

# LEGISLATIVE COUNCIL.

*Thursday, 26th May, 1932.*

The Council met pursuant to adjournment, His Excellency the Hon. C. D. DOUGLAS-JONES, C.M.G., the Officer Administering the Government, President, in the Chair.

## PRESENT.

The Hon. the Colonial Secretary, Major W. Bain Gray, M.A., Ph.D. (Edin.), B. Litt. (Oxon.) (Acting).

The Hon. the Attorney-General, Mr. F. J. J. F. McDowell (Acting).

The Hon. P. James Kelly, M.B., Ch. B., Surgeon-General.

The Hon. F. Dias (Nominated Unofficial Member).

The Hon. R. E. Brassington (Western Essequibo).

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

The Hon. M. B. G. Austin (Nominated Unofficial Member).

The Hon. B. R. Wood, M.A., Dip. For. (Cantab.), Conservator of Forests.

The Hon. S. H. Bayley, General Manager, Transport and Harbours Department.

Major the Hon. J. C. Craig, M.E.I.C. D.S.O., Director of Public Works.

The Hon. J. Mullin, A.I.M.M., F.S.I., Commissioner of Lands and Mines.

The Hon. E. F. McDavid, Colonial Treasurer (Acting).

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

The Hon. A. V. Crane, LL.B. (Lond.) (Demerara River).

The Hon. J. Eleazar (Berbice River).

The Hon. J. Gonsalves (Georgetown South).

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

The Hon. G. E. Anderson (Nominated Unofficial Member).

The Hon. F. J. Seaford (Nominated Unofficial Member).

The Hon. C. Farrar (Nominated Unofficial Member).

## MINUTES.

The minutes of the meeting of the Council held on the 25th May, as printed and circulated, were confirmed.

## ORDER OF THE DAY.

### PUBLIC HEALTH BILL.

Dr. KELLY (Surgeon-General): I move the second reading of "A Bill to make provision for promoting the Public Health of the Colony." In moving the second reading I propose at this juncture to make a statement. First of all, the position of public health in the Colony to-day has been defined and regulated for in an Ordinance which was passed 25 years ago. In that Ordinance, a very comprehensive one, the enactments relating to public health have been tucked away and from the point of view of efficiency they have been lost. The Local Government Board, as it existed from their point of view, appeared to have had far more to do in connection with outside administrative matters, and public health matters have been relegated to the background. Finance, local administration, rates and village disputes, have taken up the time of the Local Government Board. The representation of the Public Health Department on that Board has been insignificant, and only by appointing a Medical Officer of Health and Sanitary Inspectors, as officers of the Board, has the Public Health Department been able to take any active part in public health.

As regards the present Bill hon. Members have a precis before them which sets out very clearly what the present position is as regards the law and what the proposals are in connection with the Bill now before the Council. I might mention that when the early stage of this Bill was received from the Law Officers, the Medical Officer of Health, the District Commissioners of the East Coast, East Bank

and West Demerara and I consulted at a meeting held in my office some ten days ago. The general aims and objects of the Bill were explained to them in order that when representations were made to them in their district they would know what the position is. Subsequent to that meeting copies of the Bill were forwarded to the District Commissioners for the purpose of distribution where possible and generally to let the people know the aims and objects of the Bill. This Bill to a large extent contains clauses which already exist in the Local Government Ordinance. In some instances clauses are taken out as such and inserted, and in other instances clauses have been amended, but something like 60 or 70 per cent. of this Bill represents what is already in force in the Colony but has not up to now been acted upon.

The main and great point in connection with this Bill is the establishment of a Central Board of Health. That is clause 3 of the Bill. The Central Board of Health is something analogous, or is intended to be, to the Ministry of Health which exists in England. I might mention that since the War the State has altogether altered its attitude towards the health of the subject. The War brought out very prominently what an immense amount of disability and infirmity there was, especially in connection with recruiting for the Army and the Services, and it then came very prominently before them that hitherto the State had not done sufficient in trying to produce the best in the way of efficiency. As a result the Ministry of Health Act, 1919, was passed and the Ministry of Health is the body to-day responsible for all forms of public health in the United Kingdom. It has executive powers and controls infant life, maternity life and midwives, and generally has very wide powers for the purpose of trying to protect people and produce the best in the State. The Central Board of Health here will be something on those lines. It will be a very powerful body which on behalf of the State exercises and advises in connection with all matters relating to public health.

A point in connection with the Central Board of Health which has been raised is a point which relates to its constitution. I might mention that in the Local Government Ordinance of 1907, section 11, the

Board is constituted, but in that Ordinance no names are mentioned whatsoever and the position is that up to the present we have been following on the lines of the Local Government Ordinance. It is thought that it might be advisable to indicate in some measure what the constitution of this Central Board might be. I think hon. Members have a slip before them which indicates the constitution. Generally speaking, the Board will consist of not less than nine or more than eleven members. There will be appointed to it representatives of the Legislature and representatives of Urban Authorities and other representatives—technical, official and otherwise—nominated by the Governor. In some quarters it has been indicated that the bringing into force of this Bill will entail additional expenditure. That is not going to be so. When the Bill is passed the mechanism at present in force from the point of view of the Public Health and Medical personnel will carry on. Generally, in clause 8 of the Bill it will be seen that the Central Board of Health deals with making regulations in connection with public health matters. That is, the sanitary side of local administration remains with the Central Board of Health for general direction and advice. In clause 10 it will be seen that a Public Health Department is established. Up to now that Department, although it came into existence several years ago, has not been efficiently established and it is considered with this Bill that it is opportune that that Department should be established. Sub-clause (5) of clause 10 defines the powers of the Public Health Department and sub-clause (6) furnishes a very comprehensive set of functions of that Department.

Part II. of the Bill defines the urban, village, country and rural sanitary districts in the same manner except as provided in the Local Government Ordinance. In clause 13 of Part II. power is given to appoint—and this is rather important—District Medical Officers as Medical Officers of Health. Part III. is to a large extent existing law. It has been modified and to some extent lightened up to fit in better with modern requirements. Part IV. is one which has received considerable prominence from the point of view of the Press and outside. In connection with this Bill, on the question of the

control of venereal diseases one might say that public opinion is divided roughly into two schools—one which might be described as the “die-hards” who believes in most stringent regulations in connection with all aspects of venereal diseases, and the other—and I am going to say that this is the more general school in progressive countries—I might describe as the “moderates.” The position is that from time to time legislation of a severe penal type from the point of view of notification and treatment has been brought into force, but generally speaking the experience has been that where stringent legislation is in force the situation intended to be met is not met and it results in driving the disease underground. It results in people avoiding treatment because it is compulsory. The fear of publicity also is a factor. In British Guiana to-day, I may say, our experience since the opening of “V.D.” clinics has been that we have got the confidence of the people and these clinics are well attended.

I think at this stage it would be inadvisable to include some of the more severe clauses. Generally speaking, it has been laid down that no law should call for compulsory treatment of adults, and hon. Members have to-day before them amendments in connection with this part of the Bill by which it will be seen.

Mr. CRANE: We have no amendments before us.

Dr. KELLY: The amendments are being typed, but I can indicate in what general respects this part of the Bill is being amended. All clauses relating to compulsory treatment of adults have been eliminated. The clause calling upon or insisting upon parents and guardians bringing children for treatment is still held, the responsibility being on the parent or guardian. Otherwise clause 49 is retained. That clause emphasises the necessity of venereal diseases being treated by those who by their training are capable of treating them. One exception is made to fit in with the scheme of medical aid in the Colony: that is, where Government dispensaries exist the dispensers are permitted to treat the disease. Clause 50 is an important one and provides for the control of dishonest and harmful advertisements which sometimes have the effect

of getting people to go for treatment which is no good whatsoever, and in that class nostrums for the treatment of these diseases which require such careful treatment can be dealt with. Clause 52 of that part of the Bill has also been eliminated and provision is made that the Governor in Council may make regulations in connection with any aspect of venereal disease. That allows for certain elasticity from the point of view of future developments in connection with the treatment of this disease.

Part V. of the Bill, which relates to Maternity Homes and Day Nurseries, has been taken from existing English Acts and it should prove very useful for the control of this aspect of public health in this Colony. Clause 56—Notification of births,—already exists. Clauses 57-60—School Hygiene—have been taken from the English Act. Part VI.—Hospitals, mortuaries and burial of the dead—is all a modified existing law. Part VII.—Anti-mosquito provisions—is also a modification of the existing Mosquito Ordinance. Part VIII.—General sanitary provisions—is again a modification of existing law with some new provisos in relation to offensive trades, markets and slaughter-houses. Clause 93 of Part VIII. is new, being taken from the English Public Health Act. Part IX.—Scavenging, cleansing and keeping of animals—is the existing Local Government Ordinance modified. Part X.—Sewerage and drainage—is the existing Local Government Ordinance modified. Part XI.—Water supply—is the existing Local Government Ordinance modified. Part XII.—Housing and district planning—is also existing law extended and modified. Part XIII.—Tenements—is also present law modified. Part XIV.—Trades and Industries—is the same. Clause 126—Mining Districts—is a new one and the other clauses of this Part are modified existing law. Part XV. relates generally to the legal side of the Bill. The schedules are modified existing schedules, the fourth repealing the Ordinances which are concerned by this Bill.

The Bill as it stands is very comprehensive and from the point of view of the Government it represents an effort to deal with public health on modern lines from the legal standpoint. I might mention that laws will never make public health,

Public health is a matter of public opinion—(hear, hear,)—and I am hoping that this new Bill will be made as much, if not more, use of by the public. It is for their protection and the clauses of the Bill are intended to preserve the health of the public. I will give an instance. In rather a model settlement not 100 miles from Georgetown there is in a village a cow byre right in the centre of the inhabited area. That cow byre is a nuisance and a danger to those living around. The neighbours have come to me and to the Medical Officer of Health and asked for assistance to deal with the matter, but there is no provision in the law to do so, and that cow byre still remains there. So I am hoping this Bill will be as much, if not more, made use of by the public than by the executive of the Central Board.

The hon. Member for Demerara River (Mr. Crane) said that this Colony has progressed somewhat further than other Colonies where public health legislation is perhaps more exacting than would be permitted in this Colony. In connection with penalties I feel sure that there cannot be in this Colony, at the stage of development it has reached, any overbearing persecution by the Public Health or any other Department. Speaking from experience I know that when public health matters are before the Magistrates of the Colony they without exception try the cases on the

merits, and although heavy penalties may be put down according to the Magistrate's interpretation of the breach complained of the law is applied. I feel sure, in conclusion, that when this Bill is passed the Colony will be more in line with our neighbouring Colonies in the West Indies. A large number of the clauses of this Bill have been taken from recent enactments of our neighbouring West Indian Colonies—I refer to Trinidad, Grenada and Jamaica; we have not gone farther afield—and perhaps some of the English Acts. When this Bill is in Committee I will move in the amendments in connection with policy which will be before hon. Members to-day.

THE COLONIAL SECRETARY seconded.

Mr. CRANE: The object of our being here this morning was to hear the statement of the Surgeon-General. I therefore formally move the adjournment of the debate for two weeks and resume on the 9th June.

THE PRESIDENT: I suggest that the hon. Member select Tuesday in the week which will be the 7th June.

Mr. CRANE: Very well, sir.

The Council adjourned until Tuesday, 7th June, at 11 o'clock.