PART II

NATIONAL RESOLUTION:

A Nationally Co-ordinated Campaign Against Tuberculosis

CHAPTER FOUR

TUBERCULAR DIGGERS: Medical Repatriation of Returned Soldiers

At the end of World War I the total number of Australian soldiers returning with tuberculosis was much fewer than that of European countries. Nevertheless, they were regarded as a serious post-war repatriation problem.[1] In 1918 *Reveille*, an English returned soldiers' journal, suggested that over 40,000 British soldiers were discharged with pulmonary tuberculosis at the end of the First World War.[2] In France, by 1932 some 24,500 ex-soldiers were receiving war pensions for tuberculosis at 100% disability.[3] Canada ultimately pensioned 8,500 or 14% of their service personnel for tuberculosis and between 1921 and 1940 the United States spent some US$300 million on tuberculosis veterans.[4] Estimates of the number of soldiers returning to Australia afflicted with tuberculosis varied. One claim made in *The Returned Soldier*, the periodical of the Returned Sailors and Soldiers Imperial League of Australia, suggested that 5,000 soldiers and sailors had returned home with tuberculosis while A.G. Butler, official medical war historian, cited a figure of 1,827.[5] In December 1920, according to the reckoning of the Department of Repatriation, 900 returned service personnel were receiving pensions for

[1] In his book on Australians returning from war Stephen Garton notes the peculiarly Australian use of the term 'repatriation' to describe what other countries generally referred to as re-establishment, reinstatement, rehabilitation. He can find no definitive explanation for this, except that the term came into use originally to describe the re-settling of returned soldiers on the land. [Stephen Garton, *The Cost of War, Australians Return*, Oxford University Press, Melbourne, 1996, pp. 74-75.] The term 'repatriation' (often abbreviated to 'repat') to describe the collection of policies related to Australian service personnel has been in common use from the earliest days of the system following World War I and a broadly understood part of the Australian vernacular since that time.

[2] 'Plea for the Consumptive Soldier', *Reveille*, 2 November, 1918, p. 338.

[3] K. Mayo, *Soldiers What Next*, Houghton Mifflin Company 1934.

[4] A.F. Miller, M.D., 'The New Knowledge of Tuberculosis', *Canadian Medical Association Journal*, March 1944, Vol. 50, p. 244.

[5] *The Returned Soldier*, Friday 25 June 1920, SLSA. A.G. Butler, *The Australian Army Medical Services in the War of 1914-1918*, Volume III, Australian War Memorial, Canberra, 1943, p. 704.

tuberculosis[6] but that 3,000 had returned home with the disease.[7] In 1914 the number of recorded deaths from pulmonary tuberculosis among the citizens of all Australian States, excluding the Northern Territory, was just over 3,000.[8] Using the relatively conservative ratio of three sufferers for each death, the Repatriation Department's estimated figure of 3,000 returned soldiers with tuberculosis represented 32% of tuberculosis cases in the country. In 1917 *The Medical Journal of Australia* declared 'Among the most difficult tasks that the Federal Government has to face is that of making adequate provision for the care of the men invalided from the front on account of tuberculosis'.[9] All World War I combatant nations had to deal with tuberculosis among soldiers both during the war and after, yet histories of tuberculosis have rarely touched on returned soldiers with tuberculosis.[10]

This chapter continues the thematic approach of the chapters two and three and examines the Federal Government's first direct engagement with tuberculosis policy by analysing the repatriation measures applied to soldiers who returned from World War I with pulmonary tuberculosis. The analysis determines how tubercular returned soldiers received more state assistance than their civilian counterparts and why they came to be seen as a special group within the repatriation system itself. Repatriation policy was to have an influence on later civilian policy bolstering public health doctors' calls for a nationally coordinated campaign and

[6] NAA: A2487/1, 21/14194 Part 2, Department of Repatriation, House of Representatives, Question For This Day, Notice Paper No. 118, 14 April 1921.
[7] *Repatriation*, August 1920, p. 12, cited in Marina Larsson, *Shattered Anzacs, living with the scars of war*, UNSW Press, 2009, p. 179.
[8] The *Medical Journal of Australia* cited a figure of 3,094 while the Commonwealth Year Book recorded 3,111. *Medical Journal of Australia (MJA)*, May, 1917, p. 421. Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth*, 1901-1918, p. 200.
[9] *MJA*, May, 1917, p. 421.

foreshadowing the campaign introduced by the Chifley Labor Government after World War II.

Repatriation policy for tuberculosis is examined chronologically beginning with the return of tubercular diggers during World War I and then tracing the benefits they won between 1920 and 1943. The debate on tubercular soldiers and how returned soldiers themselves challenged and shifted policy are explored. At the end of World War I tubercular soldiers, along with other returned soldier groups, quickly became self advocates for special attention and, in effect, proxy advocates for civilian sufferers who were more likely to hide their disease than lobby government for assistance. From 1920 to 1943 tubercular soldiers demanded and gradually received more and more repatriation benefits. The benefits were access to a special pension, followed by a permanent pension, then the right to a service pension, free medical care and ultimately in 1943 automatic attribution of their disease to war service. Surveys of soldiers' families in the late 1930s provided important evidence for the medical view that management and prevention depended to a large extent on raising resistance by improving the economic circumstances of the tubercular and their families.

WORLD WAR I

As early as 1915 the Australian Army Medical Service (AAMS) grappled with the unique problems presented by tubercular invalids. Immediate concerns were the provision of special accommodation and who would be financial responsible for ongoing treatment. The Australian Government placed tuberculosis sufferers among those invalided soldiers needing special attention. Designated as difficult

[10] Marina Larsson examined the personal impact of tuberculosis on returned soldiers and their families tubercular soldiers as part of her study of the impact of war injuries and disease on families. [Larsson, *Shattered Anzacs*, 2009, pp. 178-205.]

cases because of contagion, the first tubercular soldiers were isolated from their injured and sick comrades on the ships bringing them home from theatres of war. Other soldiers regarded as difficult included 'incurables, mentals, inebriates, alcoholics, and chronic epileptics'.[11] The chronic nature of tuberculosis created specific difficulties in adhering to the normal principle that returned soldiers continue to receive military wages while still in need of active medical treatment. Moreover the contagiousness of the disease and modes of treatment required isolation and specialist institutional accommodation.[12] During the war years the ongoing financial responsibility of the Federal Government had not been determined and the Commonwealth's medical responsibilities ended with the soldier's discharge.[13] Initially, war pensions were administered by a single board of prominent citizens located in Melbourne and medical treatment was the domain of the Defence Department, which established military hospitals in each State. Once discharged from the Australian Imperial Force (A.I.F.), however, returned soldiers became dependent upon State War Councils and local committees within the States.[14]

Tubercular diggers were one example of the problems repatriation presented to the balance of State and Commonwealth jurisdictions. The Commonwealth Government had taken responsibility for paying compensation to soldiers through the War Pensions Act of 1915 administered by the Treasurer and a three member

[11] NAA: AWM 32, [104] Control of Invalids, Administrative measures for dealing with special cases, 1915. A.P. Skerman, *Repatriation in Australia A History of Development to 1958*, pp. 242, 253.
[12] NAA: AWM 32 [104] 'Control of Invalids', pp. 10, 11, Minute of S.O., 1 September, 1916, Minute of Finance Member 8 September, 1916.
[13] Butler, *The Australian Army Medical Services*, 1943, pp. 536-37.
[14] Each State formed a State War Council comprised of no more than 12 members representing the Commonwealth and State Governments, local government and business with the task of recording discharged soldiers, raising funds for their support and distributing the funds. Local Committees

Pensions Board. This early legislation provided pensions for incapacity, but did not charge the Government with responsibility for rehabilitating the returned soldier,[15] medical care remaining with the Defence Department and rehabilitation left to philanthropic bodies. By 1915 State Governments, through their State War Councils, had become involved in the rehabilitation effort by raising and disbursing community funds as well as assisting returned soldiers into employment or land settlement. Communities did not raise enough money, however, and governments at Federal and State level began to contribute to the rehabilitation of returned soldiers. In May 1916 the Commonwealth Parliament passed the *Australian Soldiers' Repatriation Fund Act* and contributed £250,000 to rehabilitation. All States contributed the much lesser amount of £24,000 in total but took responsibility for disbursement of the funds. But the disproportionate contribution between the States and the Commonwealth created administrative difficulties as State public servants, paid by the States, effectively were working for the Federal Government.[16]

Late in 1915 Richard Herbert Fetherston, Director-General of the Australian Army Medical Service, ordered all "suitable" tubercular cases to sanatoria, suitable meaning early stage disease. "Unsuitable" cases, which can be interpreted as advanced cases, were to be treated at the discretion of the Principal Medical Officer (PMO). But soldiers were never to be sent to charitable institutions.[17] Doctors judged that it was undesirable to treat the tubercular in general military hospitals and looked for alternative strategies. T.J. Thomas the Finance Officer, favoured

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were also formed around local government districts. [Kate Blackmore, *The Dark Pocket of Time: War, Medicine and the Australian State, 1914-1935,* Lythrum Press, Adelaide, 2008, p. 11.]

[15] Skerman, *Repatriation in Australia,* 1961, pp. 8, 10.

[16] ibid., p. 11.

[17] NAA: AWM 32 [104]. Memo from DGMS to all Commandants, Defence Circular No. 66889, 20 October 1915; Memo 20099, 2 March 1916, to all military districts.

discharging the tubercular to pension and transferring treatment responsibilities to State War Councils.[18] Captain J.A. Heath, Officer for Invalids, recommended that tuberculosis sufferers be discharged and pensioned with treatment being provided in one of three ways. First, the Defence Department might establish its own sanatoria, second, soldiers could be treated at public institutions at the cost of the Defence Department or third, State War Councils could assume financial responsibility for the care of these returned service personnel. Heath favoured building military sanatoria and his preference became policy. Soldiers were sent to special returned soldier sanatoria or to State tuberculosis institutions.[19]

Medical staff of the Defence Department voiced concern about the danger tubercular returned soldiers posed to the community. Tubercular diggers, they said, were refusing to stay in sanatoria[20] and failing to observe basic precautionary measures.

> They mix freely with the general public and frequent places of public resort. A large percentage have tubercle bacilli in their sputum and they spit about indiscriminately, not observing the most elementary precaution against the propagation and spread the scourge.[21]

[18] NAA: AWM 32 [104], 'Control of Invalids' Minute of Finance member 8 September, 1916, p. 11.

[19] NAA: AWM 32 [104]. 'Control of Invalids' p. 10, Minute of S.O., 1 September, 1916, to Director General of Medical Services. D.G.M.S, p. 10. In October 1916 Fetherston cabled London for details of the British system. In Britain tubercular soldiers were discharged once they were deemed to be permanently unfit. Responsibility for their care then fell on either the National Insurance scheme or Local Government authorities. Pensions were paid only if their physical unfitness came about "in and by" military service. No special system was in place to assist dependants. [AWM 32 [104] 'Control of Invalids' Copy of letter from War Office, 10 November, 1916, pp. 11,12].

[20] NAA: AWM 32 [104], Memorandum, Geo. Cuscaden, Colonel, AAMC, Principal Medical Officer 3rd Medical District to Principal Medical Officer, 4 May 1917. Extract from Report of Principal Medical Officer, 1st Medical Division, 1916-17, in 'Treatment of Soldiers Suffering from Tuberculosis', Control of Invalids. Administrative measures for dealing with special cases, pp. 15, 31.

[21] NAA: AWM 32 [104], Memorandum, Geo. Cuscaden, Colonel, AAMC, Principal Medical Officer 3rd Medical District to Principal Medical Officer, 4 May 1917, in ', p. 15.

But, wrote Colonel George Cuscaden of the 3rd Medical District, 'these men cannot be detained and must be allowed their freedom.'[22] He suggested withholding their pension if they refused to stay in a military sanatorium for a period of time determined by Defence Department medical authorities.[23] Fetherston, on the other hand, did not want returned soldiers treated differently to civilians who did not have to enter an institution to receive an invalid pension. The Minister for Defence, George Foster Pearce supported Cuscaden's suggestion and approved sending returned soldiers with infective pulmonary tuberculosis directly to an institution for treatment. This denied them the normal leave of absence available to soldiers on their return home.[24]

As costs mounted, initial efforts to keep tubercular soldiers in the military while still requiring treatment were unsustainable. The Federal Government had taken responsibility for paying compensation to soldiers through the *War Pensions Act*s 1914-16 administered by the Treasurer through a three member Pension Board of prominent citizens. This system was quickly found to be inefficient and the Board's functions were transferred to the longer established Aged Pension Commission where local and State pension boards operated under the aegis of Treasury. Stephen Garton has pointed to the naivety with which politicians initially viewed the task of repatriating returned service men and women. The Government, he argued, was unprepared and had seriously miscalculated costs which led to policy and legislation by experiment.[25] Garton's point is borne out in 1920 during debate on a

[22] NAA: AWM 32 [104], Memorandum, Cuscaden, to Principal Medical Officer, 4 May 1917, in 'Treatment of Soldiers Suffering from Tuberculosis', Control of Invalids, p. 15.
[23] ibid.
[24] ibid., pp. 13 - 14.
[25] Garton, *The Cost of War*, 1996, pp. 77-78.

Repatriation Bill in which the potential numbers of totally and permanently disabled soldiers was vastly underestimated.

In January 1917 a conference was convened to resolve the problems and recommended transferring administration of rehabilitation to the Commonwealth and in July 1917 Senator Edward Millen was given responsibility for repatriation. Agreements were reached with the States for the Commonwealth to assume responsibility for all compensation and assistance to discharged soldiers and their dependants. In September 1917 the Commonwealth Parliament passed the first *Australian Soldiers Repatriation Act* and by April 1918 a repatriation department was in place.[26] With the passage of this Act a Repatriation Commission of seven honorary members administered pensions with the Repatriation Department controlling other benefits. The functions of the Repatriation Commission were generally delegated to honorary State boards and local Repatriation Committees.[27]

Soon after his appointment as Minister for Repatriation, Millen issued a Minute on the treatment of soldiers with tuberculosis. He believed tubercular returned soldiers should be discharged as soon as they were determined unfit for service allowing the Repatriation Department to assume responsibility for treatment. 'I cannot conceive', he wrote,

> of any duty more appropriate for the Repatriation Department to assume than that of nursing the sick and wounded back to health and strength…I am strongly of opinion that the care of consumptives, … is a responsibility properly resting with the Repatriation Department, and which the Department should assume at the earliest possible moment'[28]

[26] Skerman, *Repatriation in Australia*, 1961, pp. 11-12.
[27] Clem Lloyd and Jacqui Rees, *The Last Shilling, A History of Repatriation in Australia*, Melbourne University Press, Melbourne, 1994, pp.139, 141, 145-147. Garton, *The Cost of War*, 1996, p. 82.
[28] NAA: AWM 32 [104], Minute, Minister for Repatriation, November 1917, 'Treatment of Soldiers Suffering from Tuberculosis', Control of Invalids, pp. 26-27.

But the embryonic department was as yet ill-equipped to treat and house tubercular cases and care remained with the Defence Department until Repatriation finally took control of hospitals in 1921.[29]

The 1917 *Australian Solders' Repatriation Act* was intended to resolve some of the problems created by the haphazard way in which repatriation had been undertaken. As the numbers of returned service personnel in Australia grew at the end of the war, repatriation policy became a lively political issue. Returned soldiers emerged as a political lobby group particularly leading up to the general election of 1920.[30] A range of organisations arose to campaign for repatriation benefits but the Returned Sailors and Soldiers Imperial League of Australia (RSSILA), later the Returned Soldiers League (RSL), became the most powerful and influential body in the making of repatriation policy. Before the Federal election of 1920, and after protracted and often fiery negotiations, the League extracted a range of promises from Prime Minister Hughes including an increase in pensions to meet cost of living rises and a special pension of £4 per week for blind soldiers. [31]

The RSSILA enunciated a number of critical problems with the repatriation system. Returned soldiers were shuttled between three government departments, Defence for hospitals and medical treatment, Repatriation for sustenance and jobs, and Pensions for monetary support. A system that delegated administration to the States led to discrepancies between States as did the separation of administration

[29] Lloyd and Rees, *The Last Shilling*, 1994, pp. 139, 141, 145-147.
[30] Garton, *The Cost of War*, 1996, p. 49. Lloyd and Rees, *The Last Shilling*, 1994, pp. 190 - 198
[31] *The Diggers Gazette*, Official Organ of the Returned Sailors and Soldiers Imperial League of Australia, (South Australian Branch), 15 November, 1919, pp. 31, 63, SLSA. Lloyd and Rees, *The Last Shilling*, 1994, pp. 190 – 198.

between private and public funding.[32] Honorary boards were unable to meet the ever increasing demands placed upon them and, in the view of the RSSILA, placed soldiers in the unseemly position of accepting handouts. Though claiming to be politically neutral, the League supported Prime Minister Hughes and the Nationalist Government. Hughes promised to address most of these issues and on winning Government in 1920 passed a new Act that dissolved the private Repatriation Funds and State War Councils, transferred administration of pensions from Treasury to the Repatriation Department and established a new Repatriation Commission with three full-time remunerated members.[33]

The League does not appear to have made specific demands on behalf of tubercular soldiers, but the tubercular had their champions. *Smith's Weekly*, in its first edition in March 1919, made clear its intention to be an advocate for returned soldiers[34] and aired the problems and grievances of tubercular diggers on a number of occasions during that year. Hughes made specific promises to tuberculosis victims promising a permanent pension. He was reported in *Smith's Weekly* saying:

> ...I give you this message to convey to the consumptive soldiers of Australia: I promise that while you are in Sanatoria you will be classed as totally incapacitated, and upon reaching that stage of convalescence known as 'arrested disease', I promise you a permanent pension for life sufficient to enable you to live outside Sanatoria and purchase the foodstuffs necessary to the treatment of your disease. [35]

SPECIAL PENSION

The new *Australian Soldiers' Repatriation Act 1920* allowed for tubercular soldiers in an advanced stage of the illness to receive a special pension. This set them apart

[32] State War Councils controlled the privately funded Repatriation funds, while State Repatriation Boards controlled the distribution of government funded benefits. [Garton, *The Cost of War*, 1996, p. 82.]
[33] Lloyd and Rees, *The Last Shilling*, 1994, pp. 145-147, 189-198. Garton, *The Cost of War*, 1996, pp. 82-83.
[34] *Smith's Weekly*, 1 March, 1919.
[35] ibid., 13 December, 1919, p. 23.

from most other categories of the war sick and maimed and fostered a long campaign for all tubercular returned soldiers to receive special compensations. Blind and totally and permanently incapacitated (T.P.I.) soldiers were also granted access to this special rate of pension.[36] The special pension of £4 per week was almost double the general rate of repatriation pension and fell just below the Commonwealth basic wage, which in 1920 was £4/5/6.[37] It was 65 shillings a week more than the aged and invalid pension.[38] The drafters of the Bill had not intended to apply the special pension to the tubercular, only to the blind and TPIs. Referring to the blinded and T.P.I., Millen commented when introducing the Bill in the Senate, 'In view of the severity of their affliction, [blind and TPI] I venture to believe that the Senate will not regard that sum as out of the way'.[39] With little prescience, he also informed the Senate that the number of TPI would not exceed 150.[40] The Repatriation Bill passed the Senate with no amendments to Millen's special pension provisions.

When the House of Representatives debated the Bill, Hector Lamond, the Member for Illawarra, moved an amendment adding tuberculosis sufferers to the special pension schedule provided they had spent at least six months in a sanatorium and were certified as 'not a menace to public health'.[41] Lamond was a member of the Hughes Government with a background in Labor politics and journalism and a strong supporter of the Prime Minister who would appoint him to the position of

[36] *Australian Soldiers Repatriation Act 1920,* (Cwlth), Second Schedule.
[37] Hon Mr Justice, P.B. Toose, *Independent Enquiry into Repatriation System,* Volume 2, AGPS, 1975, Canberra pp. 737, 762.
[38] G.L. Kristianson, *The Politics of Patriotism, The Pressure Group Activities of the Returned Servicemen's League*, Australian National University Press, Canberra, 1986, p. 194.
[39] Australia, Senate, 24 March, 1920, *Debates,* Vol. 91, p. 657.
[40] ibid.
[41] Australia, House of Representatives, 24 April, 1920, *Debates,* Vol. 91, p. 1511.

Assistant Minister for Repatriation in December 1921.[42] The amendment attracted little debate. Members questioned neither the amount of the pension, nor the principle of applying it to tubercular soldiers. What was raised, however, touched on both public health concerns and the special place the returned soldier held in the political arena. Frank Tudor, Leader of the Labor Opposition, argued that in the interests of public health and indeed, their own health, tubercular soldiers should be encouraged to remain in sanatoria for longer periods. He supported the payment of the pension but not the conditional basis of it.[43] He was further concerned for tubercular soldiers who were placed with incurable civilian patients. Lamond agreed, noting that soldiers in sanatoria, '...say they are continually coming in contact with people similarly afflicted, and they can never forget that they are tubercular cases'.[44] The returned soldier was to be protected in a way that civilian patients were not.[45] Similar attitudes prevailed in relation to mental illness among soldiers, much to the disgust of Major Charles Courtney, Principal Medical Officer for the Repatriation Commission. He commented derisively, 'No A.I.F. man must be branded with the disgrace of being a lunatic however obviously lunatic he might be.'

Criticism of the special pension questioned the efficacy of higher pension payments to returned soldiers suffering from tuberculosis. The concerns, laced with moral judgements, were premised on the assumption that a higher rate of pension

[42] Coral Lansbury, 'Lamond, Hector (1865-1947), *Australian Dictionary of Biography (ADB)*, National Centre of Biography, Australian National University, http://www.adb.online.anu.edu.au/biogs/A090658b.htm

[43] Australia, House of Representatives, 23 April, 1920, *Debates*, Vol. 91, p.1512.

[44] ibid.

[45] Some medical practitioners suggested that advanced stage patients should not be housed with early stage patients because the recovery and well being of early stage patients was hindered by the presence of extremely ill later stage patients. But the tone of the debate in Parliament was that the soldier warranted special consideration. This attitude was also manifest in the insistence on separate institutions or separate wards for all returned soldiers.

discouraged the pensioner from making an effort to fight the disease. Courtney, in 1924, stressed the importance of holding down tuberculosis pension levels. He argued that some men on higher pensions, satisfied with this income, were reluctant to undertake training or work, a situation he considered detrimental to health. When pensions were reviewed, he said, it was 'very easy for a man of rather poor moral character to increase his temperature ... so that he [could] pitch a tale'.[46] In more strident tone, Courtney set out his concerns to Arthur Butler, the official medical historian of World War I. He argued that political activity on behalf of tubercular diggers had resulted in 'considerable discrimination in their favour'.[47] With a strong flavour of moral censure he declared,

> ...either there is a toxic effect on character by tuberculosis or by social circumstances, or ... it has been used as a stalking-horse for personal and political advancement to such an extent that the tuberculosis cases, having lost their moral tone think of no other classes but themselves, and having lost any desire, in a great number of cases, of attempting permanent cure; the effect of the £4 pension was that the more a man improved himself the less he was to gain by it,[48]

The correlation of poor morals and weak character with tuberculosis, ever present in discussions of the disease, became more potent when infused with the Anzac ideal namely the valiant characteristics ascribed to the Australian soldier. The essence of this valorisation of the digger was to attribute to the Anzac soldier a unique independence of spirit, physical strength, resourcefulness and masculine pride. It might be suggested that the tubercular digger was the very antithesis of the Anzac type. Far from being an Antipodean Adonis, he had contracted a disease, which in some minds, reflected not only physical weakness but low habits.[49] For

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[46] Royal Commission on Health 1925, *Minutes of Evidence*, questions 905, 908, 915 (Charles Courtney). See also Butler, *The Australian Army Medical Services* 1943, p. 831.

[47] NAA: AWM 41, 265, [Official History, 1914-18 War: Records of Arthur G. Butler], Tuberculosis and pulmonary infections, 1922 – 1939, Rough notes from Major Courtney.

[48] NAA: AWM 41, 265, Rough notes from Major Courtney.

[49] See for example, Criena Fitzgerald, *Kissing Can Be Dangerous: The Public Health Campaigns to Prevent and Control Tuberculosis in Western Australia, 1900-1960*, University of Western Australian Press, 2006, pp. 87-122. Fitzgerald described the plight of gold miners who were deemed to have contributed to their own tuberculosis because of poor social habits.

example, in the case of Private H.J.A., the Repatriation Commission would not accept his tuberculosis as caused by his war service. One note on his file stated, 'his lowered resistance was more probably due more to his mode of life than to the wound'.[50] Butler, while not going as far as blaming the soldier for his condition, believed the road to rehabilitation lay in the exercise of the courageous qualities of the soldiers of the A.I.F. 'An important lesson of pensioning', he wrote, '[was] that no material benefit conferred by the state could compensate the soldier for loss of moral fibre, and relegation to social dependence'.[51]

Butler pointed to the consensus within the Repatriation Department that the higher pension for tuberculosis had proved to be a disappointing alternative to sanatorium treatment. Medical officers felt that curing tuberculosis depended 'more ... on the man than on the disease',[52] that receipt of the special pension resulted in dependence rather than self help. Butler contrasted this response with the many men who had put up a 'gallant fight' against the disease and for whom, he wrote, 'the struggle of self-help often brought more solid benefits than the satisfaction that derives from courage and self-respect alone'.[53] Butler was troubled by the ethos of charity and dependence imbued in the repatriation system which, coupled with what he thought to be medically questionable attribution of diseases such as tuberculosis to war service, undermined the Anzac spirit. He saw the promotion of characteristics of courage and self-help as a more appropriate strategy than expansion of benefits. The Anzac legend, however, was a malleable concept. While Butler advocated the promotion of independence from the Department, many

[50] NAA 2487, 1922/15629, Medical Treatment for Tuberculosis, 1922-1922, A.H.J (Pte), 24 August, 1922.
[51] Butler, *The Australian Army Medical Services* 1943, p. 790.
[52] Medical Collator cited in Butler, *The Australian Army Medical Services*, 1943, p. 831.
[53] Butler, *The Australian Army Medical Services,* 1943, p. 831.

champions of returned soldiers invoked the Anzac legend as a powerful argument for more benefits for the returned digger.

The *Australian Soldiers' Repatriation Act 1920* defined T.P.I. as 'incapacitated for life to such an extent as to be precluded from earning other than a negligible percentage of a living wage'.[54] Although it might be suggested that such a definition would apply to advanced cases of tuberculosis,[55] thereby obviating the need for specific inclusion of tubercular soldiers, Millen's assessment of a possible 150 TPIs in total suggested otherwise. Given that the numbers of tubercular returned soldiers [56] had already surpassed that number Millen could not have initially considered including tuberculosis cases. During the first year in which the special pension operated, 347 (or 65% of special pensioners) tubercular cases were granted the higher pension. This alone was almost 200 more than the Minister had suggested to the Senate when introducing the bill.[57]

The doubts expressed about a higher pension rate for tuberculosis, raises the question of why this group was so readily incorporated into this provision. In trying to answer this question we must examine contemporary medical opinion, lay perceptions of tuberculosis and the political importance of returned soldiers.

Physicians placed great importance on segregation not only for patient treatment, but most importantly as a public health measure and public health was threatened

[54] *Australian Soldiers Repatriation Act 1920,* (Cwlth), Second Schedule, p.33
[55] This was indeed the opinion of the Repatriation Commission in 1921.
[56] Butler, *The Australian Army Medical Services,* 1943, p. 704n.
[57] Australia, House of Representatives 1920-1921, *Report of the Repatriation Commission Year Ending 30th June 1921*, Parl Paper 173, Vol. 4, Melbourne, p 6. The figures were 76 blinded, 347 tubercular cases and 112 TPI from other causes.

anew by the influx of soldiers returning from the trenches with tuberculosis.[58] In 1919 the Commonwealth Government received advice from a medical committee appointed specifically to investigate the suitability of situating tubercular soldiers in the Sydney suburb of Randwick. This Committee concluded that segregation of advanced cases was desirable but so was access to friends and family. According to the Committee such cases were not a danger in a populated area provided they were confined to the institution, but when they became well enough to move about they should be transferred to an institution away from a populous area.[59] In January 1920 an article in the *MJA* noted,

> The conditions of trench warfare have led to an increase of infection. Consequently, the problem in Australia, as elsewhere, has become more acute. Every endeavour should be made to seek from among the returned soldiers all those who shown [sic] signs of infection, to divide these men into two classes, those with early curable infection and those with advanced disease, and to place them in an environment that will give him the best chances for regaining his lost health. The same should be done in regard to the civil population.... In other words, the sources of infection must be controlled.[60]

Doctors called for comprehensive measures to control the spread of tuberculosis in the interests of public health and to save the lives of returned soldiers. The author of the article in the *MJA* was concerned about the problem of the advanced tubercular noting the risk of the returned soldiers infecting their families. The disease was analogous to the war itself,

> It becomes quite essential that in handling returned tubercular soldiers, means should be adopted to stem the spread of a disease which is as disastrous to mankind as the present murderous war. [61]

Tuberculosis was not the only contagion brought back to Australia by the AI.F. but it was feared by the broader community as easily spread. As Butler noted, 'The tubercular, like the Leper, was becoming a pariah in the community'. [62]

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[58] *MJA*, 19 October, 1918, p. 330.
[59] *MJA*, 6 December, 1919, p. 496.
[60] 'The Tasmanian Sanatorium for Consumptives', *MJA*, January 31, 1920, p. 117.
[61] *MJA*, 19 May, 1917, p. 422.
[62] NAA: AWM41, [265], 'Remarks by Dr Graham Butler, Queensland, at the final meeting of the Medical Congress, 1924.

But in post World War I Australia tuberculophobia[63] competed with the Anzac legend and the deification of the digger. For example, in late 1920, fearing not only for the health of their community but also concerned about property values, 132 residents of the Adelaide suburb of Fullarton signed a petition protesting the location of consumptive soldiers at the Repatriation Department's Myrtle Bank Soldiers' Rest Home adjacent to their suburb. The local council agreed to try to prevent the establishment of the home and to seek the removal of tuberculosis patients.[64] A further group of residents disagreed with the Council's action and called a public meeting. Advertisements for the meeting invoked the heroic legend of the Australian soldier.

> ...They sailed away, young, healthy, and strong,...They return broken and wounded.....your City Council have cried, 'Unclean! Unclean! They have treated these heroes as lepers were treated in the dark ages. [65]

The meeting enthusiastically endorsed a resolution expressing disapproval of the Council's proposal, offering support for the treatment of consumptive soldiers in the district and 'wholehearted co-operation in brightening their lives and hastening their recovery'.[66] Repatriation policy had to balance public health concerns with the emotional and political power of the Anzac legend.

The views of physicians close to medical repatriation on why tuberculosis was included in the special pension category are informative. In Butler's view, medical reasons were not the only reason, nor the most important. He did, however, claim that the special pension was intended as a curative aid commenting that,

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[63] Macdonald Critchley, (Editor-in-Chief), *Butterworths Medical Dictionary*, Second Edition, Butterworths, London, 1978, p. 1762.
[64] *Diggers Gazette*, 1 December, 1920, p. 32. *The Register*, 25 November, 1920, p. 8.
[65] ibid.
[66] ibid.

> …one element in its intention was to enable the tubercular soldier to exploit to the utmost the possibilities of treatment calculated to restore him to health - and, especially, that men discharged from sanatoria potentially at least recovered or recoverable should not sustain a setback through financial stringency. [67]

He suggested that it was not the nature of the disease itself but the social stigma attached to it that led to the special pension.[68] Butler argued that tuberculosis was not an unpleasant disease even in death, and 'infinitely less tragic' than other conditions such as nephritis. He argued that the special pension then was an apology to the digger for contracting an infection feared by the community. [69]

Charles Courtney, Principal Medical Officer for the Repatriation Commission, asserted that the special pension was granted to encourage soldiers to enter sanatoria, but that it had not had the desired effect.[70] Given that medical opinion called for segregation and education this explanation would seem to explain the action. Doctors argued that a pension without institutional treatment was undesirable while others believed the incentive of the pension would encourage people to enter the sanatorium thereby ensuring a period of segregation and training which would yield some public health benefit. The Government could also be seen to be satisfying a public demand for sympathetic responses to the tubercular digger and, through the proviso that the consumptive be certified 'not a menace to public health', protecting the community from a dangerous contagion.

Soon after the enactment of the 1920 legislation, tubercular soldiers' organisations criticised Repatriation Department decisions on the allocation of the special

[67] Butler, *The Australian Army Medical Services,* 1943, p. 830.
[68] NAA: AWM 41, [265], Tuberculosis and Repatriation, pp. 4-5.
[69] ibid.
[70] Royal Commission on Health 1925, *Minutes of Evidence,* questions, 896, 903-904, 906-911, 923.

pension.[71] In accordance with the Act, pensioners had to be declared 'not a menace to public health'[72] and special pensions were not paid during stays in public institutions. The Repatriation Commission divided cases of tuberculosis into categories. Those classified as 'arrested' who were capable of continuous or light work qualified for a general pension but were subject to review every six or twelve months. Others classified as 'arrested' but still needing convalescent time before returning to employment together with advanced cases, who could do no work, were eligible for the special pension but again were subject to review every six or twelve months.[73] Soldiers had to point to a specific war-time occurrence to link their disease with war service in order to receive any repatriation pension.[74]

Complaints centred on the Department's interpretation of the special pension provision. For example, in February 1921 the Queensland Branch of the Association complained to the Minister that none of their members' applications for the special pension had been granted. If, the Association argued, the terms 'arrested' and 'menace to public health' were interpreted narrowly, their members might remain in sanatoria for two to five years or more and would not receive the higher pension for that long period of time. In the Association's view Parliament had intended the proviso of six months' residence in a sanatorium to mean six months' training on how to prevent infecting others, not to define infectiousness.[75] This was a reasonable assertion by the Association because Lamond had given this

[71] 'Pension Cancellations', *The Diggers' Gazette*, 15 November, 1920. 'Soldiers and Pensions', 'TB Pensions', *The Returned Soldier*, 23 April, 1920, SLSA.
[72] *Australian Soldiers Repatriation Act 1920*, Second Schedule.
[73] NAA: A3582/1, Vol. 1, Rulings of the Repatriation Commission, Ruling No 23, 10 December 1920, p 15.
[74] NAA: A2487/1, 21/14194 Part 2. Letter, P.E. Deane, Secretary to the Prime Minister, to Chairman of the Repatriation Commission, 18 April, 1921. NAA: AWM 41, [265], Some rough notes from Major Courtney: (Legacy of War). 30 November, 1934.
[75] NAA: A2487/1, 21/14194 Part 2, Letter, T.B. Soldiers & Sailors Association of Australia Queensland Branch to Acting Minister for Repatriation, 22 February, 1921.

as his reason for requiring a stay of six months in an institution to qualify for the special pension.[76] In April 1921 Arthur Rodgers, Assistant Minister for Repatriation, reported to the House of Representatives a figure of 900 members of the A.I.F. suffering from tuberculosis, most residing in departmental institutions. Of this number 53 or 6% received the special pension.[77] This figure of 900 was half that of the figure of 1827 reported by Butler, one third of the Repatriation Department's estimate in 1920 and much less than the RSSILA claims of 5000.[78] The total number is unclear but the Department acknowledged that tuberculosis cases were growing[79] suggesting that the figure of 900 under the care of the Repatriation system was a conservative number in relation to the numbers suffering with the disease and that the soldiers' complaints were justified. If Parliament's intention was to secure the care of tubercular soldiers both for the soldier's benefit and that of the wider community, the pensions granted by the Department were not meeting this expectation.

As well as objections to the Department's administration of the special pension, tubercular soldiers had other grievances. First was the demand for a permanent pension, and second, what became a major cause of complaint throughout 1921, the cancellation or rejection of pensions on the grounds that the disease was not related to war service. For example, J.P.C's pension was cancelled from 24 February 1921 on the grounds that he was tubercular at the time of enlistment. J.P.C had suffered from empyema some five years prior to enlistment and had a persistent cough. Nevertheless he enlisted early in 1916 and left Australia in June of that year. On his

[76] Australia, House of Representatives, 23 April, 1920, *Debates*, Vol. 91, p. 1512.
[77] Australia, House of Representatives, 14 April, 1920, *Notice Paper*. Australia, House of Representatives, 21 April, 1921, *Debates.*
[78] 'Tuberculous Soldiers', *The Returned Soldier*, 25 June, 1920, SLSA.
[79] Australia, Parliament 1920-1921, *Report of the Repatriation Commission Year Ending 30th June 1921*, Parl Paper 173, Vol. 4, Melbourne, p 16. Lloyd and Rees, *The Last Shilling*, pp. 229-230.

return in 1917 he was granted half the maximum pension for his tubercular condition on the basis that a cold he contracted in England may have been an aggravating factor. But in February 1921 Repatriation officials determined that the fact of his empyema and persistent cough meant that 'he was undoubtedly tubercular at the time of enlistment and his pulmonary tuberculosis cannot be regarded as a primary war disability'. As such he had no entitlement to further repatriation benefits.[80] According to the T.B. Soldiers Association he was fit when he enlisted and had not suffered from tuberculosis.[81] When recruits enlisted in 1916 their medical certificate was signed by an Examining Medical Officer who declared that the recruit did not present with certain physical or medical conditions including scrofula, phthisis and contracted or deformed chest.[82] J.P.C. appealed the decision to withdraw his pension but was unsuccessful.[83]

Tubercular soldiers were persistent advocates for their cause. In Queensland, Departmental officers credited an active tubercular soldiers association with attaining special pensions for most convalescing soldiers discharged from sanatoria.[84] An example from South Australia illustrates the point. Upon having had their pensions cancelled, five South Australians pursued seven different avenues of protest. All claimants were army privates from the 10th and 32nd

[80] NAA: A2487/1 Part 2 21/14194, T.B. Soldiers Association of SA, Notes, circa early 1921, T.B. Soldiers Association of South Australia. Pension Cancellation, 6 April, 1921; Letter,Chairman, Repatriation Commission to Prime Minister's Department from 13 May 1921; Letter, Prime Minister to Lady Weigall, Australian Red Cross, 24 June 1921.
[81] NAA: A24878/1, 21/14194 Part 2, Pension Cancellations, J.P. Cooke, T.B. Soldiers Association of S.A., 6 April, 1921.
[82] NAA: B2455, Putland, Samuel Joseph.
[83] NAA: A2487/1 Part 2, 21/14194, T.B. Soldiers Association of SA, Notes, circa early 1921; T.B. Soldiers Association of SA, Pension Cancellation, 6 April, 1921; Letter, Chairman, Repatriation Commission to Prime Minister's Department, 13 May 1921; Letter, Prime Minister to Lady Weigall, Australian Red Cross, 24 June 1921.
[84] NAA: A2487/1 21/14194 Part 2, Department of Repatriation Minute Paper G21/9147.

battalions.[85] They wrote to the Repatriation Commission, the Red Cross Society, the Prime Minister, the Governor General, a Member of Parliament, the national association for T.B Sailors and Soldiers, the South Australian Association for T.B. Sailors and Soldiers' and the Soldiers' Welfare Combined Recommendation Committee. Members of Parliament often raised individual cases in Federal Parliament[86] and the redoubtable South Australian Association made numerous requests to Henry Forster, the Governor-General, seeking his intervention in individual cases. The Governor-General was sympathetic but received advice from the Repatriation Department that the legislation and regulations were being properly applied. In response he suggested a more liberal approach. In a letter to the Prime Minister he wrote, 'I don't doubt that the cases have been dealt with according to the rules....The point I put to the P.M. was ought they not to be made more elastic.'[87]

Throughout 1921 complaints about the parsimony of the Repatriation Department were raised in the Australian Parliament mainly from the Opposition benches, but also by Government Members. The plight of unpensioned tubercular soldiers figured prominently. Members of Parliament took up soldiers' complaints when pensions were reduced or rejected on the grounds that their condition could not be connected to war service. Charles Marr, a future Minister of Health in the Lyons Government of the 1930s, said the tubercular were 'the most unfortunate of any of

[85] NAA: A11804, 1925/320 or CP78/22, 1925/320, Letter, Governor-General's Secretary to Department of the Prime Minister, 29 October 1921.
[86] NAA: A2487/1 Part 2, 21/14194, Letter, Chairman, Repatriation Commission to Prime Minister's Department, 20 September 1921.
[87] NAA: A11804, 1925/320 or CP78/22, 1925/320, Hand-written note by the Governor-General regarding a letter drafted by the Commissioner for Repatriation to be sent from the Governor-General to the T.B. Soldiers and Sailors Association, 29 September, 1921.

our soldiers.'[88] Parliamentarians pointed to the country's obligation to provide for returned soldiers and re-directed responsibility for tuberculosis away from the soldier. If, they argued, a man had been accepted as fit at the time of enlistment then his tubercular condition had to be a consequence of his war service regardless of when the disease manifested.[89] In December 1921, 46 Members of the House of Representatives joined various organisations to petition the Prime Minister for more liberal assessment of returned soldiers suffering from a range of illnesses including tuberculosis.[90] Under sustained pressure from within Parliament and from public organisations the Government amended repatriation legislation to permit claims for pre-existing conditions if war service was deemed to 'contribute to any material degree to the death or incapacity.'[91] Hughes was sympathetic to the soldiers' complaints and as early as April 1921 had asked the Repatriation Department to continue paying recipients of the pension for pre-existing conditions.[92] The amendments did not meet the tubercular soldiers demand for automatic attribution and were limited by a proviso that claims must be submitted within six months of the amendment. Nevertheless the T.B. Soldiers Association was pleased with the outcome and claimed credit for it.[93]

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[88] Australia, House of Representatives, 8 April, 1921, *Debates*, Vol. 94, p. 7337, (Charles Marr, Member for Parkes).

[89] Australia, House of Representatives 8 April, 1921, *Debates*, Vol. 94, p. 7337; 24 June, 1921, Vol. 96, pp. 9323 -9324 (Matthew Charlton, Acting Leader of the Opposition); p. 9337, Vol. 96, (John West, Member for East Sydney, (ALP), William Fleming, Member for Robertson, (CP); 12 October, 1921, pp. 11874-11876, 11879, 11883, Vol. 97, (Henry Gregory, Member for Dampier, (Nat), Richard Foster, Member for Wakefield, (Nat), James Mathews, Member for Melbourne Ports (ALP), (George Foley, Member for Kalgoorlie, (Nat), (David Watson, Member for Newcastle (ALP), (Mathews); 27 October, 1921, p. 12208, Vol. 97 (Charlton); 19 November 1921, p. 1252, Vol. 97, (Charlton); 2 December, 1921, p. 13601, Vol. 98, (William Hughes, Prime Minister).

[90] *The Age*, 6 December, 1921.

[91] *Australian Soldiers Repatriation Act* 34 of 1921, (Cwlth), s. 2.

[92] NAA: A2487/1 21/14194 Part 2, Letter, P.E. Deane, Secretary to Prime Minister, to Chairman, Repatriation Commission, 18 April, 1921.

[93] 'Pension Cancellations, Important Concessions to Appellants', *The Diggers' Gazette*, 7 January 1921, p. 11, SLSA.

PERMANENT PENSION

Another major demand of tubercular soldiers was the provision of a permanent pension regardless of cure or arrest. Hughes had given some undertakings before the 1919 election to provide a permanent tuberculosis pension but the 1920 legislation made no provision for it and tubercular soldiers and their supporters continued their campaign. Following the passage of the Repatriation Bill Frank Tudor, Leader of the Labor Opposition, led a deputation to Millen to ask for permanent pensions for tubercular soldiers. Millen opposed further concessions to this group because, he argued, '...of the very liberal scale of pensions adopted and the many other benefits these men receive.'[94] Treasury too saw no need to liberalise tuberculosis benefits advising the Prime Minister in 1922 '[a] Review of tubercular patient's medical condition is as necessary as in the case of other chronic disabilities.'[95] The T.B. Sailors' & Soldiers Association of Australia continued its campaign pressuring the Government through deputations, correspondence and press coverage. Millen found the constant criticism of the Repatriation Commission frustrating. His acerbic tone in a memorandum to Cabinet concerning requests for higher pensions for maimed soldiers illustrated his attitude,

> … a definite Schedule has this advantage that both pensioners and the Commissioners [Repatriation Commissioners] know what is receivable and payable and it is not open to dissatisfied men or their friends, either in or out of Parliament, to assail the Commissioners with want of sympathy or stupidity in administration.[96]

Finally, in July 1924 the Government responded to the constant lobbying and complaints by appointing a Royal Commission to test the fairness of the Repatriation Commission's assessment methods in relation to assessing whether

[94] Cabinet Papers 3/8/20 NAA: CRS A2717 Vol II, Folder 7.
[95], NAA: A457/1, D403/16, Letter, Commonwealth Treasury to Prime Minister 28 August, 1923.
[96] NAA: CRS A2717 Volume III, Folder 11, Memorandum, Edward Millen, Minister for Repatriation to William Hughes, Prime Minister, for Cabinet consideration, 9 May, 1922, pp 1 – 2. Statements submitted to Cabinet by other Ministers – 1921, 1922.

disabilities resulted from or were aggravated by war service.[97] The Royal Commissioners were five eminent physicians from five States.[98] Dr Charles Blackburn from New South Wales chaired the Commission. Blackburn had been a medical superintendent at the Royal Prince Alfred Hospital, an honorary consultant at four Sydney hospitals, served in the Army Medical Corps as a lieutenant-colonel and had been awarded an O.B.E in 1919.[99] Dr Henry Simpson Newland from South Australia, like Blackburn, had served in the Army Medical Corps as a lieutenant-colonel. He specialised in the pioneering field of plastic surgery, represented the Medical Corps at an Inter-Allied Surgical Conference in Paris and was appointed C.B.E. in 1919.[100] Other Commissioners were Dr. A.V.M. Anderson from Victoria, Dr E. Sandford Jackson from Queensland and Dr. W.W. Giblin from Tasmania.[101]

The Commissioners heard evidence from a range of returned soldier organisations including the Tubercular Sailors and Soldiers' Association. Although the Commissioners reported that the system operated adequately in most cases, they found the main difficulty to be with illnesses that manifested long after discharge where applicants experienced long delays in receiving advice about their applications and determinations were sometimes harsh.[102] Tuberculosis, of course, fell into this category. They argued that Parliament's intent under the Act was to cover all war related disablement. The Commissioners recommended a permanent

[97] NAA: A460/1, A56/17, Royal Commission - Assessment of War Disabilities, Prime Minister's Office, 17 July, 1924.
[98] ibid.
[99] C.R.B. Blackburn, 'Blackburn, Sir Charles Bickerton (1874-1972), *ADB*, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/blackburn-sir-charles-bickerton-5257text8859, accessed 7 April 2012.
[100] Neville Hicks, 'Newland, Sir Henry Simpson (1873-1969), *ADB*, Australian National University, http://adb.anu.edu.au/biography/newland-sir-henry-simpson-7826/text13585,
[101] NAA: 460/1, A5/17, Royal Commission Letters Patent; Prime Minister, 8 September, 1924; Prime Minister, Appointments of Royal Commission to Determine Question Whether Disabilities of Certain Ex-Soldiers Are Due To War Service, 16 July 1924.
[102] Australia, Parliament, *Report of the Royal Commission on the Assessment of War Service Disabilities*, 1925, Parl Paper 5, Vol. 2, 1925, Melbourne, p. 4.

pension for tuberculosis if the condition could be attributed to war service.[103] In August 1925, seven months after the Commission's Report, the Government agreed to pay a permanent pension of £2 2s per week for war caused tuberculosis. By this time Neville Howse, former Director of the AIF's Medical Service and a recipient of the Victoria Cross (the AIF's highest military honour) had become Minister for Health and Repatriation. More sympathetic to the tubercular soldier's position than his predecessor, he agreed to pay a permanent pension. Nine years later, Charles Marr, Minister for Repatriation said of Neville Howse, 'I say emphatically that no one connected with repatriation gave to returned soldiers more sympathetic consideration than was given by that gentleman.'[104] The permanent pension for tubercular soldiers was implemented through Cabinet directive until incorporated in legislation in 1934 after considerable debate in the Parliament.

The Government introduced the amendment to the *Soldiers Repatriation Act* to incorporate into legislation the Cabinet Directive to pay permanent pensions to tubercular returned soldiers in mid 1934. The amendment bill gave the Repatriation Department the right to cancel a pension if the pensioner was later found not to have been suffering from tuberculosis. Parliament spent much of the first two days of August debating the amendment. Differences arose over the secondary issue of whether a pension might be cancelled if tuberculosis was subsequently found to be misdiagnosed. The right of all tubercular soldiers to a permanent pension, whether they were constantly in poor health or enjoyed periods of relatively normal health, was not questioned by parliamentarians as it was by some Repatriation authorities. Billy Hughes led the debate in opposition to the cancellation provision, arguing that cancellation could only be justified in cases of fraud and moved an amendment to

[103] ibid.

reflect this. It had not been, Hughes argued, the intention of the late Neville Howse, to put permanency in jeopardy. Howse had said:

> Each of these men will receive at least two guineas a week independent of his condition on re-examination. … The pension will not be reduced under any circumstances even if … he is one of the fortunate individuals who makes some progress towards cure, nor will it be reduced when he is ultimately cured.[105]

In addition, the Repatriation Department had made this clear in its letters to soldiers at the time explaining '…during your life time your war pension will not be reduced below 100% rate'.[106] Charles Marr, Minister for Health and Repatriation, on the other hand, argued that Howse had provided for cancellation if the pensioner had been misdiagnosed and never suffered from tuberculosis.[107] A few MPs went further than Hughes arguing for all tuberculosis to be automatically attributed to war service as was the case in Canada. Edward (Eddie) Ward sitting as a Lang Labor Member at the time of this debate, said:

> It must be apparent that the soldier, as a result of his exposure to the elements, undermined his health, and the onus should not be placed upon him to prove that his present disability [pulmonary tuberculosis] has resulted from war service.[108]

If, ran the logic of this familiar argument, men were deemed fit by the Government at the time of enlistment, then their tuberculosis must be war caused.[109] Despite some support in the House for the clause as originally drafted, the Repatriation Minister accepted Hughes' amendment thereby protecting the permanent pension except in cases of fraud.[110]

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[104] Australia, House of Representatives, *Debates*, Vol. 144, 1 August, 1934, p. 1053.
[105] ibid., p. 1024.
[106] ibid.
[107] ibid., p. 1055.
[108] ibid., p. 1041.

SERVICE PENSION

By the mid 1930s as the worst economic problems of the Great Depression began to ease, welfare benefits for diggers appeared again more regularly on the political agenda. In particular, the concept of the 'burnt out digger' emerged. Burnt out diggers, the argument ran, had been weakened by their war time experience which led to premature ageing. This forced their retirement from work at a younger age than would have been the case had they not gone to war. Information from the 1933 census suggested that returned soldiers' death rates were 13% higher than men of the same age from the civilian population, resulting in a life expectancy deficit of four years.[111] In 1934, Walter Nairn, a Government Member from Perth, commented '…there is no doubt that their [returned soldiers] constitutions have been undermined and that their service at the front has operated very materially towards their incapacity',[112] and from his fellow Government member, Albert Lane:

> Many men who appeared to be in reasonable health when they returned from the war, have on reaching the age of from 45 to 50 years, developed some of the most distressing symptoms of shell shock and strain. Their nerves have suffered, and they have become prematurely aged.[113]

Many medical officers questioned the 'burnt out' digger hypothesis but found it difficult to either prove or disprove the condition.[114] By the mid 1930s the concept was widely accepted in political circles and by the general public.

During 1935 Hughes, Minister for Health and Repatriation at the time, came under increasing pressure from returned soldiers and Members of Parliament to help

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[109] Australia, House of Representatives, *Debates*, 1 August, 1934, p. 1049 (Rowland James, Member for Hunter [Lang Labor]); 1 August 1934, p.1048-1049, (Thomas Scholfield, Member for Wannon, [UAP]); 1 August, p. 1040. (Edward Ward, Member for East Sydney, [Lang Labor])
[110] Australia, House of Representatives, *Debates*, 1 August, 1934, p. 1064.
[111] Butler, *Official History of the Australian Army Medical Services*, 1943, p. 818, cited in Hon Justice P.B. Toose, *Independent Enquiry*, p. 32.
[112] Australia, House of Representatives, *Debates*, 1 August, 1934, p. 1036.
[113] ibid., p. 1039.
[114] Butler, *Official History of the Australian Army Medical Services*, 1943, p. 817

tubercular soldiers whose pension claims had been rejected.[115] Throughout 1935 parliamentarians complained constantly about the Repatriation Commission's unfair treatment of returned soldiers who had been refused a pension or had pensions reduced or cancelled after medical re-examination.[116] Rejected tuberculosis claims figured prominently among the complaints. By September 1935 the Lyons Government had agreed to re-examine tubercular soldiers who had been refused a war pension.[117] In November the Government introduced a Repatriation Bill designed to address the long-standing concerns about administration of the Act and in December 1935 the Australian Parliament again amended the *Repatriation Act*. This time all returned personnel aged 60 in the case of men and 55 in the case of women, became eligible for a pension called the service pension, the equivalent of the aged pension. This gave them an aged pension five years earlier than the rest of the population. The service pension was also granted to special categories of younger returned personnel considered to be permanently unemployable and to all returned servicemen afflicted with pulmonary tuberculosis.[118] The tubercular service pensioner gained the additional benefit of remaining eligible for the invalid pension.

All returned soldiers suffering from tuberculosis would be entitled to receive a service pension and free medical treatment whether or not they had served in a

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[115] Australia, House of Representatives, *Debates*, 20 March, 1935, pp. 147, 196, 198-199, (Daniel Mulcahy, Member for Lang, [Lang Labor], Archie Cameron, Member for Barker, [CP], Hubert Lazzarini, Member for Werriwa, [Lang Labor], John Garden, Member for Cook, [Lang Labor], William Hughes, Minister for Repatriation); 2 April 1935, pp. 549-550, (E.F. Harrison, Member for Bendigo, [UAP], W.M. Hughes, John Rosevear, Member for Dalley [Lang Labor]; 3 April, 1935, pp. 629-630, 689 (Lazzarini, Edward Holloway, Member for Melbourne Ports, [Federal Labor Party]; 4 April, 1935, p. 729, (Mulcahy).

[116] Australia, House of Representatives, *Debates* 9 April, 1935, pp. 1048, 1083-84, (Joseph Gander, Member for Reid [Lang Labor], Garden, Ward, Scholfield); 10 April, 1935, pp. 1245, 1246, (Ward, Lazzarini); 25 September 1935, p. 203, (Lazzarini); 26 September 1935, pp. 253-254 (George Lawson, Member for Brisbane, [Federal Labor Party].

[117] Australia, House of Representatives, *Debates*, 27 September, 1935, p. 282 (Hughes).

[118] *Australian Soldiers' Repatriation Act 1920-1934* (No. 58 of 1935) (Cwlth), s. 6.

theatre of war.[119] No Member of Parliament spoke against this new benefit for tubercular returned soldiers and all Members who joined the debate on the bill supported the provision. Again politicians accepted tuberculosis as a special case. Archibald Fisken, Government Member for Ballarat commented,

> Every honourable member of this House I think has had difficulty with the Repatriation Commission over tubercular cases. …the dreadful conditions in which members of the Australian Imperial Forces lived in the front line… weakened their constitutions, allowing tubercular germs to become active
> . It is wise and just, therefore, that, in order to qualify for a pension, all that these men will have to do is to prove (1) that they enlisted, and (2) that they are tubercular.[120]

Arguing that the conditions of war weakened soldiers' constitutions making them more susceptible to tuberculosis, politicians stressed the injustice done to returned soldiers whose condition was deemed by the Commission to be unrelated to war service. The Anzac legend, promises made to departing soldiers and a social duty to provide for those who had volunteered all figured in the debate. Pre-enlistment medical examinations had been more cursory than most parliamentarians admitted,[121] but the notion that all members of the AIF were healthy before being weakened by the rigors of war, pervaded the debate.

Despite the sympathetic tenor of the debate, a public health imperative underpinned all concessions made to tubercular diggers. Most Members of Parliament spoke of the personal plight of the tubercular, but also argued for special consideration because of the sufferer's need (more than other categories of pensioner) for ample supplies of nourishing food not only to help themselves and their families but to protect the broader community.

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[119] *Commonwealth Statutory Rules* 1935, No. 136[(a)], p. 5307. Regulation 109 now read, 'A Deputy Commissioner may, subject to such conditions as the Commission from time to time determines, provide medical treatment for a soldier – (a) whose disability is due to or aggravated by war service; or (b) is suffering from pulmonary tuberculosis'.

[120] Australia, House of Representatives, *Debates*, 2 December, 1935, Vol. 148, p. 2265.

The service pension offered some relief to those who had been refused a military pension but still did not satisfy the demands of the tubercular soldiers lobby. The Tubercular Soldiers Aid Society in South Australia noted in its 1937–38 report,

> A military pension for all T.B. ex-soldiers who had active service is undoubtedly the correct solution. The service pension does not cover necessities for families, particularly where sickness prevails.[122]

The service pension was akin to tuberculosis being automatically attributed to war service, but still did not give automatic attribution that would attract a higher repatriation pensions. Tubercular diggers still had to persuade the Department their condition arose from their war service, but they had gained an automatic right to Repatriation Department support. In the meantime other countries, including Canada and the United States, had accepted tuberculosis as a disease caused by war. [123]

SURVEYS OF FAMILIES

By the mid 1930s policy makers recognised the benefits of providing financial assistance to tubercular soldiers and their families. A Canadian report found many allied nations had observed that the health and survival rate of tubercular returned soldiers was better than their civilian counterparts. The reasons, according to the Canadian report, were the soldiers' pension schemes, prolonged hospitalization and frequent medical examination, or in other words, more assistance from the state than civilians. Returned soldiers in Australia, especially after the introduction of the service pension, received better state support than civilians. In the late 1930s

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[121] Australia, House of Representatives, *Debates*, 2 December, 1935 p. 2267.

[122] *Seventeenth Annual Report of the Tubercular soldiers' Aid Society, Incorporated*, July 1, 1937 to June 30, 1938, p. 1, SLSA.

[123] Australia, House of Representatives, *Debates*, 2 December, 1935, p. 2263, (Thomas White, Member for Balaclava, [UAP]. Belief that the conditions of war contributed to tuberculosis was widely accepted in the broader Australian community. For example, Nora Bourke wrote to Hughes late 1934 that noting those 'who are suffering from TB brought about by the strain and

soldiers whose disease had been attributed to war service received a permanent ordinary pension of £2 2s per week plus 18 shillings for their spouses and 7s 6d for each child under the age of sixteen. A soldier with a wife and three children therefore received a minimum pension of £4 2s 6d per week. Some returned soldiers received considerably more if they qualified for the special pension of £4 per week plus dependant allowances. From the advent of the service pension diggers whose disease was not attributed to their service still received a greater benefit than civilians. For a single service pensioner the rate was 19s per week from the Repatriation Commission plus 12s 6d per week paid under the Commonwealth Invalid Pensions Act, a total of £1 11s 6d per week. Married diggers on a service pension received 16s per week plus 2s 6d for each child to a maximum of four children and may also have been eligible for 15s 6d per week under the Invalid Pension Act.[124] The service pension, however, was subject to an income test.[125] In contrast, civilians received a maximum of 18s per week under the Commonwealth Invalid Pensions Act with no additional allowance for dependants.[126]

Other differences between civilian and repatriation benefits related to treatment. After the introduction of the service pension all returned soldiers with tuberculosis whether or not their condition was attributed to service were entitled to treatment in

privations they were called upon to suffer during the great war,' [NAA: A1928/1, 1105/1 Section 1, Correspondence, Nora Bourke to Hon. W.M. Hughes, 23 November, 1934.]

[124] NAA: A1928/1, 1105/40 Section 1-10, 'Factors in the Control of Tuberculosis' u.d. circa, February 1937.

[125] The test related to income from property. For a single serviceman the pension was not paid if income from property exceeded £82 per annum, while for a married couple the income limit was £164, or if property value exceeded £400. [NAA: A1928/1 1105/40 Section 1-10, 'Factors in Control of Tuberculosis'.]

[126] NAA: A1928/1, 1105/40 Section 1-10. 'Factors in the Control of Tuberculosis'.

repatriation institutions without reduction of their service pension.[127] But when civilians receiving only the invalid pension entered a state hospital or sanatorium 13 shillings of their pension was taken for treatment, leaving only five shillings for their families.[128] Civilian pensioners therefore received far less in pension payments and were less able to afford to enter an institution.

In 1937, M.J. Holmes, who was then Acting Director General of the Federal Department of Health, brought the differences between Repatriation and civilian treatment to the Government's attention and recommended that a Repatriation Commission survey of contacts be conducted. Holmes found the Repatriation system to be highly satisfactory except for contact follow up. A few small surveys into family contacts had been carried out that indicated the better Repatriation pension was having a preventive impact. In South Australia, for example, a survey of cases at the Adelaide Children's Hospital found children of returned soldiers on repatriation pensions showed lower rates of infection than the families of invalid pensioners.[129] He noted,

> It is obvious that the situation in relation to pensions in respect of civilian patients suffering from tuberculosis is not conducive to satisfactory treatment of the patient or to adequate nutrition of the family contacts, and that the situation in these respects in the case of the tuberculous soldier is immeasureably *[sic]* more satisfactory.[130]

Early in 1937 Hughes, then Minister for Health, acted on this advice and gained the support of Prime Minister Lyons for Commonwealth funded examination of families of tubercular returned soldiers. In March 1937 Cabinet approved a proposal to medically examine, x-ray and test the sputum of approximately 5,000

[127] NAA: a1928/1, 1105/40 Section 1, Repatriation, Statement showing Extra Benefits Granted by the Financial Relief and Repatriation Amendment Acts, November, 1936.
[128] ibid.
[129] ibid
[130] ibid.

wives and children of returned soldiers suffering from tuberculosis.[131] The final decision was to test 2,000 contacts, 250 in Queensland, 800 in New South Wales, 600 in Victoria, 160 in South Australian, 130 in Western Australia and 60 in Tasmania.[132]

Although the evidence from the surveys was not always consistent across the States, the general pattern confirmed Holmes's conclusions. The families of returned soldiers receiving more than the invalid pension were less likely to succumb to tuberculosis than civilians on the lower pension. In Queensland only 1.2% of cases showed definite infection, with a further 4% showing some signs of infection, a low contact result. Doctors posited the reasons for this to be better education on preventive behaviour and higher income. W.E.E. Langford, the examining physician for Queensland, concluded that efficient training of the tuberculosis sufferer had contributed to the pleasing results, while the Repatriation Commission's Senior Medical Officer found better nutrition as a result of a stable financial position of Repatriation pensioners also pertinent. He commented,

> There may be something to be said for the view that the better family nutrition occasioned by the stabilised financial position of the exsoldier Tuberculars, and the training of ex-soldier sufferers, in lessening the possibility of infection amongst these contacts.[133]

Mantoux tests in Tasmania were less encouraging. The Mantoux skin test is a test infection not necessarily active disease. People infected with the bacillus but who

[131] NAA: A1928/1 1105/40 Section 1, National Health and Medical Research Council, 'Tuberculosis Resolutions Repatriation Department action, Notes on interview with Mr. Rowe, Deputy Chairman, Repatriation Commission, 3 March 1937, p. 1; W.M. Hughes, For Cabinet, Agenda No. 2033, 'Repatriation Commission, Extension of Powers of the Repatriation Commission to Include Periodical Examination and Treatment of Close Contacts of Tuberculous Soldiers', Approved J.A. Lyons, 9 March 1937; National Health and Medical Research Council, 'Tuberculosis, Extension of the Powers of the Repatriation Commission to Include Periodical Examination and Treatment of Close Contacts of Tuberculous Soldiers', p. 3.

[132] NAA: Series A1928/1, Item 1105/40 Section 1.Correspondence, Norman R. Mighell, Chairman, Repatriation Commission to J.H.L. Cumpston, Director-General of Health, 14 April, 1938.

do not have active disease or those with healed tubercular lesions will show a positive result but not have active disease.[134] Contacts with positive results were x-rayed. Only 13 wives or widows were examined and all had a positive reaction to a Mantoux test, ten showing evidence of past infection on x-ray and one showing quiescent disease. Of the 47 children examined 68% reacted positively to a Mantoux test, while 62% showed evidence of healed lesions on x-ray. T.H. Goddard, Medical Officer of the Hobart Chest Clinic, stressed the danger of these children developing active disease in adulthood.[135]

In New South Wales only half the number designated for testing presented for examination. Of those who did present comparatively good results were recorded with 15.6% of children and 13% of women showing x-ray evidence of lesions. Of these one third or 4% of the total of women suffered active disease and among children 3.7% had active or 'probably' active disease. But because the response to the survey was poor, New South Wales medical officers concluded it likely that some of the unexamined families might already be infected and attending tuberculosis clinics.[136] The Victorian report combined results from a survey by its Tuberculosis Bureau with its Repatriation survey. This report noted that of children between 10 and 18 years of age surveyed by its Bureau 10% had active disease, while only 4% showed active disease in the Repatriation survey.[137] The South Australian investigation found the incidence among contacts of ex-soldiers to be

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[133] NAA: A1928/1, 1105/40 Section 1 'Survey of Contacts of Ex Service Men Suffering from Pulmonary Tuberculosis', 18 February 1938, p. 1.
[134] George M. Lordi and Lee B. Reichman 'Tuberculin Skin Testing' in David Scholossberg (ed.) Tuberculosis, 3rd Edition, Springer-Verlag, New York, 1994, p. 63.
[135] NAA: A1928/1, 1105/40 Section 1, T.H. Goddard, 'Investigation regarding Tuberculosis in Wives and Children of Ex-Soldiers', 14 April, 1938, pp. 6-7.
[136] NAA: A1928/1, 1105/40 Section 1, Dr. Bull, 'Final Report on Tuberculosis Clinic', 25 May 1938, pp. 4-5.
[137] NAA:A1928/1 1105/40 Section 1, A.H. Melville, 'Repatriation Tuberculosis Survey, Victoria', 9 June 1938.

less than the general population.[138] T. Allen, the author of the South Australian reported noted,

> This State survey has indicated that the incidence of tuberculosis among the contacts of ex-soldiers is much lower than among the remaining people, and our survey has tended to substantiate this, percentage of suspects being about 5% of those examined, and active cases of tuberculosis nil.[139]

Public health and tuberculosis physicians would use this survey evidence to enhance their arguments for economic support for sufferers as an important preventive action.

WORLD WAR II

In 1940 the *Repatriation Act* was again amended, this time to extend coverage to all new service personnel then enlisting for World War II. The Bill made one exception; the service pension was not to apply to World War II veterans. The main reason for this exclusion was to prevent men over 60 years of age who enlisted for home guard war work and then claiming the service pension.[140] As a result tuberculosis sufferers were also precluded from the service pension.

Shortly before the beginning of World War II the new technique of miniature x-ray was developed. First used in Brazil in 1936,[141] miniature film radiography made mass x-ray surveys feasible. Under this method small films were used to photograph the fluorescent screen image,[142] which was a cheaper method of obtaining the x-ray image than existing x-ray machines. Some countries such as

[138] A1928, 690/13 Section 1, T. Allen, 'Health Survey of Dependants of Tubercular Ex-Soldiers', 1 August, 1938.
[139] NAA: A1928, 690/13 SECTION 1, 1937-1938, T. Allen, Repatriation Tuberculosis Survey, South Australia. 1 August 1938, p. 3; Letter, M.J. Holmes to Dr Douglas Galbraith, Children's Hospital, Carlton Victoria, 30 August, 1938.
[140] Lloyd and Rees, *The Last Shilling*, 1994, pp. 267, 272, 273.
[141] NAA: AWM 54 [1035/6/2], Eric L. Cooper, 'Pulmonary Tuberculosis in Recruits, Experience in the survey by microradiographic method', u.d. circa 1940.

Germany and France had employed the new technology but its accuracy was questioned. A few Australian radiologists and tuberculosis specialists voiced their objections to the miniature x-ray to Ministers and parliamentarians, but supporters of the technology were persuasive.[143] A number of Australian doctors, including Harry Wunderly, the South Australian who would later head the Federal Tuberculosis Division, experimented with this method in 1938 and 1939.

The new technique was much faster than ordinary x-rays and made mass x-ray feasible. In 1938 the Australian Military College, Duntroon reported finding active pulmonary tuberculosis among its recruits leading the Army medical directorate to consider mass x-ray of all recruits.[144] On 7 December 1939 the decision was made to x-ray the 6th division of the Second A.I.F. and by 1 March 1940 more than 22,000 men had been x-rayed. An important consideration in this decision was the cost of medical treatment of tubercular soldiers of the First AIF quoted at £500,000 during 1939. The numbers receiving pension for tuberculosis had not diminished over the years. In 1924 the number of pensioners stood at 2,185, peaked in 1930 at 2,924 and in 1939 remained steady at 2,385.[145] Cognisant of this cost the Government saw an opportunity to limit the impact of tuberculosis on the Second AIF. Exclusion of even a portion of infective cases was seen as a future saving in

[142] *Butterworths Medical Dictionary*, second edition, Butterworths, London, 1978, p. 1432. NAA: AWM 54 [1035/6/2], Eric L. Cooper, 'Pulmonary Tuberculosis in Recruits, Experience in the survey by microradiographic method, u.d. circa 1940.
[143] NAA: AWM54 [1035/62] 'Miniature Radiography, General Downes' Account', p. 1.
[144] ibid.
[145] Bruce White, 'Mass Radiography of the Thorax, with Special Reference to its Application to recruits for the Army', *MJA*, 7 July 1941, p. 25.

repatriation costs. [146] A recruit who was unfit because of tuberculosis was referred to their local State health authority.[147]

During the early years of the war the Repatriation Department still attracted public criticism of its decisions[148] and the Government responded in 1942 by establishing a committee of both houses of parliament to examine repatriation legislation. The Committee considered the question of tuberculosis and the problems of determining whether or not the condition was caused by war service. It conceded, as in the past, that tuberculosis required special measures. But despite years of lobbying from tubercular soldiers' organizations for automatic attribution to war service, the Committee's recommendations fell short of this demand, instead proposing to shift the onus of proof from the soldier to the Repatriation Commission and to allow secondary re-examinations and hearings. Returned soldiers were to be examined by medical boards of tuberculosis specialists while previously unsuccessful applicants would be able to re-apply and then receive up to six months' pension in arrears if successful.[149]

This action did not meet the demand for automatic attribution and in January 1942 the Australian Labor Party Conference passed a resolution that all returning service personnel from World War I who suffered from tuberculosis should automatically

[146] Eric L. Cooper, 'Pulmonary Tuberculosis in Recruits. Experiences in the survey by the micrographic method', pp. 2,3,5,

[147] NAA: AWM 54 [0135/6/2], Eric L. Cooper, 'Pulmonary Tuberculosis in Recruits. Experiences in the survey by the micrographic method', pp. 2,3,5.

[148] Lloyd and Rees, *The Last Shilling*, 1994, pp. 262-272. Skerman, *Repatriation in Australia*, 1961, p. 113. Skerman argued that the select committee came about following questions raised in Parliament regarding only one ex-serviceman, that public criticism was misguided because the public were unaware of the how the entire system operated and having knowledge only of the cases brought to public attention. He also disputed any claims that the Repatriation Commission welcomed the review of the Act. Lloyd and Rees, however, describe a more realistic picture of a number of anomalies and range of grievances that put the system under scrutiny.

receive a war pension.[150] The Labor Government, however, did not include this principle in its Repatriation Bill brought before Parliament in March 1943.[151] The TB Soldiers Association continued to lobby for automatic attribution and finally succeeded when Josiah Francis moved an amendment to the Repatriation Bill to allow all tubercular returned solders to receive a pension automatically.[152] Francis, a former army officer who served on the Western Front during World War I, was deeply involved with returned service politics having held office in Queensland in the Returned Sailors' and Soldiers' Imperial League. He had held the position of Assistant Minister for Defence and Minister in charge of war-service homes in the Lyons Cabinet during the early 1930s. He had been a member of the joint committee examining repatriation legislation.[153] His amendment proposed an automatic war pension for tubercular soldiers and their dependants.[154] No-one disagreed with the motion. David Watkins, the Labor Member for Newcastle and Deputy Chair of the Joint Committee into the Repatriation Act considered that tubercular soldiers warranted more generous treatment and the Minister for Repatriation, Charles Frost, agreed to the amendment.

Again politicians offered the much repeated argument that war weakened the soldier's constitution making them susceptible to tuberculosis and doctors therefore could not be certain the disease was not related to war service. More persuasive

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[149] Australia, Parliament 1940-41-42-43, *First and Second Reports, Committee of Senators and Members of the House of Representatives appointed to inquire into and report on the Australian Soldiers' Repatriation Act,* 28 January, 1943, Parl Paper 22, Vol. 11, Canberra, pp. 5-7.

[150] Australia, House of Representatives, *Debates,* 17 March, 1943, Vol. 174, p. 1894, (Arthur Calwell, Member for Melbourne, joined the Ministry 21 September, 1943 [ALP]).

[151] Australia, House of Representatives, *Debates,* 17 February, 1943, Vol. 174, p. 802-820, (Charles Frost, Minister for Repatriation [ALP]).

[152] Australia, House of Representatives, *Debates,* 18 March, 1943, pp. 1986, 2084. (Josiah Francis, Member for Moreton, [UAP]). Lloyd and Rees, *The Last Shilling*, 1994, p. 276.

[153] Jacqueline Rees, 'Frances, Sir Josiah (1890 – 1964), *ADB*, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/francis-sir-josiah-10235/text18095. *Parliamentary Handbook of the Commonwealth of Australia*, 21st Edition, 1982, AGPS, Canberra, 1982, pp. 266, 309, 311.

than the familiar 'strain of war' argument was the economic one. The cost of treating tubercular soldiers in repatriation hospitals or sanatoria, to which all had been entitled since 1936, was more expensive than paying a war pension to every returned soldier with tuberculosis. Treatment costs in Repatriation sanatoria ranged from £4 3s per week in New South Wales, to a maximum of £5 11s per week in Western Australia.[155] Moreover the argument could be made that managing tuberculosis better had longer term economic advantages particularly in light of propositions to extend similar payments to civilians.

The parliamentary debate on the 1943 Repatriation Bill foreshadowed the rationale for the national campaign against tuberculosis that would be legislated for at the end of the war. A number of Members of Parliament suggested applying the same principles to civilian sufferers. Arthur Coles, an independent Member said:

> Incidentally, the Minister for Social Services (Mr. Holloway) would do well to consider the wisdom of introducing a similar provision [auto RS pension] so that every member of society suffering from tuberculosis may obtain this advantage. If that were done, we might expect, within a reasonable period, to free the community of this scourge. I suggest to the Minister, even though this matter might be outside the scope of a repatriation bill, to regard the proposal as a progressive step in national health and to set an example to other departments by adopting a more enlightened outlook on this terrible diseases. [156]

The future leader of the Labor Party, Arthur Caldwell, too looked to the future during this debate when he expressed the hope that the Joint Committee on Social Security would recommend an x-ray survey of the national population.[157]

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[154] Australia, House of Representatives, *Debates,* 18 March, 1943, p. 2084 (Francis).
[155] Australia, House of Representatives, *Debates,* 16 March, 1943, p. 1758 (Frederick Stewart, Member for Paramatta [UAP])
[156] Australia, House of Representatives, *Debates,* 16 March, 1943, pp. 1785-1786.
[157] ibid., 17 March, 1943, p. 1895.

Conclusion

In deciding how to treat tubercular soldiers policy makers negotiated the same social, economic and political complexities as did civilian public health policy makers, with the added dimension of the Anzac legend and the political influence of returned soldiers. A.G. Butler, commenting on the inclusion of tuberculosis in the service pension, wrote,

> The inclusion of pulmonary tuberculosis to the exclusion of all other specific conditions can only be justified on grounds which are social and political rather than medical.[158]

In contrast to civilian sufferers, tubercular diggers brought attention to their condition. They were an identifiable group with a political voice, unlike diffuse civilians often desperate to keep their disease a secret. Because of the pension not only were tubercular diggers less inclined to hide their condition than civilians but some may have deliberately labeled themselves tubercular to get the pension. According to Charles Marr, Minister for Repatriation in the Lyons Government, the Repatriation Department discovered cases of infected sputum being sold to non-sufferers.[159]

Some commentators expressed their disapproval of the special benefits tubercular soldiers attained. Butler and Skerman believed that these soldiers benefited more than other injured and ill returned soldier and did so unjustly. Opponents of special benefits argued that many tuberculosis sufferers received their permanent pension but lived on for many years leading normal lives and should not have continued to receive repatriation benefits. Courtney, in particular, continued to apply a moral

[158] Butler, *The Australian Army Medical Services*, 1943, p. 819.
[159] Australia, House of Representatives, *Debates*, 1 August 1934, p. 1055.

aetiology to tuberculosis and this was often reflected in early decisions to reject or discontinue pensions of tubercular.

In his history of Australian repatriation published in 1961, Alan Skerman, Registrar of the Repatriation Department wrote, 'one cannot fail to be impressed by all that has been accomplished in the interests of the tuberculous member and his dependants over the past twenty years'.[160] But this was not an endorsement of repatriation policy. Throughout his history Skerman implied that tubercular soldiers undeservedly received more liberal benefits than other categories of returned soldier. For instance, he noted that many returned soldiers diagnosed with tuberculosis not only lived for many years unhampered by the disease, but were later found to be free of tuberculous lesions. He commented, 'the setting of an arbitrary minimum rate of pension has meant that they have received compensation out of all proportion to the degree of incapacity suffered over a period of many years.'[161] Similarly, he observed that dependants of tubercular soldiers were 'very favourably treated' under a legislative provision in 1935 which provided for continuance of dependants' pension following death of the pensioner from any cause.[162]

Tubercular soldiers also had their champions. Neville Howse, MD and VC, who succeeded Millen as Repatriation Minister was more sympathetic than Millen and it was during his time as Repatriation Minister that the permanent pension came into effect. Millen and departmental advisers had been opposed to it. Former war-time Prime Minister Billy Hughes had some sympathy for tuberculosis sufferers. He

[160] Skerman, *Repatriation in Australia,* 1961, p. 82.
[161] ibid., p. 43.
[162] ibid., p. 81.

specifically mentioned them in an election campaign immediately after World War I and was Health and Repatriation Minister in 1936 when they received the benefit of the service pension.

Public health and returned soldier politics converged within a context of social perceptions and medical understanding of tuberculosis to produce the repatriation policy. The Government created a repatriation policy that doctors sought to emulate in the wider population. Politicians too considered applying repatriation policy to the wider population. During parliamentary debates in 1943 on attributing all tuberculosis to war service a number of Members of Parliament raised the idea of extending the superior pension benefits to civilian sufferers of the disease.

ILLUSTRATION 7

Recuperating Returned Soldier resting at Bedford Park Sanatorium, South Australia, after 1914-18 European War circa 1919
Source: State Library of South Australia, B49003