carry out the terms of any bequests, legacies or trust funds. They have to seek loan offers from approved institutions in accordance with conditions laid down by the Treasury. They have to make by-laws to cover the good rule and government of their districts in relation to their function of treating the sick.

Hospital boards are corporate bodies, and are capable in law of suing and being sued. Where such circumstances arise, the board arranges its own legal representation and looks after its own legal problems. The suggestion that the boards are mere rubber stamps therefore does not hold water.

I turn now to the next speaker, who was the honourable member for Wavell. I agree with a great deal of what he said. Much of it, particularly his references to organisations for handicapped children, dealt with things that are being considered. I must confess that I noted one apparent inconsistency, and I hope he will not take it badly if I point it out. Whilst demanding complete and absolute autonomy for hospitals, he suggested the need for centralised co-ordination and a measure of control of organisations for handicapped children. I feel that there is perhaps a measure of inconsistency there.

I turn now to the speech of the honourable member for Ipswich West, and I shall refer to two matters that she raised. First, there was the story of a long wait in casualty—"The sister forgot; rang St. Andrews." That, of course, is a serious charge, and I made inquiries. I shall read to the Committee the report I received and, if the Leader of the Opposition desires to challenge its accuracy, all I can say is that I will refer his comments to the source from which the report came. It says—

"The Manager, Ipswich Hospitals Board, advises that he has interviewed the three Sisters employed in the Casualty Department and they cannot recall the incident referred to by Mrs. Jordan.

"It is not possible to investigate the allegation fully and completely unless the name of the person concerned is known."

If, therefore, the honourable member for Ipswich West will give me the name, I shall be very happy to proceed further.

The report says—

"The Sisters advised the Manager that they cannot recall ever telephoning St. Andrews to obtain the admission of a patient to that hospital. They stated however that on occasions patients have indicated that they desired admission to a private ward. If there is no private bed available at the Ipswich Hospital, the

patient's private Doctor has been contacted by telephone and he has made necessary arrangements for admission to St. Andrews Hospital.

"The Sisters advised the Manager that it is not denied"—

I am sure this will please the Leader of the Opposition—

"that patients may have waited up to 3½ hours for treatment in the Casualty Department . . ."

But they are patients who are not seriously ill; and their wait arises from the fact that it is the rule to deal with the most serious cases first, irrespective of when the patients present themselves. I think most honourable members will agree that is a reasonable attitude.

Secondly, I turn to the story of the electric prodger. In my view, that was a thoroughly scandalous statement to make in this Chamber and I am grateful that the media generally did not give it the prominence that often is given to irresponsible statements, because it could have upset many people over the length and breadth of the State. As I said earlier in the debate, it is utterances of this sort that damn these magnificent organisations in the eyes of people who merely note this little praise or that little charge.

As a matter of fact, the instrument to which the honourable member referred is part of the therapy that is being used in the hospital in question. It has been designed by psychologists for a particular purpose. I shall not pursue the matter any further, because I have asked my good friend the honourable member for Ipswich, Dr. Edwards, to investigate it thoroughly and report on it to the Committee, and he has very generously undertaken to do that. So I trust that honourable members who are disturbed by what the honourable member for Ipswich West said will be in the Chamber to hear the comments of the honourable member for Ipswich.

The honourable member for Ipswich West also mentioned something about children at Challinor Centre being lined up and hosed. I have before me a report on the matter from the Director of Psychiatric Services, who says—

"I am informed that on a radio session, 'Open Line', an anonymous person"—

these people are always anonymous, of course, or almost always—

"complained that children were lined up against the wall and hosed down at Challinor Centre. It is possible that this anonymous complaint was the basis of a statement by Mrs. Jordan during the Estimates Debate. I am assured by the Medical Superintendent, who has made thorough enquiries from all administrative nursing staff and from all Charge Nurses, that such an incident has not occurred at Challinor Centre. What is a regular part of the programme during

the hot summer months is water play where children are allowed to play with water from a hose in certain play areas. This play is a universal phenomenon amongst children"—

Anyone who has small children or grandchildren will know that nothing delights them more than to go out on the lawn with a hose—

"and is something which must not be denied the residents of a Training Centre for the Intellectually Handicapped simply because they have been institutionalised. It is difficult to know the basis of Mrs. Jordan's complaint, but perhaps it stems from the fact that this Department has specifically equipped bathroom areas for the intellectually handicapped with an expensive extension rose which makes the bathing of children and invalids more effective and in fact more pleasant."

Those honourable members who stay at modern hotels or motels would know that many of them are equipped with an extension rose rather than the usual fixed shower fitting. A person can use it to give himself a shower without having to stand underneath a fixed shower-rose. This is the type of modern, up-to-date equipment we are putting in these places. That was an example of an irresponsible statement in a very serious debate.

I thank the honourable member for Murrumbidgee for his references to the Queensland Radium Institute. I take the opportunity to say how fortunate we are to have the excellent co-operation of the Queensland Cancer Fund, which keeps people informed and involved in this aspect of the health work of the State. This institute has an international reputation. When I was overseas recently, part of my task was to go to Swindon, in the Southern Midlands, where our third linear accelerator is being built, to see the people who are constructing this extremely sophisticated and expensive piece of equipment. We have a great deal to be proud of in the Queensland Radium Institute.

The honourable member for Lytton gave a very vigorous exhibition of power politics. He does that every time he speaks, because he is the most powerful politician on the opposite side of the Chamber. He really "lays it on". I had great difficulty in understanding him because he talks like a Gatling gun, but I have since had the opportunity of reading the "Hansard" proof of his speech. I cannot go through everything he said, but I want to tell the Committee the story of Mr. Whitlam's visit to the Royal Brisbane Hospital.

Mr. Whitlam, the Leader of the Opposition in the Federal House of Representatives, visited the Royal Brisbane Hospital on Thursday, 2 November. The period of his stay at the hospital was from 3 p.m. until approximately 4.30 p.m. He was accompanied by Mr. Mellifont, who, I think, is a member

of the board (I am now speaking from memory), Mr. Hayden and Mr. Manfred Cross, as well as some Press photographers.

The honourable member for Lytton said we had put a number of people in white coats into the pharmacy section to deceive Mr. Whitlam about the staffing position. Mr. Whitlam's party visited the out-patients department, but they stood at one end of the building adjacent to the patients' waiting area. In fact, at no time did the party enter the pharmacy, which is at the far end of the building. Those honourable members who have visited this portion of the hospital know that it is a very large building. The chief pharmacist, Mr. Lewis, has informed me that Thursdays are always busy days because that is when the diabetes clinics are conducted. It is normal procedure for additional pharmacists to be supplied to the out-patients department from the manufacturing dispensary when the work-load builds up as a result of these clinics.

That was the situation on Thursday, 2 November, and the usual practices were followed. Yet we are charged by the Federal president of the A.L.P. with a dastardly piece of deceit. Where did he get his information? He could not have got it from Mr. Whitlam or the other members of the party, because they did not go near the pharmacy. He got it from one of those people he spoke about the other evening, when he accused me of having stooges who inform me in the same way as he has stooges who inform him. He certainly has stooges who misinform him.

The board completely refutes the suggestion that staff members were issued with white coats to give the impression that adequate staff was employed in the pharmacy department. The Royal Brisbane Hospital further advises that Mr. Whitlam and his party, after leaving the out-patients department, conferred with the medical superintendent (Dr. Knyvett), proceeded to the board room, where they were shown the plans of block 7, and then left the hospital. I have reached the limit of the time that I can reasonably expect to take. I am sorry I have no more time, as there is much more I should like to say.

Mr. K. J. HOOPER (Archerfield) (12.40 p.m.): When it comes to dental health, Australian children have nothing to smile about. A recent report by the New South Wales Dental Service Advisory Authority suggests that almost 60 per cent of Australian school-children require dental treatment. If this finding is applicable to Queensland generally, something like 240,000 school-children attending primary and secondary schools in this State require dental treatment. The Commonwealth Year Book for 1971 showed that in the previous year only 17 dental officers were employed in Queensland in the school dental health service. I appreciate that, by and large, these people are employed in the more

remote areas, providing dental treatment for school-children. I also appreciate that dental hospital services are available to school-children under certain means-test conditions. Even allowing for the fact that dentists providing school dental health services are confined to remote areas, it is clear that their numbers are quite inadequate for the sort of job that should be performed in this important area. In addition, the means-test restrictions on people obtaining treatment at dental clinics for their children mean that large numbers of children excluded by this fairly stringent means test are not receiving the dental attention they deserve. One thus gets the clear impression that in Queensland the dental health of our young people is sadly neglected.

If we take the report of the New South Wales Dental Services Advisory Authority as a guideline, we are talking of some 200,000 children who are in need of dental treatment. The 26,000 children treated by the school dental health service in 1970 is an indication of how little is being done when so much is required.

Not a single Government dentist is employed to visit schools in the Brisbane metropolitan area to check the teeth of students. In other words, almost 50 per cent of the school-children in this State have no school dental service.

The Australian Dental Journal of February 1971, reporting on a survey of the dental health and habits of South Australian children from varying socio-economic environments, pointed out that the results indicated a poor level of dental health in both primary and secondary dentitions at all ages and in all areas. The report, however, said that children from the poorer areas generally had more decay, fewer fillings, and more missing teeth as a result of decay and inferior dental habits.

Mr. Ahern: Do you believe in fluoridation?

Mr. K. J. HOOPER: I will come to that. The mass of evidence available on deprived groups in the community clearly establishes that the lower socio-economic groups in any community in any part of Australia tend to fare worst of all in the provision of such things as health services and the utilisation of these services where they are available. The latter defect comes from a cultural deficiency and is something that can be remedied with enough will and purpose behind any health programme, so the first step is to obtain adequate services conveniently placed to these people and accessible to them, which means, of course, that they do not have to pay for them. The second step is to undertake an education programme in the community to encourage people to use these services or, better still, to put them in such a situation that they will, in fact, use them.

No-one can argue that people should not have a right to a high standard of dental health services. I believe that this right,

which also applies to health services in other areas, should be seen as a fundamental welfare right in any wealthy, civilised community such as ours. I should like to make some proposals on what I believe should be done in this field.

I believe that this Parliament should vote a certain amount of money to acquire a building in Brisbane and possibly another in the northern part of the State, for use as colleges for the training of female dental therapists. I do not know how much would be needed for this purpose, but the calculation should not be too hard for our authorities. My fairly well-informed guess is that it would not be a great amount. The building, or buildings, should be equipped with the necessary hardware for educating therapists.

Mr. R. E. Moore: I think the first step is to educate parents.

Mr. K. J. HOOPER: Possibly. Educationists should be employed at these centres. Young girls of about matriculation standard should be invited to apply for entry to these colleges for dental therapists, to undergo a two-year course which, on graduation, would qualify them to provide preventive dental treatment for primary school-children. They should have self-contained mobile units fully equipped for the provision of dental services of this nature. The mobile units should be stationed in school grounds. I would expect that a school with about 500 or 600 pupils would keep two to three dental therapists going full time year in and year out, providing this sort of preventive dental treatment. In view of Queensland's climate and the very close personal contact between dental therapists and their patients, the units should be air-conditioned.

Of course, the dental therapists would be under the supervision of a qualified dentist, and I would expect the ratio of dental therapists to qualified dentists to be approximately 6:1. This means, obviously, that the qualified dentist will not be stationed at only one place but will move about his area supervising the therapists under his control. He will supervise any difficult or complex problems that are brought to his attention.

The concept of dental therapists is quite acceptable to the Australian Dental Association. For some time such a scheme has operated in Tasmania and South Australia, and, as well, was introduced into the Australian Capital Territory. Since the 1920's or 1930's New Zealand has had a scheme similar to the one that I envisage. The high standard of dental health among the adults in that country is a direct result of the availability of this type of treatment to persons at a very early age. New Zealand has a cultural background that gives the people of New Zealand the concern to maintain high standards of dental health.

In weighing up the costs involved in my proposed programme and comparing them with the considerable social and economic savings that could be affected, we will see that the outlay is well and truly justified.

I argue strongly against any suggestion that patients from the school should be transported by buses to a central point for treatment. The logistics of such a proposal are so complex and cumbersome, and so disrupted, for example, by the absence of a child, that it is not worth consideration. The location of the therapists and their dental units in schoolgrounds would encourage children to resort to them without any fear of self-consciousness, and would allow good dental habits to be ingrained into children.

I stress that such a scheme could not be implemented overnight but would have to be developed progressively over a number of years. Consideration should be given to the use of the dental units in the evenings so that, for example, pensioners and low-income parents with large families could attend them easily.

At this stage I should like to put forward my support for the fluoridation of drinking water. I endorse the recommendations that are made almost every year in the annual report of the North Brisbane Hospitals Board by the Brisbane Dental Clinic, which urges the use of fluoride in water.

In Canberra, fluoridated water has been used since 1964. A survey conducted there in 1971 showed that children between six and 12 years of age had 55 per cent fewer decayed permanent teeth than children of the same age-group who were examined in 1964. The survey related exclusively to children who had resided continuously in Canberra since prior to 1964. It was officially expected that the incidence of tooth decay among children in Canberra would drop by as much as 65 per cent.

I put forward the following suggestions for consideration—

(a) in dental health education, research and the implementation of educational programmes appear to be desirable;

(b) we should explore methods of reducing financial barriers to dental care generally for the community;

(c) we should expand the effect of dental man-power by reducing the dentist-population ratio, by the effective use of auxiliaries, equipment and management practices, as well as by the promotion of a satisfactory distribution of dentists throughout the State.

Queensland, and, for that matter, Australia as a whole needs more dentists. A survey conducted in 1966 showed the ratio of dentists to population in Australia to be 1:3,332, which was below that of Sweden, where, in 1963, the ratio was 1:1,400, and of Norway, which, in 1964, also had a ratio of 1:1,400.

To return briefly to the subject of fluoridation, I refer to the situation in Canberra to indicate how relatively cheaply such a programme can be introduced. In 1969-70 the cost of fluoridation in the Australian Capital Territory was approximately 7.4 cents per head. This cost is based on an aggregate figure of expenditure of approximately \$2,500 as well as a total expenditure of \$10,569 on fluoride for stockpiling. This covered recurrent costs.

In 1964 the initial installation for a population of 94,000 cost \$7,008. In 1968 the equipment was transferred to the Stromlo Treatment Plant and, as well, a stand-by unit was installed. The cost of transfer and installation of equipment amounted to \$14,028. By that year the population had grown to about 120,000. The equipment installed, however, is suitable, without further modification, to serve a population of 225,000. It is clear that an effective fluoridation programme can, in fact, be introduced at a fairly moderate cost in this State.

Mr. Ahern: Do you think the Government or the local authority should do it?

Mr. K. J. HOOPER: I think it should be done by the Government and local authorities.

Mr. Sherrington interjected.

Mr. K. J. HOOPER: The Government will not do anything to upset big business; Government members are the lackeys of big business, a corollary of the Queensland Chamber of Manufactures.

What I am about to say is possibly what the honourable member for Salisbury is getting at. It is not much use talking about supplying fluoride tablets free of cost to the community. One study showed that, where these tablets were distributed, about 50 per cent of the people were still using them after the first year, but by the end of the third year the number had dropped to about 9 per cent. People simply do not remember to take them. I repeat that I am advancing a purely personal point of view in supporting the fluoridation of water. By that I mean that my party is not necessarily committed to this view, unless it thinks it is desirable. In spite of all the alarm expressed by people opposed to fluoridation, I found on my visits to Canberra that the people there seemed remarkably healthy. They are doing very well in many ways—much better in fact than Queenslanders under this Tory Government. There is certainly no evidence that they have been adversely affected. All evidence is to the effect that the dental health of the children has improved considerably since the introduction of fluoridation.

Mr. Tooth interjected.

Mr. K. J. HOOPER: A little while ago the Minister stated that he could out-shout the honourable member for Belmont; he can try to out-shout me.

I should like to place on record that after Saturday, 2 December, when the Australian Labor Party will be returned to its rightful place on the Treasury benches in Canberra, we will have in Bill Hayden the best Minister for Health and Social Services Australia has ever had.

One of the major deficiencies of this Government, particularly in Brisbane, has been its failure to expand free hospital services to meet population needs. Let the Minister deny that not one new hospital has been started in the Brisbane area in the past 15 years. Population statistics reflect the urgent need for the construction of perimeter hospitals in outer suburban areas to provide both bed and out-patient services. Statistics show that the population in what is termed the western suburbs totalled 90,922 at 30 June 1971. That figure represented an over-all increase of 12.55 per cent in a five-year period—an annual increase of 2.4 per cent. In the same period, the outer south-side suburbs—this is where the real population explosion has occurred—recorded a total population increase of 10 per cent. The total population in this area at 30 June 1971 was 186,891, which represented an annual growth rate of 1.9 per cent. A similar situation prevailed in the outer north-side suburbs. Population increased by 9.8 per cent to a total of 173,368, again with an annual growth rate of 1.9 per cent. Population in the bay-side suburbs increased by 3.3 per cent to 54,526, an annual increase of .6 per cent.

These areas have sustained population growth which, in most instances, will accelerate rather than decrease. The suburbs have a combined population of over 500,000, yet to claim their medical rights under this Tory Government's free hospital scheme they must travel to the fringe of the inner-city area. They have to bear the cost and suffer the inconvenience of travel whenever they are sick or injured. In many cases, because of the overcrowding of the out-patient section at both the Brisbane General and Princess Alexandra Hospitals, they are forced to wait hours for simple treatment.

The Brisbane statistical area encompasses 866,207 people, and that number is increasing yearly at a rate of 2.2 per cent. Yet in 1972 we have the situation where there is one free hospital in the region for every 433,000 people.

Queensland Newspapers Pty. Ltd. has conducted a fund-raising drive to provide amenities at the Children's Hospital that should be provided by the Government—this Government of big business and vested interests. No-one can say that we have a worth-while free hospital system for the 30,000 people at Inala, the 25,000 people at Wynnum who can be isolated from the free city hospital service by flooding, the 15,000 people of Mitchelton, the 30,000 people of Chermiside and those in the large and growing suburbs of Woodridge and

Kingston. It is only free in the broadest possible sense—if the people are prepared to pay, travel, wait, and suffer to receive it.

This Government's non-imaginative approach to free hospitalisation has forced Queenslanders to pay for private medical treatment in their own areas. It has forced many of them to join medical benefits funds and it frequently forces them to defer medical attention which they need. In its provision of free hospital services, this Tory Government has ignored the effects of suburban expansion. Let the Minister deny that if he can. The object of an enlightened medical system should be the expansion of free hospitalisation into areas where population numbers demand it, and not the continued isolation of facilities miles from the living areas of potential patients.

In conclusion, I suggest to the Minister, in the twilight of his political career, that he should not prostitute his ministerial oath in trying to bolster the sagging political fortunes of his colleague the Minister for Tourism, Sport and Welfare Services and other miscellaneous interests. He should make the needs of the people paramount and, instead of building the proposed hospital at Jindalee, put it where it belongs—in Inala.

Dr. EDWARDS (Ipswich) (12.56 p.m.): I rise in this debate for two main reasons: First, as a medical practitioner I feel it is essential for me to participate in such a debate; and secondly, because the Health Department Estimates involve such a wide sphere of community service that every member of this Assembly should at least read the Director-General's report and the other reports tabled in Parliament by the Minister for Health.

Mr. Sherrington: You would sound better with a microphone.

The CHAIRMAN: And he would sound a lot better if the honourable member for Salisbury did not interject.

Mr. Sherrington: This is my first interjection today.

The CHAIRMAN: I trust that it will be the last.

Dr. EDWARDS: I congratulate the Minister on his contribution to the health and welfare of the citizens of this State. I personally appreciate his response on every occasion that I have submitted to him requests for my electorate.

I pay tribute to Dr. Patrick, Dr. Livingstone, Dr. Urquhart, Mr. Strutton, Mr. Norman, Mr. Hotz and others who have been so helpful to me in many ways since my election. Their dedicated service to the department is deeply appreciated.

Before dealing with the actual Estimates, it is absolutely essential for me to speak on certain serious allegations by Opposition speakers. In the first place, I shall speak on the words of the honourable member for

Nudgee, who criticised the Royal Children's Hospital because it has a waiting time of five months for tonsillectomies. Such criticism is unjustified, and such an argument is nebulous. I assure honourable members that no-one has died because he had to wait for a tonsillectomy. It would be pure extravagance to build a hospital service and a health service around a waiting list for negative elective surgery. We must have a system under which people are able to obtain a service when it is necessary.

The honourable member for Baroona claimed that 1.35 per cent of taxation would be used for health care throughout Australia. That is not what Mr. Hayden said. On 10 August, in Ipswich, he said that this additional tax of 1.35 per cent would be deducted weekly, as are similar deductions at the present time.

The honourable member for Archerfield claimed that the Government has forced people to pay voluntary insurance. As an analogy, the Brisbane City Council could be accused of forcing people to buy motor-cars because its bus services are inadequate. The honourable member's argument was nebulous and of no benefit to this debate.

I shall now deal with a matter that has been mentioned by both the Minister and the honourable member for Ipswich West. At the outset, I pay a tribute to the work being done at Challinor Centre by the Director of Psychiatric Services (Dr. Urquhart), the Medical Superintendent (Dr. McCutcheon), and the dedicated nursing staff throughout the hospital. I have visited it on a number of occasions, and I have seen the wonderful work being done there. I first went there as a medical student 16 years ago, and the comparison between my haunting memories of those days and the position now is almost unbelievable.

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

Dr. EDWARDS: I feel it is essential for me to remind the Committee of the words of the honourable member for Ipswich West when she said that she deplored the use of a very inhuman instrument, to which she referred as an "electric prodger", on children at Challinor Centre. To me, as a medical practitioner, the member for Ipswich, and a member of this distinguished Assembly, this is a tragic and unsavoury reflection on the staff of Challinor Centre, whom I hold in the highest regard and who, by their completely dedicated service, are improving the lives of these unfortunate people.

As I say, the honourable member referred to this instrument as an "electric prodger". I have seen the instrument, and I know a great deal about it. It has been used on one patient, and one only. He is a boy of nine years, and he is the worst case of head-banging that has ever been known at Challinor Centre. So badly did he damage himself round the face and head that he had bruises extending completely across his

forehead. I have seen photographs of them. He had open sores on his cheeks and chin and across his forehead, with large haematomas extending down to his eyes. He spent the whole time banging his head and face on anything near or adjacent to him. The only time he did not bang his head on anything near him was when he was sedated to send him to sleep in the evenings.

This boy could not undergo any training at all. He did not respond to any form of treatment, including drug therapy, reward therapy, and other types of therapy by means of which the staff, in their dedication, endeavoured to prescribe for him. Staff members were almost at their wits end with him, and, with the diligence and dedication shown by all staff members at this centre, they investigated other forms of therapy.

After much investigation, examination of interstate and overseas literature, and the holding of conference after conference with the medical, psychological and nursing staffs, and with the approval of the nurses and other staff members, a small instrument known as a palmak was brought to the hospital. This is a small apparatus about nine to 12 inches long. It is operated by two torch batteries, and it gives a half-second to one-second skin stimulation when a button is pressed against the patient's thigh. When this boy bangs his head, he is given a tingle with this instrument. If he stops, he is immediately rewarded with sweets and affection.

I personally saw the result of this child being rewarded. He underwent a series of sessions with this instrument under the supervision of the superintendent in charge of psychiatric services at the hospital, psychologists and the nursing staff, and, as a result of giving him affectionate, loving and tender care after this stimulation following his head-banging, he has now been integrated into a training programme. His wounds are completely healed, and he now spends week-ends in the home of one of the psychologists. He is now well integrated into society at the institution. He takes part in games, and, when I was last at the hospital, he was riding a tricycle. Only on very rare occasions does he now bang his head against the wall, his cot or the floor.

The success of the treatment with this instrument has been outstanding. It is in the hands of a charge nurse at all times, it is not used as a weapon in any way, and it is brought out only with the permission of the superintendent or the charge nurse. It is handled by the child himself, thus proving that he has little fear of it. In fact, I myself saw him handling it only a few days ago.

The statement by the honourable member for Ipswich West was, unfortunately, a vicious, untrue and irresponsible inference and has had a sad effect upon the dedicated, conscientious and progressive activities of

a staff whose work is difficult enough without being subjected to unjust and infamous denigration from this Assembly. Since the statement was made in this Chamber, I have had numerous telephone calls from members of the staff who are concerned that such implications are made in this Chamber under parliamentary privilege when there is no basis for them. I am told that the treatment was part of the medical programme, and I have no compunction in saying that the treatment has been used. I am proud to say that I have seen the child and the effects of the treatment, and to mention the use of this instrument in an effort to denigrate the staff of the hospital is to be deplored. I dissociate myself from any statement of that kind.

I refer also to the so-called hosing affair that the honourable member for Ipswich West mentioned. Let me state that these children play with a hose in a special area, and if the honourable member went to the ward she would see the area that has been specially built to enable the children to play with a hose.

Mr. Houston: Is it an ordinary hose?

Dr. EDWARDS: It is an ordinary hose. The last time I was there, I heard of the children and members of the staff playing with a hose. I might add that the members of the staff were as wet as the children and were enjoying every moment of it.

Mr. Wright interjected.

The CHAIRMAN: Order! The honourable member for Rockhampton.

Mr. Wright: Yes, Mr. Lickiss?

The CHAIRMAN: I will deal with the honourable member if he persists in interjecting.

Dr. EDWARDS: Are we to deny these children, who are already suffering from a handicap over which they have no control, the opportunity to play with a hose? I am sure that any honourable member who visits this hospital would thoroughly enjoy the experience, as I did, and be happy to see these handicapped children enjoying themselves in that way. I believe that handicapped children should retain the right to continue activities that normal children enjoy.

If the Opposition is not prepared to do so, I am proud to pay a tribute to the staff of Challinor Centre, to every member of the staff, and to the unions concerned. If the honourable member for Ipswich West is, as she stated, "not caring about what the unions think", I assure her that I am very interested in what the unions in that area think, because they are a dedicated group of people. I am sure that if the honourable member continues to make such statements, she will well and truly know what the men and women in the unions at Ipswich think of her when she applies for re-endorsement in three years' time.

The next point with which I wish to deal is the care of the aged. I compliment the Minister and his department upon the assistance now given to the aged people in the community. The Division of Geriatrics was established in 1961, and it concentrates on the care and treatment of the elderly in Queensland, both in hospital, if needed, and also in their own homes. The geriatric unit at the Princess Alexandra Hospital has been set up as a special unit for medical assessment, and it has been outstandingly successful. Admissions from homes represent a tribute from elderly people to the introduction of the community home-care service, which enables more people to be seen in their own homes by the medical officers of the division, who then refer them to the in-patients section if they require a hospital assessment.

The geriatrics section at the Princess Alexandra Hospital conducts a day hospital, and this operates as a therapeutic hospital. The majority of patients who attend require physiotherapy, a large percentage also require occupational therapy, and a smaller percentage are in need of speech therapy. These people live in their own homes and attend the hospital on a certain number of days each week.

Although the day hospital at Princess Alexandra Hospital is primarily geriatric, offering a therapeutic-treatment programme for patients attending for as long as the need exists, almost 40 per cent of those attending for treatment last year were under the age of 60 years. The establishment of a geriatric day hospital has nevertheless brought recognition of its value as an institution of medical care for the elderly. I am advised that probably a second day hospital will be operative in Brisbane early next year. The geriatric unit is staffed to ensure that all required treatment and assessment can be provided, and for these purposes its paramedical staff includes physiotherapists, occupational therapists, speech therapists and medical social workers.

I was very interested to hear that an appointment has been made, on a trial basis, of a trained teacher from the Australian Association of Better Hearing as a hearing therapist. This member of the staff will teach hard-of-hearing patients how to cope with their problems and, in particular, teach the techniques of lip-reading.

I mention that the unit also provides an additional 24 beds at the Princess Alexandra Hospital for rehabilitation facilities for young head-injury patients. This is of tremendous value to the community. Some young people suffer very serious injury and thus need a long period of rehabilitation before they can again take their place in the community.

Finally, a geriatric out-patient clinic is also held weekly at the hospital out-patients department. The success of the Brisbane unit has prompted the inclusion of modern assessment and rehabilitation facilities for

aged people in the new hospital ward block under construction at Townsville, which is expected to be completed early next year.

With respect to institutional care, the medical officers of the Division of Geriatrics provide a wonderful service for "Eventide", Sandgate, the Chermiside Senile Annexe and other places. Its social workers form a valuable liaison service, not only with institutional management and those elderly persons in urgent need of institutional care, but also with those actually receiving such care and, further, with the social workers within our own hospital system.

Of great importance is the Community Home Care Service, which commenced operations on 3 November 1969. This service emanated from a number of conferences of State and Commonwealth officers in 1968. The topic of these conferences was "Needs, Care and Treatment of the Aged". This is another field that indicates the co-operation and co-ordination between the State and Commonwealth Governments to ensure that elderly members of the community are able to receive adequate care and attention.

The Community Home Care Service is based on the accepted principle that it is preferable, where possible, to care for old people in the general community in their own homes, and the State and Commonwealth roles are carried out in accordance with the provisions of the Commonwealth's State Grants (Home Care) Act of 1969. Under this Act the Commonwealth provides financial assistance to those States that undertake such a service, which has been designed as a health and welfare service providing two forms of assistance to the old person living in his own home.

The first form of assistance provided is the advice of professional staff who visit the home. Such staff include medical officers, social workers and public health nurses who aim at defining the needs of the individual and then making every endeavour to co-ordinate all existing services on behalf of the old person living in his home.

I congratulate the Minister on the programme that he has put forward for this year. I also congratulate his department, and I stand by it in its activities. I especially dissociate myself from the unfortunate statement made in this Chamber. It was done purely for political reasons, but it has had a tremendous and terrible effect on the staff at the hospital in question, in whom I have the greatest confidence.

Mr. Burns: Get the gravel rash off your belly.

The CHAIRMAN: Order! Such an interjection is unparliamentary, and I again draw the attention of the honourable member for Lytton to the provisions of Standing Order 120. If there is a repetition of that sort of thing, I will deal with him.

Hon. S. D. TOOTH (Ashgrove—Minister for Health) (2.29 p.m.): The Leader of the Opposition and the honourable member for Rockhampton intervened and suggested that there was some contradiction between the comments of the honourable member for Ipswich and myself. If they read my text they will see that I referred both to the hosing games and the new equipment in the bathroom section. There were two things.

Mr. AIKENS (Townsville South) (2.30 p.m.): Might I suggest to the Minister that he pays these A.L.P. people a compliment by even listening to them let alone taking notice of them.

I want to deal today with a couple of matters. I am on my way back to my beloved North. Anyone who would like a lift out to the aerodrome can let me know and I will be happy to give it to him. Unlike A.L.P. members, I will not run away and get a taxi for myself.

I have been in this Assembly for a long time. I was born and bred in the Labor movement—I am still in it, that is, the "dinky-die" Labor movement—and I am pledged to the free hospital system. I fought for it when I was young and have continued to fight for it over all the years I have been in Parliament. I assisted when Bill Moore was the A.L.P. Minister for Health. I assisted him to retain for Queensland its very fine free hospital system, and I would like just one A.L.P. member to stand up now and tell me why they are supporting the Leader of the Federal Opposition (Mr. Whitlam) and his party in their attempt to smash down the free hospital system in Queensland—something that we all fought to build up and that we all hope to retain. Why this remarkable somersault? Why are they smashing down something that for years they claimed they were inordinately proud of. I am still inordinately proud of it.

I want to touch for a minute or two on a statement made by the honourable member for Lytton. He has not yet realised, of course, that he is not in the Trades Hall but in Parliament, where everybody gets the same square "go". It is not a question here of one man being able to stand on another's throat and the other man not being able to do anything about it. He has not really realised that in this place everyone gets the same opportunity.

A Government Member: He will learn.

Mr. AIKENS: He will be battered and bruised before he does, but he has to do it his way. Like the man with the wheel-borrow, he has the job in front of him.

The other day in this Chamber he took advantage of the privileges of the House and launched a virulent and vicious attack on Drs. Cass and Everingham and other doctors who are A.L.P. members of the Federal Parliament. He branded them as greedy, grasping Shylocks and said they were concerned more with assessing a man's

wallet than his injury or illness. He did not launch his attack outside, but saw fit to do it in this Chamber. At least I was happy to hear him accuse A.L.P. doctors of the sins of which he was freely, viciously and venomously accusing non-A.L.P. doctors. I know he did not mean to do it, but nevertheless he did.

I now want to deal with the question of mental illness. It is a tragedy in any home to have a member of the family so afflicted.

Mr. Wright: You would know all about that.

Mr. AIKENS: I think I heard something from the member for Rockhampton.

Mr. Wright interjected.

Mr. AIKENS: I was about to say something that might stop his garrulous, dirty tongue for quite some time, but if he did not make the interjection, well and good.

I know it is a tragedy in any home to have a member of the family suffering from some physical infirmity, illness or disease, but it is a greater tragedy to have anyone in the home afflicted with a mental illness or aberration. I can speak with a good deal of feeling and, shall I say, anguish on that particular matter.

I did not realise what a tremendous burden it was for a family until it hit our family. Unfortunately, the boy is gone. We were all sorry to see him go. We would rather have him with us still, with all his troubles. Perhaps that is why I became a little more interested than the average person in the mental illnesses of people in this State.

I pay a sterling tribute to the Minister for Health and his predecessors in the Country-Liberal Government. When this Government came to office in 1957 there were, believe it or not, 1,200 old-age pensioners in Goodna. I used to frequently visit those from my own electorate and from North Queensland generally. There was no place to put aged pensioners and, when any family reported that an aged relative was becoming a little bit hard to handle, a bit senile, dreamy or dodderly, the authorities would grab these old people and put them in a specially-barred railway wagon and send them to Goodna. As a railwayman I frequently worked a train of which this hideous carriage was a part.

They were transported in this wagon all the way to Goodna, where they were left to sit and rot until they died. Their pensions were taken away from them by the Federal Government, irrespective of its political complexion, under the provisions of the Social Services Act. These old people were deposited in Goodna, hundreds of miles away from their friends and relatives, and left to rot and die. It is to the credit of this Government that it took the aged pensioners out of Goodna and housed them in geriatric wards and homes for the aged that it helped establish. Today there would not be one

inmate at Goodna who suffers from other than a mental affliction that requires treatment in that or any similar mental institution. For this state of affairs the Minister and his predecessors deserve all the credit that I can give them. There is nothing more tragic than mental illness, and anything that can be done to ease the burden that it imposes upon the community should be welcomed by all.

The mental hospital at Charters Towers was established with the idea of accommodating hundreds of mental patients, but today there are not more than a couple of dozen accommodated there. It had been suggested that the institution should be established in Townsville, but I opposed its establishment there, for reasons that I have put forward from time to time, and for those and other political reasons it was set up in Charters Towers. It is the policy of this Government and of modern medicine to take a mental patient out of such an institution and, as well, not to commit any person to an institution unless it is absolutely necessary to do so.

I wish to touch now on the Somerville affair. It cost this State \$40,000. In reply to those loud-mouthed vociferous members of the A.L.P. who asked the Government, "Why aren't you going to spend money on this and that?", I urge them to consider what the Minister for Health could have done in this department alone with the \$40,000 that this Government was blackmailed into spending in defending itself against the charges made by this monster, Gardiner, in the Somerville hearing.

I have some knowledge of the effects of alcohol, and I know that if a person drinks for a lengthy period his brain tissues are irrevocably destroyed—once a man goes round the bend as a result of brain damage from alcohol he cannot be rehabilitated at all—and when I first saw Somerville on television I said to my family, "There is an unfortunate and hopeless old alcoholic." At the time I did not know that he was a drug addict as well. I asked myself, "What on earth are they doing putting an unfortunate creature like that on television and pillorying him just for the sake of gaining some dirty, cheap, political propaganda?"

The Minister for Health followed Somerville, and he was much more charitable to Gardiner and his companions than I would have been. I would have told them what the stunt was. Can honourable members imagine that any political party would sink so low as to take a poor, unfortunate, hopeless alcoholic and drug addict and drag him through the mire and slime of foul publicity in order to gain some cheap political advantage?

Let us take a close look at this man Gardiner, who put this State to the expense of \$40,000 and besmirched this unfortunate old fellow. I can remember when Gardiner was arrested in the gallery of this House

on the order of the then Speaker for "banging on" a Vilma Ward turn by taking notes and interjecting. As I walked along the lower corridor, a police sergeant and a constable had Gardiner in a side corridor and were frisking him to see whether or not he was armed. Because Gardiner had been arrested when he thought that he could not be arrested, he was whimpering like a small child.

I stood there, watching the two policemen, and then along came a Liberal member who, incidentally, is still a member of this Assembly and is known for his warm-hearted generosity. It is said that he has a heart as big as an elephant's rump. He approached the police sergeant and said, "Look, this man has been arrested in Parliament. If he had been arrested outside the fence I could do nothing, but I plead with you to release Gardiner into my custody and I will square up with Mr. Speaker." After a while the sergeant did release Gardiner into this member's custody.

I am satisfied that the Liberal member who did this still does not know that I was there. I was what might be called an accidental listener and watcher of this farce, comedy, tragedy, or whatever it might be called. It was a sight for sore eyes to see this great, powerful A.L.P. man, Gardiner, who made this State spend \$40,000 so that he could get right down into the cesspit of politics, walking along the corridor to this Liberal member's room, whimpering with fright, crying like a little baby, with the protecting arm of this warm-hearted, generous Liberal member of Parliament around his shoulders.

Mr. Burns: That is a fairy tale.

Mr. AIKENS: Now I have the honourable member for Lytton where I want him. I challenge him; put your money where your tongue is, Tommy Burns.

The CHAIRMAN: Order! The honourable member knows that he must refer to an honourable member by the name of his electorate.

Mr. AIKENS: Let the honourable member for Lytton raise as much cash as he possibly can and put it on the table of this Chamber. There will be no "knock" bets with him so far as I am concerned. I will cover every cent he puts up. If I cannot name the Liberal member of this Committee who rescued Gardiner from the police and took him along a corridor, the honourable member for Lytton may take my stake and spend it how he will. If I can name the Liberal member of Parliament who did this, I will take his stake and donate it to charity. That is fair enough.

Mr. Burns: Name him!

Mr. AIKENS: Let the honourable member for Lytton collect as much cash as he can; let him put it on the table and I will

cover it. I will then name the Liberal member of Parliament who rescued Gardiner from the sergeant.

Mr. Burns: Name him!

Mr. AIKENS: No. Let the honourable member put his money up and I will name him. I can reef a bit of his ill-gotten gains out of him. Let him put his money where his tongue is; let us see how much guts he has. I know he has more money than I have, but I will cover it.

Opposition Members interjected.

The CHAIRMAN: Order! The Committee will come to order.

Mr. AIKENS: If I have not got the cash myself there are two or three very wealthy members of the A.L.P. who will gladly lend it to me.

The CHAIRMAN: Order! I ask the honourable member to return to the debate on the Health Estimates.

Mr. AIKENS: I will indeed. That is my offer, Mr. Lickiss. Let the member for Lytton or any member of the Labor Party put his money on the table and I will cover it. I will then name the Liberal member of Parliament who rescued this great champion, Gardiner, from the police, and led him along the corridor to his room, whimpering and crying. And he is still a member of this Assembly.

The CHAIRMAN: Order! The Chair has given the honourable member enough latitude. I hope that he will not abuse it and that he will now return to the debate on the Health Estimates.

Mr. AIKENS: I thank you very much, Mr. Lickiss. I have been waiting a long time to get the vociferous, venomous member for Lytton in the bag, and now he is right in the bag.

This morning the Minister for Health answered a question of which I gave notice yesterday. The episode surrounding this question will again give some idea of the filth in the A.L.P. campaign. There is a man in Townsville named Fabian Sweeney, who is the A.L.P. candidate for the Herbert electorate in the coming Federal elections.

Mr. Wright: He has you worried.

Mr. AIKENS: Not at all. What can he do to me? This man is engaging in all sorts of gimmicks. He is the man who organised the shocking, filthy demonstration against the Prime Minister at the Bank of New South Wales corner last Friday night. As a matter of fact, the demonstrators were brought from the university in White Cabs, and they were led by a notorious local homosexual from the university. Is it any wonder that the homosexuals are supporting the A.L.P. on this occasion? He is claiming now that he is going to get a new hospital in the Heatley-Vincent area of Townsville.

This area has all the homes for married soldiers and the A.L.P. is hoping to get a good vote there. It must be some years since I proposed to the then Minister for Health—I think it was the late Doctor Noble—that he should provide a hospital there. He acted immediately on it and had his officers make inquiries. Very shortly afterwards they acquired a huge area of 30 acres. I knew that the town would develop in that direction. We were hoping that the hospital would be there by now, but I realise, as does the Minister, that with the tremendous development in technical equipment for hospitals, and the sophistication of equipment, it is not possible to have all the little hospitals that we once had. These days, if a person is to be properly treated, it is necessary to have on the premises not only doctors but also technicians, and they must have at hand quite a lot of sophisticated, expensive equipment.

The growth in size of the Townsville General Hospital was once limited on the sole basis of beds, nurses, and doctors. However, with the acquisition of sophisticated equipment and more technical skills, the Townsville General Hospital is now in itself a small city, and will no doubt continue to grow because the equipment necessary to treat people properly must be in a central place.

One bad aspect of health services inherited from the Labor Government has not been overcome by the present Minister. If a person in North Queensland is a public patient in the Townsville General Hospital, for instance, and it is considered that the equipment necessary to treat him is not available in Townsville and that he must be sent to Brisbane, he must pay his own fares to Brisbane and back, if he has sufficient money. I admit that, in many instances, the department refunds the amount involved. I am referring to cancer and other urgent cases. I have put up an argument to Labor Ministers of Health and I have put it to Health Ministers of this Government. It has granted some alleviation, but not as much as I want.

If there is to be free hospitalisation, it must be just as free for the people of North Queensland as it is for the people of Brisbane. I can remember saying in the House that the late T. C. Beirne, before he died, could go to the Royal Brisbane Hospital and obtain treatment free, but that if he lived in Townsville and could not be treated there and was sent from Townsville to Brisbane for treatment, as a public patient, he would have to pay his own fare. I believe that all treatment should be free and that, if it is not available at one hospital and patients must be sent to another hospital, free transport should be provided. I repeat—and I hope I am not rebuked for tedious repetition—that although the Government has introduced a little relaxation from the iron-clad rigid rule

of the A.L.P., it has not gone far enough. I will not be satisfied until all treatment in every hospital is absolutely free.

Mr. GUNN (Somerset) (2.47 p.m.): I have a few observations to make on these Estimates. I shall deal with matters pertaining to the rural areas of the State and the need to maintain adequate health services in those areas. Highly specialised services cannot be maintained in all areas of the State, and it is therefore necessary to have hospitals centralised in provincial cities. In country areas, including my electorate, people have access to surgeons, gynaecologists, radiologists, pathologists, physicians, etc. People in very few areas of Queensland do not have the opportunity to obtain such expert attention. Even people in the most remote areas can obtain the services of the Flying Surgeon.

The Esk and Laidley Shires, in the southern portion of my electorate, have their own hospitals, controlled by the Ipswich Hospitals Board. They provide the people with a service that is equal to any in the Commonwealth. This is borne out by people from all parts of Australia who have been patients in those hospitals. They have praised the wonderful attention they have received. I have in my possession an article written by a lady who, when touring the State, had her first baby in the Laidley General Hospital. She came from England, and on her return she wrote an article for the English "Women's Weekly" in which she praised the wonderful attention she received in this hospital. When someone from the other side of the globe makes such statements, they speak for themselves. In addition to speaking of the Laidley Hospital, she mentioned the attention she received while touring Queensland at various baby clinics established in the most remote areas.

The Kilcoy General Hospital, which is under the administration of the North Brisbane Hospitals Board, is also in my electorate. Major improvements are envisaged for it in the near future, and I hope the plans are released this financial year. The maternity section is old, and at present is not adequate for a district of the size it services.

Nanango is also a very important district, and it, too, has its own general hospital which is administered by the South Burnett Hospitals Board. This hospital serves a large area, extending as far afield as the Blackbutt Range. It is necessary to maintain a modern hospital in this quickly developing area.

The Crow's Nest Shire is served by a co-operative hospital at Crow's Nest. As a result of Government assistance a fine brick hospital building was opened there last year. It was my pleasure to be present on that occasion and to present a cheque for \$11,000 to the auxiliary committee of the hospital's management committee. All the beds are either intermediate or private, and I feel

that later the Government should provide general male and female wards at this small hospital. The people have shown their faith in the area by raising the funds to build the hospital, and the committee is continuing to raise funds to keep it operating. It is, as I said, limited to private and intermediate beds, and I hope that the Minister will give consideration to my submission on the establishment of general wards.

The provision of hospital services in country areas is a wonderful boon to decentralisation, as people who are considering settling in rural areas ascertain the medical and hospital services that are available before purchasing farms or homes. It is essential that such services be provided in country towns.

It is also pleasing to see the expansion of dental services throughout the State. I know there is a shortage of dentists, but the Minister is conscious of the great need to make dental services available wherever possible. I am happy to be able to say that he has established a dental clinic in my home town. I thank him for that. In the meantime, school dental services are functioning satisfactorily for the people of rural areas, and no Queensland child is deprived of dental attention. Many dentists are engaged on this worthy work.

Health services have been expanded in all fields, and I feel that I must comment particularly on the Chermiside Hospital and the cardiac services provided there. It is correct to say that these services are up to international standard, as has been proved by results published throughout the world and by comparison with what has been accomplished elsewhere. I make particular reference to corrective surgery carried out on infants with congenital cardiac abnormalities. At one time, the mortality rate in babies with such conditions was extremely high. If they survived, they were invalids for their very short life-spans. It is therefore pleasing to note that of the total number of patients who have had defects corrected, the survival rate has been 80 per cent. It can be expected that this rate will increase. The supply of electronic "pacemakers" preserved the lives of 67 patients last year, and 55 the year before.

It is interesting to note that considerable work has also been done on heart-valve replacement. This has meant the saving of the lives of many people whose heart valves were damaged as a result of attacks of rheumatic fever in early life. The work done at this hospital is therefore of immense importance in maintaining a complete health service to the people of Queensland comparable with that provided anywhere else in the world. The wonderful thing is that it is available to all, irrespective of financial position.

I am pleased to see that it is the policy of the Government to provide intermediate and private beds in the new hospitals being built

throughout the State. I believe that this is absolutely essential. Although I have the utmost confidence in the public wards, it should be the prerogative of the patient to have the doctor of his choice and also the privacy of a room to himself if he so desires. Of course, this all depends on the patient. When I am sick, I like to be alone, and there are quite a number of people who think along the same lines as I do.

It may be said that this service is very expensive. However, I have quite a large family, and I have not found that to be so. I am a member of a medical benefits fund, as I think most people are, and I do not think it is expensive. If any member of my family is sick, I can have the doctor of my choice. As I said earlier, I have nothing against the medical practitioners in the public hospitals—in fact, I have a great deal of regard for them—but I can, if I so desire, have a medical practitioner of my own choice and also enjoy the privacy of a private room.

Mr. Alison: And we want to keep it that way.

Mr. GUNN: It is absolutely essential to keep it that way. Throughout Queensland country areas, private wards are provided. They certainly are provided in every country hospital with which I am familiar. I hope that, in future, the Minister will give consideration to providing private and intermediate wards in all hospitals.

I believe that country areas throughout the State are well served by the Department of Health, and I wish to refer particularly to various inoculation services provided, in conjunction with local authorities, for both infants and adults. Most common, of course, is the Sabin polio vaccination, but vaccination against smallpox, typhoid, tetanus, whooping cough, diphtheria and measles is also available. The work is carried out by Government medical officers with the assistance of health inspectors and local nursing staff, and I am pleased to say that these diseases are now very rare in children.

However, I am disturbed at the apathy displayed by adults to a number of diseases. I refer particularly to people working on farms, who are very vulnerable to tetanus. Prevention of this disease is quite simple and requires only a couple of injections of tetanus toxoid. Its treatment, however, is quite a different matter, requiring expert attention.

Although tetanus was regarded as fatal some time ago, treatment has now advanced to the stage where a large percentage of patients recover. It is, however, a very insidious disease, and it is difficult to understand why people are so apathetic about it. I often think it would be a good idea for some people to see a patient who has been stricken with tetanus.

As medicine advances, so does nursing, and I believe that nurses and doctors are partners in this field. It follows, therefore, that it will be necessary to educate nurses to

a much higher standard, and I am pleased that the Minister has referred to this subject in his introductory speech.

In my opinion, it will be necessary to have nurses trained in the larger hospitals, or doing at least part of their training in those hospitals. Although it may be said that nurses could learn how to care for a patient suffering from, say, a coronary occlusion in any hospital, it also is a fact that patients requiring major surgery are sent to the larger hospitals, and rightly so. Therefore, nurses in country hospitals would not gain the same experience of patients requiring intensive care. On the other hand, I believe that country girls make excellent nurses; in fact, some of the leading matrons in the State today began their nursing careers in country hospitals.

With the excellent transport provided in this State, no-one is more than a couple of hours from expert medical attention, and I believe that country hospitals have an important role to play in providing health services. In my opinion, patients progress much faster in their home environment, and they should be discharged from hospital as soon as possible and the treatment continued in their own home, under the direction of the patient's own doctor. I do not believe there is any need for convalescence in hospital, provided the home atmosphere is favourable.

The general practitioner has an extremely important part to play in modern medicine, and it is essential for him to keep abreast of modern medical thinking. However, his role today is quite different from that of 20 years ago, when he was physician, obstetrician and surgeon. He must now have a thorough knowledge of all aspects of medicine, so that he may refer patients who warrant specialist attention to men who are experts in their field. I know that this is being done in most areas, and I hope it will continue. However, in country areas where only one doctor is available it does present quite a problem. I hope the day is not far distant when sufficient locum tenens will be available to release some of these men and thus enable them to attend courses to keep abreast of modern techniques.

The ambulance service throughout Queensland is worthy of mention. I was pleased to see the Treasurer increase Government subsidy to 75c in the dollar. Compared with the metropolitan area, country areas are at a big disadvantage. They have fewer subscribers and have to travel longer distances. Consequently, the ambulance committees are more dependent on public support. I should like to see more assistance rendered to country areas in the future.

I pay tribute to the services rendered by the Health Department to the aged people in the community. Modern medicine has meant that people can expect to live much longer than formerly. In turn, this has meant that homes for the aged have become necessary in all centres. The care of geriatric

patients has become a very important part of medicine. They require expert care and attention.

In my own electorate we have two homes for the aged, and they are playing an important part in the care and treatment of the aged people in the district. It is absolutely essential to keep elderly people within their own district. In the past, when they were sent away to homes in other areas it was like passing a death sentence on them, but now aged people in my area can stay in their own environment, among their own people. This is adding both to the length of their lives and to their happiness.

Recently it was my pleasure to attend the opening of a 13-bed wing for geriatric patients in the Lutheran Home at Laidley. This wing will serve a long-felt want in the Lockyer district. It will mean that aged people will be able to remain in their home town and be visited regularly by their families. I hope other areas within my electorate will make moves to build similar homes. Such a move is now being made by the people of Kilcoy. I hope that the people of that beautiful district will back the move, as I believe a home for the aged is necessary in that district. A fortnight ago it was my pleasure to attend a meeting of interested people in Kilcoy. I am pleased to be able to say that at that meeting \$5,000 was subscribed within half an hour.

I congratulate the Minister on the manner in which he administers his department. I acknowledge that he has a very difficult department. It is unfortunate that the Opposition has tried to make political capital out of minor incidents and unfortunate occurrences which invariably occur in all hospitals in any part of Australia. It is very unfortunate that the people concerned should be used as political footballs.

I thank the Minister for the assistance he has given my electorate in the past, and I sincerely hope that he will continue to show the active interest in country areas that he has displayed in the past.

Mr. TUCKER (Townsville West) (3.4 p.m.): I believe that the most positive answer to the critics of the A.L.P. health plan comes in the form of a letter to "The Courier-Mail" urging people to defeat the Federal Liberal-Country Party Government by voting Labor. One of the signatories to the letter is Sir Macfarlane Burnet. Even the Minister for Health must surely have heard that name. Sir Macfarlane Burnet was awarded an international Nobel Prize for Medicine, and is a world-respected medical figure. He is an Australian medical authority who is probably without parallel in this country.

Sir Macfarlane Burnet is voting Labor, and is advising others to do likewise. Obviously, such a profound expert in medicine does not believe the scare propaganda spread by the Liberal-Country Party about Labor's scheme. It is obvious that a man of such intelligence would have evaluated the scheme

before he put his signature to such a letter, and I do not think anyone in this Chamber would say otherwise. He obviously found the Australian Labor Party scheme to his liking and so he, with other people, says in the letter, "On this occasion I am voting Labor."

Mr. R. E. Moore: He has nothing to lose. It is the young people who will lose.

Mr. TUCKER: As a matter of fact, the honourable member for Windsor told me confidentially in the lobby that he, too, was voting Labor.

Equally obviously, Sir Macfarlane Burnet was totally unimpressed with the Liberal Party scheme and its record of achievement. He would have studied both schemes and evaluated both. He would know what happened under the Liberal Party scheme over the last decade and a half, and was obviously able to see what Gough Whitlam, on behalf of the Australian Labor Party, is offering. He obviously said to himself, "Labor's is the better scheme."

Mr. Bromley: "It's time."

Mr. TUCKER: He would have said, "It's time. I'm going to vote Labor."

Perhaps the most disgraceful episode in the present election campaign—and there has been a number of them—is the television advertising by the Queensland Department of Health at public expense. We have seen the Minister for Health, in advertisements carrying the insignia of the State Government, speaking about free hospitals. These advertisements, although obviously pertaining to the Federal election, are unauthorised and are blatantly political.

Mr. Tooth: Not as political as you are.

Mr. TUCKER: We know what you are there for. We know why you are appearing on television at this particular time—to sway the voters' minds on health policies in this State.

Mr. Tooth: I am concerned at the way in which—

Mr. TUCKER: Oh, yes, you are concerned! You are solicitous at this moment. For the next three years you will not be concerned at all, and then, when another Federal election is looming, you will again become concerned. I say that you are being blatantly political.

The CHAIRMAN: Order! Will the honourable member please address the Chair.

Mr. TUCKER: I say it is a near-criminal misuse of public money that you are guilty of at the present moment. It is a blatant intrusion, at public expense, into the Federal election campaign.

The CHAIRMAN: Order! The phraseology used by the honourable member for Townsville West is imputing an improper motive to the Minister.

Mr. Bromley: And the Government.

The CHAIRMAN: Order! The honourable member for South Brisbane will remain silent while I am on my feet. I ask the honourable member for Townsville West to withdraw his remarks and again I commend to his attention the provisions of Standing Order 120.

Mr. TUCKER: Mr. Lickiss, if you tell me which remarks I should withdraw, I shall look at them. What I said was that the action of the Minister is a blatant intrusion by this Government into the Federal election.

The CHAIRMAN: It is not for the Chair to advise the honourable member as to the words he used which reflected on the Minister's character. He used such terminology as "criminal".

Mr. TUCKER: I said it was "near-criminal". I believe I have a right to express my opinion on behalf of the Opposition. I repeat that I believe it is a blatant intrusion into the Federal election campaign. With every respect to you, Mr. Lickiss, this Chamber has been used for weeks past by Government members as a means of intruding into the Federal election. I believe we have a right to answer some of the statements that have been made, not only in this Chamber, but outside as well. Perhaps there is one consolation: with the Minister's record, nobody believes a single thing he has to say outside the House, at least on television. Whenever he claims that all is well within the free hospital system, the people begin to wonder what is wrong with it. That is the kind of public reaction the Minister elicits.

I should like to know the cost of these advertisements and whether, after the prohibition is placed on television channels next Wednesday night against screening election material, the Government will try to bluff its way through the restrictions imposed by the Australian Broadcasting Control Board and continue to show these political concoctions. Will these advertisements be shown subsequent to next Wednesday night, or will they cease then? I ask the Minister: will he continue to have these advertisements screened after next Wednesday night?

Mr. Tooth: There is certainly no reason why they should not be continued.

Mr. TUCKER: I believe that if the television channels continue to screen these advertisements they will be committing a breach of the Broadcasting and Television Act.

Mr. Tooth: You are trying to intimidate the television channels.

Mr. TUCKER: You are the one who is trying to do this, and also to influence the public. You are using public money to do this—money that belongs to the people of Queensland.

The CHAIRMAN: Order! Will the honourable member please address his remarks to the Chair.

Mr. TUCKER: The persons who seek medical treatment in Queensland fall into two categories: those who attend general hospitals for supposedly free treatment, and others who prefer to visit private practitioners and are insured under the so-called voluntary health insurance system, which was introduced by the Country-Liberal Parties in, I think, 1953.

As to the general hospitals, the waiting time, the staff shortages, the dearth of proper equipment and the frustrations have been well canvassed by my colleagues on this side of the Chamber. The Government has seized upon this sector of free hospitalisation in its attempt to criticise the Australian Labor Party's health plan. I have no argument whatever against free hospitalisation, but I repeat that the Government has seized upon it and made all sorts of emotional appeals to the electors. As I have already said, the Minister has suddenly become solicitous of the free hospital scheme. He is beginning to shed crocodile tears. The Government has indulged in tricky and emotive advertising. A perfect example of this can be seen in today's "Courier-Mail", in which the facts are grossly distorted and misrepresented.

The Country-Liberal parties say, "Don't let us lose our free hospitals", whilst they know full well that Labor does not intend even to attempt to interfere with the free hospitals in Queensland. Anyone who suggests otherwise is indulging in fiction of the wildest magnitude.

Not many years ago the Government received reports to the effect that the whole fabric of the free hospital system in this State was falling apart, and that if action were not taken speedily to prevent this the Government would have no alternative but to impose a charge for hospitalisation. I believe that secretly the Government welcomes the A.L.P. plan because it regards it as a way out of its present dilemma. The Government claims that it will continue to provide, and will not attack, free hospitalisation.

To illustrate how insincere the Government is in making that promise, I shall cite the fact that the Herberston Hospital is to be closed. At present it comprises 50 beds and has a staff of one doctor, one matron, seven sisters, 14 nurses and 11 domestics. It serves the towns of Mt. Garnet, Ravenshoe and Herberston, as well as the shires of Eacham, Dalrymple, Etheridge and Mareeba. Yet notice has been given that this important hospital is to be closed. What a terrible blow to the people of North Queensland if they should lose this hospital. The Minister says he cares for hospital services in Queensland and is expanding them, but this move is a perfect example of what is happening in Queensland.

The Minister knows, and so do many other Government members, that Labor's health scheme is a winner, but they are forced to put up a token fight against it on the off-chance that Mr. McMahon may be returned. They are secretly hoping that he will not be, and that they will be able to take advantage of Labor's scheme.

Is our present free hospital system as we know it under this Government really free to those who use it? In 1971-72 it cost about \$80,000,000. Of this sum, \$3,200,000 came from the Golden Casket, which would be abolished if the Premier had his way, \$8,700,000 from Consolidated Revenue, which is a public fund, \$8,700,000 from patients' contributions, and another \$49,000,000 from Consolidated Revenue—that is, public finance provided by the people generally. A further \$12,700,000 came from the Commonwealth Government. Of that sum, \$12,100,000 was in the form of pharmaceutical and hospital benefits.

Most people do not know that under the medical benefits scheme espoused by the Federal Liberal-Country Party Government, the main finance for running it, last year, totalling \$430,000,000, was provided by Australian taxpayers through the Commonwealth Government.

Although a person may not be a member of any approved scheme and may use the free hospitals in the State, as a taxpayer he provides the money for the approved schemes wished on us by the Commonwealth Government about 15 years ago. I emphasise that although a person may not belong to a fund, and does not collect under this benefits scheme, he is forced to contribute to its upkeep. Last year the Commonwealth collected \$90,000,000 from Queenslanders for this purpose, irrespective of whether they were members of an approved scheme. Of this \$90,000,000, our hospitals received less than \$13,000,000. Is that fair, equitable and free in the proper sense of those terms? The answer is "No!".

By way of medical taxes, Queenslanders are helping to pay the bills of residents of such places as Darling Point and Toorak. This direct tax is imposed on every Queenslanders by the Commonwealth although 45 per cent of the people here receive no benefit under the Commonwealth's health scheme. Of the thousands of Queenslanders, only 55 per cent are insured under the so-called voluntary health insurance system introduced by the Federal Liberal-Country Party Government in 1953, or a little later.

Those people who are not in this scheme are conveniently ignored by Government members, who engage in spurious debate about A.L.P. proposals. Their plight has also been ignored by certain interests who, for obvious reasons, wish to preserve the status quo. The people who are in medical benefits schemes pay twice for what they get. They pay the taxes that I have referred

to and also the benefit fund contributions, which for an ordinary family now cost almost \$100 a year.

In 1969, according to the latest figure I could obtain, contributors to benefit funds throughout Australia paid out \$202,000,000. Doubtless, with inflation, the 1971-72 figure will be much higher. In Australia there are 77 medical and 103 hospital insurance funds, with 347 branches. This public health scheme is in a state of disarray and has fallen into public disrepute. It is hopelessly cumbersome, wastefully inefficient and cloaked by general bureaucracy.

The Nimmo Committee of Inquiry had these major criticisms to make of the present system: It necessarily involves costly duplication of services; it unavoidably involves high costs of operation; it sterilises large amounts of contributors' money into reserves; it wastes money on advertising; it allocates too much to commission payments; it involves too many branches; it is not universal in cover; and it distributes its cost burden inequitably between income groups. It will not improve merely by pouring more and more of the public's money into the system, as the Government periodically does in order to stave off a collapse.

A national fund such as the A.L.P. proposes will save the \$6,000,000 transferred into reserves in 1969. It will make an additional saving of about \$11,000,000 out of the \$24,000,000 spent on duplication of administrative services. Labor's policy will ensure efficiency of operation, expanded services and improved benefits, while maintaining the traditional principle of private practice and of fee for service. That will stay as it is. It cannot be removed, because section 51 of the Commonwealth Constitution provides, ". . . but not so as to authorize any form of civil conscription". This is what Labor is talking about—the most effective way of using public money. Public money spent on health is not being used effectively today. It is being used very ineffectively under the present scheme of the Federal Liberal-Country Party Government.

(Time expired.)

Mr. BIRD (Burdekin) (3.23 p.m.): I regret that the short time allotted to me in this debate will not enable me to speak even briefly on all the improvements that have been introduced in the health service of this State. Some of my colleagues on this side of the Chamber have mentioned many of the benefits introduced by the Minister and his predecessors, and no doubt subsequent speakers will cover many more important facets of the health services provided in Queensland today. I shall have to confine my remarks to what I consider to be the more important issues.

Before doing that, I congratulate the Minister on the excellent manner in which he outlined the services of his department. I express gratitude to the Director-General of Health and Medical Services, Dr. Patrick,

and his officers for the sterling work they have done for the people of Queensland. It must be readily admitted that they are forced to accept a tremendous amount of criticism which, in the main, is entirely without foundation and is based on a lack of knowledge of what happens within the field of medical services in this State.

I make special mention of the scholarships that are awarded by this Government. Prior to 1957, State scholarships were awarded by the Department of Health to selected students in the faculties of medicine and dentistry only. Not only has the scheme been expanded in the number of scholarships awarded to students, but it has also been expanded in the nature of scholarships allotted to them. In addition to medicine and dentistry, students are now able to undertake studies in speech therapy, occupational therapy, social studies, pharmacy, and industrial chemistry, to name but a few.

It is interesting to note that there are at present 59 scholarship-holders in medicine and 31 in dentistry in service throughout public hospitals, departmental institutions, and dental clinics. In addition, I understand that there are 22 scholarship-holders in social studies, four in occupational therapy, five in industrial chemistry, and five in psychology. As I said earlier, these students are working in fields that would not have been available to them under scholarship 15 years ago. These students, and those who preceded them, are contributing to the increased benefits being made available to the people of this State today under the Country-Liberal Government. I understand that there are at present 133 scholarship-holders undertaking studies at either the University of Queensland or the Queensland Institute of Technology, and that 39 of them are in their final year and are expected to graduate in the very near future. It is indeed pleasing to note that a further 70 scholarships will be awarded from the commencement of the 1973 academic year, and that, of those, 30 will relate to medicine, 16 to dentistry, seven to occupational therapy, and four in both psychology and social studies.

Although we are all aware of the benefits to the State that come from the awarding of scholarships in medicine and dentistry, fewer members of this Parliament would be aware of the benefits that accrue from the training offered in the fields of occupational therapy, psychology and social studies. As a country member representing a country electorate, in which many of the facilities so readily available to city people are not so easy to obtain, I often come in contact with men and women who require the services of people trained in this type of work. Unfortunately, very few people are fully aware of the facilities available to them, and quite often they, or their relatives or friends, come to me in the hope that I may be able to offer some advice. It is very heart-warming to see their relief when I am able

to put them in contact with trained departmental officers who are ever ready to assist them in their various problems. These are times when one feels that being a member of this State Parliament is really worth while.

I firmly believe that the amount of \$287,017 provided in the 1972-73 financial year to meet the allowances expected to be paid this year to students who are awarded scholarships will be money very wisely invested by the Health Department. Naturally, I and, I am sure, every other member, including the Minister, would like to see an even greater amount allocated for scholarships. We must all admit, however, that the increase in the allowances has been generous, especially when the present amount provided for this purpose is compared with the \$41,940 allocated for the same purpose in 1956-57.

The recent Cabinet decision to increase individual allowances paid to holders of scholarships granted by the State by 12½ per cent, the increase to operate from 1 January 1973, will, I am sure, be gratefully received.

Mr. Sherrington interjected.

Mr. BIRD: The honourable member for Salisbury is learning a few things for the first time. In the past he has not had the ability to undertake a study of these matters.

I understand that the allowances paid to scholarship-holders will now vary from \$18 a week in the first year of a course to \$24.50 weekly in the sixth year where a course is of that length, and where a student is living at home. In the case of a student living away from home, the allowances will vary from \$25 a week to \$32.50. I also note that the increased weekly allowance to be paid to married males, or scholarship-holders of mature age, will now be \$40 a week.

Many people throughout the State will be pleased to learn that the university fees paid on behalf of scholarship-holders will vary from \$524 per annum for those undertaking social studies to \$584 for those studying medicine.

Earlier in my speech I referred briefly to assistance rendered by the Health Department through the welfare section, with particular reference to persons trained with the aid of scholarships. However, I should now like to deal more fully with the various forms of assistance that are available to the people of this State. The fact that the community is becoming more aware of the availability of these services is evidenced by the over-all increase of almost 21.5 per cent in the past year in the cost of providing these services. I have noted that expenditure incurred by the department in this section of its operations increased from \$79,318 in 1970-71 to \$96,348 in 1971-72, and that an amount of \$110,500 has been provided for this year.

I am certainly one member of this Assembly who is aware of the various medical and surgical aids, ranging from surgical stockings, corsets, trusses, colostomy bags, and other items of a minor nature, to surgical footwear, wheel-chairs, walking aids, hydraulic patient-lifters, and so on—one could go on almost ad infinitum—that are available through the Department of Health, because on many occasions the Minister has made these available to people in my area. As a matter of fact, I have a letter on my table now dealing with an application by one of these unfortunate people to retain a hydraulic patient-lifter that has been lent to her by the Department of Health. I am sure that when she receives that letter she will be very grateful indeed to the Minister and to the department.

My personal thanks and the thanks of the persons who have been helped in this way go to the Minister and to the officers of his department, and I mean that sincerely. As I said earlier, one of the most satisfying tasks of a member of Parliament is to assist people to obtain aid of this sort, not only from the Department of Health but also from other Government departments. It is only to be regretted that a means test has to be applied in the supply of these items, and I appeal to the Minister to endeavour eventually to waive the means test. I must admit, however, that I have had very few refusals of applications for items of this nature on the basis of the means test.

I have also learnt from experience that, although it is normal practice for the Department of Health to provide rail passes to persons who are required to travel to Brisbane for the supply and fitting of artificial limbs and other aids, the department also gives sympathetic consideration to granting free air travel to persons who are unable or who find it difficult to travel by rail or other means of transport. Again I wish to extend my personal thanks to the Minister and his officers for the kind consideration they have given applications forwarded to them by me in the past.

While I am on this subject, I should like to refer briefly to the fact that an over-all expenditure of \$11,914 was incurred by the department in the last financial year for the supply of artificial limbs, compared with an expenditure of \$10,063 in the previous year.

I note also that the cost of providing travel passes increased considerably from \$38,999 in 1970-71 to \$54,728 in 1971-72. This was an increase of 40.3 per cent, and I believe that it was due mainly to the increase in air-travel passes, which was of the order of 62 per cent. This bears out my statement earlier that the Minister and his departmental officers are sympathetic to persons who find it difficult to travel by any means other than air.

Although the Minister is reasonably generous in issuing rail, bus and air passes to persons wishing to obtain recommended medical treatment that is not available at their nearest public hospitals, and rail and bus passes to the Bush Children's Health Scheme for children going to its holiday homes, where they can receive medical examinations and treatment, and to students attending the Queensland Sub-Normal Children's Welfare Association sheltered workshops, I would particularly like to see an easing of the means test for the first category. The honourable member for Townsville South referred to this matter in his speech, and I certainly support what he said. I trust that the Minister, in his wisdom, will give further consideration to this request.

No doubt the Minister is aware that I have expressed this desire in previous speeches in this Chamber, when I referred particularly to people with young children who see their meagre savings quickly eaten up by travelling expenses when they or their children are forced to travel long distances from the North and West of the State to Brisbane to obtain medical treatment that is not available in their home towns. I can only hope that provision will be made in future Budgets for an easing of the means test presently applied.

I would be failing in my duty to the electors of the Lower Burdekin if I did not take this opportunity to appeal to the Minister to do everything in his power to help overcome the present acute shortage of doctors in the towns of Ayr and Home Hill. For some time now, this district, with a population in excess of 18,000, has had only seven doctors to attend to the sick and injured. Of these, two are able to do only part-time work because of their own ill-health.

The Minister will be aware from letters written by the Ayr Hospitals Board and me that the board has tried unsuccessfully for some considerable time to obtain the services of a resident medical officer for the Ayr Hospital. The board is grateful to the Health Department for its assistance in providing a scholarship-holder for a brief period early this year. Of course, the benefit of his assistance has long since been lost. Again we find the Ayr Hospitals Board about to lose the services of its medical superintendent, due, without doubt, to constant overwork. Although it is appreciated that this is not the fault of the Minister or his department, I implore him to do everything possible to assist the board in obtaining the services of a doctor who will be prepared to accept the position of R.M.O. at that hospital and G.P.'s who would care to open private practices in the Lower Burdekin district.

I can assure any general practitioners who may be interested that the district is an ideal one in which to live. The climate leaves little to be desired. It has all the school facilities that one could desire

at both primary and secondary level. The people are extremely friendly. It is a rich area in close proximity to the main city of North Queensland—Townsville.

I am afraid that the Dean of Medicine at the Queensland University (Professor Eric Saint) would have a most difficult task in convincing the people of North Queensland and people in other more remote areas that there is no shortage of doctors. I refer to his comments as reported in an article in today's "Courier-Mail". Under the heading, "Hope for enough 'doctors'" the article states—

"However, Professor Saint added: 'I'm not certain there is a serious shortage of doctors.'

"He thought public ideas of a shortage of doctors were 'exaggerated'. Rather, it could be a 'maldistribution of doctors between city and country.'"

Perhaps Professor Eric Saint is correct in what he says and there is a maldistribution of doctors between city and country. However, I am of the opinion that, if there were no shortage of doctors in this State, areas outside the capital city and provincial cities would not have the difficulties we are experiencing at present in obtaining the services of general practitioners.

I refer now to this article in "The Courier-Mail" of 17 November, under the heading "New plan aims at more General Practitioners"—

"Professor Saint said his department had calculated that an output of 200 doctors a year would meet Queensland's demand for the next 10 years.

"About 50 per cent of each year's output would become general practitioners.

"If the present pattern continued, the State would have no shortage of doctors.

"He said the State Department of Health was carrying out a survey among medical men to determine the demand for doctors by the public.

"Our main problem is that we do not know exactly what the population increase will be but we calculate the community need on the basis of one doctor for every 600 people," Professor Saint said.

"There might be some reason for an increase in demand, but as it is at present our output is related to needs."

If the professor is genuine in his statement that he calculates the community need on the basis of one doctor for every 600 people, he must realise that somebody has a duty to overcome problems such as we have in Ayr and Home Hill where, as I stated earlier, there are at present seven doctors for 18,000 people, or one doctor for every 2,580 persons.

It is admitted that the ratio of one for every 600 persons would include specialists in the various branches of medicine. Even

allowing for that, it still leaves my area far below the quota recommended by Professor Saint.

Before concluding I wish to refer briefly to the need for the Health Department to give consideration to replacing the old buildings at the Home Hill Hospital with structures more appropriate to this day and age. The Minister and his department will be conscious of the fact that the present hospital consists of numerous old rambling wards which, because of their age and positions, are costly to maintain and service. Although I have not as yet made any approach to the Minister in this regard, I serve notice on him that it is my intention to discuss the matter with him and his departmental officers in the not too distant future.

Another matter I should like to raise with the Minister is the need for a geriatric ward at Ayr Hospital. I have been in touch with the Minister about this matter in past years. I believe it is one of the few things that people in the Lower Burdekin area still need. We have a new hospital in Ayr and quarters for the sisters equal to any in the State.

In the not too distant future a start will be made on a very fine home for the aged of which, I believe, not only the people of Lower Burdekin but every Queenslander can be justly proud. We experienced no trouble in raising the necessary finance for this venture. As a matter of fact, the appeal was closed within a short time, with all the finance the district had to raise being pledged by the people.

I have said we have a fine hospital, but I feel that we urgently need a geriatric ward for old people who cannot be housed in the home for the aged and who should not be domiciled in ordinary wards at the hospital. I should like the Minister to give consideration to the provision of this geriatric ward at the Ayr Hospital as early as possible.

I again thank him and the officers of his department for the consideration they have shown the people of Lower Burdekin in the time I have represented them in this Parliament, and I trust that this consideration will continue in the future.

Mr. CASEY (Mackay) (3.42 p.m.): Some 3½ years ago, when I was first elected to this Parliament, one of the very first tasks I undertook was to come to Brisbane to discuss with the Minister for Health problems connected with the buildings at the Mackay Base Hospital. I am very pleased today to be able to express my thanks to the Minister and his department for getting under way the reconstruction of the Mackay Base Hospital. It has taken a long time to get things moving, but now stage 1 has almost been completed. It comprises a new operating theatre and maternity block. I now ask the Minister and the relevant officers in the Health Department to do all they can to follow this up with the second stage, which

is the building of the new multi-ward block of the proposed complex at the Mackay Hospital.

There are some difficult aspects of this project. Stage 2 will contain new X-ray, physiotherapy and speech therapy sections. It will also contain a new dispensary, administration block, accommodation for a social worker and further accommodation for out-patients. I think these sections will be needed urgently. Despite the newness of the existing out-patients section, it is already grossly overcrowded and some parts of the consulting rooms are being used for purposes other than those for which they were originally intended.

Another unfortunate aspect is staffing, and by this I mean staffing for the more specialised kinds of treatment. This is not something unique to Mackay Hospital. It is a problem encountered by country hospitals generally, and one which I feel needs airing in this Chamber. Because of the isolation resulting from working in country areas, social workers and specialists in various fields are reluctant to go there.

This creates extreme problems and hardship for country hospitals, even major country hospitals such as that at Mackay, which at present is without the services of a visiting chiropodist. Until fairly recently a chiropodist visited the hospital, but the Health Department began to bicker about his fees, with the result that he had to wait several months for the amount of payment to be determined, so he left Queensland and went overseas.

In addition, until March of this year an orthopaedic specialist from Townsville used to pay regular visits to Mackay. However, since the tragic death of his senior partner he is no longer able to make such visits. The Mackay Base Hospital has not been able to find anyone to take his place, with the result that the department is required to bear the considerable cost involved in the rail or air transport to Townsville of those patients who require orthopaedic treatment.

Base hospitals in the major provincial cities also experience difficulty in obtaining the services of social workers. Approximately 2½ years ago, as a result of representations on my part, the Department of Health allowed the Mackay Base Hospital to add a social worker to its establishment. However, it has not been able to obtain the services of such a person.

Although the quality of life in the provincial cities is absolutely magnificent—I differ slightly from the honourable member for Burdekin and claim that the quality in Mackay is slightly better than that in his area (and Mackay grows better sugar-cane, too)—the hospitals there find difficulty in engaging social and welfare workers, as well as additional dispensers, psychiatrists and physiotherapists.

As the Minister has said, the staffing of base hospitals is the responsibility of the hospital boards. But I am sure he would not disagree with my contention that, in many instances, hospital boards cannot even scratch themselves without the permission and assistance of the Health Department. The department keeps its finger on the pulse, and the hospital boards look to it for support and assistance. It may be an exaggeration to say that some of the boards cannot buy an extra Band-aid without getting a rap over the knuckles, but it illustrates the type of control exercised by the department over country hospital boards.

During this debate much has been made of the Federal election campaign. No-one would disagree with the claim of the honourable member for Townsville West that in recent weeks this Parliament has been used as a forum for that campaign, in which health has become a major issue. In many respects, neither of the major political organisations contesting the election has the complete answer to the health problems confronting Queensland's country areas. I am not required to follow any particular political line in this contest, so I can inform honourable members of the needs of the people as they have been expressed to me.

In Queensland, medical patients are divided into two categories: first, those who can afford to pay for medical treatment and hospitalisation, and attend private doctors and private hospitals; secondly, those who cannot afford to pay for it and take advantage of the free hospital system. No-one would deny that the cost of receiving medical treatment is very high. This morning the honourable member for Baroona traced the history of public hospitals in Queensland. Anyone who visits a public or private hospital—and this applies to every hospital I have visited throughout the State—almost without exception finds that the patients are very happy with the service and treatment they are receiving. That is the position at the Mackay Base Hospital, even though two or three years ago, in the debate on the Health Estimates, the Minister agreed that it would be one of the worst equipped in the matter of buildings of all major base hospitals in the State. Despite the problems experienced with the poor buildings, the patients are quite happy and staff members are doing an outstanding job under difficult circumstances.

These days the person who gets into most trouble after seeking medical treatment is the one who thinks he has no problem when he first becomes sick but then finds that he has a serious illness. A little while ago both the honourable member for Townsville South and the honourable member for Burdekin touched on one facet of this problem. Any party at the Federal level that showed an interest in assisting Australians who think they can afford treatment under a medical benefits scheme but, as a result of serious illness, discover that they can no

longer afford it when the bills start to mount up—perhaps because specialist treatment is required—would receive electoral support.

In some instances country people cannot afford the fare to a major centre to receive urgent specialist treatment. The Health Department subjects them to extensive means tests. Time and again in this Chamber I have cited examples of people who are seriously ill, whose worry overrides all other considerations, and who commit themselves to heavy financial burdens to get medical treatment. If I were to use the cliché "It's time", I would say, "It's time that Queensland's free hospital scheme was extended."

If any Federal party, irrespective of its political affiliations, assists the States in this way it will provide tremendous benefits for the people. After all, this is the era of the specialist. As the honourable member for Townsville South pointed out a little while ago, Brisbane people can receive specialist treatment quite easily. They can go to their family doctor and get a referral to a specialist for virtually the mere cost of their bus fare. The Federal party that provides special assistance for country patients so affected will assuredly win votes. At present, anyone who has to pay heavy travelling expenses to visit Brisbane or elsewhere to receive specialist medical treatment cannot even claim that expenditure as a taxation deduction.

I come now to something that is very disquieting and disturbing to me. It affects country people particularly. I refer to the increasing incidence of hepatitis within the State. That is the only contagious disease that the Health Department report says has increased significantly in its incidence. In 1971-72 there were 1,548 cases of this disease in Queensland, from which there were 11 deaths. That was 50 per cent higher than the figure for 1970-71. Over all, 1,230 of the cases, or 80 per cent, came from country areas, and were confined mainly to the 5 to 35-year age group.

So far, medical science has produced no vaccine for this disease and has no real knowledge of its origin. The accepted theory is that it is conveyed from hand to mouth, and it is well known that it is highly contagious. Personal cleanliness is strongly recommended to lower the risk of contracting it. However, because of the incubation period there is a serious risk of infection to school-children and people who assemble in public places.

The Budget allocates \$100,000 to set up an equine research foundation to conduct research into diseases affecting racehorses and into improving bloodstock lines at a time when we have no real knowledge of hepatitis, which has stricken so many people in Queensland and is on the increase. The Government has little to do with its money if it can afford to waste \$100,000 on equine

research when the university and the Queensland Institute of Medical Research are crying out for additional finance to conduct necessary research into the cause of hepatitis. A special programme should be set up with that \$100,000 for this purpose. The institute, which has only very limited finance, is working on this disease.

Persons who come into contact with anybody who has hepatitis can be injected with gamma globulin. It is a painful injection and is not a known vaccine or immunant. It lasts for a maximum period of three months and, of course, in some cases lasts a much shorter period. Outbreaks occur from time to time, and cause great concern to the people and to the medical profession. The Health and Medical Services report indicates that 80 per cent of cases are in country areas. People are becoming more and more concerned, and the Government should make additional finance available for research into this disease.

It is important to point out that the Minister for Health also administers the Explosives Act. Recently there was a tragic explosion in the Taroom area, when a truck carrying ammonium nitrate exploded. A.N.F.O., which is a mixture of ammonium nitrate and fuel oil, is one of the strongest explosives and is being used regularly in all major mining projects in this State. I speak with not a little experience of this subject because, at a very early age, I was trained as a powder monkey and used a good deal of explosive, including A.N.F.O., on several projects on which I worked in this State.

I do not think the public are fully aware how easy it is to make A.N.F.O. Ammonium nitrate is a very common substance that is used in the fertiliser industry and in other ways. It is a granular substance that is cheap and relatively harmless. However, when mixed with diesel oil or fuel oil it becomes a strong explosive. It is carried quite openly in rail cars. I suggest that the Minister for Transport, who is in the Chamber, consider placing on rail wagons carrying ammonium nitrate a sign similar to that put on trucks carrying explosives, such as gelignite and dynamite. If a diesel truck smashed into a railway wagon carrying ammonium nitrate—and railway-crossing smashes are a frequent occurrence in this State—the diesel fuel could become mixed with the ammonium nitrate and the mixture could be detonated by a spark.

Mr. K. W. Hooper: That is being closely looked at at the moment, and I thank you for mentioning it.

Mr. CASEY: I am happy to hear that. It is something that could well be given consideration under the Explosives Act, as ammonium nitrate is used very frequently.

I believe that there should be stricter control over the distribution of all dangerous substances, even if it requires amendment to the relevant Act. There are provisions

governing the manufacture, transportation, storage and sale of explosives, but it is "open slather" for all to walk in to a store and buy them. There is little point in banning the sale of fireworks if the local "hoons" can buy gelignite. These remarks are very relevant in the light of what happened recently at Gladstone, where explosives were stolen and used to blow up a major facility such as a power line. When "mad bombers" are at large, it is time there was strict control over the distribution of explosives. Better education and regulation in the handling and use of ammonium nitrate is highly desirable.

I should now like to make some comments on food inspection. The report of the Laboratory of Microbiology and Pathology reveals that, of 139 pre-cooked foods examined last year, 63, or 45 per cent, were below the required standard. Of 44 Chinese foods, such as chow miens, chop sueys, fried rice, etc., 32, or 80 per cent, failed to meet the standards prescribed by the National Health and Medical Research Council of Australia. Housewives are constantly being duped by the advertising of TV-dinners and other quick-frozen foods that can be served quickly.

The annual report of the Health and Medical Services of the State of Queensland clearly shows that these are substandard foods, with 45 per cent of those tested being below the required standard. It is time that more attention was given to these products. They are foisted on housewives as easily prepared meals, but they are in fact unwholesome and of no nutritive value at all.

The report also reveals that, of 214 meat pies tested, more than 58 were too low in meat content. A meat content of only 25 per cent, of which one-third can be fat, is required. This means that in a 6-oz. pie there has to be only 1 oz., or less than 16 per cent, of meat. Of the pies examined last year, approximately 25 per cent were too low in meat content. The good old gastronomic delight of the Australian public is therefore slipping further in standard. There should be an improvement in the standard of meat pies foisted on the public at every sports ground in the State.

(Time expired.)

Mr. R. E. MOORE (Windsor) (4.4 p.m.): In the first place, I wish to speak on a parochial matter that concerns the Windsor electorate. It deals with air pollution control, which is under the administration of the Minister for Health. My electorate suffers from the presence of a tannery, the stench from which is nauseating and, far from improving, is becoming worse. I do not know how the stench from the tannery is generated. Various people in my electorate have claimed that it smells like a broken sewer. I am informed that the gas generated is in fact methane, which, if I remember my chemistry correctly, I think is CH₄. I

attempted to get some information on the subject of tanneries and tanning from the parliamentary library, but whenever I want technical information from the library it is never available.

Mr. Bromley: I hope you are not rubbishing the library staff.

Mr. R. E. MOORE: I am not rubbishing anybody. I am stating facts. Rubbishing the library staff would be something that the honourable member would do. That is not the way in which I conduct myself.

It is well known that tanning is a fermenting process. From my scant knowledge of the subject, I believe that the hides are soaked and allowed to ferment for about 48 hours. In days gone by, one of the primitive methods of bringing about quicker fermentation was to add fowl manure to the liquid, thus causing a small amount of decay and enabling the tannic acid to penetrate the hides. The tannic acid in the bark is the tanning agent; the colour varies according to the type of bark used—wattle bark for a dark tan; gum bark for one of the lighter tans.

I do not know whether there is any improved tanning process that could be forced on this particular tannery, but I do not think that my constituents or the other people living within a radius of a mile or so of the tannery should have to put up with the stench. It is so bad that people will not go outside for a breath of fresh air; in fact, there is no fresh air. They are embarrassed when they have friends to dinner and the breeze blows across from the tannery. They have to apologise to their friends for living, in effect, on the edge of a cesspit.

An Opposition Member: How many times have you raised this problem?

Mr. R. E. MOORE: I have raised the problem on a couple of occasions, and I will continue raising it until some action is taken.

I have never been to inspect the tannery—it is not in my electorate—and one would hardly seek permission to make an inspection and then use the evidence provided by the person concerned to shoot him down. That is not my way of going about things, anyway. However, I know that there are ponds at this tannery. I am not aware of whether they are used to store stagnant water that has in it a certain amount of organic matter that produces gas. If so, when one considers the size of the area affected, there must be a large quantity of gas coming from the ponds.

I read in a journal recently—it was either an agricultural journal or a petroleum journal—of a farmer with about half a dozen pigs who was using the gas from a cesspit of pig manure to run a gas engine of about 3 or 4 horsepower. There would certainly have been a bad stench from that cesspit, but the problem had been overcome by burning the gas. The stench from the

tannery to which I am referring would be far worse than that from a small pig farm, and I ask the Minister to have his officers investigate the situation, establish the cause of the stench, and also study the tanning processes used in other countries that are closely settled. Surely they would not still use a process of tanning hides that would affect thousands of people adversely.

The department should investigate whether some other system could be used. It should determine whether the stench is coming from the thousands of hides left on drying racks, with the wind blowing across them and carrying the stench to residential areas. One of the reasons for placing the hides on racks is to kill bacteria so that the hides will not become putrescent before going through the tanning process. Perhaps they could be stored in cold rooms or freezing rooms where they would not be exposed to the open air.

The department should investigate whether the present method of tanning is necessary. Could not the gasses be captured, directed through a flue and burnt off either alone or with the addition of another gas? That would avoid the obnoxious smell that the residents of one section of Windsor have to suffer. It is simply not good enough. Of course, the problem is largely the result of the Brisbane City Council zoning that allows the tannery to be there.

Mr. Harvey: That is a deliberate untruth, and you know it.

Mr. R. E. MOORE: I do not know anything of the sort. If it is in breach of council ordinances, why is the tannery allowed to remain there?

Mr. Harvey: It is there by court ruling. That ruling has applied since 8 December 1955, and you are aware of that fact.

Mr. R. E. MOORE: I am not.

The TEMPORARY CHAIRMAN (Mr. Dean): Order! I ask the honourable member to address the Chair.

Mr. R. E. MOORE: The Brisbane City Council stands over every little householder and takes property off him when it wants to. One has only to read the Bennett Report to see how it has flogged the little man and zoned him out of existence. In the same way it could zone that tannery out of existence, but it does not want to. Now that there is an Air Pollution Council, the Brisbane City Council abrogates its responsibility and says, "It is a job for the Government. We don't care; let the Government clean it up." It is a shocking indictment of the council. That does not lessen my responsibility to do all I can to have the tannery removed. With all the persuasiveness at my command I will endeavour to have that tannery removed from my area, with adequate compensation to it, of course.

A 6-ft. sewer runs through the bed of the creek in that area. I do not know why the effluent cannot be diverted into that. It is said that it cannot be allowed to run into the sewer unless it is treated. None of the sewage flowing into the Brisbane River is treated, and this must create a health hazard. Every day over 40,000,000 gallons of untreated sullage and sewage run into the Brisbane River. Fishermen catch bream in that area.

Mr. Frawley: How does the council get away with it?

Mr. R. E. MOORE: How does it get away with it!

The Bolivar system in South Australia cost about \$6,000,000, which is approximately the price the council paid for Lennox Hotel and one or two other buildings it has knocked down. Of course, costs are escalating and it would not be possible now to put in such a system for \$6,000,000. The South Australian system is based on a population larger than that of Brisbane. It is an indictment of the council that it is knocking down buildings and at the same time telling the people, "We are going to put up a new civic building with plush seats, and you people will get the benefit of the aldermen having better conditions." I do not begrudge their better conditions, but I condemn the council for wasting millions of dollars on purchasing buildings that it then knocks down and on a new building when a tannery is allowed to pollute my area and the city has a polluted river which, in my grandmother's day, ran like the Tweed River with beautiful blue water and little sandbars which offered attractive swimming conditions. It now flows upside down. It is too thick to swim in and too thin to plough.

It is amazing to hear, with the coming Federal election, Labor's cries about introducing a free hospital system throughout Australia. That is the implication and they are saying that it will cost 1.35 per cent of the income, before deductions, of every taxpayer.

Mr. Tucker: Why are you not generous enough to acknowledge a good scheme when you see one?

Mr. R. E. MOORE: I would not mind the honourable member for Townsville West saying it was a good scheme if it was. Queensland has a free hospital system. It was a child of Labor and I do not deny it the credit for that, but we do not have to pay 1.35 per cent of our incomes to keep it going. Labor is now asking Queenslanders to pay for a free hospital system for all other States. Before this Government came to office, Labor had placards up for months claiming that the present Government would abolish free hospitalisation. It is now going to do that very thing, because, whatever the scheme, it has to be paid for even if indirectly.

An Opposition Member: The people are paying for it now.

Mr. R. E. MOORE: There is nothing free under the sun. We are paying for the present hospitals, but we are going to pay doubly in order to introduce free hospitals in the other States. It is amusing to me that honourable members opposite should support the scheme.

Mr. Miller: They are half hearted about it.

Mr. R. E. MOORE: I would say that they are very magnanimous in their attitude to the other States. I am an Australian, but I am a Queenslander first and charity begins at home.

Mr. Tucker: What is your sincere and honest opinion of Henry Kissinger?

Mr. R. E. MOORE: I am not making any remarks about Henry Kissinger, who is attempting to arrive at a peaceful solution of a very serious problem in South Vietnam. Neither am I distributing facsimile \$3 notes like those being put out by Labor members, which describe Mr. Nixon as "Tricky Dicky Nixon" and decry the President of the United States—an ally and a friend, a man who has always remained a friend. It amazes me that so-called responsible persons, who would form the alternative Government, would alienate a friend of that description and go to Mao Tse-tung or someone else. Their experiments in situations such as that show that there is something wrong with them. To come back to the Health Department Estimates—

The CHAIRMAN: I am pleased to hear that.

Mr. R. E. MOORE: When I get such interjections, Mr. Lickiss, I cannot very well avoid taking up the challenge.

I will now deal with dental clinics.

An Opposition Member: The honourable member for Archerfield has already done that.

Mr. R. E. MOORE: He did mention dental clinics and, although I cannot support all his remarks, I do endorse those about the necessity to fluoridate water. Personally, by legislation, I would make it mandatory for all local authorities to fluoridate their water supplies to the extent of one part per million, which is not detrimental to health.

Barcaldine is one of the areas in Queensland where the water is naturally fluoridated and the people of that district have the best teeth in Queensland. They have no dental caries. If the parents of children going to various schools today were responsible and cared for their children's dental health, that could be the situation generally, and it could be achieved by each child taking one fluoride tablet per day. Many people fail to realise that once their teeth are extracted their chewing capacity is greatly decreased. They are unaware of the fact that the maximum biting pressure of a set of false dentures is 30 lb. per square inch, whereas that of normal teeth is approximately 200 lb. per square inch.

I turn now to the Flying Surgeon Service. Anyone who has had dealings with the people in the West will realise what a godsend it is. Whereas in previous years those persons who lived on remote properties and suffered from ailments that required surgery were forced to undertake a rail journey of as long as two days to receive treatment—they might have been suffering from a bowel blockage and subsequent peritonitis—these days they can be visited by the Flying Surgeon at their towns, or stations if an airstrip is available. He is stationed at Longreach and covers the towns of Aramac, Barcaldine, Blackall, Clermont, Cloncurry, Collinsville and Cunnamulla, to name but a few. Last year operations were performed on 702 patients, of whom 360 underwent major surgery. A total of 1,358 patients were attended.

I turn finally to the claim by the honourable member for Townsville West that the Minister is using television advertisements for political purposes.

(Time expired.)

Mr. D'ARCY (Albert) (4.24 p.m.): Government members have been very critical of the free hospital scheme that will be introduced by the Federal Labor Party in all States. They have used this place merely for the purposes of issuing political propaganda. The Labor Party has clearly stated that all Australians will benefit from its free hospital scheme. I remind the Committee that free hospitalisation was introduced in Queensland by a Labor Government.

Anyone who wishes to attend a public hospital in Queensland, whether as an out-patient or one seeking admission, is horrified by our free hospital system. He knows that he and his family are faced with long delays before they can see a doctor. I am not referring only to the Gold Coast, where delays seem to be abnormal, but to Brisbane, the provincial cities and country areas. Hospitalisation in Queensland could hardly be described as "free" in the real sense of the word. Patients have to put up with the discomfort that is virtually forced on them by the Government. In the last 10 to 12 years our free hospital system has deteriorated so badly, and delays have become so pronounced, that people have been forced away from it and the doctors who practise under it.

I am worried about this, as very few people can afford to waste the time it takes to see a hospital doctor. We hear a lot from Government members about business efficiency, but I often wonder if they have taken into account the loss of time and productivity caused by delays in Queensland hospitals. It would certainly be illuminating to know the number of man-hours that are wasted in this way. If a person can afford to go to a private doctor, he is virtually forced to do so. This is the free hospital system we hear so much about from Government members.

This is the free hospital system that we were once proud of. We can hardly be proud of it now. Under Labor, the people will have a system that will really be free and will meet many of their needs, which are being neglected by both the State and Federal Governments.

Dental care on a long-term basis, particularly in children, is a very important asset to the community. All dentists can prove that this service is essential in a child's formative years. Labor has promised to introduce dental care, on a Federal basis, for all children in Australia over a five-year period.

We occasionally hear about the Health Department's dental clinics that tour the State, including the Gold Coast. Generally a dentist visits schools in the outer areas every 18 months or so. During my years as a school-teacher I saw the dental reports. I have seen a dentist come to the school and report on the condition of the children's teeth. Many country parents cannot afford either the time or the money to take their children to a dentist. When a dentist visits a school, in almost nine cases out of 10 he shakes his head and says, "I can effect temporary repairs and do a patch-up job, but eventually the teeth will have to come out." This is the case with many underprivileged children whose parents are on the basic wage or are working on farms. I have seen school-children whose teeth were virtually falling out of their heads. Honourable members only have to visit certain schools to see this.

The time lapse between visits by dental clinics was dealt with very effectively earlier today by the honourable member for Archerfield. The waiting time between visits and the types of material used by them are certainly not in keeping with those in the private sector.

Mr. Miller: Do you believe in fluoridation?

Mr. D'ARCY: The Labor Party has a policy on fluoridation. We will make fluoride tablets available to all who want them.

Dentists in clinics controlled by hospital boards complain about the lack of equipment and the difficulty in obtaining supplies necessary to carry out modern, effective dentistry.

The Labor Party has a solid policy on the modernising and the regional planning of hospitals. It is planned to set up the Australian Hospitals Commission to carry out this policy. It is obvious from the inadequacy of hospital accommodation and staff on the Gold Coast, which is a growing area, that no regional planning is being done at the moment. Queensland generally has no worth-while system of regional planning. This results in inequality in the ratio of beds to population. I know that trends cannot always be forecast correctly but surely, with a little imagination, they could be forecast in five-year periods. This has not been done in Queensland.

Labor policy has always been the extension of many of the hospital services that have started to fall well behind. I shall give two instances. The first is geriatric treatment, which is only a small section of Queensland's health service. It should be extended, as people in Queensland, and in Australia, are now living longer. This service is almost completely neglected in Queensland.

The other instance is psychiatric treatment, which is being extended slightly at the moment. Under Labor this treatment would be extended much more rapidly, both in the metropolitan area and in the country areas. Our society is changing, but the Government fails to realise it. In many ways, it lives in the past. It is essential that both of these services be extended.

The Minister said that the cost of wages and of printing pamphlets for the Queensland Health Education Council has risen substantially. I question very much the effectiveness of the pamphlets that are distributed to school-children. Generally they end up in the waste-paper basket. The cost of these pamphlets is a major part of the council's expenditure, and surely the Government must look at the more modern types of promotion adopted in other fields. The present method is shockingly out of date. The Government should introduce a new concept of public relations to get the message across, because I do not think that a few pamphlets distributed at schools does get the message across.

The Minister has continually referred to the autonomy of hospital boards. Hospital boards in Queensland are appointed by the Government, except for one local government representative and the chairman, who is a magistrate. I fail to see how it can be said that these boards are autonomous when, every time somebody coughs in a hospital, the Health Department knows about it. I know this to be so, because every time I visit Southport Hospital the Health Department knows about it within five minutes.

Hospital boards surely cannot be held responsible for many of the inadequacies of the hospital system that the Minister tries to foist onto them. They are, in the main, composed of honest, sincere people who are in many cases more or less told what they can and cannot do, and what they can and cannot apply for. In spite of this, the Minister has the audacity to say that they are autonomous. We all know that they are in fact only buffers to protect the Government. They are set up merely to act as scapegoats to bail the Government out.

In passing, I must mention the Southport Hospital. With this hospital, we have seen one of the greatest fiascos of all time. In going through the relevant files, I notice that the first reference to skyscraper extensions was on 17 April 1970. The Health

Minister then said, after visiting the Gold Coast, that a skyscraper extension would be approved at some time in the future. He did not say when. Since then, the Southport Hospital has frequently been on the front pages of the Press, both on the Gold Coast and in Brisbane. As recently as yesterday the mayor of the Gold Coast refuted a statement by the Treasurer. Under the headline "\$6m. hospital plan will go ahead", this appeared in the Press—

"Despite a statement by the Treasurer, Sir Gordon Chalk, that no funds have been allocated to the upgrading of the Southport Hospital to base hospital standard, the Mayor, Alderman Small, claims that the \$6 million project will go ahead.

"Ald. Small, who is also State Member for Surfers Paradise, said Sir Gordon's statement only means that 'the cheque hasn't been cashed yet'.

"Ald. Small released the news of State Government approval of the project during a stormy debate at last Friday's city council meeting."

It is a pity that Alderman Small did not read the Minister's release on 17 April 1970, and the releases made about 15 times since. But we still do not know when the work is to go ahead. We do know that the land has not yet been acquired. I should like to know when this hospital extension is eventually to be built.

The honourable member for South Coast has certainly tried, by twisting and turning in every possible direction, to make the hospital a political issue. He even praised the Southport Hospital, despite the fact that in this Chamber and in the Press he has condemned the Health Department for deficiencies in the two things that are necessary at the hospital. I refer, in the first place, to accommodation. The provision of only 167 beds for a population of 100,000 is not good enough. Of course, as this is a 167-bed hospital, it is staffed on the basis of that number of beds rather than the population of the area served. As a consequence, the people of the Gold Coast have a health service inferior to that provided in other parts of Queensland. In the most rapidly growing area of Queensland, there should be an upgraded hospital system.

The honourable member for South Coast said that a perimeter hospital should be established. This is part of the Australian Labor Party policy and platform. The area is so large and is expanding so rapidly that the Health Department surely must look at some of the figures occasionally. I doubt it, though, because if the department had consultations with the Gold Coast City Council and the Albert Shire Council regarding action plans and building permits, it must have some idea of the tremendous growth of the area.

The Department of Health is not alone in neglecting to do that, because it appears that no department under this Government is

interested in the progress of Queensland's most rapidly growing area. They are all prepared to live in the past and, like ostriches, bury their heads in the sand where population and progress are concerned.

One point that has come out of the debate is that the honourable member for South Coast tried, by implication, to turn the attack that I have made, that he has made, and that Mr. Carey and Mr. Heatley made. But one only has to go through the records to find that members of all political parties who have represented the area have made attacks on the Southport Hospital and the hospital situation in the Gold Coast area generally. The attacks have been so forcible that frequently the Department of Health must have been stunned by them. In spite of that, the problem has not yet been alleviated.

The honourable member for South Coast tried to imply in his speech that I had attacked the staff of the Southport Hospital. In every speech that I have made in this Chamber I have commented on the fact that the staff members must of necessity be exemplary, because they are putting up with conditions at the Southport General Hospital that no-one else in Queensland has to put up with—the long hours they have to work, the number of cases they have to handle, and the large amount of overtime they are required to perform. The doctors, the nursing staff and the administrative staff at the Southport General Hospital work many more hours than the staff of any other hospital in Queensland, and they must be praised for their efforts. At no time would I attack the staff of the hospital for their inadequacies, because there have not been any inadequacies. To the contrary, they are, as I have said, one of the hardest worked staffs in Queensland. The blame lies not with the staff or the hospital, but fairly and squarely on the shoulders of the Department of Health and the Minister.

(Time expired.)

Mr. P. WOOD (Toowoomba South) (4.43 p.m.): I listened with a great deal of interest to most of the Minister's introduction of these Estimates, and the small part that I did not hear I was able to read later. I read with interest the annual reports of the various departments and subdepartments under the Minister's control, and they certainly are voluminous.

I have also heard with some interest the Minister's attacks in this Chamber on the health policies of the Federal A.L.P. and his statement that Queensland has more hospital beds on a population basis than any other Australian State. I see that the Minister is nodding his head in agreement. I refer him to official statistics of the Commonwealth Bureau of Census and Statistics for the year 1971, which were published recently—in fact, I think they are the most recent available—showing the number of beds per 1,000 of

population in Australia. For the year 1971, it lists Queensland as having 10.87 beds per 1,000 of population.

Mr. Tooth: 10.87; "almost 11" was the expression I used.

Mr. P. WOOD: I am glad that the Minister agrees with that figure. Perhaps he will agree also that Tasmania had 11.69 beds per 1,000 of population. It is higher than the figure for Queensland.

Mr. Tooth: Those are not my figures. I will check again.

Mr. P. WOOD: The reference number is 16.1 of the Bureau of Census and Statistics, Canberra, Australia.

Mr. Tooth: I will check the figures.

Mr. P. WOOD: They are on page 6.

Mr. Tooth: Go through the States.

Mr. P. WOOD: I am going through the States.

Mr. Tooth: Tasmania is a little backwater with two hospitals.

Mr. P. WOOD: Let the Minister listen to what it says. The table is No. 4.

Mr. Tooth: What is the heading?

Mr. P. WOOD: "Table 4.—Number of Beds (a): per 1,000 Population (b): States and Territories, 1967 to 1971." At the moment I am referring to 1971, being the most recent figures.

I gave the details for Tasmania. The Minister said that Queensland was first in the Commonwealth. According to these figures New South Wales comes next with 11.36. Next comes Western Australia, not Queensland. So we are not even third. Western Australia comes third at 11.27. Then Queensland comes in fourth at 10.87, followed by South Australia and Victoria. Queensland is not first, as claimed by the Minister in the propaganda he has been putting out. We are not even second or third, but fourth.

Let me point out the significance of the figures. They go back to 1967 and in that year Queensland rated second in all the States. In 1968 we again rated second. The Minister can check these facts. In 1969 we dropped from second to third.

Mr. R. E. Moore: Who said they are facts?

Mr. P. WOOD: The Commonwealth Bureau of Census and Statistics. That is about the third time I have said that. It may take six times to get it into the honourable member's head.

In 1970 Queensland fell from third to fourth. In 1971 we remained fourth. Over that period of time the number of beds per 1,000 of population in Queensland has declined from 11.04 to 10.87. In 1968 the figure was 11.15. The further point

I want to make from these statistics is that from 1967 to 1971, while Queensland's beds per 1,000 of population declined marginally from 11.04 to 10.87, the Australian average, which includes the Territories of the A.C.T. and the Northern Territory which have a low figure, has increased, not declined. I refer that document to the Minister for Health for his further consideration and reply later on.

Earlier in the day the honourable member for Archerfield made some comment about the Minister being in the twilight of his career. I am not going to presume to make that sort of judgment. That is in the Minister's own hands and in the hands of his party. But I think it is fair to say that the Minister may have reached the stage where he would be reflecting on his administration and the achievements of his administration. He would be reflecting on the verdict of future generations and future administrations on his administration of the health services of the State during the time he has been in control of the Health Department. I think it is perfectly reasonable that people who have enjoyed high office should be able to reflect at some stage or other of their careers on just what they have achieved, and perhaps also on what they have not achieved.

In the nature of things the Minister will reflect upon the successes of his department. If he is going to adopt that attitude, perhaps the greatest success he might claim would be the improvement in the psychiatric services of the Queensland Department of Health. Indeed, the Minister made considerable mention of the improvement in psychiatric services in his introduction of these Estimates, and such mention is made in the reports of various sub-departments. He has made some reference to the number of people now able to leave psychiatric hospitals. Perhaps the Minister has been less than fair in neglecting to comment publicly on the enormous contribution to this trend in psychiatric medicine by the anti-psychotic and anti-depressant drugs, which are a fairly recent development in medical services. It is because of the revolutionary treatment provided for the mentally ill by these anti-psychotic and anti-depressant drugs that we have been able to make radical advances in the treatment of psychiatric illnesses.

If the Minister wanted to be fair, he would have acknowledged the part played by relatively new drugs in this ability to release long-term patients and others. I am talking about how the Minister will judge his own administration and how, in years to come, others will judge it. I am not sure that history will judge the Minister on his successes, or what he might claim to be successes. History has never been kind to those who have gone before. He will be judged more on his areas of failure than on his successes. Not only the Minister, but the Queensland community as a whole, including everybody in this Chamber, will be

judged on the failures of the Health administration over the past few years rather than its successes.

It is my contention that the Minister and the Queensland community will be judged very harshly by generations to come, and this, in my opinion, will be due mainly to the Minister's failure to make any realistic or effective attempt to improve Aboriginal health standards over the period of his administration. Health and mortality rates in Aboriginal communities of various kinds are absolutely scandalous and reflect on the Minister, the entire Parliament, and, indeed, the entire State.

The Minister has not been prepared to accept his responsibility for the health standards of all in the community. There is little evidence in the Minister's presentation of his Estimates or in the reports of his departments, that any great attention has been given to urgently needed improvement in the health of the Aboriginal community. No mention was made of it in his speech today. In his Annual Report I think the reference went to about six lines in a document of over 100 pages.

What has been done in areas under the Minister's control to improve Aboriginal health and lower the Aboriginal infant mortality rates? The Queensland Education Council has produced four films on infant feeding, teaching notes and aids, and some posters and pamphlets in a monthly newsletter. From the environmental sanitation section some supervision has been provided in Aboriginal communities which come under the control of the Department of Aboriginal and Island Affairs and some missions. I understand there is a travelling health team under the control of the Department of Aboriginal and Island Affairs. The Maternal and Child Welfare Branch provides some services in co-operation with the Flying Doctor Service. That has been the extent of Government activity.

We have to measure the effectiveness of that amount of activity by the information available, and the clear evidence is that the total effort has not made a significant impact on improving health standards or in lowering rates of infant mortality. The effects of poor nutritional and health standards are long-lasting in the Aboriginal community. They are frequently permanent. Poor nutrition and health are the basic factors behind many Aboriginal problems today. Evidence has accumulated that early malnutrition can have serious effects upon brain development. Such deprivation results in a pool of adults who function poorly and reproduce the problem by rearing their children under the same poor conditions.

I am told that data on animal and human research suggests that time is critical; that subnutrition during the period of conception, till about 12 months of age in the human infant, is likely to lead to irreversible deficits in brain-cell population, and cognitive functioning. This problem increases as the

industrialisation of a traditional society progresses. The child who is nutritionally deprived is likely to live in an over-crowded, insanitary environment where he is exposed to many disease-causing influences. Gastro-enteritis, chronic respiratory disease and ear, nose and throat infections are the rule, for example, among the fringe-dwelling Aborigines of the Australian Outback. It appears that the combined effects of subnutrition and bowel infestation lead to problems associated with chronic diarrhoea and malabsorption.

There is plenty of evidence available, and the facts are beyond dispute. They are revealed by the work of the Queensland Institute of Medical Research, and, in particular, Dr. Jose. Every year since prior to 1967 the institute has detailed the problems.

In the 1971 Annual Report of the Queensland Institute of Medical Research this appeared—

“Population statistics were obtained for both communities from 1967. The commonest recorded causes of death of infants and children at Mitchell River were pneumonia, malnutrition and gastro-enteritis and at Edward River, prematurity, malnutrition and gastro-enteritis.”

The report goes on to say—

“The infant mortality rates (for the four years 1967-1970 Mitchell River nine infant deaths for 90 births, Edward River eight for 52 births) varied between years but tended to be up to 10 times the Australian average.”

Further it says—

“From the histories of past illnesses obtained for each child it was seen that there has been a high incidence of respiratory tract and ear infections, skin infections, gastro-enteritis, anaemia, and dental caries.”

I draw the Minister's attention to the comments of Dr. C. M. Tatz, of the Monash University, who estimated that in Central Australia the average Aboriginal infant mortality rate was 130 deaths per 1,000 live births. There is no evidence to suggest that a lower rate prevails in Queensland.

Another extract from the 1971 report of the Queensland Institute of Medical Research reads—

“The various surveys and treatment trials in Aboriginal children, described in this and previous reports,”—

I emphasise the word “previous”—

“indicate that parasite infestation of the gut remains widespread and little influenced by treatment under existing conditions of hygiene.”

In this year's report the institute says—

“Infant mortality could not be expressed as a rate because of the small number involved.”

As is usual nowadays, maternity cases are sent to base hospitals, usually the one in Cairns.

As to morbidity, this year's report states—

“The results so far obtained indicate that treatment methods at present used on these Aboriginal communities leave a significant residue of illness. High parasite loads have not been effectively reduced by intermittent treatment and may well cause or aggravate pre-existing intestinal malabsorption.”

Year after year the reports indicate that the measures that have been implemented have failed. Unless urgent action is taken by the Government they will continue to fail in the future.

These findings are not of recent origin. In 1967, for example, Drs. Jose, Self and Stallman found that infant mortality on Aboriginal settlements in Queensland ran at the rate of 112 deaths per 1,000 live births, in contrast to the percentage for Queensland as a whole of 17.7, which is a disgrace. Moreover, it is both a national and international disgrace. Overseas people look with disgust upon what we are doing.

In December 1970 the Commonwealth carried out a survey of health and nutritional standards. At that time I asked the Minister several questions relative to this survey, and was told that it would clarify the position. But we have heard very little about it. This Government's attitude has been to ignore the problem and hope that it will go away. But it has not gone away; instead, it has become worse.

In answer to questions, the Minister has said that the State Health Department does not make special provision for services to racial groups in the community. It is my contention that that is the responsibility of the State Health Department. The fact that it does not assume that responsibility is a scandal. This is the measure by which the Minister will be judged by future generations. They will judge this Parliament and the administration on the basis of what is being done to improve Aboriginal health. We are not doing enough. Their health should be the responsibility of the State Health Department, but the Government has chosen not to let the department accept its responsibility. As a first essential, all health services in Aboriginal communities should be the responsibility of the Health Department. At the moment in some communities they are controlled by the Department of Aboriginal and Island Affairs, but there is absolutely no valid reason why they are not under the control of the Health Department. If there is a reason I should like to hear it. The Health Department must accept its responsibility.

What should we be doing? The best period to take action is the pre-school years. Public health measures directed towards housing, sanitation, nutrition, and the removal of causes of reinfestation are essential. Adequate pre-natal and post-natal medical attention is

urgently required. There is no real question that conditions are not satisfactory and that much has to be done. I would like the activities of the Maternal and Child Welfare Service to be expanded. The director has a keen and dedicated interest in the service given by her department, especially to deprived groups. The Government must allow this service wider scope and allocate adequate finance and facilities for its work.

The figures I gave related to Aboriginal communities where there is some health supervision. How disastrous must they be in the fringe areas of residence where there is no medical supervision and no recording of statistics or other information! In these places conditions must be absolutely horrifying. If statistics were compiled, I am sure they would shame everyone in this Chamber.

Mr. Tooth: By "fringe areas", do you mean country towns?

Mr. P. WOOD: Yes, country towns, outside country towns—everywhere.

Mr. Tooth: You want us to segregate these people?

Mr. P. WOOD: I am not talking about segregation. I believe they should be given privileged treatment; treatment better than that given to other sections in the community. I have heard the Minister for Aboriginal and Island Affairs say that we should discriminate in favour of them, and that is my attitude. I should like to see the coverage of the mobile vans of the Maternal and Child Welfare Branch extended to take in some of these areas. There is much that the Health Department can do. A lot depends on general socio-economic conditions of Aboriginal communities—housing, employment and education.

Mr. Tooth: That is right. I am glad to hear you say that.

Mr. P. WOOD: Basic to all of this is good health. If they do not have good health, they will fail in their education. Unless they have good health, they will be apathetic, as some of them are, to the education programme and to employment and proper housing conditions. So many of these conditions stem from lack of good health.

The Government's record in providing health services is a disgrace.

(Time expired.)

Mr. HUGHES (Kurilpa) (5.4 p.m.): Under the Health Estimates, I desire to deal at length with a matter involving injustices perpetrated on members of the community under the terms of one Act of Parliament controlled by the Minister. Before doing so, I point out that I was rather shocked today to hear members of the Opposition, in what can be described as nothing other than political sophistry, attack the Department of Health and the Minister. They had the temerity, as the A.L.P., to attempt to make

cheap political capital out of the Department of Health and the Minister's TV information service to the public.

Mr. Davis: What we are saying is true.

Mr. HUGHES: The honourable member for Brisbane does not want the real truth to reach the people of Queensland. Obviously the Labor Party relishes being able to pull political confidence tricks and keep the truth from the people of the State. The people will judge the A.L.P. by its actions. The Minister is providing a much-needed public service. Why should Opposition members cavil at letting the public know the sort of hospital system we have, and the services that are available? Why isn't the public entitled to know and see what is happening under the Government's wonderful administration of hospital services? These are second to none.

It is a pity that A.L.P. members denigrate the professional and other staffs at our hospitals and institutions in a brazen political attempt to curry votes. It is certainly a cheap way of buying votes when it denigrates people who dedicate their lives to the service of humanity. Don't Opposition members know what goes on at Chermside? We have the finest hospital system. All major forms of surgery, including neurosurgery, heart transplants and valve transplants are being carried out under our free hospital system, which the A.L.P. intends to destroy. It is dedicated to that pursuit and purpose.

The Minister for Justice, when he was Minister for Transport, presented publicly the work done by that department, so the Minister for Health is not in the vanguard in this field. However, he and his department are to be commended on informing the public of the services that are available.

Mr. Davis interjected.

Mr. HUGHES: How naive and inane! I do not mind answering interjections that contain some semblance of truth or decency. The honourable member claims I am making this matter political. The Lord Mayor of Brisbane has spent no less than \$120,000 of ratepayers' money each year since 1967 for political purposes and for the aggrandisement of himself and his A.L.P. politics. He takes unto himself full credit for the money the Government provides for road construction and other things. When he is not able to provide certain services, he blames the Government, but, when something is being done by the Government, he takes the credit. Opposition members cannot deny this. Surely they do not claim it is not political.

The A.L.P. does not want the truth to be known about hospital services. It does not want the Minister to tell the public what health services are available, such as immunisation against smallpox and psychiatric services. It does not want the public to know of the recruitment drive the Minister has made for doctors and nurses. It does not want this information disseminated on television and radio,

as well as in the Press, because it is hell-bent on destroying Queensland's hospital system.

In 1957, again in 1960, and to a lesser extent in 1963, Labor levelled the charge that, if the Liberals took office, the free hospital system would be jettisoned. It does not make that charge any more, because it cannot fool the people. However, because an election is approaching, Labor is spreading deceitful propaganda and is making spurious political promises to try to fool the public and win a few more votes.

But the public will not be hoodwinked. They are not gullible. They are not the fools the A.L.P. takes them to be, even though so many workers are led by militant trade-union leaders whose main aim is political advantage rather than to obtain improved wages and conditions for their members. The workers will not be fooled by Labor's promises, which will rebound against the working man, his family and his pay packet.

I will now deal with a matter which is a travesty of justice. The community at large could be subjected to an injustice under the Mental Health Act. Injustices have occurred because people have used this Act to obtain divorces, to coerce their spouses and for other reasons, including attempting to obtain property. Both the courts and the State have been used in this regard. Certain matters of concern must be brought to the attention of the Government, and the Minister must correct this anomalous situation.

It is nothing short of scandalous when this Act is used for purposes for which it was never intended by those who framed it. It was brought down in 1962, and it contains many sections that deal with various aspects of mental health. Section 27 is the section on which I shall base my argument for reconsideration of this Act with a view to the introduction of amendments.

It is provided that a magistrate, or even two justices of the peace, may issue a warrant and order a person to be arrested and taken to a place of safety. A "place of safety" is defined in the Act, and, generally, it means a hospital. The magistrate does not have to call for a doctor's certificate, and he is not even required to see the person concerned. He simply hears oral evidence, as was done in a case to which I shall shortly refer.

There are in this State people who are using the Mental Health Act for purposes for which it was not designed, and which were not envisaged at the time it was passed, such as obtaining a divorce and possession of the equity of another in a home or other property. Under the Act, a man could be committed to a hospital and detained there for some time. A woman can go to a court and use as evidence in her case the fact that her husband has been arrested under warrant, because of mental instability, and placed in Lowson House. I bring to the

Minister's attention the urgent need to amend the Mental Health Act to prevent this sort of thing happening. It is iniquitous, it involves the court and hospital boards in great expense, and it does a very grave injustice to the persons concerned.

Section 27 of the Mental Health Act reads, in its relevant part—

"(1) If it appears to a justice, on information by any person on oath—

(a) that there is reasonable cause to suspect that a person believed to be suffering from mental illness—

(i) has been, or is being, ill-treated, neglected, or kept otherwise than under proper control; or

(ii) being unable to care for himself is living alone; or

(b) that otherwise in the interests of a person believed to be suffering from mental illness or for the protection of other persons, it is necessary so to do, the justice may issue a warrant in or to the effect of the prescribed form."

Under Section 27 (2), a warrant issued under this section requires and authorises a member of the Police Force, within 14 days, or as soon as practicable, to remove the person concerned to a place of safety. If he is of such a state of mental decay that he cannot care for himself, it seems passing strange that 14 days can elapse before he is taken to a place of safety.

Section 27 (5) provides—

"A person removed to a place of safety . . . may be detained there for a period . . . for the purpose of his being examined, if practicable, as soon as possible, by a medical practitioner . . ."

As I said earlier, under section 29 two justices are permitted to act in place of a stipendiary magistrate.

With the permission and at the request of a victim of the provisions of this Act, I propose to cite a specific case. As honourable members know, I do not, as a matter of ethics, bandy names around in the Chamber, nor do I betray confidences entrusted to me. However, at the request of the person concerned, I propose to give his name and the facts of his case. I have given a considerable amount of time over more than a year to this case, because I believe that all people have a right to justice.

I propose to refer to the case of Mr. John Fry, who is 65 years of age, who is a pensioner and a constituent. One day, when he was going about his normal business, the police called on him. He had no knowledge that anything untoward had happened. He was not given any notice. He was told only that the police had a court order to commit him to Lowson House.

After being taken to Lowson House, he was examined by doctors on each of the seven days he was there. He does not make any complaint about the treatment he received

at the hospital; in fact, he speaks highly of the staff. He eventually asked for specific tests—brain tests, and so on—and during the course of those tests he answered 23 of 25 questions posed to him. The doctors said, “There is nothing wrong with you. You can go home”, and that is exactly what happened.

He did not understand why he was in Lowson House. He is a law-abiding citizen, living in an ordinary way, and he complied with the committal order. He is not mentally ill, and he has certificates to prove it. Only much later did he learn that his wife, through a firm of solicitors, had requested his committal. Prior to the court hearing, Mr. Fry was not given any warning that the case was coming on. He was not asked to undergo any medical tests or to be examined by any doctors. I am told that Mrs. Fry called on the family doctor and asked him to give a certificate, but he refused; in fact, he later gave a statement saying that in his opinion Mr. Fry required no psychiatric treatment.

Mr. Fry has been a hard-working man all his life. I know people who are acquainted with him. In fact, I know he would not mind my mentioning that two Labor members of this Assembly, Mr. Alex Inch and Mr. Sherrington, know of him and speak highly of him, and he has also worked with one or two other members of the Labor Party. As I said earlier, he is a decent, law-abiding citizen who has worked hard all his life. He has not caused any trouble, nor has he been in any trouble. He has good references from his employers and has a good name in the community. He has a property that he purchased and improved. I have seen it many times. It is spotless, both inside and out, and he is justifiably proud of it. In spite of all this, he was committed to Lowson House without being given an opportunity to defend himself. On his committal, he was examined by two doctors. When he asked how long he would be there, he was told, “A week”. Of course, under the Act it should have been only two days, but he did not know that.

Mr. O'Donnell: You did say that no-one nominated him?

Mr. HUGHES: There was no doctor's certificate.

Mr. O'Donnell: Somebody must have done so.

Mr. HUGHES: The stipendiary magistrate concerned was Mr. Haupt, but there was no evidence other than the oral evidence given by the wife. It is obvious, I think, that she was using the court, the processes of the law and the weakness of the Act to gain an equity in the home or, alternatively, a divorce—or both.

As I said earlier, the doctors saw him daily at Lowson House, spoke with him, and gave him certain tests. They said, “There is nothing wrong with you”, and he was discharged. He is mentally fit; in fact, he has

certificates to prove it. I know many people who do not have certificates to prove their sanity. I will not name them, but I know some who might have difficulty in passing the necessary tests.

Putting facetiousness aside, I reiterate that Mr. Fry was committed to Lowson House. If he had committed a crime, he would have had the opportunity of appearing at the hearing. In this instance he was not told anything; he was given no information. As I said, there were other motives. Dr. Slaughter, an honorary psychiatrist at the Royal Brisbane Hospital whom Mr. Fry saw privately, gave him a certificate showing that he was not suffering from any psychiatric illness, and I have here a copy of the certificate from which I have quoted. What is to prevent Mrs. Fry from perpetrating another deceit on the court? She obviously used the court for her own purposes in this instance, and I believe that the Act is so weak that she—or someone else—could again use it in a similar way.

In November 1971 I wrote to both the Minister for Justice and the Minister for Health. Time will not permit me to go into the matter in detail, but I supplied them with a good deal of information and asked them many questions. The Minister for Health replied to me on 14 January and said that Mr. Fry had been admitted to Lowson House under section 27 of the Act. He further said—

“Mr. Fry remained in hospital from 18 August 1971 until 26 August 1971, during which time his condition was assessed by a Senior Visiting Psychiatrist to the hospital and other medical staff and a number of psychometric tests and laboratory investigations were undertaken. As a result of this assessment and investigation it was considered that Mr. Fry was not suffering from a psychiatric illness, and accordingly medical recommendations were made to the Magistrate to the effect that the patient no longer required to be detained in hospital and an order for Mr. Fry's discharge was made by the Stipendiary Magistrate.”

I wrote and asked the Minister for Justice many questions, but again time does not permit me to go into them all. In August this year he replied to many of my questions. He said that under section 23 the stipendiary magistrate may examine a person. But it is not mandatory. He does not even have to see a doctor's certificate. I wrote and asked many questions, such as why the magistrate had committed Mr. Fry to Lowson House, and on what evidence. I asked whether there were doctors at the hearing or whether a doctor's certificate had been tendered. I asked whether there were doctors at the hearing, and who they were.

I also asked why Mr. Fry was not informed of the hearing and why he was not required to be present. I asked whether the court had been misled or misused by

the appellant. I also asked whether perjury had been committed. I received replies to those questions. Whilst it was not said that there was any perjury committed, the Minister said that no doctor's certificate was tendered at the first hearing and that no doctor was in attendance. He also said that neither procedure was required under the Act.

I will not deal in detail with the series of questions I asked and the answers I received. It is sufficient to say that this highlights a weakness in the Act. In my view, it urgently requires amendment. We must do all we can to prevent injustices and to avoid Acts of Parliament being used in this way. It could happen to anyone. I am very glad to note that the honourable member for Barcoo and others are taking note of what I am saying. I appreciate their interest. This sort of thing could happen to anyone. The Government should be cognisant of the danger. There has been an injustice in this case. Mr. Fry is not entitled to any compensation. What occurred also put a cost burden on the hospital and the courts.

Although I agree that it is necessary to have legislation to provide for an emergency so that when the police or the court, in the interests of an individual or the public, must act expeditiously, there is power to do so. But surely we can frame legislation in such a way that it cannot be deliberately misused or create injustices. That is the plea I make on behalf of this person, who has been so very badly wronged. After more than 12 months of work and investigation, with the help of the Minister for Health, the hospital authorities, doctors and the Minister for Justice, and with the persistence and tenacity of the victim in this situation, it has been possible to compile a very lengthy dossier. I hope that in the immediate future the Minister for Health will take expeditious action to ensure that the Act is amended.

(Time expired.)

Mr. NEWTON (Belmont) (5.24 p.m.): It is interesting to note that, when the Opposition has the Government on the run, we get the usual performance of the honourable member for Kurilpa and other Government members who suggest that an Opposition attack on the Minister, who is, after all, answerable on behalf of the Government, is an attack on departmental officers. That is not so at all. Whatever is said from this side of the Chamber in the Estimates debate is directed to the appropriate Minister as the representative of the Government of the day.

The honourable member for Kurilpa mentioned the wonderful television advertisements that appear from time to time. Undoubtedly, they do inform the community of health services to which they are entitled. But what appears on television has been selected carefully. None of it touches on contentious issues that arise from time to time.

I am amazed at the attack made by the honourable member for Kurilpa on the Jones administration in the Brisbane City Council because of its television programme. As a former alderman of the Brisbane City Council, he would know that the Brisbane City Council also supplies health services to people in the metropolitan area.

Mr. Hughes: I do not condemn that. All I said was that honourable members opposite should not criticise this Government for doing what the Labor administration in the Brisbane City Council does.

Mr. NEWTON: Let us put the records right. If it is good enough for the Minister for Health to advertise what he is doing, it is good enough for the Jones administration in the Brisbane City Council.

I was most interested in the speech made this afternoon by the honourable member for Windsor. Throughout this debate, because of the Federal health policy of the Australian Labor Party, we have heard much about the rights of the individual. This afternoon, the honourable member for Windsor made it quite clear that, if he were in charge of the health services of this State, he would not hesitate to make fluoridation compulsory State-wide. Honourable members opposite charge others with all sorts of irresponsible utterances, but anyone who listens to the debates in this Chamber over a period will find that Government members are guilty of the very thing they criticise.

Opposition members make no bones about the fact that we think the Federal health policy of the Australian Labor Party will be of valuable assistance to the family man, his wife and his dependants. As the Commonwealth provides the finance for the States, including Queensland, this scheme will bring back a policy of decentralisation which has been sadly neglected by the present Country-Liberal Party Government in this State. It will provide perimeter hospitals and out-patient clinics in the outer electorates of the metropolitan area as well as similar services in other large cities throughout the State.

Mr. Lane: And a large compulsory tax.

Mr. NEWTON: The honourable member for Merthyr raises the matter of a compulsory tax. He is lucky in representing an inner-city electorate. I should like him to travel some time with the constituents of my electorate who go to our so-called free hospitals for free treatment. He will then learn just how much it costs them to do so. I can assure him it is much more than the 1.35 per cent he is talking about. God help the family man in this State, particularly one in the metropolitan area, who has to visit the hospital, say, three times a week.

This Government cannot be trusted on its health policy. Time and time again it has broken its promises on health services. One of Queensland's most important health needs is the establishment of perimeter hos-

pitals in the metropolitan area. In areas other than the metropolitan area, with not nearly the population of some of the fast-growing suburbs of Brisbane, no trouble is experienced in getting hospitals. But the Government has run away from its responsibility to provide perimeter hospitals around Brisbane. The other day the Minister, in introducing his Estimates, did not mention anything about perimeter hospitals in the metropolitan area, yet these have been promised by his Government ever since it came to office in 1957. What about the hospital at Wynnum promised in 1960 by the then Deputy Leader of the Liberal Party in this State (Mr. Morris)?

Mr. Newbery interjected.

Mr. NEWTON: If the honourable member had been listening, he would have heard me say that there is never any question about the provision of hospitals in small, outside electorates. In the metropolitan area all we hear from the Government is promises; we certainly do not see any action.

As a result of a political dogfight between the Minister for Health and the former Federal member for Bowman, Dr. Wylie Gibbs, the land that had been set aside at Wynnum for a hospital is to have an aged-persons' home erected on it. There is no possibility at all of this Government's promises to build a hospital on that land being honoured.

Mr. Lane interjected.

The CHAIRMAN: Order! The honourable member for Merthyr is not entitled to shout across the Chamber.

Mr. NEWTON: All of us remember how the Government, fearing that it would lose the Mt. Gravatt seat in the 1966 State election, proudly announced that it would construct a hospital within that electorate. Today, six years later, we are still waiting for a hospital to be built.

Mr. Chinchin: There is no time factor.

Mr. NEWTON: There may not be, but you tell us these things that you will do.

The CHAIRMAN: Order! Will the honourable member please address the Chair.

Mr. NEWTON: My apologies, Mr. Lickiss. In 1966 the Government used the time factor merely to save the honourable member for Mt. Gravatt, and, as I say, six years later there is still no perimeter hospital at Mt. Gravatt.

Government members are divided on the issue of free hospitalisation. "Hansard" clearly reports many of them as stating that if they had their way free hospitalisation in Queensland would be eliminated. Both in the past and at the present they have claimed that free hospitalisation must go in order to allow more finance to be devoted to education as well as to projects that they regard as more

important than public health. Of course, the Minister claims otherwise. As a result of the attitudes adopted by, and divisions occurring amongst, Government members this State has stagnated for 15 years. We have witnessed the divisions that have occurred, and what do you find?

The CHAIRMAN: Order! The Chair is not involved. The honourable member will please address the Chair.

Mr. NEWTON: What do we find? We have seen a stop-go policy adopted by the Government. In this pre-election period it has chosen to make a political issue of free hospitalisation.

Just prior to this year's State election the Commonwealth Grants Commission gave Queensland \$9,000,000. In his approach to the Grants Commission the Treasurer claimed that Queensland's free hospital system was run down and required a boost. If Mr. McMahon is returned to office on 2 December, and I am sure he will not be, what guarantee is there that the Grants Commission will provide further assistance to Queensland? None whatsoever.

The present attitude of the Federal Tory Government is no better than that adopted by its predecessors at the time when Labor was defeated in Queensland in 1957. If Mr. McMahon had his way, he would abolish free hospitalisation as soon as possible. The Tory Government regards free hospitalisation as a socialist tiger, and would love to eradicate it, just as Kevin Cairns was able to abolish the Commonwealth-State Housing Agreement.

I support the assurance of every Opposition member that we have the utmost respect for people working in hospitals, including medical men, physiotherapists, sisters, nurses, nursing-aids and wardmen.

Mr. Lane: Why don't you go and talk to a few of them?

Mr. NEWTON: If the honourable member lived on the south side of the river, he would be able to visit the public hospitals there quite regularly and check on the number of complaints that are being made about certain sections.

A Government Member: What?

Mr. NEWTON: I am glad that the honourable member is here; I will tell him about it in a moment.

I am pleased to say that none of the blame rests on any of the staff I have just mentioned. The service they give is determined by the Government. We all know that, in the preparation of Estimates, departmental officers have an onerous responsibility. This is especially so with the Health Estimates. The officers submit recommendations to the Minister on what is necessary to maintain health services in the State, and

he in turn submits them to the Treasurer. It is at this stage that the pruning knife comes out.

I am pleased that the position of hospital boards was raised again this afternoon. I was interested to hear the argument earlier between the Minister for Health and the honourable member for Wolston about them. It has now been clearly indicated that the boards are virtually powerless.

Mr. Tooth: Didn't you listen to me this morning?

Mr. NEWTON: They are powerless other than when it suits the Minister to blame them for a contentious issue that arises, such as the one at Southport.

There was a hidden meaning in the Minister's introductory remarks when he said, "We do not want to have the full responsibility of providing private and intermediate wards in this State." The Government has been bogged down on this ever since it came to power. It introduced intermediate wards and subintermediate wards into our hospital system.

Mr. Tooth: Subintermediate wards have never been introduced.

Mr. NEWTON: The Minister described them as such at the time. If we call them "private intermediate wards", that would suit my argument.

Mr. Tooth: You don't know what you are talking about.

Mr. NEWTON: If you examine the Budget which was introduced by—

The CHAIRMAN: Order! The Chair did not bring down any Budget. Will the honourable member please address the Chair?

Mr. NEWTON: If the Minister looks at the Budget this year, he will see that emphasis was placed on the matter raised by him. It has a big bearing on the present situation in Queensland. The statements made by many Opposition members are correct. We hear repeatedly from people who require hospital treatment or an operation that, because waiting time extends for six months or nine months—

Mr. Tooth: That is rubbish.

Mr. NEWTON: I am glad the Minister said that, because we know of many such cases.

Mr. Tooth: Only in orthopaedics.

Mr. NEWTON: People have been told by their private doctors or specialists, "If you want an immediate operation and are a medical benefits member or can raise the finance, we can get you a bed within two or three weeks and the use of an operating theatre." This is happening in our public hospitals. Ever since the Government came to power it has been catering for such cases. That is its policy.

The other day the Minister outlined what happened at the out-patient sections of our public hospitals. However, we know the true position. Again, the staff are not to blame; the Government has simply failed to provide the necessary facilities. You said that a similar situation applied at suburban clinics established by general practitioners. Now, you want to get around—

The CHAIRMAN: Order! I do not intend to warn the honourable member again to address the Chair. I hope he will heed this request.

Mr. NEWTON: The position is not what has been indicated. A number of general practitioners join together and establish a clinic, and visits are made by appointment only. That system is effective until there is an outbreak of disease in a particular suburb. As I have indicated previously, the cost involved in travelling from an outer suburb to one of the hospitals forces many people to take advantage of the service offered by a clinic.

The Minister has quoted so many beds per 1,000 of population. As I indicated earlier, the situation at the Princess Alexandra Hospital is entirely different from what it was when Labor was in power. In those days, beds were placed at certain intervals.

Mr. Tooth: That hospital was not open when you were in Government.

Mr. NEWTON: We built it. It was built by a Labor Government.

Mr. Tooth: You say that the situation is now entirely different, but it was not open when Labor was in office. That indicates the nonsense that you talk.

Mr. NEWTON: None of the wards at that hospital carries the name of a Government member.

When Labor built that hospital, it stipulated that only so many beds would be put in each ward. Today, beds are put in the aisles and everywhere else. The worst feature of neglect in hospital services on the south side of Brisbane is the failure to build a children's hospital.

Mr. W. D. Hewitt: If you were in Government, would you change the name of the Gair Wing?

Mr. NEWTON: That would have to be decided.

(Time expired.)

Mr. MILLER (Ithaca) (5.43 p.m.): It appears to be the "in" thing in this debate to refer to the health schemes of both the Federal Government and the Federal Opposition, and the honourable member for Belmont was no exception. I shall refer to the Federal Opposition's health scheme, not because of the remarks of the honourable member for Belmont but because of the

remarks of the Leader of the Opposition and the honourable member for Albert, who both endeavoured to camouflage the A.L.P. scheme by referring to it as free hospital service. If they or any other Opposition member believes, in all honesty, that the A.L.P. health scheme is a free hospital service, they must also concede that hospitalisation under a medical benefits scheme is a free medical benefits scheme, because it is no different. Instead of paying contributions to, say, the Medical Benefits Fund of Australia, people will pay contributions to the Federal Government. So that if they consider their health scheme is a free scheme, then every part of the Queensland health system, including the medical benefits scheme, is also free.

Let me deal with the situation in Queensland. Opposition members have referred to the little that will be paid under Labor's scheme. In fact, in one brochure it is claimed that those receiving up to \$57 a week, and who have children, will pay nothing. That may look very good on paper, but let us look at the other side of the coin. Perhaps the A.L.P. has put forward its new scheme because of the increasing costs of hospitalisation throughout Australia, particularly in Tasmania, the Premier of which State in his last Budget had to increase the cost of hospitalisation by 33 per cent. As has been mentioned by other speakers on this side of the Chamber, perhaps we in Queensland are being expected to contribute to the very high cost of hospitalisation in Tasmania and other States.

Let us look at what we in Queensland will have to pay should we be unfortunate enough to have an A.L.P. Government in Canberra after 2 December. In the first place, I am taking the average wage in Queensland as \$90 a week. I think that is reasonable, because the figures of the Bureau of Census and Statistics show that in 1971 it was \$87. It is therefore reasonable to assume that the average now is \$90. If a single male earns \$90 a week, he will have to pay \$2.33 a week.

Mr. Bromley: How many of them get \$90 a week?

Mr. MILLER: You are always quoting averages.

The CHAIRMAN: Order! The honourable member will please address the Chair.

Mr. MILLER: Certainly, Mr. Lickiss. The Opposition is always quoting figures. I am quoting average wages. On the figures of the Commonwealth Bureau of Census and Statistics, the average wage this year will be \$90 a week. I have said that it was \$87 a week in 1971.

If a man is married and has two children, under the A.L.P. scheme he will contribute to the Federal Government \$1.08 a week. The Labor Party has published a pamphlet

in which it is stated that a man in receipt of up to \$57 a week will pay nothing. Let us look at the position of the single man. He will contribute \$2.33 a week, whilst a married man with two children will, if he is earning the average wage in Queensland, pay \$1.08.

Mr. Hanlon: That is on his taxable income?

Mr. MILLER: Yes. A single man would not have many tax deductions from his wages. Under the Government's scheme, a single man, if he wishes to contribute to a medical benefits fund, pays 84c a week, regardless of his earnings. There is a big difference between 84c and \$2.33. Consider the number of young people in the community today. Will they be happy contributing \$2.33 a week when they could obtain far better benefits for 84c a week? The 84c a week entitles them to treatment in a private ward, whereas, under the Labor Party's scheme, the \$2.33 would only entitle them to public-ward treatment.

No person in his right senses would want to contribute \$2.33 to obtain treatment in a public ward when he can contribute 84c a week for treatment in a private ward, and only 75c a week for treatment in an intermediate ward. A married man and his family are covered for private-ward treatment for \$1.68 a week, and \$1.50 for intermediate-ward treatment. In the case of a married man, there is therefore a difference of 60c—that is, between \$1.08 and \$1.68.

The A.L.P. is putting up this free health scheme as the be-all and end-all of free hospital service in Australia. As I said earlier, I believe that it is being introduced because of the high cost of hospitalisation in Tasmania and other States where Labor Governments are in office. Labor has to camouflage that high cost somehow, and it has decided to introduce a free health scheme.

Many doctors have commented on the proposed free health scheme, including doctors on this side of the Chamber. I wish to quote from comments made by Dr. J. Gavin Johnson in an address to South Sydney Rotary Club in September of this year. He said—

"Of course, the money people pay out is very important to them, and a great deal has been made of the alleged unfairness of the flat-rate contributions under the present voluntary health insurance scheme, which are the same for all."

Labor has been making that point.

He continued—

"However, health schemes paid for by a levy on taxable income also involve so-called 'inequities', placing the high income earner at an advantage."

The A.L.P. claims to be the friend of the low-wage earner. Let us consider an example of what the low-wage earner will be paying

on a percentage basis and what the high-wage earner will be paying on a similar basis. Dr. Johnson said—

“For example, a \$3,500-a-year family man under Labor’s plan will pay an extra 69c a week levy on his present \$5.57 tax—an increase of 12.3 per cent. Because a \$100-a-year limit has been set on contributions to Labor’s scheme, the \$10,000-a-year family man will have \$1.92 a week added to his \$48.50 a week tax, which is only a 3.9 per cent increase in his total tax payout.”

That scheme comes from a Labor Party that pretends to represent and protect the average working man.

Mr. Hanlon: You are using the McMahon tax structure, not the tax structure that will be used under a Labor Government?

Mr. MILLER: I am using the McMahon tax structure.

Mr. Hanlon: That is the difference.

Mr. MILLER: I do not think there will be any difference. If anything, I think people could have to pay more under Labor’s proposal.

The point made by Dr. Gavin Johnson to the South Sydney Rotary Club is a very valid one, and I hope that when people go to the polling booths they will realise the difference between the two policies. I have said before—and I say it again—that the policies of the two parties for the Federal election on 2 December have never been so different, and health policies are an outstanding example of this.

I wish now to refer specifically to formulas on paint tins. As honourable members realise, the Health Act covers this field, and I ask the Minister to consider abolishing the requirements to put formula stickers on paint tins. I claim that they are of no value because the formulas are too technical and the ordinary person in the community would not gain any information from them. For example, I do not believe that the ordinary person in the community would know the difference between green seal zinc, yellow seal zinc, and red seal zinc. The formula does not ask for gradings under the various types of zinc. When the Housing Commission buys P.W.D. paint, it specifies that all zinc must be green seal zinc. But under the formula that we compel paint manufacturers to put on tins, they could use yellow seal zinc, which is a third-grade zinc and definitely inferior, and people could buy that paint believing they are buying first-quality zinc paint. This is misrepresentation, and the Government is aiding and abetting any paint manufacturer who uses yellow seal zinc in his paint by compelling him to put formula stickers on the paint tins.

There are also two qualities of titanium dioxide. Again it is required that the sticker shall show only that the product contains titanium dioxide and the percentage of it.

It is not required that the quality of the titanium dioxide be shown anywhere on the sticker. The stickers cost paint manufacturers many thousands of dollars a year. We seek to have uniform legislation throughout Australia, yet we are the only State that demands that paint tins have the formula of their contents placed on them.

Many people regard paint containing a high percentage of volatile thinners as sub-standard, but I point out that Victoria Bridge is coated with paint of high volatile content. It is guaranteed for 10 years. When the average person sees a paint tin bearing a sticker which indicates that its contents have a high volatile content, he believes that the paint is of inferior quality. This is not so at all with modern paints.

The formula stickers on paint tins are misleading rather than helpful. I see no reason why we should continue the present practice of placing these stickers on paint tins. Perhaps the Minister might consider this matter in the very near future.

While referring to stickers or labels, I wish to comment on the rather ridiculous situation in Queensland applying to the labelling of non-alcoholic drinks. Queensland is the only State in Australia that requires non-alcoholic drinks to be labelled as soft drinks. An excellent job is being done on television in the fight against cancer by warning against smoking. The Minister has started an excellent campaign.

But we also have to make a start on tackling the alcohol problem. Surely we can do this by allowing non-alcoholic beverages to be labelled “wine” or “beer”. That is not asking very much. Young people today are loath to ask for a soft drink when they attend a function, but they would be quite happy to ask for a non-alcoholic wine. At the moment, in Queensland, these drinks are referred to as wines, but under the Food and Drug Regulations it is illegal to label them as such. According to the wording of regulation 60, a brewed soft drink is any beverage that does not contain more than 1.15 per cent of alcohol. We all realise that non-alcoholic wines and beers contain less alcohol than ginger beer and hop beer. The non-alcoholic wines and beers are actually alcoholic beverages with the alcohol removed. They are very palatable drinks.

For some reason or other, in Queensland beer cannot be referred to as “beer”, lager cannot be referred to as “lager”, and cider cannot be referred to as “cider” even if it is spelt with a “y” unless it contains more than 1.15 per cent of alcohol. But the cartons that contain the bottles of cider that come from the South to Queensland can be labelled “cider”. The bottles themselves must be labelled “apple juice”. What a ridiculous situation! Surely a more responsible attitude could be adopted.

Regulation 29 (7), headed "Prohibition on Use of Alcoholic Descriptions", provides—

"Except for the descriptions 'ginger beer', 'ginger ale', 'hop beer', 'horehound beer', and 'root beer', a person shall not use the words 'beer', 'lager', 'ale', 'champagne', 'wine' or other word or words indicating or suggesting that the contents are an alcoholic drink in the label of any type of soft drink."

Here we have a situation where hop beer, horehound beer and root beer can be referred to as "beer", yet a beverage made from alcoholic beer cannot be referred to as "beer". We are, at present, allowed to refer to non-alcoholic wines as "wines", but the time might very well come in the near future when, under this very section, the Health Department will say that wines we import from Germany, Switzerland and other countries in Europe—non-alcoholic wines that are made from alcoholic beverages—can no longer be called "wine".

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

Mr. MILLER: Prior to the meal break, the honourable member for South Coast referred by interjection to the alcoholic content of beer. I wholeheartedly agree that we should reduce the alcoholic content of Australian beer, and particularly Queensland beer. The honourable member was in Japan recently, and when he came back he told us the noticeable difference in the alcohol that he consumed there.

When we consider how many alcoholics there are in Australia, I believe we must take some action to prevent their number increasing. It is alarming to think that there are an estimated 215,000 male alcoholics and some 43,000 female alcoholics in Australia, and I believe that it would be a good preventive to reduce the alcoholic content of beer. I also suggest that the Minister should consider the use of suitable labels on non-alcoholic wines and beers so that it will be no longer an embarrassment for young people to ask for a soft drink, or a non-alcoholic drink. In this constructive way we can reduce the number of alcoholics in this State.

In the short time left to me, I want to refer briefly to the wonderful work of the Health Department relative to senior citizen centres. One of these is to be opened next Saturday in the Paddington area so that with the ones at Mitchelton and Toowong, a number of these centres are being established around the perimeter of the city. I should like to see the Minister co-ordinate the meals-on-wheels services so that these centres can be used functionally and to the best advantage. Unfortunately, I believe that, at the moment, the meals-on-wheels service from the Valley centre reaches as far as Corinda, but I want to see meals-on-wheels services established at these centres at Paddington, Mitchelton and Toowong. Where there are wonderful stainless-steel kitchens which can be used to the very best advantage. I suggest

that if the Minister, through his department, can co-ordinate these services, there will be less overlapping in this field.

I also want to deal briefly with the drug situation on the Gold Coast. In "The Sunday Mail" of 15 October it was reported that Gold Coast authorities had asked the Queensland Government for help in overcoming the drug problem on the Gold Coast.

(Time expired.)

Hon. S. D. TOOTH (Ashgrove—Minister for Health) (7.19 p.m.): I want to take the opportunity to briefly reply to the honourable member for Toowoomba South regarding the accuracy of his statistical information. The honourable member quoted from the document I have here.

Mr. Wright: It took you a long time to get one.

Mr. TOOTH: Yes, indeed it did. As a matter of fact, I am very surprised that the department did not have this document. It was not published until 20 November. I intend to find out why the Leader of the Opposition got a copy while the Department of Health did not. I will be inquiring of the people who published it. I think it is a pretty poor show.

Mr. Houston: I know what is going on in the State. You don't.

Mr. TOOTH: The honourable gentleman is obviously miles out. When the honourable member for Toowoomba South began to quote from this document, I sensed that he was not terribly confident or happy.

Mr. P. Wood: Rubbish!

Mr. TOOTH: I have since learned that he was given the document by his leader with instructions to quote from it.

This document carries statistics up to 30 June last year. The documents from which my figures are taken are the statistics of the National Health Act and the Hospitals Benefits Bulletin of Statistics dealing with approved hospitals, and it goes up to 31 December last.

Mr. Houston: Surely you are not claiming that Commonwealth statistics are inaccurate?

Mr. TOOTH: If the Leader of the Opposition will listen to me,—

Mr. Houston: I have listened to you all day.

Mr. TOOTH: The statistics that I have are six months more up-to-date than the ones given by the Leader of the Opposition to the honourable member for Toowoomba South. The next thing is that in quoting statistics it is important to compare like with like. Having been given this document by his leader, the honourable member for Toowoomba South obviously did not have time to read the explanatory notes.

Mr. Houston: What a lot of nonsense!

Mr. TOOTH: Let me talk. I know you are a bit worried about this, but if you let me talk I will show you the sort of tactics you adopt.

The CHAIRMAN: Order! The Minister will please address the Chair.

Mr. TOOTH: Through you, Mr. Lickiss, I propose to indicate to the honourable member for Toowoomba South that if he reads the explanatory notes on page 2 he will find in paragraph 2 that a substantial number of beds in Queensland have been omitted from the statistics. If he looks under the heading "Queensland" he will find that the statistics refer to all hospitals and nursing homes in a number of sections. The third one is "which are approved by the Commonwealth Department of Health as public hospitals or nursing homes and have all their beds approved as public." (I stress that the word "all" appears in italics.) A substantial segment of the beds in Queensland, therefore, has been omitted from these statistics.

The submission of the honourable member for Toowoomba South is indicative of the sort of argument that is trotted out from time to time by the Opposition. It demonstrates once again the truth of the old adage—

Mr. P. Wood: You are twisting the figures to suit yourself.

Mr. TOOTH: I am endeavouring to prove—

Mr. Houston: You have told untruths before.

The CHAIRMAN: Order! The Leader of the Opposition has had the opportunity of making a contribution to the debate.

Mr. Houston: I have not. The Minister has been speaking all the time.

The CHAIRMAN: Order! I feel sure that the Minister will make an opportunity available to the Leader of the Opposition if he wishes to take advantage of it.

Mr. Sherrington: Why were these beds omitted?

Mr. TOOTH: Because they are in a different category.

Mr. P. Wood: Will you also read what categories are included for all the other States? Some private beds are excluded from the figures in the other States as well.

Mr. TOOTH: That is right. If the honourable member looks at the section to which I am referring, he will find that that is quite so.

Mr. Wright: Then the comparison is still valid.

Mr. TOOTH: If the honourable member will set to work and do a little arithmetic, he will find that the answer comes out to what I am giving the Committee on approved beds.

Mr. P. Wood: You are prepared only to read part of the explanatory notes, and you are also prepared to leave out references to other States.

Mr. TOOTH: The honourable member has been very, very busy studying the document in the interim. I saw him with his leader, and it must have been something of a disturbing factor to him.

Mr. P. Wood: Don't tell me I am leaving things out.

Mr. TOOTH: This is the document from which I have quoted, and its figures go up to the end of 1971. The document referred to by the honourable member for Toowoomba South goes only to the middle of 1971.

Mr. HOUSTON: I rise to a point of order. So that all honourable members can have the opportunity of studying the document to which the Minister has referred, I move—

"That the document be tabled."

The CHAIRMAN: Order! Is the Minister prepared to table the document?

Mr. TOOTH: When I am finished quoting from it, Mr. Lickiss, by all means.

Mr. Lane: You couldn't read it over there, anyway.

Mr. P. Wood: There is a man who will only read a portion of the statistics.

Mr. Lane: It will save you the trouble of stealing it.

Mr. HOUSTON: I rise to a point of order. The honourable member for Merthyr has passed a remark that is completely offensive to me and is also totally untrue. I ask for its withdrawal.

The CHAIRMAN: Order! The honourable member for Merthyr will withdraw any offensive remark.

Mr. Lane: I withdraw the remark, and I accept the—

The CHAIRMAN: Order! There will be no debate on the point.

Mr. TOOTH: The figures relative to the approved beds are as I quoted them originally, and the statements I have made are quite correct.

Now that I am on my feet I will take the opportunity to deal with one or two other matters that have arisen. The honourable member for Belmont referred to the waiting time for operations.

Mr. Newton: That is right.

Mr. TOOTH: He spoke about some of the literature that the A.L.P. is distributing. It refers to people waiting for up to 10 months. I should like to quote some statistics. Dealing firstly with elective surgery at the Royal Children's Hospital—there is nothing emergent about it—the longest wait is four weeks.

Mr. Melloy: At the Royal Children's Hospital?

Mr. TOOTH: Yes.

Mr. Melloy: My grand-daughter cannot get in till next March.

Mr. TOOTH: What treatment does she want?

Mr. Melloy: Tonsils.

Mr. TOOTH: If the honourable member will be so good as to restrain himself, I will get to tonsils in a minute.

At the Royal Children's Hospital, four weeks is the longest delay for surgery. For plastic surgery the longest delay is nine weeks, for orthopaedic surgery one week, and for ear, nose and throat—tonsils—the longest waiting time is six months. Does that help the honourable member?

Mr. Melloy: That proves what I say.

Mr. TOOTH: That is for elective surgery.

The point is that some honourable members grasp at a tonsils case, or some other operative procedure with a long waiting list, and move around the countryside saying, "This is the time people have to wait for operations in the public hospitals", when it is completely and utterly untrue.

At the Royal Brisbane Hospital the longest wait for surgery is nine weeks; for plastic surgery 12 weeks is the longest; for ear, nose and throat, in the adult section, four weeks is the longest; and for urology the longest wait is four weeks. There are five orthopaedic units, which means that there are five groups of surgeons. In the first unit the wait is one week; in the second unit it is four weeks; in the third it is 12 weeks; in the fourth it is four weeks, and in the fifth it is seven months. In gynaecology, at Royal Brisbane, 12 weeks is the longest wait.

At the Princess Alexandra Hospital, for general surgery in unit 1 the wait is from five to 11 weeks; in unit 2 it is three to six weeks; in unit 3, three weeks, and in unit 4, seven weeks. This is all elective surgery—nothing emergent. Much of it is surgery that can wait the pleasure of the surgeon. Very often the delay is caused not by the hospital but by the surgeon, who has to fit the people into a time slot.

There is no waiting list in oral surgery. In plastic surgery the waiting time is 11 weeks. In the first unit in urology there is a waiting time of two weeks and in the second unit it is three weeks. In gynaecology, in the first unit there is a wait of two weeks; in the second unit, four weeks and, in the third unit, 11 weeks. For eye surgery, in unit 1 there is a delay of four weeks and, in unit 2, eight weeks.

In the orthopaedic section—this information will probably give joy to some honourable members opposite—among the five surgeons there are two very senior surgeons to whom many patients insist on going;

they insist on waiting until these surgeons can find a time slot for them. The first surgeon has a waiting list of four weeks only; the second surgeon's waiting list extends over 12 weeks, and the third over 15 weeks. We come then to the two top men, the first of whom has a waiting time of six months, and the second a 12 months' wait. The time lag is caused by patients wanting to wait to be attended to by these men. They are not prepared to go to anybody else. That, of course, is not our fault.

Mr. Melloy: They are overworked.

Mr. TOOTH: These gentlemen are private specialists on Wickham Terrace. If they were badly overworked and wanted to resign from their appointments, no-one would stand in their way. There are plenty of surgeons coming forward who want these appointments.

The next point I wish to talk about is staffing, because the Government has been accused of allowing staff numbers to decline. Yesterday, at Shoppingtown, Mr. Hawke said that the hospital system in Queensland had progressively deteriorated. I shall quote a few more statistics. In 1967-68, the Southport Hospital had a daily average of 92 patients and staff of 156. This year, its daily average is 133 and its staff has increased to 239. So that the staff has risen much faster than the daily average.

Mr. Melloy: Medical staff?

Mr. TOOTH: I am talking of total staff.

In 1967-68, the daily average at Princess Alexandra Hospital was 992 and the staff numbered 1,684. Last year, its daily average had fallen to 947 and its staff had gone up to 1,999. In 1967-68, the daily average at Royal Brisbane Hospital was 852 and the staff numbered 1,617. This year the daily average has fallen markedly to 795 and the staff has gone up by more than 300, to 1,936. So that the statements made in this Chamber and elsewhere, in an attempt to bolster a completely untenable proposition, are false in the extreme degree.

Mr. DAVIS (Brisbane) (7.32 p.m.): During this debate, we have heard more figures quoted than—

An Opposition Member interjected.

Mr. DAVIS: They have not been confusing to me, but it has certainly been confusing having to sit here and listen to the Minister and other Government members trying to bolster the Department of Health.

Shortly before the dinner recess, the honourable member for Ithaca referred to Labor's health policy. He deliberately misquoted the figures. He said that a single man earning \$90 a week would pay \$2.25. If he read our health policy, he would know that a man earning \$90 a week would pay \$1.20. He should get his facts right.

I was pleased to hear the Minister try to answer some of the statements of the honourable member for Toowoomba South. I would say that he was trying to deliberately mislead us.

The CHAIRMAN: Order! That is a reflection on the Minister.

Mr. Bromley: He didn't mind it.

The CHAIRMAN: Order! The honourable member for South Brisbane will remain silent while I am on my feet. I do not intend to warn him again.

I ask the honourable member for Brisbane to withdraw those words and I commend Standing Order 120 to him for his perusal.

An Opposition Member: The Minister didn't object.

The CHAIRMAN: Order! The Minister does not have to. The Chair is in control of the Committee.

Mr. Melloy: No, he doesn't.

The CHAIRMAN: I hope that the honourable member for Nudgee is not disputing the ruling of the Chair on this matter.

Mr. Melloy: No, I would not think of it.

Mr. Bousen interjected.

The CHAIRMAN: Order! I ask the honourable member for Toowoomba North to withdraw that remark.

Mr. Bousen: What's that?

The CHAIRMAN: Order! That it is wrong.

Mr. Bousen: If you say it is wrong, I withdraw it.

The CHAIRMAN: Order! The honourable member for Brisbane will withdraw his remarks.

Mr. DAVIS: Have I got to withdraw something?

The CHAIRMAN: Order! The honourable member certainly does.

Mr. DAVIS: I withdraw the part about the Minister misleading the Committee, but I recall that a couple of minutes ago the Minister said that the honourable member for Toowoomba South was misleading the Committee. Of course, as I have said before, we have different types of ethics in this Parliament.

The Minister referred to beds that were excluded from the Queensland figures quoted by the honourable member for Toowoomba South. He deliberately avoided mentioning similar exclusions that apply in other States, and he sought to convey things quite different from what we would have read into his reply. The figures previously quoted by the honourable member for Toowoomba South are valid comparisons between the States.

As a matter of fact, I propose to present some figures to the Committee, and I should like to hear the Minister dispute them.

Mr. Lane: Have they come straight from Arch Bevis?

Mr. DAVIS: No, and they are certainly not from the D.L.P. member for Lilley who supplies the honourable member for Merthyr with his figures. During the last couple of weeks Liberal members in this Assembly have received information from the D.L.P. member for Lilley, who is known throughout Queensland as the greatest liar in Federal parliamentary history.

I refer the Committee to the expenditure on capital works, hospitals and nursing homes, for the year ended 30 June 1971, as revealed in figures compiled by the Commonwealth Bureau of Census and Statistics. They show that in Queensland capital works amounted to \$4,390,000, for a population of 1,823,362. The corresponding figure in Tasmania is \$4,680,000, for a population of 389,874. In Western Australia, with a population of 1,027,000, the expenditure was \$9,190,000, and in South Australia, which is always maligned by the Government, the expenditure on capital works was \$10,070,000, for a population of 1,172,000. South Australia's expenditure was therefore more than twice that of Queensland. Queensland's expenditure on hospital extensions was the lowest of all States, including Tasmania, which has a population half that of Brisbane. Let the Minister try to work that one out! Queensland's capital expenditure was less than half that of Western Australia, and that State has little more than half the population of Queensland.

I shall now present another set of statistics showing the expenditure on public hospitals and nursing homes per capita in 1970-71. Queensland's per capita expenditure was \$33.43, compared with the Australian average of \$48.75. What a shocking indictment that is of the Government!

Mr. Lane: What about the 1.35 per cent?

Mr. DAVIS: Again we hear the little nagging from the honourable member for Merthyr. I shall deal with the 1.35 per cent shortly.

Over the last two days we have heard the Minister again trotting out his favourite hobby-horse and trying to show what a great job the Health Department has done in mental health institutions. Anyone listening to the flowery terms of the Minister would think that the mental institutions in Queensland were the best in Australia, and that this State was spending more in this field than any other State. But that is not the case.

Mr. Lane: Why didn't you come to Wolston Park on the open day?

Mr. DAVIS: Because I knew the honourable member for Merthyr would be there, and I was frightened I might be "lumbered".

In South Australia the expenditure per capita on mental institutions was \$9.10, compared with the Australian average of \$8.18 and the Queensland figure of \$6.42. Queensland is well below the Australian average, and South Australia's expenditure per capita was 50 per cent higher than that of Queensland.

Mr. McKechnie: That sounds like the unemployment figures.

Mr. DAVIS: The Minister is always the first one in the Chamber to quote figures. But when the situation is reversed, the figures are not so palatable to Government members.

Earlier in the debate the Committee heard one of the famous trio of doctors in this Chamber—"The Three Musketeers"—who like to think that they know everything about health matters, make what I think was one of the most shocking comments I have ever heard from a physician. He said that a wait of up to five or six months for an operation is all right when a child is suffering from tonsillitis. If my child had tonsillitis, or a tonsil infection, I would certainly try to bring pressure on the Government to ensure that his tonsils were removed before that.

I am very pleased that the Minister's Estimates are being discussed on this occasion, because members of the Opposition waited patiently in the hope that they would be discussed last year. If they had been, I would then have brought to the Minister's attention a personal complaint of mine. When one voices a personal complaint, Mr. Lickiss, at least one cannot be accused of reading a passage from a book, as members of the Liberal and Country Parties do.

Honourable members heard the talk about how good the doctors are, how they look after the health of the populace, and how they are always at the beck and call of the public. Of course, in comparison with tradesmen, doctors are the great ones in the community. I recall that two years ago I asked the Minister for Health what protection the general public has against doctors who will not call on patients, and I was certainly glad to hear the honourable member for Lytton mention in this Chamber the grasping tactics of some doctors in the community. I do not put all of them in that category, but some in my own electorate certainly are. To illustrate my point, I will relate my own experience.

About two years ago I was unfortunate enough to contract very bad U.R.T.I., and my wife and family also had the same complaint. Having lived on the south side of the river and visited a doctor there, I had no local doctor in the area in which I was then living. I asked my wife to telephone and ask a doctor to call at my residence. She rang 12 doctors whose names appeared in the pink pages of the telephone directory and who were all within one mile of my residence. Not one of the receptionists would even take the name of the person who was

inquiring unless that person was a patient, and not one of them asked what the complaint was. As a matter of fact, one receptionist said, "Well, you are close to the general hospital. You can go there."

I should like the Minister to tell me, when he replies, the rights of a person who requires the services of a doctor and a doctor will not call.

Mr. Lane: You have to pay your bill, you know.

Mr. DAVIS: The honourable member need not worry about my paying the bill. I think my record of paying accounts is quite good. I should like to know the record of the honourable member for Merthyr, who is a well-known grafter.

It is a fact that these doctors did not call. In my opinion, something should be done to ensure that doctors are required to call when they are requested to do so.

I turn now to a problem that has been raised by me on a number of occasions in this Chamber. I waited very patiently for the Minister to refer to the Queensland Institute of Medical Research. When is it going to receive a new building? Anyone who knows the building in which the Queensland Institute of Medical Research is now housed in Herston Road would be amazed that it does such a wonderful job for Queensland. As was pointed out by the honourable member for Toowoomba South, the institute has carried out marvellous research into problems bearing on the health of Aboriginal children.

The building in which it is working is a fire risk. Its condition is the worst of any Government building, with the possible exception of the women's section of the venereal disease clinic in William Street. The institute has been promised a new building for many years. There is mention of it in every annual report of the institute since 1951. During the summer months the hot weather constantly triggers the electrical fire-warning system for the antiquated army huts that house the institute. On numerous occasions residents have complained about fire engines racing out to the institute to answer false alarms.

I mentioned earlier that I would deal with some aspects of the A.L.P. health policy. All fair-minded persons—those who are not politically biased and who do not see something sinister in everything—would agree with what I am about to say. I guarantee that after 2 December when the A.L.P. is in office in Canberra and Gough Whitlam takes over the Prime Ministership, the first person to put out his claws to collect part of the \$22,000,000 that will be available will be the Minister for Health in this State. He knows that it is imperative for the health services in this State to receive the money that a Federal-Labor Government will put into the

State's coffers. That money will be put into the State's coffers irrespective of the political colour of the Government in this State.

Mr. Lane: You are a traitor to Queensland.

Mr. DAVIS: Did I hear right? I will just leave that go.

An Honourable Member: Ask for a withdrawal.

Mr. DAVIS: I will not ask for a withdrawal. I look for protection.

Let me detail some portions of our policy so that they can be recorded in "Hansard". We all know the report that appeared in the newspapers yesterday. The honourable member for Lilley in the Federal Parliament was reported as saying—

"If the Liberal-Country Government is returned to office, the free hospital system will be maintained. If the Labor Party is elected, then it will be destroyed."

How ridiculous and how untruthful can a person be?

A Government Member: We are going to pay more for it.

Mr. DAVIS: Let the honourable member tell the truth. The free hospital scheme will still remain in Queensland but it will be improved. It will include a free dental service for children up to 16 years of age. No honourable member opposite is prepared to get to his feet and propound the Liberal Party's health policy. I have before me details of the cost of the A.L.P.'s health scheme. Honourable members opposite try to detract from this great scheme. A man who has a wife and two children and is earning \$57 a week will not pay anything. If he is earning \$70 a week, he will pay 63c a week. The average person in a medical benefits fund now pays \$68 a year, so what are honourable members opposite crying about? A man who has a wife and two children and is earning \$90 a week will pay 88c a week.

Labor's scheme will be financed—I hope honourable members opposite can get this through their thick skulls—by a 1.35 per cent tax on taxable income. For the benefit of honourable members opposite, taxable income is gross income less deductions for a wife and other allowable items. I hope honourable members opposite will not continue to spread the false rumours I heard previously tonight.

Public hospitals in Queensland cost over \$78,000,000 in 1971-72. The Liberal Party should be supporting the Labor Party's proposal. As has been explained by other honourable members on this side, under our scheme perimeter hospitals will be established. The honourable member for Belmont, who knows so much about the Wynnum and Manly districts, put forward an example today which is quite typical. A bus trip from Wynnum or Manly to, for instance, the Princess Alexandra Hospital

costs 80c for one person. It costs a similar amount to go from, say, Sandgate to the Royal Brisbane Hospital. Whichever way one looks at it, people are paying for their free hospitals. Under the Labor Party's scheme, people will have a choice of local medical practitioners. Honourable members opposite should not try to distort the position.

(Time expired.)

Mr. CHINCHEN (Mr. Gravatt) (7.52 p.m.): I was interested to hear the honourable member for Brisbane quoting from his prepared brief. It recalled to my mind that on 27 September, when the same honourable gentleman was leading for the Opposition on the Adoption of Children Act Amendment Bill, he spoke for exactly three minutes because he had no prepared brief. In this instance, all members of the Opposition have been supplied with material from various sources to fight a rearguard action in defence of something that is completely indefensible, namely, the Federal A.L.P. hospital scheme. We have heard considerable numbers of inaccurate statements, misquoted figures and quotations from pamphlets containing totally false statements. For the benefit of the Committee I will quote again from a pamphlet authorised by Mr. Lourigan, Labor House, Newstead, in which he says—

"Remember that unless a Federal Labor Government is elected in 1972, the Queensland Government will not be able to continue to provide the money to maintain a free hospital system."

That is completely untrue, yet this sort of scurrilous material is being handed out to the public throughout Queensland. That statement was proved to be a lie by the Treasurer, (Sir Gordon Chalk), when, in answering a question asked by me in this Chamber, he said quite emphatically that it was totally untrue and irresponsible.

That is the sort of thing we have been hearing on these Estimates, because honourable members opposite are trying to defend something they cannot defend. In the bubbling sort of speech from the honourable member for Belmont, he claimed that the Government promised a hospital at Mt. Gravatt and that there was a time factor involved. He knows as well as I do—I have raised it in the House time and time again—that there was no time factor. This Government plans on a long-range basis. It is no use trying to find land just when it is desired to start building a hospital.

Mr. Newton: It is a long way ahead.

Mr. CHINCHEN: Yes, it is a long way ahead. We have this land for the next major hospital in Brisbane. It is not to be a peripheral hospital, as the honourable member mentioned, but the next major hospital for Brisbane.

I can clearly recall the type of planning carried out by the Opposition when it was in Government. It had 26 acres available

to it at Mt. Gravatt as a school site but, without any foresight at all, it resumed only 4½ acres. Nowadays that area has to cater for well over 1,000 pupils.

The Government can well be proud of what it is doing. Its forward planning is evidenced by the hospitals that we see about us today. The claim of the honourable member for Belmont that Queensland has stagnated for 15 years under this Government is totally untrue, and he knows it is. He has travelled throughout the State and has seen what this Government has done. He is aware of the enormous improvements made by it to our hospital system. This afternoon he fought a rearguard action which, to members of the Opposition, means that anything at all can be said, irrespective of whether it is true or false. Of course, many of the things that Opposition members have said are false.

During the debates on both the Financial Statement and Education Estimates I raised certain queries that have subsequently been entirely overlooked. Although I do not wish to raise those queries again tonight, I do want to put forward some points of interest. The Estimates of the Probable Ways and Means and Expenditure for the Health Department reveal that the number of persons employed by the Chief Office rose from 875 in 1971-72 to 939 in 1972-73, an increase of 64. I can well imagine that such an increase in staff is necessary, but I point out that it involves a tremendous rise in costs. I sincerely hope that this increase in staff will be reflected out in the field.

The number of persons employed by the Division of Psychiatric Services has increased by 186. In this area, specialist attention is necessary. However, it is amazing to read that in the Director's Office and Psychiatric Clinic the number of persons employed grew in the same period from 63 to 140. Obviously there is a good reason for this, but whereas in 1971-72 the sum of \$292,345 was expended, the amount of \$740,500 is required for 1972-73. It is impossible to compare figures unless some explanation is given for an increase of that magnitude. I suggest that an asterisk should appear at the foot of the page with an explanatory note as to the reason for the increase in staff of from 63 to 140. Such a practice would enable honourable members to understand the Estimates more easily.

It must be remembered that this Parliament does not have an Estimates Committee such as the one in Canberra, or a Public Accounts Committee similar to those in other Parliaments. Without such an explanation as I have suggested, it is very difficult to convince ourselves that public money is being expended in the best interests of the community.

I now wish to deal with the nuisance created by noise which, in Australia, has not been tackled sufficiently. I can well imagine

that noise started in the days of the Industrial Revolution, when man first moved into the use of machinery. Perhaps I had better quote this description of "noise", from a book entitled "The Tyranny of Noise" by Baron—

"There is no simple answer to this question, any more than there is a simple answer to the question of what is an optimum acoustic environment.

"In general, sound is noise when its physical components disturb the relationship between man and his fellow man, and man and his environment, or when the acoustic energy causes undue stress and actual physiological damage.

"In conventional terms, sound may be classified as noise when it damages the hearing mechanism, causes other bodily effects detrimental to health and safety, disturbs sleep and rest, interferes with conversation or other forms of communication, annoys or irritates."

There are many sounds about us that we enjoy, but there is an enormous number of sounds that we do not enjoy. Very little has been done about it in this country. I will go a little further into that point later, because moves have been made in South Australia and Western Australia which have not even scratched the surface.

Countries that have tackled this problem have found it exceedingly hard to control, because sounds cannot be registered in only one way. A number of components in sound irritate. It is not simply the frequency or the intensity of sound that annoys. Intermittent sound, or a hundred-and-one different types of sound, can annoy, and everyone does not react in the same way to the same sound.

Noise has created complex problems throughout the world, but there are answers to all the problems today. An enormous amount of material is available—I have a lot of it here—from all over the world telling us how the problem has been tackled. It is obvious, of course, that the first major moves were made after the war, in European countries that were badly damaged during the war. It was here that the first big freeways and highways were developed. The noise caused by the massive movement of machinery and tools created great problems. This is where the doctors and psychiatrists became involved. It has been established, without doubt, that noise is the cause of many problems, more and more of which are being identified almost daily.

A certain amount of work has been done in Australia in this field, but no work has been done in a legislative way to overcome the problem. It has been tackled particularly in West Germany—and East Germany, too, for that matter—in Hungary, Switzerland, and a number of other countries. But West Germany, in particular, has done enormous work in this field. We can learn a great deal from this country.

It is interesting to read volume 1 of "An Assessment of Noise Concern in other Nations" dated 31 December 1971. It relates, for instance, to the problems in London, Tokyo, Moscow, Warsaw, Zurich, Johannesburg and so on.

Mr. Hanlon: Do you think this can best be handled by the State, or by the various local authorities?

Mr. CHINCHEN: I will deal with that point in a moment. There are three levels at which I believe it must be tackled if it is to be dealt with thoroughly. The way we are handing this task over to the local authorities to look after makes it impossible.

The publication to which I refer deals with an enormous number of matters. It tells how various countries, such as Israel, Italy, Japan, the Scandinavian countries, Switzerland, the U.S.S.R., Yugoslavia, Great Britain, France, Austria, and so on, have tackled the problem. When we look at Australia, the situation is rather pathetic. We find a page and a-half devoted to it. It says—

"In Australia, the control of noise and legislation for noise control are the responsibility of the State Governments, except in the Australian Capital Territory and the Northern Territory, where the responsibility rests with the Commonwealth Departments of Health, the Interior, and Labour and National Service."

It also says we have a laboratory that has done a little work on the problem. When we look at the German story, it tells us how those people are coping with the whole problem, what their laws provide, the methods of recording various noise levels in certain areas, whether it be at home, in industry, or traffic problems on the highways.

All of this can be registered. Systems of control and methods of going about this can be laid down. The reason why nothing has been done in Australia is that the enormous pressures do not exist here. Any delay will only add enormously to the ultimate cost, and many citizens will be seriously disturbed by the effects of noise.

It is difficult to get away from city noise because it is developing at a fast rate. If we decide to go to the bay, which used to be quiet and restful in the old days, we hear the whirr of speedboat engines. If we go skiing, as I did last winter, we find snowmobiles kicking up an enormous row. In addition, we have motor-bikes, television and barking dogs. The experts have found that all these noises have an effect. It is reliably estimated that environmental noise is doubling every 10 years.

We are nearing the stage where the average person is reaching the limit of his tolerance. Those people who have not the normal degree of tolerance are already suffering. Some are in hospitals with all sorts of problems, and nobody seems to know that their problems

are due to noise. In areas where this matter is being studied it is common knowledge that problems are arising from noise, which seems to be never ending because of the way we live today. Every Sunday morning we hear lawn-mowers. If we go inside our homes, the television or the radio is going. We have a house full of gadgets, all making a noise. We have air-conditioners, which make noise. These things continually affect our very being, and this is important.

Another passage from "The Tyranny of Noise" reads—

"Years ago, investigators were looking for a standardized stressing agent, something that would consistently cause abnormalities in animals. By accident they discovered that noise could produce the abnormalities they wanted: lesions in the urinary and cardiovascular systems, changes in the uteri and ovaries of female animals, alterations in the testicular structure of male animals. They also discovered that the acoustic stimulus could cause changes in the body's chemistry: an increased production of adrenalin hormones, a decreased production of ovarian hormones, and other complex hormonal changes that influence fertility, growth, and other essential bodily functions."

Mr. O'Donnell: Don't you think it is a paradox today, with all these young people getting about with transistor radios hanging from their necks?

Mr. CHINCHEN: This is one of the damaging things. I thoroughly agree with the honourable member. The damage that discotheques are doing is mentioned in this publication. It has been proved that young people have lost their hearing because of this. Many people may laugh, but this is documented evidence and there is knowledge of this.

The answer to all this is to grapple with the problem. If it is done now, it will be done much cheaper than in 10 or 20 years' time. I firmly believe that the Federal, State and local authority areas are involved. The Federal area is involved because many implements, such as jackhammers, can be made available with a much lower noise level. As tools like that are imported, action at the Federal level is required.

There are a hundred-and-one ways in which motor vehicles can be made quieter. It is remarkable to discover, on the statistics quoted here, that the engine of a motor vehicle is not the biggest producer of noise. Tyre noise, aerodynamic noise and the noise of the vehicle in motion are louder than engine noise. Each country is carrying out experiments in this field, and this is one of the amazing facts that have been uncovered.

The State is involved because zoning is considered to be a very necessary method of overcoming the problem. Various zones are declared where only a certain decibel level

is allowable. This is working very satisfactorily in a number of European countries. There are cases of yapping dogs, and even quacking ducks. Only recently we read of the woman who had to get rid of a duck. I suppose in some situations a duck that quacked all day and night could be a great irritant, and could cause ill-health.

This whole matter must be considered and dealt with soon, and I should like to see set up in Queensland a Ministry of Environmental Quality. It is completely wrong that water pollution should come in one area of administration and air pollution in another. We do not seem to know where responsibility for noise pollution lies. Surely one Minister and one department should be responsible for environmental quality. In my opinion, this should be a senior portfolio, because some decisions would have to be made that would override the decisions of other departments.

Mr. Hanlon: What about the environmental control body that the Co-ordinator-General is serving on?

Mr. CHINCHEN: I do not know whether that is the ideal body. However, I do not want to discuss that matter now. All matters of environmental quality—call it what you will—must be grouped together and handled by one body. If such a body was set up, important things could be done. At present, they are being totally ignored.

A report on noise pollution has been produced in South Australia. In that State, work has been done from the grass-roots level. This is totally unnecessary and a waste of time, because so much work has been done overseas in this field. Western Australia has legislation to deal with the problem, but it is of no value and is totally innocuous. It leaves things in the position that they are in now in Queensland. It is interesting to look at the legislation of Germany and the United States. I have here a draft proposal on legislation for a public hearing. The people interested in the legislation are able to give their opinions, and then what emerges becomes legislation of the State of New York.

(Time expired.)

Mr. BROMLEY (South Brisbane) (8.13 p.m.): In the first place, I pay my compliments to the various heads and other officials of the Health Department, particularly Dr. Patrick, Dr. Livingstone, and others too numerous to mention, including my friend Mr. Jack Richards at the Princess Alexandra Hospital.

I feel that I should also congratulate those who were responsible for the preparation of the various reports. They are very lucid, and certainly comprehensive and illuminating. I have read them all with much interest.

Unfortunately it is not possible to deal with all aspects of the Health Department in the 20 minutes allowed for speeches. Although it is difficult to indicate sarcasm in "Hansard", I want to thank the Minister for allowing private members a small portion of the

total time allotted for discussion of these Estimates. It is jolly decent of him! After all, we each get only 20 minutes.

Mr. Hinze: Then why are you wasting your time?

Mr. BROMLEY: Of the time allotted for discussion of these Estimates, the Minister has taken over 188 minutes.

Mr. Lane: Have you a stop-watch?

Mr. BROMLEY: I have taken the time. He will probably "hog" another two hours in winding-up the debate tonight. I suppose we are lucky to be able to take part in the debate at all, because it is well known around the lobbies that the Minister can talk under molasses.

During this debate, members on this side of the Chamber have certainly given the Minister the "needle". He has been anaesthetised, and "done like a dinner". I am quite certain that not only the Minister but all on the Government side are very sorry that they decided to have the Health Estimates debated this year.

Mr. Hinze interjected.

Mr. BROMLEY: Hello! The honourable member for South Coast is wearing a tie for a change.

Without doubt the Tories, whether they belong to the Country Party or to the Liberal Party, are a very sorry and frightened bunch, knowing that on 2 December the people of Queensland, and indeed the people of Australia, will endorse the health policy and other policies of the Australian Labor Party.

I think it is appropriate in the debate on the Health Estimates for me to deal briefly with the Australian Dental Association and some of the dentists in private practice who are members of that association—I say again "some of the dentists"—and some doctors who are supporting that association on compulsory fluoridation of water supplies, although I would prefer to call it compulsory mass-poisoning by artificial fluoridation.

One hears a great deal today about pollution of the air and the water, and I wish to warn the people of Queensland, and particularly the members of the Committee, that sodium-fluoride in water is water poisoning and water pollution. Fluorine accumulates in the body and causes many deadly illnesses.

Mr. Hinze interjected.

Mr. BROMLEY: Obviously, that is what the honourable member for South Coast is now suffering from.

Earlier in the debate the honourable member for Windsor spoke about air pollution and smells in his electorate. During the various manufacturing processes, fluoride compounds escape into the air from chimneys

and factories involved in the making of aluminium, brick, glass, tiles, steel, chemical fertilisers, and some detergents.

Mr. Ahern: In what way is it different from common salt?

Mr. BROMLEY: I do not want to go into detail, but if the honourable member would like to debate the subject with me on television, I will deal with him as I did with Professor George Davies on one occasion.

The TEMPORARY CHAIRMAN (Mr. W. D. Hewitt): Order! The honourable member will direct his comments to the Chair.

Mr. BROMLEY: Yes, Mr. Hewitt. Water fluoridation will add to the menace of pollution by distributing fluoride and fluorine poisons into milk, into the soil in which vegetables are grown, into the water we drink, and into all the foods that we cook and eat. It does not matter how these compounds are taken into the body in excess quantities; the result is the same—fluorosis. Many eminent doctors and dentists throughout the world have said that; it is not only my thought. I have read many reports that support my contention. The definition of fluorosis is “a serious and fatal (if not treated) disease caused by an accumulation of fluoride in the body”.

Mr. Ahern: It is the same as chlorosis.

Mr. BROMLEY: It is completely different, as I shall explain shortly. Symptoms of fluorosis are constant fatigue, frequent headaches, joint pains, nervousness, and loss of weight. The latter symptom does not apply, of course, to the honourable member for South Coast.

I have spoken before in this Chamber of compulsory mass medication by fluoridating water supplies because I think it is important, and I say to the Minister that in Queensland doctors, and for that matter, dentists, are not trained to detect fluorosis.

Mr. Hinze: Don't be silly.

Mr. BROMLEY: There are no hospitals in Queensland that train doctors to—

Mr. Lane: You are not serious, are you?

Mr. BROMLEY: I am serious. Doctors are not trained to diagnose fluorosis.

Some doctors and dentists will shrug off any complaints—I have made many inquiries about this—similar to fluorosis by saying, “You have arthritis or rheumatism.”

Mr. Ahern: What about all the people in Canberra?

Mr. BROMLEY: I could deal with Canberra figures, but seeing that the Minister has been up and down like a lift—I was going to say something else—I have not the time to debate the matter fully.

So that there will be no misunderstanding about where we stand, let me quote the Australian Labor Party's policy on fluoridation. Our policy passed at our convention states—

“Fluoride—That an A.L.P. Government provide fluoride tablets to all Government and Local Authority Health Centres for distribution to parents who make application for such tablets.”

Mr. Ahern: It is a scapegoat.

Mr. BROMLEY: The honourable member is a scapegoat and many A.D.A. members are making people scapegoats. I will tell the Committee about that. Through its members the Australian Dental Association is using patients as stooges or carrier pigeons to send printed letters to members of Parliament urging the introduction of legislation to introduce undemocratic, compulsory fluoridation of water supplies. I have in my hand one of the pro-forma letters. Why does the A.D.A. not approach the Government direct instead of using unsuspecting patients? The pro-forma letters come to members of Parliament unaddressed except for the envelope, sometimes unsigned, and sometimes with unreadable signatures. None of them shows the address of the patient or the address of the dentist. I think I received one that showed the dentist's name, but I have not heard of any being received by other honourable members.

Very few dentists, if any, would know very much about fluoridation and certainly none of the patients would be aware of the harm that can be caused by an excessive intake of fluoride. They would not realise the harm that could be caused to unborn children. If I have time I shall develop that theme. I am not quite sure what the honourable member for Landsborough said by interjection earlier, but I think he spoke about calcium fluoride. Calcium fluoride is a completely different substance. It is not a poison as sodium fluoride is. Calcium fluoride is a natural component of water. It is good for the health of people because it appears naturally. Incidentally, calcium fluoride is an antidote for sodium fluoride. The complete antidote for an excess intake of sodium fluoride is an excess intake of calcium fluoride.

A Government Member: You have been misled.

Mr. BROMLEY: I have not been misled. The honourable member has not studied the matter.

The tolerable or maximum limit of sodium-fluoride intake is said to be 2 mgms per person per day, and in places where artificial mass fluoridation of water supplies exists it is one part per 1,000,000, but neither of these figures takes into consideration the fact that when all water supplies have been fluoridated—domestic and otherwise—there is additional intake by all people,

expectant mothers included, by other means. For example, there is additional intake from food processed with water, from milk from cows which have consumed gallons of fluoridated water, and from beer. I mention that for the information of the honourable member for South Coast. Naturally, manual workers engaged in hard labour drink a lot more water than people in cushy jobs like the honourable member for South Coast. They drink a lot more water than people engaged in light occupations.

Mr. Ahern interjected.

Mr. BROMLEY: If the honourable member or any of the doctors on the Government side can produce to me controlled evidence to prove that sodium fluoride is not a poison, why do they not claim the \$100,000 reward that has been offered by a group of scientists, doctors and dentists in America? There is no controlled scientific proof that it is not dangerous. In fact, it is dangerous and harmful to the body. If the water supply was not mass fluoridated, it would not matter so much how much water a person drank. It would not matter how much beer, tea, or milk one drank. Of course, as the hot weather is coming on, it would not matter if we drank an excessive amount of—

Mr. Lane: Beer.

Mr. BROMLEY: Being a teetotaler, I was going to say, "soft drinks."

Whilst the A.D.A. is in the process of launching its brain-washing campaign to persuade the Government to enact legislation compelling local authorities to indulge in compulsory—I stress "compulsory"—medication, let the doctors or the Government take up the challenge, as I said before, of that \$100,000 reward.

Mr. Ahern: That is stupid in the extreme. It is a confidence trick.

Mr. BROMLEY: It is not a confidence trick because neither in Australia nor anywhere in the world have doctors, dentists or scientists come up with any controlled scientific proof that it is not bodily harmful. In no way can they prove that poisonous fluorides are safe and beneficial and will cause no future body harm or ill health. No matter how they try, they cannot do it, because it just cannot be done, irrespective of the age or the medical health of the person concerned.

When we talk of mass fluoridation and the intake of fluoride, either by mass circulation or by tablets, we must remember that there is a great deal of difference between the two. I would rather make tablets available free of charge to everybody requiring them.

Mr. Ahern interjected.

Mr. BROMLEY: In answer to the honourable member for Landsborough, Sweden, which probably has the greatest number of scientists and the most advanced doctors in the world, repealed legislation for compulsory

fluoridation which had been in force for eight years. It was proved that it was not beneficial to the people but, in fact, poisoned them, and the legislation was repealed.

Mr. Ahern: Fluoride is still in the water.

Mr. BROMLEY: Of course it is, but not through mass fluoridation. It is not compulsory. I want to know whether we are going to have compulsory mass-poisoning fluoridation of water forced down our throats. Is this democracy or not? I only bring up this subject because many people are concerned about it. I should like to quote certain articles from newspapers but I do not think I have the time. I mentioned a while ago the damage that mass fluoridation could do to unborn children. In today's "Telegraph" Erica Parker, a most knowledgeable person on many subjects, has written an article headed "More Drug Dangers for the Unborn". In it she talks about many substances that are recommended by doctors for pregnant women and then goes on to talk about other things which doctors recommend but which have not been proved to be safe. In other words, she says that, in them, there is more danger for the unborn. I have not time to read the article but it is in today's "Telegraph."

I want to know whether we are to have a referendum in order to let the people choose for themselves, or whether the views of the A.D.A. and the Government are to be forced down our throats.

Mr. Tooth: Will it be left to your conscience to vote on this?

Mr. BROMLEY: Absolutely, but let us have the people decide. Do not let us have a dictatorship. Do not force it down the throats of unsuspecting people who really do not know too much about fluorosis or fluorine poisoning.

Dr. Crawford: What do you do with the children who either cannot or will not take the tablets?

Mr. BROMLEY: The responsibility is on the parents. I believe that the great majority of parents care for their children and would ensure that they took the tablets.

Dr. Crawford: In fact they do not.

Mr. BROMLEY: The honourable member for Wavell would force mass poisoning—wholesale fluoridation—onto the people whether they like it or not.

Dr. Crawford: It is not poison.

Mr. BROMLEY: The Government does not wish to hold a referendum, but simply wants to introduce fluoridation without giving the people any say at all on the matter.

Dr. Crawford: It is not poison. A dose of one part per million is a therapeutic dose.

Mr. BROMLEY: Of course it is, but, as I have said, some workers who do hard manual labour drink 10 times as much water as other people. The intake of fluoride cannot be properly controlled under those circumstances.

Dr. Crawford: In some instances the quantity of fluoride has to be reduced, but one part per million is a therapeutic dose.

Mr. BROMLEY: That is the tolerable amount.

Dr. Crawford: It is the therapeutic dose.

Mr. BROMLEY: It may be therapeutic if all persons drink the same quantity of water. But compare people who reside in Brisbane with those who live in the North; compare those who have sedentary occupations with those who do hard manual labour, for example, at Weipa and similar places. The latter group drink water all day long because their bodies require a certain liquid content.

Dr. Crawford: It won't hurt them at one part per million.

Mr. BROMLEY: It may not hurt them if they drank normal quantities of water, but the body can safely absorb only 2 milligrams.

Dr. Crawford: I am not talking about milligrams; I am referring to one part per million.

Mr. BROMLEY: Even at that ratio a person who drinks 10 times more water than another will absorb 10 times more fluoride, and will suffer from the resultant fluoride poisoning.

(Time expired.)

Mr. HARTWIG (Callide) (8.33 p.m.): I had looked forward to hearing an interesting speech from the honourable member for South Brisbane, who, when he rose to his feet, said that the Government would be sorry to debate the Health Estimates. I expected him to debate the Estimates of the Health Department. Instead, he set himself up as a self-made professor on fluoridation. I suggest that he does not even know what the word means. I remind him that every local authority in Queensland—whether it be in a town, provincial city or the metropolitan area—has the right to introduce fluoride into its water supply at any time.

Dr. Crawford: If it so desires.

Mr. HARTWIG: That is right. The honourable member for South Brisbane did not raise his voice in disapproval of the millions and millions of gallons of raw sewage that are emptied every minute of the day into the Brisbane River at Luggage Point.

Members of the Opposition complain about pollution, yet they have it right at their front door. They have not complained about the diesel fumes that are emitted into the

air of this city every day and night by council buses, which were put on the road in place of trams by Clem Jones.

The honourable member for South Brisbane claimed that the Government was frightened because it had started this debate, and I thought to myself, "We are in for it." I fully expected him to criticise our free hospitals, but he did not even mention hospitals. Naturally, as he cannot see anything wrong with our system, he could not comment upon it.

I wish to compliment the Minister and his departmental officers on their very good work in the preservation of the health and welfare of the people of Queensland. They owe a great responsibility to every town, shire and city in this State. I also pay a tribute to the local authorities for the great part they play in assisting the health authorities carry out their work. Often the contribution made by local government is overlooked. Local authorities provide free immunisation against such illnesses as tetanus, whooping cough and diphtheria. Without a shadow of a doubt the Government can stand on its record of achievement in the free hospital sphere during the past 15 years.

Mr. Gough Whitlam saw fit to come to Queensland and be very outspoken against our free hospital scheme, which no other State has had the courage or tenacity of purpose to introduce. He even said that our free hospital system could, or would, disintegrate. That was unfair, and was very misleading to the public. Queensland can proudly proclaim that it is the only State in Australia where patients can enter a free public ward and also receive an income under the medical benefits scheme. I say emphatically that I know of people who have come to Queensland from other States, given a phoney address, and tried to get admission to hospital and occupy beds that should be used by genuine Queenslanders. That proves how people from other States value the great system that this State Government has pledged that it will support and maintain.

Despite the many growing centres throughout the State, the Government has maintained a very high standard of health services everywhere. I readily agree with many speakers that probably we do not have everything we want in the way of hospitalisation and staffing arrangements, but surely that is a healthy sign of a fast-growing, developing State; it is a very favourable sign that we are decentralising. Despite the remarks of the honourable member for Belmont, we are decentralising in many areas of Central and North Queensland. Every day the Minister receives calls for more hospitals and extensions to hospitals. Between 30 June 1957 and 30 June 1971, \$51,577,000 was spent on hospital capital works alone. At the present, the Government is embarking on a massive building programme. Never in the State's history have its people seen expansion the like of which will take place during the next decade.

I pay tribute to our State health officers, who help to keep the State and nation free of epidemics. Today, countries are brought close together by fast-moving aircraft, but despite the terrible diseases to be found throughout the world, we are relatively clear of them. Officers in our great State Health Department are dedicated to the task of keeping out these diseases, which could so easily enter with aircraft arriving from foreign countries within a matter of a few hours.

Opposition members accuse the Government of having no real policy and of neglecting our hospitals. If there is a shortage of beds in some centres, the Health Department is fully aware of the requirements. I heard the Treasurer himself say yesterday that \$6,000,000 is to be spent on the Southport Hospital.

The Government is continually expanding health services throughout the State. Anybody who wants proof of decentralisation and the extension of hospital services should go to places such as Goonyella, Blackwater, Moura, Biloela and Yeppoon, with their additional population, increased number of houses and increased school attendances. We are decentralising at a very fast rate. As a matter of fact, decentralisation was not known before 1957. The northern and central parts of Queensland were virtually dead. But that situation has been overcome because of the Government's enterprise in free hospitalisation, which is worthy of great commendation.

I am pleased to see in the Estimates, in addition to the establishment of many intensive-care units in our major hospitals, that nurses' salaries have been increased substantially. I support this move up to the hilt. I have nothing but the greatest admiration for the nursing profession. Nurses do a wonderful job caring for the sick and tending aged sick people of this State.

Matron Moore should be honoured for the marvellous job she is doing at Yeppoon Hospital, under trying conditions. I have personally requested the Minister to consider the provision of a new hospital, which is sadly needed in this fast-growing and beautiful area. Yeppoon is too far from the base hospital at Rockhampton, and surely the 6,000 inhabitants of this area on the beautiful Capricorn coast, are entitled to a new hospital.

Biloela Hospital has a very dedicated staff in Matron Waldron and her nurses. Biloela is a fast-growing centre, with a population of some 5,000. The population of the shire is over 13,000.

An Honourable Member: How many doctors have you got?

Mr. HARTWIG: We have five doctors at Biloela.

I am happy to acknowledge that \$500,000 is being spent by the Government on stage 1 of the Biloela Hospital. As the daily average approaches 28 in-patients, I hope

the Minister will release plans and approve the necessary expenditure for the completion of stage 2 next financial year.

The special hospital at Westwood has some 170 inmates who require intensive care and nursing. The matron and staff play a tremendous part in caring for the inmates.

I am disturbed at the Minister's statement that nursing schools at country hospitals will be abolished.

Mr. Melloy: Including Biloela.

Mr. HARTWIG: I do not need any help in making my speech.

This means that Biloela Base Hospital, which is serviced by five doctors, and will soon be visited regularly by a specialist, will be denied the opportunity of using the services of young girls from this area. I agree that a high standard of education is required. However, I view with concern the fact that, on the one hand, we have established modern high schools to educate country pupils to Senior standard and, on the other hand, we are forcing young girls to leave country areas, forgo parental control and move to provincial cities to further their training in the nursing profession. I appeal to the Minister to reconsider this move, and to include places such as Biloela in the scheme for training these young girls at nursing schools. I believe that many hundreds of Queensland's best nurses received their training in small country hospitals.

I should like to pay a tribute to the Government on its decision to increase the subsidy for ambulance services from 50c to 75c in the dollar. Many ambulance centres that were under financial stress have received a welcome shot in the arm. Let us not forget the important part that ambulance services play in the welfare of the community throughout the State.

I should like to conclude my speech by a reference to air pollution and environmental control. I do not consider that France should be allowed to continue with its nuclear testing in the Pacific Ocean. I have attended several courses at the Civil Defence School at Mt. Macedon, and I know that a nuclear bomb exploded at zero, or ground, level will send radioactive material into the upper atmosphere to a height of from 60,000 to 80,000 feet. Up there, it can travel downwind for thousands of miles. The coastline of Queensland is approximately 4,000 miles from the testing site, and it is more exposed to radiation of this type than any other part of Australia. I know that the Government has registered protests over these tests.

Mr. Houston: Which one?

Mr. HARTWIG: I am well aware that the Commonwealth Government has taken the matter up, and has resisted the efforts of France to continue nuclear testing in the Pacific. I have heard some talk about fluoridation. I would sooner talk about the air that we breathe, because it is pure air, no

more and no less, that is so vital to us. I believe that we must register opposition to the continual exploding of nuclear devices in the Pacific.

In conclusion, I once again congratulate the Minister. I look forward to a period during which, under the present Government, there will be a marked expansion not only on the administrative side of health services but in the staffing of hospitals. With good doctors, good nurses, and good hospitals, I am sure the Minister and his officers will continue to carry out their duties in a most efficient and workmanlike manner.

Mr. HOUSTON (Bulimba—Leader of the Opposition) (8.48 p.m.): It was not my intention to enter the debate. However, the Minister challenged me, and I do not run away from any challenges, particularly if they are made by Liberal and Country Party members.

Let us look at the real situation. The Minister quoted from a document entitled "National Health Act 1953-71, Hospital Benefits—Bulletin of Statistics". Let us also look at the official document.

Mr. P. Wood: It is hard to see who published it.

Mr. HOUSTON: It does not say who published it, but it certainly was not prepared by the Commonwealth Bureau of Census and Statistics.

Let us compare the two documents. The Minister said that this document shows that Queensland had 7.5 beds per 1,000 of population. We claim, of course, that this is not an accurate figure. Let us now make comparisons with other States on the figures shown in the official document and the Minister's document. For instance, the Minister's document shows, under the heading "Number of approved hospitals and approved beds at 31 December 1971", that in New South Wales there were 254 public hospitals. That is the number registered. But according to the document issued by the Commonwealth in June 1971, there were 271 public hospitals in New South Wales. According to the Minister's document, there are only 101 private hospitals; according to the Commonwealth document there are 567. In other words, the Minister's statistics are based on a total of 355 hospitals in New South Wales, whereas in fact there are 838.

And if one goes to beds, of course, one finds that there are nearly twice as many beds in the total number of hospitals in New South Wales as are shown in the Minister's document, which, of course, shows only registered beds associated with the various medical benefits funds.

The picture in Victoria is similar. According to the Minister, there are 161 public hospitals; according to the Commonwealth, there are only 158. Apparently another three hospitals have sprung up in Victoria in the last six months.

Let us look now at the private sector. According to the Minister, there are 103 private hospitals in Victoria; according to the Commonwealth, there are 317. According to the Minister the total is 264, whereas the actual total is 475.

Then we come to Queensland. According to the Minister, there are 150 approved hospitals in the public sector.

Mr. Tooth: When you keep saying "according to the Minister", that is not my figure.

Mr. HOUSTON: Well, this is the book the Minister used in his argument.

Mr. Tooth: That is right.

Mr. HOUSTON: It is the book he used and the statistics on which he based the whole of his case.

Mr. TOOTH: I rise to a point of order. The honourable member, for purposes that are a little obscure to me, is deliberately quoting these figures as my figures. This, of course, is designed to denigrate the evidence that I have—

The CHAIRMAN: Order! Will the Minister please come to his point of order?

Mr. TOOTH: The point is that the honourable member is misquoting the situation when he calls them my figures. They are official figures of the Commonwealth Bureau of Census and Statistics.

The CHAIRMAN: Order! I trust that the Leader of the Opposition will correct his statement.

Mr. HOUSTON: I will correct it to this extent: This is the actual document which, at my request, the Minister laid on the table of the House. I am quoting from that document. The Minister's marks are on the document from which I am quoting. Surely I can say, then, to reduce the language, that it is the document from which the Minister quoted.

The CHAIRMAN: That would be correct, but the honourable member would not be quoting from the Minister's figures.

Mr. HOUSTON: Very well, Mr. Lickiss, I will not go into that any further.

Mr. Lane: Try to stick to the facts.

The CHAIRMAN: Order!

Mr. HOUSTON: Queensland, according to the document from which the Minister quoted, had 150 public hospitals; according to the Commonwealth, there are 144 public hospitals in Queensland. Again, six hospitals have appeared somewhere in Queensland in six months.

The document used by the Minister shows 36 private hospitals in Queensland; according to the Commonwealth, there are 167. The grand total for Queensland is shown as 311, whereas the document from which the Minister quoted shows 186.

Need I go any further in comparing the statistics for the various States? They all follow a similar pattern. The document from which the Minister quoted gives only the hospitals and beds that are approved—"Number of approved hospitals and approved beds at 31 December 1971". As I said earlier, that document was compiled under the requirements of the National Health Act. But the Commonwealth is not concerned with whether or not a person is registered for medical benefits, and I am sure that no-one will dispute the accuracy of the document from which I am quoting. It shows a different picture altogether, and it is the one that I believe will be quoted throughout Australia. It gives the figures as at June 1971 relative to public and private hospitals, nursing homes, and repatriation institutions—that is, all the beds available to all the people of Australia.

We must also take into account the fact that members of the Services and their dependants can use repatriation hospitals, and they have to be included in the statistics. The honourable member for Toowoomba South has already referred to the number of beds per 1,000 of population. Tasmania is the leading State at 11.69. Then comes New South Wales at 11.36, followed by Western Australia at 11.27. Queensland is fourth on the list at 10.87.

There is another interesting comparison if we go back to the year 1967 and follow the situation through for the various States. In 1967 the number of beds per 1,000 in New South Wales was 10.47, and now it is 11.36. In Tasmania it was 10.93, and now it is 11.69. In Queensland it was 11.04, and now it is only 10.87. In other words, we are getting worse as time goes on.

The Minister said that we are well looked after here. Let us look at some other statistics. What I am about to refer to is not shown in the document from which the Minister quoted, but again these are official figures. Let us examine the capital expenditure on hospitals. One of the things that the A.L.P. has said is that not enough money is being allocated to capital expenditure in this State. Under Labor's scheme more money will be allocated to capital expenditure, because it will be made available for that purpose. Of course, it will be up to this State Government to do the right thing with the money.

Mr. Tooth: Do you mean that the \$22,000,000 that Mr. Whitlam is speaking about will be devoted to capital expenditure?

Mr. HOUSTON: I did not say that at all. The Minister should not misquote me. I said the money would be available to this State and that I hoped the State would spend it wisely.

Mr. Tooth: Will the \$22,000,000 be for maintenance or capital expenditure?

Mr. HOUSTON: If the Minister thinks our hospitals require \$22,000,000 for maintenance, they must be in a shocking state.

Mr. Tooth: You evade the issue.

Mr. HOUSTON: The Minister has the document there. I know that he is checking the accuracy of my figures. He need not worry, because I will not misquote figures.

For the year ended June 1971 New South Wales spent \$21,695,000 on capital expenditure, whereas Queensland only \$4,399,000. In Western Australia, a State with a much lower population, capital expenditure totalled \$9,197,000. The Minister talks about how well Queensland's hospitals are staffed. If we look at the wages and salaries that are paid, we get some indication of whether or not our staffing is up to standard, and whether nurses and others are being paid adequate wages. For the same period salaries and wages in New South Wales totalled \$155,440,000, whereas in Queensland \$38,466,000 only was spent on salaries and wages. In Western Australia, a State of much lower population and fewer hospitals, \$36,142,000 was spent on salaries and wages.

Mr. Lane: Who do you think this is fooling?

Mr. HOUSTON: It is certainly killing the Government's argument, because that argument has been that Queensland is already the best State as far as hospitals are concerned. I am telling the honourable member quite clearly that that is not so.

Mr. Tooth interjected.

Mr. HOUSTON: The Minister spoke of maintenance. I thought he would come into this. In Queensland, the total maintenance cost, including matters to which I have already referred, was \$56,568,000. I think that is the statement the Minister wanted me to make. I do not deny that, but in Western Australia \$61,277,000 was spent.

Mr. P. Wood: And that State has only half Queensland's population.

Mr. HOUSTON: That is right. We might as well get the population figures in so that there will be no doubt. The population of Western Australia is just over 1,000,000—in fact, 1,027,372 as against Queensland's statistical population of 1,823,362.

It does not matter what yardstick we use; the same result is seen. The situation in Queensland has deteriorated under this Government and, unless there is a big injection of money into the system, it will become completely chaotic in the near future. The whole point is, of course, that honourable members opposite are all silently praying that we will win the Commonwealth Treasury benches so that they will get some money to boost their own position and get themselves out of the muddle they are in at present.

Now let us look at some of the statements the Minister made when he was trying to defend the waiting time presently involved. He said that the waiting time is only three months. Perhaps that is the statistical result, but what about the person who has to wait and sweat it out for three months?

Mr. Tooth: This is elective surgery. They can always go into the public wards.

Mr. HOUSTON: The Minister speaks of right of choice. The patient has right of choice provided he wants to sweat. If he does not want to do that, he can go to a public hospital, says the Minister. What right of choice is there when one is forced to do something? It is like the statement that has been made here previously about the person in the medical benefits scheme who went to the specialist and was told, "I cannot get you into a private hospital; you have to go into a public hospital." This is the whole problem today. I say let us be humane and think of these people who have to suffer this long waiting time. The Minister speaks as though waiting is nothing, but after a person pays \$82 a year to a medical benefits fund should he not be able to expect something like immediate medical attention? Why has he to wait and worry? It is all very well for a doctor to say, "You are not too bad. I know your tonsils are pretty bad and you are sick, but you can carry on."

Mr. P. Wood: They stay on antibiotics.

Mr. HOUSTON: Of course they do. It is all right for the drug companies, or the doctors to say, "Come back next week and let me have a look at you". But it is no good for the patient.

Mr. Tooth: Do you regard it as inhumane to refer people to a public ward?

Mr. HOUSTON: I did not say that at all.

Mr. Tooth: My word you did.

Mr. HOUSTON: There are certain words I cannot use in Parliament, but you know what I am thinking about you.

Mr. Tooth: And you ought to know what I am thinking about you.

Mr. HOUSTON: The Minister has come into this Chamber deliberately trying to cover up a very serious situation in our hospitals. He knows full well that the public of Queensland have had certain experience and know what the situation is like. No doubt they will take note of it.

The Minister, very conveniently for himself and his Government, decided not to mention at all other things on which the Labor Party has spoken. Reference has been made here to future dental care. The Minister did not have anything to say about that. Surely he is not going to disagree with Labor's dental scheme. Mr. Whitlam said—

"We will introduce a five-year programme to provide free dental services to all Australian school-children. The basis

of the programme will be the training of dental therapists to practise under the supervision of qualified dentists. We will provide grants to the States to enable them to build the staff colleges to train therapists."

The Federal Vice President of the Australian Dental Association, Dr. W. D. Heffron, has hailed this proposal as a very important first step in preventive dentistry. But I have not heard the Minister praise it. Why does he not do so? Is he ashamed of the set-up in Queensland, or does he know that the proposed scheme is a good one? Being first a politician and second a statesman, is he not game to give praise where it is due?

Mr. R. E. Moore: Your scheme is only a con trick.

Mr. HOUSTON: The honourable member for Windsor has had more experience in con tricks than anyone else in this Chamber. In fact, he would be an expert.

It would be a wonderful thing for a parent to know that from the time her child started kindergarten until it left school it would receive constant dental care.

Mr. Lane: They would only be first teeth. Why don't you think properly?

Mr. HOUSTON: The honourable member for Merthyr might be expert at knocking out the teeth of drunks, but he does not know very much at all about the care of those of young children. Unless a young child properly cares for his first teeth he will experience problems when his second teeth begin to emerge.

Like my colleague the honourable member for Nudgee, I have had the privilege of seeing the dental scheme that exists in Tasmania. We considered it to be such a good one that we included the implementation of a similar scheme in our policy speech prior to the recent State election. When I announced Labor's policy speech I was pleased to know that, in that respect, it received the full support of the Federal Labor Party, and I was not at all surprised to hear Mr. Whitlam include in his platform the establishment of a child dental care service through the schools.

Mr. Ahern: The Tasmanian situation is the result partly of fluoride.

Mr. HOUSTON: I do not deny that in Tasmania the water supplies are fluoridated, but I remind the honourable member for Landsborough that that State also employs dental nurses to care for young children. I am sure that he will be honest enough to admit that.

Anyone who genuinely cares for the youngsters of this State will want to ensure that they receive the medical care to which they are entitled. However, I have not

heard the Minister, nor, for that matter, any other Government member, mention this matter.

Mr. Lane: It is only their first teeth. Why don't you say that?

Mr. HOUSTON: I am sure that when the honourable member was about 12 or 14 years of age he still had his first teeth. Apparently he was a backward child.

(Time expired.)

Mr. N. F. JONES (Everton) (9.8 p.m.): It gives me great pleasure to be able to follow my leader in this debate.

Mr. Lane: What about Tom Burns? Isn't he the new Leader of the Opposition?

Mr. P. Wood: If I interjected constantly like that, I would be pulled up.

The CHAIRMAN: Order! The honourable member for Toowoomba South has reflected on the Chair. I ask him to withdraw his remark.

Mr. P. Wood: I made the remark, and I will withdraw it.

Mr. N. F. JONES: One of the points I wish to raise seems to have been forgotten by the majority of those honourable members, particularly Government members, who have spoken. I refer, of course, to the fact that, under the late Ned Hanlon, the Australian Labor Party instituted free hospitalisation in Queensland. Since Labor left office in 1957, the Country-Liberal Government has tried almost continually to eliminate the free hospitals, but, in the knowledge that if it persisted with its attempts it would be removed from office, it wisely decided to retain it. Nowadays, of course, the Government puts itself forward as the great defender of free hospitalisation, because it realises that when a Federal Labor Government takes office on 2 December it will do the job that this State Government has failed to do over the past 15 years.

During this debate the Government has tried to defend itself, as well as its Federal counterparts, over the administration of hospitals and health.

Mr. Lane interjected.

The CHAIRMAN: Order! I have said repeatedly that irrelevant and persistent interjections will not be tolerated by the Chair. I now warn the honourable member for Merthyr under the provisions of Standing Order 123A.

Mr. N. F. JONES: Thank you, Mr. Lickiss.

Irrespective of how the Government tries to defend its record, everyone knows that over the last 15 years Queensland's health services have deteriorated. Under this Government, patients endure long waiting periods in public hospitals and, during this debate, most of my colleagues have raised this point. A working man who goes to a public hospital to get

some service or help from the medical profession has to wait, not for 10 minutes but for four or five hours—sometimes all day—before receiving attention. That is part of what is entailed in the long waiting times that have developed under this Government. There is a shortage of staff, and this is partly responsible for the waiting time.

Mr. Tooth: Didn't you hear the figures I gave about 10 minutes ago?

Mr. N. F. JONES: Yes, I did, and I heard them refuted by my leader.

There is also a shortage of equipment, which I shall deal with in a moment, and a shortage of finance. I think everyone, even the Minister, will admit that there is a shortage of finance. On this point, I quote from an article in the "Telegraph" of Wednesday, 5 April 1972, as follows:—

"Many things at Royal Brisbane Hospital could be attended to if further finance were available."

The article dealt with the ceremony to mark the pouring of concrete for the foundations of Block 7 at the hospital, the 15-storey twin-tower block costing \$17,000,000 which will take five years to complete. It reported one speaker as saying—

"The North Brisbane Hospitals Board has borrowed nearly \$12,000,000 during the past 10 years to finance work, but this is only one of the Queensland hospital boards whose capital works programmes need \$100,000,000 in the next 10 years."

At this stage someone might ask, "Who said that?". Of course, we must look to the Minister. It was a statement by him as reported in the "Telegraph". He is the man who criticises the A.L.P. health scheme, which will return an extra \$22,000,000 a year to Queensland and Queenslanders.

It is useless for the Minister to try to defend the Government's health scheme, which is falling behind because of lack of finance. All we can do is wait till after 2 December, when a Labor Government attains the Federal Treasury benches and we will at last have a Government in Canberra that cares for the people.

Does the Minister believe that the appeal conducted by the newspapers in this city is the ideal way to provide normal equipment required by hospitals throughout the State? With reference to the appeal by "The Courier-Mail" for funds for the two children's hospitals in Brisbane, does he regard the provision of facilities through this appeal as a function of his department, or a function of public appeal? Does he propose to ask Queensland Newspapers Pty. Ltd. to promote further yearly appeals to provide urgently needed equipment and facilities for public hospitals? Does he regard the provision of these facilities as a responsibility of the Health Department? What steps is he, or his Government, taking to ensure that adequate finance is available for public hospitals?

Some of the money spent by the Health Department on TV commercials in trying to defend the health system in this State could be used to buy badly needed equipment to take care of some of the people who approach the general hospitals for health services.

The case of a miner whom I know personally comes quickly to mind. He has suffered for a long period with a back complaint, which was brought about as a result of his occupation. He used his full entitlement to private medical services and was directed to attend the Royal Brisbane Hospital for deep-ray and hot-plate treatment. However, he was told this treatment was not available because that hospital did not have the necessary equipment. It is obvious that the Government, by not providing this equipment at that hospital, is looking after the private practitioners who have this equipment available in the metropolitan area.

I should now like to refer to the general-hospital complex and Labor's proposal for hospitals in urban areas. Under the present system, families have to meet the added economic burden involved in travelling from outer suburbs to visit relatives in hospital. Labor's policy is the establishment of small urban hospitals to care for people with minor complaints rather than have them hospitalised in the inner-city area.

I believe that my colleagues have adequately criticised the Estimates, and I have one or two comments to make on other areas covered by this department. The first is air pollution. The Clean Air Act, which is administered by this department, is not strong enough to stop the polluter in this State, particularly in the metropolitan area.

Before dealing with the situation in Queensland, I shall relate some of the overseas experience. London must be a classic example of what can be done by anti-pollution legislation backed by determined action. Although the position in Australia is not as bad as it is in Britain, the British experience can be used to demonstrate what can be done by determined action. Over the past 10 years in Britain, nearly £400,000,000 has been spent by industry on cutting down the output of polluting substances. There have been particularly notable improvements in emissions of solid matter from cement and iron and steel works, and power stations have reduced their output of grit and dust from 1,000,000 tons to 200,000 tons.

Some of the pollutants that should be investigated are smoke, sulphur dioxide, carbon monoxide, tars, salts, acids, lead and hydrocarbons. As a result of a survey of air pollution in Brisbane and Ipswich, the Clean Air Act was passed by Parliament in 1963. Its purpose is to prevent or minimise air pollution. It defines "air pollution" as "emission into the air of air impurities". What action has been taken against the cement works at Darra since the introduction

of that Act? These works discharge a large volume of pollutant, which creates a problem for the people who live close by.

The Act does not have any real teeth and is not designed to really stop pollution or the polluters. This is evident, because the fines prescribed are \$400 for each breach of the Act and \$200 for each breach of the regulations. Those are minute amounts considering the profits earned by some of the large companies that are responsible for much of the air pollution in this city.

In New Zealand, where the need for higher penalties was recognised, a health report on pollution control suggested that fines up to \$2,500, and \$200 a day for continuing offences, could well be imposed. I believe that similar action and fines are needed here.

While speaking of air pollution, there is one other matter that I should like to raise. I refer to it because it is a problem with which I am particularly concerned. Petrol produces deadly carbon monoxide, and lead added to petrol reduces engine knocking. But the added lead is not combustible, and it is pumped into the atmosphere and may enter the bloodstream through normal respiratory processes. The long-term effects may include mental subnormality in children. Official British health statistics cited recently by Professor Bryce-Smith of the University of Reading in a study on lead poisoning revealed alarming increases in mental disturbances among children over a four-year period. The increase was as high as 100 per cent in the case of girls, and 60 per cent in the case of boys up to 10 years of age. The professor was careful not to draw firm conclusions in the absence of supporting research.

I believe that the evidence produced in that statement by Professor Bryce-Smith should be sufficient for us to take a very serious look at the increasing amount of traffic on the roads and the increasing amount of air pollution, particularly in the metropolitan area. I believe that the Minister and the Health Department should take a serious look at this problem, and introduce strong regulations relating to fumes from petrol and diesel engines, and the air pollution caused by large companies in the metropolitan area.

Hon. S. D. TOOTH (Ashgrove—Minister for Health) (9.23 p.m.): I should like to deal first with the comments of the Leader of the Opposition. The honourable gentleman got himself involved in vast masses of figures, and what interested me was his challenging of the document that I used. This document is an official publication of the Commonwealth Department of Health.

Mr. Houston: You can't have it both ways—that and the other one.

Mr. TOOTH: That is true, and, for a number of reasons, the honourable gentleman will not be able to reconcile this

document with the one from which he quoted. The first reason is that the two documents cover different periods.

Mr. Houston: Six months.

Mr. TOOTH: Yes. There are often great changes in such a period.

Mr. Houston interjected.

Mr. TOOTH: I do not propose to try to shout the honourable gentleman down. If he does not want to hear my reply, I shall stop. There have been many complaints and interjections from the Opposition benches. I am replying as Minister. If the honourable gentleman will listen to me, he will learn something. He quoted from this document.

Mr. Houston: You said that.

Mr. TOOTH: I am going to say it again. I point out that neither the Leader of the Opposition nor the honourable member for Toowoomba South realised, in their initial comments, the existence of the explanatory notes.

Mr. P. Wood: That is not so.

Mr. TOOTH: I quote from explanatory note No. 2. It reads—

“The methods of classifying hospitals and nursing homes as public or private differ among the States, and not all the institutions approved by the Director-General of Health of the Commonwealth as public hospitals or nursing homes under the National Health Act are included.”

But they are included in the document from which I quoted, “Beds approved by the Commonwealth Department of Health”. For the year ended 30 June 1971, a total of 86 approved institutions, with 4,000-odd approved beds, have been omitted from the statistics of public institutions.

Then it goes on and gives the breakdown State by State. I say to honourable members, through you, Mr. Lickiss, that when listening to this breakdown they should remember the vast difference in population State by State. Omitted from the list in New South Wales are only two institutions with 37 beds; but in Queensland 28, with 2,216 beds, are omitted. So what a distortion there must be between the figures for New South Wales and the figures for Queensland in this document.

Now I turn to Victoria. In Victoria, 25 institutions, with 1,886 beds, are omitted. Once again, Queensland has 28, with 2,216 beds, omitted.

Relating these figures to the difference in population, one sees that the figures do not represent the position as we want to see it relative to public hospitals and hospitals available to the community at large. This is a selective group of statistics, and paragraph 2 of the explanatory notes gives a very clear exposition of the situation.

I notice that the Leader of the Opposition is indulging in a loud laugh. If he knows his quotations, he knows what that betokens. But the honourable gentleman from Toowoomba South is looking rather serious. There is a slight difference in approach.

Mr. P. Wood: I wish I had time to make a reply.

Mr. TOOTH: The honourable member can always put it on paper and send it to me in the form of a letter.

The Leader of the Opposition claimed that I had failed to deal with a number of matters.

Mr. Houston: That is right.

Mr. TOOTH: He said that I avoided a number of matters, yet, very early in the piece, I was subjected to very severe criticism for taking up too much time. The point about it is, apparently, that I, by some omniscience, should know the matters that honourable members opposite want me to deal with and deal with them. I did take a lot of time, because I tried to cover as many of the departmental activities as I could before the recess for dinner on Tuesday. I could not get around to dental services, so I shall have a quick word to say about them now. Let me tell the Committee that—

Mr. Houston: You can put it on paper and send it to us.

The CHAIRMAN: Order! The Minister does not have to accept interjections.

Mr. TOOTH: The dental situation in Queensland is far and away the best in the whole of the Commonwealth of Australia, and any Health Minister will agree with my statement. We have in this State 141 dental clinics attached to hospitals and dental centres in various parts of the State. There is nothing anywhere near comparable to that in any other State of Australia. In these centres there are 45 base clinics, including three full-time metropolitan clinics, associated with dental hospitals; there are 35 dental clinics attached to hospitals; there are 50 other itinerant centres, including missions, Aboriginal centres, bush-nursing centres, A.I.M. hospitals, and 19 welfare institutions.

There are nine part-time clinics attached to hospitals and serviced by private dentists. There is one Aboriginal settlement serviced by a private dentist and there are two part-time clinics operated in private dentists' surgeries. This is a field in which we lead the Commonwealth. We are far and away in front.

We have 21 officers in the Queensland School Dental Services. During the year they visited schools to the number of 627 and with an enrolment of over 50,000 children. To suggest that the dental side of our health activities is being neglected is patently absurd.

I wish to refer to the comparison made by the Leader of the Opposition or another honourable member on that side of capital expenditure on psychiatric hospitals. This was another example of an attempt to compare things that are not comparable. In Queensland we have led Australia in the policy of treating psychiatric disorders as a disease similar to all the various other maladies, and in consequence we have been opening psychiatric wards and psychiatric sections in our acute hospitals. Those do not come into our capital expenditure figures. Other States are not doing that, although it is the accepted modern practice. They are so definitely and firmly committed to their big buildings that they have been unable to take the progressive step that we have taken.

In the big hospitals we are erecting in provincial cities such as Townsville, Cairns and Rockhampton, provision is being made, or will be made, for psychiatric wards. In one of them—I think it is at Townsville—three floors in the new building are to be devoted to psychiatric care alone. This will not appear in the statistics of capital expenditure on psychiatric hospitals because Townsville is not a psychiatric hospital; it is an acute hospital. Honourable members can see the difficulty that arises when only a little knowledge and a little research is applied to a very complex problem.

The honourable member for Mt. Gravatt asked about the increase in the cost of maintenance and the cost for staff in certain sections of the psychiatric service. Provision is being made for a further forward step in the integration and development of community work for psychiatric patients. Whether we will be able to secure the staff we need, and make all the progress we hope to in the coming year, is a matter that we cannot prophesise, but we have made provision for it.

I have great sympathy for the honourable member's reference to noise. Personally I regard noise as one of the greatest pollutants we have. I trust that in the very near future we may be able to do something by way of legislation to deal with noise. Noise is a form of pollution that some people use maliciously. I know of one or two cases in my own electorate where people throughout the night are deliberately making noise to annoy neighbours towards whom, for some extraordinary reason, they have developed a measure of animosity. One young man plays drums from about 10.30 p.m. to past midnight every second or third night of the week. Apparently there is no way of curbing this. It is a scandalous situation and something must be done in the near future to deal with it.

The honourable member for Brisbane referred to the per-capita expenditure and I have dealt with that on psychiatric services.

The honourable member for Ithaca made some telling comments regarding the A.L.P. proposals and then referred to the need to

abolish the stickers dealing with the formula on paint tins. I mention to him that this matter is currently under consideration. We are studying it. If he would like to write to me, setting out his views on it, I would be grateful to have them and it is possible that, in the very near future, we may be able to do something to meet this problem.

The honourable member for Belmont made certain references to the Princess Alexandra Hospital and to the waiting lists for elective surgery. I have shown from the statistics I have mentioned that where there are long waiting lists for elective surgery it arises because, in most cases, there is a strong preference for some particular surgeon. If patients are prepared to transfer from one surgical unit to another, they can have their operations much more expeditiously. It is understandable that people very often get a considerable attachment for a medical adviser and many of them prefer to wait until he can fit them in. It is not our fault; it is something that must be dealt with by the persons concerned and their medical advisers.

I was interested to hear the honourable gentleman for Belmont refer to the A.L.P. health scheme, in a moment of annoyance and emotional upset when replying to interjections, as a "socialist tiger"—and he was not kidding; he meant it. I am sure that appropriate and due note will be taken of that admission from the honourable member for Belmont.

The honourable member for Kurilpa gave an account of incidents in the administration of mental health and other related matters. His speech will be studied carefully to see if he elicited or adduced any new facts dealing with one particular matter upon which we have already had some correspondence. We are always open to hear anything fresh that he has unearthed and we will be very happy indeed to hear from him, just as we will be happy to hear from any honourable member who has raised some matter in this Chamber that I have not been able to deal with.

The honourable member for Toowoomba South spoke emotionally, and I respect his emotion and feeling, on the matter of Aboriginal health. I do not think anybody would disagree with me in saying that this is part of a total social problem. Many things must be achieved. The social structure of the Aborigines and their integration into our society are the real problems and, until these have been dealt with effectively, one facet of the total problem cannot be isolated. It is very difficult indeed to deal with it separately.

Mr. P. Wood: Are you prepared to have your department assume the responsibility for Aboriginal health, which is presently under another department's jurisdiction?

Mr. TOOTH: The honourable member will realise that this is a question I am not likely to answer in a debate of this nature. What I do say is that it is a total problem and must be solved totally. It cannot be solved piecemeal. We are endeavouring to alleviate the problem. We are certainly trying to educate the Aborigines, particularly those members of their community whom we can locate and with whom we can communicate for a reasonable length of time. I am sure that the honourable member will admit that there are large numbers of Aborigines who, because they are nomadic or move from one situation to another, are very difficult to keep in continual contact with and to educate.

The honourable member for Cook is shaking his head. Of course, he deals with a group of Aborigines in a special area. I think the honourable member for Toowoomba South was talking about the fringe-dwellers round about our country towns and some cities. I do not know how we could manage to assist these people on health matters, except in the total concept of their integration into society. In my humble opinion, this is the real answer. The situation is not that we have no sense of responsibility here but rather that we have to determine the best method of effectively achieving what we set out to do.

I am sorry the honourable member for Albert is not in the Chamber, because I do want to make a rather sharp comment. His remarks were of a rather rambling nature, and he gave me the impression that he was exceedingly uncomfortable. One comment of his that I noted was, "No-one can cough in a hospital without the department knowing". The truth of the matter, as far as the honourable member for Albert and the Southport Hospital are concerned, is that nothing happens in that hospital without his knowing of it, and indeed he has been the inspiration of many of the things that have happened there in recent times. This is one of his most consistent forms of political operation.

Mr. Sherrington: What rot! Tell us of one such incident. Don't make these unfounded charges.

Mr. TOOTH: They are not unfounded.

Mr. Sherrington: Why don't you back them up?

Mr. TOOTH: There will come a time when I will be able to reveal the things I know. Members of the Opposition should not kid themselves about this.

The honourable member for Windsor had a great deal to say about fluoridation. He supports it, and, speaking personally, so do I. I would like to see it universally adopted. No doubt, if the Press do me the unkindness of reporting that statement, over the next two or three days I will receive an avalanche of letters condemning me for

it. And I am sure that the first one will come from the honourable member for South Brisbane.

Mr. Bromley: I wouldn't bother writing to you.

Mr. TOOTH: I can assure the honourable member that that is a relief. It is a rule with me that if a letter comes to me from an honourable member, whatever the subject, I reply to it personally.

I have some knowledge of fluoridation because I was born in Barcaldine and lived there until my early twenties. The water in Barcaldine is naturally fluoridated, and I was not poisoned. I am still in fair shape, notwithstanding the weight of years.

The honourable member for Windsor also referred to the Flying Surgeon Service. It was created by this Government and added, at considerable cost, to our free hospital system. We have been very fortunate in being able to secure the services of top-flight surgeons, who are men of outstanding quality and have a little element of adventure in their make-up. They are quite happy to go out for two, three, or four years into the back-blocks of this State and fly about in little aeroplanes and, as well, perform surgery in the small hospitals in the Outback. We have had readers from the university and many other highly qualified people who have undertaken this work. We are very grateful to them, and are very proud of the fact that this service was indeed the creation of this Government and, in particular, of my good friend and predecessor in office, Winston Noble.

The honourable member for Mackay mentioned the rebuilding of the Mackay Hospital. This is going on apace. It is our intention, in due course, to replace completely all the main sections of the Mackay Hospital. In the very near future one of my colleagues will probably be going to Mackay to open the extensions. For many years the medical superintendent at Mackay was Dr. Berry. She has recently retired and gone to New Zealand, which is her homeland. It was particularly gratifying to me to know that the citizens of Mackay did not allow her to depart without a very clear expression of appreciation of her services over a long period.

The honourable member referred to staffing problems. The staffing of country hospitals is a continuing problem. Somebody suggested—I cannot recall who it was—that the Dean of the Faculty of Medicine was in error when he said that 200 doctors were enough for Queensland. The problem is the very one that he himself pinpointed when he said, to use his phrase, they were "mal-positioned". This is the point. There is a real problem in getting doctors, either young or experienced, to go into the country areas. And it is an increasingly difficult problem. It will not be alleviated, no matter how many doctors we have. With the progressive

increase in the speed of transport, more and more people move to the bigger centres for medical treatment. Consequently, there is a decreasing measure of clinical material in country towns for doctors to deal with.

Mr. Casey: That does not apply to Mackay.

Mr. TOOTH: Mackay has a very competent new medical superintendent.

Mr. Casey: What you are saying does not apply to Mackay.

Mr. TOOTH: That is so. The honourable member raised the matter, and I am broadening it.

As I see the situation, the time will come in the very near future when we will probably have to extend our policy of mobile medical clinics whereby teams of doctors will be available at central points to move out to these hospitals when they are needed. Possibly this will be done on a roster basis.

While I was in Great Britain recently I had the good fortune to be able to visit the Farnborough Air Show. I saw there something that I think every Australian should be proud of—a new aeroplane called the Nomad—which created a sensation because it was able to take off in such a short distance that it appeared to rise from the ground almost immediately the engines were revved. Not only did it take off in a short distance, but it was also able to land in a similarly short distance.

This plane appears to be one of the possible solutions to the problem of covering the countryside in a much more detailed way than can currently be done with the aircraft available at present. The Nomad is known as a S.T.O.L. type of plane. We have been looking at the possibility of establishing something of this nature, or at least inquiring into the possibility of doing this in the relatively near future.

Mr. Houston: The Premier has his plane. Do you want one too?

Mr. TOOTH: No. The honourable gentleman must make these nasty and rather unpleasant insinuations. I am speaking about the equipment of the Department of Health in Queensland.

The honourable member for Burdekin referred to the shortage of doctors in the North also. He criticised Professor Saint's comments, and I think he quoted some figures. Let me say that in England, under the National Health Scheme, there are 7,000 patients to one doctor. That is the upper limit. There is a great fear that if we have anything approximating the National Health Scheme in Great Britain, we will have the same sort of proportion of patients to doctors, because doctors lose their enthusiasm for such a system very quickly.

Finally, the Deputy Leader of the Opposition referred to Sir Macfarlane Burnet and tried to convey the impression that because

his signature was one of a number under a statement in the Press this morning, he supported the A.L.P. health scheme. What those people were doing was making a general statement, and, indeed, there were qualifications in the statement. It is quite improper for the honourable member for Townsville West to assume that Sir Macfarlane Burnet is supporting the A.L.P. health scheme.

There were some sarcastic remarks made about my solicitous attitude to Queensland's free hospitalisation system. I have been a supporter of it all the time I have been in Parliament, and, since I have been Minister for Health, I have defended it against all attacks. As I said publicly some time ago, I expected that if an attempt was made to undermine it, it would come from the Federal sphere. But I certainly never expected that it would come from the Federal A.L.P.

The CHAIRMAN: Order! By agreement, under the provisions of the Sessional Order agreed to by the House on 25 October, I shall now put the questions for the Vote under consideration and the balance remaining unvoted for Health.

The questions for the following Votes were put, and agreed to:—

Health—

	\$
Chief Office	7,947,897
Balance of Vote, Consolidated Revenue, Trust and Special Funds and Loan Fund Account	179,016,025

Progress reported.

The House adjourned at 9.56 p.m.