

private bank are all made by officers of the bank.

Mr. LESLIE: There has been a measure of criticism not only of the Agricultural Bank but also of Government departments organised as under the proposal of the clause. It does not brighten the bank's chance of obtaining rural mortgages.

Amendment put and negatived.

Clause put and passed.

Clause 58—Amount of loan and nature of security:

Mr. MANN: I move an amendment—

That at the end of the clause the following proviso be added:—

“Provided that notwithstanding any other provisions of this Act or the provisions of any other Act, or any security, interest shall not be payable on the interest (if any) in arrear at the date of commencement of this Act in respect of any security formerly held by the Agricultural Bank which by this Act is vested in or held by the Bank and the amount of such interest in arrear (if any) in respect of each person so indebted for interest in arrear shall be entered in a separate account.”

I hope the Minister will accept the amendment. The object is to avoid the payment of interest on interest in arrear.

The MINISTER FOR LANDS: The amendment cannot be accepted. Many hundreds of pounds are outstanding for interest on some accounts, and the hon. member desires that the interest should be placed in a separate account and payment of interest on it suspended. An institution of this type must have all the power and discretion of similar institutions. Associated banks calculate interest on outstanding accounts from day to day and, if it is unpaid at the end of six months, it is capitalised without reference to the mortgagors.

Mr. WATTS: Many clients of the Agricultural Bank have fallen into arrears with the payment of interest, and the amendment aims at having this interest put in a separate account in which it will not be carrying accommodation interest, which is interest upon interest. The amendment would not prevent the bank from recovering the interest due, but the bank could not compound the interest. The Minister has told us that some of these accounts should be nursed back to a state of financial health. That recovery will be delayed the longer if interest is charged on arrears of interest.

Hon. W. D. Johnson: There must be some penalty.

Mr. WATTS: The penalty—by way of interest on interest for years—has already been inflicted. I am pleading for those clients of the bank who are not in a position to pay their way. There may be only five per cent. or ten per cent. of such clients, but whether the number be many or few they are entitled to this consideration on the reconstruction which it is proposed shall take place.

Hon. W. D. Johnson: Who will pay it?

Mr. WATTS: The client will pay the arrears, which will be put in a separate account. All that the amendment seeks is that interest on interest in arrears shall not be charged.

Progress reported.

BILLS (2)—RETURNED.

- 1, Nurses Registration Act Amendment.
With amendments.
- 2, Companies Act Amendment.
Without amendment.

House adjourned at 10.52 p.m.

Legislative Council.

Wednesday, 25th October, 1944.

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The PRESIDENT took the Chair at 4.30 p.m., and read prayers.

QUESTION—COMMISSIONER OF PUBLIC HEALTH.

As to Resignation.

Hon. J. G. HISLOP asked the Chief Secretary:

(i) When will the resignation of the Commissioner of Public Health be made public?

(ii) Are the reasons for the resignation available?

(iii) Did the Commissioner resign because he considered his efforts would be futile under the present organisation?

(iv) As the Commissioner is not in administrative control of either the Health or Medical Departments, who is?

(v) Is this state of affairs in conformity with the Health Act?

(vi) In view of the serious consequences to this State, has every avenue been explored so that the Commissioner will be induced to withdraw his resignation?

The CHIEF SECRETARY replied:

(i), (ii) and (iii) The resignation was submitted, but no decisive action has yet been taken in connection with it.

(iv) The Commissioner is responsible under the Minister for the administration of the Health Act. So far as the hospitals are concerned the Commissioner is responsible for professional matters, or affords professional advice. The Under Secretary is the permanent head and is administratively responsible as such.

(v) Yes.

(vi) Answered by No. (i).

MOTION—HEALTH AND HOSPITAL ADMINISTRATION.

As to Inquiry by Royal Commission.

HON. J. G. HISLOP (Metropolitan)

[4.35]: I move—

That this House desires to draw the attention of the Government to the urgent necessity for a Royal Commission, on which there is professional medical representation, to be appointed to—

- (i) Investigate the administration of the Health Act;
- (ii) Investigate the condition and administration of hospitals and the conditions under which nurses are trained as well as the training they receive;
- (iii) Make recommendations for the necessary measures to be adopted during the war for the adequate hospital accommodation and treatment of all forms of sickness; and
- (iv) Formulate plans for the post-war finance and provision of hospital accommodation, such plans to include the administration of hospital and nursing services.

I rise to submit this motion because I believe that it is in the interests of the people of this State that I do so. I claim that, having had experience of medical practice in this State for over 20 years, I am entitled to speak with authority on the mat-

ters I propose to bring to the notice of members. There are reasons for bringing this motion before the House at this particular time—reasons which I shall attempt to make clear. Could I foresee an early end to this war I might have waited until later but, as it is now likely that at least two further years may elapse before the termination of hostilities, I feel that it is essential to have an inquiry now. The present difficult situation will increase rather than decrease, thus calling for wise control of hospitals during the remainder of the war, and the formulation of a plan for future hospital provision and administration, well co-ordinated so that at the first available moment it may be got under way.

There are aspects of the present conditions which call for immediate investigation and alteration. On the other hand, there is a wide field for investigation before the future plans for hospital provision in this State can be laid down or accepted. Let us look at the present situation! There is no medical supervision of hospital administration. I recall to the minds of members a reply by the Chief Secretary when I first made this statement. Without quoting the Chief Secretary, I contend the reply meant that the Commissioner of Public Health could take as much interest as he cared to. The reply given recently by the Chief Secretary makes it obvious that the Commissioner has no administrative duties in the Medical Department, and the replies I have received in the last two days leave me in doubt as to his administration of the Health Department. I shall read a copy of the advertisement calling for applications for the position of Commissioner of Public Health. It is as follows:—

Applications are invited under the Public Service Act, for the position of Commissioner of Public Health, Western Australia.

In addition to all the usual public health functions, the department includes management of 25 hospitals and supervision of 60 other hospitals; the control of homes for the aged and infirm, and the direction of any State medical services.

Salary range £1,180, £1,250, £1,300, plus basic wage adjustment, which, at 1st October, 1943, is £60.

Inquiries from, and applications to the undersigned.

Applications close 22nd November, 1943, at Perth

GEO. W. SIMPSON,
Public Service Commissioner.

7/10/43.

Why was the advertisement put in this form? Surely it was an indication to the candidates for the post that their work would include the administrative supervision of the number of hospitals enumerated? The advertisement is, to say the least, misleading. Here I diverge for a moment to offer a word in support of anything that may be done to retain the services of Dr. Park in this State. Dr. Park, in the brief period he has been here, has earned the respect of everybody, and one can see in all those coming into contact with the medical services of the State a growing sense of trust.

Dr. Park is a man of very wide experience, and we are extremely fortunate to have him in this State. Do not let us lose him! Whatever difficulties exist in the department ought to be straightened out. Whether they are difficulties between lay and professional control, I do not know, but I do trust that the Commissioner is given the full authority which the Health Act says he shall have. Throughout the Health Act one reads of the powers of the Commissioner, even to the extent set forth in Section 13, which says—

The Commissioner may, from time to time, hold or order to be held such inquiries or investigations as he may deem necessary in relation to any matter concerning public health in any place, or in relation to any matter concerning public health in any place, or in relation to the administration of this Act, and may appoint such public health official or any other person to conduct such inquiries or investigations as he may deem fit.

I do hope that too much use is not being made of Section 38, which gives all the powers, rights and authorities vested in the Commissioner to the Minister when he deems fit. I take it the intention of the Act is that the Commissioner shall exercise all the powers laid down and that the Minister shall have the right, should any difficulties arise, of taking all those powers unto himself. Taking Section 38 more literally, it would mean placing the permanent head of the department in direct administrative control when really the duties belong to the Commissioner. I hope that difficulties of this sort have not arisen.

In the past we have lost good men. We lost Dr. John Dale and we have regretted it ever since. Dr. John Dale is now City Health Officer in Melbourne, where he is spoken of in the highest terms. Only a fortnight ago I was informed that the Tas-

manian authorities had regretted allowing Dr. Park to leave that State and would offer him almost any terms to return. I am quite certain that all Dr. Park wants is full co-operation in his department to enable him to build up the health of this State to what he considers it should be. For many years Dr. Park represented Australia at the meetings of the League of Nations, and if a man of his wide experience is allowed to go, it will be impossible at present to replace him adequately.

Hon. J. Cornell: The trouble seems to be that the lay control brings the professional into submission.

Hon. J. G. HISLOP: That is why I am asking for the appointment of a Royal Commission to investigate the administration of the Act. There is discontent in the service. From time to time we hear statements of lack of control and of the non-policing of the Health Act, and this does not make for happy relations in the department or for efficiency. The common talk about the extent of contagious abortion in cattle in the South-West is something that calls for reply.

Hon. L. Craig: Contagious abortion is common throughout the world today.

Hon. J. G. HISLOP: Inquiries should be made as to what can be done. There have been complaints regarding the milk supply, and I consider that the whole administration should be investigated to ascertain whether it is in professional or lay hands. However, I do not wish to labour that point to excess. I reiterate that there is no supervision of hospitals by a professional medical man. I recall to the House a statement which I made, that on a visit to Wagin, Dr. Atkinson, the then Commissioner of Public Health, did not visit a maternity hospital because hospitals did not come under his jurisdiction.

Let us look further. There is no defined system under which hospitals are managed or administered. There is the Perth Hospital, to which an arbitrarily fixed sum is allotted each year. The board of management consists of the Under Secretary for Public Health as chairman, the Commissioner of Public Health and the Under Treasurer as members; I sit as liaison officer of the honorary staff; the medical superintendent, the manager and the secretary attend the board meetings. At the

Children's Hospital there is an elected honorary board of business and professional men with representatives of the honorary staff; the Under Secretary for Public Health sits as the Government representative. At the Fremantle Hospital, much the same method of government exists. In both these latter cases, the Medical Department exercises control by its ability to determine the actual annual grant, thus virtually dominating the policy of the hospitals.

Then there are the country hospitals which are either (a) committee-controlled with departmental subsidy, or (b) departmentally managed. These committee-controlled hospitals are, to all intents and purposes, departmentally controlled, very effectively, through finance. The method, however, does, I submit, permit to a degree the department to disclaim any responsibility for the conduct of the hospital. Yet, if any increase or extension is required, the department has the final word, though the committee has to find its share. The committee's plans may even meet with disapproval by the department, even though it has in hand the share of the contemplated finance. And this approval or disapproval is in the hands of one man—not a professional medical man—with appeal only to the Minister.

I give here a typical example of what I mean. At Wagin a new maternity wing was required. During a visit to that town, at the request of members of the local council, I saw the hospital and obtained an idea of the proposed lay-out. I pointed out that it would cause a great increase in nursing work, and that the distance required to carry food could be shortened by a rearrangement. Later, when I knew the plans were in the hands of the contractor, I visited Wagin and was told that the final plan had not even been submitted to the council or hospital board, yet the board was being called upon to find its share of the cost. No medical supervision or criticism of that plan had been obtained. I spoke to the Principal Architect and to the Commissioner of Public Health, but I know no more. Such autocratic handling of a country hospital committee is surely unwise and unjustifiable. Let me give another example. I have referred in this House previously to the conversion of the infectious diseases ward at Collie into a maternity ward. This plan should have been submitted to medical

inspection, because I saw that it would be impossible to move a stretcher from the labour ward into the nearest ward of beds. A circuitous route would have been necessary, or nurses would have been compelled to carry the patients. I learn now, after months, that this mistake is to be rectified; it need not have occurred.

Further, we have the recent trouble over the alterations at the Onslow hospital. I affirm again that there is need for a Royal Commission, with adequate medical professional control or representation, to decide the policy of hospital expansion. Never have we been able to lay down a standard and adhere to it. Never has a hospital, apart from the King Edward Hospital and the new Perth Hospital, been built to a plan in which expansion could be made along sane and satisfactory lines. Throughout the length and breadth of the State our hospitals bear evidence of having "grown"—like Topsy; of additions to meet the needs of the moment and not of the future; of parsimony replacing efficiency, resulting in increased labours for the nursing and domestic staffs, and so, necessarily, in a lower standard of professional work. Above all, they show evidence of lack of medical guidance; they possess, in many instances, little of the essentials of a hospital.

Take another example of the need of a Commission possessing evidence on all the hospital requirements of the State. Let us re-examine the Bunbury position. It was not long after I read Inspector Senior's report that the Under Secretary for Public Health—not the Commissioner; he had seen it previously—made an inspection of that hospital. Yet what is the result? On the 2nd October, 1944, we read in "The West Australian" that the Bunbury Council had received a letter from the Under Secretary stating that there were more important matters in connection with the hospital than renovations, and that nothing could be done in regard to certain serious defects mainly on account of lack of floor space. I do trust this means that a wash-basin can be placed in the surgical ward. I do trust this means that steps can be taken to see that rain does not leak through the roof of the theatre. I do trust it does not mean that nurses must continue to live in damp quarters. Surely electric light can be installed in the combined bath, hopper and pan rooms where it does not now exist. Mr.

President, I would remind the House that even if the war stopped tomorrow it would be three years before a new hospital could be erected. Give this war two years, then are we going to allow the main hospital of the South-West to fall further and further into decay and to grow dirtier and dirtier for five years?

Are we going to allow the lives of these citizens to be jeopardised for five years? Are nurses to go on living in damp quarters for five years? I have just been able to acquire inside knowledge of some of the methods of finance of country hospitals and their method of expansion. I have been particularly careful not to refer in this House to any knowledge which I have gained in my capacity as Executive Officer of the Medical Co-ordination Committee, feeling that the evidence which I use in this House I should obtain personally as a member of the House. On this occasion, however, I am going to break my rule—but only a little—to tell the House that I did, as Executive Officer, not alone, visit Mt. Magnet with the idea of seeing whether the medical services in that district were adequate. Before I went I notified certain members of this House interested in that area, as well as the member in the Lower House interested in it.

While at the meeting, I was asked whether it would be possible to have necessary alterations made to the hospital, because it had been pointed out to the local committee that it was quite useless having a doctor to work in a place like Mt. Magnet if he did not have sufficient facilities. I was then asked to state what I considered would be necessary to put the hospital into good condition. I gave the committee a list of what was required. I had to be quite fair to the meeting, so I told it that hospitals do not come within my province; that, as a member of the Co-ordination Committee, I had nothing to do with the administration of hospitals, but that nevertheless I would forward the request through whatever channel the meeting would advise me of. The committee wrote to me, taking advantage of that offer, and asked me to send to the department and to the Lotteries Commission the list of things which I considered necessary for the hospital. This morning I received a letter from the chairman of the Lotteries Commission. Members will be interested in many paragraphs

of it, but I do not intend to refer in any way to what may be the implications; rather will I confine myself to facts. The letter reads—

Acknowledge receipt of your letter of the 17th instant, together with a copy of the extracts of notes of the meeting held at Mt. Magnet on the 26th August, 1944, and at which you were in attendance, whilst recognising your interest in the betterment of hospitals I would like to point out that when dealing with the allocation of public money you will, I feel sure, agree that care must be exercised by the Commission to prevent the possibility of any person using the approach to the Commission for the purpose of personal publicity. This could easily happen were the Commission to consider applications made by persons not in any way connected with the hospital administration, unless such person or persons were the public representatives of the district requiring the Commission's assistance.

Hon. J. Cornell: The Lotteries Commission get an advertisement out of it!

Hon. J. G. HISLOP: The letter continues—

It would be only right to inform you that ordinarily such representations are made by the hospital authority direct or by the Medical Department or the parliamentary representatives of the district. I understand that, as a member of the Medical Co-ordination Committee, you are called upon to assist in the beneficial placement of members of the medical profession. It would appear, however, that hospital administration does not come within the ambit of your charter, and further, Mt. Magnet is not situated within the boundaries of your parliamentary province. In the absence of advice to the contrary, I must assume that the parliamentary representatives of the Mt. Magnet district—both Council and Assembly—if approached would be fully capable of adequately representing the requirements of their constituents to the Lotteries Commission.

Hon. H. Seddon: Hear, hear!

Hon. J. G. HISLOP: There are in the communication certain essential points which bear out the case I am now making. I want members to realise that no doctor in a country district has a right to a vote on a hospital board. He has the right to attend meetings, but not to record a vote. This method, therefore, by which the Lotteries Commission and the Medical Department have decided on the expansion of hospitals consists entirely of administration by lay persons. The local doctor may give advice, but as he is probably a young man he has had no experience in hospitals. In the circumstances, therefore, I claim emphatically that there is no medical control of hospitals in the Medical Department. That

department in turn collaborates with the Lotteries Commission on which there is no-one experienced in either the construction or maintenance of hospitals.

Is the future of our hospitals and of our State to be decided by this method of control? Apparently we are also informed by the chairman of the Lotteries Commission that we must not adopt anything in the way of a parochial attitude: neither must we make our concern as members of Parliament anything that lies beyond the province or electorate that we represent. I feel I cannot subscribe to the statement about taking a parochial attitude. It is to get over this method which has been brought about that I am now asking for the appointment of a Royal Commission, so that some permanent body may be appointed to take over the control of these hospitals. The final paragraph of the letter from the Lotteries Commission also interests me. It is as follows:—

It may be of interest to you to know that as a result of such representations some time back the Commission made £300 available for improvements to the Mt. Magnet hospital; but as no move was made to claim it, it was subsequently returned to our joint account.

We have here apparently a state of affairs in which there is no question of any State-wide need for hospitals being apparent to the Commission. If someone in the district does not claim the amount allotted by the Commission it is to go back to the joint account of that body. Surely that is not making provision for hospital accommodation in Western Australia! I have before this been accused of shutting my eyes to insuperable difficulties. Difficulties are only insuperable if it is desired that they be so. The Americans on arrival here soon showed us that things could be done if they were really firm about it. We can learn a lesson from their methods. It may be said that plumbing is difficult at the moment because of the shortage of labour. Of course that is so.

On my journey by air to Melbourne recently, I found that the lavatory accommodation at Kalgoorlie and Ceduna landing grounds had been increased four-fold. How much more necessary it is to put our sanitation in order in our hospitals than it is to increase it for a maximum of 21 people passing through the 'drome at any one time! If it were really desired that we obtained priority in these matters there would

be no insuperable difficulties. The present form of departmental control of hospital administration has become outmoded; it must be rapidly replaced by a more efficient one. One of the most obvious things is the lack of provision for maintenance; this has been a sin of decades. This error in administration is, in part, responsible for some of our present difficulties.

When Samuel Pepys visited Spain, in his holiday period, whilst the Navy was destroying Tangier, he found the institutions of Spain dying and decadent. He referred to them in these terms, "Slow moving pride and dead precedent rule every department." How sad it is that this is true of our present system. Why should a department be slow and loath to take or heed advice; especially when it is remembered that it has in its keeping the care of the sick—a truly weighty responsibility? But there has been a noticeably wide gulf between the department and the practising profession, and those doctors who have had to work with the department have been aware of the reluctance to accept suggestions. Almost inevitably the answer is "No," and the reason for the negation is ready almost before the suggestion is made. Times without number the profession has asked for a hospital commission.

Slowly the department moves along its way, safe in its slow moving pride, allowing itself to be stifled by dead precedent. How often have we heard the retort, "That is something we have never done before," as a reason for opposing progress. Progress cannot be made with such administration acting as a millstone around our necks. It may be said with safety that almost all I learned as a student has had to be revised; and so it has been with hospital standards and hospital practice. But we have stood still. Many of our hospitals have seen 50 years' service. I am of the opinion that hospital structure should be such that it can be scrapped every 50 years. I have on more than one occasion given details of the deficiencies in many of our hospitals.

I am not going into details again but I do wish to emphasise that a doctor cannot give good service with poor equipment. Nor can a nurse give of her best, if at the end of all her scrubbing the cleaned article or area still looks dirty. Place people in decent environment

and they respond to it. Ask them to work without being able to see any result for their labours, and their work will fail as their interest fails! It is but human nature. The standards of medical, surgical and nursing care cannot be maintained at a high level in the absence of adequate sterilisation, a hot-water service and proper sanitation—and I do not call a pan system of sanitation proper for any hospital anywhere. Before I leave the present state of affairs, I must return to conditions at the Claremont Hospital for Insane. The Minister for Health states that any reiteration that the nurses' social quarters are dingy is increasing the difficulty of obtaining staff. He is quite wrong. It is his refusal to realise that they are dingy which is increasing the difficulty.

It is this ostrich-like habit that has raised the ire of so many in the nursing and medical professions. We had before us recently a Bill, the real reason for which was the desire to register mental nurses. The simple passing of a Bill for registration will not make the mental nurses trained, nor will it give them reciprocity with the other States. The other States will still have to be satisfied that the training they have received is adequate. Considerable alterations must, therefore, take place at Claremont before that registration is effected. We may register the nurses in our own State but we cannot be certain of that elsewhere, until we lay down a definite standard not only of training but of conditions of training.

I will give one example. The matron of the Claremont Mental Hospital is only mentally trained. The Government will, therefore, be faced with the position of finding a new matron before that registration can come about, unless some very definite alteration takes place in the present regulations. I understand also that at Kalgoorlie the matron—a most excellent woman, and I have nothing to say against her—has a midwifery ward under her control although she has only a single certificate. Those are the things that lay down the standard of training, not the passing of a Bill. We must, therefore, realise that considerable alterations will be necessary prior to the Bill we have just passed having any real effect. I now move on to the present conditions in the nursing profession, although I may return through them to hospitals.

Last year I pointed out that there was no matron-in-charge of the nursing service of those hospitals controlled or supervised by the department; that virtually the chief matron of this service was a lay male member of the Medical Department. Soon after this an inspectress was appointed—Miss Bottle of the Home of Peace was loaned to the department—and assigned the task of inspecting these hospitals and reporting to the Under Secretary for Health. The Chief Secretary has agreed that Miss Bottle's reports shall be laid on the Table of the House, but they are not yet ready. Probably before this motion is finally dealt with members will have an opportunity to examine them. I know Matron Bottle well enough to be able to say what is in her mind, although I have not actually read her reports. Members will find in them, I feel sure, a complete condemnation of country hospitals as nursing training schools. Nurses spend a long time in country hospitals, and yet we find those institutions are being condemned by a person who is above reproach so far as knowledge and integrity are concerned in dealing with these matters. Neither qualification can be disputed in the case of Nurse Bottle.

Some of these hospitals have had numbers of additions made to them, and that type of makeshift the nursing profession dislikes. The enclosing of verandahs to provide additional accommodation is generally condemned, because when verandahs are enclosed they keep away the light which is intended for sick people under treatment. It will be found that most of these hospitals have a complete lack of accommodation for patients' luggage. The luggage is stored anywhere in any space that can be found, perhaps in the bathroom, in an outhouse, under beds, or in some other place. I would be surprised if those things had not been commented upon by the matron. I have referred so often to details concerning hospitals that I feel it would only bore members if I gave any more.

One of the essentials I wish again to refer to is that of the inadequacy of sleeping quarters for the night nurses. Matron Bottle told me that nowhere had she found adequate night nurses' quarters except at Katanning. I have spoken in the House before of the rooms which night nurses at York sleep in, namely, those alongside the laundry. I do not intend to lengthen my

speech by giving further details concerning the inadequacy of nurses' quarters, but I will refer to some reports that I have received from certain of our larger country hospitals. I would quote the example of Busselton. At that hospital there are ten people on the staff, and there is one bathroom for all of them. To reach the bathroom the nurses have to travel 100 yards across the road. In winter time the matron has had to put on a raincoat and use an umbrella in order to reach the bathroom.

Another feature is the hot water system at Busselton. The night nurse does the stoking and I believe that also happens at Northam. I would also refer to the nurses' quarters at Geraldton where there is a staff of 20. There is one bathroom for 21 individuals including the secretary. There are two lavatories, one of which is up stairs and is used by all the nurses. There is another one downstairs. To get to the lavatory, nurses must pass the matron's room, go through the maids' quarters, over two verandahs and then through the nurses' quarters. One of the lavatories is in a box room. The night nurses there sleep in an unused ward.

Now I turn to an even more serious side of the question. I am not at all satisfied that the training of nurses in the country hospitals is being carried out, let alone that it is up to standard. Nurses who join the State nursing training schools are in many cases sent for a short period to a country hospital. The period may be as short as six weeks, and then they are sent to Wooroloo Sanatorium, where they are supposed to remain for 12 months. Then they return to country hospitals where they may or may not receive lectures from the doctor or doctors attending those hospitals. There is no study room provided for the nurses and thus they must read in their own bedrooms, which seldom, if ever contain a desk.

I have endeavoured to ascertain how much actual supervision exists over the study or reading which these girls carry out. As far as I can gather, the Tutor Sister from Wooroloo undertakes a tour of these hospitals once or twice a year. I have learned that there is dissatisfaction among the nursing staff because of the long interval, which may be as much as 12 months, which elapses before they receive any lectures after joining the staff. On investi-

gating this further, I find that in Collie, apart from a few tests by the matron, no lectures of any kind have been given for four years, although I understand they are to recommence in a short time.

To my regret, Miss Lockheed's report has not been laid on the Table of the House. It is not a very long report and its contents would be very useful. I have been able through other means to obtain her views since permission was given for the report to be placed on the Table. I am not giving Miss Lockheed's words or her views. I purposely did not contact her because I did not want to involve her in the matter. I have learned from others that she condemned all country hospital training schools and that throughout her report she used the words, "The time spent by the nursing staff was wasted there." Having spoken to Miss Bottle this afternoon, I learned from her that it was her recommendation that the trainee nurses should be withdrawn from all schools. That is a very serious state of affairs.

I am not asking for the appointment of a Royal Commission in any light-hearted manner. What I am dealing with are facts to which I have given much time and attention. I have acquired expert knowledge in these matters only after years of work. As I mentioned earlier, I have learnt of the dissatisfaction that exists among the nursing staff at Kalgoorlie because of the long interval that elapses before they receive any lectures after joining the staff. In the course of a recent speech the Honorary Minister advised me not to take the word of one nurse seriously in regard to these matters, so I wrote for confirmation and here is a paragraph from one confirmatory letter I received—

Re lectures here at Kalgoorlie, there is a general feeling of discontent among the girls. Some are here perhaps for nearly 12 months before they receive their first lecture. For instance, if they arrive here in May, they are compelled to wait till the next April for the beginning of the first lectures on medical and surgical work given by Drs. Davis and Outhred. This, of course, means that they also have to cram all their lectures into the final year when they should be having some of them earlier.

Hon. J. Cornell: Can you explain why the percentage of passes from Kalgoorlie is quite as good as it is at Perth?

Hon. J. G. HISLOP: I have no actual knowledge of the subject. I can go into that phase more deeply later on.

Hon. J. Cornell: Well, it is so.

Hon. J. G. HISLOP: Even so, it is quite unfair to ask girls to go for 12 months without receiving any lectures and then during their last three months ask them to submit to five lectures a week. One girl told me that it made her so tired that she dropped off to sleep at many lectures. I have had that statement confirmed by another nurse.

Hon. T. Moore: The lectures may be dull!

Hon. J. G. HISLOP: All lectures would be—if five were delivered each week. Deal with the question of lectures, I find that there is no defined standard of lectures delivered, nor is there any standard for all the hospitals used as country training schools, having regard to the number of lectures given or the times over which they are spread. I intend to quote extracts from a letter I received from a Kalgoorlie nurse. I have instanced the position at Kalgoorlie for the simple reason that I believe it is the one training school that should remain after all other country hospitals have been deprived of their right to train nurses.

Hon. H. Tuckey: Who would be responsible for arranging the lectures?

Hon. J. G. HISLOP: The matron could make herself responsible, but I do not think it should be her responsibility.

Hon. J. Cornell: Is it obligatory for the nurses to attend lectures?

Hon. J. G. HISLOP: Yes, they are required to attend a definite number of lectures under the regulations of the Nurses' Registration Board.

The Honorary Minister: Medical men would arrange the lectures.

Resolved: That motions be continued.

Hon. J. G. HISLOP: This will afford members some idea of the dissatisfaction that exists concerning this phase. Here is a letter from a nurse which was written after a meeting of the girls had been held at Kalgoorlie, so the opinions expressed are not those of one nurse. I have had the statement included in the letter confirmed by another nurse who recently left Kalgoorlie. In her letter the nurse states—

Equipment, etc., in wards: A number of wards here are short of linen, blankets, etc. Disinfectant seems to be almost as precious as gold, judging by the quantity each ward is allowed, so that despite infectious nature of

cases, we are often unable to disinfect linen, etc., as it should be done. Also the use of ether soap and A.C.M. was cut out for preparing for operations, and various solvents used, until one doctor complained of the effect of the solvents on the skin. There was then ether soap and A.C.M. supplied to surgical wards to be used in prepping only. This makes us think that it is just the economical policy of the Government and not definite shortage of material.

That is a very serious statement. Here is another reference in the letter that gives an indication of the conditions under which the girls are asked to work—

Mental cases are at present brought to medical wards and left there for nurses to handle until such time as they are certified insane and transferred to a suitable home. It amused us to see a case brought in by strapping policemen and left for the weaker sex to handle, particularly when it is remembered that there is only one nurse to a ward on night duty, and should these cases get violent, she would have difficulty in getting to the telephone to summon assistance. Of course if they are violent a policeman will stay with them, but they might be perfectly quiet for some time and then have an outbreak.

Then the girl goes on to refer to their complaints about the lectures—

Tutor Sister: We think there should be a suitable sister appointed who could relieve matron of the necessity of lectures and assist the trainees in their studies, particularly when hearing their N.R.B. At present we have very few whom we can consult, and the doctors are mostly too busy.

Revision of lectures, particularly doctors', so that they are not given by them as if a necessary evil, and are not crammed into the final months of training; most trainees here arrive keen, only to find they are not likely to receive lectures for about 12 months, and then find themselves with four or five a week and no time to study each subject as it should be studied.

It is my considered opinion that the training given in the Government hospitals must be examined critically. A study of the position will show that we were not training a sufficiency of nurses to meet Service demands and at the present moment, with minimal calls by the Services, we are barely meeting civilian needs. If the present demand for hospital beds continues after the return of men from service abroad, and after the cessation of nursing by married women, then our present system will fail to supply the necessary number of trained nurses. There is at present a great field of nursing unavailable for nursing training. The small scattered hospitals are not capable of acting as training schools.

but if they were, to a certain extent, centralised into 100-bed units, they could train nurses efficiently and, I think, give more efficient service.

Referring once again to the question of insuperable difficulties, I think it should be our duty to see that nurses self-sacrificing enough to spend 12 months among tuberculous patients, do not run unnecessary risks. Can this House be assured that all nurses entering the Wooroloo Sanatorium have a chest x-ray and are submitted to a Mantoux skin test? Can this House be assured that no girl is allowed to undertake nursing training, as her first contact with the sick, at Wooroloo, unless she has a clear chest x-ray and a positive Mantoux test? There are no insuperable difficulties here, Mr. President. There are now five doctors at Wooroloo—ample staff to give the nurses this valuable protection. If no assurance can be given to this House, where does the fault lie? Is it due to lay refusal to accept medical advice? It cannot be on account of cost, nor yet because of shortage of staff.

I turn now to the method of finance of our present system. I am not so concerned with the basis of day-to-day maintenance, but with the method of finance of extension. There has been a basis laid down—by whom I do not know—whereby the department expects a local body to find £1 for £1. This has been varied to £1 for the department with an equal amount from the Lotteries Commission and from the local body; but who established this basis? Is it Governmental or departmental policy? Local bodies have never taken very kindly to this, but have paid their share because the hospital was for the training of their sick. But do the local bodies in the metropolitan area pay their quota on a £1 for £1 basis of the building cost of the Perth Hospital? No, because it is said to be a State hospital. True, but the metropolitan councils and road boards do not build hospitals in their districts.

It is an arrangement that is definitely unfair, and should be examined in detail by the Royal Commission. But, and I think this is the correct place to mention it, will this same arrangement be expected to hold when zoning of hospitals is brought about? We have here again the example of Bunbury. The Under Secretary for Health states that the council has offered no suggestion for financing the new hospital, and in turn states that a basis of £1 for £1 is

the accepted basis. Bunbury Hospital will become the centre of medical treatment for the whole South-West, and if properly designed and equipped will ease some of the burden of the Perth Hospital and will certainly mean that the people of the South-West will receive specialist hospital treatment 100 miles nearer home. But are the citizens of Bunbury to meet the cost, or is it to be spread all over the South-West? If so, are the people of the country to be asked to finance their own local hospitals and their base hospital, whilst those in the metropolitan area finance only the base hospital?

The whole position requires sorting out. No arbitrary decision by a department should form the basis of hospital extension in the State. It should be a Government decision, and the reasons for, and foundations of, the agreement known to all. If extensions are required to the nursing quarters, the local bodies are called upon to pay their share of the cost. From the wages granted to the nursing staff under wages awards, an amount is deducted for lodging. Does the department take all of this or is the local body credited with its share in order that it may find the capital cost? I understand that at Collie the whole of the cost of the additions to the nursing quarters is being undertaken by the department, but this is not general.

Here let me say there is an interesting sidelight in connection with our financing of social services. The Grants Commission has always—I think “always” is correct—made a deduction from our annual grant because our cost per head of social services has not been lower than those of Victoria and New South Wales. Does this explain the parsimony of our department? I do not intend to go closely into this, but I believe that it is a matter which the Royal Commission could probe very carefully. Victoria is a wealthy State and its public-minded wealthy citizens have endowed charitable institutions to such an extent that the Government grant can be kept at a minimum. Hospital Saturday and Sunday voluntary donations in Victoria are this year expected to reach £120,000! It has become abundantly clear to those working intimately amongst hospitals that we are entering a new era. It therefore behoves us to make sure by concerted investigation that we do not make gross mis-

takes in our planning and our spending. Not only is it necessary to explore every avenue by means of a Royal Commission, but I earnestly believe that a permanent commission under professional control will be found by that Royal Commission to be essential for future guidance. Let me here say a word regarding this problem of professional versus lay control. The Chief Secretary, in his reply to my speech in the Address-in-reply, quoted the form of control in other States. Now I ask, why, because other States are making mistakes, should we repeat and continue to make the same mistakes?

Must we always be governed according to the custom of the other States? Cannot we ever see for ourselves? Cannot we ever strike out for ourselves along new paths? Must we lay down today's legislation along the lines of yesterday's legislation of the Eastern States? An attack on professional control that might almost be described as vitriolic, was made in Victoria; but the reason underlying it was obvious—the day of lay control of professional affairs is nearing its end. If the new era is to dawn, then professional guidance must eventuate. No more complete answer to this issue could be given than the report of the Medical Survey Committee of the Social Security Committee; no more damning indictment of lay control could be made.

Lay control has had its opportunity, and those who care to read the report of the Medical Survey Committee will realise how ingloriously lay control has failed to look after the interests of the nation's sick. Away with this bauble! The medical services of the Fighting Forces are today completely under the control of the profession. And what a success they have made of it! The figures of fatalities amongst the wounded are so low as to be almost unbelievable. The medical services have been taken into the front line where life-saving transfusions have been given in the fighting zone, and operating theatres and hospitals set up in the jungles. By using every modern device, by bringing the wounded back by air to more or less distant base hospitals, lives have been saved which must otherwise have been lost.

Are we going to discard in peacetime all that has been learned in war? If we intend to use this knowledge, then we must have

professional control of all the medical services, because the profession alone have worked as progress was made, and they alone have controlled the medical service in war. The age in which the doctor concerned himself with the actual treatment or bedside treatment only of the patient has passed. He has learned that if the patient is to benefit by medical treatment, medical control of the whole service must be established. I admit that we, as a profession, have erred, and that we have simply ignored those who for one or another reason have found it necessary to reiterate again and again that a medical man cannot administer.

We have learned that if the sick are to receive the benefit of the enormous and rapid advances in treatment, it can only be under medical administration. There are just as many capable administrators in the medical profession as in other walks of life. The war has proved it, and the armed and other services found necessary to carry on the war have trained them. There will be at the end of the war many medical men with years of administrative experience ready and willing to take up this task of administering in peacetime the medical and health hospital services of the nation. Here let me add, in Dr. J. H. L. Cumpston the profession have one of the most competent administrators in the Commonwealth.

Men fresh from active practice have done some of the finest administrative work of the Services. I instance Victor Hurley, Air Vice-Marshal of Royal Australian Air Force Medical Services, Brigadier Walter McCallum, Assistant to the Director-General of Medical Services, and Brigadier Gibb Maitland, of our own State. Sir Raphael Cilento, in his "Blue Print for the Health of a Nation," writes—

This haphazard evolution towards medical organisation has gone so far that it is surely not revolutionary to suggest that it be shaped into a deliberate plan by medical men before it is irretrievably distorted by well-intentioned lay enthusiasts.

As this maze of problems unfolds, I think members will agree that the decisions are too vast to be made by any one man. Nothing but a permanent commission with adequate medical control and representation, can face up to the demands of the future. There are, at the moment, two matters of interest, the decisions of which will depend upon a general policy which

today does not exist. No longer can we pursue a policy of letting things work themselves out. A long-term plan must very soon be drawn up.

Here is one example: The Home of Peace must expand. But how? I believe that much of the difficulty which the board of management of this institution is facing is due to the fact that it does not truly know what part it is expected to play in the hospital services. If it be contemplated that only hopeless cases are to be admitted, then a certain type of institution is required; but if it is to carry out the function of a hospital for chronic diseases, then a totally different type of building must be erected—one containing operating theatres and laboratories, and much equipment will be essential. But who knows—who can answer the question? Would it not be better to decide the policy before the board spends £50,000 or £100,000? The part this institution will play in the scheme of things will also determine the site. Is it wise to build on the present one, or would better service be given elsewhere?

Another example: The Children's Hospital has a plan in mind to spend £47,000, of which the Lotteries Commission has agreed to give £13,000. This is to add two storeys to the existing hospital. What inquiry was made before the Lotteries Commission agreed to give this public money? There should be more investigation than merely accepting the word of any hospital board, because no matter how worthy it may be, it is possible to become "brick-minded." When a survey of the Children's Hospital was made, following a request to build more wards as an epidemic was feared, there were 40 empty beds—but not in those parts in which they were required. Here is scope for investigation before further expansion occurs, because it can be very uneconomical to have a large proportion of beds empty in a hospital. If this money is available, are all the ancillary services up to date? If not, should they be modernised before extension takes place?

I am not saying that this expansion is not necessary—I am not in a position to say so—but there should be a body to whom such requests should be referred, so that the State services shall work as a composite force, equally strong in all points, but not over-weighted at any one point at the ex-

pense of the remainder. Further developing the same thought, I emphasise that for years after the war some order of priority must be allotted to hospitals; otherwise the strong will spread at the expense of the weak. We must not allow our outback services to lapse while we concentrate on the metropolis. Still another example: "Bethesda" private hospital contemplates moving from its present site, and has, I understand, bought "Lucknow" hospital, in Queenslea-drive.

The part which private hospitals will play in the future medical services calls for early decision. What I said about small Government hospitals closing up a field of nursing training applies even more strongly to the small private hospitals. I do not believe that we should allow a private hospital to be built unless it be of a size that will allow it to be a training school for nurses; and then only if it conforms to a standard not only of building and accommodation, but also of equipment. Modern equipment is too expensive to be a part of small hospitals; hospitals must be of a size sufficient to use economically and efficiently the necessary expensive modern equipment.

But who decides these standards? Again, it is a task beyond the capabilities of one man. Maybe private hospitals may slowly have to pass from the scene and be replaced by one large training hospital centre in each suburb, built and financed by public money and possibly by a permanent commission. If this is to be achieved, a decision must be reached, and no permit given for the establishment of a private hospital unless it conforms to standards, or is to perform temporary emergency service in an area in which it would be unwise to erect the major structure envisaged. And this brings us to the regional planning or zoning of hospitals.

Bearing in mind that small hospitals can never be efficient, it is axiomatic that some scheme of grouping appears inevitable. It may be said that if money is available, modern equipment could be placed in a small hospital, thus making it efficient. I still answer "No," because the operation of modern equipment—e.g. ex-rays, laboratory apparatus—demands experts. If an expert is allowed on the staff of a small hospital, his time will not be fully occupied; he will lose contact with his fellows and fast decline in his standard of efficiency. Thus,

it would appear on paper a simple matter to divide the State into regions or zones, and declare that each shall have its base hospital. But this is where the simplicity ends. I wish to read to members a letter from the Wagin Municipal Council which gives evidence that the Medical Department has decided upon the sites of these base hospitals—

Wagin Municipal Council.

20th Sept., 1944.

Dr. Hislop, M.L.C.,
Parliament House,
Perth.

Dear Sir,

Future Policy re Hospitals.

On September 1st the Under Secretary of the Medical Department, Mr. Huelin, met representatives of the Wagin Municipal Council and the Wagin District Road Board and informed them that the future policy of the department re country hospitals would be to establish regional hospitals at eight centres in the State. These regional hospitals would be developed, and other existing hospitals would remain static, no future developments taking place.

The proposed locations of the regional hospitals were—Northam, Narrogin, Katanning, Albany, Bunbury, Geraldton, Merredin and Kalgoorlie.

Mr. Huelin further stated that this plan and policy had been decided upon by a special committee, and was very definite that the proposals would be put into operation in the near future.

My council and the Wagin Road Board have held a joint meeting to discuss the proposed scheme, and I have been directed to ask if you would advise whether you have any knowledge of the proposal as outlined by the Under Secretary and the existence of the committee dealing with the matter, and, if so, would you be good enough to supply us with the names of the members?

Further, would you be willing to express your views upon the proposal and whether you approve of the plan and proposed locations of the regional hospitals?

Awaiting the favour of your reply,

Yours faithfully,

JAS. A. BROWN,
Town Clerk.

I propose to submit ample evidence that this is not just as simple as choosing eight centres at each of which a base hospital shall be erected. Nor can such an autocratic decision make the people of the State so minded that they will leave their own homes to go 20, 30 or 40 miles to a hospital. Not long ago I put this subject of zoning before a local body which immediately questioned the wisdom of sending mothers to a base hospital for maternity accommodation. Before such a scheme can be brought to fruition, there

are many factors, non-existent today, which must be considered, planned for, and put into being. Roads must be built to ensure the safe carrying of the injured and sick, and at the bases hostels at which the expectant mothers can reside must be completed. A pregnant woman cannot leave it until the last moment to travel safely to a distant base. Thus, she needs accommodation during her waiting period; and what is still more important, provision of domestic care and management of the home during and after the confinement are indispensable. But, to notify a town like Wagin at this moment, when the completion of such a scheme cannot be visualised and when it may be ten years from achievement, is absurd.

The Lieut.-Governor's Speech contains reference to the appointment of a departmental committee to inquire into hospital provisions, but I doubt if it has had more than one meeting. Yet, this letter states that irrevocable decisions have been reached. By whom? Is this House content to allow the future of hospital services to be so summarily determined by a departmental inquiry when it has before it the knowledge of the past failures of departmental control? Let us go a little more fully into this question of zoning, so far as midwifery is concerned. Maybe it will always prove unwise and unnecessary to send all expectant mothers to base hospitals. It may be that only the abnormal cases should be sent away for special provisions and the normal cases kept at home in their local hospitals. This would alter the plan and call for less hostel accommodation, but would demand modern equipment in the local hospitals and even such devices as transfusions, because accidents can happen in normal cases. This provision means the availability of blood and the training of staff. Adequately trained midwifery nurses would be necessary, then, in the base as well as in the local hospitals.

Where are they to be trained? The King Edward Memorial Hospital is not training a sufficient number to meet our present needs. Is not this training point the one from which we start? But let us think more deeply upon the segregation of abnormal cases for treatment at base hospitals. The discovery of them means ante-natal care; it will be essential, surely, to increase the present facilities. Similar deep consideration must be given to the zoning with re-

spect to medical and surgical cases. In Utopia, all would come to the base; but in practice this is not necessary. To what extent, then, should this zoning go? It may prove wise to centralise only the radiological and laboratory aids to diagnosis. To these the patient should go, because these are the main expensive forms of equipment to which I have referred and which must be at centres at which specialists in their use can be efficiently employed.

It may prove equally wise to send the specialist medical man to the patient in the local hospital. It will certainly be wise to arrange that this provision be a two-way traffic; the patient to the specialist, the specialist to the patient. This scheme can, by sound planning, be made to fit such places as are within ambulance distance of each other, but what of the isolated areas? Take, for example, the case of Lake Grace, the isolation of which demands that special consideration be given to the equipment of the hospital to meet the peculiar difficulties. The same may be said of Norseman, of Moora, and other places. What of the Murchison, with its special circumstances? There comes the stage where an ambulance is impossible because of climatic conditions, or of distance. Then, air transport must be considered if the base hospital idea is to be retained.

The North will bring its own problems. The crying need is for a doctor with a plane at Wyndham, and another flying doctor centre at Derby, linking with Wyndham and with the one at Port Hedland. Can this service meet the needs of the new mining districts opening up in the south of the Hamersleys? Is the base for this to be at Carnarvon, or should it be at Geraldton, which could then be made a large enough base to act as a post-graduate centre for the doctors and nurses of the northern services? These questions and problems have no answers ready overnight; their solution will come only from much searching and planning, reviewed by accepting and appreciating the views of those who live and suffer sickness in those northern parts of our State.

I trust I have made it clear that zoning cannot come in a day. It is a vision of the future, and must be accepted as such. But the average man or woman is not yet so minded, and I believe that the concep-

tion of base hospitals is ten years ahead of public thought. During that ten years, it will be necessary to treat the sick in local hospitals, but during that time, by wise decisions as to sites and by the building of efficient centres at which the common man and woman can appreciate that they can and are receiving the maximum of medical efficiency, wise and far-seeing administration should be able to educate the public to the value of such a scheme. Then, and then only, will zoning be possible. Build and equip these bases so that all will learn their value; then the public will go to them and use them, and allow of the gradual replacement of the local hospitals.

On this commission, there should be an architect, paying special attention to hospital planning and maintenance, keeping in touch with world progress. Today, attempts are being made in more than one quarter in Australia to design a hospital of minimum size which can be expanded without becoming difficult to work from the nursing aspect. This standard hospital must be a feature of our plan. Time after time a room or a ward has been added to meet the temporary need of a town—added without adherence to any plan; added without any consideration of the increased working difficulties of the nursing and domestic staffs. Time and again our Chief Architect must have prayed for permission to scrap and start again. Even the design of the present Kalgoorlie Hospital, erected a few years ago after a fire, was ruined by the department's slavish adherence to the rule that nothing can be scrapped.

In future planning, special attention must be given to the nurses' quarters. Each nurse deserves her own room; and, indeed, the night nurse is entitled to quiet to enable her to sleep in the day-time. Study rooms must be included, and the fact realised that these quarters are the nurses' home, to which they should be entitled to bring their friends. At Busselton, nurses sleep on verandahs facing the sea, and it is very windy there. The quarters badly need repair, rain leaks heavily through the roof and the walls are covered with mildew. The type of hospital for the South-West will not meet the needs of the marginal areas, and certainly not those of the North. The conditions in each area must be studied and, whilst retaining the standard as far

as possible, the type of construction must be altered to provide efficiency of treatment according to climatic conditions, etc. It may be that the adoption of standard designing—or, where possible, of pre-fabrication—and the realisation that populations may move, thus calling for mobility of hospitals, will bring the cost to a lower level.

When a Royal Commission is investigating the hospital provision, it should include private hospitals in its survey. Few of these measure up to modern standards; they are, in the main, private dwellings which have been converted for the purpose. In a kitchen which was designed for a family, the preparation and cooking of meals for 30 or more people is done. The hot water required has, in most cases, to be carried along passages—long ones, if additions have been made to the buildings. A hospital is judged not by its bedrooms, but by the provision or absence of those things for which the patient left home—adequate sterilisation and nursing facilities. If the sterilisation is inadequate, the sanitation poor, the theatre inefficient, then it cannot be called a hospital.

There is still another aspect of hospital accommodation calling for immediate attention. I refer to the provision for both the aged and chronic sick. In a hospital such as the Mount, holding on an average 90 patients, there may be as many as a dozen beds occupied by patients suffering from chronic illness. Not long ago, another private hospital of over 30 beds had approximately half its beds occupied by people over 70 years of age. If arrangements could be made for the housing of these types of patients, the present number of hospital beds for acute cases would suffice for the duration of the war. But if no provision is made, I can foresee chaos in our metropolitan hospitals within the next twelve months. Only today I received a request from the profession that something be done to control the admission of cases to hospitals. It takes an average of one hour to ring up private hospitals in order to obtain a bed. There is no concerted effort to meet the problem.

Hospitals are deciding, on their own initiative, what type of cases they will admit. One hospital, for instance, has decided not to admit anybody over 55 years of age; that involves extreme difficulty for

the aged sick. One realises there is essentially a difference between the admission of patients to public hospitals and to private hospitals. In the Perth Hospital there is a medical man, Dr. Muecke, stating whether a patient is fit for admission, and daily watching over the discharges in order to keep beds ready for new patients. Once patients are admitted to a private hospital, it depends entirely on their financial resources and the laxity or otherwise of the doctor whether they continue to stay in that hospital. Adding those difficulties to the number of chronic cases in the hospitals, one realises that before long difficulties that may be insuperable will be present in regard to the treatment of the sick. I believe that the Northam Military Hospital has been vacated. It has all the necessary facilities and I think it could be converted into a hospital for the chronically sick. They would receive better treatment in the country than they can receive in the metropolitan area, and there would be sufficient beds to meet the acute needs of the moment.

There is another group of institutions which a Royal Commission should inspect and report upon. This is the group which includes so-called convalescent homes, homes for the aged, rest homes, and the like. These are, almost without exception, converted or unconverted private dwellings; they all contain more human beings than the original house was intended to hold. They are not registered as hospitals, but as boarding-houses, and thus are not inspected from the aspect of the medical service they render. The definition of "hospital" in the Health Act reads—

Section 296 (6)—"Private hospital" shall mean and include all houses, whether permanent or otherwise, in which persons are received and lodged for medical or surgical treatment or care, but shall not include any houses in which maternity cases only are received or institutions within the meaning of the Hospitals Act, 1894, or any Government hospital, or any hospital in receipt of any subsidy from the State: Provided that no premises which are not registered as a private hospital at the time of the passing of this Act shall be registered after such time as a private hospital unless such premises are at least fifteen feet from the nearest boundary of the land of any adjoining owner or occupier.

This definition has left itself open and has come to mean that these homes are pure lodging-houses and, in fact, the Act is construed to read that, provided a doctor does

not visit these homes, they remain as lodging-houses. If a doctor does visit these places, then they come under the definition of a private hospital and the by-laws in regard to staffing and the nursing awards must be observed. So that visiting by doctors to these homes has grown to be somewhat in the nature of a subterfuge. The definition could be construed to mean that, provided a doctor did not visit such a home, the proprietor is free from all responsibilities other than those of a lodging-housekeeper. What care is meted out to the inmates is the responsibility of the relatives alone. What is urgently required is a true definition of "hospital," and a grading of these premises into acute, chronic and, shall I say, "C" grade hospitals.

Referring once more to these homes, I do not class them all together. None that I have seen is, in my opinion, good; and some are worse than others. Be that as it may, it is surely the duty of the department to inspect the homes in which the aged are housed. In peacetime there are many who cannot care for aged, dependent parents in their own homes and who, for financial reasons, are forced to find the least expensive home for them. These homes cater for this need, but still have to be run for profit. In wartime, such accommodation is hard to find, and the charges, I am informed, have risen. Today, many of these places are carrying on desperately short of staff. They are carrying on as well as they can. But I maintain that an investigation into the care of our aged is long overdue. I make the suggestion that if a Royal Commission thinks it wise, it could look for a military camp to be vacated and arrange for it to be altered. By this means, the staff caring for the aged in small houses could render better service as a combined unit with the patients congregated. The future of this type of medical service is obviously a home designed for the purpose.

There are many who are distressed to know that public money is already set aside by the Lotteries Commission with which to build homes for the aged, without medical or nursing advice on what is required. Let us look at the present unsatisfactory situation in regard to the hospital provision for chronic cases, amongst them being the disease of growing old. The total number of cases today in the Home of Peace is 75.

The total number of admissions during the last year was 53, but the requests for admission were 28 per month. It must be remembered that whilst the average stay of a patient in an acute hospital is under 20 days, the average stay, for non-cancerous cases, in the Home of Peace is four years; and two cases have been in for 20 years. On figures accepted by the Social Security Commission, one bed per 1,000 of population is needed for chronic cases—400 in this State.

My last reason for asking for a Royal Commission at this stage is because it appears to be the dawn of a new method of finance of hospitals. It seems that the Commonwealth is coming into the picture with a grant of 6s. per day per occupied bed. There are, I believe, two reasons behind this. One is that the Commonwealth considers that through finance it can lay down an Australia-wide standard for hospitals, and that it can ask, in return for this gift, for the abolition of the means test. I do not intend to prolong unduly my speech to the House, because I have briefly referred to this before. I emphasise that there are so many points of view to be considered, that a thorough survey should be made of our hospital finances and resources before accepting this. All through the States, doubt is being expressed as to the wisdom of this method of finance. That a standard must be set and that it should be a high one, finds me in total agreement.

But I do not think this is the correct manner of achieving the desired end. It will only mean that the present standard of hospital is free to all. Why not evolve our plan and ask the Commonwealth to give us as a State the same amount of money to be spent by a permanent commission. Then, when our plan is completed, our hospitals erected and equipped with every modern device, our roads fit to transport sick people, our hostels carrying out their function, our base hospitals being used by those whom they are designed to assist, we can say, "Now this money can be spent on your hospital account; it shall be free."

May I draw attention to the fact that under the Commonwealth scheme, one of our most pressing needs—the expansion of the Home of Peace—will not be assisted, because it will not share in the 6s. a day grant. It is not a hospital! It must be

converted into a hospital for the treatment of chronic diseases. Again, this scheme will, as I pointed out before, destroy the honorary system of our public hospitals and with it the present method of training young graduates before we have decided upon the method of replacement of this traditional service. I plead for some consideration of this method of achieving our object, a method that must appeal to all as being more far reaching in its effects.

I appeal to members to regard my request in a non-party spirit. I am not imbued, in moving this, with any idea of unseating the Government. If I were, I could not have chosen a worse time to move. But I do it on behalf of the sick. I can assure members that the sick know no party, and the health of the nation should be above party. In my daily life I attend to the rich and the poor alike, and have friends amongst all classes. I have not asked for a Select Committee because under the rules of procedure I might have had to be chairman. My report could have been said to be biased. I am biased against any form of administration that places economy before efficiency, that seeks to administer without consultation with the active profession, and against any administration that may be well-intended but has, nevertheless, failed to bring our hospital and nursing standards to that efficiency which my training demands.

I am not trying to dictate in any way who should be appointed to this commission, but I have in mind two gentlemen who would fulfil the requirements. Mr. Henry Moseley's knowledge of administration and his capable handling of previous Royal Commissions makes me turn naturally to him, and I would add the name of one other man, Dr. A. Brown, of Colac. Dr. Brown was chosen by the Commonwealth Government as the only doctor, of the active profession apart from hospital and departmental doctors, for appointment to the Medical Survey Committee. He toured Australia with Matron Walsh and saw hundreds of hospitals, and knows, better than any other member of the active profession, the standard of hospitals throughout Australia and the needs of this State. Sickness comes to us all and then we crave for the care of skilled nursing and medical personnel. Remember that we can only obtain

it in efficient environment with efficient equipment and professional administration.

On motion by the Chief Secretary, debate adjourned.

RESOLUTION—VERMIN ACT SELECT COMMITTEE.

Request for Attendance of Member of Council.

Message from the Assembly received and read requesting the Council to authorise Hon. H. Tuckey to attend to give evidence before the Select Committee.

THE CHIEF SECRETARY [6.7]: I move—

That the Assembly's request be agreed to. I desire to point out that this is the first occasion of which I have any knowledge of a motion of this kind being forwarded to the Legislative Council by the Legislative Assembly. I was wondering what the reason might be for this rather unusual request. Members, of course, will have no objection in complying with the request. I understand that Standing Order No. 363 is the one under which we deal with this message. That Standing Order is as follows:—

Should the Assembly request by Message the attendance of a Member of the Council before a Select Committee of the Assembly the Council may forthwith authorise such Member to attend, if he think fit. The Council, if similarly requested by the Assembly, may also instruct its own Officers to attend such Committees.

Hon. J. Cornell: You cannot do anything without the leave of the Council.

The CHIEF SECRETARY: I want to raise that question. Is that the position? I ask that, because to my knowledge members of this House have given evidence on previous occasions before Select Committees and I have no knowledge of the consent of this House being asked for or required at any time. I understand that Mr. Tuckey is desirous of giving evidence before this Select Committee, not as a member of this Council but as president of the Road Board Association. I am somewhat surprised that it should be necessary to go to the extent of carrying a motion in another place and sending it here for our concurrence in order that Mr. Tuckey, if he so desires, may give evidence before the Select Committee.

Hon. H. Tuckey: It seems a bit silly to me.

The CHIEF SECRETARY: I have no doubt that there was a very good reason for the framing of a Standing Order such as this. I do not know the reason and I have not been able to discover it. I have mentioned the matter as being of interest to members.

HON. H. TUCKEY (South-West): I have never refused, nor do I object, to appear before the Select Committee. As a matter of fact I had, as president of the Road Board Association, already promised to give evidence. This motion is merely to comply with Standing Orders.

THE PRESIDENT: I might point out, as the question has arisen regarding the Standing Orders, that if members look at Standing Order No. 362 they will see that it is identical with a similar Standing Order of the Assembly, with this exception that the word "Council" is used in the Assembly's Standing Orders in place of the word "Assembly" in our Standing Orders. So I take it that the Assembly is acting in accordance with its Standing Orders.

HON. H. SEDDON (North-East): I think that the question which arises here is really one of Parliamentary privilege. The idea is that any member of either House has the protection of either House with regard to giving evidence or being called by the other place. Therefore it is within the province of the House to authorise a member to attend, should he think fit to do so, before a Select Committee to give any evidence that is required. That is the explanation which I think applies to Standing Orders Nos. 362 and 363 and explains, therefore, why it is necessary for this request to be made.

HON. C. F. BAXTER (East): I am somewhat surprised at this motion being brought forward. During my long experience here I have not heard of such a thing before, and I do not think there is a case on record. This means the creation of a precedent. We do not know, at short notice, to what extent it may carry us. It is quite competent for a member of this House or one of the other House to attend to give evidence before a Select Committee. What is the meaning of this motion if it is desired to include the protection of the House? If

the House agrees to one of its members attending before a Select Committee then I take it that the House is, to a certain extent, committed to the evidence he may give. The wording of this Message is such that this House will be practically instructing Mr. Tuckey to give evidence.

Hon. J. Cornell: This provision has been in existence ever since I have been here, and it has been adopted before.

Hon. C. F. BAXTER: I do not see the necessity for adopting it; I do not see that any good can come of it. We cannot compel Mr. Tuckey to attend.

Question put and passed, and a message accordingly returned to the Assembly.

Sitting suspended from 6.15 to 7.30 p.m.

BILL—HEALTH ACT AMENDMENT.

Received from the Assembly and read a first time.

BILL—PAWNBROKERS, ORDINANCE AMENDMENT.

Read a third time and *passed*.

BILL—BUILDERS' REGISTRATION ACT AMENDMENT.

Second Reading.

THE HONORARY MINISTER [7.33] in moving the second reading said: This measure seeks to amend Section 5 of the Builders' Registration Act, 1939-40, which deals with the registration of builders. The Act applies to the metropolitan area as defined in the Metropolitan Water Supply, Sewerage and Drainage Act. The Governor may declare other portions to come within the purview of the Act, but so far has not done so. The number of builders registered is 458.

Under the Act, a board, known as the Builders' Registration Board of Western Australia, is constituted, and briefly its main duties are to determine the course of training and to set examinations for those desiring to be registered as builders; to compile and keep a register containing the names, addresses and qualifications of registered builders; to issue and cancel certificates of registration; to take proceedings for offences against the Act; and generally, to carry out its provisions.

Section 5 of the Act sets out that the board shall consist of four members, namely, the president of the Royal Institute of

Architects, the Principal Architect (who shall be chairman), a representative appointed by the Master Builders' Association of Western Australia, and a representative appointed by the Western Australian Builders' Guild. Since the Act came into operation in 1930, the Institute of Architects has been amalgamated with the Royal Institute of Architects under the title of the West Australian Chapter of the Royal Australian Institute of Architects. The Bill, therefore, provides that the institute shall have representation on the board under the title which it has adopted since amalgamation.

The only other proposal in the Bill seeks to increase the personnel of the board from four to five members so as to permit the inclusion of a representative of the workers engaged in the building trade. It is considered that this proposal is fair and reasonable, and will be advantageous to the board and in keeping with modern trends in that all parties interested in the building trade will be represented on the board. I trust that the House will approve of the measure and move—

That the Bill be now read a second time.

HON. A. THOMSON (South-East): I support the second reading of the Bill. The chief alteration contemplated is the appointment of a representative of the workers to the board. Of this the House might well approve, because it will merely have the effect of bringing the building trade into line in this respect with other industries.

Question put and passed.

Bill read a second time.

In Committee.

Bill passed through Committee without debate, reported without amendment and the report adopted.

BILL—LAND ALIENATION RESTRICTION.

Second Reading.

HON. A. THOMSON (South-East) [7.40] in moving the second reading said: I commend this small Bill to the favourable consideration of the House. I wish to draw attention to the fact that the measure aims at protecting what should be the rights and privileges of our men who are serving in the Armed Forces of the Commonwealth. In the South-East Province, considerable numbers

of properties are being sold, and people are thereby endeavouring to evade the National Security Regulations by investing their money in farming properties. I do not wish it to be thought that I am opposed to the alien section of our population, but some of them have secured land which, when hostilities cease, might have the effect of debarring the men who have fought for us from securing decent land in well-developed areas.

I have received from several branches of the R.S.L. in my province letters protesting against the sale of farms which are held by the Government. Some people would like to go further and prevent the transfer of all land for the present. The object of the Bill, however, is solely to prevent the sale of Crown land. Let me quote a letter received from the Kent Road Board—

At our recent meeting, a discussion took place relative to the selling of Agricultural Bank properties. It is the feeling of my Board that all Agricultural Bank properties should not be sold at the present time, we being of the opinion that all the farms at present vacant should be held only on a lease, until the end of the present hostilities. In all districts, good properties are being sold at reasonable prices and I feel sure that a certain amount of land settlement will take place when the service men return home. It is unwise in our opinion to allow the best land to be snapped up, usually by land hungry men. Where vacant farms can be leased it will cause no hardship or loss of income to the Agricultural Bank and, by only leasing the farms, will provide an improved or partly improved property for some returned service man.

I have quoted that letter to show that the subject has been fully discussed, and it is the hope of returned soldiers, as well as of many other people, that this restriction shall be imposed upon the sale of Crown land. The measure will apply to Crown land other than town or suburban lots; in other words, the Bill does not seek to impose any restriction on the sale of town or suburban properties. Provision is also made for the consent of the Minister to be obtained. Therefore the Minister for Lands will have the right to veto the sale of any land or if, in his opinion, the sale is justified, he may give permission for the transfer to take place. The Bill also provides that the consent of the Minister, or his authorised officer, will not be given if the land the subject of the application is being acquired for speculative purposes.

Hon. L. Craig: Is not that point governed by the National Security Regulations?

Hon. A. THOMSON: No. The position is that large numbers of farms have been and are being sold.

Hon. L. Craig: But the sales have been approved by the Sub-Treasury.

Hon. A. THOMSON: Yes. That consent must be obtained.

Hon. L. Craig: Then the Minister could not prevent sales.

Hon. A. THOMSON: The Bill deals only with Crown Lands and farms held by the Agricultural Bank. It does not interfere with lands privately owned. I submit the Bill for the consideration of the House and hope that it will approve of it. I move—

That the Bill be now read a second time.

On motion by Hon. L. Craig, debate adjourned.

BILL—NATIVES (CITIZENSHIP RIGHTS).

Second Reading.

Debate resumed from the previous day.

HON. F. R. WELSH (North) [7.50]: There are many aspects of this measure with which I do not agree. My experience of the full-blooded native in the North is such that I do not think he will ask for citizenship rights. A few of them may be persuaded to do so, but not one will give up his tribal associations in order to secure citizenship rights. I point out to the House that natives are not allowed by law to obtain drink. Those who do obtain it cause the department much worry. Should a native secure citizenship rights under this measure, he would immediately be entitled to obtain drink at an hotel, and the native who takes drink has no control over himself; he is the most irresponsible being in the world.

The police are very strict in the matter of natives obtaining liquor and have gone to much trouble watching particular natives. When a native is drunk, he goes back to his camp and ill-treats his own relatives or his camp-mates. He cannot be induced to give up camp life. Nevertheless, some half-castes in the North are definitely eligible for citizenship rights. They are worthy of a place in any community; they keep to themselves and they work. It would be difficult to find more reputable

citizens than are some of these half-castes; they are infinitely better than many southern Europeans, and I would have no hesitation whatever in granting them full citizenship rights. They can, however, under the existing law obtain from the department an exemption certificate.

My own opinion is that the department is storing up a lot of trouble for itself by acquiescing in the passage of this measure. There will be much backing and filling; a native will get citizenship rights, and these will be immediately taken away from him for some misdemeanour. He would need to be an angel in order to comply with all the provisions of the Bill. The call of the wild is too strong for the native. He will "go bush" at times no matter how civilised he has become; at all events, that has been my experience. The natives are without a moral background. From time immemorial they have, however, strictly obeyed a tribal code, except when they have come in contact with whites.

Personally, I do not like this measure. It is experimental; it is premature. It might be beneficial in its application to natives in the southern districts of the State, which I doubt, but that will not be the case in the North. It would be difficult to rope in some natives in the North under this legislation.

Hon. L. Craig: But it would not apply to such natives.

Hon. F. R. WELSH: Some half-castes in the North are already on the electoral roll. The measure is ill-advised, and I contend that it is before its time. I do not think any good will come of it.

HON. J. A. DIMMITT (Metropolitan-Suburban): I do not intend to oppose the Bill, but I agree with Mr. Welsh that there are difficulties in connection with the plan, and I feel that I should not record my vote without making some comments on the native position generally. In another place, some authentic letters were read by the member for Subiaco, clearly indicating that the natives under the care and control of the State at the Moore River Settlement were living under appalling conditions, conditions of degradation that reflected anything but credit upon the Native Affairs

Department. These letters may not have come under the notice of this Chamber, and I think some extracts from them are well worth their attention. This is an extract from one of the letters from Sister Eileen—

Although there are 150 children here of school age, there is no school, and they are growing up without even the first rudiments of education and spend their days playing two-up and marbles, and wandering from camp to camp. The adolescents are a tremendous problem and are fast degenerating into an immoral, loafing camp life, and they will be condemned in later years for the very tendencies we are encouraging in them today.

To my way of thinking, that letter is damning evidence of the neglect of the natives at the Moore River Settlement. A subsequent letter from the same source contains the following:—

Education is still at a standstill after 16 months, and all the boys and girls of school age have become absorbed in the low activities of the older natives and degenerates sent in from all parts of the State under warrant.

When the Minister for Education was pressed for an explanation, he admitted that the natives at the Moore River Settlement had been neglected. He admitted that freely, and then had the hardihood to say that, for the time being, his department was powerless to alter the position. But he failed to say in what way his department was powerless. At another stage in the same place, while education was under consideration, the Premier, in reply to some criticism levelled by the member for York, said that the Willeoek Government had established schools in remote areas where there were no more than seven or eight pupils. The Premier expressed a certain amount of justifiable pride in being able to make such a statement and went on to say that in no other country in the world were schools established for so few.

I suggest that the Minister for Education make a note of the Premier's remark, because if the Premier can speak with justifiable pride of his Government establishing schools for seven or eight white children, then surely there is justification for the establishment of a school for 150 native and half-caste children at the Moore River Settlement. If the Premier, who is also Treasurer, is averse to finding funds to provide the salaries required for two or three junior teachers to go to the Moore River Settlement, then I suggest that the Minister

controlling the Native Affairs Department ought to resign as a protest to his Government against the neglect which is evident in the conduct of native affairs, particularly at the Moore River Settlement. It is a horrible reflection on Western Australia that its Government has to admit that native and half-caste children are not being taught even to read and write. Surely, it savours of hypocrisy when the Government brings in a Bill at this stage to give citizenship rights to natives and half-castes while at the same time it does not recognise its responsibility to provide natives and half-castes with the rudiments of education. The thought that occurs to me is: What is going to happen in the future when some of these 150 natives and half-caste children seek the rights of citizenship under the Bill.

Hon. A. Thomson: Probably they will not be able to write their names.

Hon. J. A. DIMMITT: The Bill provides that the magistrate must be satisfied on six tested points, the sixth of which is that the applicant must be capable of reasonably managing his own affairs. I think that would imply that the native or half-caste must at least have the rudiments of education. It seems to me that the Government must accept its responsibility to educate the natives rather than seek to extend to them the rights of citizenship. The condition of affairs disclosed by the letters I have quoted and by the many communications that have appeared in the Press, clearly indicate that there is something radically wrong. The Moore River Settlement is a blot on the record of the present Government, and I certainly hope that the humanitarian sentiment prevailing in this State will demand that an immediate remedy be applied to the existing disgraceful state of affairs. I support the Bill.

On motion by Hon. H. Seddon, debate adjourned.

ADJOURNMENT—SPECIAL.

THE HONORARY MINISTER: I move—

That the House at its rising adjourn till Tuesday, the 31st October.

Question put and passed.

House adjourned at 8.3 p.m.