



Official Communications must be
addressed to
THE SUPERINTENDENT
Phone—Peel Island
(Trunk line)

Peel Island Lazaret
Via Brisbane

19th March 1950.

Memorandum.

The Director General
Health and Medical Services
BRISBANE.

- re Treatment of patients, blood chemist and pathological tests

Sulphone therapy is the main treatment. The drug mainly used is Diasone. At present the number of patients using sulphone therapy is 41 -

Diasone 39, Sulphatrene 1, Premin 1.

The majority of the remaining patients have had treatment suspended temporarily on account of unsatisfactory haematological reports, or some symptoms of intolerance.

Haematological examinations are carried out regularly on all patients receiving sulphone therapy; once a fortnight whilst the dose is being routinely increased, and then once a month after the patient is stabilised. The blood samples are forwarded to the Laboratory of Microbiology and Pathology, and a report is furnished me a few days later. The haematological reports include red cell counts, haematological percentages, haematocrit percentages, mean corpuscular haemoglobin concentrations, and white cell counts, with sometimes a white cell differential count.

Urine tests, chemical and microscopical, are done once each month.

In addition, any other biochemical or pathological tests are done when considered necessary, e.g. Wassermann reaction.

General medical and minor surgical treatments carried out here.

If any special treatment - surgical, gynaecological, ophthalmic etc - or X-ray examinations are thought necessary, the patients concerned are transferred to the Brisbane General Hospital (Wattlebrae) for specialist treatment, and on the return of the patient, a report of investigation, diagnosis and treatment sent from Wattlebrae.

Smears (serum) of all patients are sent regularly to the Laboratory, 25% of the patients each having three smears taken every week.

Recently a dentist from the Brisbane Dental Hospital paid two visits of three days each and treated over 40 patients. He has completed most of the extractions, fillings and gum treatment, and he is to visit here a few more times to supply dentures to patients requiring them.

Vincent P. Leung
Medical Officer.

Lazarus

Peel

In reply please refer to Record

No. _____

*Association of Relatives
& Friends*



Department of Health and Home Affairs

3 APR 1950

DEPARTMENT OF HEALTH

Brisbane

31st March 1950

Memorandum for -

THE UNDER SECRETARY.

With reference to the letter from the Relatives and Friends Association of 16th March, it is advised -

1. The comment made by the Association on the statement by Dr. Molesworth in that it refers to Queensland is not agreed with. There is nothing in this statement on which the Association could base its suggestion.
2. In the "Courier-Mail" of the date on which the letter was received by the Honourable the Premier, a statement appeared regarding the transfer of the leprosarium to the mainland.
3. If the "Courier-Mail" had published the full statement of the Honourable the Premier it would have been noted that the patients' relatives and friends can visit Peel Island as often as they desire provided they obtain a pass from the Department and make their own transport arrangements on other than official days.
4. It is considered that diasone is a better drug than promin, and this is confirmed in a letter from Dr. C.E. Cook of the Commonwealth Department of Health - probably the most outstanding man on leprosy in Australia at the present time. Dr. Cook states, inter alia :

"With reference to your request for my views regarding the relative value of promin and diasone, I may say that the use of the former was abandoned in Western Australia some years ago in favour of diasone and subsequently sulphetrone.

Enquiry here indicates that the use of promin has now been abandoned throughout Australia in favour of firstly, diasone, and more recently, sulphetrone, a development which appears to be general throughout the world.

Whilst promin achieves results comparable to diasone, its use is limited by reason of its greater toxicity and the consequent difficulties associated with its exhibition."

It is intended to use diamino-diphenyl-sulphone as soon as it arrives from England, and patients have been asked to volunteer for treatment by this drug as it has not as yet been tried long enough to say it is equal to diasone.

5. The treatment as carried out at the Island is similar to the treatment at Carville.

The above recommendations of the Director-General of Health together with many others have been adopted by the Government.

W. S. M. B. G.
Director-General.

DOH-DL 14/15-031

B

50.4434 Lazaret, Peel
Island

9 JUN 1950

9th June, 1950.
CC/CS

MEMORANDUM for

The Director General of Health and
Medical Services,
Brisbane.

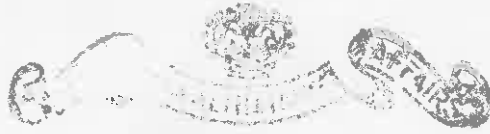
With reference to your memorandum of the 31st March last, it is desired to advise you that the Honourable the Minister has approved of your recommendation that the Medical Board who examine patients of Peel Island prior to release should consist of yourself or the Deputy Director General of Health and Medical Services (whoever is on duty), the Medical Officer, Peel Island, and Dr. W.J. Arnold, provided he will accept the position.

(Sgd.) G. CLARK
for the

Under Secretary.

RTI Released

Lazant



50/4434



4 APR 1950

1914.14.150

Peel Is

Medical Board

In reply please refer to Record

No. _____



Department of Health and Home Affairs
William Street,
Brisbane.

31st March 1950

Memorandum for -

THE UNDER SECRETARY.

With reference to your memorandum 50.4434 Peel Is. Gen. of 29th March, I would recommend that the Board consist of the Medical Officer, Peel Island, myself or my Deputy (whoever is on duty) and Dr. W.J. Arnold, a physician, Wickham Terrace. Dr. Arnold, I think, would accept the position.

W. J. Arnold
Director-General.

14/4/50
Approved
W. J. Arnold
14/6/50

RTI

31 MAR 1950

29th March, 1950. 68

MEMORANDUM for

The Director General of Health and
Medical Services.

PEEL ISLAND - MEDICAL BOARD TO EXAMINE PATIENTS PRIOR
TO RELEASE

With reference to your memorandum of the 23rd instant, it is desired to advise you that the Honourable the Minister has approved of your recommendation that a Board of three medical practitioners, one of whom is not a departmental officer, be established for the purpose of examining patients of Peel Island prior to their release.

The Honourable the Minister would appreciate if you could submit the names of the three medical practitioners who you recommend should constitute the Board.

(Sgd.) R. H. ROBINSON

Under Secretary.

1950. 14/4/50

RTI RELEASE

Peel To Gen

Examination of Patients
by Board of Three Doctors
before Release



In reply please refer to Record
No. _____

Department of Health and Home Affairs

William Street,

Brisbane.

23rd March 1950

Memorandum for -

THE UNDER SECRETARY.

It is the practice at Carville for a patient to be examined by three medical officers before he is released.

Complaints have been received recently of supposed victimisation of patients, because of breaches of discipline.

Could consideration be given to the Carville practice that, before a patient is released from Peel Island, he be examined by a board of three, one of whom is a non-departmental medical practitioner?

add. af 27/3/50

W. X. X.

Director-General.

54/13880
Pul
Ow B

10th November, 1950.

15 NOV 1950

Dear Sir,

With reference to your letter of the 25th September last relative to improved conditions for patients suffering from Hansen's Disease, I wish to assure your Association that the Government is doing everything possible in the circumstances to provide better conditions for them.

The necessary action is being taken to acquire a mainland site for the proposed new Hospital for Hansen's Disease patients and your Association can be assured that the matter is receiving urgent attention.

As regards the treatment of patients of Peel Island, they were first treated with Sulphonas in 1947, the drug used being Promin. Later Diasone was discovered, and as it was less toxic than Promin, did not require to be given intravenously as was Promin, and produced equally good results, it was, on the recommendation of the then Medical Officer, substituted for that drug.

As was expected, the progress in the first few months of administration was more rapid than in the latter months. This always occurs when a drug is first administered. As a result, some of the patients on Peel Island formed the opinion that Promin was better than Diasone.

My Department has always used the latest drugs on patients, as is shown by the fact that since the advent of Diasone, Sulphonas by injection, given twice weekly, is now available. Alvosulphon has just become available, and action is in train to obtain supplies of thiosemicarbazone for the patients from England. In this regard, the Director General of Health and Medical Services has had correspondence with Dr. Ryrie, and he has been informed that the first two cases gave negative smears in four weeks. In all, he has treated about 20 patients, but at this stage, it is premature to judge its permanent effect. Dr. Ryrie, however, has reason to believe that it has a more rapid effect than any of the sulphones. When available, those patients who so desire to have the latest form of treatment will be given it.

Mr. E.H. Hinton,
Secretary,
The Relatives and Friends Association,
P.O. Box W2100,
BRISBANE.

The matter of surgery has caused great concern, as at times, particularly when the south-easter was blowing, it would be difficult to get a patient requiring surgical treatment off the Island.

The Director General of Health and Medical Services has discussed this matter with various surgeons, pointing out to them that the only Resident Medical Officers available for Peel Island lack surgical experience, and that the Matron, who is inexperienced in anaesthetics, would be required to administer this. The opinion he has formed is that the risk of bringing patients to Brisbane is less than the risk of having them operated on at Peel Island.

The food is good, but according to the patients, it is badly cooked. This is understandable, as good cooks can get positions in Brisbane and it is difficult to attract competent cooks to Peel Island.

The position of Pathological Technician has been advertised on two occasions at least and every endeavour is being made to attract a suitable appointee.

Yours faithfully,



Minister for Health and
Home Affairs.

RTI Release



Lazarets

Peel to Gov
In reply please refer to Record No.

Department of Health and Home Affairs
DEPT OF HEALTH & HOME AFFAIRS
William Street, Brisbane

Relatives and Friends Assoc'n

69/13880

10th October, 1950

Memorandum for - *12 OCT 1950* *14.16/10*

THE UNDER SECRETARY.

With reference to the letter from the Relatives and Friends Association, I would advise as follows:-

TREATMENT. The patients on Peel Island were first treated with Sulphones in 1947, the drug used being Promin. Later Diasone was discovered, and as it was less toxic than Promin, did not require to be given intravenously as was Promin, and produced equally good results, it was, on the recommendation of Dr. Reye, substituted for that drug.

the Medical Officer

As was expected, the progress in the first few months of administration was more rapid than in the latter months. This always occurs when a drug is first administered. As a result, some of the patients on Peel Island formed the opinion that Promin was better than Diasone. This Department has always used the latest drugs on patients, as is shown by the fact that since the advent of Diasone, Sulphatrone by injection, given twice weekly, is now available. Alvosulphon has just become available, and action is in train to obtain supplies of thiosemicarbazone for the patients from England. In this regard, I have had correspondence with Dr. Ryrie, and he has informed me that the first two cases gave negative smears in four weeks. In all, he has treated about 20 patients, but at this stage, it is premature to judge its permanent effect. Dr. Ryrie, however, has reason to believe that it has a more rapid effect than any of the sulphones. When available, those patients who so desire to have the latest form of treatment will be given it.

in 45

SURGERY. This has caused great concern, as at times, particularly when the south-easter was blowing, it would be difficult to get a patient requiring surgical treatment off the island.

I have discussed this matter with various surgeons, pointing out to them that the only Resident Medical Officers available for Peel Island lack surgical experience, and that the Matron, who is inexperienced in anaesthetics, would be required to administer this. The opinion I have formed is that the risk of bringing the patient to Brisbane is less than the risk of having the patient operated on at Peel Island.

The grievance is a just one, but until such time as the Leprosarium is shifted to the mainland, it will continue to exist. I would advise that Matron has stated that she would not agree to accept the responsibility for giving the anaesthetic.

NEW SITE FOR LAZARET. The Minister is well aware of this.

DIET. The food is good, but according to the patients, it is badly cooked. This is understandable, as good cooks can get positions in Brisbane, and only the poor type want to go to Peel Island. The present kitchen is old, and the dining-room is over-crowded.

PATHOLOGY. This position, has been advertised on two occasions at least, and as a result of the last advertisement, the Public Service Commissioner's Department has written to a man in Tasmania to see if he is interested in the position. If so, an appointment will be made. If not, there is nothing else to be done but to readvertise the position again. This applicant does not possess the qualifications required by this Department's laboratory, but he has had practical experience.

A. Sydney

Director-General.

RTI Release



Peel to Gov
Reforms in
treatment, pathology,
transfer to mainland
etc.

Hansen's Disease (Leprosy) is not an Infectious Disease.

Have you read the Star Journal on Hansen's Disease?

The Relatives and Friends Association

President:
Mrs. M. O'DONOGHUE
Mapleton, Qld.

Vice-President:
Mrs. R. B. HOGAN
Morris Street
Paddington
Brisbane

Secretary:
E. H. HINTON
Richer Street
Toowong
Brisbane



P.O. Box W 2100
Brisbane 25th September 1950.

The Hon. C.M. Moore, M.L.A.,
Minister for Health & Home Affairs,
Dept. of Health,
Brisbane.

Dear Sir,

The Members of the above association have instructed me that they wish to associate themselves with the Patients Association on Peel Island in the latter's demand that the Queensland State Health Department give a definite direction as to when necessary and essential reforms will be effected on Peel and Fatome Islands. So that a complete and positive policy on the management, treatment and control of the Hansenosis (leprosy) problem in Queensland will at long last conform with standards operating in other countries for the past decade.

This association in keeping with that of the Peel Island Patients Association is keenly and painfully conscious of promises made by your department, as well as those of the Premier, the Hon. E. M. Hanlon regarding improvements in treatment, housing, sanitation, pathology, dietary etc., promises that have never been honoured. The Director General of Health Services has stated, vide Queensland press, also to patients on Peel Island during a recent visit there, that improvement in treatment, housing and dietary would be given immediate effect to. But to date nothing of any positive nature in these matters has happened.

The Minister's attention is respectfully drawn to the following issues, which it is claimed are of paramount importance to the implementation of a successful policy of management and treatment of this disease, and of vital concern to each and every patient on Peel and Fatome Islands if there is to be any practical demonstration on the part of the State Health Department to expedite the attainment and ultimate cure of this disease in those who are afflicted with it.

Copy - B/c Director-General of Health and Medical Services, BRISBANE.

For advice please.

Under Secretary
6.10.50

PREVIOUS
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0.3880 * - 6. OCT. 1950

Lazards
Peel to Gen
Reforms in
treatment pathology,

The Hon. C. M. Moore, M.L.A.

(Contd)

TREATMENT.

Each patient must be treated as an individual case. Determination of each individual's tolerance to type of Sulphone therapy selected.

PATHOLOGY.

It is the belief of the members of this association that the Minister will be one of the first to admit the paramount necessity for the immediate inclusion of pathological facilities, together with a fully trained pathological technician, as a necessary requisite for the successful treatment of this disease. The present method of submitting ALL pathological tests to the Pathological department of the Brisbane Board of Health is archaic when viewed in the light of the modern approach to the subject of management and treatment that prevails in leprosariums in the U.S.A, Philippines, Hawaii and other countries similarly concerned with this disease.

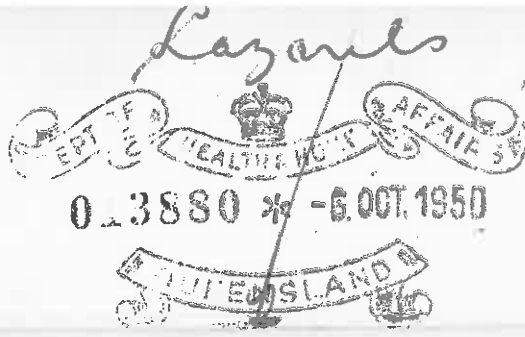
It is pointed out that the presence of complete pathological facilities would enable the R.M.O. on Peel and Fatome Islands to determine:

- (a) Individual tolerance of patient to streptomycin or penicillin treatment for intercurrent infection whilst still maintaining selective Sulphone therapy.
- (b) To establish proof that treatment is maintaining its therapeutical efficacy.
- (c) Bearing in mind the high toxic potential of sulphone therapy - constant pathological observation is highly desirable to determine that sulphone concentrations are not present in dangerous quantities.

With respect to the foregoing, the attention of the Hon. Minister is drawn to the report of the former Resident Medical Officer, Dr. Peye published in the Queensland State Parliamentary Papers for the year 1948-49, which states as follows:-

"..as a result of the closure of the laboratory (on Peel Island) it is not possible to carry on records to provide data urgently needed for the efficient treatment of this disease. Data most urgently needed concern Sulphone concentrations in

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Peel to Gen
Reforms in
treatment pathology,

The Hon. C.M. Moore, M.L.A.

(Contd)

... builds-Carbohydrated-metabolism in the disease, especially phases of allergic reactions and on hepatic and gastric functions."

When it is realised that in Carville leprosarium, as is also the case in Hawaii and Manilla, that hemoglobin, as well as blood and urine sulphone concentration tests are carried out on every patient twice weekly, it will be appreciated that the efficacy of sulphone therapy in the aforesaid places, particularly promin, is sufficiently established, simply because, the whole resources of pathology are called in as a necessary adjunct of treatment.

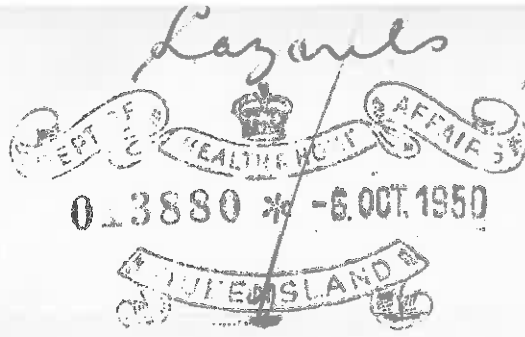
MEDICAL. The Director General of Medical Services, Dr. Fryberg, together with Dr. Johnson, Superintendent Medical Officer Wattle Brae, have stated to patients that Promin is not recognised as a suitable form of sulphone therapy, and that its use is being discarded in the U.S.A.

We desire to associate ourselves with the Patients on Peel Island in a complete rebuttal of this unconsidered and unjustified statement by two responsible medical officers of the Department of Health. To say that Promin is being discarded as an efficacious type of sulphone treatment is untrue, and without foundation. If the Minister is sufficiently interested, this association can supply him with statistical records covering the results of a three year test carried out by four well known leprologists, working as a team, upon nearly four hundred cases of leprosy, and we will conclusively prove to his satisfaction that Promin was used in 68% of all cases, in most when other forms of Sulphone treatment has failed. And further, will show that arrestment of the disease was effected in nearly 92% of the number treated.

These are not rash and irresponsible statements, but can be substantiated, by signed letters and statements, by the responsible medical officers of the U.S. medical services.

This association avers that... Promin treatment was suspended by the Director General of Medical Services, because he could not or would not, afford additional medical assistance and the necessary pathological facilities for the continuence of parenteral application of Promin therapy, despite the fact that after 10 months treatment, Promin was demonstratively proving its efficacy as a specific for the treatment of leprosy. For sixty per cent of the patients that were placed on promin therapy were improved, and many of them

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013880 * -6.OCT.1950

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Peel to Gov
Reforms in
treatment pathology,

The Hon. C.M. Moore, M.L.A.

(Contd)

were showing continuous negative reactions.

SURGERY. It is asserted that it is both imperative and essential that both leprosaria should have complete modern surgical facilities. On Peel Island in recent times, there has been instances where absence of Surgical facilities have resulted in grievous and needless suffering. Nowhere else in the world, can be found similar instances where there is a complete absence of operating and surgical facilities. It cannot be too forcibly stressed that these facilities are long overdue, and that their lack constitutes a menace to the lives and safety of every patient on the island.

Location of New Site for Leprosarium.

This association would like a statement from the Minister for Health and Home Affairs, as to what steps have been taken to give effect that the Premier's (Hon. E.M. Hanlon) promise that the leprosarium would be shifted to the mainland at a point convenient to the City of Brisbane.

Both the Premier, and the Minister have been aware of the unhealthy and undesirable aspect of the present location. The Premier's statement that he will transfer the Leprosarium to the mainland, is a tacit admittance of its unsuitability. Therefore it is considered desirable that immediate steps be taken to effect a transfer to the mainland, and the taxpayers of the State of Queensland be saved the costs of improvements to existing instalations on Peel Island.

It is hoped that these matters will be given the immediate attention of the Minister for Health and Home Affairs, they are long overdue, and have been the subject of years of correspondence by this association and the Peel Island Patients Association also. One it is felt by this association that the illumination that has been thrown upon the unhappy situation of sufferers on Peel and Fatome Island by the Press articles in recent months have done much to awaken the public conscience to the laxity of the Health Department in this State in the management of this disease.

Therefore it is requested that the Minister expedite the public announcement of a positive policy on the management, treatment and control of this disease in Queensland, so that the apprehension

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Reel to Gen
Reforms in
treatment pathology,

-5-

the Hon. C.M. Moore, M.L.A.

(Contd)

in the minds of the patients, relatives and friends that the recent promises made by the Premier are not the fairy floss of re-election political expediency.

I beg to remain,

Yours faithfully,

E.H. HINTON. Secretary.

RTI Release



In reply please refer to Record

No. _____

Department of Health and Home Affairs

50/5297
G.P.O. Box 917 M.
Brisbane
8th May 1950
- 9 MAY 1950
Peel Is 26/3
Implementation
Regulations

Memorandum for -

THE UNDER SECRETARY.

It is obvious that the letters from the Patients' Association, Peel Island Hospital, and the Relatives and Friends Association have been written for these bodies by the same person.

1. Promin. This was the first of the sulphone drugs used and is being discarded because of the difficulty of administration, and it is more toxic than others taken by mouth.

Dr. Reye first used it at Peel Island but changed to diasone, when this drug became available. When I visited Peel Island on 17/3/49 I interviewed Messrs. Wolfe, Kelly and Merry and among other things discussed their request for Promin. I called in Dr. Reye and later asked him to put his reasons for not using promin in writing. He stated inter alia :-

- (a) There is little or nothing to choose between the results obtained from promin, diasone and sulphetrone. This is confirmed by authorities all over the world and in a letter from Dr. C.E. Cook of the Commonwealth Health Department and the leading authority in Australia on this disease it is stated :-

"With reference to your request for my views regarding the relative value of promin and diasone, I may say that the use of the former was abandoned in Western Australia some years ago in favour of diasone and subsequently sulphetrone. Enquiry here indicates that the use of promin has now been abandoned throughout Australia in favour of firstly, diasone, and more recently, sulphetrone, a development which appears to be general throughout the world. Whilst promin achieves results comparable to diasone, its use is limited by reason of its greater toxicity and the consequent difficulties associated with its exhibition."

At Carville I was informed new patients are not given promin.

- (b) Because of its toxicity medical supervision must be more strict. This includes pathological examination.
- (c) It requires more time on the part of the medical and nursing staff at a time when medical, nursing and laboratory staffs are short.

The deputation was told that, as Dr. Reye was responsible for the treatment, he would use what he thought best in the patients' interest.

When at Carville I discussed sulphone drugs with the medical officers and was told new patients were not now given promin.

2. I am in agreement with the patients that a technician should be stationed at Peel Island. Miss Herbert occupied the position of full-time laboratory technician for one year but there were no applicants when the position was advertised after her resignation. I have asked that it be re-advertised together with the position of medical officer and junior medical officer. Examinations of the blood are done at monthly intervals as a routine except when there is some indication for tests to be done at shorter intervals.

3. An operating theatre requires a highly specialised staff and the amount of work to be done would not justify this.

4. There was some delay in having patients admitted to the Brisbane General Hospital but no difficulty is being experienced now. Patients can be

Handwritten notes in blue ink: 1949, 21/8/50, 19/5/50

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2.

brought up for x-ray and surgery. The amount of x-ray work would not justify the employment of a technician.

It is admitted that there might be cause for concern in getting a patient to hospital if the wind is blowing south-east, but the risk is less than having inexperienced anaesthetists and surgeons performing operations. This will be rectified when the leprosarium is transferred to the mainland.

5. Location of leprosarium: I would invite your attention to my memorandum of 23rd March last in which I asked if there were any special directions regarding the site.

W. H. H. H.
Director-General.

RTI Release

Patients' Association Peel Island Hospital

BRISBANE

QUEENSLAND

24 APR 1950

ALL CORRESPONDENCE TO BE ADDRESSED TO THE SECRETARY

Hon. A. Jones M.L.A.
Minister Health & Home Affairs
Dept. of Health
Brisbane

Peel Island
April 20th. 1950

Lazant
Peel Is
Implementation
Resolutions

Dear Sir,

The patients of this institution ask that your Dept. of Health give a definite and authoritative statement as to when urgently necessary reforms in the treatment and control of Hansens Disease in Queensland and particularly in this institution will be given effect.

It cannot be disputed that treatment here is a long, long way below the standard observed in other countries. We had hoped that on the return of the Director-General from his visit to America and Hawaii that treatment here would be brought to a standard comparable with that given in those places. We are bitterly disappointed to find that although it is now almost four months since his return, all we have received are promises of improvements, none of which have so far been honoured.

It must be borne in mind that people suffering from this disease, by being segregated, are deprived of any right or opportunity to obtain any medical treatment, other than provided by your Dept. of Health. Under these circumstances, the obligation rests directly on this Dept. to provide the best possible treatment available. We respectfully submit that to do this the following points are of paramount importance, and ask that you give them your closest consideration.

Treatment. Each patient must be treated as an individual case, and it must be determined which of the Sulphone Drugs is the most suitable for the treatment of his or her case.

Pathology. It is essential for the proper use of Sulphone drugs, and to determine the tolerance of each individual to any particular one of these, that frequent and continuous pathological tests should be carried out. To do this it is essential that the institution must have its own pathological equipment and a fully trained technician. The present system of submitting material for these tests to the Pathological Section of the State Health Dept. Brisbane is completely unsatisfactory. As an instance of this I point out that samples of blood taken on or about April 15th, and sent to Brisbane for testing were found on arrival to have clotted and were therefore ~~unsuitable~~ unsuitable for testing. Another sample was not taken until April 19th, which means that patients who are being treated with a drug having highly toxic potentialities, did not have these very necessary tests until a fortnight after their due date.

D. Gen.
Gradville
4/3/50

In support of our contention I quote from the report of the former Resident Medical Officer at Peel Island (Dr. Reye), published in Queensland State Parliamentary Papers 1948-49, which reads as follows:

"---as a result of the closure of the laboratory on Peel Island, it is not possible to carry on records to provide data urgently needed for the efficient treatment of this ~~like~~ disease. Data most urgently needed concern Sulphone Concentration in body fluids - Carbo-Hydrated-Metabolism in the disease, especially allergic reactions and on hepatic and gastric ~~function~~ functions"

In view of the fact that in Carville, Hawaii and Manilla, blood and urine Sulphone concentration tests as well as haemoglobin tests are carried out on each patient twice weekly, it must be recognised that the efficacy of Sulphone Therapy, and particularly Promin, is regarded as proven, simply because the full use is made of pathology as a necessary adjunct of treatment.

The Director-General of Medical Services (Dr. Fryberg) stated to the patients at Peel Island that Promin is being discarded in U.S.A. in favour of other drugs. We say quite frankly, we do

Patients' Association Peel Island Hospital

BRISBANE

ALL CORRESPONDENCE
TO BE ADDRESSED TO
THE SECRETARY

not believe it. If the Minister is sufficiently interested, statistics are available covering a three year period of tests carried out by four well known leprologists, upon approximately 400 cases of Leprosy. Promin was used in 68% of these cases, in some of them after other forms of Sulphones had failed. Arrestment of the disease was achieved in almost 92% of cases treated.

We aver that the use of Promin was ceased here, not because of its allegedly inferior curative properties, but wholly and solely because The Queensland State Health Department either could not or would not provide the necessary Medical Staff to administer it.

Surgery & X-ray. We regard it as imperative that X-ray and Surgery facilities must be provided. There have been many instances where unnecessarily prolonged suffering have resulted from absence of these facilities. Nowhere else in the world, we believe, is there a Medical Institution of comparable size so absolutely devoid of these necessities. The provision of these is long overdue and their lack is an ever present menace to the life and health of every patient.

Location of New Leprosarium

The Premier (Hon. E.M. Hanlon) has promised through the press that the Leprosarium will be shifted to the mainland, at a site convenient to Brisbane. We ask that a definite statement be publicly issued as to when this promise will be honoured. His statement indicates that he recognises the unsuitability of the present site and yet taxpayers money continues to be wasted on alterations here instead of proceeding with the task of erecting the new Leprosarium on the mainland. We ask that immediate steps be taken to put his promise into effect.

We express the hope that you will give these matters your early and earnest consideration. Reforms are long overdue. Recent spotlighting of conditions existing here, by the press has aroused the sympathy of the public in the plight of persons in these institutions and has awakened them to the laxity of the State Health Dept. in matters pertaining to the treatment of persons having the misfortune to contract this disease. We request therefore that you as Minister for Health expedite the public announcement of a definite policy for the control and treatment of this disease in Queensland, and so demonstrate to all patients, their relatives and friends, and the public generally that the promises made were made in good faith, and were not merely pre-election platitudes.

yours faithfully



Hon. Secretary

RTI

The Relatives and Friends Association

SECRETARY:
E. H. HINTON
RICHER STREET
TOOWONG
BRISBANE

P. O. BOX W 2100

BRISBANE 18th April

1950.

Hon' A Jones. M.L.A.

Minister for Health & Home Affairs.
Dept of Health.
BRISBANE.

Dear Sir,

The members of the above association have instructed me that they wish to associate themselves with the Patients Association on Peel Island in the latter's demand that the Queensland State Health Department give a definite direction as to when necessary and essential reforms will be effected on Peel and Fantome Islands. So that a complete and positive policy on the management, treatment and control of the Hansenosis (leprosy) problem in Queensland will at long last conform with standards operating in other countries for the past decade.

This association in keeping with that of the Peel Island Patients Association is keenly and painfully conscious of promises made by your department, as well as those of the Premier the Hon, E.M. Hanlon regarding improvements in treatment, housing, sanitation, pathology, dietary, etc. promises that have never been honoured.

The Director General of Health Services has stated, vide Queensland press, also to patients on Peel Island during a recent visit there, that improvement in treatment, housing and dietary would be given immediate effect to. But to date nothing of any positive nature in these matters has happened.

The Minister's attention is respectfully drawn to the following issues, which it is claimed are of paramount importance to the implementation of a successful policy of management and treatment of this disease, and of vital concern to each and every patient on Peel and Fantome Islands if there is to be any practical demonstration on the part of the State Health Department to expedite the arrestment and ultimate cure of this disease in those who are afflicted with it.

TREATMENT. Each patient must be treated as an individual case. Determination of each individual's tolerance to type of Sulphone therapy selected.

PATHOLOGY. It is the belief of the members of this association that the Minister will be one of the first to admit the paramount necessity for the immediate inclusion of pathological facilities, together with a fully

trained pathological technician, as a necessary requisite for the successful treatment of this disease. The present method of submitting ALL pathological tests to the Pathological department of the Brisbane Board of Health is archaic when viewed in the light of the modern approach to the subject of management and treatment that prevails in leprosariums in the U.S.A; Philippines, Hawaii and other countries similarly concerned with this disease.

It is pointed out that the presence of complete pathological facilities would enable the R.M.O. on Peel and Fantome Islands to determine;-

- (a). Individual tolerance of patient to streptomycin or penicillin treatment for intercurrent infection whilst still maintaining selective Sulphone therapy.
- (b). To establish proof that treatment is maintaining its therapeutical efficacy.
- (c). Bearing in mind the high toxic potential of sulphone therapy- constant pathological observation is highly desirable to determine that sulphone concentrations are not present in dangerous quantities.

With respect to the foregoing, the attention of the Hon Minister is drawn to the report of the former Resident Medical Officer, Dr, Reye published in the Queensland State Parliamentary Papers for the year 1948-49, which states as follows;-

"..as a result of the closure of the laboratory (on Peel island) it is not possible to carry on records to provide data urgently needed for the efficient treatment of this disease. Data most urgently needed concern Sulphone concentrations in body fluids-Carbo-hydrated-metabolism in the disease, especially phases of allergic reactions and on hepatic and gastric functions".

When it is realised that in Carville leprosarium, as is also the case in Hawaii and Manilla, that hemoglobin, as well as blood and urine sulphone concentration tests are carried out on every patient twice weekly, it will be appreciated that the efficacy of sulphone therapy in the aforesaid places, particularly Promin, is sufficiently established, simply because, the whole resources of pathology are called in as a necessary adjunct of treatment.

MEDICAL. The Director General of Medical Services, Dr Fryberg, together with Dr Johnson, Superintendant Medical Officer Wattle Brae, have stated to patients that Promin is not recognised as a suitable form of Sulphone therapy, and that its use is being discarded in the U.S.A.

We desire to associate ourselves with the Patients on Peel Island in a complete rebuttal of this unconsidered and unjustified statement by two responsible medical officers of the Department of Health. To say that Promin is being discarded as an efficacious type of sulphone treatment is untrue, and without foundation. If the Minister is sufficiently interested, this association can supply him with statistical records covering the results of a three year test carried out by four well known leprologists, working as a team, upon nearly four hundred cases of leprosy, and we will conclusively prove to his satisfaction that Promin was used in 68% of all cases, in most when other forms of Sulphone treatment has failed. And further-will show that arrestment of the disease was effected in nearly 92% of the number treated.

These are not rash and irresponsible statements, but can be substantiated, by signed letters and statements, by the responsible medical officers of the U.S. medical services.

This association avers that;...Promin treatment was suspended by the Director General of Medical Services, because he could not or would not, afford additional medical assistance and the necessary

pathological facilities for the continuance of parenteral application of Promin therapy, despite the fact that after 10 months treatment, Promin was demonstratively proving its efficacy as a specific for the treatment of leprosy. For sixty per cent of the patients that were placed on promin therapy, were improved, and many of them were showing continuous negative reactions.

SURGERY. It is asserted that it is both imperative and essential that both leprosaria should have complete modern surgical facilities. On Peel Island in recent times, there has been instances where absence of Surgical facilities have resulted in grievous and needless suffering. No where else in the world, can be found similar instances where there is a complete absence of operating & surgical facilities. It can not be too forcibly stressed that these facilities are long overdue, and that their lack constitutes a menace to the lives and safety of every patient on the island.

Location
of New Site
For Leprosarium.

This association would like a statement from the Minister for Health and Home Affairs, as to what steps have been taken to give effect to the Premier, (Hon E.M. Hanlon) promise that the leprosarium would be shifted to the mainland at a point convenient to the City of Brisbane.

Both the Premier, and the Minister have been aware of the unhealthy and undesirable aspect of the present location; The Premier's statement that he will transfer the leprosarium to the mainland, is a tacit admittance of its unsuitability. Therefore it is considered desirable that immediate steps be taken to effect a transfer to the mainland, and the taxpayers of the State of Queensland be saved the costs of improvements to existing instalations on Peel Island.

It is hoped that these matters will be given the immediate attention of the Minister for Health and Home Affairs, they are long overdue, and have been the subject of years of correspondence by this association and by the Peel Island Patients Association also. And it is felt by this association that the illumination that has been thrown upon the unhappy situation of sufferers on Peel and Fantome Island by the Press articles in recent months have done much to awaken the public conscience to the laxity of the Health Department in this State in the management of this disease.

Therefore it is requested that the Minister expedite the public announcement of a positive policy on the management, treatment and control of this disease in Queensland, so that the apprehension in the minds of the patients, relatives and friends that the recent promises made by the Premier are not the fairy floss of pre-election political expediency.

I beg to remain

Yours Faithfully.

E.H. Hinton
E.H.Hinton. Secretary.

RTI REQUEST