



See Where We Work
& Live on pages 12 and
page 20.

Immigration and Immigrant Ships Moreton Bay Part III

President's Report Dr Kimberley Bondeson

I have just come back from New York, the AMAQ Annual Conference, which was held in a hotel in Times Square.

A different trip for me, as my husband Peter and I went with his son, my step-son and his girlfriend. We had a fabulous time together as a family (I had forgotten how much 18 year olds' eat, and their uncanny way of suddenly appearing no matter where we were at dinner time, nor how they knew it was dinner time, anywhere between 6 pm to 10.30 pm on occasion).

In fact, on my return to Australia, I felt completely refreshed, as if I had been away for 3 months, not 10 days.

We had to overnight in Las Vegas on the way over, and arrived there without my luggage, (found it when we arrived in New York, just as I was wandering around the luggage pick up area). I had been told it was stolen in Las Vegas Airport.

We stayed in the old area of Vegas, as I wanted to see the World Famous Gold & Silver Pawn Shop, (it has a serial on late night TV in Australia). Found it, and went shopping the next morning. Interesting little shop, it went from 75 visitors a day to 4-5000 visitors a day after they started filming. When I got there at 9 am, I was one of the first ones through the door, it was not crowded, and I enjoyed it, and of course bought a souvenir.

The hotel we stayed at in Vegas was interesting. When we arrived in the room on the 5th floor, there were complimentary ear plugs on the bed side table. Soon found out why, when we opened the curtains, there was a night club called "Pigs and Hogs" and about 20 Harley Davidson motor bikes lined up outside.

Also, have never stayed in a hotel/casino where the security guards parole the corridors on each floor, and where some sleepy patron was snoozing on the floor outside his room. The security guard reassured us at 3 am that

he was "watching him".

New York was a totally different experience, the Conference and speakers were at their usual superb standard. The presentations by both international speakers, local speakers from New York and of course, our own Queensland Doctors was interesting and interactive.

I was particularly interested in the Presentation by the American Doctors on their health system, (I have discussed this in my Councillors report.) I still listen to Ross Noye talk and present every year. He is one of the sponsors of every single AMAQ conference since its inception 15 years ago, and I still struggle with his financial advice (he is an Advisor with Macquarie Private Wealth). He co-presented with James Hooke, the CEO of Macquarie Infrastructure Company who is living in New York, and is also Dr Dana Wainwright's son-in-law.

Next year's conference is to be held in India, a country I had never thought I would find myself visiting but once again, I have booked myself in.

Also for noting Dr Chris Zappala our AMAQ President will be in attendance at our next RDMA Meeting on the 28/10/15.

Kimberley Bondeson, RDMA President



RDMA & NLMA's Joint Newsletter



Welcome from
**Dr Robert (Bob)
Brown**
President Northside Local
Medical Association

The Redcliffe & District Local Medical Association sincerely thanks QML Pathology for the distribution of the monthly newsletter.

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RDMA 2015 MEETING DATES:

For all queries contact Margaret MacPherson
Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	24th
Wednesday	March	25th
Tuesday	April	28th
Thursday	May	28th
Tuesday	June	30th
Tuesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	26th
Tuesday	September	15th
Wednesday	October	28th
NETWORKING MEETING		
Friday	December	4th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution **15 November 2015**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2015 MEETING DATES:

For all queries contact Miranda Russell
Meeting Convener: Phone: (07) 3121 4029

Email: Miranda.Russell@qml.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	10th
2	April	14th
3	June	9th
ANNUAL GENERAL MEETING - AGM		
4	August	11th
5	October	13th
6	December	8th

NEXT MEETING DATE 28TH OCTOBER 15

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date:	Wednesday 28th October
Time:	7 for 7.30pm
Venue:	Renoir Room - The Ox, 330 Oxley Ave, Margate
Cost:	Financial members - FREE Non-financial members \$30 payable at the door. (Membership applications available)
Agenda:	7.00pm Arrival and Registration 7.30pm Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc. 7.35pm Sponsor: BioCSL 7.40pm Speaker: Dr Tim Grice Topic: Chronic Pain Management ...time to rethink your approach? 8.15pm Main Meal, Question Time 8.40pm General Business, Dessert, Tea & Coffee

RSVP: e: Margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 23rd October 2015

 **QML Pathology.**

RDMA September Meeting 15.9.2015

Chair President Dr Kimberley Bondeson introduced the Sponsor for the night ICON Cancer Care represented by (clockwise from right) Lisa Ridolfi, Practice Manager. Speaker Professor Andrew Perkins, Topics: Rise of the Machines; Genomics in Cancer Care. Lisa Ridolfi and Dr Wayne Herdy Vice President, New Attendee Aridwen Jones, Retiring Members Dr Max Chappell after 32 years and Dr Pravin Kasan after 34 years with Dr Moeman Maxims, center, who will be taking over Dr Kasan's Practice.



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AMAA BRANCH COUNCILLOR REPORT

NORTH COAST COUNCILLOR REPORT

DR WAYNE HERDY



WITHER THE SOCIAL CONSCIENCE, MEDICAL BENEFITS SCHEDULE REVIEW,

WHITHER THE SOCIAL CONSCIENCE?

This year, the Nobel prize committee made a rather unusual choice in awarding the Nobel Peace Prize to an unknown and loose coalition of amateurs who had conspired to protect democracy and avert a civil war. The coalition comprised four discrete groups plus some others, including – wait for it! – a group of lawyers. Now lawyers are not notorious as a class for overflowing with the milk of human kindness, and I was left to wonder: where were the doctors?

As individuals, doctors are inherently altruistic. We have the legend of Albert Schweitzer (who won the Peace Prize in 1952) and the reality of Fred Hollows, but they are the tip of a veritable iceberg of doctors who nobly devote their lives to some cause or another. Mostly they do not achieve or seek public recognition, although the Australian Honours awards usually reflect disproportionate numbers of doctors of all kinds. However, as a professional collective, doctors do not stand out as the conscience of our communities. Sure, the AMA publishes the occasional statement on social injustice, be it aboriginal health or asylum detention or domestic violence. But those statements are dry, clinical, and carefully worded so as not to offend – or to incite real action. Rarely do we see a medical collective such as a Local Medical Association or the AMA put on its Quixotic armour and sally forth to tilt at some meaningful social windmills. When we do allow our blood to stir, it is more likely to be for a less altruistic cause, such as the ultimate distribution of the health dollar. The most powerful campaign ever mounted by an Australian medical collective centred on medical indemnity, not the care of the disenfranchised and disadvantaged.

I look fondly back at the romantic (and possibly fictitious) ideal of the village doctor in a bygone era, a moral paragon within the community, and local leader of social reforms. With very few exceptions, I do not see that ideal translated into a profession-wide role as the conscience of our community, whether local or global. In 1985, the Nobel Peace Prize went to the International Physicians for the Prevention of Nuclear War, which I think is the only time that doctors were so recognized as being an instrument of social conscience. The Red Cross won it in 1917 and 1944 (near the end of both World Wars) and again in 1963, and MSF won it in 1999, but for practical works, not for being a social conscience. So I am still left to wonder: when will the Nobel Peace

Prize next be awarded to a collective of doctors for their role in making the world a better place for all?

MEDICAL BENEFITS SCHEDULE REVIEW.

The MBS review has excited some media attention lately, and a review committee has actually been called into existence. What is this all about?

Do we need a review of the MBS? There is some truth in the assertion that at least 10% of the MBS is archaic and should be scrapped. But the AMA's swiftest response is to remind us of the eternal caution: be careful what you wish for. A sweeping review of the MBS might leave us with a dog's breakfast worse than the one we have, and there is real potential for a new MBS to be engineered to destroy clinical autonomy. There is also a potential for the review to lubricate the slippery slope away from fee-for-service and towards capitation.

There are a few certainties. One is that the government is not exploring the MBS as a way of giving doctors more money. There is an underlying sentiment that the MBS can be managed more efficiently. But a revised MBS is more likely to eventually mean a smaller health budget and less money in doctors' bank accounts. Another certainty is that the final product will be written by bean-counters, not by clinicians. We will have to be grateful enough if clinicians' views are even heard, but you don't need a life of experience with government to know that clinical views will not dominate.

It was no coincidence that the ABC recently aired a feature article on Four Corners about waste in the health sector. Dr Norman Swan, although academically one of our own, has a history of bringing some real left-of-field views into the public domain. The article has been widely condemned for its lack of balance. Swan declaimed back and knee surgery but cited as evidence some procedures which most reputable surgeons would not routinely perform. We all know there is waste in the health sector. It might even be as high as the 30% proposed in the Four Corners article. But the AMA thinks that most of the waste in Australia is bureaucratic, not poor clinical judgment or blind adherence to worthless treatments. For those who watched the Four Corners show, Swan's preoccupation with an analogy with trains left me curious: who does he think should be driving the train?

Continued Page 6

An argument that Norman Swan did not put forward is that the mug punter, ie the hapless patient, really has to put some faith in the doctor who is advising him. The main indication for tonsillectomy in us early Baby Boomers was the possession of a pair of tonsils. These days, ENT surgeons will proceed infrequently to tonsillectomy and under the gravest of provocation. It is the prudent exercise of clinical discretion by the ENT's that has led to tonsillectomy being a rare operation. That does not mean that tonsillectomy should never be performed. It means that the community has to leave clinical discretion to the experts.

I cannot resist my small-minded personal view on my chosen target for the MBS review. Extended Primary care (EPC) items such as Care Plans rarely uncover anything that the careful GP didn't already know about the patient, they have been widely abused as a lucrative but unproductive income stream, are open to abuse by GP's who are not the patient's usual treating doctor, and ultimately lead to a MBS subsidy for five referrals to Allied Care Professionals. Would it not be cheaper, more efficient, and better care, simply to allow the patient's usual treating doctor to refer

patients to Allied Health Professionals according to need? Minister Ley, please have another look at the waste generated by EPC items. An area of waste in the health sector which has not been aired much and cannot be addressed by an MBS review is the unnecessary use of health resources for defensive medicine. I have publicly raised the question, and called for another examination of law reform as a pathway to better spending of the health dollar. I hesitate to raise my other personal experience of waste in primary care – the doctor shopper. I suspect that the HIC knows fairly accurately how much doctor shoppers cost the health budget, but it is not politically wise to mention it in polite company. To do so places the blame for waste on the shoulders of the patient – for “patient”, read “voter”. And why do I hesitate to raise it? Because the answer to doctor shopping is capitation. Having worked in the UK, I still call Australia home.

As always, the opinions expressed herein remain those of your correspondent,

Wayne Herdy.

Interesting Tidbits

NATTY MOMENTS:



Q: Who earns a living driving their customers away?

A: A taxi driver.

Q: What do you call a laughing jar of mayonnaise?

A: LMAYO

Q: What do you call a dinosaur with a extensive vocabulary?

A: a thesaurus.

Q: “How do you shoot a killer bee?”

A: “With a bee bee gun.”

Q: How do you drown a Hipster?

A: In the mainstream.

Q: What kind of jokes do you make in the shower?

A: Clean Jokes!

Q: What did the baby corn say to the mama corn?

A: “Where’s Popcorn?”

Q: What do you call sad coffee?”

A: Despresso.

Q: How do you make holy water?

A: Boil the hell out of it!

Q: What happened to the dog that swallowed a firefly?

A: It barked with de-light!

Q: What stays in the corner and travels all over the world?

A: A stamp.



Q: What do you call a man with no body and just a nose?

A: Nobody nose.

Q: Why did the computer go to the doctor?

A: Because it had a virus!

Q: Why are frogs so happy?

A: They eat whatever bugs them

Q: What is brown and has a head and a tail but no legs?

A: A penny.

Q: How do you make an Octopus laugh?

A: With ten-tickles

Q: Why are pirates called pirates?

A: Cause they arrrrr.

Q: What is the tallest building in the world?

A: The library! It has the most stories!

Q: What’s the first bet that most people make in their lives?

A: the alpha bet

Q. What do you get when you cross a cow and a duck?

A. Milk and quackers!

Q: How do you organize a space party?

A: You planet!

Q: What did the leopard say after eating his owner?

A: Man, that hit the “spot.”

Q: What do you call a sleeping bull?

A: A bulldozer!

Q: What do you call security guards working outside Samsung shops?

A: Guardians of the Galaxy.

Q: What do you call having your grandma on speed dial?

A: Instagram.



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AMAQ BRANCH COUNCILLOR REPORT

GREATER BRISBANE AREA

DR KIMBERLEY BONDESON



AMAQ CONFERENCE NEW YORK

I have just returned from New York, which was the host city for the AMAQ Annual Conference. What a fantastic city! I have been before, and still enjoy it just as much each time. We were staying in Times Square in Manhattan – it was in walking distance from Broadway (and yes, we saw a show ‘Phantom of the Opera’ - the longest playing Broadway show ever. No matter how many times I have seen it, I absolutely enjoy it.

The topics covered at the conference were wide and varied, and focused around Strategies for a Healthy and Happy Life. One of our own local specialists, Dr David Schlect, a Radiation Oncologist, gave a wonderful lecture on “Hope”. He works as a local oncologist, and cited a study where there were two groups of patients, one run by a Dr “Gloomy” and the other run by a Dr “Happy”. Both groups were given the same set of chemotherapy drugs, Dr Gloomy’s group given the EPOH regime and Dr Happy’s group given the HOPE regime. The outcome was fascinating. The group given the Hope regime under Dr Happy had a 75% success rate, while the group given the EPOH regime under Dr Gloomy only had a 35% success rate.

This proves, I feel, what we all know. That the doctors approach to a patient’s illness, and the patient’s own approach to their illness and their life, make a difference in their outcomes. Dr Schlect has written a book on this topic, entitled “Hope: A Cancer Doctor’s Life Secrets”. Other topics covered were obesity and again, it came down to cutting down portion size, and increasing activity.

A former past American Medical Association President, Dr Peter Carmel, gave an enlightening talk on the current health system in America, from its inception, to its current form under “Obama Care”. He described the initiation of their private health insurance, which began in 1964 after World War II, in order to give health care to war veterans. When the war veterans returned, they put a percentage of their pay towards health care. This was to cover them in their older years. At that time, the average retirement age was 65 and the average life span was 66 years of age. Hence we can see the beginning of the problem.

When President Obama came into power, only 35% of people had private health insurance. He then put through several legislative changes, called “The Affordable Care Act”, one

which fixed the equivalent of the MBS rebate, which was to cut costs.

This and other changes have over the last 5 years resulted in now 59% of people having private health insurance. There is yet no data to see how access to a health professional has improved. There is only hospital information which shows improved hospital stay, but no more information yet.

In the USA, it can take 60 days to see a doctor, and then go to hospital. General Practitioners, the Primary Care Doctors only see cash paying patients. To decrease the cost of private health insurance, most insurers have a \$5,000 deductible first before cover comes in.

One of President Obama’s health reforms was to regulate the various Private Health Insurance Companies, to prevent them from excluding certain illnesses. One positive side to this is that the private hospitals’ infection control rate went up dramatically, as hospitals were not subsidised if there was a re-admission with a post-operative infection. Consequently, there are much fewer readmission rates for post-operative infections.

On the down side, there is this two-tier system, doctors who work for Medicare, have their rebates fixed, and those that work for the private insurers effectively. Even having private insurance does not mean that there is no expensive out of pocket costs. Depending on the insurance company, a simple gall bladder operation can cost a fully insured patient between \$10,000 and \$20,000 out of pocket, and up to \$60,000 out of pocket for a CABG.

And then there is simply the people who have no insurance and no money. These people get ill, do not have any medical treatment, and simply die.

Now the ambulance system in the USA is also fascinating. We were in the Hamptons, and saw a Volunteer ambulance go screaming past, with full sirens on. Behind it, was another ambulance, a private one. The locals told us that it was a similar system to what we see in Australia, with the tow trucks all rushing to a motor vehicle accident, except in this case, it was to a sick patient, and to see if they had private health insurance.



Left Clockwise: I couldn't resist Carlos' Cake Shop on Times Square. My husband and I on the Beach at The Hamptons. The world famous Gold & Silver Pawn Shop in Las Vegas. Drs Di Minuskin & Chris Zappala at the Welcome Cocktail Function. Kimberley Bondeson, Dianne Minuskin and Chris Zappala at the Conference. Dr David Schlect, Kimberley Bondeson and Bob Brown at the Farewell Gala Dinner. Gospel Singers at the Welcome Function. The entire room was rocking with Dr Price getting into the groove. Dancing was Bob and Carmel Brown dancing in the aisle to the Jersey Boys at the Gala. The Jersey Boys entertaining at the Gala Function. The 3 LMA Presidents Dianne Minuskin SCLMA, Bob Brown NLMA and Kimberley Bondeson RDMA.



AUSTRALIAN MEDICAL ASSOC PRESIDENT

DR CHRIS ZAPPALA



MEMBER'S UPDATES

Dear Members,
AMA and AMA Queensland have long called for a healthcare system that works towards continuous improvements in the areas of quality and efficiency. Whilst many attribute healthcare successes to the work of policy makers, these wins would not be possible without the hard work of dedicated clinicians who make innumerable daily clinical decisions.

Despite this, the judgment of clinicians has recently come under attack by the Federal Government in their Review of the Medicare Benefits Schedule (MBS). Claims of waste and doctors using the system and patients for financial gain are unfounded, offensive and undermine the skills and contributions of medical practitioners across the country. That the data was drawn from a wide ranging USA publication, without sole focus on clinical care, matters little to our Federal Health Minister, who has deliberately tried to inflame and splinter doctors – familiar tactics!

AMA has long been supportive of an MBS Review, provided it is clinician-led and has no prejudiced notions about the use or misuse of medical services. Clearly technology and practice change, and the MBS will require sensible evolution. Instead, we have seen government try to obscure its repeated attempts to cut costs and boost the bottom line by launching vitriolic attacks on the profession.

Our increasing medical knowledge and technological innovations mean it is inevitable various medical tests and procedures will become obsolete. Moreover, the pressure of medico-legal risk does occasionally necessitate investigations and certain management steps. The MBS Review should therefore be a collaborative and constructive process that modernises the MBS, not one that creates an unnecessary division between healthcare providers and health policy makers.

Inevitably, there will be isolated incidents where a colleague's judgment might have been mistakenly deficient. Clearly, the correct avenues to address this already exist and spurious use of MBS item numbers to achieve this misguided end are fraught. In addition, the unpleasant taint of over-servicing and/or over-

charging needs to be dealt with thoughtfully and constructively so that outliers are brought back into the mainstream. Programs such as the Australian Atlas of Healthcare Variation, being compiled by the Commission on Safety and Quality in Healthcare, are more appropriate, purpose-designed efforts with this aim.

Last year, the Office of the Health Ombudsman was established as Queensland's new health service complaints agency. At the time of the legislation's introduction in 2013, AMA Queensland held significant concerns which have not been quelled since its establishment. Consultation with prominent members of the medical community has raised a number of significant concerns about the OHO's functioning and the lacklustre handling of complaints in some cases, including unacceptable delays.

AMA Queensland believes patients and doctors deserve an effective and fair health regulator and the OHO requires further refinement to meet this brief and contribute constructively to health system improvement without aggressive persecution of individuals. We are consulting with members and stakeholders to develop a submission to government that will outline a practical blueprint for improvement. If you have a contribution to make, please contact AMA Queensland (07) 3872 2222.

I would like to finish on a positive note for the dwindling (few) readers who've managed to reach this far in my column. At the beginning of the year, AMA Queensland called for the establishment of a Queensland Medical Education and Training Institute to bring uniformity and rigour to workforce prevocational training. We have been happy to see the State Government's support of a unified prevocational junior doctor training workforce. Whilst it is early days, we remain positive about the possibility of improvements for junior doctors during their formative years as they move between various jobs that update and enrich their experience of medicine. We will continue to update you on new developments.

Sincerely,
Dr Chris Zappala
AMA Queensland President

COMPUTERS & GADGETS WITH DOCTOR DANIEL MEHANNA

“THE DAY I GOT DONE”



I consider myself pretty tech savvy. I have been using computers since they were introduced to the consumer market beginning with the Apple and early Intel based computers. I still remember getting my first dialup modem (300 baud – very slow!), old tape cassette storage followed by floppy disks, monochrome (green) monitors, discovering bulletin boards (before the internet came about) and building my own (over clocked) computer along with the all night PC gaming sessions going through university (all signs of a great misspent youth!) Hearing stories of people becoming infected by a virus would puzzle me. In all my times, I have never been infected. Using a little common sense, I reasoned, you could easily avoid any problems. You would have to be a nincompoop to be infected. You probably deserved it, I would silently think. I mean, who is dumb enough to open emails about “making your manhood bigger” or winning 20 million dollars in a lottery that does not exist! But last week, I am ashamed to say, I got done like a roast turkey!



The story starts in all places, Hawaii. A couple of weeks ago I spent a week in Hawaii and attended a conference. Wanting to be connected to the world, I took my mobile with me to use on the hotel Wi-Fi (I decided against using international roaming due to the exorbitant costs involved). Suddenly out of the blue, I received an email from Australia Post informing me of a package that needed to be delivered. Ha, I thought, this is probably a scam and immediately relegated it to the junk folder. I'll have a look at this email when I get back to Australia, I thought to myself. That was the end of that. Fast forward to my return to Australia (by the way, Hawaii was great fun, just be careful driving on the other side of the road!).

The morning after my arrival back home, slightly drowsy, but not able to sleep, I awoke up at 5am and made tracks to my PC and started going through emails and catching up on paperwork. I couldn't sleep so why not use my time constructively, I reasoned. Big mistake. I spent a couple of hours on paperwork then started going through my emails. I suddenly remembered the Australia Post email. I retrieved it from the junk folder and a spark of excitement ensued. I had ordered a wireless camera for my drone from ebay and was expecting a package. What better way to end my holiday then to receive a new gadget! I quickly opened the email, which informed me that a package was waiting at the post office and that I needed to click on a link to obtain a package number. In my stupor, I didn't think twice. As I knew the post office lady on a personal basis (Gaye) it didn't seem usual in my jetlagged state

that I would receive an email from her. Besides, the post office has a new gadget for me! Before I knew it, I had clicked on an executable file (which was disguised as a PDF). Suddenly my computer noticeably slowed down. I immediately realised what was happening! I could not believe it! How could I be so stupid? Regaining my composure, within 5 seconds I had turned off the PC and restarted in safe mode. Deep down I knew what to expect but still held out a glimmer of hope. I was kidding myself. Upon start-up I was greeted by my worst nightmare. My entire data drive containing irreplaceable patient, financial and business and family pictures and videos had been encrypted. I could not open a single data file. All my files (including Microsoft office documents, pictures, movies and the like) were lost. In each directory I was cheerily greeted with text file informing me that my data had been encrypted by the CryptoLocker virus and I had to pay to get the data back. I had fallen for the oldest trick in the book. The expletives poured out from my mouth

I had stupidly opened a program that encrypts data files on the PC then sends the “key” to decrypt the file to an undisclosed server. I would have to pay the money in bitcoins (likely to Russian criminal groups) to have the key sent back to me so that I could decrypt the files. The technique was devilishly simple but fiendishly effective. The encryption used was essentially unbreakable. There was no way I could crack it. It was literally impossible. My heart sunk. I would have to pay a ransom to get the files back. I had fallen prey to “ransomware”. Upon doing a quick google, I soon realised that I was not alone. This particular form of ransomware (a fake email purporting to be from Australia post) arrived about a year ago in Australia and had duped thousands. Many had admitted paying the crooks as they had no choice. Sometimes after paying them they still did not receive the decryption key. But in this case, at least, they would not be getting any money.

Being a computer geek I was prepared for the attack. I had lost the battle but not the war. I had a solution. Every week I would backup all my data on an external hard drive which I would then disconnect from the PC – for the express purpose of mitigating such as attack. It took only a couple hours get back to where I had started as the data lost was minimal (a few days). I was lucky. But I had learnt my lesson. Always backup your data and never, ever open any suspicious emails.

Immigration and Immigrant Ships, Moreton Bay Part III

(Read at a meeting of the Historical Society of Queensland, March 26, 1935.)

https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304.pdf

Chaseley and Lima continued PIII.

The "Chaseley" left Brisbane on July 15 for Sydney, and was there chartered with quite a number of other ships to carry passengers to San Francisco, to which place people were flocking from all parts of the world, owing to the discovery of gold in California. The "Lima," the third of Dr Lang's ships, was much



Deck of the Artemisia, emigrants on board, by Frederick Smyth from the Illustrated London News, 12 August 1848 p 96

smaller than the others, being a barque of only 349 tons.

She brought only 84 immigrants, among whom (according to the Sydney "Shipping Gazette") were many who had paid their own passage money, and held land orders from Dr Lang, and who also had brought agricultural labourers

with them. Dr Wilkinson was the surgeon-superintendent, and among the cabin passengers were Revd. Mr. Baker (chaplain), Mrs. Baker and family, Lieut. Collins, Mr. and Mrs. Ellerby and child, Mrs. Ellerby, Senior. Mr. and Mrs. Bailey and family, Mr. and Mrs. Lewis and family, Mr. and Mrs. Twine and family, Mr. and Mrs. Saunder and family, Mr. Hudson and family, Mrs. Humby and son, Misses Fry (2).

ICARE

Partial body-weight supported trainer is coming to

Brisbane Northside & Sunshine Coast via

Mayleen Health Care, Clontarf, Redcliffe.



ICARE
Intelligently
Controlled
Assistive
Rehabilitation
Elliptical

- Regain walking ability
- Improve rehabilitation
- Improve gait & balance
- Assisted simulated walking
- Rehabilitation management by experienced & qualified physiotherapy professionals
- Safe and supportive environment
- Suitable for stroke/ neurological impaired/parkinson's disease/chronic disease

The ICare system is the brainchild of researchers and clinicians at Madonna Rehabilitation Hospital in Lincoln Nebraska.

During their research they discovered an elliptical trainer that closely mimicked a natural walking pattern compared to others in the study, making it the most suitable for a gait assistance device.

Their aim was to add an intelligent motor system to a commercially available elliptical trainer, which could modify the demands placed on an individual's muscles while training.

At Mayleen Health Care experienced Physiotherapist and Exercise Physiologist, will provide the training in a supported and safe environment.

Regaining the ability to walk and improving overall conditioning are important rehabilitation goals. Gait and balance deficits limit the independence and quality of life of many individuals living with neurological disorders.

Physical movements once performed effortlessly and without conscious thought become laborious due to limitations in strength, sensation, coordination, and endurance.

How does it work?

Integrated sensors detect the level of assistance an individual needs to advance their legs. The motor reacts accordingly to provide the correct level of support. The addition of ramps, stairs and an unweighting system offer the ability to adapt the system to a variety of users and environments. Safety straps hold the client's foot in place while the automated elliptical helps to move their legs in a walking motion.

One of the central purposes of rehabilitation is to help client's achieve their highest level of function given their specific limitations in a safe and supported environment and providing feedback to all members of the client's team.

Rooms for Lease if interested contact Dave 32837073



Mayleen
HEALTH CARE

5 Mayleen St Clontarf 4019

ph 3283 7073 for details.

The "Lima" was commanded by Captain Adam Yule.

Two ships arrived in Moreton Bay with convicts subsequent to the abolition of the convict settlement — the "Mount Stuart Elphinstone" and the "Bangalore," in May, 1849, and April, 1850, respectively.

These were mentioned in my paper on "The Genesis of the Port," as also were the arrival of the

Continued Page 6

Dr Godfrey Wagner

Consultant Dermatologist **MBBS (QLD), MRCP (UK), FACD**



Dr Wagner is the principal dermatologist at Terrace Dermatology; and a visiting dermatologist at Access Specialist Clinic in Belmont, Greenslopes Private Hospital, Gympie Private Hospital, Mater Hospital in Mackay, and now at North Lakes Day Hospital.

Dr Wagner graduated with an MBBS from the University of Queensland, travelled and worked extensively in England, obtaining the MRCP (UK). Returning to Australia, Dr Wagner completed the Fellowship of the Australian College of Dermatologists.

His professional interests include skin cancer therapy, psoriasis, eczema, dermatitis, dermatology service provision to remote and rural areas, and teaching dermatology at all levels including continuing professional development.

Dr Wagner is a Director of the Queensland Institute of Dermatology and a board member of the Queensland Skin and Cancer Foundation.

For appointments

Ph: 3832 4392 Fax: 3832 1184

MBBS Class of 1965 – 50 Year Medical Reunion Stamford Plaza Hotel, Brisbane

Hello Time Traveller! by Dr Mal Mohanlal,

Saturday 10 October 2015, we had a 50 year Medical Reunion at Stamford Plaza Hotel in Brisbane and it was very successful. They were all keen to have another reunion in 5 years time in spite of the numbers diminishing. Dr Mohanlal's article was published in the program for the occasion.

In the fifty years since I graduated in medicine, there is one thing that has become clear to me, is the fact that doctors do not cure anything.

What we do as doctors is help mother nature cure the patient. That is, we help provide the right conditions and treatment for the patient to enable Mother Nature to cure the person.

This observation leads me to the fact that the healing process lies within every individual and not outside him and it lies in our immune system.

This immune system is under our subconscious control as is evidenced in our observation of the 'placebo' effect in medicine.

So when we try to heal a patient, what we do as doctors is try to boost this immune system so that the patient can heal himself. If the immune system fails, no doctor in this world can save that individual.

Since the strength of this immune system is dependent on the physical and mental state of the individual, is it not important that we should all learn about our subconscious mind and how we operate?

With this in mind I have written a book called "The Enchanted Time Traveller. A Book of Self-knowledge and the Subconscious Mind".

The first fifty pages of this book contain the secrets of the mind and are considered essential reading as it gives you some idea of how one can go about using one's powers of perception, insight and awareness to bring about positive changes in one's life without

using will power.

The book is written in a simple language which anyone can understand, and has been well received by the public. It is a self help book which can help any individual with insight to overcome anxiety, depression and misery in this chaotic world.

This book also deals with our perception of time and how we are all caught up in it.

It also deals with the timeless dimension which is all round us in the present and most of us are not even aware of it.

The only thing that separates us from this timeless dimension is our perception. It also deals with our thinking process and how it affects our subconscious mind.

The purpose of any meditation therefore is to become aware of the present and understand the present, not block it out. It is to discover the timeless where there is eternal peace.

I find most of my colleagues, if not the world, are time travellers, trapped in the web of time. I would like them to discover the Timeless or Nirvana while they are alive, not after one dies.

In my mind anyone ignoring the subconscious or the timeless would be only cutting their nose off to spite their face.

Visit website: <http://theenchantedtimetraveller.com.au/>

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IMPORTANT: CHANGE IN DEFINITION FOR TERMINAL ILLNESS

On the 1st July 2015 the definition of terminal illness for the purposes of superannuation and tax law changed where the period to be able to claim was extended from 12 to 24 months. This significant change provides those suffering from a terminal medical condition earlier access to their superannuation.

Previously, to allow early access to superannuation benefits on the basis of a terminal medical condition, two registered medical practitioners (one being a GP and the other a specialist) needed to certify that the insured's illness was likely to result in death within 12 months.

How does this impact you as a GP?

From the 1st July 2015 greater flexibility is provided to allow you to extend the likelihood of a patient passing away within a 24 month period, hence relaxing the stringent onus and unknown factor that is normally put on you from superannuation funds and patients.

Does the definition extend to Life Insurance policies?

The majority of Life insurance policies have a Terminal Illness component in them where if the client meets the definition the full insured life benefit can be paid out in advance prior to death. Up until recently insurance companies have continued to keep the 12 month clause for terminal illness benefits. This obviously creates an issue from a claims perspective and confusion for clients because the changes that are referred to above are purely relating to the account/investment balance within a superannuation funds. The majority of superannuation funds have Life insurance/Terminal Illness within them as a default cover so you can have the real scenario where a client may have \$200K as an account balance and \$800K Life insurance within the super fund. If the client was diagnosed to be terminally ill and likely to pass away within 24 months, they could access the \$200K but would not be able to access the \$800K until two medical practitioners certify the illness will result in death within 12 months.

First to market changes

An announcement was made this week that one retail insurer was extending their definition out to 24 months, effective 01/10/2015. This is an important step in providing clients/patients with early access to both their superannuation and Life insurance benefits. The pressure will now be on other retail insurers to respond and the likelihood will be that the majority of retail insurers will change their terminal illness definition to 24 months within this financial year.

Importantly, the retail life insurance changes may not be extended to group and industry superannuation funds for a longer period as these policies normally take longer to respond and aren't under as much pressure to change.

If you require any additional information please contact Hayden White, Risk Specialist at Poole Group Accountants & Investment Advisers – hwhite@poolegroup.com.au / 07 5437 9900.

Article written by Hayden White
Reference to Tech Wrap July 2015

Explore Denver and America's National Parks 2016

By Cheryl Ryan

Nothing beats heading out on an exciting week long break from work to the fascinating National Parks of America. Every nature lover and adventure-junkie's delight.

Breakfast on Lake Powell, visit to the Grand Zion's Cliffs, night stays at the Salt Lake City and the Jackson Hole, there are plenty of wondrous locales that will capture your mind in their spellbinding beauty.

The metaphorical cherry on top on any getaway trip would be a visit to the remarkable Denver and the inviting ski slopes of Rocky Mountain National Park.

Beauty Au Natural

▶ Grand Canyon of Arizona is one of the most visited national parks in the world. Hike down the Rim Trail or the pine-forested, relatively desolate North Rim of the park on a mule or by foot and let your mind turn on the introspection mode in the serenity of the environs. One can also enjoy the vastness and intense tranquillity of the Canyon while lying back on a raft on the Colorado River. The Yavapai Point gives a stunning panoramic view of the Canyon.

▶ The Yosemite Valley is the crown jewel of the National parks of America. Here nature is at its impeccable glory. Camping, lounging, fishing, hiking, rock climbing... this Park has a plethora of fun activities to get your adrenaline soaring at the Ahwahnee Hotel, a valley-floor mainstay since 1927.

▶ Maine's Acadia National Park is nearly 50,000 acres of inexplicably beautiful vistas. Bike or hike along the park's trails and then once you are by the sea, plop yourself onto a kayak and enjoy the pleasant view of seals playing around in the water, or even an occasional appearance of a whale.

What have we planned for you?

A comprehensive itinerary has been developed to include all the amazing national parks of America and Denver.



▶ A breakfast cruise on the breath-taking Lake Powell shall be arranged to start your day on a bright note.

▶ A trip to Denver, known as the Mile High City and the Rocky Mountain Park shall be arranged. Activities like hiking, horseback riding, and biking to be organised on demand.

▶ Visit to the resort villages of Estes Park and The Grand Lake for dining as well as shopping.

▶ Black Canyon of the Gunnison National Park. Hiking down the trails along the gorge to the river in groups.

▶ Night stay inside the Yellowstone National Park with tons of sightseeing to do.

▶ Scenic drive to the Black Hills National Forest.

▶ Head to the rugged, beautiful Grand Teton National Park and the famous chuck wagon cookout at the Jackson.

▶ Trips to the Yosemite Valley, Acadia National Park and the Grand Canyon of Arizona.

▶ Get ready to treat the wanderlust in you with some hard-core adventure in the spectacular backdrop of the national parks of America!

Tour Dates: 9 July – 1 August 2016
www.123Travelconferences.com.au



Media Release:
16 October 2015

Australian medical students conduct research into bullying and harassment in medicine

The Australian Medical Students' Association (AMSA) is surveying medical students across the country for an overview of the breadth and depth of the bullying and harassment problem in medical schools and hospitals.

Anna Szubert, from the Australian National University, and Elise Buisson, AMSA's President-Elect from Western Sydney University, are leading the research, with supervision from Kimberly Ivory from the University of Sydney.

"Based on anecdotes and a number of surveys and reports, we know discrimination, bullying and harassment are widespread problem in the medical profession." AMSA President, James Lawler, said today.

"However, there has never been a specific nationwide study on the experiences of medical students with regards to bullying and harassment in Australia."

The survey will incorporate a quantitative assessment to understand the scope of the problem, as well as stories from students who have been victims or witnessed bullying and harassment throughout their medical education.

Mr Lawler noted a 2015 study, published in the *Medical Journal of Australia*, showing 74 per cent of medical students had experienced teaching by humiliation, and 83.6 per cent of students had witnessed it.

"Though the dysfunctional nature of this teaching environment has often been recognised, intimidation and harassment are incorrectly seen as functional educational tools," Mr Lawler said.

"Mistreatment affects mental health, with students exhibiting the symptoms of post-traumatic stress, and can lead to low career satisfaction, depression, and anxiety in affected medical students.

"It is increasingly clear that fear in the workplace leads to a poorer learning experience and worse patient care, so combating this issue is about protecting the health of the patient as much as the mental health of medical students.

"In Australia, it has been found that 30 per cent of students who had been mistreated had considered dropping out of medicine, or wished they had not chosen medicine as a career.

"Given how vulnerable medical students are to bullying and harassment, AMSA is taking the initiative to investigate the severity of this issue so we can more effectively drive change in this space.

"It is essential medical students are active on this issue, but there also needs to be strong leadership from medical schools, hospital networks, and senior doctors.

"Ultimately, all medical students have the right to good mental health and a positive experience in medical school."

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MEDICARE SAFETY NET CHANGES WILL HIT THE SICKEST AND MOST DISADVANTAGED

AMA President, Professor Brian Owler, said today that the sickest and most disadvantaged Australians will be hit hardest by changes to Medicare Safety Net arrangements, which were introduced to Parliament by the Government this morning.

Professor Owler said the AMA opposes the changes because they wind back financial assistance to patients for their out of hospital health care costs, with vulnerable patients to feel the most pain.

“The new Medicare Safety Net arrangements, together with the ongoing freeze of Medicare patient rebates, mean that growing out-of-pocket costs will become a reality for all Australian families, including the most vulnerable patients in our community,” Professor Owler said.

“For example, the new arrangements will affect people who need mental health treatments that are not available in the public sector.

“They will also affect people who have cancer treatment provided in the community. “With higher out of pocket costs, patients will delay seeking treatment, or not seek treatment at all.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

“The current safety net arrangements, particularly the Extended Medicare Safety Net (EMSN), were designed to help people with the out-of-pocket costs they experienced as a result of Medicare rebates no longer reflecting the true costs of providing quality private medical care.

“The new arrangements will be a burden for Australian families.

They must be voted down.”

The new Medicare Safety Net arrangements were announced in the 2014-15 Budget (May 2014), with savings of \$266.7 million over five years, and a start date of 1 January 2016.

21 October 2015

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02 6270 5412 / 0427 209 753

Website : <http://www.ama.com.au/>

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The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educational meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is \$120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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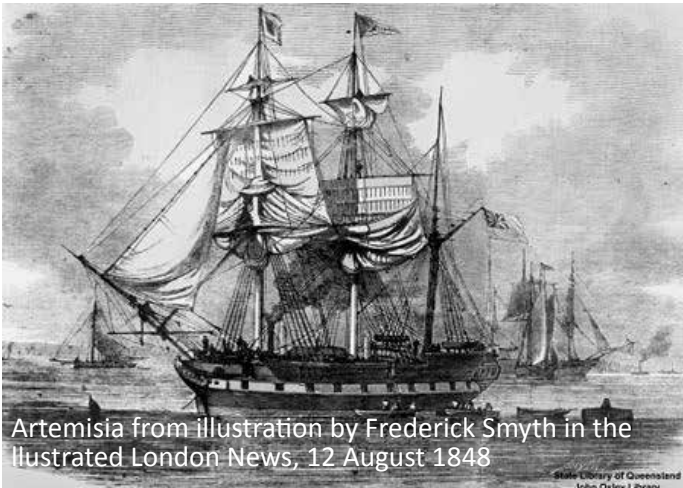
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Where We Work and Live

Immigration and Immigrant Ships, Moreton Bay Part III



Artemisia from illustration by Frederick Smyth in the Illustrated London News, 12 August 1848

“Nimrod” and the “Duke of Roxburgh,” from Amoy, with Chinese labourers, in 1848 and 1851, respectively.

Deadly Typhus Fever.

Tragic circumstances followed the arrival of the next ship with settlers at Moreton Bay.

The “Emigrant,” a ship of 753 tons, left Plymouth on April 17, 1850, with 276 immigrants for Queensland, Captain W. H. Kemp being in command. The surgeon-superintendent was Dr George Mitchell, and Captain Kemp’s wife and child were on board. About a month after the ship left Plymouth typhus fever made its appearance, and on her arrival in Moreton Bay, on August 8, there were 64 cases on board.

Fourteen deaths had occurred before the arrival of the vessel. Two others died in the next two days, and when the ship went into quarantine at Dunwich she had on board 15 sick and 12 who were convalescent.

Dr Mitchell fell a victim, dying on September 15, on which Dr Mallon, the health officer, took charge. He also was attacked, however, and Dr D. K. Ballow, a Magistrate and Coroner of the Moreton Bay district, courageously assumed the responsibilities of surgeon-superintendent at the quarantine station.

A few days later Dr Ballow contracted the disease and died. Both Dr Mitchell and Dr Ballow were buried in the cemetery at Dunwich.

Before Separation

Between 1850 and 1859, the year in which

Queensland achieved her separation from New South Wales, a number of ships were sent out with settlers for Moreton Bay, under the auspices of the British Government. In 1852 several vessels came out to 309 the settlement on the Brisbane River, the complement of immigrants carried ranging from 250 to 350.

That however, was the year in which the gold rush to Victoria was at its height, and many ships with between 900 and 1000 passengers each, were arriving in Port Phillip. The “Maria Somes,” bringing 281 people, chiefly from Ireland, dropped anchor in Moreton Bay in July, 1852.

The “Rajahgopaul,” with 351 others, came in two months later. Those who made the voyage out in the “America” early in 1853, had an unfortunate experience and, on their arrival, told a sad story of a ship that was unseaworthy and very inadequately supplied with provisions. Even under the most favourable conditions, those who made the long voyage out to Australia in those days had inevitably to bear some hardships and privations for which, however, most of them found ample compensations in the pleasures of sea travel—so long as the weather was fine.

But when a large number of men, women and children were crowded together in the ‘tween decks of a sailing ship, without proper regard for sanitation, and without reasonable supplies of food and water, it can be imagined that their experience would be well-nigh unbearable.

It is pleasing to reflect, however, that although the case of the “America” did not stand out quite alone, similar instances in the Queensland immigrant service were exceedingly rare.

Continued Next Month:

Immigration and Immigrant Ships, Moreton Bay Part III - Record Passage.