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AIRMAIL

14th June, 1948

Dr. Saint,

[illegible]

NCA ✓



Dear Dr. Saint,

Thank you for your letter of 6th June and for the valuable information and suggestions contained in it.

I have been notified informally by the Hon. Minister administering the Department of Native Affairs, that we are likely shortly to be stuck with all matters affecting the health of natives, including the administration of native hospitals.

I fully agree with you that in that contingency we must completely revise present policy, but how far we may be able to implement a policy of our own will be, of course, contingent upon financial support we obtain from Cabinet, a matter which may be determined by the moneymen in the light of Native Affairs' practice and their accepted standards.

In the meantime I should greatly appreciate it if you at your leisure could formulate a plan applicable to the circumstances in your own district. My own plan - which I was at liberty to indulge in the Northern Territory - is that the maximum number of cases would be handled and treated at the General Hospital and that special native hospitals (as distinct from separate native wards), should be brought to the irreducible minimum.

I know that in this country there is a real and strong public aversion to racial mixtures in hospital even though these appear to be quite well supported outside. I feel, however, that the greater part of this difficulty could be overcome by the provision of special wards staffed by suitably trained coloured girls and men.

I know that the dirty habits of undisciplined natives, particularly that of spitting tobacco juice on the walls, floors, bed clothes and into the circumambient air, make them hazardous charges for white trained nurses even in only a supervisory capacity, but be overcam this

C 1257

...city in the Territory ... should be able to ... here.

I should be ... if you would talk this matter over with Patron Campbell - ... whom, by the way, convey my kindest regards.

I am sorry I have no detailed information regarding combined Diphtheria and Pertussis Vaccine, but it has been used privately in the Fremantle area and I will see what information I can get for you.

I shall also give consideration to your suggestion that you be provided with your own power plant. This is a matter which must be considered in conjunction with any proposal the Premier may have for improving the local town supply.

With regard to the X-ray, our advice has always been that given a good power supply 30 milli.amp portable set with bucky should serve all purposes likely to be demanded of an X-ray installation by the general practitioner and as recently as a few weeks ago Dr. Eddy of the Commonwealth Radiophysics Laboratory re-iterated this view to me.

The Department has taken initial steps towards having all sets along the North-west coast examined by technicians of Watson Victors and some of the reasons for the instrument's failure in your hands - which is probably to be ascribed to the town supply - may then be qualified.

The Department is negotiating with the Department of the Army for the purchase of the X-ray installation at Karrakatta used for the examination of recruits and review of men about to be discharged.

It is the intention to install this in the Perth Chest Clinic thereby releasing a mobile set which it is hoped to make available for a chest survey, particularly of natives in the North-west.

I am discussing certain aspects of this suggestion with Dr. Heazell next Monday and I shall bring before him your remarks on Asbestos which I regard as of the highest importance.

Kindest regards,

Yours sincerely,

COMMISSIONER OF PUBLIC HEALTH

C 1258

AIRMAIL

14th June, 1948

Dr. Saint,

PORT HEDLAND

Dear Dr. Saint,

Thank you for your letter of 6th June and for the valuable information and suggestions contained in it.

I have been notified informally by the Hon. Minister administering the Department of Native Affairs, that we are likely shortly to be stuck with all matters affecting the health of natives, including the administration of native hospitals.

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In the meantime I should greatly appreciate it if you at your leisure could formulate a plan applicable to the circumstances in your own district. My own bias - which I was at liberty to indulge in the Northern Territory - is that the maximum number of cases would be handled and treated at the General Hospital and that special native hospitals (as distinct from separate native wards), should be brought to the irreducible minimum.

I know that in this country there is a real and strong public aversion to racial mixtures in hospital even though these appear to be quite well supported outside. I feel, however, that the greater part of this difficulty could be overcome by the provision of special wards staffed by suitably trained coloured girls and men.

I know that the dirty habits of undisciplined natives, particularly that of spitting tobacco juice on the walls, floors, bed clothes and into the circumambient air, make them unwelcome charges for white trained nurses even in only a supervisory capacity, but be overcam this

C 1259

difficulty in the Territory and we should be able to overcome here.

I should be glad if you would talk this matter over with Matron Campbell - to whom, by the way, convey my kindest regards.

I am sorry I have no detailed information regarding combined Diphtheria and Pertussis Vaccine, but it has been used privately in the Fremantle area and I will see what information I can get for you.

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Kindest regards,

PUBLIC HEALTH
15 JUN 1948
REGISTRY

Yours sincerely,

COMMISSIONER OF PUBLIC HEALTH

C 1260

15 JUN 1948