

LEGISLATIVE COUNCIL.

Tuesday, 16th November, 1937.

The Council met at 11 a.m. pursuant to adjournment, His Excellency the Officer Administering the Government, Mr. E. J. Waddington, C.M.G., O.B.E., President, in the Chair.

PRESENT.

The Hon. the Colonial Secretary, (Acting) (Major W. Bain Gray, C.B.E.).

The Hon. the Attorney-General (Mr. J. H. B. Nihill, K.C., M.C.).

The Hon. F. Dias, O.B.E. (Nominated Unofficial Member).

The Hon. J. S. Dash, Director of Agriculture.

The Hon. E. A. Luckhoo, O.B.E., (Eastern Berbice).

The Hon. E. G. Woolford, K.C., (New Amsterdam).

The Hon. E. F. McDavid, M.B.E., Colonial Treasurer.

The Hon. F. J. Seaford, O.B.E., (Georgetown North).

The Hon. W. A. D'Andrade, Comptroller of Customs.

The Hon. J. I. De Aguiar (Central Demerara).

The Hon. M. B. Laing, District Commissioner, East Demerara.

The Hon. G. O. Case, Director of Public Works and Sea Defences.

The Hon. B. N. V. Wase-Bailey, Surgeon-General (Acting).

The Hon. L. G. Crease, Director of Education (Acting).

The Hon. H. P. Christiani, M.B.E., Commissioner of Lands and Mines.

The Hon. J. Eleazar (Berbice River).

The Hon. J. Gonsalves, O.B.E., (Georgetown South).

The Hon. Jung Bahadur Singh (Demerara-Essequibo).

The Hon. Peer Bacchus, (Western Berbice).

The Hon. E. M. Walcott (Nominated Unofficial Member).

The Hon. H. C. Humphrys, K.C., (Eastern Demerara).

The Hon. C. R. Jacob (North Western District).

The Hon. A. G. King (Demerara River).

The Hon. S. H. Seymour (Western Essequibo).

The Hon. J. W. Jackson (Nominated Unofficial Member).

The Hon. T. Lee (Essequibo River).

The Hon. H. G. Seaford, O.B.E., (Nominated Unofficial Member).

The Hon. W. S. Jones (Nominated Unofficial Member).

MINUTES.

The minutes of the meeting of the Council held on the 12th November, as printed and circulated, were confirmed.

EVENING SESSIONS.

THE COLONIAL SECRETARY (Major Bain Gray): I think hon. members are aware that a suggestion was made at the end of last week that we should hold evening sessions this week in order, if possible, to conclude consideration of the Estimates. The matter has been considered over the week-end, and it is believed that such an arrangement will be in accordance with the wishes of most members. It is proposed, therefore, when we adjourn this afternoon, to meet again at 8.30 this evening, and to sit for two hours.

UNOFFICIAL NOTICE.

AMENDMENT AND REVISION OF POLDER ORDINANCE.

Mr. JACOB gave notice of the following motion:—

WHEREAS the Polder Ordinance has outlived its usefulness and is out of date to suit present-day conditions:

Be it Resolved,—That this Council recommend to Government the introduction of legislation as early as possible to amend and revise the Polder Ordinance, Chapter 174, especially with regard to the election of Members of the Authority, so as to bring it in line with the Village Council Ordinances.

ORDER OF THE DAY.

ESTIMATES, 1938.

The Council resolved itself into Committee and resumed consideration of the Estimates of Expenditure to be defrayed from revenue for the year ending 31st December, 1938.

MEDICAL.

Mr. WOOLFORD: I have risen to suggest that the staff of the Georgetown Hospital be increased by the appointment of an anaesthetist. That is one of the recommendations of the Medical Reorganisation Committee, and I think there are several grounds to justify that recommendation. At the present moment there is no such qualified person on the staff of the Hospital, and I think I am correct in saying that it is generally recognised that such an appointment is a public necessity. There was an officer attached to the institution who could lay claims to specialisation in that direction. Unfortunately, other attractions have led him to leave the public service. I should have thought Government would have then recognised the necessity of filling what I think is a great need. There have been rumours of scandals at the Public Hospital, probably baseless, but at the same time giving rise to a certain amount of public unrest, and I would suggest that in order to allay any repetition of rumours of that kind, detrimental to the public interest and perhaps unfair to the operating surgeon at the Hospital, the appointment of an anaesthetist should be very seriously re-considered. I am not a medical man, I am not emphasising the necessity for this appointment as the result of any particular knowledge of the subject, but I do know that it is generally held by qualified men, and ably qualified men, that no institution of this kind should be without the services of an anaesthetist. It is not merely the administration of anaesthetics. I believe the qualifications require a very high standard of knowledge in a good many directions, and I cannot subscribe to the

opinion that the services of such an officer should be denied the public in this Colony on the ground of economy. It is no reason whatever, and I do feel that members of the Council should do their duty in this direction by insisting upon this appointment, and should not allow the question of salary to interfere with our recommendation. I believe that if you could inform the Secretary of State, as the result of force of public opinion in this Colony, that an appointment would be made. It is difficult, of course, when a Committee send in recommendations, to sanction an appointment or give effect to every recommendation as speedily as perhaps the Government itself would desire, but a suggestion of this kind cannot be overlooked.

It has been openly stated, and recently too, that the death or deaths under surgical operations have been the direct result of negligence. That is a statement which Government must have heard. I have heard it, and responsible members of this Council have heard it, and we cannot afford to allow that state of things to continue. There might not be the slightest truth in it, but it is not fair to the surgeon or surgeons who have to perform those operations, that those statements should be made, and I do not think it is fair to the surgeon or the staff of the Hospital to have to perform operations entirely on their own responsibility. I think Government should not only fill the post of the officer who was once attached to the institution, and who was regarded as having qualifications in that direction, but should see that it becomes a permanent one by a system of training and encouragement of other officers in the Colony to fill that role when the necessity arises.

There is another matter to which I would like to call attention with regard to the staffing of the Hospital. I am referring to the necessity that exists in my own constituency for rendering some help to the officer who has to perform duties in the Out-Patients Department. That has been quite a difficult matter, and I think Government has endeavoured to assist the officer in that direction. There was a time when New Amsterdam was left without any resident medical officer at all. The town itself does not always render it possible for a private practitioner to make a living, and therefore some arrange-

ment should be made for the appointment of part-time medical officers. There are at present one or two medical officers, both or one in receipt of some subsidy from Government for dental treatment at the Hospital, but I think now that Government is considering the advisability of engaging the services of part-time men in country districts, it should not overlook a similar necessity in towns like New Amsterdam. I suggest that where possible, part-time subsidies should be paid to someone to assist the staff of the Public Hospital.

In passing to another institution in my constituency, I think it would make for better understanding between the staff and the officer who now controls the institution if he were to examine the conditions under which the staff work. I am not referring to the recent troubles; I know nothing of them except what has appeared in the newspapers, but I do know there exist regulations which are unbearable in their restrictions. I do not know that anyone but a mental case could have conceived them. That may be, of course, due to the fact that long residence breeds familiarity, and perhaps inculcates symptoms of the disease, but the regulations themselves are not only objectionable but insidious, and I would instance the case where an attendant is liable to dismissal because he cannot prevent two lunatics fighting. The thing is absurd. I ask by what superhuman effort can an attendant foresee that two lunatics are going to fight each other, or something of that kind? Men have been dismissed for that and for less than that, and I think those regulations, although perhaps made under some shadow of authority, should be closely examined by the officer who is in charge of the institution, the Surgeon-General and, if necessary, by the Law Officers of the Crown. There should be some controlling body over everybody attached to that institution.

The hon. member for Western Essequibo (Mr. Seymour) has called attention to the treatment of female patients by a part-time medical officer who anticipated that he would not receive a fee for his services. I do not know whether the hon. member is familiar with the conduct of the whole-time officer who in similar circumstances performed his duty. He

delivered a mother of her offspring, but when he did not receive payment his method of reprisal was "If you do not pay me I shall restore the infant to the sanctum from which I took it." (laughter). I mention that because a part-time officer is liable to be subject to the same ideas about payment as a whole-time officer. The question depends upon the fitness of a man for his duty. I have always felt that one of the duties of a Government Medical Officer in a district—and all of our districts are poor districts—should be to give free attention to obstetric cases where the mothers are poor. It should be made one of his duties. It should not be left entirely to the expectant mother to receive medical aid which is not efficiently rendered by the nurse-midwife. If you require that nurse-midwives should treat such people free, the logical consequence is that the Government Medical Officer of the district should do so also. There is a question of principle involved. I am one of those who believe that the Government Medical Officer has quite enough time to do so, and that those cases of neglect, and I may say cruelty, should never have occurred. I believe that Government will find many men who would be willing to undertake duties of that kind as coming within their remuneration. I am tempted to insist upon that, because I have known so many Government Medical Officers who have retired from this Colony with handsome fortunes.

I would again direct Government's attention, and particularly that of the Surgeon-General, to the return of income from Government Medical Officers in the various districts. It may be a very unkind thing to say, but I do not accept them as accurate, and just in the same manner as other people have to make affidavits with respect to the return of their income, I would suggest that Government Medical Officers in districts be made to do the same. It has come to that, because this Colony is being asked now to subscribe to a system of District Surgeries, and we are being told "The job is worth so much; look at what so-and-so made in that district." I know several districts where—I have held in my possession in clients' cases a number of certificates from Government Medical Officers in districts for which they have been paid \$5—

the fees for certificates exceed the amount of their salary, and it is no good suggesting that those returns are accurate in circumstances like those. I am sorry to have to make these remarks, but they are true, and if there is any Government Medical Officer who feels inclined to challenge the correctness of my remarks out of this Council I am quite willing to give him the opportunity. I would say again that it is an imposition to charge poor people \$5 for a certificate, the form of which is "I hereby certify that so-and-so is suffering from a superficial wound which is not likely to disfigure her or cause her permanent disability"—something that he could have anticipated without examination. The exacting of a fee of \$5 from people in those circumstances is criminal. A legal man who has to perform more onerous duties than those is limited by the laws of this Colony to a fixed sum for writing a letter, which is now \$1.60. It used to be \$2 by custom, but I think it is now fixed by legislation. I may be wrong. The Hon. Mr. Dias says it is \$1.20, but a medical officer is allowed to charge \$5 for a certificate. The next time any client of mine is compelled by a Government Medical Officer to pay \$5 for a certificate I am going to sue him for the return of a considerable portion of it, and put him to the proof that his services are worth that amount. (Hear, hear). I hope Government will intervene in this matter, and I would like to say again that I hope the usual promise that the matter will be given consideration will never be mentioned in the course of this debate. No Government officer should be allowed to say so in this Council for a period of three years. (laughter).

There are other matters in connection with the Medical vote which occur at a later stage, and I propose to postpone whatever remarks I have to make, but I do ask that now that we are going to have an additional ward at the Public Hospital in the shape of a maternity ward, and now that it has become as popular as it appears to be, I hope His Excellency the Governor will be advised that the staffing of the Hospital is a long-felt public want. I also hope that no question of £1,000 or £2,000 should be allowed to enter into the consideration of so important a matter.

Mr. JACOB: In Select Committee I

asked to be supplied with figures of the actual expenditure, or the estimated expenditure for this year as compared with the actual expenditure for 1936 under sub-head 1 and Other Charges, so that we might be able to see what saving had been effected at the expense of efficiency. I am in sympathy with the acting Surgeon-General. We have had three Surgeons-General within the last two years and, naturally, the acting holder of the office cannot perform all the duties assigned to him. While that is so I think if a little more tact and energy were exercised there should be little less dissatisfaction with regard to the Medical Service as a whole. There has been dissatisfaction not only in Georgetown but throughout the Colony, and particularly in regard to the filling of appointments and the salaries Government is offering. I should like to support the suggestion that was made last Friday that the several vacancies ought to be filled and filled very promptly. Some of those vacancies have existed for a considerable time, and it does not do the Colony any good to have men acting here and there not knowing what their position will be. I do urge that those three or four vacancies should be filled as early as possible. I know there have been savings which should be utilised for the purpose of getting extra medical officers, especially in regard to out-patients work at the Public Hospital, and probably at other hospitals. It has been pointed out by the hon. member for Demerara-Essequibo (Dr. Singh) that it is impossible for one medical officer to examine 60 or 70 out-patients every day. So far as I can remember that complaint has been made for the last 15 or 20 years. I will admit that Government is trying to improve the conditions, but how? By paying higher salaries to officers who do not worry with out-patients to the extent they should. This applies not only to out-patients but to those in the hospitals. I have known of a case where a man was admitted to the Public Hospital and for nearly 36 hours he had not been examined by a medical officer. There may be mistakes here and there, but these cases show the need for greater efficiency and greater consideration to sick people who cannot afford to call a private medical practitioner.

When I raised the question of salaries

some time ago I was informed, and very strongly too, that it was necessary to have officers who would pick up the duties they would have to do after leaving college, and that \$100 per month was adequate remuneration for one who was learning. I do not think it is fair or reasonable, and I think some of the things I enumerated just now are responsible in a way for the appointment of medical officers at \$100 per month. It is not fair to pay such salaries to qualified medical men. Ordinary clerks in Government offices who have no technical knowledge get far more than that. When medical officers who have spent much money and time in acquiring their knowledge are offered \$100 per month they cannot be expected to give conscientious service. I think that scale of salary should be revised, and the earlier the better, not only for the Government and the Colony but for the poor unfortunate people. If cases of sickness are not attended to properly they become chronic and eventually cost the Government more.

With regard to the employees at those institutions, I have been told, and I think it is within the knowledge of Government, that the employees in the various departments of the Hospital, dispensers and ordinary porters, have a great grievance. I was told that a petition was sent in by them some time ago asking for better wages, shorter hours and uniform. When I investigated the matter I found out that the porters were being paid \$16 per month, working 30 days per month on the average, sometimes 31, and 12 hours per day, starting at 6 a.m. and leaving at 6 p.m. At times they get an hour or half an hour off, and their pay works out at an average of about 53 cents per day. To me that looks like sweated labour. It may be that the matter is being considered, but like the hon. member for New Amsterdam (Mr. Woolford) I do hope it will not only receive consideration but will be attended to.

Mr. ELEAZAR: It is very seldom that I disagree with the hon. member for New Amsterdam (Mr. Woolford), but I cannot agree with his suggestion that someone should be specially appointed to the Public Hospital to administer anaesthetics. I cannot see that such an officer is neces-

sary in Georgetown, in view of the fact that there are eight medical practitioners at the institution. It is certainly late in the day for us to be told that there is nobody competent to administer anaesthetics at the Hospital, especially when it is known that in all the country districts an ordinary dispenser in an estate hospital is the person who does that work, and we have not heard of any abuse, although in Georgetown, where there are so many qualified practitioners, we have heard of cases.

Although it is admitted that the Public Hospital is under-staffed as far as nurses are concerned, we are getting more Sisters, more drivers, but we have not heard a word about the staff of nurses being increased. The same thing applies to the Mental Hospital. For more years than I can remember there has been a complaint about the inadequacy of the staff of attendants. It was said once that at night one attendant was supposed to be responsible for 90 women in an "L" shaped ward. We hear about more doctors because people feel that when they have qualified the State must find work for them. Doctors are given a subsidy in order that they may use their skill and earn a living. If a doctor is known to have any skill at all, he has to work full speed ahead, and overtime too. Some of those doctors who have retired from the Service with good reputations did not go to the State to give them work. Any attempt at improvement for the advantage of the few instead of the majority is wrong.

I see another item—9 Sisters at \$192 with ration allowance of \$48 and laundry allowance of \$24, at the Leprosy Hospital. We were told in this Council that the six Sisters who were coming for the Leprosy Hospital would cost this Colony nothing. That is how they were introduced.

THE CHAIRMAN: If the hon. member is going to speak on the details of the nursing staff it would be better if he did so under the particular sub-head. I would like to have general remarks at this stage.

Mr. ELEAZAR: We have no time to waste, therefore I prefer to wait until we reach the various items.

Dr. WASE-BAILEY (Surgeon General):

Sir, I desire first of all to deal with the remarks of the hon. member for Demerara-Essequibo (Dr. Singh) who referred to the present position of patients in the Public Hospital, Georgetown, and the question of congestion. I would point out that it must inevitably occur occasionally that in one or another ward more patients than that ward normally holds enter it, because there is considerable seasonal variation in disease. For example, this is more or less a malarial season, and we may expect more acute cases of malaria, but I would not say that there is congestion throughout the Hospital. It is true that certain wards have been pressed fairly heavily, but there are cases which may be transferred to the Alms House. But if the Alms House happens to be full those cases must remain to block the wards of the Hospital. The whole position is being examined, and a full report will be submitted on the question of the Alms House and Hospital combined, but I would point out to the hon. member that the advent of the new Tuberculosis Hospital will relieve the Public Hospital, Georgetown, to the extent of some 40 beds. Furthermore, if the maternity wing eventuates, that also will appreciably relieve the congestion, more particularly as regards female patients.

The hon. member also referred to the work in the Out-Patients Department as being too much for one doctor, and this morning the hon. member for North Western District (Mr. Jacob) has referred to the same point. He said it was impossible for 60 or 70 patients to be treated by one doctor in a day, and that five minutes per case were required. I do not know whether the hon. member is thinking in terms of what he has seen, that is the possible congestion in the Out-Patients Department, but in point of fact a very large number of the cases are merely repeat cases, patients who go for a repetition of their prescriptions. Therefore, what may be apparent congestion may not be so. The repeating of a medicine does not take the doctor a fraction of a minute. He simply has to glance at the prescription in most cases and initial it. That five minutes are required for each patient is a definite exaggeration. When a case is obviously one for admission to the Hospital—it may be a very clear-cut diagnosis—the doctor merely

makes a short note of the disease and admits the case to the particular ward. Those cases do not necessarily take five minutes, because they would be immediately dealt with by the doctor in the ward. However, it is admitted that the cases have increased in the Out-Patients Department, and a small Committee has been formed, partly of doctors of the Hospital and partly of private practitioners, with a view of considering the implementing of the recommendations of the Medical Reorganisation Committee on the question of eliminating the Dispensary from the Out-Patients Department of the Hospital. The Committee will go into the whole question of congestion.

The hon. member also referred to the question of medical officers in the districts charging high fees. It seems to me that there is a lot of misunderstanding in this direction. In view of the remarks of hon. members, not only now but many times before, it would appear that the majority of those doctors are by now millionaires, at least in dollars. In point of fact that is by no means the case. It must be obvious to many people that for a doctor continually to over-charge he is going to dig his own grave. People will not go to him unless they are absolutely obliged to, and I do not think it can be said fairly that doctors in the Government service are over-charging. I have had a little experience in three or four districts before going to the Public Health Department, and I am quite certain that I should not have become a rich man, because it is only in rare cases that people are able to pay what I would call a solid fee to the doctor. In the majority of instances it is a question of accepting what he is likely to get, and in most cases if he charged more he would not get it. I would like to have more specific charges made in relation to this complaint.

The hon. member also referred to the inadequacy of the medical service on the West Coast of Demerara, and also on the islands of Wakenaam and Leguan. The hon. member for Essequibo River (Mr. Lee) and the Hon. Mr. Jackson also referred to the question of medical services in those areas. I have some sympathy with the hon. members' remarks, not so much from the point of view of the amount of work, but from the point of

view of the people in those districts. Those people living in Wakenaam and Leguan feel that if any acute disease occurs they have no doctor, or cannot expect a doctor for weeks or a month. I happened to be Government Medical Officer Wakenaam in 1926, and I think that during my 17 short days there I had two patients in the hospital and three flags displayed throughout the 12 miles of the district. The amount of medical work there does not warrant even the employment of a part-time officer, but there is the other side of it, the possibility of acute cases arising. I have some degree of sympathy for the people living there, and Government is giving further consideration to the matter.

The hon. member for Essequibo River (Mr. Lee) referred to paragraph 114 of the report of the Medical Re-organisation Committee on the same subject, and included the Demerara River. There was a time when a part-time doctor was appointed to the Demerara River, but after a time it fizzled out because there was lack of work for him to undertake. Any such part-time appointment must proportionately be very expensive in terms of service to be rendered, and so it is in the case of Wakenaam and Leguan. Travelling expenses and subsistence allowance would be considerable in proportion to the actual time spent in the work.

The hon. member for Essequibo River also referred to the question of making the East Bank district a District Surgery. It should, I think, be understood that one cannot automatically convert existing districts into District Surgeries. It is inferred in the contract of Government Medical Officers appointed at £500 to £700 a year, that in due course they will or may be appointed to a district. Therefore one must be careful not to eliminate so many districts that those doctors who are at present in institutions would be in the position of not having a district to go to if later on they expressed that wish. Appointments to District Surgeries must largely be proportionate to the retirement of Government Medical Officers from districts and from the Service. With such retirements opportunities will arise for increasing the number of District Surgeries. I think one hon. member referred to the East Bank as being a first-class district.

I think it may be said to be at the bottom of the class, in view of the fact that motor buses carry many of the people into Georgetown. The emoluments from that district are very small as compared with what they were some years ago.

The hon. member for Essequibo River also referred to a matter which has mystified me somewhat, because I can find no reference to it. The hon. member said that the Surgeon-General had promised that on the receipt of a certain sum of money from a charitable institution the League midwives would be refunded the money which had been deducted from their salaries. I cannot understand the origin of that statement at all, because I was present at every meeting of the Infant Welfare League for several years, and I happen to be the chairman of a sub-committee which is dealing with the re-organisation of League funds and the salaries of midwives. We reached the position some time ago when it was a question of either reducing the total number of midwives by two or reducing temporarily the salaries of all of them, and it was felt that all should suffer a temporary reduction. It was decided that those drawing \$14 per month should be reduced by \$1 and those drawing less than \$14 should be reduced by 50 cents per month for two years. That commenced on July 1 and ceased on June 30. How a cheque could be given which would have the effect of paying that money back I do not quite know. There is no record of it at all. The Surgeon-General never mentioned it to me. I cannot find that the Surgeon-General made any such promise that that money would go towards a refund. There were midwives getting \$8 and \$10 per month for no apparent reason, and the sub-committee recommended, and the Committee approved, of their salaries being increased to \$14 per month. I think that is being given effect to now.

The hon. member for Western Essequibo (Mr. Seymour) referred to the part-time service of the Government Medical Officer on the West Coast which is, of course, part-time only in the sense that his services in the district are part-time. He is not a part-time officer at the Suddie Hospital. He is a whole-time officer although he happens to be an acting Government Medical Officer. I do not feel

that the Suddie area and the West Coast are under-staffed from the medical point of view. There are two doctors, a part-time district doctor, and the senior doctor in the hospital also has private practice. There is a dispenser at Supenaam and another at the hospital at Suddie, a third at Anna Regina and a fourth at Charity. There is in addition an ambulance, which is available on receipt of a telephone message by the dispenser, to proceed to take a case of emergency to the Suddie Hospital. I think on the whole the medical services on that Coast are satisfactory. Furthermore, I doubt whether the population is increasing.

I deprecate very strongly the hon. member's remarks with regard to the supposed case of non-treatment of twins. I think it is unfortunate indeed that the hon. member can acquire knowledge which is of the greatest importance to the prestige of the Service, and bottle it up in his mind until he comes publicly in this Council to bring out everything, still unsubstantiated. I should be the first to make enquiries into any alleged case of inhumanity in the Medical Service, but I deprecate that the hon. member said nothing about it to me until some months or weeks after. I do not think it is at all fair. He said that the Medical Service was rotten; he is making it more rotten by making an accusation without any proof behind it. I most strongly record my protest on behalf of the officer concerned, the Medical Service as a whole, and private practitioners, against such action.

The hon. member also referred to the large number of appointments above the line, and said there were very few below the line. I do not think at this stage we can completely tear up the report of the Medical Re-organisation Committee, because certain principles have been enunciated there and are being put into force, amongst them being a certain number of officers above the line, which the hon. member referred to. Had he gone a little further he would have seen that there are 24 medical officers above the line. I do not think I need press that point any further, because I think at this stage it would be too late to eliminate all non-pensionable Government Medical Officers.

The hon. member referred in an earlier

debate to the question of nutrition. I was particularly interested in his remarks about nutrition boiling down to a question of food. I entirely agree that very largely in this Colony the question of nutrition must involve the actual giving of food where there is a great deal of poverty, but it is essentially the duty of the Nutrition Committee to enquire what food should be given. Until we know more exactly the content of the food in relation to protein, minerals and so on, we cannot economically say what foods the people are lacking, and how they should be assisted in that direction. It must take time for the Committee to come to a conclusion as the result of investigation and a series of experiments.

With regard to the remarks of the hon. member for Berbice River (Mr. Eleazar), I have to admit that I did not quite twig what he meant by his reference to the existence of a crematorium in Berbice, but he enlightened us on the point by referring to the fact that it was a certain building in the compound of the Mental Hospital, that he entered the fiery furnace and came out somewhat roasted. (laughter). I have enquired into that matter and found that although he said there were no windows, and that the only ventilation consisted of some holes in the walls due to shrinkage of the wood, which is not an uncommon condition in many buildings, the floor space is 4,680 square feet, while the space for windows is 600 square feet. The building was unoccupied at the time, and in fairness I must point out that there are 23 cubicles in the room. The old idea was that bad cases should be isolated. The Medical Superintendent who is now in charge of the institution does not agree with the principle because it is not the modern method. I am afraid that the idea of a crematorium amounts to a little more than a question of hot air. (laughter).

The hon. member referred to the apparent unfairness to certain medical officers who are drawing \$100 per month as compared with others who are in receipt of £350 per annum. I would like to clarify that point because the officers referred to are no doubt the supernumerary medical officers at the Public Hospital, Georgetown, and the other doctors either in hospitals or engaged in district work temporarily.

The difference is this: a supernumerary medical officer is equivalent to what would in England be termed a House Surgeon or Physician, but if the hon. member is not satisfied that \$100 is sufficient for such a temporary appointment, let me assure him that the actual fee paid in England is not more than \$24 per month. It is in the neighbourhood of £50 or £60 per annum. The idea is to enable the newly qualified doctor to obtain further practice in a fairly large-sized institution, so that he may later go out to his district or to institutional work with modern practical knowledge, in addition to book knowledge, and administration work. Those surgeons newly qualified receive very small salaries, but they get quarters, light and laundry. That does not altogether obtain here, but \$100 per month is on the higher side compared with England.

The hon. member for Berbice River also referred to the want of a two-roomed house at Ida Sabina in the Berbice river. I must confess that it was the first time the matter had come to my notice, and I am sorry the hon. member did not send me a line earlier. I have had no complaint whatever, and I know of no proposition to add a two-roomed house. I presume the intention is to provide for bed cases or surgical cases like a hospital, but I know nothing of any such request. I do not think it was right for him to say that nobody enquires into these things, because only recently Dr. Sneath went up there and submitted a very valuable report with regard to League work and dispensary work. I shall make further enquiries.

I think the hon. member also stated that the Steward and the Matron of the Mental Hospital were living more or less in one house. The man, I think, is the Chief Attendant. In point of fact it is a semi-detached building, the two portions of which are absolutely separate. The partition goes right up, and there are separate entrances. I do not know whether the hon. member would expect more than that in an institution.

The hon. member for New Amsterdam (Mr. Woolford) referred to the question of the appointment of an anaesthetist at the Public Hospital, Georgetown. The Medical Re-organisation Committee felt they had gone far enough when they recom-

mended the appointment of a part-time anaesthetist at a salary of £300 non-pensionable. I have no doubt that they went into the matter fully, and I find that in paragraph 147 of their report they do not include even a part-time anaesthetist in their recommendations which should be given early consideration. Therefore it must have been in their minds that the question of an anaesthetist was not of paramount urgency. Their other recommendations are gradually being implemented, but I feel it would be unwise at the moment to include a matter of this kind. Even what they have recommended is not so easy to give effect to as it may appear. Simply to take a doctor from outside and ask him to administer anaesthetics on four days a week and at other times as may be required would be a very risky thing unless we were quite certain that the particular practitioner was fully acquainted with the giving of anaesthetics and all that it brings with it. I have no intention to mention names, but I would say this: that it would be hard to find—and I think the practitioners concerned would agree that few of them really have the necessary experience in anaesthetics to qualify themselves as sufficiently expert to be responsible for a patient on the table at the time of the operation. I think the question should be kept in abeyance for the time being in terms of the Committee's report, and we should keep on the lookout for such a practitioner. I rather agree with the hon. member for Berbice River (Mr. Eleazar) that we have to think very seriously before we add to the staff of the Public Hospital, Georgetown, a full-time anaesthetist, because I am advised by the Resident Surgeon that we are not likely to get a properly qualified anaesthetist under £800 per annum.

With regard to the remarks of the hon. member for New Amsterdam on the matter of returns of incomes of Government Medical Officers I think there may be a few instances where, due to absent-mindedness, a Government Medical Officer may have omitted an item or two in his return, nevertheless I think Government Medical Officers are conscientious in submitting returns. Private practice forms part of their agreement, and I do not think that anywhere in those terms it is stated that their private practice should be limited to £150 or £10,000 a year. They

are entitled to private practice, and I am rather surprised that the hon. member should be so strong in his antagonism to a doctor fulfilling the terms of his agreement. Had he done so at the expense of his other work and spent all his time in private practice to the exclusion of attending to midwifery, infant welfare, vaccination and *post mortem* work it would be a different matter, but in terms of his agreement he is entitled to private practice, and the matter might stand at that except there is a case of heavy over-charge or unfair influence.

The hon. member also referred to the question of a doctor charging a fee of \$5 for a certificate. Apart from the fact that that has been the practice in this Colony for many years, and that it coincides very closely with the practice in England and elsewhere where the fee would be one of two guineas, if the doctor thought he was liable to go to court as well. I do not think a fee of \$5 too heavy where the doctor feels that the patient can afford it. In many cases the doctor does not charge \$5; his charge may be \$1 or \$2, and I know of one doctor who admitted that on no less than 84 occasions in one year, when he was requested for a certificate he took the matter in hand and advised the parties not to go to court. If any doctor charges a fee of \$5 for a certificate he is only charging a person who has voluntarily gone to him and who gets more than \$5 damages in court for the accident. If a patient does go to the doctor he does so of his own free will. I do not think a doctor can be blamed for charging a fee which for years has been the accepted fee in this Colony, and in respect of which the doctor reserves to himself the right to charge less, or nothing in some cases. When I was stationed in the Public Hospital Georgetown, one party came to me and I delivered a certificate and charged \$5. It so happened that an hour later the party on the other side also came and asked for a certificate, and I also charged \$5. (laughter). In point of fact I know I did them a service because they came together afterwards; they realised that they would have no case in court. (laughter).

I think I have covered most of the remarks made by hon. members, except the point of the hon. member for North

Western District (Mr. Jacob) that certain vacancies have not been filled. I would point out that there were five vacancies, one of which has been allocated to the Medical Superintendent of the Mental Hospital, one to the Assistant Physician and one to the Assistant Surgeon, leaving three vacancies to be filled. The Surgeon-General requested me before he went on leave not, if possible, to fill those vacancies until he returned in October, because quite a number of doctors are returning from leave and he wished to have a say in the final selections for those posts. In consequence those appointments have not been filled, but in view of the fact that the Surgeon-General has been granted an extension of leave the time has come to fill them, and I will submit my recommendations to Government as to the filling of those vacancies.

Mr. JACKSON: I think the acting Surgeon-General deserves to be complimented on his very vigorous, and I have no doubt successful, defence against the charges made against his Department. No department of the public service of the Colony could expect to have as its Head a more enthusiastic and vigilant officer, who would be able to meet all the charges against his department in a more capable manner than the acting Surgeon-General has done. Other departments, like the Department of Agriculture, might copy the example of the acting Surgeon-General.

I want to say on my own behalf that it would not be the best thing for this Council to run away with the idea that Government Medical Officers in the various districts are such hard-hearted individuals as some hon. members wish to make out. Those of us who live in the country parts know of the very many cases in which the medical officer not only has to do without his fee but out of the kindness of his heart he has to put his hand into his pocket and help patients who are not able to help themselves. I have before me just one case which I might cite. There was a very popular Government Medical Officer in the district and the time came for him to retire from the Government service. He sought legislative honours and succeeded. Shortly after one of his agents who had done good work went to him for the purpose of

receiving some remuneration, and he very generously handed him a list of debtors whose accounts totalled about \$2,000, and asked him to collect them at 10 per cent. commission. In many cases Government Medical Officers have to go without their fees, therefore it can be readily seen that they are not getting all the money they charge.

With regard to certificates which are given to a certain class of people the fee is fixed, but certificates in respect of wounding cases are charged for at the doctor's discretion.

While in the main there are some districts which certainly require a little more medical attention, despite the fact that there are dispensaries, the Government Medical Officers who serve in those districts do their best for the people of those districts, and I would not like it to go out that they are hard-hearted individuals as some people wish to make out.

Mr. WOOLFORD: I should like to correct the impression left on the mind of the Surgeon-General by the remarks I made. I never criticised the value of the services rendered by Government Medical Officers in certain cases. I emphasised the fact that \$5 was too high a charge for a certificate. I have never disputed the right of medical officers to charge for public services, but what I did direct attention to, which has not been answered at all, was the inaccuracy of the returns of emoluments submitted by Government Medical Officers. It is true that they are entitled to private practice, but it is equally true that it is their duty to submit a return of all their emoluments to Government. On page 34 of the Appendix to the Estimate hon. members will see the returns of emoluments given by several Government Medical Officers. I suggest that they are very illuminating. If the Surgeon-General can say that those returns are the result of lapses of memory, then all I can say is that they are all suffering from amnesia. (laughter).

Dr. SINGH: I am surprised that the acting Head of the Medical Department should come to this Council and make random remarks. He has wasted the time of this Council this morning. He has not answered the points I made in my

speech on Friday, and when he has read my speech in Hansard then I will reply to what he has said. I am not going to reply until he ascertains what I really said.

Mr. SEYMOUR: I quite appreciate the reflection cast on me; my shoulders are broad enough to take it. I can assure the Surgeon-General that I do not keep things bottled up; I generally draw the corks. (laughter). On this occasion I fully investigated the matter. I went to the person's home and then reported to the Resident Surgeon at the Suddie Hospital. No notice will be taken of what I said. I suppose it will go smoothly.

The Surgeon-General made a most amusing reply when he compared the cheap type of doctor here with the cheap type in England. The bone of my contention is that in England they do things in the right way. They give a young doctor an opportunity to get experience; they do not launch him out into the world and let him go along on his own. The gravamen of my complaint is that in this Colony doctors are sent to districts who are not qualified to be there. A doctor is given \$100 per month and expected to do what he will never do. I do not wish to insinuate that all Government Medical Officers do not play the game, but some of them will not play the game. If the Surgeon-General cares to go to Essequibo with me I will take him to some houses where he will be able to verify the facts. I will not stand here and allow the Surgeon-General to tell me that I bottle things up. I mentioned the matter to him a few days ago and I wonder if he has written the Resident Surgeon and investigated what I told him.

I have no disrespect for the Medical Service, but I do criticise the lackadaisical manner in which things are done. Young doctors should be kept in Georgetown and only experienced doctors sent to the districts. What control can Government have over a doctor who is paid \$100 per month to work in a district? I have met some very fine Government Medical Officers, but there are others.

Mr. ELEAZAR: As a rule I do not find myself in agreement with official members, but on this occasion I find myself in agreement with the acting Surgeon-General

on many things he has said. Among the things he said was that when I referred to the crematorium at the Mental Hospital it was hot air. I do protest against people being bottled up in hot air. (laughter). The Surgeon-General remains in Georgetown and disputes what I have experienced in New Amsterdam. It was hot air I complained about. I agree with him. (laughter).

The Committee adjourned until 2 p.m. for the luncheon recess.

2 p.m.—

Mr. King, member for Demerara River, was present.

Mr. ELEAZAR (resuming): When the Committee adjourned I was at the point of expressing surprise at the procedure adopted by the Surgeon-General, which would not be permitted in a court of law, where a lawyer is not allowed to suppress any of the facts of a case. I thought the Surgeon-General would have visited the building in order to see whether what I had said was correct. Instead of that he has spent all his time in writing his speech and has come here and delivered it with a glib tongue. What he could not dispose of he either left entirely alone or put it on somebody else. According to his argument, members of this Council are under an obligation to tell high Government officials of neglect in their duties. I have never heard that before. How does he account for his omission of the remarks I made about under-staffing at the Mental Hospital? He left that severely alone. Why doesn't he admit that that has gone on for years? Did he not hear me say that for several years there had been complaints of a shortage of nurses at the Public Hospital, Georgetown? How is it that he omitted to deal with that? What he could not answer he left out entirely, and what he could not manage to leave out he complained that somebody did not bring it to his notice. When I come to this Council and make complaints I certainly deprecate the conduct of any Government officer who dares to tell me that I should have told him about it, and because I did not tell him he denies what I say. Instead of spending Sunday and Sunday night in preparing his speech the acting Surgeon-General should have visited the place. Enquiry was

necessary, but it was not made. His reading of his speech was hot air. Was I not living in New Amsterdam when the house in question was built for a single family,—that of the Steward? Was I not there when something occurred which made it compulsory for the Matron to live there and the Steward to leave? That house has been divided and a portion given to the Matron, and the other portion to the Chief Attendant. The defence given this morning means that the house has continued the same way. Government is not well served by officers of that class who put up that sort of defence. The Hon. Mr. Jackson applauded the Surgeon-General's speech, but the hon. Nominated Member is not sophisticated in matters of this kind, and wasted his applause on a speech which was prepared over the weekend.

Mr. JACOB: I have not had a reply to my enquiry about the savings under this head. I am really interested, and for this reason: When money is expended and the sanction of this Council has not been obtained we get up and make very fiery speeches about it. I am inclined to take the other view. When money is voted and not spent we ought to take some notice of it, because we have been told over and over again that there is not sufficient money to carry out several social services. When money is voted I think it should be expended. I was talking the matter over with a prominent member of the community and he said to me "You may know something about accounting, but this is a modern age, and this may be modern accounting." We always find that there is a deficit or an anticipated deficit when the estimates are to be discussed, but a year or so later we find a surplus. If those surpluses are brought about by not giving the services as provided for by this Council I do not think it is fair. When money is voted I think it ought to be expended, and under this head particularly I have an idea—it may not be exactly correct—that there is saving at the expense of health and efficiency. I am pleading with Government not to save money at the expense of efficiency and at the expense of health, particularly in the country districts. We have been told by several hon. members that medical officers drawing \$100 per month are sent to the country districts.

Surely they are only going there with the object of getting all they can from private practice, and the moment an opportunity offers they will leave the service.

Dr. WASE-BAILEY: The savings referred to by the hon. member amounted to about \$2,000. Savings have occurred partly because appointments, although made, did not necessarily take effect as from the 1st January. The appointment of an Assistant Surgeon has not yet been given effect to, and therefore there must be a saving under that head.

The hon. member referred to a doctor in a district drawing \$100 per month. I do not know whether he referred to any specific officer because doctors in districts draw £350 per annum. \$100 per month would be at the rate of £250 per annum, which is the figure allowed for temporary assistant officers or supernumerary officers at the Georgetown Hospital, and they are not transferred to districts. The new arrangement is that if their contract is renewed after each year their salary will rise incrementally from £250 by £25 to £300, each time the contract is renewed. I do not recall a case of a medical officer going to a district at \$100 per month. The rate of £350 is now being paid the acting doctor in Essequibo who is attached to the Suddie Hospital and does part-time work in the district, which means that he is entitled to private practice. There is also an acting medical officer at the Mental Hospital who is drawing £350.

Item (c)—Assistant Surgeon, Public Hospital, Georgetown (\$3,120 to \$3,840 by \$120), \$3,150.

THE COLONIAL SECRETARY: I move that the item be carried out at the maximum salary of \$3,840. This is due to the fact that it is not possible to fill the post at the minimum salary.

Item as amended put, and agreed to.

Item (d)—Assistant Physician, Public Hospital, Georgetown (\$3,120 to \$3,840 by \$120), \$3,120.

Dr. SINGH: I observe that Government is paying more attention to the appointment of medical officers of the special branch as recommended by the

Medical Re-organisation Committee. I had hoped that Government would have directed its attention to those branches of the Public Hospital, Georgetown, which have given rise to dissatisfaction.

Mr. DE AGUIAR: Has this appointment been actually made?

THE CHAIRMAN: No.

Item put, and agreed to.

Item 11—Allowances to Medical Officers undergoing courses of study in Tropical Medicine and Hygiene, \$500.

Mr. ELEAZAR: This item was originally put on the Estimate because Government introduced a policy of employing only doctors who had the D.P.H., and in the case of medical officers already in the Service who did not have that qualification, Government decided to pay their out-of-pocket expenses if they qualified while on leave. Everybody thought it was a very good suggestion, but there came a time when Government discarded that principle and appointed doctors who did not have that qualification. Government has however allowed this sum to remain on the Estimate and to be drawn by doctors who were appointed after that policy had been adopted. The result is that doctors can come in without the qualification and go back to get it. I am going to move the deletion of this item.

Dr. WASE-BAILEY: I think the hon. member was referring to item 9 rather than to item 11. Item 9 is to provide for a brief course of study for medical officers already in the Service who desire to take some post-graduate course or some refresher course, either surgical or medical, whereas item 11 provides for an allowance to medical officers about or likely to join the Medical Service. That is prior to their becoming officers in the Service, and particularly refers to the Certificate for Tropical Medicine and Hygiene. The hon. member mentioned the D.P.H. I do not think the Diploma has been insisted upon, but the Certificate is insisted upon. I trust that the item will be permitted to remain on the Estimate because it does enable the younger doctors, prior to joining the Service, to come from the London or Liverpool School of Tropical Medicine and Hygiene

better trained in the particular subjects they will meet with in daily practice in this Colony.

Mr. ELEAZAR: Whichever item it is, my point is that it was distinctly understood that doctors without that qualification would not be appointed, but those already in the Service who did not have it would be assisted by this vote to get it. That policy has been discarded entirely, and we are now to pay for it while they are at school. There are doctors here who have the qualification but cannot get jobs.

Mr. F. J. SEAFORD: The hon. member for Berbice River (Mr. Eleazar) said it was possible to get doctors with those Diplomas or Certificates before they came out. If that is correct I do not see the object of this vote. I should like to know from the Surgeon-General if that statement is correct—if it is possible to get doctors who have already got those qualifications.

Dr. WASE-BAILEY: If it is to be demanded that every doctor who joins the Medical Service must have the additional qualification of a Diploma of Tropical Medicine and Hygiene, I am afraid that the salary will have to be raised; and still more so if the D.P.H. is demanded, because one has to be a registered medical practitioner for two years before being entitled to sit the examination for this Diploma. It takes roughly one year before one has reached the stage of being able to sit the examination, and if a doctor has to remain for one year and then spend the next year taking the Diploma it will be at least two years after he has qualified before he is entitled to join the Service. It has never been required in any Colonial service that such a qualification should first be demanded, other than in the health services. The Diploma of Tropical Medicine and Hygiene of the Royal Colleges of Physicians and Surgeons is one step further than the Certificate. All that has been demanded in this Colony is that a doctor should have a Certificate of the London School of Tropical Medicine and Hygiene, and every doctor who has been appointed since this sum has been on the Estimate has at least the Certificate, and no more is demanded.

Mr. SEAFORD: I do not know what the \$240 is for in connection with item 9. Does it mean that it is going to get a doctor on the other side?

Dr. WASE-BAILEY: It is simply to cover the cost of the actual fees. When a doctor desires to take a course he applies for fees only. All other expenses are borne by him.

Mr. SEAFORD: After the course does he still have to remain two years on the other side before he can sit the examination?

Dr. WASE-BAILEY: I do not think the hon. member has quite gathered what I said. A doctor cannot sit the examination for the D.P.H. until he has registered in England or wherever he is as a doctor. Therefore if a doctor comes out and joins the Service he has to go back and sit the examination. In a case like that I doubt whether this \$240 would be expended. It has always been expended upon doctors who desire to take a refresher course.

Mr. DE AGUIAR: There appears to be some confusion. Government Medical Officers are required to have the qualification of a Certificate of the School of Tropical Medicine and Hygiene, and I think I am right in saying that the course is one of six months in the first instance, and if after that they receive appointments they can go back for the remaining six months. If it is laid down specifically that an essential qualification for a Government Medical Officer is the Certificate of Tropical Medicine and Hygiene, then the hon. member is correct in saying that he must be fully qualified before he gets an appointment. The position in which Government found itself in the past is exactly as stated by the hon. member for Berbice River (Mr. Eleazar). Certain officers were in the Service when it was insisted upon, and Government felt they should be given an opportunity to obtain the qualification while on leave. In certain cases students were instructed to obtain the qualification before coming out, and in such cases Government gave an allowance. There must be a time, as the hon. member has pointed out, when all that must cease, and my own view is that that time has already passed.

THE COLONIAL SECRETARY: The hon. member has carried the case nearly to its whole length but not quite. If Government decided that the only possible recruit for appointment is a doctor who already has the Certificate, that would unduly limit its recruiting. There are many qualified medical officers who have not gone to that stage, and if such an officer is selected it is necessary and very desirable in the interest of the Colony that he should obtain that qualification, and that is what is being provided for.

Mr. GONSALVES: The Surgeon-General spoke about the difficulty of getting medical men with the D.T.W. & H., and mentioned that there were two vacancies to be filled. I would like to know whether in considering applicants Government gives preference to those who have the Diploma as against those with the Certificate. If the Diploma is preferable I expect that Government would give preference to those who have it. It is a waste of time for a medical man to secure the higher qualification to find that one with a lesser qualification is chosen for appointment. I would like to know whether the candidates come up to that qualification.

Dr. WASE-BAILEY: Naturally, the man who is best qualified, other things being equal, would be chosen. If there were two men, otherwise equally qualified, and one had the Diploma and the other the Certificate I think the one with the Diploma would be given preference.

Mr. ELEAZAR: This amount was put on the Estimate for men who were in the Service, and at the time it was said that that qualification was required. It is not fair to allow it to remain on the Estimate from year to year in order to allow those doctors who have not got the qualification to go and get it.

THE CHAIRMAN: I think hon. members will remember that we had a discussion last year on exactly the same lines, and it was explained that it was necessary to have this vote for medical officers who are entering the Service in order to ensure that they had the proper training in tropical medicine before they entered on their duties here. Although a Diploma in tropical medicine is important, hon. members will agree that the most

important thing for a medical officer is his general medical knowledge. In selecting a medical officer Government naturally selects the best available, and if there are two equally good the one who has a Diploma in tropical medicine gets the appointment. But if there is one without a Diploma whose general medical knowledge is better than that of one who has a Diploma, it is in Government's interest to select the better doctor and then insist that he should have proper training in tropical medicine. It is for that reason, as explained last year, that this vote is kept on the Estimate and used if necessary.

Mr. F. J. SEAFORD: Unfortunately I was not here last year when the matter was discussed, and that is why I do not understand the position up to the present moment. I appreciate the point that Government should appoint the best medical man and give him an allowance to obtain the necessary qualification.

Mr. DIAS: This money is only used in connection with students who are born in this Colony. It is never given to anybody else.

Mr. ELEAZAR: Everybody qualifies himself for his job, but in this Colony Government gives a doctor money to qualify himself.

Item put, and agreed to.

Item 14—Dental treatment of School Children, \$1,440.

Mr. DE AGUIAR: I was expecting an answer from the Surgeon-General in regard to representations made to him in Select Committee when the suggestion was put forward that this item might be increased slightly in order to provide for similar dental treatment of school children in the country districts of Kitty and Lodge. The matter was very fully discussed, and I think I am right in saying that the Surgeon-General was rather sympathetic with the representations which were made. I was therefore hoping that the item would be increased.

THE COLONIAL SECRETARY: The matter has been considered, and it is proposed to amend this item by the addition of \$240. I therefore move that the item be increased to \$1,680.

Mr. SEYMOUR: I rise to support the increase of the item, and to ask that something be done for the poor kids in Essequibo. I suppose the care of their teeth does not matter. I am asking Government to see its way to include other parts of the Colony.

Mr. ELEAZAR: When Government opens these very wide doors it has to open them to everybody. If Kitty, why not Buxton? (laughter). Kitty is a third-rate village compared with Buxton. I am inclined to agree with the hon. member that this service should also be extended to Essequibo.

Mr. JACOB: I recollect quite distinctly that it was I who, during the last two years, urged very strongly that New Amsterdam should have an extended service, and I think that was granted. I therefore urge that Buxton, Suddie and Mabaruma should also have a similar service.

Mr. JACKSON: The hon. member for Demerara River (Mr. King) is not here. I believe he would have asked that the service be extended across the river. There is something which looks like a derelict hospital, and he might ask that that be taken over by Government and used as a dental clinic for children. I make the request on his behalf.

THE COLONIAL SECRETARY: This item was put on the Estimates in 1932 or 1933. The service started from the most convenient centre, *i.e.*, Georgetown, and has been extended to New Amsterdam. It is now proposed to include with Georgetown its immediate surroundings. There is reason for extending it to Kitty and Lodge, because some families living there send their children to schools in Georgetown. There is therefore some difficulty if the service is limited strictly to the Municipal boundaries of Georgetown. It is hoped that at some time or another Government might be able to have a complete dental and medical service for all the children of the Colony, but we have not quite arrived at that stage. I ask hon. members to support this item as an extension of the general principle which we all approve of.

Item as amended put, and agreed to.

Item 17—Return passage of Dr. F. G. Rose from England to Cairo to attend International Leprosy Congress, \$269.

THE COLONIAL SECRETARY: I move that the item be increased to \$420 to allow of a subsistence allowance being paid to Dr. Rose as well as his passage, and that the item read:—"Return passage and subsistence allowance of Dr. F. G. Rose in connection with his attendance at the International Leprosy Congress—\$420."

Item as amended put, and agreed to.

THE COLONIAL SECRETARY: I move the insertion of a new item, "18—Initial cost of equipment for launch for Sanitary Aerodrome—\$85." This is to provide the necessary equipment to enable the Public Health Department to carry out the necessary arrangements for the transport of air passengers.

Item put, and agreed to.

HOSPITALS AND DISPENSARIES.

Mr. ELEAZAR: There are some things which one hesitates to mention in this Council, because they have a tendency to react against the persons concerned who can be spotted very easily, but I cannot allow this instance to pass, although I may be doing somebody a disservice. Sometimes it is expedient that one person should suffer for the good of the whole community. I refer to the appointment made at the Leprosy Hospital some time ago. A certain post there became vacant because two or three officers who had been appointed to it had not given satisfaction. The result was that an officer who has been 14 years in the Government service and had served 7 years in that particular post was ordered to return there because nobody wanted to go there. He was compelled to go because he could not afford to lose his 14 years' service. Treatment of that kind should certainly not be possible in the Government service. One is left to feel that there is nepotism in the Service.

Mr. JACOB: I have risen to say a few words with regards to dispensers. It is true that they are on a somewhat better footing now in view of the recommenda-

tions in the report of Major Bain Gray, but it is not reasonable and fair to expect dispensers to work for salaries of \$450 to \$600 per annum and \$672 to \$960 per annum, particularly in the outlying districts where they are transferred from time to time, and where they have to undergo serious hardships. They have to travel several miles on bicycles and perform the duties of Government Medical Officers in certain districts. Sometimes they have to travel in boats and launches. Their salaries are not commensurate with the duties they have to perform. Later on Government might find it very difficult to get suitable officers to perform those duties. If they cannot be given an increase of salary they should get more travelling and subsistence allowances. I would urge Government to give the matter further consideration.

Dr. WASE-BAILEY: I think the hon. member referred to this matter at an earlier stage when, following the Budget speech, he referred to the desirability of the higher paid men being sent to the outlying districts. Of the five dispensers whose maximum salary is \$960 per annum, one is attached to the New Amsterdam Hospital, and of the remaining four no less than three are in outlying districts, which I think very largely meets his point that the men in the outlying districts should be on the higher rate. I cannot say that it will always be so because, naturally, it depends to some extent on the seniority of the dispenser concerned, but it so happens now that no less than three are on the \$960 rate in the outlying districts of Mabaruma, Kamakusa and the Canals Polder. The fourth dispenser is attached to the Alms House. Items (18) and (19) provide for Local Allowances and Field Allowances. Local allowances are given to dispensers whose districts are well within the usual amenities of a town. The field allowances are given to dispensers in the remote districts of the Colony. I would like to point out that expenses in regard to boats, oil and boat-hands are paid by Government, and further that a bicycle allowance which is a standard allowance of \$1.50 per month, is received by dispensers. Any additional travelling by boat is paid for by Government. These allowances, added to their rates of pay, bring their emoluments within a fair category for their office.

Item (8)—2 Issuers—1 at \$570-\$720 by \$30; 1 at \$450-\$600 by \$30—\$1,200.

THE COLONIAL SECRETARY: There is a clerical error in this item. I move that it be amended to read:—“2 Issuers—2 at \$450 to \$600 by \$30—\$1,200.

Item as amended put, and agreed to.

Item (10)—House Allowances, \$1,680.

THE COLONIAL SECRETARY: I move that this item be increased to \$1,860 in order to provide a house allowance for the Matron at the Alms House who should receive a house allowance under the same conditions as other Matrons.

Item as amended put, and agreed to.

Item (13)—4 Matrons—1 at \$540-\$720 by \$96; 1 at \$540; 1 at \$480-\$540 by \$24; 1 at \$360-\$480 by \$24—\$2,189.

THE COLONIAL SECRETARY: I move that this item be increased from 4 to 5 Matrons in order to provide for a Matron at the Alms House. There will therefore be two Matrons at \$540, and the total provision for 1938 will be \$2,729.

Item as amended put, and agreed to.

Item (14)—2 Issuers—1 at \$450 to \$600 by \$30; 1 at \$288 to \$480 by \$24—\$840.

THE COLONIAL SECRETARY: I move that this item be amended to read:—“2 Issuers—2 at \$288 to \$480 by \$24—\$840.”

Item as amended put, and agreed to.

Item (25)—Nursing Sisters at Leprosy Hospital, \$3,168.

Mr. ELEAZAR: This was said to be a charitable institution; it was not to cost Government one cent. I find that the number of Sisters has increased to ten, and we have to pay \$180 for a priest to minister to them. If these Sisters are doing good work I agree that they should be paid, but why have ten of them? I think they are all foreigners.

THE CHAIRMAN: The item has already been passed. I have only allowed the hon. member to express his views on the subject.

Item 7—Drugs and Medical Appliances, \$21,190.

Mr. DE AGUIAR: Representation was made in Select Committee in connection with this item, and I had hoped that there would have been a small addition to the amount in order to meet what appears to me to be an absolute necessity as regards instruments at the Public Hospital, Georgetown. At the present moment we have an ear specialist, but I am informed that the instruments at the Hospital are so out-of date that they are practically useless. It seems to me that now that we have a competent officer at the institution his services to the community would be lost unless we provide him with instruments that are satisfactory. I have no knowledge of the amount required, but having referred to the matter in Select Committee, I presume the Surgeon-General has given it some attention and will be able to advise Government as to the increase necessary to provide this necessity. I think we should take every advantage of the presence of this particular officer at the Hospital.

Dr. WASE-BAILEY: I agree with the hon. member that it is very fortunate that we have an officer who is specially qualified in ear, throat and nose work, but no special department has yet been established as such at the Hospital, and I think it would be a little premature to order a large number of instruments, or even a small number, at this juncture. I would like a little more time to look into the supply because we have instruments, but perhaps not quite so up-to-date. This officer has up to quite recently been acting as Government Ophthalmologist, and has just resumed duty at the Hospital, and I would like further time before Government is committed to fairly large expenditure as it must involve. I do not think it will be a very small item; it is likely to be a very large item, and I would like to go over the present instruments at the Hospital as against what the officer might himself desire. The time will come when the question of ear, nose and throat work may be considered more fully than it can be at this juncture, and I ask for time to enquire more fully into the subject, because I cannot state what the cost of the instruments will be.

Mr. DE AGUIAR: I had no desire to

rush the Surgeon-General's decision in this matter, but it was fully represented to him in Select Committee, and I rather gathered the impression that it was admitted that the present instruments at the Hospital were obsolete. I am glad to know that the officer has been brought into the Hospital in Georgetown. It will be remembered that some time last year I made reference to the qualifications of this particular officer who was then stationed at Bartica, and although I would not like to take credit to myself for his transfer to Georgetown I am inclined to think now that the representation I made then about the qualifications of that officer was to some extent responsible for his transfer to Georgetown. The work is being retarded as the result of the old-fashioned instruments that are there. I do not want a special department created; we cannot afford it. It may be termed a luxury, but now that we have an officer in Georgetown we should take advantage of his presence, and I am quite certain that the amount required to afford temporary assistance in this particular branch of work is not too much for Government to put on the Estimate. Although I have no desire to rush consideration of the item I appeal to the Surgeon-General to ask Government to increase the vote by £50 at least. It might provide instruments until he has fully considered the matter.

Mr. PEER BACCHUS: I have risen to support an increase of this item. A year ago I made representation to the Surgeon-General on the subject. It happened that I went to the Hospital for treatment of my ear, but the officer did not have even an instrument with which to put a solution into my ear. I think a small sum should be put on the Estimate to provide the necessary instruments, not for major operations but for minor attention to the ear. It is only a question of deciding on what instruments should be ordered.

THE CHAIRMAN: I am afraid I cannot agree to put any additional amount on the Estimate without having the facts of the case. I can assure hon. members that I will cause this matter to be enquired into, and if it is necessary to have any of those instruments that have been referred to and they can be purchased out of the

money provided, that would be done. If on enquiry it is found that the purchase of anything necessary would cause other important instruments to be left out or the vote to be exceeded, the matter would come up at a later date, but I cannot agree to an increase of the item without a report on the subject.

Item put, and agreed to.

Item 11—Animals, Fodder and Harness, \$4,381.

THE COLONIAL SECRETARY: I move that this item be carried out at the same figure as in 1937—\$4,825. When it was reduced it was expected that economy could be effected, but prices have increased.

Item as amended put, and agreed to.

Item 19—Rent of buildings—No. Dispensary, Georgetown, \$264; Dispensary, Wakenaam, \$240—\$504.

Dr. SINGH: I suggest that Government might see its way to establish two dispensaries on the West Coast, one at Vergenoegen and the other at Fellowship or Hague. It is now ten years since the last Government Medical Officer was removed from the lower part of the Coast, and it has created a great deal of inconvenience. Dispensaries would be of great assistance even as a temporary arrangement.

Item put, and agreed to.

Item 25—Travelling facilities for relatives and visitors, Tuberculosis Hospital, Best, \$532.

THE COLONIAL SECRETARY: I move that this item be increased to \$600.

Item as amended put, and agreed to.

GOVERNMENT HEALTH DEPARTMENT.

Dr. SINGH: I was a member of the Committee which finally reported on the Public Health Bill. The Ordinance is suitable for a community which is well educated and which has had centuries of training. Certain sections of the Ordinance might be applied to certain sections of our community in view of the fact that 35 per

cent. of our population are still illiterate, due to the system of immigration. Certain chapters of the Ordinance should have been translated in order to meet the requirements of the East Indian population, 35 per cent. of whom are illiterate in the English language. Those portions of the Ordinance should have been printed in Hindi, and perhaps to-day there would have been no trouble between the people in the country districts and the sanitary inspectors. I admit that some of the sanitary inspectors are earnestly co-operating with the people, but others prefer to use big stick methods. They issue an order and if it is not carried out the people are taken before the Magistrate. The majority of the people are unaware of the requirements of the Ordinance. They are unable to extend their houses, which is a source of great inconvenience to them. I did not know that the provisions of the Public Health Ordinance are retrospective as regards houses. They should only apply to new houses. I believe that some of the Magistrates are very much disgusted over the whole affair. I therefore appeal to Government to look into the matter.

Mr. ELEAZAR: The Public Health Ordinance is objectionable in a great many instances, but I cannot follow in the same direction my friend has gone. I do not believe in class legislation. There is no doubt that the Ordinance is being administered other than was intended by the Legislature. It is certainly a very badly made Ordinance, unsuited in some respects to the country, but those defects could be tolerated if the Ordinance was being properly administered. A person cannot break down and rebuild a house without permission. He is prosecuted for the omission, the reason being that the land had not been laid out for building purposes. The thing is absurd. I can hardly conceive of Government compelling a person to leave 6 ft. space on each side of his lot when Government knows that there are many lots on the East Coast and the West Coast of Berbice which are only 18 ft. wide. Surely those who are administering the law can see that such a thing is impossible.

I see an item "10 Sanitary Inspectors, Class IV.—(\$288 to \$480 by \$24)." Where is the necessity for a fourth class among sanitary inspectors who have to pass an examination, and also the R.S.I. examination? The only reason I can see for a fourth

class is that they should get \$24 per month. After giving three or four years' free service, and having passed the R.S.I. examination they are appointed to the fourth class, and they have to serve another eight years before they reach the maximum of \$40 per month. It is this retrenchment which is being carried out in the lower ranks that is causing all the trouble. I am told that an officer went to England and returned. He reached his maximum seven or eight years ago, but when there was a vacancy for a County Sanitary Inspector he was overlooked, as far as I can gather, on the ground that he was 45 years of age, and an officer who has just become a first class sanitary inspector was put above him. If that is not a case of nepotism I do not know what is. All that is going on in a Department which we did not want, but which was forced upon us.

Mr. JACOB: I have risen to support the remarks of the last two speakers, but I have a slight difference, and I am going to express it, with respect to the hon. member for Berbice River, (Mr. Eleazar). I am requested particularly to draw Government's attention to Ordinance 15 of 1934, Section 3, which states:—

3.—(1) There shall be established a Board to be styled "The Central Board of Health."

(2) The Board shall consist of the Surgeon General who shall be Chairman of the Board, the Mayor of Georgetown and the Mayor of New Amsterdam, and the members appointed by the Governor as under:—

- (a) Two elected members of the Legislative Council.
- (b) One nominated unofficial member of the Legislative Council;
- (c) Not more than six other persons of whom one shall be a member of the Georgetown Town Council and one a representative of the British Guiana Sugar Producers' Association to be selected from names submitted by those bodies.

I observe that the villages have been excluded from the list of members of the Board, and when I look at the personnel of the Board in the Civil Service List I find that of the eleven members there is not a single person representing 42 per cent. of the population of this Colony, a percentage which constitutes probably the entire population of the villages. The hon. member for Berbice River (Mr. Eleazar) referred to class legislation when the hon. member for Demerara-Essequibo Dr. Singh) suggested that some portions

of the Public Health Ordinance should be printed in Hindi. I deprecate such remarks, and I blame this Council for advising Government wrongly. If there is a large number of people who do not understand the English language, why print the law in English for them to read? It is true that the hon. member for Eastern Berbice (Mr. Luckhoo) is a member of the Board, but he is only there by virtue of his office as Mayor of New Amsterdam.

I know there is great dissatisfaction in the villages because, in certain villages, one is not allowed to erect a latrine over a trench, but in other parts of the Colony a latrine can be erected anywhere and everywhere. I hope that a clear and definite explanation will be given here today, and that we will not have class legislation in the future. So long as I am here I am going to protest against class legislation, and it is nothing but class legislation under the Central Board of Health that is responsible for the present state of affairs. I suggest that Government should so constitute the Board that it represents the bulk of the inhabitants of the Colony.

Mr. ELEAZAR: The hon. member does not seem to know what he is talking about. When he talks about 42 per cent. of the people of a certain class or race, that is what I deprecate and call class legislation. I have never allowed anything to go by which was against any class in this community, so long as it came under my observation. I deplore talk of that kind, because a man happens to be of a certain race.

THE CHAIRMAN: The hon. member will confine his remarks to the Health Department.

Mr. ELEAZAR: I know that the people do not want any favours.

Dr. SINGH: Most of the East Indians who came to this country were indentured immigrants. What I said was that when the Public Health Bill was introduced, if certain sections applicable to the East Indian community had been translated into Hindi I think a lot of trouble would have been obviated. There would have been a better understanding between the sanitary inspectors and the East Indians.

Mr. F. J. SEAFORD: I must agree with certain of the remarks made by the hon. members for Berbice River (Mr. Eleazar) and Demerara-Essequibo (Dr. Singh). The Public Health Ordinance has reacted very severely on certain sections of the community. Similar cases to those referred to by the hon. member for Berbice River have been pointed out to me on the East and West Coasts. Those points were also drawn to the attention of Government when the Bill was introduced, and I think what made members of the Council give way was an undertaking given by the then Governor that it was not Government's intention to carry out the provisions of the Bill to the letter of the law. He said it was an ideal which would be worked up to gradually. We realise that we are bound to have Public Health Law but it is the method of putting that law into operation that is causing the difficulties, (Hear, hear). The people have to be educated up to a certain standard. A man who has a small house and wants to put a new roof on is told that the whole of his house must be taken down. I know how I should feel if I were in that position. I would feel that I was being persecuted, and that is the position which exists among a certain section of the community in the country districts. There is no one in this Council who can object to the Public Health Ordinance in principle, but Government should go about it in the right way. The Health Department should be considerate with the people; they should explain things to them and be sympathetic with their difficulties, and gradually educate them up to what is required.

Mr. LUCKHOO: There can be no doubt that when the Public Health Bill was introduced Government said it would be carried out with tact and discretion, which I thought would have been used in getting the people to carrying out the requirements of certain sections of the Ordinance. There was a case of a woman with a thatched roof at No. 73 or No. 79 village, Corentyne. The roof required repair and she appealed to the sanitary authorities for permission to re-thatch it, but was denied permission. She called me and I examined the house. She also approached the Magistrate, but he had no power to grant permission. I advised her to proceed with the work and promised to

appear for her if she was summoned. She was taken before the Court and I explained the circumstances to the Magistrate who reprimanded and discharged her. The woman was compelled to do as she did for the preservation of her own life and the lives of her children.

As a member of the Central Board of Health I can say that there is virtue in the Ordinance, but with respect to repairs to buildings I am in total disagreement with the policy adopted. I cannot agree that the law should be carried out to the letter in respect of repairs to buildings. The policy of the Board is to get thatched houses out of existence. In new areas the law should be strictly applied with respect to measurements, distances, etc., but as regards repairs to existing buildings there should not be a hard-and-fast rule. I have had several complaints made to me, and only quite recently the matter was brought up at the Berbice Chamber of Commerce, when the views expressed by me were heartily supported. The merchants have been handicapped in their trade as the result of the policy adopted by the Public Health authorities, who should exercise some discretion in the matter of repairs to buildings. I suggest that the Surgeon General should look into the matter.

Mr. DE AGUIAR: As a member of the Central Board of Health perhaps I may be able to add a useful contribution to this debate, but before I do so I would like to remind hon. members that the primary object of the Public Health Ordinance is prevention. It has been said that Government has been somewhat unsympathetic in the various matters referred to by the previous speakers, but I think what members have lost sight of is perhaps the strange provisions under which the Central Board of Health has to operate. There is no doubt that acting under the Ordinance—I am speaking now as a member of the Board of Health—great care has to be taken on all occasions that the provisions of the Ordinance are carefully observed, but I can say this: that all of the cases that come before the Board receive very careful consideration, and only when it is found that the provisions of the Ordinance cannot be stretched to meet a particular case, what might then be termed a hardship has to be carried out.

When the Bill was before the Council I think it was pointed out with very great force that it was a model Ordinance, and it is regrettable that we are unable to carry it out in its entirety. Government realises the circumstances under which the Ordinance has to be carried out, and I know that steps are being taken to afford a certain amount of relief in certain districts. I was surprised to learn that the sanitary inspectors of the Department act in the manner indicated by one hon. member, and I shall listen with a great deal of interest to what the Surgeon-General will say on that score. I know that they have very definite instructions not only to be sympathetic to the people who send in building applications but to lend them every possible assistance they can in order to carry out their building operations. If, as has been stated, the sanitary inspectors do not carry out the instructions given to them by the Head of the Department I can assure hon. members that the matter will be very carefully gone into and the particular inspectors concerned dealt with.

A remark was made by the hon. member for North Western District (Mr. Jacob) about the representation of villages on the Board. I will say no more than that my appointment was as a member of this Council, and I think the hon. member will agree that my constituency being from Buxton to Kitty, I represent the largest villages in the Colony.

Dr. WASE-BALLEY: I will deal with the question of buildings as a whole before referring to any individual remarks. I would recall that as far back as 1907 the section dealing with the laying out of a piece of land for building purposes became law in this Colony. The wording in section 135 of the Public Health Ordinance, from all practical standpoints is identical. The Building By-laws under which we are working to-day are the Building By-laws of 1913. No Building Regulations have been made under the Public Health Ordinance, therefore all we are doing to-day is to enforce what in the one case has been the law of the Colony for 30 years, and in the other case for 24 years. The point is that we are enforcing the law instead of allowing the law to be the dead letter it was or nearly was for so many years. We have a considerable amount of sympathy

on the Central Board of Health, and also departmentally, and as the hon. member for Central Demerara (Mr. De Aguiar) has indicated, the fullest instructions have been given to sanitary inspectors to assist in every way possible, in the preparation of plans and actually in the measuring of a lot of land for buildings. I can give the assurance that every assistance is given, and any case coming to the knowledge of any member in which assistance is refused I shall be very glad to make enquiry into it. I am sure that in the great majority of cases the sanitary inspectors go out of their way to assist. There must, of course, be hard cases, especially where a Department of progress is concerned. We cannot stand still. I am sorry that the hon. member prefers a policy of stagnation. Does it mean that throughout the entire Colony we are not going to take any action whatever as regards existing buildings? The death-rate will remain in its present state if that is to be the policy. I know there are hard cases because those who have lived for generations in one place certainly do not like going to another place. We take no retrospective action; we have no power to do so. While we have certain powers under the Building By-laws we have as yet taken no retrospective action whatever.

The Committee adjourned at 4 p.m. until 8.30 p.m.

EVENING SESSION.

8.30 p.m.—

Dr. WASE-BALLEY (resuming): Prior to the adjournment I was dealing generally with the principle of buildings and the laying out of land for building purposes. While on the Central Board we have the fullest sympathy in respect of individual cases, I may mention that occasionally hardship or apparent hardship may arise in certain instances. The reason for that is that the hardship arises upon the occupier of the building lots, rather than on the owner of the lots. In the past the owner of a lot has naturally endeavoured to obtain as many buildings on his lot as possible, because it meant rental to him to the extent of the house spot in question. Naturally, the owners or some of the owners of those lots, are concerned over the question of re-partitioning or lay-out for building purposes

because they feel—and probably it will be so in certain instances—that such lay-out must involve a less number of buildings upon those lots. Therefore they are not in favour of any alteration from the present or past order of things, and as such naturally there has been trivial obstruction in certain instances, because any fresh or proper lay-out for building purposes must envisage the question of congestion, and the present state of affairs in certain districts in particular is not at all happy. When I was first appointed as Assistant Medical Officer of Health one of the first things I saw was the somewhat chaotic state of buildings in this Colony, and from that time onwards I have closely associated myself with the building question in the Colony. I can assure you, sir, that the problem is fraught with many difficulties, because one is dealing with vested interests, with land already built upon and in many cases congested, or alternatively, land where buildings have been erected, which is more or less in a swampy condition. To perpetuate such conditions I submit that the final seal of the Central Board of Health could not naturally be put. The Central Board does not feel that it would be justified in setting its final seal to conditions which are not conducive to public health, and therefore it is its duty—and it is fulfilling that duty, I submit—to tighten up provisions which were in fact the law of this Colony for many years.

The hon. member for Eastern Berbice (Mr. Luckhoo) has referred to a case or two relating to thatched roofs. I think he suggested that permission was not granted for re-thatching. I need hardly refer to the by-laws on the subject. By-law 35 (2) clearly states:—

“ No new or enlarged building on a township lot shall be covered with trash, straw, troolie leaves, or other like material, nor shall any existing building or structure be recovered or renewed with any of these articles except with the sanction of the local authority.”

As far back as 1930-31 it was appreciated that owing to the financial depression in the Colony that was rather a severe clause, and it was suggested to local authorities that they might use perhaps wider discretion and not compel the non-recovering with troolie leaves. Since taking office I have never suggested the repeal of that discretion, and to-day

troolie roofs are still permitted, or overlooked if they are erected. I admit, with the hon. member for Eastern Berbice (Mr. Luckhoo), that occasionally cases do arise where discretion is the better part of public health, and in such circumstances, if it is found possible within the law, the Board does exercise that discretion, as the hon. member has so clearly said.

The hon. member for North Western District (Mr. Jacob) referred to section 3 of the Public Health Ordinance which deals with the constitution of the Central Board of Health. He has referred to the absence of representatives of the village areas, but the hon. member for Central Demerara (Mr. De Aguiar) has pointed out that he himself represents a small area of Demerara, and that the hon. member for Eastern Berbice (Mr. Luckhoo) represents a very wide area in Berbice. The hon. member has referred to the appointment of the Mayor of New Amsterdam as being a member of the Board in that capacity. I would recall that he is in his second capacity a member of the Central Board of Health under sub-section (a). Whether or not he continues to be Mayor of New Amsterdam he remains a member of the Board, and not only represents the villages in his area but very satisfactorily the East Indian portion of the Colony. (Hear, hear).

The hon. member for North Western District also raised the question of latrines. There is no differentiation in the law of the Colony between over-trench latrines and ordinary latrines. They are covered by the same Ordinance. The section is perhaps a little wide, but it is wide to the satisfaction of the Central Board of Health. Conditions differ, it is true, in different parts of the Colony, but on the question of over-trench latrines I would repeat the remark I made just prior to the adjournment this afternoon—that we do not take retrospective action. There is a large number of over-trench latrines in the Colony, but we cannot take retrospective action. Furthermore there is all the difference in the world between a latrine over an inter-lot drain and a latrine over a wide flowing trench, and while the Board will approve of such a latrine where it is satisfied about its daily flushing there is a vast difference

between that and a latrine over an interlot drain which is dry during part of the year.

Finally I entirely agree with the hon. member for Georgetown North (Mr. F. J. Seaford), that whether or not the previous Governor did or did not say that, the Board has adopted the principle that the Public Health Ordinance is an ideal which should be worked up to gradually. Were that not so I could place before the Council no less than 35 sets of regulations. The Central Board of Health would not be advised to put forward a whole lot of legislation if it were not in a position fully to enforce those regulations. We feel very strongly that we should go gradually in these things. There are many important items, but they must take their places. It is essentially true what the hon. member has said, that public health must come by degrees and by education, and I am sure I can satisfy this Council that the policy of the Public Health Department and the Central Board of Health is a policy of education rather than prosecution. There are obstructive cases where education has failed, and for the sake of other people we must needs protect those other people, and those cases do find their way into the courts. But public health in this Colony as in the world over is up against a chronic disease—the disease known as Custom. (Applause).

Mr. ELEAZAR: I do deprecate the kind of arguments adduced in this Council, instead of righting wrongs when they are publicly pointed out. I am aware that some people have all their education in theory, and others in practice. After all, if a man can use his practical knowledge to test his theory that is what counts. I can find nothing in these regulations requiring a man to get permission to repair his house, yet I have known of several cases in which sanitary inspectors insist upon a man getting permission, and when he applies for that permission he is refused. When he can bear it no longer and does the repairs he is summoned before the Magistrate. Where is the authority for it? In every instance where a person is summoned it is done at the instigation of the Board. Why doesn't the Board make an investigation instead of making excuses? People are being terrorised by what is not in the law.

I am not complaining because the sanitary inspectors are carrying out the law, but that they are waging oppression upon the people at the instigation of the Local Government Board.

Mr. JACOB: I am willing to concede at times that the acting holder of an office may not be fully informed. When we were discussing the estimates of the Surgeon-General's Department I was very generous in respect of my criticism of the acting holder of that office, but when an officer who is permanently in charge of a department comes here and endeavours to throw dust in the eyes of members of this Council and the public I shall protest at all times. I observe from section 3 (1) of the Public Health Ordinance that there should be twelve members of the Central Board of Health, but in the Civil Service List I see only eleven, among whom is the Mayor of New Amsterdam. When I referred to the Mayor of New Amsterdam, who is the hon. member for Eastern Berbice (Mr. Luckhoo), I said quite clearly and distinctly that it was merely by accident that he represents the Indian community. I never intended to cast any reflection on the representation that hon. member gives on the Board. In fact I have every belief and I know that he gives of his best on that Board, but when it is stated here by the acting Surgeon-General that he is there permanently, and that he represents in addition to that office two elected members of the Legislative Council, I should like some further explanation on that point. Then again my point has not been answered. The hon. member for Central Demerara (Mr. De Aguiar) stated that he represented the villages. Maybe he does in his own mind, but he does not in the interest of all the villages, because I know that while he represents a few villages only, the majority of the villages are not represented at all. It therefore brings me to this point: that the acting Surgeon-General has stated quite clearly that it is only a question of time when, by proper education, the Ordinance governing the Central Board of Health will work satisfactorily. That is the point the hon. member for Demerara-Essequibo (Dr. Singh) made, and I also made—that it is only by proper representation on the Board and proper education of those parties employed in the carrying out of the Ordinance that it will work satisfactorily.

It is only by accident that one Indian gentleman is on the Board, and I do not think it is fair to the community, or to the villages particularly, that the Board should be so constituted, and it is high time Government takes notice of that fact.

I listened to certain arguments this morning and, to say the least of them, they were mere theories. I am a practical man, but the views expressed by the Surgeon-General in regard to buildings were nothing more than theories. I know something about those buildings. Everyone knows and I know that the acting Surgeon-General can make a very fine speech, but when you analyse that speech what does it amount to? It amounts to nothing more than oppression on the poor unfortunate people. I think the Council is agreed that this Ordinance is not working well, and it is time that it is amended so that there can be no partiality. There is a great deal of partiality at present, and I am going to name particular places where there are latrines over drains which are causing a great deal of nuisance and injury to the health of the parties. I am not going to name the particular place here, but I am prepared to do so. I think it is the duty of the Government Medical Officer of Health to find out where it exists. Those latrines have been repaired from time to time, and have been existing for a number of years. It is not fair to the Council that the acting Surgeon-General should come here and endeavour to throw dust into the eyes of the public. My statements are substantially correct. There is very unfair administration of this Ordinance and the time has arrived when that should be put right. I say emphatically that the question of latrines over trenches is there to be investigated, and I am willing to prove conclusively that there is great discrimination, especially in regard to villages and other places.

Mr. F. J. SEAFORD: Was the hon. member for Eastern Berbice (Mr. Luckhoo) appointed to the Board of Health before he was Mayor of New Amsterdam, or after?

THE CHAIRMAN: Before.

Mr. GONSALVES: My friend, the hon. member for North Western District

(Mr. Jacob) does not quite know the position of the hon. member for Eastern Berbice (Mr. Luckhoo). I happen to be a member of the Board and my distinct recollection is that the hon. member for Eastern Berbice has been a member of the Board from its inception. He was not Mayor of New Amsterdam at the time of his appointment. It was a mere accident, I think, that he subsequently became Mayor, so that that section of the community of which we have heard so much this evening has been fully represented on the Board from its inception.

THE CHAIRMAN: I would like to add to that that appointment to the Board is for two years, and a Mayor is elected for one year only. Anyone who is appointed as a member of the Legislative Council is appointed for a period of two years. Of course a member would not be taken off the Board simply because he becomes Mayor for a period of a year.

Mr. JACOB: I have been following the Civil Service List, and if that is correct then there is a vacancy on the Board, and I respectfully submit that it should be filled as early as possible. Furthermore, one member cannot adequately represent 45 per cent. of the population of the Colony on any Board, and what we are pleading for is adequate representation of the Indian community in order that these things should work harmoniously.

Mr. WALCOTT: I move that the question be now put.

THE CHAIRMAN: The hon. member for Georgetown North (Mr. F. J. Seaford) was on his feet.

Mr. F. J. SEAFORD: In fairness to this Council I think the hon. member for North Western District should apologise for his statements which, apparently, were not correct.

Mr. WALCOTT: Again I move that the question be put.

Mr. SEYMOUR: Before the motion is put there are one or two snags which I would like to bring to the notice of Government.

Mr. GONSALVES: To a point of order. In view of the motion which has

been moved I do not think the hon. member can carry on the debate.

THE CHAIRMAN: As the hon. member has not yet spoken I cannot allow the motion to be put before he has spoken once.

Mr. SEYMOUR: I am not going to tire the Council. The whole trouble is due to putting the cart before the horse. All we do is to follow what is done in England where there are slum areas, and it is necessary for the Government to do certain work in order to clear up the slum areas. Here we try to do things without money. The people have no money, and the type of latrine which the Public Health Department desires costs about \$12. We are idealistic and not practical. I will recall that when I approached Government some time ago for a revolving fund of \$750,000 to improve the sanitary conditions on my estate in Essequibo I was told by the Officer Administering the Government, Mr. Douglas-Jones, that I must repay the money in 10 years. I was denied that assistance, yet shortly before that no less a sum than £40,000 was provided by the Imperial Government to help the sugar estates to put their house in order. I did not raise one word in opposition. It was a splendid gesture by the Imperial Government. There are one or two matters affecting Essequibo on which I approached the Surgeon-General—

THE CHAIRMAN: Is the hon. member speaking on health matters?

Mr. SEYMOUR: Yes, sir. One is the sanitary conditions in Essequibo, near Middlesex, where houses are falling down. Representations were made two or three months ago, but nothing has been done. I can enumerate dozens of cases where houses have collapsed, but the people had no money to rebuild them. I welcome the gesture from the Surgeon-General that no retrospective action will be taken, but I know of cases where 40 persons in Essequibo were prosecuted with respect to latrines. Dr. Cochrane was a humane officer, but another officer takes his place and there is persecution, not prosecution. Why doesn't Government set an example? There are Government buildings surrounded by bush in Essequibo, but a poor person cannot patch his own house. I know of a case in which a woman was told

she could not build a kitchen on the ground, it must be above the ground. I have seen kitchens being built on the ground floor on certain estates. I trust that the Surgeon-General or the Medical Officer of Health will make a house-to-house call and see the conditions in the country districts. I have never seen one of the officers of the Board of Health in Essequibo. They should go and see conditions as they exist, and not from blurred spectacles, absolutely void of a sense of humanity. There is too much prosecution and red tape instead of elasticity and co-operation.

Item (b)—2 Assistant Government Medical Officers of Health (\$3,120 to \$3,840 by \$120), \$7,297.

THE COLONIAL SECRETARY: I move that this item be amended to read "3 Assistant Government Medical Officers of Health (\$3,120 to \$3,840 by \$120)—\$10,417." As explained in Select Committee, this is to provide for the appointment of a medical officer to be in charge of the Tuberculosis Hospital, who will also be the Medical Officer of Health in the district in which the hospital will be situated.

Item as amended put, and agreed to.

Item (c)—3 County Sanitary Inspectors (\$1,500 to \$1,800 by \$72)—\$5,232.

THE COLONIAL SECRETARY: I move that this item be reduced to \$5,178.

Item as amended put, and agreed to.

Item (f)—4 Sanitary Inspectors (Class II), (\$912 to \$1,200 by \$48)—\$4,800.

THE COLONIAL SECRETARY: It is proposed to amend this item by including the item which appears under (g). The item will then read:—"5 Sanitary Inspectors—Class II. (4 at \$912 to \$1,200 by \$48), (1 at \$450 to \$600 by \$30)—\$5,028."

Item as amended put, and agreed to.

Item (g)—1 Sanitary Inspector (\$450 to \$600 by \$30)—\$480.

THE COLONIAL SECRETARY: I move that this item be deleted.

Question put, and agreed to.

Item (j)—10 Sanitary Inspectors, Class IV. (\$288 to \$480 by \$24)—\$3,216.

Mr. ELEAZAR: These men have to pass an examination, and the only reason I can see for their being styled as 4th class is to give them \$24 per month and make them work for eight years before they reach the maximum salary of \$40 per month. I suggest that they should reach their maximum in two years. Some of them get the R.S.I. certificate, but they have to start at the miserable salary of \$24. If Government cannot give them \$40 per month at the start, then give them in the shortest possible time.

Mr. LEE: I wish to support the plea of the hon. member. A sanitary inspector has to live a respectable life, and it is very hard that he should have to work eight years before he can get \$40 per month.

Mr. JACOB: I have risen to support the suggestions of the two previous speakers, but to point out this difficulty: Higher up above the line the rate of increment for the five sanitary inspectors is \$48, while the rates of increment for another 20 sanitary inspectors are \$48 and \$30. I think if Government did as has been suggested it would create dissatisfaction in other quarters. I would therefore suggest that the amount of \$288 be increased, and that the rate of increment be \$48 instead of \$36.

Mr. F. J. SEAFORD: I have risen to ask for information because, although one sympathises with these officers, I do not think it is quite as easy as it looks just to change them from \$24 to \$48. If those figures are altered there are several others in Class IV. who will feel rather hurt. I am not quite sure how Government will overcome that difficulty.

THE COLONIAL SECRETARY: I am afraid Government cannot accept the suggestion. These increments are fixed in due proportion to the rate of salary being paid, and it has been suggested already that it would be hardly possible to alter this rate of increment in this particular group. This matter has been gone into as carefully as possible, and these are considered the proper increments for the grade of salary. It is not generally realised that this Department is growing

rapidly, two junior officers being added to the staff every year, and therefore the situation is favourable for them as compared with other branches of the Service. I beg to move that item (i) be amended to read:—11 Sanitary Inspectors, Class IV. (\$288 to \$480 by \$24)—\$3,528.

Mr. ELEAZAR: I do not like this red herring drawn across the trail. My contention is that \$24 per month is too small a salary for anybody holding the position of a sanitary inspector, especially when it is borne in mind that he has to undergo training for four or five years during which he gives Government free service as a probationer. I would like to hear whether Government thinks \$24 is sufficient for a sanitary inspector, and by what parity of reasoning Government has arrived at that figure. Government should state its policy.

THE COLONIAL SECRETARY: I think I have explained already that it would be quite impossible to alter this scale. The defect of the system is that they have to serve for a long period without pay. That applies to many other occupations. That is the weakness of it, not that the grade of salary is inappropriate. In other departments, too, people have to serve for an unusually long time, or rather study an unusually long time as volunteers, but that applies to many occupations where people have to work without pay before they are qualified. This grade of salary has been fixed in relation to other departments of the Service, and I am afraid Government cannot accept any suggestion to alter the rate of increment.

Mr. ELEAZAR: I am wondering whether Government is satisfied as a matter of policy that a man who has given five years' free service as a probationer, and has secured the highest certificate he can get, is adequately remunerated at \$24 per month. I contend that it is not sufficient, and that this is a studied attempt to reduce the standard of living in the Colony, which I deplore very much. I would like Government to declare its policy openly.

THE COLONIAL SECRETARY: There is no reduction. As a matter of fact there is a considerable improvement, because the most junior grade under the

previous arrangement were employed at a fixed salary of \$300 a year, or a fixed salary of \$25 per month. Under this proposal they will go to \$40 per month.

Mr. JACOB: On further consideration I am inclined to agree, because it is better than working as a manual labourer.

Item as amended put, and agreed to.

Item (1)—1 Sanitary Inspector (\$288 to \$480 by \$24)—\$312.

THE COLONIAL SECRETARY: I move that this item be deleted.

Question put, and agreed to.

VILLAGE SURVEYS.

THE COLONIAL SECRETARY: I move the insertion of a new item "9—Surveys in village and country areas—\$1,760." This is an effort on the part of Government to assist in the problem which members have been discussing this evening, and that is the carrying out of the Building Regulations in the country areas. The intention is to second an experienced surveyor from the Survey Department to make surveys in the districts in which it is desired to improve building conditions, and the lay-out of houses in those areas. It will be in practice a small effort at town planning in certain areas.

Mr. WALCOTT: I would like to know whether the surveyor will be available to the small holder, and whether he will help him to prepare his plans which are required under the Ordinance by the Central Board of Health.

THE COLONIAL SECRETARY: The surveyor will work under the Central Board of Health and will be directed by the Board. The intention is to give every possible assistance that can be given to people who wish to improve their housing conditions.

Mr. LEE: In Select Committee I was told that this money would be allocated especially to certain villages on the Corentyne Coast. I then stated that there were certain residents in Leguan who were quite willing to build a township or village in a certain area. A plan has been sent in to

the Central Board of Health, but not a certified plan made by a sworn surveyor. If it is the policy of Government to assist poor villagers who have not the means to comply with the regulations, I am pleading with Government to include those people in Leguan. It would not take a certified surveyor more than a week to do the survey.

Mr. ELEAZAR: I would like to see the item deleted, unless we are told something more definite about it. So far as I am aware, the places where the Board carries on its operations are the villages which have been surveyed and laid out years ago, and those places which have not been surveyed and laid out are plantations owned by private individuals. If a man is able to own a plantation and he wants to convert a portion of it into building lots he should be able to pay for the survey himself. I cannot see that any attempt will be made to re-survey the villages already surveyed and laid out. I think my conjecture is right, that it is intended to apply to people who are wealthy enough to own plantations, and who want to convert portions of them into building lots. I do not think Government should help such people at all. If Government intends to re-survey villages which have been already surveyed it will only make confusion worse confounded.

Mr. SEYMOUR: There is a snag here. (laughter). Where is the surveyor going to start, and where will he end? My knowledge of survey work is that it is a slow work. Where will we get one surveyor to traverse the whole Colony and give satisfaction? Government is only playing with it. He can only survey possibly one part of the Colony in two or three months if he does it conscientiously.

Mr. DE AGUIAR: It seems to me that the hon. member has not fully grasped the reason for the item. I understood those members who have spoken on the subject were making an attempt to plead on behalf of certain proprietors, and the Surgeon-General pointed out that Government and the Central Board of Health appreciated the difficulty as regards the laying out of land for building purposes. This is an attempt to assist people as regards the laying out of lands for building purposes, particularly those in congested areas. It is not intended to bene-

fit any particular individual at all, and particularly the estate proprietors. It is intended to benefit those people who are finding it extremely difficult to fulfil the requirements of the Ordinance, and I rather thought the item would have been far more appreciated than it is.

Mr. ELEAZAR: I would like to know what people the hon. member refers to whom Government wants to help. So far as I am aware there are only two classes of people in that position, the already established villagers and private owners who may desire to convert their lands into building lots. The former cannot be interfered with, and the latter should do the work themselves.

THE CHAIRMAN: I would like to explain to hon. members, especially in view of what the hon. member for Berbice River (Mr. Eleazar) has said, that the intention of Government is to assist local authorities and villages to put their lands in order so far as the Building Regulations are concerned. There are many places which have been partitioned in the past—and I am referring particularly to the Berbice district—in such a way as to make it quite impossible for a suitable lay-out ever to be established in those areas with the original sub-divisions. In two or three of those places already 100 per cent. of the proprietors have informed the District Commissioner that they are prepared to re-partition entirely in order to comply with Building Regulations, and they are anxious to do so, but they cannot afford the services of a surveyor in order to have that re-partition carried out. It is for that purpose Government proposes to place a surveyor at their disposal, to enable them to carry out what they wish to do, and what they are unable to do through lack of funds.

Mr. LEE: must protest against the hon. member for Central Demerara (Mr. De Aguiar) saying that certain members pleaded. It is our duty to plead on behalf of our constituencies. I know practically every inch of my constituency, and every person in it. The persons for whom I have pleaded are unable to pay a surveyor to prepare a certified plan. Those are the people I have told Government about.

Mr. DE AGUIAR: I regret that the

hon. member has not followed my remarks entirely.

Mr. ELEAZAR: I am going to warn Government. I see what Government is after. I have in my mind's eye something I heard in Berbice. If a man has two lots re-surveying cannot give him three. It is going to cause confusion.

Mr. JACOB: I think this expenditure will amount to a very large sum later on. Perhaps Government has considered that matter, and it has been decided to spend money year after year on this kind of work. If that is the intention of Government then this item has my support, but if it is intended to do the work for a year or two only I would oppose it, because that would look like favouritism.

The Committee divided, and there voted:—

For—Messrs. H. G. Seaford, Jackson, Walcott, Gonsalves, Christiani, Creese, Case, Laing, De Aguiar, D'Andrade, F. J. Seaford, McDavid, Woolford, Luckhoo, Dias, Dr. Wase-Bailey, Prof. Dash, the Attorney-General, the Colonial Secretary—19.

Against—Dr. Singh, Messrs. Lee, Seymour, Jacob, Eleazar and Peer Bacchus.—6.

Item carried.

THE COLONIAL SECRETARY: I move the insertion of a new item 10—Passages, \$216—to provide for the passage of the Assistant Medical Officer of Health.

Item put, and agreed to.

MILITIA.

Mr. LEE: A petition was laid on the table some time ago by the hon. member for Georgetown South (Mr. Gonsalves) with respect to pensions for Militia Bandsmen. I do not know whether Government has considered their case.

Mr. GONSALVES: I wish to express my regret that the reply I received to the petition presented with respect to pensions for Bandsmen is somewhat vague in that it merely expresses regret that nothing can be done. I think those men deserve some consideration when it is remembered that nearly all of them joined the Band at

a very early age. They are taken on as apprentices at 14 years, become Bandsmen at 18, and have to serve for 23 years before they get any consideration on retirement. It was pointed out in the petition the duties they have to perform and the conditions under which they live, and they asked that they be treated in the same way as policemen or prison warders in respect of pension. I do not think that was an unreasonable request. In these days when the Band is so much in demand, and members of this Council vie with one another to have the Band in their district as often as they can, I think that is good ground for giving the Bandsmen better consideration. I hope that something will be told us as to the reason why it is not considered possible to treat them in the way suggested. I do not expect to get a 100 per cent. explanation, but the reply I received to the petition was certainly very much below that percentage. I would certainly like to know whether that decision is final, or one that may be reconsidered in the near future.

Mr. LEE: I did not know that the hon. member had received a reply from Government. If the public is receiving some benefit from the Band which visits the country districts periodically and entertains the public, I think the Bandsmen should be treated in the same way as policemen and warders in respect of pension rights.

Mr. McDAVID (Colonial Treasurer): I do not know whether the hon. member is aware of the conditions under which Bandsmen's pensions are awarded. Section 78 of Chapter 29 states:—

"Any bandmaster, bandsman, and every apprentice who has completed not less than twenty-three years' continuous service in the band shall be entitled to a pension calculated at the rate of one-sixtieth of the annual average amount of the salary of that bandmaster, bandsman, or apprentice, during the three years last preceding the time when he retires from service for each year he has been in the continuous service of the band up to a limit of thirty years, but no additions shall be made in respect of any service beyond thirty years."

In other words, Bandsmen are entitled to the same rate of pension which Civil servants are entitled to under the new Pensions Ordinance, except for the provision that they have to serve 23 years before they are entitled to pension. One thing which I think was asked for in the

petition was the right to commute part of the pension into a lump sum. That is quite a different thing. It does not really increase the value of the pension as commutation is only applied when the pension itself is reduced down to a lower fraction. I need not go further into that question. I think if hon. members realise that Bandsmen get the same rate of pension as Civil servants they will agree that they have very little to complain about.

Mr. GONSALVES: Will the Colonial Treasurer tell me whether policemen and warders have to put in the same period of service as Bandsmen in order to qualify for pension?

Mr. McDAVID: As far as I can recollect, in the case of policemen the minimum period of service is 10 years.

Mr. GONSALVES: What is the minimum for Bandsmen?

Mr. McDAVID: I think it is 23 years.

Mr. GONSALVES: Is that the same treatment? I must express regret at having put such a difficult question. I think the matter might very well be re-considered. The Colonial Treasurer said there was not much difference, yet he admitted that there is a difference as regards the minimum period of service between 10 and 23 years, which is a very big difference, and there is also the question of lump sum pension which a policeman enjoys but a Bandsman does not. The petition was presented since 1926 and was evidently forgotten, and in order to get it through for this session that decision was arrived at. If another six months would enable better consideration to be given to the matter I would suggest, as lawyers would say, that the matter be adjourned for further consideration.

THE COLONIAL SECRETARY: The discussion suggests that it is normal and usual for a policeman and other Civil servants to get a pension at the end of 10 years. That is quite abnormal. It is only on the ground of medical unfitness. Actually the age-limit in the case of Civil servants is 55 years of age, except on medical grounds, whereas in the case of a Bandsman, when he has completed 23 years he is entitled to a pension without producing any evidence of medical unfit-

ness. If you consider how long it is usual for a person to serve to get a pension in the Police Force or in the general rank and file of the Civil Service you will find it is usually in excess of 23 years.

MISCELLANEOUS.

Item 24—Tourist Bureau and advertisement of the Colony in Canada and elsewhere—\$2,880.

Mr. DE AGUIAR: I desire again to bring to the notice of Government the inadequacy of this vote. I think it is right that another effort should be made in this Council to bring to the notice of Government the desirability of making some serious attempt to embark on what promises to be a very major industry, if I may so term it, in so far as this Colony is concerned. In doing so I have no desire to make any comparisons with what is being spent in other colonies, and more particularly in Trinidad and Jamaica, because there can be no doubt that the paltry sum of £600 spent in attracting tourists to this Colony is a little inadequate. As far as I know, and I believe I am right, this sum is placed on the Estimate on the understanding that the sum of £200 is contributed by the people of this Colony. In the past the Bureau has been fortunate to obtain, if not the entire amount of £200, a substantial portion of it from the commercial interests in particular, but it has been found very difficult indeed to have this sum of money forthcoming, and the time has come when Government should make a very serious attempt to put the Bureau on a more satisfactory basis. Those members of the Council who are members of the Tourist Committee are able to speak more competently on the subject than I can, but it is generally known that the Committee finds it exceedingly difficult to carry on the work of the Bureau satisfactorily. I need hardly refer to the loss of the Secretary, because that is common knowledge. I am making an appeal to Government that a sum of £1,000 be put on the Estimate for the purpose.

Mr. WALCOTT: I desire to support all that the hon. member for Central Demerara (Mr. De Aguiar) has said. I do not think it is the fault of this Government but Government must take the blame for any disability caused by the

Secretary of State. It is unfortunate that Government should put the Tourist Bureau in the position mentioned by the hon. member. I am a member of the Tourist Committee. We are given a grant of £600 a year conditional on the Bureau collecting £200 from the public. Our worthy Chairman—and he is a very careful Chairman—is placed in that position. He cannot authorise the expenditure of any money other than that which he has collected the previous year, until he is sure that he has got £200 from the public. That is not a position in which to place the Bureau. I am inclined to put it this way: that if Government will be generous enough to vote £1,000 I believe that the public will not only contribute £200 but that more, especially if they do not feel that they have to do it. I believe they would do it generously instead of forcibly.

Mr. ELEAZAR: My view is that the £200 which the public should contribute should be supplied by Government making its contribution £800. I think that for the present that would relieve the Committee of having to go hat-in-hand to get people to contribute. After all tourists bring grist to the mill. They leave some money behind and they are an advertisement of the country. When, however, Government can see its way to commercialise Kaieteur then, of course, it can contribute £2,000. At the present time we can only induce tourists to go to Kaieteur once. We can never get them to go back again, and I doubt whether they will tell their friends to go.

Mr. GONSALVES: After the support of the hon. member for Berbice River (Mr. Eleazar) there should not be very much more discussion, because when we get his support for the increase of an item I think we have done pretty well. I am also a member of the Tourist Committee and it is really not in a happy position with the Secretary going around hat-in-hand begging people to contribute to a fund for the purpose of running the Bureau. The Tourist Bureau is doing work for the country. If it is not Government should say so openly, but that it is doing good is beyond question, I think. The Committee has been fortunate in being able to run the institution with so small an amount of money. It has been fortunate also in obtaining the services of

two gentlemen who are out of the Colony, one in New York and the other in Canada, and who, but for their birth, would not have given their services for such a paltry sum. As a matter of fact they gave their services gratuitously for a considerable time.

Mr. DIAS: I ask indulgence to join in this debate because, as you are aware, I happen, fortunately or unfortunately, to be Chairman of the Tourist Committee. Upon the inauguration of the Tourist Bureau we all realised that we were experimenting on something which was novel in this Colony. We were launching an undertaking in the hope that we would, as the result of our efforts, attract people to the Colony. We had a very energetic Secretary who begged for furniture about Georgetown, and I think some of the merchants supplied him with wood and others with paint, and I believe he even got workmen to make the furniture for nothing. The time came when Government very generously voted a sum of money. I think it was on the motion or suggestion of the hon. member for Central Demerara (Mr. De Aguiar), and we were given £600 on the condition that we were to collect £200 from the mercantile community. As an experiment that was perfectly sound, and we have collected £200. I think, for three years regularly, but it is becoming more and more difficult to get the money with the ease we obtained it in the first year. The mercantile community subscribed believing that while the request was a perfectly sound one in the first instance, it could never have been contemplated that they should contribute £200 or any sum towards the Bureau year after year, and the time has come when we have been frankly told by many of them that they do not propose to subscribe any longer. Whether they are right or not it is not for me to decide, but I ask hon. members to picture the position of the Committee who are humiliated to the extent of having to go to people from time to time begging and imploring many of them to give a contribution so as to keep the Bureau going. It is not a happy position to be in, and less so for those who are rendering voluntary service. We feel that the position must be laid before Government so that the seriousness of it might be understood, and Government might be informed that

unless something is done, and done during next year, the probability is that the Bureau will have to be closed down.

To give you an idea of the position, we receive from Government the sum of \$2,280, out of which we have to pay—I am not including the £200—our agent in Canada \$960 a year. That is a stipulation of Government also. We also have to pay our agent in New York \$480, which sometimes he gets and sometimes he does not; our Secretary in the Colony \$1,260; rent \$240, and miscellaneous, which is put down at the very small sum of \$120, including postage and stationery, and telephone messages incurred in Canada and America. The total expenditure is \$3,060, so that Government's grant by itself is insufficient to meet that. If we collect £200 from the merchants we are left, after paying our expenses, with \$780 per annum to do propaganda work. That is absolutely insufficient. It is throwing money away to attempt to spend \$780 in advertising. Pamphlets have to be printed and despatched to Canada, America and England, and put on board ships, the cost amounting to about £200 or £300. It is all done in the United Kingdom. We have just placed the last order, and the position is, after very careful calculation, that by the end of January or February we should have no money at all. The funds of the Bureau will be completely absorbed by the end of February. The Hon. Mr. Walcott has been kind enough to refer to me as a very careful chairman. I am careful with money that does not belong to me; I am rather careless with my own.

I feel the time is coming when we shall not be able to collect half of £200, and that is why I decided to place the position before Government. The position has got from bad to worse, and while I know that the local Government might not be able at the present moment to authorise an addition to this item on the Estimates, the situation is being explained so that every effort should be made to place the seriousness of what is happening before the Secretary of State, in the hope that he will see his way to authorise an increase of this vote.

I have been at pains to make enquiries about what is happening in Trinidad.

They began there in a similar way. The merchants subscribed and Government put up a sum of money on that condition, but in process of time that has disappeared altogether, and now Government is the only subscriber to the funds of the Bureau. Although Trinidad has a tourist trade, which we hope some day to have, the Government of that Colony contributes a sum of approximately \$14,000 a year towards the upkeep of the Bureau, and a letter received from the Secretary only two days ago informed me that the Committee considered even that sum insufficient, and proposed to apply for something more. That is substantially what has to be reported to Government in connection with this matter. The members of the Committee regret very much having to take the stand we are taking in the matter, but it is a case of Hobson's choice. We cannot extract money from people. We get money from a good many who, we know, do not obtain one penny benefit from the tourist trade in this Colony. We can point to a few of them, but we cannot put our hands into people's pockets and take their money from them. Were it not for the two insurance companies—I cannot see how they benefit from tourists—who have generously given money for the last two years I do not know how we would have made up the £200.

Government has to consider whether it is a paying proposition to the Colony to keep alive the tourist trade of the Colony. If it is, then I submit with every confidence that it is worth Government's while to increase this vote by some reasonable amount so as to carry out that purpose. If Government is satisfied that it is not a paying proposition, that the Colony instead of benefiting is losing as the result of this expenditure, then Government would be perfectly justified, treating the matter as a business concern, in closing it down. But I think upon an examination of the position and all the circumstances it will be found that the Colony has benefited, and very materially so, by the increased number of tourists. Each man who comes will in turn, if he is treated well, be the best advertiser. He will do a certain amount of advertising for us which we have not to pay for. I think it will be found that Government stands to lose nothing whatever by increasing the present contribution to the Bureau. In

all sincerity I ask Government to consider it from every angle and to see whether it is not possible to do as requested.

THE COLONIAL SECRETARY: Government fully appreciates the strength of the plea that the Hon. Mr. Dias, as Chairman of the Committee, has made, and still more it appreciates the very valuable work that the Bureau and the members who serve voluntarily on the Committee have done for the tourist trade and for the Colony as a whole during the years it has been in existence. It is rather unusual to find the unofficial members so strongly united as they are on this particular subject.

The Hon. Mr. Dias asked for careful, and I presume early, examination of the whole question. I can promise on behalf of Government that it will be most carefully examined at the earliest possible moment, and that is no mere figure of speech. We intend to go into the matter thoroughly. Mr. Dias has given us full details, some of which have been brought to the notice of Government for the first time, and we hope to remove the two disadvantages—the limitation of the amount and the attachment of a condition which does seem to operate rather harshly on the Committee itself. But I will ask the Council to pass the item as it stands, on the definite undertaking that the representations which have been made will be most carefully considered.

Item put, and agreed to.

Item 25—Labour Registration Bureau—\$780.

Mr. JACOB: Since it has become necessary to create a new department—Commissioner of Labour—it should not be necessary to have a Labour Registration Bureau. I think there are one or two other items of a similar kind in other parts of the Estimate, and I ask that this matter be considered in the light of what I have stated.

Mr. DE AGUIAR: I have risen to ask for some information. Under head XIII.—Lands and Mines—there is an item—Registration of Labourers—Payment to Registering Officer, \$1,200—while this item is Labour Registration Bureau. I am wondering whether they are the same.

THE COLONIAL SECRETARY: The present item provides for a Bureau which works in the nature of an Employment Bureau. Its exact relationship to the new sub-department has not been exactly crystallized yet, but it is very probable that it may be brought under the control of that sub-department, but until it is working we must make some provision for it to be carried on. I ask that it be voted for the present at least, until its future relationship to the new sub-department is decided.

Item put, and agreed to.

SCOTTISH EMPIRE EXHIBITION.

THE COLONIAL SECRETARY: I move the insertion of a new item, 30—Representation of British Guiana at the Scottish Empire Exhibition—\$2,160. This is a most important Exhibition, the most important since Wembley, to be held at Glasgow next year, and it is desirable that this Colony should be represented.

Item put, and agreed to.

THE COLONIAL SECRETARY: It is necessary for me to move the insertion of another item, 31—Expenses of conversion of 5% bonds—\$560. An item of \$1,000 was provided this year which has not been wholly expended, and it is desired to re-vote it to the extent of \$560.

Item put, and agreed to.

MISCELLANEOUS (A) SUBVENTIONS, ETC., MUNICIPAL.

Item 3—Contribution towards maintenance of Roads and Streets—\$20,000.

Mr. GONSALVES: I will perhaps cause a little disappointment by not saying very much with regard to this item except to ask, on behalf of the City, whether I can still continue to live in hope that something will be done in connection with our roads. I know that the matter is engaging Government's attention, and I am optimistic and hopeful that something is going to be done, but I do hope that that day will not be kept too far away, and that we will get the help which we expect Government to give us.

THE COLONIAL SECRETARY: I can assure the hon. member that he may con-

tinue to nourish an unquenchable hope. (laughter).

Item put, and agreed to.

MISCELLANEOUS —(B) SUBVENTIONS, ETC., OTHER THAN MUNICIPAL.

Item 4—Grant to Infant Welfare and Maternity League—\$13,324.

Mr. DE AGUIAR: I regret to find that the plea I have put up in this Council for the past two or three years has not yet borne fruit. I refer particularly to the treatment meted out in the past to the midwives of the Infant Welfare League. Up to the present time I am not quite satisfied with the explanation given to me on the occasions I have referred to the subject. I do not think Government's plea that the consideration given to midwives in the matter of leave is sound. It must be known to Government that even when these midwives are bound to take leave on the ground of ill-health or otherwise, they have to forfeit their salaries. This is a lump sum vote which is handed over to the League, and members of the Committee find it extremely difficult to make two ends meet. They have no means of providing for any extraordinary expenditure in the way of granting leave. I do not say that midwives should be treated in the same way as ordinary Civil servants, but some consideration should be given to them as far as leave rights are concerned.

I should like to give a little credit to Government in regard to the increase of \$520 for the purchase of drugs and equipment. It is the result of representations I made that the supply of drugs was not altogether adequate. Lest the Surgeon-General in his reply make reference to the fact that the League clinics throughout the country districts should try to be a little more self-supporting, I would say that it is within my knowledge, and I know it is within his knowledge also, that various attempts have been made from time to time by the various clinics to try to help themselves in any way they can. In certain areas, of course, the task is a very difficult one indeed, and it can hardly be said that a sufficient sum of money can be obtained in order to tide them over. To say that there is very little effort at self-help would not be strictly accurate.

Mr. LEE: I am for once supporting my friend, the hon. member for Central Demerara (Mr. De Aguiar), and I would like to draw Government's attention to last year's debate, in the course of which the Surgeon-General said:—

"I propose as President of the League to go very carefully into the recommendations of the committee, and if after coming to decisions on the various measures it is found necessary to represent to Government, that more money is required the matter will be brought before Government."

A year has gone past, therefore I join in the appeal to Government to see what can be done for these midwives.

Dr. WASE-BAILEY: With regard to the remarks made by the hon. member for Central Demerara, I would like to correct him on a small point. Midwives do not forfeit their salaries when they go on leave, but admittedly they are required to provide substitutes. (laughter). There is a difference. Their salary is \$14 per month. There is no difficulty in provid-

ing a substitute, and whether or not a midwife hands over the whole of her subsidy or obtains a substitute for a little less is entirely a matter for her. I can only say that we have never had any trouble. The whole situation is being gone into very closely by a sub-committee of the League appointed to consider not only the financial aspect but also leave requirements. I may add that leave regulations are already in draft, but there are certain aspects which are giving a little trouble, and further consideration is required. These things must take time. We have a lot to do, and I am sure the Hon. Mr. Jackson will bear me out when I say that there are many aspects in the terms of reference of our sub-committee. We have to consider the whole question of subsidised midwives as against private midwives, and also the financial aspect. It is hoped that the matter will be brought before Government as soon as possible.

The Council resumed and adjourned until the following day at 10.30 o'clock.