

On motions by the Chief Secretary, the foregoing amendments were not insisted on.

No. 8. Clause 20, Subclause (2)—Delete the words "any directions" in lines 8 and 9, and substitute the words "the approval."

The CHAIRMAN: The Assembly's reason for disagreeing is—

Clause 20, Subclause (2) applies only to applications for a license to produce barley. It is considered that the Minister should have power to direct the board on this matter to prevent a possible injustice to an applicant.

The CHIEF SECRETARY: I move—

That the amendment be not insisted on.

Hon. A. L. LOTON: We should insist on these words being inserted in the Bill. If we give way on this we can imagine where we will finish up directly with the Wheat Stabilisation Bill.

Hon. C. B. Williams: There is a big difference between barley and wheat.

The CHAIRMAN: Order! No reference must be made to contemplated legislation.

Hon. A. L. LOTON: My objection is to the deletion of the word "directions" and the substitution of the word "approval."

The CHIEF SECRETARY: The Legislative Assembly has given its reason and I thought it would have met with the approval of Mr. Loton. I must continue to ask that we do not insist on the amendment.

Question put and passed; the Council's amendment not insisted on.

No. 9. Clause 20—Add to Subclause (6) a proviso, as follows:—"Provided that this subsection shall not apply to the sale of barley for stock feed or seed purposes as between one farmer and another within a radius of fifteen miles."

The CHAIRMAN: The Assembly's reason for disagreeing is—

The amendment as drawn virtually cancels out the licensing provisions of the Bill.

The CHIEF SECRETARY: I move—

That the amendment be not insisted on.

Question put and passed; the Council's amendment not insisted on.

Resolutions reported, the report adopted and a message accordingly returned to the Assembly.

## ADJOURNMENT—SPECIAL.

**THE CHIEF SECRETARY** (Hon. W. H. Kitson—West): I move—

That the House at its rising adjourn till 2.30 p.m. on Tuesday, the 19th November, 1946.

Question put and passed.

*House adjourned at 6.7 p.m.*

## Legislative Assembly.

*Wednesday, 13th November, 1946.*

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The SPEAKER took the Chair at 2 p.m., and read prayers.

## QUESTIONS.

*Electricity Supplies—as to Provision for Alternative Fuel.*

Mr. SEWARD asked the Minister for Works: Referring to the answer given to a question asked by the Leader of the Opposition on the 27th September, 1945, to the effect that provision was to be made for the installation of power alternative to coal at the South Fremantle Power Station—

1, Has such alternative power plant been obtained or ordered yet?

2, If not, why not?

3, Is he aware that owing to this second stoppage of power and light the owners of

many business establishments are contemplating putting in emergency power units?

4, That such action is also being considered by the owners of many private homes?

5, In view of the great economic waste that such action would entail, and the probable loss that would accrue to Government-owned power plants will the Government establish an alternative power plant at the East Perth Power House?

6, If so, can he give an assurance that such will be done at an early date so as to avoid the purchasing of these private power units, as well as minimising as far as is possible any recurrence of the present power and lighting hold-up?

7, If not, why not?

The MINISTER replied:

1, An alternative oil burning installation is incorporated in the boilers to be provided by the contractors.

2, Because of the answer to No. 1.

3, Yes.

4, No.

5 and 6, No. This could not be established any earlier than the South Fremantle Power Station.

7, Because of the answer to Questions 5 and 6.

### COAL.

*As to Road Transport, Collie to Perth.*

Mr. WATTS (without notice) asked the Minister for Transport: Does he agree that coal can be transported from open cuts at Collie by road transport, and in view of the need for coal, to maintain some supplies of electric light and power and minimise the hardships otherwise to be suffered by all sections of the community and as a matter of the greatest urgency, will he forthwith take steps to organise the supply and transport of such open cut coal to Perth by road and if not, why not?

The MINISTER replied:

The practicability of hauling a sufficient quantity of coal by road has been considered and without doubt it is a possibility provided, of course, there is coal available. I would point out that this matter is now receiving the consideration of the Government.

### MINISTERIAL STATEMENT.

*As to Government Business—Sittings of House.*

**THE PREMIER** (Hon. F. J. S. Wise—Gascoyne): With your permission, Mr. Speaker, I will make a statement. In connection with the printing and other difficulties associated with the handling of the business of the House during this period, I would inform members that several Bills are being delayed because they cannot be printed, Bills which we had hoped to introduce into the House this week and which, because of their nature, will delay the proceedings of Parliament. Because of that it may be necessary even as from next week, if we are to finish the business of this Parliament before Christmas, to institute Friday sittings. If Bills, such as the Mines Regulation Bill and the Coal Mines Regulation Bill, cannot be printed within a matter of days, that will render our sittings even more difficult.

I ask members to assist the Government in regard to questions by submitting to Ministers each day the questions to be asked the next day, rather than placing them on the notice paper. This will also assist in the setting up, all of which is being done by hand. These questions will be dealt with as if they were questions without notice. Regarding all matters associated with the requirements of power, the Government will endeavour expeditiously to handle the affairs of Parliament that can be carried on in the meantime.

### MOTION—RAILWAYS.

*As to Inquiry into Efficiency and Administration.*

Debate resumed from the 30th October on the following motion by Mr. Seward:—

That this House expresses its grave dissatisfaction with the Government Railways affairs in this State for the following reasons:—

- (1) The increasing inability of the railway system to handle freight offering.
- (2) The increasing discontent among the staff.
- (3) The dilatoriness in making improvements.
- (4) The doubt as to efficiency of the administration.

And calls upon the Government to institute a searching public inquiry at which employees

can give evidence without prejudice to their positions, and other sections of the community be freely heard with a view to early restoration of a reasonable level of service and efficiency of management.

**THE PREMIER** (Hon. F. J. S. Wise—Gascoyne) [2.8]: I took the opportunity of discussing with the mover of this motion, the member for Pingelly, and with the Leader of the Opposition, the wisdom of continuing this debate at the present stage. There are many reasons, which need not be elaborated on, why anything which would bring out any feeling of dissatisfaction at present should be avoided. We should not have anything said here that could cause a retarding of a settlement of the dispute that we are now experiencing. If the member for Pingelly would agree, I would like the debate on this motion to be deferred, and I will assure him that at the first opportunity, even before private members' business, I will see that this item is put on the notice paper, to be debated at the most appropriate time.

On motion by Mr. Watts, debate adjourned.

## **BILL—TIMBER INDUSTRY (HOUSING OF EMPLOYEES).**

*In Committee.*

Resumed from the previous day. Mr. Rodoreda in the Chair; the Minister for Forests in charge of the Bill.

The **CHAIRMAN**: Progress was reported after Clause 2 had been agreed to.

*Clause 3—Housing inspector:*

Mr. McDONALD: I believe there are a number of amendments to this Bill. The member for Mt. Marshall has been good enough to hand me a copy of about 10 or 12, and I understand that the member for North Perth also has some. I suggest to the Minister that this is a matter of some difficulty for the Committee to deal with, in view of the many amendments that are to be submitted for consideration. I move—

That progress be reported and leave asked to sit again at a later stage of the sitting.

Motion put and passed.

Progress reported.

## **ANNUAL ESTIMATES, 1946-47.**

*In Committee of Supply.*

Resumed from the 30th October; Mr. Rodoreda in the Chair.

*Vote—Medical, £51,649 (partly considered):*

**HON. N. KEENAN** (Nedlands) [2.12]: I do not intend to discuss items appropriate to the medical section of the Vote, but I wish to make some observations regarding the portion dealing with homes.

The **CHAIRMAN**: The hon. member may discuss any item dealt with by the Minister's department.

Hon. N. KEENAN: I wish to refer to the Old Men's Home, which is now known as "Sunset." That is an institution of very long standing in the community and has played a very large part in the old age life of this State. The actual number of inmates at the present time is between 450 and 470. Although I am not definitely informed on the point, I understand that, with the exception of about 70, all are pensioners. I gathered that information from a source that I do not regard as sufficiently accurate to be entirely depended upon, but I understand that about 70 inmates of the institution are not pensioners and are therefore there as guests of the State inasmuch as they have no pensions to fall back upon, with the exception of a few who, fortunately, are able to pay for their upkeep, with the result that the State has to pay for the others. While the actual figures are unknown to individuals, the information is possibly at the disposal of the department. I know there are some inmates who have come from the Royal Perth Hospital suffering from chronic illnesses, and apparently they are not pensioners.

There are two boys who are wholly improper inmates, seeing that they are far too young. One is 17 or 18 years of age, and the other is much younger, possibly about 12 years of age. Those lads are in the hospital and have been sent there apparently because no other institution will take charge of them. Each is permanently incapable of doing any work or even of attending school. A very large income must be enjoyed by the institution, seeing that it receives 22s. 6d. weekly—that is the amount that I am told

they pay—and, if members multiply 450 by 22s. 6d., they will realise the income received at "Sunset" each week. For that money it should be possible to provide conditions at least more than passable. On the contrary, ever since I have been the member for the district there has been a long series of complaints from inmates regarding their treatment. The principal complaint centres around the food supply. It is said that the food is not palatable, is badly cooked, is badly served, and in many ways most disappointing. I have attended more than one deputation to the Minister, having been accompanied on one occasion by the member for South Fremantle, to complain about the quality of the food. I have heard that a new additional cook has been appointed, yet the position appears to be the same as it was.

The Minister for Health: The food position has improved.

Hon. N. KEENAN: I have no doubt that is the information conveyed to the Minister, but on the contrary I have heard that although the actual food itself is not open to exception from the standpoint of quality, the cooking of it still remains open to very strong objection. In fact, the statement was made that the beef was so tough that no-one, apart from those who still retain their natural teeth, could possibly eat it.

The Minister for Lands: That applies to the steak one gets at any restaurant these days!

Hon. N. KEENAN: The menu which was brought under the Minister's notice the last time we waited upon him as a deputation, was of a most disappointing character. What the old men get for breakfast is little better and the same applies to the evening meal. If the institution were entirely a charge upon the State and had to be paid for by the taxpayer, there might be something said in favour of keeping expenses down but, with the huge income that is available, there is no reason, nor is there any excuse in the world, for the very best of food and treatment not being forthcoming. There is one part of the institution that does meet with general approval, and that is the hospital. There is, however, one matter in respect of which the pruning-knife has been used with, I am afraid, far too great severity. For instance, the medical

officer who attends the hospital each day to look after at least 80 patients receives a salary of £132 per annum.

The Minister for Health: He has not protested.

Hon. N. KEENAN: Why? Let the Minister ask himself why.

The Minister for Health: I am asking the hon. member.

Hon. N. KEENAN: He does not protest because he does exactly £132 worth of work.

The Premier: That is not so.

Hon. N. KEENAN: That is the position.

The Minister for Health: He is too conscientious for that.

The Premier: What about the honorary medical men?

Hon. N. KEENAN: If what the Minister says is correct, then he is sponging on that medical officer. The Minister ought to be ashamed to do it.

Mr. Needham: That is not parliamentary language.

Hon. N. KEENAN: If the hon. member will hunt the pages of "May," I think he will find that the word "sponging" is allowed. Whether parliamentary or not, it is correct, which is the more important matter. The Minister in effect says that, because he can get a doctor for a hospital of that large size for what is little more than £2 a week, he is quite satisfied to do so. This is the one attractive feature it bears in relation to other institutions such as the Salvation Army and the Sisters of the Poor because they have no hospitals and, if their inmates fall ill, an ambulance or taxi or other conveyance has to be obtained for their removal to a hospital.

Here, however, the inmates have an excellent building, properly staffed and efficiently run. I visit that hospital very often and I can say that it is kept in good order, very clean and very hygienic. But there is an absence of the most important item—a doctor. The doctor does carry out his duties, but in a very limited way. I have never once seen him there—I do not imply that he does not go there—but he attends at certain intervals that do not coincide with my visits. I consider he would be giving full value for his fee if he walked down the wards and took a glance first to one side

and then to the other as he went along and, if anything was not of an imperative nature, passed on. He is paid only a nominal fee. Therefore I ask the Minister, in view of the large income that the institution enjoys, whether it could not afford to pay the medical officer a fee which would make him available in the hospital at most of the hours of the day.

This is a very old subject with many members whose duty it is to visit this institution. I do not suppose the Minister ever received a more flattering testimonial than the one from the member for South Fremantle who visits there constantly, or from myself, and I go there just as frequently. No-one could come to any conclusion other than that it might be made an excellent institution, most attractive for the old men of the State to resort to, instead of which the inmates say they go there only to die, simply because they expect that their death will soon occur and it is a convenient place to die in. That is a terrible outlook, but it is produced by the unfortunate habit of cheeseparing and trying to make the institution pay its way. "Sunset" could be made a place of great attraction. It is a wonderful site on the banks of the river—an exceptionally good position from the point of view of health. It receives the benefit of all the sea breezes at the earliest possible moment, before they reach Perth, and the general layout of the whole institution is excellent. But there is one thing lacking—the spirit or desire to help the men who are there to live a happier life than they are living today. I strongly stress the necessity for giving proper consideration to what I regard as their legitimate complaint.

There is only one other matter to which I wish to draw attention and that is the hiatus as to the provision for mental patients, which is reflected in the presence of a certain number of persons who are not of sound mind. They are not actually lunatic or they would be certified as such, but they are certainly of unsound mind. Yet they are not in an institution that attempts to deal with people of unsound mind. They are living with people who have retired from industry through the process of age, but these cases are of all ages. One is a very young man—about 30, I think. Is it not possible to have some ward provided in the Claremont institution for cases of that character? They

are not so defective in mind as to be certifiable as insane, and yet they are not fit to mix with ordinary men under ordinary conditions, and certainly are not capable of looking after themselves. Their presence at "Sunset" is not objected to by the other inmates, who are too good-natured to protest, but they are undoubtedly cognisant of the fact that the place is made use of as a dustbin to pass in all that cannot be placed elsewhere, whether it be from a public hospital or from any part of the State.

Those are all the matters I desire at the moment to call the Minister's attention to, but I should like him to take a greater interest personally in "Sunset," so that the resources he has at his command, which are supplemented to such a degree by the contributions of the inmates, will be used to give them some greater measure of comfort and some greater pleasure in their declining days.

**MR. W. HEGNEY** (Pilbara) [2.28]: I should like to compliment the Minister for Health upon the very lucid manner in which he introduced the Estimates of his department. I think members will agree that he covered a very comprehensive field and did so clearly and well. I appreciate the information he gave to the Committee. I desire to address myself exclusively to matters affecting the Pilbara district and would like the Minister, when replying, to give the people an assurance that, at the earliest possible moment, a medical officer will be appointed for Port Hedland. I am very pleased that the Government has again seen fit to subsidise the Flying Doctor service.

It may be of interest to mention that the first flying doctor stationed at Port Hedland was Dr. Vickers, who came from Cloncurry, Queensland but, owing to his state of health, he had to return to the inland portion of Queensland. Just before the outbreak of war, the State was very fortunate in obtaining the services of a young doctor—another Queensland— in the person of Dr. Dick. For some years he was stationed at Marble Bar and then was transferred to Port Hedland. This doctor is also a qualified pilot and flew his own plane. When the war came, the doctor stationed at Roebourne enlisted for military service and the doctor from Port Hedland was transferred to Marble Bar, and Dr. Dick attended to all the surrounding

stations. He attended to the requirements of Port Hedland, Marble Bar, the asbestos deposits in the Hamersley Ranges, and Roebourne. In due course he left the service and is now in private practice in the metropolis.

For some time we were without a doctor in the Marble Bar district but eventually the Government was able to obtain the services of another young medical practitioner, Dr. Campbell-Pope. He is stationed at Marble Bar and has to attend to the requirements of the whole of the Nullagine district, Port Hedland, Roebourne and the asbestos deposits in the Hamersley Ranges. Incidentally, he has also to go as far south as Onslow. I believe the Government appreciates the fact that the people of the Pilbara district and the surrounding country expect, quite rightly, the services of another appointee at the earliest practicable moment. We would like that appointee to be stationed in Port Hedland where there is a fairly up-to-date hospital and quarters that could be made entirely suitable for him. I believe that before long, when circumstances permit, the system which now obtains in the Kimberley district should be adopted in the Pilbara area. In the Kimberley district a medical officer from Broome flies periodically with the subsidiary aerial service around certain stations. I know the Minister is anxious to do something in the direction I have indicated, and I hope that he and his department will not desist in their efforts to obtain the services of a suitable medical practitioner for Port Hedland.

In conjunction with the medical services I have mentioned, I would like consideration to be given to the question of establishing a small hospital or a nursing cottage at Nullagine. That town is some 85 to 90 miles south of Marble Bar and is the centre of a prospecting field. About 70 men are engaged on the Blue Spec mine there, and when anybody meets with an injury or desires medical attention or the attention that qualified nurses can give, he is obliged to fly from Nullagine to Marble Bar or to travel over 90 miles for the purpose, sometimes on a rough road. Although I understand and appreciate the difficulties confronting the Government in connection with the supply of nurses and of building material for various essential purposes, I make no apology for pleading the cause of the people of that district, and

would like to ask the Minister for Health, who is in charge of the department concerned, to give attention to the request made. The Minister knows the country of which I speak, because I understand he was there many years ago. He will consequently be aware that what I seek is nothing of an extravagant nature but that the request is only too reasonable.

As a result of representations made over a period by the member for Roebourne and myself, the Government appointed travelling dental surgeons to visit all centres in the North-West some two years ago. Two very fine dental surgeons—Messrs. Cole and McKenna—drew up an itinerary and visited practically every centre from Carnarvon to Wyndham. They treated all the school children in the various districts on the coast, and included Marble Bar and Hall's Creek in their itinerary. They also attended to the dental requirements of a number of adults, and everyone was loud in praise of the services they performed. But unfortunately, since that time, no further business of that kind has been effected, and I am of the opinion that the time has arrived when further service should be rendered, although perhaps the present period may be unseasonable. However, I advance the request in the hope that the Government will make the necessary arrangements for another visit by competent dental surgeons to centres in the North-West, beginning about the first or second week in April and working north as far as Wyndham. If that matter is given favourable attention, it will be of incalculable benefit to the people of the North. The alternative—and unfortunately it has had to be adopted at times—is that people whose children require dental treatment, or adults needing dental attention, are obliged to pay at least £30 in plane fare to and from the metropolis. It is not fair to expect them to go to that expense.

I desire to impress on the Minister the absolute necessity for providing the services to which I have referred, because that is one way in which people, and especially married folk, will be induced to remain in the North. If they are assured that requisite school facilities and necessary medical attention are available to them and their children, that will be an incentive to them to remain in the North; but if they

have a feeling of isolation and know there is a lack of necessary medical and dental services, that will be an inducement to them to leave the country. Dr. Campbell-Pope is rendering wonderful service in the face of almost insurmountable difficulties, but the job is too big for one person. A man would have to be superhuman to perform the task satisfactorily. For that reason I trust that the Minister will comply with my request at the earliest possible moment.

**MR. FOX** (South Fremantle) [2.37]: In company with the member for Nedlands, I waited on the Minister for Health in regard to conditions at the Old Men's Home. That deputation was the result of representations made by visitors from the Waterside Workers' Union who call at the institution regularly and take comforts for their own members that are not provided by the institution. They told me that some of the returned soldiers who are in the home are treated very liberally by an organisation outside and quite a lot of food is taken there for them. I believe that an organisation such as that would be doing equally good service if it extended its help and took comforts to the rest of the men resident in the home, because those men also have done a very good job for Western Australia. Many of them spent their early years on the goldfields and did quite a lot to open up the country. If the Goldfields had not been discovered and opened up, we would not have had much of a farming community in this State, because it was as a direct result of activity on the Goldfields that the farming areas were later developed.

Those men who visited the institution complained of the type of food provided and asked me to have a look at it. I found it to be very poor fare indeed. I spoke to the then Minister for Health, who is now the Minister for Lands, and a distinct improvement was effected at once. I have been informed that the department will take special care in the future to see that those men are treated liberally in the matter of food. I think they are entitled to that. Most of them are up in years, and although the institution does not lend itself to making them entirely comfortable, something should be done in that direction. I believe an effort is to be made by the Lotteries Commission to

establish camps at Canning Bridge for such people.

The best way to house men who have gone into "Sunset" to live for the rest of their lives is to provide small buildings that would accommodate three or four, instead of having the inmates housed in dormitories as at present. If buildings capable of accommodating three or four men were erected, those men could live together agreeably and play cards and perhaps would be able to do a little for themselves. I am quite satisfied to leave the matter of providing better meals in the hands of the Minister, and those who have given me the assurance that men who are resident in the home will have far better treatment in the future than they have had in the past. I intend to have a look at the home occasionally, and I shall be surprised if the Minister does not keep the promises made.

The member for Pilbara mentioned the shortage of doctors. That has been a common complaint over the last 25 or 30 years. It has always been difficult to secure doctors for outback districts. During the last war it was very hard to obtain the services of a doctor in many parts of the Goldfields, no matter what inducement was offered, and in spite of the fact that a fairly good salary and a private practice were available. I think it would be a good idea if the Government offered three or four scholarships every year to promising students whose parents were unable to give them the education to enable them to become doctors. If such young men were trained, the Government would be able to send them to places where there was a shortage of medical practitioners.

There must be many bright young fellows who are lost to the various professions in every part of Australia because their parents have not the necessary money to give them the education which would enable them to qualify. So I throw out the suggestion to the Minister that three or four scholarships should be provided every year for medical students and in return they should be asked to give their services to the State for three or four years after qualifying. That would be a fair return for what the State had given them. I know that it was a common thing for students just out of the University to take positions in various places outback and on the northern goldfields. That was the first place they would go to; and I feel that

if the Government gave consideration to the suggestion I have made it would be filling a long felt want.

Another matter that requires the attention of the Government is the condition of the teeth of schoolchildren throughout the State. I have visited quite a number of schools recently and I found that most of the children of very tender age had very bad teeth. I do not know the cause. I do not know whether the pasteurising of milk kills the vitamins in the milk that are necessary for the building of good teeth, but that is a matter that would be well worth looking into. One schoolteacher told me that if a child were found to have perfect teeth, inquiries were made from the parents as to how it was being fed in order that the information might be passed on to other parents. I discovered that it is a common thing for children of three and four years of age to lose their teeth. That should not be, and I ask the Minister to request his officers to give attention to this matter with a view to preventing dental decay. He mentioned the steps taken to combat tuberculosis—to have people x-rayed. When I was at Williamstown in Victoria lately an x-ray machine was provided there and anyone could be x-rayed free of cost.

Many people are afraid to be x-rayed, fearing that it will show that they have signs of tuberculosis. I believe it would be a good thing for everyone in this State to be x-rayed periodically, and that it would go a long way towards combating the scourge of tuberculosis. Not long ago I noticed an article in the Press relating to the discovery in America of a new drug, calculated to cure tuberculosis. It appeared in the Sunday Empire News of the 3rd February, 1946, and read as follows:—

At the London School of Hygiene and Tropical Medicine Professor Rasebrick reported—Dr. Selman Waksman, Microbiologist at the New Jersey Agricultural Research Station, of Rutgers University, set out to find a killer which would be efficient against the bacteria that cause tuberculosis, typhoid fever, dysentery and bladder infection, against all of which penicillin is powerless. After hundreds of abortive experiments he discovered a new species of mould-like organism which he named "Streptomycin." By the end of 1943 he had isolated this substance in a solid but crude form. He found that the minutest dose of this new chemical killed germs of typhoid, dysentery and tuberculosis, both human and bovine. One part of streptomycin in a million parts of

water was a lethal dose. Thousands of other chemical substances will do the same, but will kill the patient too. After exhaustive tests Dr. Waksman was able to answer, "Toxicity gratifyingly low." Impressive results were obtained in experiments on guinea pigs after infection with tubercular germs. There was no evidence of the disease developing after inoculation with the new drug. This is the most promising of anti-bacterial agents, other than penicillin, yet discovered.

A friend of mine, who is stricken with tuberculosis, wrote to the doctor responsible for those experiments, in the hope of getting some of the drug sent to Western Australia. The reply received from Dr. Waksman reads as follows:—

Replying to your letter of recent date, we regret to say that streptomycin is still produced in limited amounts, and considerable time will elapse before large amounts of it are available for public distribution. Such distribution is now very limited and is largely restricted to research institutions. These restrictions are aimed to conserve the supply of this material and to prevent the unwise use of this vital drug, the applications of which have not as yet been clearly defined. Many patients who wish to receive streptomycin, therefore, may not be able to obtain it either now or for months to come. Any requests for this material will have to come by way of your physician to Dr. Chester S. Keefer, Chairman, Committee on Chemotherapeutics, and other agents, National Research Council, 65 East Newton-street, Boston 18, Massachusetts.

I suggest to the Minister that he make inquiries, through his department, as to the progress being made with this new drug with the object, if it is successful, of getting supplies of it for patients in Western Australia.

**MRS. CARDELL-OLIVER** (Subiaco) [2.50]: The Minister reported that there were still 80 children in the mental hospital, and I feel there should be some other place provided for them. During the last few months I have had before me one or two cases of subnormal children who could not be attended to except at Claremont. In my opinion that is not the place for them. In one case a child had been signed up by one of our noted doctors, but another doctor refused to sign for the child to go to Claremont. The child was then taken to two or three other doctors, but none of them would sign up the child as a mental case. The result was that the child went to Claremont, and is there now. The child is improving. In the meantime I wrote to the Child Wel-



fare Department in Melbourne and asked whether this child could be taken to one of the Victorian institutions, in which subnormal children are dealt with. The Director of the Child Welfare Department wrote back saying that he was sorry he could not accommodate the child, although it would be paid for by its parents, because they already had over 300 children in their subnormal children's home which, owing to staff shortage, was the total number they could accommodate. He said they have over 2,000 children in Victoria waiting to enter the subnormal children's institution.

We have a great number of subnormal children in Western Australia. Some of them have been dealt with in our ordinary schools by the Education Department but others, who cannot be dealt with in that way, are signed up as mental children and are sent to Claremont. I think it about time—I feel sure the Minister will agree—that we had an outside establishment, away from the metropolitan area, where such children could be treated under special teachers, as is done in Victoria. They would then not be signed up as mental children. The child I mentioned is progressing favourably and will probably soon leave the institution. Fortunately she has not been signed up as a mental case—which would have militated against her in after life—but is simply being treated at Claremont. If the Government would provide an institution for such children, outside the metropolitan area, it could deal with many who today are subnormal but not really mental cases. In my opinion the children are subnormal, in many cases, because of the environment in which their parents lived before the youngsters were born. Often the conditions are such as to prejudice a mother having normal children.

Now, as to maternity cases, the Minister told us that the King Edward Memorial Hospital, together with other hospitals, is filled to overflowing. It is a disgrace to see how many women are being accommodated in the corridors, and I suggest that we could get over that difficulty by taking away—I am not sure whether this is the correct term—the price-fixing fees in private hospitals. I believe many women would go to private hospitals and pay whatever was demanded of them in order to get accommodation, but private hospitals are closing down because of prices generally and the price-fixing fees in particular. If this could be done I be-

lieve the King Edward Memorial Hospital would be relieved of much of the burden now thrust upon it. I do not suggest that patients receive less service in the King Edward Memorial Hospital than in the highest priced private hospitals, because the Government can always demand that they do. Nevertheless many women can afford and would be willing to pay the private hospitals if these fixed fees were abolished. I believe that 14,000 odd children have been examined in this State in Government schools, out of a total of from 57,000 to 60,000. It seems to me a small number to be medically examined during their school period in the year.

In the last 30 or 40 years the London County Council and other county councils in England have had examined all the children entering the schools. The children are examined on entry, again during the school period, and when leaving, and any necessary treatment is given to them. During the period of treatment a nurse attends the home to find out how they are progressing. If the parents can afford to pay the doctor attending the children they must do so, but otherwise he is paid by the county council. I think we should adopt some such system here. Surely we could pay our ordinary doctors in country towns to examine the children who enter the schools in their districts. Often such children have defects that are not known, but which should be discovered and remedied when they enter school. At present neither the children nor their parents may know anything about such a defect until perhaps it is too late to do anything about it.

I would like the Minister to consider whether it is possible for him to give half-a-pint of milk per school day to those children in the junior classes in the metropolitan-suburban State schools whose parents are on the unemployed list because of the present strike. I am not asking much, because I know the Government must pay for what it gets, and the Government's resources are limited; but it has been proved that the most physically fit children are those brought up on milk. The member for Murray-Wellington mentioned pasteurised milk. Children today are getting milk in the State schools and the parents who can afford to pay are still doing so. It is not pasteurised and the children are still drinking it. I do not think they are any worse off on that

account. However, I ask the Minister to give consideration to my request.

I do not know how long this unfortunate strike will continue but if it persists for any lengthy period the children are those that will suffer most. In a few years' time we will find that the present-day children who are being deprived of so much will be those unable to pass certain examinations in the future. The cost of what I suggest would represent a mere bagatelle. It might run into a few hundred pounds if the strike is not prolonged or a few thousand pounds if it continues over a long period. In any case the Government will not be involved in any administrative costs because the work could be undertaken through the Child Welfare Department, the Free Milk Council, parents and citizens' associations or a dozen other bodies, without a pennyworth of expenditure on the part of the Administration except for the milk.

**MR. DONEY** (Williams - Narrogin) [3.2]: I ask the close attention of the Minister to the important matter of regional hospitals and the proposal to erect such institutions in certain chosen centres throughout the State. A great deal has been said officially about these institutions without, apparently, having any meaning. The Minister may know—I am sensible of the fact—that at Narrogin there is very deep disappointment, and that applies also to the surrounding district that would be served if a regional hospital were erected there. The disappointment arises from the fact that the published list of the towns chosen as the sites for the provision of regional hospitals did not contain the name of Narrogin. That is extremely hard to understand, particularly having regard to the promises or statements that in some instances amounted to promises, that Narrogin would certainly be selected as one of the centres for a central hospital. I would like the Minister to say, if he is able to do so, exactly what qualifications a rural centre must have in this respect. I do not know that Narrogin lacks any. I do not think it does; it possesses all the necessary qualifications.

There was a time when the Minister's predecessor, now the Minister for Lands, accompanied by Mr. Huelin, visited Narrogin on the occasion of the opening of the children's ward at the local hospital. At that time Mr.

Huelin made it very plain—he spoke with some authority—that Narrogin could rely upon being one of the centres to be chosen for a regional hospital. He made some extremely complimentary references to the general set-up of the present hospital, its centrality and the great distances north, south, east and west from which patients came for treatment at the institution. Mr. Huelin is a man whose words should carry considerable weight, and on that occasion we were certainly entitled to understand from what he told us that Narrogin would be one of the chosen centres. No doubt at a later date, the Minister will probably remember, I arranged a deputation to wait upon him from certain Narrogin townsmen, who ultimately came to Perth. The deputation included the editor of a chain of newspapers in the Great Southern, two doctors resident at Narrogin and the mayor of the town.

At that time the published list to which I previously referred was being examined and Narrogin was not included among the chosen places. Dr. Muecke and Dr. Henzell—Mr. Stiffold, the present Under Secretary, was there at the time—both said that the list was to be regarded as purely tentative and that the absence of Narrogin from it was of no consequence. They further intimated that it might be anticipated that at a later date the town would be added to the list. That has not happened so far. The present Minister told me in a subsequent conversation I had with him that little notice need be taken of the list, which should be regarded as experimental. He further said that Narrogin might be included in it later on. I would like the Minister to say what the position is now, whether more towns are to be added to the list and whether Narrogin is likely to be included.

Will the Minister intimate whether he would still be prepared to hear the case for the inclusion of Narrogin, and if so, whether it would receive the consideration that is obviously its due? Will he consider receiving a deputation similar to the one I have already mentioned? I would like him to tell me whether such a move would be of any use. If he thinks it would, I hope he will inform me accordingly. I have a newspaper cutting in my possession dealing with a deputation from Geraldton with regard to hospital matters affecting that town. The de-

putation included the ex-Premier, the present member for Geraldton, and it pointed out to the Minister that the local hospital was, I think the words used were, "in a terrible state," from which I drew the conclusion that an entirely new building will have to be erected there. It was stated at that time that the Bunbury hospital would need, if I remember aright, to be rebuilt almost in its entirety and that only lack of materials prevented a start being made on the constructional work. In that respect I point out to the Minister that at Narrogin by contrast the hospital is only 12 years old and since it was originally constructed has had additions made to it. Nothing in the way of repairs is therefore required to the building, although possibly some additions will be necessary.

Having regard to the shortage of materials and the fact that practically none would be required at Narrogin if a regional hospital were located there, the claims of that centre for the immediate construction of a central hospital should be very strong. He knows that it caters for a very large area. Indeed, unless one includes the North-West, the Goldfields and, possibly, Geraldton, one would not find another centre operating to which patients are drawn from such long distances on all sides. It will be seen, therefore, that there is not only a natural feeling of disappointment but irritation on the part of the residents of Narrogin when they realise that despite all the promises and half promises made to them, nothing has been done. If the Minister will spare some time to answer the questions I have submitted, I shall be obliged.

**MR. McLARTY** (Murray-Wellington) [3.10]: I hope the Government will start immediately upon the building of more hospitals in this State. We have heard a lot about building priorities but the time has arrived when we can justly claim that the provision of more hospital accommodation should have first priority. The position regarding hospital accommodation is becoming worse and that state of affairs, I am afraid, will continue. There are several reasons why this is so. The member for Nedlands referred to the aged sick and chronic cases. On account of free hospitalisation there is a greater tendency today to put chronic cases into hospital and, once they are there, it is exceedingly diffi-

cult to get them out. One cannot blame those responsible for putting such cases into hospital for they know that the patients will be looked after there. The position arises, however, that they may remain in hospital for indefinite periods with the result that urgent cases are deprived of beds. It is now very many years since anything was done in Western Australia by way of providing accommodation for old age patients and those suffering from chronic ailments. In fact, scant consideration has been given in that direction.

In the general plan of hospitalisation something has to be done to cater for those particular classes of cases. I, too, would like the Minister to give us some indication of when it is likely a start will be made in the provision of more hospital accommodation. He told us where the regional hospitals are to be located. The time has also arrived in view of the urgency of the situation when we should be told where the sub-regional hospitals are to be established. When presenting the Loan Estimates the Premier said that £442,000 was being made available for hospital work. I do not know how much of that amount has been set aside for new hospitals. I certainly hope a substantial proportion will be available for building requirements. From time to time we hear many public speakers advocating an increase in the birth rate. The present conditions are not such as to encourage an increase in that direction. It is exceedingly difficult to secure accommodation in a maternity hospital and only recently some of them have had to close.

What is the use of talking about an increase in the birth rate if we have not the necessary hospital accommodation for expectant mothers? It is not uncommon for women to approach people to use their influence on their behalf in order to secure hospital accommodation even out of their own district. Something should be said also about the shortage of nurses. Here again the position does not seem to be improving. I find that even since the war the increases in the salaries of the nurses has not made any appreciable difference to them. I suggest to the Minister that he should try to make a survey with a view to providing for the future of the nursing profession. He should get some person, preferably a nurse, to visit the schools of the State,

especially the secondary schools and the larger schools, to ascertain the number of girls who are likely to be available. It could be pointed out to the pupils how urgent is the need for nurses in this State and they could be given a general outline of the life that a nurse might expect.

The Minister might perhaps secure the co-operation of the heads of the schools in ascertaining how many girls are likely to enter the profession. He would then know what the position is likely to be for some years ahead. We have been given a number of reasons why nurses cannot be obtained today. I am told by an authoritative source that girls of the requisite age were born in years of a very low birth-rate—I presume that means the depression years—and that other girls married young during the war years, while a certain number went to America and there were the heavy demands of industry for female labour. Something should be done to make the profession more attractive. The need for nurses is so urgent that, if it is a matter of salary, we should increase it to induce girls to enter the profession. When all is said and done, it is amongst the most honourable of all professions.

When the country was in danger from war, we made appeals to the people and they were answered. I believe that if an appeal were made for girls to enter the nursing profession, and if we pointed out how urgent was the need and how short the supply, the appeal would be answered. The present method of staffing hospitals seems to me to be catch-as-catch-can. A certain hospital holding out inducements may be able to get quite a number of nurses, while another hospital in still more urgent need is unable to obtain them. That is wrong, and something should be done about it. The time has arrived when these nurses who accept employment in Government hospitals and committee-run hospitals—the latter are practically Government hospitals—should be transferred from hospital to hospital under some system. The Minister should give consideration to this suggestion.

The Minister for Health: By bringing down legislation?

Mr. McLARTY: I do not know whether legislation is necessary; but, if so, it should be brought down. I cannot see any other

satisfactory method of staffing hospitals than that which I have suggested. I would like to add a word or two about the mental hospitals of the State. Before the war, it was the intention of the Government to provide accommodation in some country district. I think Wokalup was mentioned, but I have since heard—although not officially—that it is now proposed to convert Wokalup into an agricultural college. If so, perhaps the Minister would tell the Committee whether any plan has been evolved for the future requirements of mental cases. I notice in the report of the board of visitors to the Claremont asylum that hospital accommodation there is also in a bad way. The report states, in regard to sleeping accommodation, that both hospital wards in the female section are considerably overcrowded and it is necessary for some women to sleep on the floor. That is highly undesirable and something should be done to remedy the position.

I hope when the Minister replies he will tell the Committee that definite plans are being undertaken for the immediate building of hospitals. The Minister has offered to visit my district in the near future. I want him then to inspect the Pinjarra Hospital, as to which the chief medical officer said he would not grant it a certificate as a third-rate boardinghouse. The Minister's predecessor knows all about that hospital. It is overcrowded and the accommodation is hopelessly inadequate. What is worse, it seems to get busier and thus the position is deteriorating all the time. I hope the Minister will make his inspection as soon as possible and do something to alleviate the present trouble.

MR. SEWARD (Pingelly) [3.22]: When introducing his Estimates, the Minister certainly gave us plenty to read and consider. He mentioned the difficulties with which the department has to contend, but did not indicate how they were to be met. For instance, he admitted that the hospital scheme we at present have is a patient-scheme and that the hospitals are not getting anything out of it; in fact, they are losing, but he did not tell us how the difficulty was to be overcome. He also said that the doctors at the Royal Perth Hospital objected to treating people free who could afford to pay. He sides with

the doctors, but again he does not say that he is going to do anything in the matter. Perhaps the doctors will finally decide themselves and then the Minister will find himself landed in some trouble.

The Minister for Health: I did indicate to you that it was the responsibility of the Commonwealth Government.

Mr. SEWARD: Someone else's responsibility! We have a Minister for Health and we expect him to look after the health of the State.

The Minister for Health: We are not depending on the Commonwealth.

Mr. SEWARD: The Minister said he was. He also dealt with regional hospitals. He said it was to be assumed that the smaller hospitals would go out of existence, but then he pointed out that that would not be so, because patients would be taken from the smaller hospitals to the regional hospital, be examined and reported upon, and then returned to the smaller hospitals. We shall therefore be running patients from one hospital to another and I do not think that will improve matters. The Minister said it would save the patients travelling 200 or 300 miles to Perth. That remark induced me to go into the matter of regional hospitals and I found the position most interesting. We have three regional hospitals—one at Bunbury, one at Collie and another at Manjimup, all three within a radius of 45 miles. I presume we shall have one at Perth. The next is at Geraldton, which is 300 miles away. But from Geraldton to Mullewa and from Mullewa to Meekatharra there is no regional hospital at all.

Again, there is no regional hospital between Geraldton and Northam, a step of about 400 miles. From Northam we go to Katanning, 162 miles; from Katanning to Albany, 100 miles. Going in the other direction, we proceed from Northam to Merredin and from Merredin to Kalgoorlie, so that whoever drew up this wonderful scheme of regional hospitals would be well advised to go into the matter again. A more ridiculous set-up one cannot imagine. There are five regional hospitals between Bunbury and Albany, one at Northam, one at Kalgoorlie and another at Merredin, and then we have one at Geraldton. Cannot we do better than that? It seems to me that the scheme, like the comprehensive water scheme, was drawn up by civil servants who have not the

slightest knowledge of the requirements of the country, and the sooner the Minister gets the scheme altered the better it will be for all concerned. The member for Williams-Narrogin might have something to say about the fact that the regional hospital at Katanning is 162 miles from Northam. I venture to suggest to the Minister that he remodel the scheme and get someone to do the work who understands the country conditions.

I wish to say a word or two in regard to nurses' conditions. The Minister said these are not all that one would like them to be. Incidentally, he mentioned that the Principal Architect was being delayed in the preparation of plans for new buildings. It might be a good idea to have a word with the Principal Architect and ask him to reduce his work a little. It seems extraordinary that a plan must be prepared for every school that is to be built. Surely the Principal Architect could prepare a model set of plans for an institution of a certain size, so that it would be unnecessary to draw up new plans every time a new building had to be erected. That would at all events reduce the work of the Principal Architect.

Mr. Cross: A pity we could not have model members!

Mr. SEWARD: The member for Canning would not be here in that case. The Minister made a most extraordinary statement. He blamed the nurses because, as he said, they would not form a union. He also said that he had a poor idea of them because they would not form a union.

The Minister for Health: I did not say I had a poor idea of them. I have always held them in high respect.

Mr. SEWARD: I will give the Minister his exact words.

The Minister for Health: You are putting your construction on them.

Mr. SEWARD: The Minister said, "I felt very small to think that the nurses had so much dignity that they put their work before their remuneration." The Minister ought to have felt a sense of pride in the knowledge that we had women who placed their work before their remuneration.

The Minister for Health: You know perfectly well that I did not mean it in that way.

Mr. SEWARD: The living conditions of the nurses are abominable; they are not even provided with furniture. In many instances

they were forced to live on verandahs, with only a blind provided to keep off the rain. One should not expect women who have to work at night to live under such conditions. In many places the sleeping quarters are well away from the hospital. That state of affairs must be altered. I heard the member for Murray-Wellington suggest that some person should be sent to schools with a view to putting before the pupils the necessity for girls to enter the nursing profession; but how could one expect them to answer the call when they are forced to live under the conditions I have outlined, no matter how high the pay might be? The scheme propounded by the Minister includes a disabilities allowance in addition to overtime pay should a hospital be under-staffed.

The Minister for Health: Should we not give it to them?

Mr. SEWARD: It is a stupid thing. The men in the big unions say straight out, "We will not work overtime." But, because the Minister cannot establish new hospitals, he says that nurses can do it and be paid for the disability.

The Minister for Health: Owing to their nobility they are doing the best they can.

Mr. SEWARD: Who, the Government?

The Minister for Health: No, the nurses.

Mr. SEWARD: We know that. The Government should do something for the nurses.

The Minister for Health: It is doing everything possible for them.

The CHAIRMAN: Order!

Mr. SEWARD: The building of hospitals will not overcome the difficulty. I would refer the Minister to an interesting New Zealand experience. The "Christian Science Monitor" of the 6th July last, in commenting on the objective of social security "from the cradle to the grave" in New Zealand had this to say—

It has not been an unmixed blessing. It was apparently not foreseen that free treatment would lead the public rushing to the doctor with the smallest complaints. Similarly the demand for hospital accommodation multiplied, and overcrowding resulted. An extensive building programme was initiated, only to be met with a shortage of nurses and female staff.

That is what will happen here if more hospitals are built because we have not sufficient nurses to staff the present ones. The Minister has already said that we will need

another 200 nurses for the new Royal Perth Hospital, and that new nurses' quarters would be built near it. Well, if there is a worse place in the city in which to build those quarters I would like to know where it is. The hospital itself is in a shocking place and to expect the nurses to keep premises clean in a sooty place above the railway station is expecting the impossible.

I wish now to refer to the position at Pingelly. Characteristically enough the Government will do nothing; it sits down and hopes for something to turn up! During the war the old women, housed in the home at Guildford, were dispersed throughout the State and we have two of them at Pingelly. They are not fit subjects for a hospital; they require constant attention. On Monday last the matron told me that she has to get up every night to give some attention to these women. They are so difficult that some women patients have got out of bed at night time and gone home rather than stay in the hospital. I suppose those old people are not really responsible for their actions. I have on several occasions asked that provision be made for them elsewhere, and I have been told that the Minister hopes to be able to do something in the way of erecting a building. We all know that that cannot be done under five years at least.

What will happen in the meantime? Will this hospital close up? The people will not tolerate the position and neither will the nursing staff. Because of the extra work imposed on the nurses, they are going elsewhere and we are reduced at the moment, at the Pingelly hospital, to the matron. I point out that the Governor's residence at Albany is let to a doctor. Cannot the Minister find something better for that building, which is in a wonderful position for the purpose I have mentioned? I know of another building in which soldiers were stationed and they hacked the stairway out of it for firewood. Something better could be done with these places than merely hiring them out for a couple of pounds a week. I want the Minister to do something to bring about the removal of the old people from the hospital at Pingelly. The matron there has told me that she has six or eight midwifery cases booked up for the remainder of this month,

and she has no sister to help her. These problems will not be solved by doling out an extra 30s. a week; they must be tackled in a broader way.

A close inquiry should be held amongst the nurses to find out just what are the disabilities that they complain of so that they can be rectified. There is no doubt that many of our nurses are going to the Eastern States, even if, at the same time, a few are coming here. I was recently talking to some girls who went to the Eastern States because of the better conditions offering. Those are the only matters that I wish to bring before the notice of the Minister, but they are urgent; particularly the distribution of the regional hospitals, because not one is planned to be established between Perth and Geraldton. There should at least be one at Moora, or thereabouts. It is not going to be much good to a patient to be involved in a motor trip of 150 miles to get to a regional hospital.

**MR. NORTH** (Claremont) [3.36]: It seems to me that we could complain of the Health Department for so long that we could spend the whole of the session on the one subject. As a result members usually select certain matters to bring to the Minister's notice. I believe that the position of Commissioner of Health is one of the most important in this State and I was glad to see, recently, not one but two outbursts by him in a really militant fashion. He attacked the people and almost threatened them for their neglect in a hundred and one ways. I wish that the Government, at that time, had come out and supported its Commissioner, because I am of opinion that, throughout the years, the Health Department has slowly been overwhelmed by public apathy in many of its duties. I regret to say that some years ago a new health officer was appointed in my district and he started in a very militant fashion by attacking right-of-ways and other things in the Claremont electorate, and the only result of his trouble was that the householders became outraged and went after his blood. Within about six months he became a very quiet health officer. That man has since died.

I am convinced that many of our problems are now within reach of solution. During my first years in Parliament there was practically only one question to be tackled, namely, "How can you get the money for this or that?" All kinds of commissions were

appointed and resolutions passed to deal with that problem, but, with our recent war experiences, that question has been shelved and we are able to deal with health matters in a more deliberate way than was possible in the past. The first suggestion I make on the health problem is that Parliament should lead and not follow in health matters. That would mean that everything in this building would be the very best that we could provide, in the knowledge of modern science, so that the people would have something to follow. For instance, the Chambers in which we do our work would be air-conditioned—not in any luxurious way, but efficiently so as to ensure the best work from members both in the cold of the winter and the heat of the summer. The same thing should apply to the "Hansard" reporting staff. We could set an example in many other directions.

Lately there has been much changing of front in regard to what is or what is not healthy in the diet. For many years members were regaled with facts about the need for wholemeal bread and for milk and other such commodities. I will deal first of all with wholemeal bread. Only recently it was stated officially, and over the air, that there is some drawback to wholemeal bread. It is now said, by those who claim from time to time to be experts, to be a fact, that wholemeal bread prevents calcium being used in the system, and we were told over the air not very long ago, by a well-known commentator, that all the children of Wales were, for a time, put on wholemeal bread and that one in every two got rickets within six months. Yet, so far there has not been a statement from the Minister for Health, or the Commissioner, as to whether there should be some doubt cast on wholemeal bread.

I come now to the question of milk. At present there is much controversy in another place, and in the Press, as to whether milk should be pasteurised. Slowly but surely it seems to me that those who advocate pasteurisation are winning the day and getting more support. The point is—and again I am urging the Health Department to take notice—that we have a medical assertion that pasteurised milk is what we should have, but coupled with that statement is another medical assertion that citrus fruits should also be consumed by the people whose milk is pasteurised. If we go down to the orchards in the South-West we find that the fruit-growers are receiving Government cheques

for burying the fruit. Then we wonder why people are still advocating, perhaps in their ignorance, the consumption of naked milk—the natural milk from the cow with all its imperfections. Perhaps it is because they realise that the other sort—the heated milk—needs the fruit that is, today, being buried. Those are the kind of things which make people lose their faith in us.

There should be a connecting up of policies and a statement issued by the department. This is an urgent time for our new Commissioner of Health, who has made such a splendid start, to come forward with some further statements dealing with these questions in a way that the people can follow. In other words, there would have to be a statement on the milk question and many others. Of course the matter of the burial of fruit to which I was referring just now is a Federal one, and that is another of our complications. The Minister for Health could not, I suppose, undo the burial of the fruit if he wanted to. If he attempted to start a new policy for the general distribution of fruit to balance the heated or pasteurised milk, the use of which is being advocated, it would take him all his time to do so and he would have a big worry on his hands that he has not got today. We as the representatives of the people are entitled to urge things of this kind, to urge a connected policy in our dietary problems as in other cases.

I now come to the question of rats. For many years we have had the industry of shooting rats in the dark. Sometimes there are articles in "The West Australian" show-how rat killers go round at night and shoot the rodents. They do not, however, shoot them all; there are always a few left for the next time. We do not want that. There is on the market today a new form of rat killer which I think will do the same for rats as D.D.T. can do, if it has not yet done so, for flies and mosquitoes. I trust the Health Department will look into this new method of exterminating the rodents, and not merely allow the old system to go on which merely deals with the matter only so far as keeping down the number of rats is concerned. I realise, as I indicated before, that the people themselves are largely to be charged with responsibility for their neglect in health questions. Unless the Commissioner for Public Health receives the fullest backing in all he has advocated in his recent outbursts, nothing much more can follow.

A year or two ago the then Minister for Health brought down a comprehensive measure in an attempt to clean up the eating houses in Perth. Those establishments were in a state of neglect and were an affront to the community as well as in opposition to the health laws of the day. I do not know whether the present Minister for Health will tell us that things have improved in that respect, but I think there will be a constant job ahead of the department in this connection. If people began to imagine what happens in some of these cafe kitchens, I think they would rather stay at home and eat bread and butter than have a meal there. It is not merely a question of imagination. There are people who are clever enough to work out a method of obtaining a good deal of money as a result of the condition of affairs. They might sit down to a meal in a restaurant, and one of the party might suddenly call out "Help" or a girl in the party may scream and then someone opens a meat pie and in the middle discovers a cooked mouse. The party then may make a claim upon the restaurant for this shameful neglect. Unless strict attention is paid by the Health Department to these establishments that is the sort of thing that could happen.

Now that Parliaments or Governments have solved their main financial problems, for it is claimed that what is physically possible is financially possible, I trust the authorities will be able to give more attention to this Vote, spend more money on it, and appoint more experts to handle the questions involved with a view to linking up the various problems which are concerned with the health of the community. Another member referred to teeth. I would ask the Minister for Health what his attitude is or what is the attitude of the expert officers with regard to the question of fluorine in water. In two or three of the large cities of America it has been discovered that the teeth of the people there were perfect and were hardly causing any trouble. It was found that fluorine was present in the water supplies. I understand that in the United States experiments are being made in a big way by adding fluorine to the water that is given to the people in the hope that lasting improvements may be brought about.

Problems associated with teeth have occupied the attention of dental men in Australia for many years. I trust the Minister will be able to give us some idea as to how



the Government views the question of adding fluorine to water, and whether something can be done in a small way to carry out tests in Western Australia. It is known that questions associated with teeth, teeth culture and the growth of bone are largely wrapped up in certain dispositions of chemicals and different elements and the proportions thereof. Such questions cannot be brushed aside as they have been in the past to take their chance. During the years I spent in Parliament I have noticed a great difference between ourselves and the people outside concerning our respective views on these overall questions. Members of the public outside see the problems which they wish to be discussed and concerning which they desire to see improvements effected in Parliament. Unfortunately for us when we come here we find that the problems which can be attacked and dealt with by the Government are as the stars in the sky—they are unlimited. The most we can do is to handle a few of the things we see in front of us and hope for the best.

**HON. J. C. WILLCOCK** (Geraldton) [3.53]: I listened with interest to the Minister's remarks as to where hospital accommodation is to be provided in the various towns. Tremendous interest is exhibited throughout the State concerning extra hospital accommodation. Most people want to know how long and when it will be before such accommodation is provided. There is a big problem confronting Western Australia in regard to what we are going to do in connection with firstly homes, then hospitals, then the requirements of industry, and then schools. All these four items can be looked upon as of first-rate importance. There has to be priority in regard to them and within each separate category there has to be priority in regard to the establishment of hospitals, the homes, the industrial buildings, and the schools, as the case may be. I do not say that hospitals are the most important things, neither would anyone say that everything should be set aside for the building of homes. We must make some reasonable progress in all these things.

I should like to know whether the Government has given consideration to the really urgent necessity in Western Australia, with the limited materials at our disposal and the limited number of men available, to erect

the necessary buildings. The people of Geraldton have been told that that town will be a centre for regional hospitals. They asked me, "When?" I say to the Minister, "When?" and the Minister says to the Under-Secretary and to the Public Works Department, "When?" but we do not get any reply. It is time we set a target, hitched our wagon to a star, and laid down a programme, so that we might know in what order things are going to be done. Schools are very important. Some people in making plans for the future do not know whether a school will be provided in the district or whether they will have to send their children far afield to be educated. The same thing occurs in connection with hospitals. It is not known whether people will have to provide some kind of hospital accommodation for themselves in a small way or whether in two or three years the hospital will be provided to cater for the requirements of the district.

Mr. North: Do you think a long-term policy should be announced?

**HON. J. C. WILLCOCK**: Yes. We all agree that the most important things are the four to which I have referred. Within those four categories we ought to say what the priority is going to be. As the member for Geraldton, I would put hospitals first, and the Geraldton hospital in front of other hospitals. Apart from that parochial view, I would say that certain buildings of general import should be commenced first of all, and that the people of the city and the country districts should be informed when it is proposed to commence that building programme, when the target we have set ourselves is likely to be hit in respect to the many things required to be done. It may be that in certain districts there is unemployment and no work for those concerned to do. Those people may not want to move from the district, but there may be a public work which could be started that would overcome the difficulty. Taking all in all, can we not say that so far as hospitals are concerned we are going to attempt to build two or three each year for the next five years? I understand that about a dozen hospitals are required.

In connection with schools, could we not say that we are going to build two or three at this, that or the other place? In regard

to industrial establishments there will be some industries to which preference should be given, such as those which provide the most remunerative employment for people. Such establishments should be given precedence over others. In regard to homes, we should have a programme for the whole State and say that a certain number are going to be built in this, that or the other district, in the metropolitan area, or wherever it may be decided to build them. At present no-one knows how or when those things which are so urgently required will be provided. The Government could instruct the Workers' Homes Board to do this, that or the other, in the order laid down. If the board were told what the Government's idea was in regard to priority in connection with the four items to which I have referred, great satisfaction would be given to the people. If the community knew that it had to wait two or three years, it would put up with the delay, but if it were told that in the dim and distant future they might get this, that or the other, they are likely to become discontented, and numerous agitations which should be unnecessary may be brought about.

A decision has to be made, and if it is made and conveyed to the people, a lot of satisfaction will go with it. I hope that suggestion will be adopted, and that, in regard to the particular aspect of the construction of buildings to which I have referred, the Government will see that priority is given to the most urgent needs. The public should know in what order and where hospitals will be provided. I would not say that only regional hospitals have to be built as yet. In some places there is a necessity for small sub-regional hospitals, and they should be given greater priority than bigger regional hospitals which cost a lot of money and would sap a lot of our resources in the way of building materials and labour. An announcement along those lines would give universal satisfaction and get the Government out of the trouble caused by the uncertainty in the minds of people as to when these urgent facilities can be embarked upon in the districts concerned.

**MR. HILL** (Albany) [4.0]: I have listened with great interest to the member for Geraldton and would like to endorse his remarks. The suggestion he has made—in effect, that the Government should

treat the local people with more confidence—is a very wise one. All over the State there are public-spirited people who would be only too glad to give their time and in many cases their money to assist the Government, but the Government does not take them into its confidence and they do not know what its proposals are for the various buildings to come under construction.

During this session I have visited two hospitals. The first was the Northam hospital on the death of my father-in-law. The matron showed me the recently constructed additions to the building and was very proud indeed of the new part. I will not offer a cheap sneer and say that Northam got those facilities because it is the constituency of the Deputy Premier. To make such an insinuation would be most unfair and uncalled for, but I was glad to find one country hospital with the facilities urgently required in our main country centres. Albany presents a different proposition. At Northam it was possible to erect the additions on the existing site and carry out the work gradually. At Albany a few days later, I visited my son who was seriously ill in the hospital. The doctor came in. The only place where he could wash his hands was in the ward. There was no proper sterilising room. The Albany hospital is a disgrace to a civilised community. When I was first elected, one of the doctors suggested that I should make certain arrangements with the Health Department and he would do his part at Albany. The idea was that he should have a machine gun to keep the fire brigade away and that the Health Department should make a satisfactory insurance arrangement and get a good fire. When I put the suggestion to the Under Secretary for Health, he said, "It is a jolly good idea. I wish we could do it, but the trouble is the darned building would not burn."

The Minister, a few months ago, visited the Albany hospital and saw the deplorable condition of it. I hope that the building of a new hospital at Albany will be made a very urgent priority. I fully realise that the position is very different from that at Northam. What was necessary at Northam could be done in conjunction with the existing building and as part of a long-range scheme. At Albany the position is far more difficult. The whole of the present building will have to be scrapped and a new

hospital erected on another site. The present site is unsuitable.

This brings me to another aspect arising out of a remark made by the Minister for Works at Albany recently. He referred to the battle of sites for the Albany Hospital. I can assure members including the Minister that there is no battle of sites at Albany. Several sites have been suggested and I have inspected them with the Minister. Some people favour one site and some another site, but it has not developed into a battle or even a skirmish. One site I visited with the Minister I favour keenly. It is convenient, but it suffers a serious disadvantage in that it consists of an almost solid block of granite, and that site had been turned down by the Chief Architect. I am pleased that in my town there has been a revival of the hospital committee and that there, in common with many other places, we have people of public spirit who will collaborate with the Government. I hope the Minister will do all in his power to collaborate with those people and take them into his confidence and do his best for the centres in urgent need of reasonable hospital provision.

**MR. LESLIE** (Mt. Marshall) [4.4]: My chief purpose in rising is to register a protest against the repeated use of a wrongful description of the Hospital Benefits Agreement. The Minister, when introducing his Estimates, repeated the statement that a person could demand a bed in a public hospital.

The Minister for Health: Not necessarily "demand."

Mr. LESLIE: Those were the Minister's words, and that was not the first occasion on which he had used them. I register a protest against the constant use of that assertion because it places the public in an entirely wrong position. The fact is that they should demand a private bed, but a public bed is their right under the scheme. Not only is it their right, but under the scheme a person is entitled to receive 6s. per day, or, as is set out in the agreement—

Subject to the next succeeding paragraph, the State shall ensure that no fees are charged to or in respect of qualified persons occupying beds in a public hospital.

The onus is on the State to provide a bed and no fee may be charged. It is not for the public to demand a bed, thereby imply-

ing that they are in the position of paupers. The Minister made the position worse by saying there were some people who were taking advantage of the public bed arrangement, although they could afford to pay for a private bed. I do not consider that those people are taking advantage of the scheme at all. They are merely exercising their right, and the suggestion that they are taking advantage of the scheme is altogether wrong. This is creating a wrong impression, and many people with whom I come into contact take strong exception to it. They say that if they are entitled to participate in the hospital benefits scheme, they should not be placed in the position of having to demand a public bed. It should be the other way round; if a private bed is available, a person should demand it.

I consider that the scheme should operate in this way: Every person is automatically entitled to free hospital treatment and no controller of a public hospital has any right to suggest anything different. A person entering a hospital is entitled to a public bed free of charge, but if he prefers an intermediate or private bed, he is entitled to express that wish. I hope the Minister will desist from repeating the statement about people demanding a public bed. When the scheme was first introduced, I criticised the basis of it. I said that the people were being sold a pup. The Minister's remarks on the operation of the scheme confirms what I said. This is another of those half-baked social schemes introducing something for which no adequate preparation had been made by the Governments. Hospital facilities and accommodation are insufficient to meet the needs, as was instanced by the Minister when he spoke of the difficulties arising from the objection of the medical fraternity to provide free treatment.

I sympathise with the medical men; I do not think it was expected that they would provide free treatment in a free hospital. At the same time, these difficulties should have been foreseen and provided for before the scheme was brought in, just as the matter of the charges should have been properly arranged. The Minister said the scheme had resulted in no saving to the State. I said from the first that that would be the experience. Nor is it saving anything to the community who, by generous donations, have been responsible for the equipment and maintenance of their hospitals. They are

still obliged to go cap in hand to the public asking for donations to maintain their hospitals and improve the equipment. The whole scheme has been one sheer bluff. It is saving patients 6s. a day—

Hon. J. C. Willeoek: There is no bluff about that.

Mr. LESLIE: No, but it is taking the 6s. from another pocket. If the Commonwealth contribution had been based on the cost per patient per day, there would have been a saving to the public and the State.

The Minister for Health: You would still have to pay taxation.

Mr. LESLIE: But nowhere near the amount we have to pay today. The districts that have provided a public or a committee hospital have done so, not because they wanted something to boast about or wished to be considered progressive communities, but because it was something essential, and it was provided as a result of tremendous sacrifices. I have been a member of a hospital board long enough to know this. I have been associated with the creation of three hospitals in country districts during the last 20 years, so I know something of the sacrifices involved.

When this generous hospital benefits scheme was introduced—I was not a member at the time—we anticipated that at last we were at the end of the road where we had constantly to call on the people to assist the hospital funds. But the scheme has not had that effect. The financial position of some of the hospitals has improved only because they, by highly efficient management, could show a good average collection for the base years upon which the payment by the Government was fixed. Others could not show such results, but that was due to no fault of theirs. However, the benefit to them has not been so great.

The present agreement is for five years only, and I think it well that now, while the scheme is in actual operation, the weaknesses should be pointed out to the Government so that when the time comes for renewing the agreement or drawing up a new one, the wrong premises upon which the existing agreement has been based will not be adopted. The annoying part is to find provision for the payment of 6s. per day for a patient regardless of the cost, and this provision must go. In future, adequate con-

tributions must be made by the Commonwealth out of the social services tax which, goodness knows, is high enough, and the payment should be on the cost per patient per day to the hospital.

Mention has been made of the King Edward Memorial Hospital and the facilities for maternity nursing. This is a matter that I believe is causing the Minister some worry. Whether it is causing him as much concern as the position warrants is a matter for his own conscience but, in my opinion, the deplorably limited amount of accommodation for maternity cases is something that demands the urgent attention of the Government, even if the solution of the problem involves the acquiring of premises of a temporary nature. Only during the last week we have had Press reports of the number of expectant mothers unable to find accommodation in nursing homes in order that their children might be born under proper conditions; and we are facing a position under which we are likely to go back to the old Sarey Gamp days, and have mothers lying-in in their own homes. That would be a deplorable state of affairs, but the indications are that it is likely to happen, because accommodation for maternity cases is lacking everywhere. It may be that, because of circumstances associated with the war, the potential or immediate birthrate shows a steep rise; but I am hopeful that that steep rise will be maintained.

We talk about populating our country. God forbid that we should have to look outside to foreign nations for people with whom to populate this country because our own people are not encouraged to populate it with their kith and kin! There are no immigrants like the babies of our own Australians and I would sooner see the country unpopulated than bring in people from some foreign countries and endeavour to build up a hybrid race with them. If the Government hopes to see the birthrate maintained at least somewhere near its present encouraging figure, the only way it can be done is for mothers, and particularly young mothers, to have the best facilities available in these modern days. I think that even now the Minister's department might well consider the possibility of providing some temporary accommodation rather than have the position arise under which mothers will have to remain in their own homes to have their babies,

with all the attendant difficulties and dangers connected with that system.

Another important matter of which I wish to speak concerns regional hospitals. I do not want to discourage the Minister and his department from establishing such institutions, though I am disappointed to discover from the Minister's speech that they are to be more of a diagnostic nature than anything else. But I want to make certain that in its aim to establish these regional hospitals, the department will not adopt the attitude of discouraging existing hospitals that are anxious to provide extensions to their accommodation, or to add to their equipment. I do not want to see the position arise—and I am afraid that is the fear in the minds of quite a number of hospital boards with which I am associated—that hospital boards will feel that any suggestion they might submit to the Government for building extensions or additional equipment will either be turned down or discouraged, because the Government does not consider those extensions or added equipment warranted in view of the possibility of a regional hospital being established somewhere within 200 or 300 miles.

Taking my own area, there are people who have to travel to these small hospitals, as they are called, double the distance that the Minister mentioned as being that which it was expected patients would have to travel to regional hospitals. There are people who journey from 80 to 90 miles to those small hospitals for medical treatment, and it is essential that those small hospitals should be able to provide the maximum modern treatment possible without the necessity for people to go to the regional hospitals. I agree with the establishment of regional hospitals; but do not let us get the idea that they are the be-all and end-all of hospital accommodation in country areas. It might be all right in Victoria, where the country could be put on one's thumbnail; but in a State like this the more of these small hospitals we can provide and equip the better it will be for the health of the people, and the more it will encourage people to go outback and be content to remain there, secure in the knowledge that, whatever happens to them, adequate medical treatment will be available.

After all, when we first started hospitals outback, the main idea, apart from provid-

ing maternity facilities, was to establish a place where any person who had the misfortune to meet with an accident could receive medical attention which might result in the saving of a life. We realised that this might mean that a hospital would have to remain almost empty for months or years on end; but it also meant peace of mind for the people of the district in which the hospital was situated to know that if anything happened to them or members of their families, there was an institution which they could reach speedily, and where facilities were available that would give every possible chance of recovery to the poor unfortunate victim of an accident. That is why we built those hospitals, and that is why we won public support. We went to people and asked them what it would be worth to them if their husbands or wives or children, as the case might be, met with an accident and, instead of having to travel 200 or 300 miles, they had to go only about 20 miles to receive medical attention and the best of nursing straight away. The people said they had never thought of it from that angle and they contributed generously to the establishment of the hospitals.

We did not count the cost of maintenance; but the people have maintained the hospitals through the years, and the more facilities of that kind we can provide the more contented are the people going to be outback, and the easier will it be to induce others, and particularly young married people that we need there, to live in the country and help us to develop it as we desire it to be developed. I have said all this because the Wyalkatchem hospital board has in mind the expansion of its buildings and has requested the department to supply plans for a large hospital which we know have been in existence for 20 or 30 years. According to the information I have received, while the plans have not actually been refused, there does not appear any anxiety on the part of the department to make them available. Whatever construction they undertake, the people at Wyalkatchem want it to be in accordance with the plans of the completed scheme; but we feel that, because the plans are not being made available as readily as we could wish—and we cannot see why they should not have been sent immediately by the first return mail—there is an attitude on the part of

the department that it must not be too generous and let the people extend their hospital accommodation, because it is proposed to provide regional hospitals at Northam and Merredin.

We feel that the attitude of the department is, "Why should these people have more wards and rooms and additional beds?" But if people are prepared to provide such things for themselves, I say let them do it; and members of the Government should hold their hands over their heads and say, "God bless you! We are glad to see that the spirit that existed in the past is still alive; because, while it exists, we can be sure we will have a State that will make progress instead of having difficulties to confront such as we are meeting every day."

**MR. WATTS** (Katanning) [4.25]: I cordially agree with the remarks made earlier by the member for Geraldton concerning the position that exists, and apparently must continue to exist, in regard to public buildings in this State, of which hospitals form a very important part. It seems to have been a matter of Government policy during the war to raise a lively anticipation in the minds of the people as to what was going to happen in the post-war period and, I might say, very early in the post-war period. Grandiose schemes and plans of one kind and another have been given publicity in the Press and from public platforms and by other media, and now we find, some 15 or 16 months after the cessation of hostilities, that we are making no progress towards the attainment of those goals which the public were led to believe would be achieved in a short time. There is no question about that.

Regional hospitals form one portion of those scintillating plans to which I have referred, and regional hospitals come distinctly under the Medical Department and the Minister for Health. Therefore I will endeavour to confine my remarks to regional hospitals; although, when I do that, it may be taken that I am considering other types of buildings included in those plans which are of equal, if not in some instances of greater importance. Over a long period of years we have talked about regional hospitals, and today there is about as much

prospect of our starting them, unless we sacrifice something else, as of flying to the moon—and that is not yet humanly possible, I am given to understand. I say that the public is entitled, as the member for Geraldton suggested, to be given now some reasonable statement as to what they may anticipate in regard to the necessities of their various districts and/or concerning the carrying out of the plans put before them that have made them regard the things included in those plans as among the necessities.

**The Minister for Lands:** The member for Geraldton was Treasurer during most of that time. Did he tell you that?

**Mr. WATTS:** He did not need to tell me; I was sufficiently acquainted with the circumstances of the past two years to be aware of it. But the hon. gentleman has apparently discovered from the cross-benches what was not quite so clear when he occupied a seat next to the Minister for Lands. I do not blame anyone for changing his mind if circumstances are such as to warrant a change; and I think it is satisfactory that the member for Geraldton, having no doubt studied the matter for 12 months or so from another angle, has come to the same conclusion as I have, though he might have expressed his feelings in rather more moderate terms. The fact remains that it is high time people were taken into the confidence of the Government and that the Government set to work to lay down a time-table under which some of these contemplated works will be put into effect.

If that is not done, the Government will lay itself open to a charge of colossal bluff in regard to these matters over the period of recent years; because at the moment there is absolutely no prospect from the point of view of building materials and labour of any regional hospital or any other hospital, so far as I can see, being erected in this State unless we are prepared substantially to sacrifice some other most important aspect of building, both private and public. So I trust that the timely and welcome words, so far as I am concerned, of the member for Geraldton, will receive the serious and early consideration of the Government so that there may no longer exist in the minds of the people that agitation to which he referred but that

they may be able to settle down to carrying out some plan soundly based and likely to be completed over a period of years, which plan will indicate when and where particular operations will take place, so that every district requiring these considerations will receive them in that order of priority which the difficulties and requirements of those particular districts render most necessary.

I would like also to join with the member for Murray-Wellington, in the remarks he made concerning the shortage of nurses. Here again we are obviously in an extremely difficult position. I do not know what are the exact figures as to the shortage of nurses at present, but they must run into the vicinity of 150 for the staffing of existing hospitals, and including the matrons required for those institutions. A long period of training is required and therefore, no matter how active may be the efforts indulged in today to acquire trainees and fit them to fill the vacant positions, there will be a hiatus of from two to three years before the situation can effectively be dealt with. In the meantime the position, if we are to judge from what has happened in recent months, is likely to become much worse than it has been. While hospitals in country districts are today either closed or in danger of closing, or struggling on against adversity with short staffs and other difficulties, there is every prospect that more and more hospitals will be closed or will reach that position before the lag can be taken up. I feel disposed to agree with the member for Murray-Wellington that a public appeal should be made to those who have been trained, but who are not now employed in the profession, to come forward and assist, for the time being at least, in remedying the situation that exists, and that is likely to become worse.

**Mr. McLarty:** A public appeal for young girls, also.

**Mr. WATTS:** Yes, girls to become trainees. That would be part of the long-term plan. As the member for Murray-Wellington is convinced, so am I convinced that there are public spirited people in our community, if this proposition was put to them plainly and on a patriotic basis—because it really amounts to that—who would come forward and endeavour to remedy the position that exists. If that is not done, I contemplate the situation of people in the rural districts, more particularly, with con-

siderable trepidation, from the aspect of hospitalisation. I know the Minister is sympathetic to the various difficulties that have been put before him, some of which I discussed with him at length on Saturday last, during a journey which he undertook, but it is clear to me, as it is to him, that no matter how sympathetic he may be, sympathy alone will not achieve the results that must be achieved.

We talk glibly of the need for decentralisation, and it is a matter not only of Government policy, but of the policy of us all, yet we assist in its achievement by doing little or nothing, it would appear, about a state of affairs that is definitely tending towards centralisation, and that can do nothing less, in the course of the next three or four years at least. So, while it is not pleasant to have to contemplate a new outlook altogether on the question of employment, and while it may still be desirable to adhere closely to awards, it seems to me that the necessity of the moment is to get sufficient staff. We must not allow ourselves to be hamstrung by restrictions of that nature, if it can be shown in any set of cases that the necessities of the area concerned are very great, and that by going outside such things as awards, and offering more attractive conditions the staff can, for the time being, be obtained.

It is in the interests of us all to see that the hospitalisation of this State does not become any worse. We have talked glibly of the vast improvement, but the position we have got into is such that it has retrogressed by comparison with the period before the war. From the point of view of service and satisfaction it is worse today than it was ten years ago. If that is to be the result of planning and propaganda, the less we have of them the more service it will be to the community, but I am aware that there are other things that have to be taken into consideration as leading up to the present position. I say we should let no restrictions stand in our way if, by going beyond them and making conditions more favourable, we can for the time being overcome the difficulty.

I do not suppose there is any matter coming under the jurisdiction of the Minister who introduced these Estimates that is of more importance today than the proper staffing and effective management of hospitals

in country areas of this State. I believe there are approximately 96 such hospitals, and that the majority of them are understaffed, and that when the new award—which I understand is to come into operation—comes into force, the position today, bad though it is from the point of view of staffing, will become worse, because there will be slightly shorter hours to be worked, and to maintain the same standard there must in consequence be an increased number of persons employed during the week, and those persons are simply not available. It will involve also—and here we add to the problem to which I referred, namely, buildings—the question of increased accommodation for the increased staff. As Samuel Pepys said, in the diary which I am sure most members have read, “What the end of it all will be the Lord knows.”

It is the duty of the Government to take the people into its confidence, and I think I am safe in saying there is no member of this House, and certainly no member on this side of the House, who would not be prepared to the limit to give his co-operation personally, and publicly in this House, in any effort that can be made to remedy the situation. I believe the proper course to have pursued, as I suggested from these benches during the war, was to have called for the collaboration of members of the House together with Ministers in dealing with these particular problems which most of us foresaw, to some degree at least, in the offing, and in which it was in my opinion right and proper that all public representatives should take some share, in an endeavour to arrive at a solution. The proposal of that character, dealing with things far wider than those concerned with the Department of Health and medical services, was rejected by this Legislature and in the net result we, and those outside—to the degree that they should have been—have not been consulted. We have not been given the opportunity of making such a contribution, towards the co-ordination of an attack on these problems, as might have been made. That is to be regretted, but today the position is that a solution has to be found and the duty of finding it rests on the Government, to which I submit the grave need for early activity in this department.

**MR. ABBOTT** (North Perth) [4.40]: I agree with the member for South Fremantle, who stressed the necessity for some great effort being made for the prevention of tuberculosis. I was interested to hear what the Minister for Health had to say in this connection, because this disease is said to be one of the major social evils existing today. I believe the loss to the community is much greater than is ordinarily realised, because so many people suffering from T.B. are incapable of giving their full services to the community. The Minister may have read in the Press a short time ago, as I did, of a woman with two young children being examined, and found to be suffering from T.B. I think the two children were under five years of age. When they were examined they were both found to have contracted the disease, presumably from the mother. Every effort should be made to locate sufferers as early as possible and to see that children are not contaminated at an early age.

It has been suggested at times that the disease is inherited, but that is against scientific principles. The reason for that theory was that generation after generation was found to be suffering from the disease. As it takes sometimes 10 or 12 years to develop to a stage where signs of it become apparent, the parents suffering from it may pass it to their children, who may in turn pass it to their children before it becomes known. As I see it, the major problem today is to prevent sufferers infecting those associated with them. That can only be done if they are able to live and work under proper conditions. At present there is no suitable arrangement in this State for anyone suffering from the disease not to have to face the full economic and competitive stresses of life. Special industries have been established in South Australia to enable sufferers to work under conditions that are not fully competitive, and I would like the Minister to consider whether something along those lines could be done in this State. It is already done for the blind, who are able to make a living under special tuition and conditions.

**Mr. Needham:** With Commonwealth help.

**Mr. ABBOTT:** The Commonwealth subsidy would be a good thing. That is one of the major steps that must be taken to give security to sufferers and free



them from the worry of supporting their families, and to place them under proper conditions where they can take the medical precautions necessary to prevent the disease from spreading. It may be that an enlargement of the settlement in the hills where they would be handy to the hospital for treatment and yet could work in some industry that could be established there would fill the bill. Their families could live there and be watched so that no further infection could be spread. I realise that this could only be done with the expenditure of much money. However, the policy should be laid down as soon as possible and legislation introduced to further it if necessary. If that were done, then at the appropriate time effect could be given to that policy.

It is dreadful to think that today doctors recognise that sufferers from this disease should be dealt with along the lines I have indicated, yet their patients cannot be taken from the industries in which they are employed nor have they any means, were they so removed, with which to support their families as they have hitherto. To think that men suffering from this disease are still permitted to handle foodstuffs and to work in restaurants, tea shops and so forth, is dreadful. It arouses my imagination as it must that of anyone else who gives this great problem any major thought. I know the Minister is very keen to do all he can in this matter. He fully appreciates the urgency of it, and my remarks are made in the hope that they may in some small way tend to strengthen public opinion to assist in remedial work being carried out in the near future.

**THE MINISTER FOR HEALTH (Hon. E. Nulsen—Kanowna—in reply) [4.47]:** I shall be as brief as I can in replying to the debate. I desire to make it clear that I regard much of the criticism today as helpful, and the Government is looking for collaboration. Ministers desire to take members into their confidence and, as Minister for Health, I shall always invite discussion of health matters by members or by any deputation they may introduce. I do not want it thought that the Government does not desire to take members of Parliament or the public generally into its confidence. The contrary is the position.

With regard to the Old Men's Home, which was mentioned by the member for Nedlands, I feel that since the deputation waited upon me to discuss the matter we have done everything possible to improve the food supply. We appointed an additional cook and instructed the superintendent to provide all the food that is necessary, ensuring that it contains the necessary vitamins and so on. We realise that the old people who are in the home have done a wonderful job and have blazed the trail for those of us who are here today.

I am afraid that not many of the present generation realise what these old people did in the past. The Government is certainly sympathetic and will do everything possible to provide them with what is necessary. As the member for Nedlands pointed out, the hospital at the Old Men's Home is clean and has been a wonderful boon to the inmates. Certainly, the medical officer in charge receives a small remuneration, but he is satisfied to do the work and is glad to undertake it. I have been informed that everything that any man could possibly do in rendering medical or surgical aid is gladly rendered by the medical officer at the institution. I often wonder whether the member for Nedlands and others in the legal profession would do in their sphere what some of the doctors have undertaken with regard to honorary work. The doctors are very pleased to do it.

With regard to the medical officer at the hospital at the Old Men's Home, I feel it is a reflection upon him that anyone would suggest that he would render anything less than the best possible service for the small remuneration that he receives. His work is particularly helpful with regard to the sympathetic treatment he extends to the patients and the enthusiasm and interest he takes in his profession. I can state emphatically that I have received no complaints whatever in regard to the hospital. As to cheeseparing, there has been none of late of which I am aware. As a matter of fact, the Government sent the present superintendent to the Eastern States to ascertain the conditions under which the old men are treated elsewhere and to get new ideas. He has returned with a lot of information and the Government intends to carry out some of the suggestions he has made. In general, it can be said that the

Government has not lost sight of the necessity to conserve the interests of the old men and is doing everything it possibly can to assist them. Some of them do make some contribution towards their upkeep, but the amount received does not nearly cover the whole of the expenditure.

As to better provision for individuals suffering from mental ailments, there is no other place just now where we can send them. The cases mentioned are not bad ones but consideration is being given to making provision for these subnormal persons. It will take some time before that can be accomplished. With regard to the comments by the member for Pilbara, as soon as the services of a doctor can be procured, one will be sent to Port Hedland. The Government recognises that it is necessary for a medical service to be available there. The trouble is that there is a great scarcity of doctors and so far we have not been able to secure one. As to the establishment of a small hospital at Nullagine, we will investigate that matter. I readily acknowledge that we should have a nurse or some other qualified person stationed at that centre to deal with emergency cases. The people outback are those who are developing the country, and we must provide what assistance is possible. I quite appreciate that at Nullagine there may be married persons who might require advice from time to time. It might be found possible to send a trained nurse there to deal with accidents or other urgent matters.

The member for South Fremantle, together with the member for Nedlands, accompanied a deputation to me to deal with various health matters, and I can assure them that the Government has tried to carry out the recommendations advanced on that occasion. The Premier himself has taken a great interest in the situation regarding the scarcity of doctors, and at his instigation the professor of medicine from the Melbourne University recently visited Perth and submitted a report regarding the establishment of a medical school at the University of Western Australia. His recommendations will be considered later on and probably effect will be given to them. We feel that something must be done because the shortage of doctors is Australia-wide and does not apply in Western Australia alone. Students who do their first year medicine at our university cannot secure accommo-

dation at universities in the Eastern States in order to complete their course. An exception is the Adelaide University which will take a number of them.

Members will recollect that I recently introduced the Anatomy Act Amendment Bill, the object of which was to assist in the training of our young men who will continue their course at the Adelaide University. It will be seen therefore that the Government has by no means overlooked these medical matters. The position regarding school children has also received attention. Great difficulty is experienced in securing dentists. We could well do with half-a-dozen or more dentists, whereas we have only two dealing with this phase of health work. The reason we cannot get them is that it is not possible to do so. When I introduced the Health Estimates, I stressed the position regarding tuberculosis. Reference has been made to a new drug that is used in the treatment of tuberculous patients, but I confess I know nothing about it. I will make inquiries in that regard and secure all the information possible.

The member for Subiaco referred to the position of subnormal children. The difficulty is that we have no place where we can accommodate them other than at the Claremont Mental Hospital. Consideration has been given to making provision for them in the near future, but owing to the seriousness of the building situation I am not in a position to make any promises as to when the matter will be dealt with. In presenting the Estimates I dealt with the position at the King Edward Memorial Hospital for Women. We know the seriousness of it and the Government has done everything possible to meet the situation. The Principal Architect has been very busy and his plans are just about ready. The sooner we can get on with the job the better pleased will be the Government. With respect to the examination of school children by doctors, the Commissioner of Public Health has taken that matter up and everything possible is being done. A nurse with special qualifications with respect to the eye has been employed and she is doing her best to assist the children under that heading.

Then again, the member for Subiaco also suggested that the Government should supply junior children with half-a-pint of milk daily during the currency of the present strike. I cannot

answer her questions in that regard. Consideration will have to be given to the matter. The member for Narrogin referred to the problem regarding regional hospitals. An expert committee has been dealing with that matter and has made a thorough investigation of the position on the spot. In addition to officers of the department, representatives of the British Medical Association have inspected all the suggested sites and gave consideration to Narrogin as well. In their opinion the time is not opportune for a regional hospital to be established at that centre but later on as Narrogin develops and the position is easier regarding materials, more consideration may be given to its claims.

Mr. Doney: Is that as far as they go?

**THE MINISTER FOR HEALTH:** That is as far as they can go. They are not unsympathetic but they are experts and have given every consideration to the matter. So far they have not been able to agree that Narrogin should be immediately made a regional district.

Mr. Doney: Then what becomes of the constant assertion that the list was purely tentative and that Narrogin might expect inclusion before the list was finalised?

**THE MINISTER FOR HEALTH:** The list is more than tentative, for those areas mentioned have been declared. Now the committee will be considering another list and Narrogin will be one of the centres dealt with. The member for Murray-Wellington spoke with regard to the necessity of building hospitals. The Government has given consideration to it. A large sum was placed on the Estimates for the purpose. The hon. member knows as well as I do that at present it is impossible to build all the hospitals required. If we were to undertake at once to build all our hospitals requirements, we would probably have to spend between £2,000,000 and £3,000,000; and, even if we had the amount available, we could not spend it because of the lack of building materials and scarcity of manpower.

Hon. N. Keenan: How long do you think it will take?

**THE MINISTER FOR HEALTH:** That is beyond my estimation. I would say, however, that it will be five or six years before the regional hospitals are anywhere

near completion. It has been suggested that a sub-regional hospital should be built at Pinjarra. I think the Minister for Lands, when Minister for Health, made that suggestion. Unquestionably, the Pinjarra Hospital should be rebuilt and we are giving consideration to the matter. However, we cannot do the impossible. With regard to the shortage of nurses, the position is not peculiar to this State; it prevails all over Australia and in nearly every country of the world. At the present time 76 per cent. of our hospitals have under 10 beds and consequently it is extremely difficult for us to train enough nurses to make up the lag, as well as to meet present and future requirements.

Mr. McLarty: What about accepting my suggestions?

**THE MINISTER FOR HEALTH:** They will be considered and I will have inquiries made. The trouble is that if we sent someone to the schools mentioned by the hon. member with a view to inducing girls to enter the nursing profession, we could not train all those who would offer. The response today is good. Our problem is to train them, as we have only a few large hospitals and only some of these are suitable for training nurses. I feel sometimes that the member for Pingelly is not quite reasonable.

Mr. Watts: That is the most unreasonable suggestion I have heard today.

**THE MINISTER FOR HEALTH:** If he were in my position, he would have a different tale to tell. He would be one of the humblest men to be found in the State.

Mr. Watts: It certainly would be a different tale from yours.

**THE MINISTER FOR HEALTH:** In any case, I assure the member for Pingelly that the Government is aware of the position. With respect to regional hospitals, I may tell him that these have been considered by experts, who have gone fully into the matter. The plan is not mine or the department's, but the British Medical Association's. The members of that association made recommendations that were quite unbiased and free from any political influence. Regional hospitals are proposed for Bunbury, Collie and Manjimup. These towns are not far apart, but the suggestion was made by the medical profession because of

the population of the towns and the industries carried on, in and around them. There are many things which must be taken into consideration in making these decisions, things of which members may not be aware. I would like them, before they criticise, to be fully armed with information as to the requirements of these various places.

The member for Pingelly accused the Government or myself of sitting down and doing nothing. I deliberately say to him that that is not right. Indeed, it is not fair. If the hon. member sat down as little as the members of the Ministry did, he would not be so inclined to criticise us as he sometimes does. The matter of a hospital for the old women of the State has been under consideration for some time, but we have not been able to proceed with it. Recently plans have been prepared and it is anticipated that the women will be brought into Guildford and kept there. Some of the worst patients—the bed patients—will be transferred to another place. It is anticipated that the new building for the old women will be erected in about two years' time. That is something we wish to proceed with, in order to give these poor old people some comfort. The Principal Architect has assured us that the building will be completed in a little over two years, unless something unforeseen happens.

Mr. McLarty: You want another home something like the Home of Peace.

The MINISTER FOR HEALTH: Yes. It is to be hoped that the old women will have peace when they get to the new home. I can assure the member for Claremont that the Commissioner of Public Health is a live wire and leaves no stone unturned so far as the health of the State is concerned. He calls a spade a spade and gets work done. He has had a thorough inspection made of the hotels so far as his limited staff will permit, and every consideration has been given to the lavatory and bath-room accommodation. A special permit has been issued by the Workers' Homes Board. The hon. member said that Parliament should show a good example. I agree with him to a large extent. Had Parliament shown a good example we would have a better Parliament House than we have today, with more accommodation. I should have liked during the depression period to see £200,000 or £300,000 spent on Parlia-

ment House, because then we had the materials and manpower available. Unfortunately, there was a different psychology in those days, although I am afraid we might find the same psychology if we decided to spend such a huge sum of money.

Mr. Leslie: You should not jump to such conclusions.

The MINISTER FOR HEALTH: I do not jump to conclusions. I have knocked around the world for a long time, much longer than has the member for Mt. Marshall. The Commissioner of Public Health has also had a thorough inspection made of restaurants and boarding-houses and directions have been given to the proprietors to put their house in order. The member for Geraldton spoke of the hospital accommodation in that town. We are quite aware of the conditions; the Government has a master programme that will be brought into effect as soon as building materials and manpower are available. The first regional hospitals will probably be built at Geraldton, Bunbury and Albany. Of course, other hospitals need attention, including many of the small hospitals. The Government has set itself a target, but cannot do anything until, as I have said, building materials and manpower are available. The member for Albany complained that the Government does not take the people into its confidence. I think the Government does so.

No Minister has ever denied a hearing to a deputation introduced by members of Parliament, nor has any Minister refused a deputation by members of the public. The hon. member made really a false statement, though probably not meaning to do so. We want to take the people into our confidence; we want their advice and we shall do the best we possibly can, because we represent all the people of the State and not merely the people of any particular electorate. The hospital at Albany is in a bad state and we will do what we can to help in that direction. Some odds and ends can be attended to, but it will be some time before we can proceed with the major building. The member for Mt. Marshall spoke about public beds. Any person may go into a public hospital and ask for or demand a public bed; or he can ask for an intermediate bed or a private bed. The phrase-

ology really does not matter. Any person, irrespective of his station in life and irrespective of his financial position, can demand a public bed in a public hospital. If there is an intermediate or a private bed, he can ask for either, but if there is no intermediate or private bed he can demand a public bed.

Mr. Leslie: That is the only time he can demand it.

The MINISTER FOR HEALTH: Not demand it, but ask for it. He is entitled to it under the law of the Commonwealth and the State.

Mr. Leslie: Why not adopt the attitude that he is automatically a public bed patient, unless he says otherwise.

The MINISTER FOR HEALTH: He knows he is.

The Minister for Lands: There is an aristocracy in regard to hospital beds in the same way as there is an aristocracy in regard to anything else.

Mr. Leslie: There is a serious difference.

The MINISTER FOR HEALTH: The King Edward Hospital will have first priority. Everything possible will be done there. We want population and we realise the urgency and the necessity of providing more hospital accommodation for our women. The small hospitals will not suffer because of our intending to develop regional hospitals. Everything will be done to give the small hospitals all that they may reasonably require. The Leader of the Opposition spoke on similar lines to those of the member for Geraldton in regard to regional hospitals. I have not seen the Katanning Hospital.

The Minister for Lands: It is a very nice little hospital.

The MINISTER FOR HEALTH: I do not know whether a regional hospital will be erected there for a few years to come. However, it has been definitely decided that a regional hospital will be erected there; it is only a matter of materials and manpower.

Mr. Watts: That is a simple little matter.

The MINISTER FOR HEALTH: I will deal now with the shortage of nurses. It takes a long time to train a nurse, and there will be a hiatus before we can get some trained, but every effort is being made to cope with the position. It has been said that

many of our nurses are going to the Eastern States. Well, some of them are, but there are a few coming here from the Eastern States. It is just a matter of adventure; they are moving about. Conditions in the Eastern States are no better than they are in Western Australia. The position of the nursing profession is no worse in this State than it is in Tasmania or Victoria. When introducing these Estimates I stated that in Melbourne some of the big hospitals had closed because of lack of staff. We have had no large hospitals close here, but unfortunately some of the small ones have.

The member for North Perth touched on the matter of tuberculosis and said it was a major social evil. I agree. It is something that we can deal with, and the Government is out to do the best it can. This disease is not hereditary, but it is highly infectious and we feel it is more dangerous than leprosy. It is certainly doing a lot of harm to our population. There are at least 170 deaths a year from tuberculosis and there are many people who are not in hospital who should be receiving proper treatment. The position is very serious. I assure members that we want their co-operation and confidence and we do not want to deny anyone our collaboration at any time when the hospitalisation or the health of the community is affected.

Vote put and passed.

*Vote—Public Health, £60,014; Mental Hospitals and Inebriates, £155,960—agreed to.*

*Vote—Native Affairs, £60,000:*

**THE MINISTER FOR THE NORTH-WEST** (Hon. A. A. M. Coverley—Kimberley) [5.18]: This item covers the Estimates of the Departments of Native Affairs, Harbour and Lights, and Fisheries and, as in the case of the others, they are increasing slightly each year. The Department of Native Affairs has an increased Estimate because of the general increase in staff, the reclassification of field officers and the increases in the latest nurses' award. The revenue is not expected to improve, mainly because of drought conditions in the North-West. Those conditions have interfered with cattle sales from the Moola Bulla Government cattle station. It was a dry year there, and we were forced to cancel one mob of 700 bul-

locks which, at an average price of about £5 a head, meant a large decrease in the revenue. The dry season also affected our peanut crop at Munja, another native settlement. The peanut crop was almost a total failure. The few peanuts we were able to harvest were only sufficient to provide seed for next season and a certain amount of food for the natives, which is the usual procedure. We had no peanuts for sale at all. The remainder of the department's activities are going along quite satisfactorily, and I think some progress has been made.

The activities at Carolup and Moore River, our two main institutions, have been held up through lack of artisans and materials. When speaking on the Estimates two years ago, I pointed out that the Moore River Settlement was not in a satisfactory area, and that it was the Government's policy to get an adjunct to the Moore River Settlement in the Merredin district. The idea was to separate the various classes of natives. The Moore River Settlement is situated in very poor country, and little can be done towards making it self-supporting. The Government purchased a farm a few miles from the settlement, and it has been an asset in the matter of production of vegetables. Quite a large amount has been produced on the new farm. But another place was necessary to provide for the better-class natives, firstly, because the settlement was on the worst class of country in Western Australia and, secondly, because the institution has to take all the worst elements of the natives.

Many of the natives are sent there for disciplinary purposes, and they have a bad influence on the better-class natives. Because of that, the Government proposed to buy a new property, and the matter was put in the hands of the Rural Bank and the chairman of the Land Settlement Scheme, who have made vast inquiries and have proposed some sites not altogether suitable to the Department of Native Affairs. However, recently they suggested a property within a few miles of Kellerberrin, and it is now being inspected by the Agricultural and the Native Affairs Departments. If suitable, it will not be long before we are able to transfer the better-class natives from the Moore River Settlement to that centre. That will make a big difference to the institution at Moore River.

As I indicated, when speaking on last year's Estimates, the education of the

natives in our institutions has been taken over by the Education Department. At present, 106 children are attending the Moore River school and some 30 boys are receiving manual training. We had instituted the manual training system prior to the war but, unfortunately, we lost our supervisor who enlisted in the Air Force, and we were for some years without manual training at Moore River. Today, however, 30 boys are receiving manual training, and 12 girls are attending the domestic science school. In addition, 30 natives, on the farm adjacent to Moore River, are learning general farming, including gardening and poultry-farming. As a result, things are much brighter at that institution than they were some years ago.

At Carolup, we have 51 children attending the school, and some of the older boys and youths are receiving training in general farm work, particularly in the poultry, gardening and shearing lines. Manual training has not been reinstituted at that institution, firstly, because we have not the accommodation and, as members realise, it is practically impossible to get artisans and materials to erect the necessary buildings, and secondly, it takes time to get the right class of person to teach manual training to natives. When the opportunity arrives, manual training will be instituted at Carolup. Much improvement has taken place in the training of the natives, because the new farm manager has taken a great interest in the older boys. He has already produced a wide range of vegetables and has now put into operation a summer garden so that, if successful, he will be able to produce vegetables practically all the year round.

In a general way, the health of the natives at both Moore River and Carolup is fairly closely watched by the district medical officer in each area, and good reports of their health are coming forward. At the Moola Bulla station, which I mentioned previously, the services of a nurse were engaged early this year. We were without a nurse at that centre during the war years, and were lucky in being able to get a competent nurse to go there because, as members know, there is quite a shortage of nurses. However, we have secured the services of a trained nurse, and the health of the natives in that area is considered to be satisfactory. They have an annual visit from the medical officer at-

tached to the Native Affairs Department and, when necessary, the flying doctor calls as well.

Cosmo Newbury, which is 50 miles from Laverton, did quite a trade in charcoal-burning in the early part of the war. But that industry has fallen away, owing to the decrease in the number of gas-producers in use so that, as a result, we have lost some of our revenue. However, a large amount of vegetables is still produced there, and that is a big saving compared with the old idea of sending vegetables from Kalgoorlie. We have started to build up a small herd of cattle at that centre—it was originally a cattle station but, owing to the drought years, cattle went out there—because the last few seasons have been fairly good. Udialla is a recently purchased property about 60 miles from Derby, between Derby and Broome, and well off the main road. It was purchased by the Government with the idea of making a start in educating the half-castes and full-blooded natives in those parts, who have no other such facilities. The property is undeveloped except that it has about 1,200 head of sheep on it. It was purchased about 12 months ago and the manager now has quite an area under vegetables. This crop will be for the use of the institution, and any excess will be sold to the general public in Derby. There is a good motor road from the property to Derby where there is an excellent demand for fresh vegetables.

It is the intention of the department, when possible, to erect dormitories and commence manual and other training for the boys and girls. The property consists of approximately 2,000 acres and is very suitable for tropical agriculture. It is on the banks of the Fitzroy River and there is particularly good garden country along the river frontage. The manager has some 80 acres cleared and preliminary work is being done against the time when material will be available to erect houses, etc., to develop the property. Very few natives are there at the moment. A few desert natives have come in and camped, but they are not of the type the institution is intended to cater for. The property was purchased for the benefit of the rising generation. About 20 elderly desert natives have come in and are being provided with food and clothing.

The Munja settlement, which is at Walcott Inlet, between Derby and Broome, caters for purely tribal natives. It is situated right on the coast, a part that is visited only by tribal natives, and is more in the nature of a feeding depot and health resort. Most of the leper patients in the leprosarium at Derby have been collected from that coast and, while the department finds its work there rather expensive, it is serving a useful purpose from the health point of view. The place is partially self-supporting because it has good well-watered country. Cattle have not done well there. The herd of 2,000 cattle has not increased and I do not think it ever will increase because the natives are so bad.

Mr. Leslie: Do they spear the cattle?

The MINISTER FOR THE NORTH-WEST: Yes. The natives, as I have stated, are purely of the tribal class. Peanuts of good quality are grown there and in favourable seasons the production has been as high as 30 tons. The whole of the crop has not been sold on the local market because many of the peanuts are eaten and distributed to other centres. Some are sent to the leprosarium in Derby—this, of course, is a debit and credit entry—and to other institutions. The crop this year was almost a total failure, only sufficient having been obtained for seed and feed purposes. There was none for sale.

The native hospitals at Wyndham, Broome, Derby and Hedland are still controlled by qualified nurses and are inspected annually by the travelling medical officer and when necessary by the local district officer or the flying doctor, or whoever may be called in to render assistance. The department has recently appointed one more travelling inspector for the mid-north area, and shortly applications will be called for a travelling inspector for the Murchison district. We are finding that the field for the selection of staff is not now so limited and various staffs are doing much better. The Murchison district has troubles similar to those of most other districts, but I feel satisfied that the appointment of a travelling inspector will enable us to assist the various local authorities in their difficulties and to do much better for the natives.

The staff appears to be more stable at the moment than it has been for a considerable time. A number of men returned from the

Services have taken up these avenues of employment and consequently we have a better field of selection than we had during the war years. At that time we had to depend upon casual clerks. Quite a number of officers enlisted and were away for several years. Our difficulties increased with the presence of the American and other troops, while the amenities in the metropolitan area proved an inducement to the native population. Thus the activities and difficulties of the department were increased.

The employment of natives during the war was satisfactory and I feared that when hostilities ceased it would probably dwindle, but there are still approximately 6,000 natives in employment, so the ending of the war has not led to any diminution in the number. The general staff had a difficult time during the war, and I am grateful for the loyal service that was given. These officers worked many hours of overtime trying to do their best for the natives, and I appreciate their efforts.

The general health of the natives, which is reported on by the local medical officers from the Carolup and Moora districts and from our travelling medical officer, is satisfactory, except of course from the point of view of leprosy. This is a problem that will be difficult of solution. There are approximately 200 patients in the Derby leprosarium and quite a few still at large in the coastal area around Munja. To get hold of natives of this class and induce them to enter the leprosarium is difficult. After they have been confined to the leprosarium for some time, they seldom break away. In the first place, however, they have a great fear of civilisation and of hospitals, and it is difficult to entice them to enter the establishment. Every effort is being made to contact sufferers. We have a travelling medical officer who uses an aeroplane to visit the various stations, so that bad cases of disease can be attended to immediately. We are doing everything possible for the health of the natives. If there is any other information members desire on this section of the Estimates, I shall endeavour to supply it.

The Harbour and Lights Department during the war experienced many difficulties by reason of the fact that lights and buoys along the coast had to be dismantled for security considerations. The department has

recently been actively engaged in getting the lights and buoys replaced. The work of the department consists mainly of the control of jetties at Carnarvon, Onslow, Point Samson, Broome, Derby and Wyndham. Wyndham was out of action for some four years, but has now been re-opened. The department administers the Navigation Act, which applies to all coastal vessels, and the Boat Licensing Act, and controls all ports and harbours in the State, exclusive of Fremantle. The revenue and expenditure depend entirely upon the fluctuations in accordance with the volume of shipping and tonnage of cargoes handled. This session the annual report was laid on the Table of House. This report has been denied to Parliament for some years for security reasons; to publish the report would probably have given too much information as to the movements and tonnages of vessels visiting the various harbours.

The Fisheries Department, like other departments, shows an increase due to the higher salaries and the employment of extra clerks on account of the additional work following the increased activity in the industry. The basic wage and classification increases are responsible for most of the additional amount of the vote. The annual vote of £50 to the Pemberton Trout Acclimatisation Society has been increased to £400. We decided to make Pemberton the one breeding centre for the whole of the State in order to save the expense and inconvenience of importing fry from the Eastern States and Tasmania, as we had been accustomed to do. The breeding ground there has so far proved quite successful. This is controlled by the society, not by the Government, but the society has done exceptionally good work, and it consults with the Chief Inspector of Fisheries when advice and assistance are required. The Collie society received a grant of £50. Another society named the Murray District Society has been formed and has been active in securing fry from Pemberton and liberating it in the local stream. Time alone will show what success will attend the release of trout fry in the Murray River. If it proves to be as successful as in the majority of instances, we shall feel satisfied. I know some of the gentlemen in the Murray district who are taking a very keen interest in this move-



ment. The society is a strong one, and I feel confident that it will give much attention to this matter.

The department expects an increase of revenue this year. The royalty under the Game Act should show a slight increase in view of the high price for kangaroo skins, while, in addition, the increased activity in fishing should result in a greater return from license fees. There has been some activity in the industry as a result of fresh people taking out fishermen's licenses.

The pearling industry at Broome has been re-opened. Of course the present activity falls far short of the usual standard, but that is only to be expected on account of the lack of boats, gear and labour. Only two firms are operating in the Broome area this season, but a number of other people are interested and are hopeful of being able to re-start in the industry in the forthcoming season. The result of the work by the two firms this season has been very gratifying. A returned soldiers' organisation has purchased boats, with the assistance of the State Government, and hopes to be able to start pearling in the Broome area next season. Consequently the prospects of the pearling industry are bright.

The effect of the return to the fishing industry of many ex-Servicemen is indicated in the figures of fresh fish produced as follows:—

				Cwt.
1942	..	..	..	21,859
1943	..	..	..	22,284
1944	..	..	..	28,902
1945	..	..	..	39,002

Thus, notwithstanding the criticism levelled at the Fisheries Department, the production of fresh fish has increased and not decreased as was suggested. Other production figures are as follow:—

	1942.	1943.	1944.	1945.
Fish (cwts.)	21,859	22,284	28,902	39,002
Crayfish (doz.)	18,938	30,223	51,038	54,234
Canned Fish—				
Crabs (doz. tins)	4,394	16,436	24,185	23,019
Other (lbs.)	240,613	236,501	170,595	317,297

Mr. Leslie: Does that include what is called frelish?

The MINISTER FOR THE NORTH-WEST: Yes. Modern refrigeration and much improved types of vessels are becoming a feature of present-day commercial sea-fishing. It is the Government's policy to encourage and assist in this direction, and already a number of excellent vessels

have commenced operations and are largely owned by ex-Servicemen. The Hopetoun salmon has been somewhat responsible for the big increase in the fish canned. The fishermen were getting the fish in Hopetoun and transporting it to the Canning Export Factory, but now a canning factory is being erected at Hopetoun and the fish is being canned there. That is a good thing and should be encouraged. We like to support local industry, particularly in places of that kind. This enterprise will mean a lot to Hopetoun. I have sampled a tin of canned salmon, and it was quite good.

Mr. Leslie: Has any been on sale?

The MINISTER FOR THE NORTH-WEST: Mine was a sample tin, but the product will be on sale before very long.

The Premier: It is on sale.

The MINISTER FOR THE NORTH-WEST: With regard to whaling, a company was formed early this year to capture and treat whales in the Albany area. Owing to a late start and other difficulties no whales were taken this season, but the company will be ready to operate immediately the next season begins. Scientific investigation is a matter in which the State Fisheries Department works in close co-operation with the C.S.I.R. Aerial spotting of fish has continued this year on both our west and south coasts, and at the moment two Commonwealth research vessels—the "Taipan" and the "Warreen"—are being prepared for sea at Fremantle. These vessels should be ready for work at an early date and should make valuable contributions to our scheme of investigation. That is all I need say about the fishing industry, but if there is any further information I can give to members, I shall be pleased to do so.

Progress reported.

## ASSENT TO BILLS.

Message from the Lieut.-Governor received and read notifying assent to the following Bills:—

- 1, Road Districts Act, 1919-1942, Amendment.
- 2, Increase of Rent (War Restrictions) Act Amendment.
- 3, Business Names Act Amendment.
- 4, Municipal Corporations Act Amendment.

**QUESTIONS.****EDUCATION.***As to School Holiday Camps.*

Mr. SEWARD (without notice) asked the Minister for Education:

1, Is it a fact that the Education Department has arranged for the holding of school holiday camps as part of the school curriculum?

2, If so, at what places are such camps to be held?

3, Is it a fact that children attending such camps will be charged £3 each per week and travelling expenses to and from the place where the camp is held?

4, Is it a rule that children to a specified number attending such camps must be accompanied by two of the mothers of such children who have to do the work of the camp?

5, Is it a fact that these ladies are also charged £3 per week while at the camp plus travelling expenses to and from the camp?

6, What is the maximum number of (a) children, (b) parents, attending such camps?

The MINISTER replied:

1, Yes. Details of the scheme will be given in the Education Estimates.

2, Albany Quarantine Station and Point Peron.

3, No.

4, No.

5, No.

6, (a) 100 children; (b) no fixed number of parents is invited.

**POLICE.***As to Strength of Force and Recruits.*

Mr. MANN (without notice) asked the Minister representing the Minister for Police:

1, Is it a fact that, on Saturday, the 2nd November, 1946, there was only one constable on street duty on the afternoon shift in the city of Perth?

2, Is he aware that, when the police school at present receiving instruction was being taken on, only 27 men were available although 30 were required to complete the class?

3, Is it a fact that the list of applicants was exhausted when the last school was

5, Friendly Societies Act Amendment.

6, Nurses Registration Act Amendment.

7, Supply Bill (No. 2), £2,200,000.

8, Transfer of Land Act Amendment (No. 1).

9, Railway (Hopetoun-Ravensthorpe) Discontinuance.

10, Medical Act Amendment.

**BILLS (3)—FIRST READING.**

1, Building Operations and Building Materials Control Act Amendment.

2, Eastern Goldfields Transport Board. Introduced by the Premier.

3, Imprisonment for Betting Abolition. Introduced by Mr. Watts.

**ADJOURNMENT—SPECIAL.**

**THE PREMIER** (Hon. F. J. S. Wise—Gasecoyne): I move—

That the House at its rising adjourn till 2 p.m. tomorrow.

Question put and passed.

*House adjourned at 5.55 p.m.*

**Legislative Assembly.**

*Thursday, 14th November, 1946.*

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The SPEAKER took the Chair at 2 p.m., and read prayers.