

to ascertain whether they will improve in the next few years. That is all I desire to say on this Vote. I hope that the promise—if we may so term it—that the farms I mentioned will be made available to the younger generation of natives will be kept, so that they may be employed in suitable work and will be enabled to own the properties on which they will be living.

Progress reported.

House adjourned at 11.19 p.m.

Legislative Council.

Tuesday, 13th November, 1945.

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

MOTION—NURSING, HOSPITAL AND MEDICAL SERVICES.

As to Inquiry by Royal Commission.

HON. J. G. HISLOP (Metropolitan) [4.34]: I move—

That this House urges the Government to appoint a Royal Commission to investigate and report upon:—

- (i) Any re-organisation considered necessary to provide adequate nursing facilities (a) immediately, (b) for the future;
- (ii) The hospital policy of the State, and make recommendations thereon in regard to (a) administration and finance, (b) construction, (c) distribution;
- (iii) By what means the present system of medical practice can be increased in efficiency and availability.

I move this motion because it is imperative that steps be taken at once to prevent the disintegration of the nursing and hospital services of the State. During the war, the

staffs of hospitals were maintained at a minimum, but nevertheless maintained, by the exercise of powers under the manpower regulations. Since the restrictions on the movement of hospital workers have been removed, a critical position has been reached. The disorganisation is spreading so quickly that measures must be taken now—not next year—if we are to prevent a more serious situation arising, one in which many of our country centres will be without hospital facilities. It must also be apparent to all who are intimate with the practice of medicine that we have reached a new era.

In the lifetime of those practising now medicine has changed from an art to a science without any equal change in its method of distribution to the public. Barely one factor which I was taught to regard as established doctrine remains true or accepted today. Further, we must realise that the profession of nursing has lived through an era and is emerging into a new responsibility. There are those still living who, when training as a nurse, were regarded much as were the loose women of the town and granted the same diet of a pound of steak and a bottle of beer daily. Then followed what I might call the altruistic period, when girls were expected to train and yet look upon the monetary reward as being beneath their thoughts. And we all—the medical profession was no better than the remainder of the public—took it for granted that this state of affairs would continue for ever. But with the advance of medicine, it became necessary to call upon more and more to undertake nursing; thus it remained no longer a vocation of the girls with rich parents. Then, of course, payment for service resulted. We die hard, and grudge them every improvement in conditions and every increase in payment for service.

Too long have we looked to the altruism of the nurses of the past to staff our hospitals. Even today, when a nurse holds the certificate of general nursing training and enters a midwifery training school to gain the midwifery certificate, we reduce her pay—after deducting board and tax—from £2 13s. 11d. to 18s. 10d., and then insist that she remain at that institution at the same rate of pay until she finishes her infant health training. And this is where one of our present drifts takes place. I have

heard of 10 trained nurses leaving this State to do their midwifery training in the Eastern States because their reward is greater and they can obtain the certificate in shorter time than they can in this State. Again, I am impelled to move this motion at this stage because co-incident with a new era in medicine and nursing we have a totally new department administering health services—a new Minister; a commissioner yet to come; a new under-secretary and an assistant under-secretary yet to be found.

What more appropriate time could be chosen to have a general inquiry and the formulation of a future policy? And my request is not made to embarrass them, but rather to assist. These new officers must take time to learn the needs of this vast State, and there are many who could give evidence of tremendous value—evidence which would save the department months of investigation. There is no desire on my part to find individuals on whom to heap blame. Let the dead past bury its dead. The blame, if any, was equally spread between Governments over 25 years and the people who failed to make known their discontent and who tolerated the prevailing conditions. But the position today is too serious.

I do not think there is any doubt that the Minister for Lands was misinformed when he made a statement—and I am quoting from the newspaper—that there were so many probationers applying for positions at the Government hospitals and that at the main training hospitals, Perth, Fremantle and the Children's, there was no lack of applicants. This statement caused a deal of heart-burning amongst those responsible for the staffing of hospitals. The position in regard to these hospitals is as follows:—

Wooroloo: The situation here is critical, and because of lack of staff no civilian case of pulmonary tuberculosis can be admitted to Wooroloo. This has resulted in many of these cases remaining in their own homes in conditions that are far from satisfactory. It throws us back 10 years in our control of this disease. Male orderlies are being sought. There are some already in the sanatorium and they are rendering good service. The only cases being admitted are Service patients, and A.W.A.S. have been drafted to the institution for their care.

Perth Hospital: In previous years a waiting list of over 12 months existed, but today the preliminary training schools are just filled—about 16 to 20 every six weeks. This does not allow for maintenance of staff because there are always certain resignations occurring. Difficulty is being experienced in retaining the services of trained staff. This should never occur in training schools as the appointment as sister in her training hospital is the ambition of every nurse, provided that the hospital has the traditions and requirements expected of it.

Children's Hospital: Until recently there was a waiting list of two years. Now the hospital is finding difficulty in obtaining sufficient numbers to fill the next school. It has, therefore, had to advertise, and that is something that it has never done before. I do not wish to make public all the figures regarding the Children's Hospital, but it is common knowledge that because sick nurses could not be replaced, one ward, the isolation ward I think, has had to be closed.

Mount Hospital: This hospital has six girls awaiting entrance in January but cannot see beyond that date. What is more, a serious position has arisen in regard to training in this particular hospital. Certificates granted by the Mount Hospital are not recognised internationally because it is not the established practice to grant reciprocity to institutions conducted for gain. This will prevent any private hospital from being registered as a training school.

Country Hospitals: These obtain their trainees through application to the Government by way of the Medical Department. All those interested in nursing services have recommended that, with the possible exception of Kalgoorlie, training in these country centres be discontinued. **Matron Lochhead** and **Matron Bottle**, both appointed by the department to report on these hospitals, made the same recommendations as did a sub-committee reporting on the introduction of block system of nursing.

It became evident during the latter years of the war that we were not training nurses in sufficient numbers to meet the State's requirements. What is the answer? There is no reason to enlarge to this House upon the dissatisfaction which exists amongst nurses, both in regard to pay and conditions. It is now well known to all. If we are to provide an adequate nursing service for the State we must give heed to the

causes of dissatisfaction. It angers nurses to find that they cannot establish a claim in the Arbitration Court to increased pay, but that senior members of the staff of the railways can obtain substantial increases by mutual agreement. Is it not then open to the Government to increase nurses' pay?

I have seen a nurse of years' standing, acting as sister in charge of a ward in a city private hospital, hold out her hand and point to £2 0s. 2d. as her reward, after paying tax, for one week's work. This work was done under trying conditions with shortage of nursing staff and shortage of domestic staff, and being constantly under strain during her hours of work. Is it any wonder that nurses give up? Admittedly they get their board, but it must not be forgotten that they sleep in only because their hours of duty vary, making such residence necessary for the proper conduct of the hospital.

The present method of training must be improved. No longer can we expect girls to work under the pressure of today and then, even when overtime has been added to their daily hours, to spend further hours—their leisure time—in studying for examinations especially when, if they fail to pass these tests, they are prevented from earning their living by nursing. During the war years the number of nurses failing in their final examinations and being compelled to work on for three or four months over a three-year period increased every year until at the recent examinations 18 out of 94 failed. This is surely evidence that girls cannot be expected to work and study.

Hon. J. Cornell: Who failed them, the doctors or the matrons?

Hon. J. G. HISLOP: The combined board of doctors and matrons. A report on the block system of nursing is in the hands of the department. It is recommended in this report that nurses start at 17 years of age with an intermediate certificate as the standard of required knowledge, and that the course be 3½ years. The first six months is to be spent in a preliminary training school where the subjects of physiology, anatomy, hygiene and public health, ethics and theory of practice of nursing, bacteriology, dietetics and invalid cookery would be taught. From then on the greater part of the time is to be spent at the "Mother" hospital—the girl chooses this—but shorter periods are spent in rotation at

the Children's Hospital, the Infection Diseases Hospital, and the sanatorium, returning to the block or training school each year for one month for further lectures. Conditions of training can thus be standardised as can rates of pay and standard of examination.

It will be recalled that last year I gave instances of varying results of examinations, depending on the instruction given or the examination standard. The future, I think, call for the elimination of small suburban hospitals that cannot fulfil the function of training schools. They can be replaced by an aggregation of those now existing in any suburb into a hospital of not less than 100 beds, and these will replace training schools. One of the serious aspects of hospital staffing is the present shortage of domestic staff, as they are now called. In more than a few hospitals, in the last few months, matrons, in addition to their nursing responsibilities, have entered the kitchen and cooked for the patients. I have seen the nursing staff and the matron doing the laundry in their hours of supposed leisure. I shall read a description of the matron's duties—

The matron and the probationer (or sister) have to dust the entire hospital, clean lockers, clean hand-basins and baths, do the flower-stand, answer patients' bells and telephone and do the bell, get patients' morning and afternoon teas, attend to babies—some fed three-hourly and others four-hourly—do babies' washing, do patients' ironing (pyjamas, nightgown, etc.), out-patients to attend to, do round with doctor, and then treatment to carry out.

So it goes on until one realises that the matron is called upon not only to carry out her nursing duties but to take on even other responsibility in the hospital. In addition she must undertake the responsibility of keeping all the records of the hospital because it is her duty to order drugs from the Government stores, collect food coupons and fill in food papers for the Rationing Commission. Also, she has to send many detailed reports to the department whereas really her duties should be confined to those of nursing. Work which should properly be allocated to a secretarial staff is today demanded of the matron in many hospitals, even of the size of 25 beds.

I consider that it will be necessary to inaugurate a nursing service with a matron in charge for the proper conduct of our country hospitals. Discrepancies in staff

ing have been so frequent as to make such a plan obvious. Recently, I passed a country hospital with a full staff with the exception of a laundress. Further on, I found a matron with one partly-trained nurse and two probationers endeavouring to cope with four more patients than the hospital I mentioned with five trained nurses! Next down the line I found seven trained nurses for 25 patients, but no cook and one domestic only. Here the nursing staff was engaged in the kitchen, cooking, scrubbing pots and pans, the remainder carrying on the care of the sick as best they could. One of the nurses in a hospital I visited asked me what inducement there was for any nurse to remain on the staff. She pointed to the totally inadequate arrangements for testing the urine of the patients—a most important medical procedure—and then showed me the bowls she was given to sterilise and use as dressing bowls. Brown with age, they had scarcely any enamel left on them. She said, "I'm trained to think aseptically and to work with reasonably good equipment, and then I am sent here to work in these conditions!"

Two problems arise in relation to nursing facilities, one of the immediate need and one of the future. In the face of the shortage of nursing applicants, the shortage of trained nurses may continue for a period of years, with its peak to be expected in three to four years. The immediate problem is the provision of domestic assistance. It is more than probable that a request must be made urgently to the Commonwealth—as the only remedy—to staff hospitals with A.W.A.S. under military conditions and pay them for the remainder of the period for which they have signed on. This would permit of time for a re-organisation of the work and status of hospital domestics. The problem has been attacked with a sense of reality in Victoria, where an amenities officer has been appointed, and her duties include the examination of conditions under which such girls and women work.

The absence of any hospital building has led to overcrowding of the existing institutions and the closing of some that did carry out their function previously, as a result of nursing shortages and, in particular, the lack of domestic help, has developed a serious situation in our midst. Westminster Hospital has been closed to civilians; others are threatening to close. In those that re-

main, it is at times impossible to obtain a bed for an urgent case, surgical or medical. Each one of us has had the experience of telephoning every hospital, one after the other, always with a negative response—no bed available. In such cases, a bed will be made available at the Perth Hospital, but there have been times, too, when this institution has been unable, or found it difficult, to help. I admit that, fortunately, this has not been often.

There are country hospitals which, from lack of staff, are threatened with closure, and in one instance known to me, the surgical work of the district has had to be sent to a neighbouring larger centre. Speaking to me only a few days ago, the matron of a country hospital said, "Try to impress upon the authorities that the position is not one which can be attended to later: action must be taken in a matter of weeks if we are to continue!" The hospital of tomorrow must be discussed by a Royal Commission under three headings: Administration and finance, construction and distribution. The methods of administration and finance of the past era leave much to be desired and must be changed in the future. We have private hospitals, committee-managed subsidised hospitals and departmentally controlled and financed hospitals. Much more rigid control is necessary over private hospitals, and I very much doubt whether private finance will ever be able to provide the hospital of required standard.

One aspect will call for searching inquiry: Must hospitals, to be uniformly and adequately standardised, be nationalised? At first glance, and it may be after due investigation, the answer will be "Yes". All the points for and against, however, should be made freely available to the commission. The control of hospitals through a lay-staffed department without medical control, has been criticised. There can be no doubt of the wisdom of return to control of the hospitals by a medical officer trained for the purpose. It is as equally essential as the appointment of a matron in charge of a nursing service for these hospitals, so making superannuation as well as promotion possible within that service. The supervision of professional work and standards by professional people must be an accepted policy.

The method of finance adopted at present has led, in more than one instance, to disputes between the de-

partment and local bodies. The division of control of finance between the Medical Department and the Lotteries Commission is fundamentally unsound. It should not, as I have often stated, be necessary for hospital boards to seek extension through such aid. There must be in future an organisation whose business it is to plan ahead the hospital needs of the State, and, through budgetary control, to be aware of the call for expansion in any hospital, or the provision of a new institution or any other extension of the service. The planning of our new Perth Hospital has been loose in the extreme. Even now, the provision of nurses' quarters has not been finally agreed upon, and the situation may arise that the hospital will be completed before the nursing staff can be housed.

A broader vision of our needs must be adopted in the future. Government approval of a central nursing preliminary training school, or block, has been suggested, but it has not been incorporated in the plan of the new Perth Hospital. These are but a few details of the problem surrounding the erection of that hospital. At the last sitting of the House, Hon. E. H. H. Hall moved the adjournment to discuss the segregation of infectious diseases patients at the Geraldton Hospital. I was unable at that time to give accurately the detailed disposition of the patients then in the hospital. I now have them. Here is a letter I received from Dr. Watson; I do not think he would mind my mentioning his name. I admit that it was sent to me at my request because I wanted to know the true facts. Here is what Dr. Watson says—

During the past week, this situation arose at the Government Hospital: A child, desperately ill with enteritis, was admitted to the children's ward. Amongst the other children in this ward (children suffering with pneumonia, injuries, surgical cases and so on) were two young children with marked malnutrition. Had either of these children contracted enteritis, their chances of recovery would be very slight.

Accordingly, the child with enteritis (and two other children with the same condition in less severe form) were transferred to the women's ward upstairs. This created the situation where a child with diphtheria, a child with scarlet fever, a patient with advanced pulmonary tuberculosis, a patient with mumps, in addition to the female medical cases already in that ward, and the three children with enteritis were nursed by the same nurses, in the same ward, and in the corridor adjoining the ward. The danger of carrying the infection from one patient to another needs no stressing.

The situation was alleviated to this extent. The patient with mumps was transferred to the so-called isolation ward. This was possible firstly because the patient was not acutely ill and needed little nursing (and there is a separate staff for isolation cases) and, secondly, the weather being fine, the nursing staff, who use this "ward" for sleeping quarters in winter weather, were able to sleep on the verandahs.

Now, the Chief Secretary, in his reply, said that it was the duty of the local governing authority to provide accommodation and treatment of infectious diseases and that by arrangement the Medical Department was carrying it out for them—or words to that effect. That applies strictly in the metropolitan area, wherein the Infectious Diseases Branch of the Perth Hospital infectious cases are treated for the local authorities by the Perth Hospital. In so many words, the Infectious Diseases Hospital is managed for the local authorities by the Perth Hospital, which uses that hospital for the training of its nursing staff in the nursing treatment of infectious diseases. But in the country serious departures from this have taken place.

At Collie, the isolation block was not used because the department failed to provide the requisite nursing staff to staff it and infectious diseases were treated in the general wards. When the need for a maternity block became evident, the department decided to convert the isolation block into a maternity block, because it had not been used for three years! And then, despite the fact that on a particular occasion the department was made aware that infectious cases were being treated in the general wards—I was present in the hospital at the time—the plan was still adhered to, and Collie has now no isolation block and continues to treat its infectious cases in the general wards. And this hospital is used as a training school for nurses! The same now applies to Bunbury. The isolation block has been converted into accommodation for nurses. No isolation block exists in that large centre. Yet I have no doubt that the department renders accounts to the local governing bodies for the treatment and accommodation of infectious diseases.

Members can see, by my note from Geraldton, that there is an isolation block, but no staff for it; and it is used for sleeping quarters for the nursing staff because the quarters are inadequate. All this is a very serious indictment of our present method

It would appear that an inmate of a country hospital runs considerably more risk after admission to hospital than before. Instead of the Royal Commission which this House requested, a departmental committee was formed. Although it has now been in existence for thirteen months no report has been issued, and everywhere I go I meet considerable suspicion of the words "regional hospital." It is too long a subject to discuss here in detail tonight but, in short, regional planning is an attempt at decentralisation of hospitals into zones with an aggregation of hospital services within that zone.

But it is useless to talk of sites for regional hospitals until one is quite certain of what is meant by a regional hospital. What size is it to be? How many beds will it contain? What services will it render? What population will it serve? And in what way will it differ from a sub-regional hospital? Have any of these answers been given to the people of the districts they will serve? Before one can have any idea where regional hospitals are required, it must be decided what services are to be given. It is utterly useless to build a 150-bed hospital and leave it to be staffed by general practitioners only. Take a centre such as Merredin: Why insist on the residents of Bruce Rock, Nungarin, Kununoppin and so on leaving their district hospitals if they are not to receive any more skilled treatment than they now receive under the present scheme?

It is just as useless and absurd to equip a hospital with an x-ray plant costing thousands rather than hundreds, and then fail to supply either the technicians to work it or the specialist to interpret the film, or fail to institute a service by which the film may be sent to a specialist for interpretation. The same may be said of an investigational laboratory where pathological tests and chemical analyses may be made. Who is going to do these? Are specialists to be installed at these hospitals? If so, will they be fully occupied, or if not, how long will they remain specialists—for specialism is only maintained by constant association with specialists? If not all forms of specialists, which forms will be established there? How will a guarantee be given that they will go? Or is some control of the distribution of specialists visualised?

Has any thought been given to the number of persons who will by demand keep a specialist occupied? Is it 20,000, or 40,000? If so, have these regional hospitals been planned on that basis? As it will obviously be necessary to provide some medical attention nearer to the people than the base hospital, what forms are recommended? Has any thought been given to the provision of health centres? If so, what function will they fill and how will they be staffed? If all the interesting work of the district is to go on to the regional hospitals, will it be possible to find doctors willing to perform the minor duties of these centres? Will the increase of preventive medicinal treatment which could be carried out at these centres be sufficient inducement to hold a doctor? Or will it be better to train a nurse in this minor work and allow her to decide whether a patient should go to the regional hospital or whether one of the medical staff should come from the hospital to the patient at the centre?

And what is to me one of the most important of the problems—will the expectant mother be taken to the regional hospital, or will all midwifery be carried out in the health centres? If the latter, and if the doctors are to be stationed at the regional hospital centres, by what means will the antenatal care—so vitally important in the future well-being of our citizens—be carried on? Will the obstetrician visit the centres? If the midwifery is to be done at the regional hospitals, will hostels be designed to house expectant mothers? And who will care for their families during their absence? Is a scheme of home-help contemplated? Personally, I believe that midwifery care will have to be given as near as possible to the home. This, in the country, will mean at the health centres, which must therefore provide accommodation for such as well as for minor ailments. And thus the nursing staff of these centres must be trained in midwifery.

We come back then to the basic requirements. Apart from the small number trained at Kalgoorlie, all midwifery nurses are trained at the King Edward Memorial Hospital, where the number trained does not meet the State's present requirements. Thus, again, the small maternity hospitals of the suburbs must be aggregated into bigger institutions capable of carrying out training. It will by this time be fully appreciated that

the distribution of hospitals throughout the State is a matter for careful deliberation and intensive planning.

I appreciate the action of the Government in sending Colonel Le Souef through other countries in search of the latest in hospital designs. The more information we have at hand, the better. It would have been of still greater advantage had he been accompanied by an architect because, no matter what designs we may receive from other parts of the world, the design most suitable to the State's needs in its varying climates must be found. A type fitting for Albany will not be fitting for the hot months in our wheat areas or in our far North. Attempts have been made to design a hospital that will cater for the necessary segregation of sexes and of types of illness—medical, surgical, children's, infectious and maternity—and still allow of fluctuation in numbers. There are those who believe that nothing under 25 beds can be so designed. This is, I think, one of our most pressing needs in order to prevent hospitals being added to piece-meal until they are cumbersome to control.

Viewing the position as a whole I contend there is scarcely a hospital which will not require renovation or substitution by a new building and, with the shortage already existing in materials with which to build houses, I doubt whether the Government will be able to see the commencement of a comprehensive overhaul of hospital construction for some years unless some undertaking, devoted entirely to such institutions, is devised. It will necessitate the spending of millions of pounds and should be done over a term of years, each year accomplishing something of the whole plan. By this means, various areas in the State would know when their problems were to be solved and in what manner.

The fact that the Commonwealth was able to do so much construction by means of an Allied Works Council automatically suggests to one's mind that a voluntary scheme of the same sort would be able to meet the problem: through its means men would be guaranteed employment for a long period of years and could move from one undertaking to another. Also, it might be wise for the Government to give thought to the control of a factory, such as we have at Welshpool, and there manufacture the necessary articles for hospital construction. It

does not really matter at this stage what the details are, because it is on something of this nature concerning which I gather any Royal Commission would seek a fullness of information. There is no doubt that with the standardisation of hospital construction costs would diminish and if a scheme could be devised whereby regional hospitals could be built on similar lines to each other, much saving would accrue and a simplification of working would result, especially for the staff who would move around from time to time. The commission would not have to seek far to study base hospitals in action, because the Victorian authorities have built a number of these and they could be inspected, much information gained and lessons learned from mistakes which doubt have been made earlier and rectified in later buildings.

I am firmly of the opinion that a medical school, giving a full medical course, is essential to the future of our hospital and medical services. It would be a simple matter to give to the commission information which would lead it to the opinion that a medical school is necessary and that its commencement should be at an early date. There are many who have been working during the war years on the State Medical Coordination Committee who could supply evidence of its necessity. It would not only produce medical graduates, but it could also act as a post-graduate school in which to train the specialists for the regional hospitals, if such are to be appointed to them. Furthermore, it would assist in the training of those who carry on the ancillary services of medicine—physio-therapists, masseurs, bio-chemists, etc. I assure the House that members of the Perth Hospital Board of Management are fully seized of the difficulties facing the staffing of the hospitals of the State with this necessary personnel. We are constantly in difficulties in this regard and, even though an increase of salary is offered, it is impossible to tear these particular people away from their training schools because working in them is of much greater interest than going to a hospital without a training school. It becomes equally as urgent, therefore, that we do train the people if we are to render adequate service to the people of our State.

Further, we are finding increasing difficulty in staffing the Perth Hospital with accredited dietitians, and there is no doubt

whatever that in the immediate future dietitians will be needed in increasing numbers throughout the larger hospitals, and certainly in each regional hospital; and the need for them will extend to schools and other organisations. Yet we have had recent evidence that it is extremely difficult to obtain the services of a dietitian to come to Western Australia. Recently, the Perth Hospital Board, following a suggestion I made, invited Sister Aitken, Senior Dietitian at the Royal Melbourne Hospital, to this State, and she gave the most valuable evidence regarding the formation of a school for dietitians. All of this information is in the hands of the Perth Hospital Board, but there is no doubt that it will have to be Government policy before this school can be instituted. That its presence in our State would raise the standard of dietetics both inside and outside institutions is accepted by all of those interested in this field of medical service. Then it would be possible to provide a standard of dietetic advice to the public which could not be questioned.

The training of dietitians in the Eastern States is a comprehensive one, calling for three years' study; and we have Sister Aitken's word that with the services we now have available we can, upon entry into the new Perth Hospital, set up a school for dietitians within this State. None of our regional hospitals can be expected to fill their purpose without these ancillary services which I mention.

There is still another pressing need in all hospital organisation, and that is for the training of cooks. In particular again, Victoria, and other States, have realised the gravity of this problem and have commenced courses of training in combination with their schools of domestic economy, and the Royal Melbourne Hospital is used as a basis for training in this very necessary adjunct to hospital services. All this goes to show that the problem of hospitals, their organisation, their distribution and construction, are something which can no longer be left to sporadic growth, but that progress must be achieved on a co-ordinated plan.

I have introduced into this motion the suggestion that medical services as provided for the public today should be reviewed from many angles. It may not be possible to institute adequate modern hospital services without a review of medical practice. Again, a review is necessary because the

public has grown to believe that provision for medical services should be made during health rather than that the expense should be met during illness. It may be said that all of this has been discussed by the Commonwealth. No doubt it has, and reports of excellence will be found, particularly in the Eighth Interim Report of the Joint Committee on Social Security. But they have all to be adapted to our State's needs; and the general opinion is growing that even though there is a Commonwealth scheme each State will have to modify any plan to meet its own particular needs. It is also fully expected that, under the Constitution as it stands, all of these contemplated health measures will be declared invalid by the High Court. But whichever way it is done, it behoves us to see that our future services, Commonwealth or State controlled, measure up to our State's needs.

I frankly believe that much improvement can be made in our present method of medical practice. I believe, also, that medicine has progressed so far along the scientific road that it is becoming too complex for men to practise individually, but that grouping will be the method chosen in the future. I believe, also, that the cost is too great for the individual to meet during periods of economic insecurity such as arise in sickness, because the investigations which are now necessary can only be given at an exorbitant cost to each sick individual whereas, spread over the entire community, the cost could be borne more equitably. Finally, I believe that the progress of medicine is so rapid that, unless we devise some new method of caring for the sick, we shall not be able to make use of the knowledge we are gaining. Only those who are in daily touch know the intensity of the problems and the rapidity with which they are being solved. Yesterday the cure of insanity appeared hopeless: today there is brightness in the sky. But if advantage is to be taken of the knowledge gained, it looks as though every mother and father will need to have their blood "typed" in order to protect their infant; and in almost every branch of medicine this same statement could be made with equal truth.

There are two present factors which the medical profession desire to alter. They desire to decentralise, if possible, investigation and radiological examination and much thought has been given to it by mem-

bers of the profession. As evidence of this, I hold in my hand a copy of a scheme for radiological centres drawn up by Dr. Donald Smith which provides for decentralisation of radiological services. This report has been sent to the Social Security Committee and has gained its interest. It will be of considerable interest to any Royal Commission investigating conditions within our own State. Here again, I have a report by a Victorian radiologist and some pathologists for the provision of diagnostic laboratories in country centres. It is one of the outstanding features in our present system that outside the metropolitan area practically no investigational work of a pathological, bio-chemical or bacteriological nature is performed. How the doctor in the country can care for his patients without these aids is beyond my comprehension; but under our present scheme it has to be done. There is no reason why it should continue. I think members of this House will agree with me that there must, too, be other changes in that we can no longer expect that the indigent of our State should spend long hours awaiting attention at the public hospitals.

Hon. L. B. Bolton: Hear, hear!

Hon. J. G. HISLOP: Either we should introduce a system of appointments whereby they can receive their treatment, or we should devise clinics in the suburbs which they may attend for out-patient advice, coming only to the central hospital when admission is necessary. Those who have been accustomed to seeing the numbers filling the out-patient hall will agree with this statement of mine. I think I have said enough about all of these problems to make members realise that there is no simple solution; and yet I have not referred in any way whatever to the division of the State into areas of ambulance and aerial transport; nor have I referred to the extension which must be necessary in the Flying Doctor Service throughout the North. I feel that these problems are ones which could quite well be discussed before a commission; and that the State would benefit by a concerted plan which we could follow over a series of years, budgeting for our needs as we went along, there can be no doubt. I ask for the support of members, and I do not think I shall ask in vain.

On motion by the Chief Secretary, debate adjourned.

BILL—BUILDERS' REGISTRATION ACT AMENDMENT.

Assembly's Message.

Message from the Assembly received and read notifying that it had agreed to the amendment made by the Council.

BILLS (4)—FIRST READING.

- 1, Legal Practitioners Act Amendment (Hon H. S. W. Parker in charge).
 - 2, Increase of Rent (War Restrictions) Act Amendment.
 - 3, Commonwealth Powers.
 - 4, South-West State Power Scheme.
- Received from the Assembly.

BILL—MARKETING OF ONIONS ACT AMENDMENT.

Read a third time and *passed*.

BILL—SOIL CONSERVATION.

Assembly's Message.

Message from the Assembly received and read notifying that it had agreed to the amendment made by the Council.

BILL—MEDICAL ACT AMENDMENT

In Committee.

Resumed from the 7th November. Hon. J. Cornell in the Chair; the Chief Secretary in charge of the Bill.

Clause 7—Amendment of Section 9:

The CHAIRMAN: Progress was reported on Clause 7, to which Hon. J. G. Hislop had moved an amendment to delete the words "examinations and" in line 1 of proposed new Subsection (3) of Section 9.

The CHIEF SECRETARY: I pointed out previously that the word "examinations" could not be misconstrued. Dr. Hislop desired that it should be excluded or qualified by other words. Since the House met I have made inquiries, and I have been advised that it is desirable that the word should remain; but it does not make much difference whether it is there or not.

Hon. J. G. HISLOP: I also have made inquiries from those called upon to carry out the duties under this measure and they say they do not see why the word was even included. The word "inquiries" would cover all that was necessary, whereas the

word "examinations" might be confused with examinations referred to later in the measure.

Amendment put and passed.

Hon. H. SEDDON: Will there not be need for a consequential amendment later in the subsection?

The CHAIRMAN: Yes; that will be made.

Clause, as amended, put and passed.

Clause 8—Amendment of Section 11:

Hon. J. G. HISLOP: I move an amendment—

That the proviso to subparagraph (iii) of paragraph (a) of proposed new Subsection (i) be struck out.

This is one of the most difficult clauses in the Bill and it has given members of the profession, with whom I have consulted, a good deal of anxiety to know just what its provisions are. There are some who believe that it would be right to take out the proviso, but one shade of opinion thinks that if the proviso were taken out the position would be made extremely difficult. This is a clause that lays it down that medical practitioners shall be registered within this State. Subparagraph (i) deals with those who have obtained their education and qualifications at an Australian or New Zealand university. Subparagraph (ii) deals with those whose qualifications are recognised under the Medical Acts of Great Britain and Northern Ireland. That covers the great majority of those whom we have recognised in the past, and I feel that it might be wise to stop there. If favourable opinions were expressed, it might be possible later to recommit the Bill with the idea of deleting portion of the proviso, for this reason, that subparagraph (iii) of the proviso was designed to allow reciprocity as regards medical practitioners.

If we leave subparagraph (iii) in it means that a medical practitioner from Europe, Finland or Norway could, if up to the standard required by the universities of Australia, practise medicine in this State. When this measure was devised I know the Minister in charge of the Bill thought it would be unwise to open the door in Western Australia too widely to men who had received their education in other countries and at other universities, unless there was reciprocity so that men from this State could, if they

wished, practise in such other countries. For example, if Germany gave qualifications of the required standard and we had not the proviso to subparagraph (iii) the position would be that a man qualified in Germany could practise in Western Australia, but no Western Australian could practise in Germany. It was therefore decided that it would be wise to have a reciprocity provision in the Bill. Now that we have inserted one, it means that if some foreign country has an excess of medical practitioners it can give Western Australia reciprocity and that excess of practitioners can then drift over here. There are difficulties in both these matters. I do not think it wise or necessary to try to prevent a first-class man going from one country to another, but we do not find the first-class men from Europe drifting out here. The man with an established practice in Europe will stay there.

Hon. T. Moore: Not always.

Hon. J. G. HISLOP: I do not think we should try to prevent such a man coming here, but if we strike out the proviso the position will be that he can come here and there will be no reciprocity clause under which a man from Western Australia can practise in that other country if he so desires. If the Committee is agreeable to that the proviso can come out. I do not think either subparagraph (iii) or the proviso meets the requirements. Considerable concern was expressed during the week-end by a number of the senior members of the medical profession, who would be expected to control a Bill of this sort, and the Medical Board itself seems to be in considerable doubt as to what subparagraph (iii) and the proviso mean. Members of that board think the wording is vague and have suggested that something much clearer should be devised in order to meet the requirements.

I am not sure that it would not be better to leave subparagraph (iii) and the proviso out altogether, but if the proviso were left out I take it that would be an indication from the Committee that it would be wise to leave out the lot, and limit the number of men that can be registered here to those who have received an Australian or New Zealand degree and who are recognised by the General Medical Council. The General Medical Council in Great Britain recognises those universities that it thinks are responsible, and in

the past there has been no difficulty about that. I would like an expression of opinion from members as to the wisdom of subparagraph (iii) and the proviso.

The CHIEF SECRETARY: I suggest that it is most important that subparagraph (iii) and the proviso remain in the Bill. For once Dr. Hislop has not been definite in expressing his point of view on this matter. Apparently he differs from those who have advised the Minister and the department on this Bill. I understand that these clauses have all met with the approval of the Medical Board, and though Dr. Hislop says that during the week-end the board has expressed some doubt as to the wisdom of this proviso remaining in the Bill, I have had no advice to that effect. If we take out the proviso it means that a medical practitioner from any other part of the world, so long as he is possessed of certain qualifications, will be entitled to practise in Western Australia, and that would not apply to any other State in the Commonwealth. There would be nothing to prevent such men from practising in Western Australia. I think members are aware that it is customary, before a medical practitioner can practise in this State, that he must have reached a certain standard and must be possessed of diplomas from recognised institutions. This Bill provides that where a medical practitioner possesses the necessary qualifications and diplomas from a recognised institution, and where there is reciprocity between the two countries, he may be allowed to practise in Western Australia with the approval of the Medical Board.

Hon. L. Craig: That is sensible.

The CHIEF SECRETARY: The Minister in charge of this Bill has been advised by the Medical Board. Dr. Hislop takes a different view, or did so when he placed his amendment on the notice paper, but now he is not definite as to whether these provisions should be left in or taken out.

Hon. H. Seddon: Under subparagraph (iii) as it stands, would the board have the power to refuse the right of practice in Western Australia to any person even though he had the necessary qualifications?

The CHIEF SECRETARY: He could not practise, I take it, unless he was approved by the Medical Board.

Hon. J. G. Hislop: The position is that as it stands the Medical Board could not refuse him.

The CHIEF SECRETARY: Providing there was reciprocal agreement between the countries concerned, if he had the necessary qualifications and was a man of unblemished character, the board would not be likely to refuse him.

Hon. J. G. HISLOP: I am not going to be indefinite any longer, because it has been traded on to some extent. I am determined to see that in this Bill the medical profession is given the status it deserves, and that nothing is allowed to creep into it that can be a danger to that status. This Committee probably does not know that under the old Act, as it existed, we had to accept, during the war, a man with a Tokio degree, and he is still practising in this State.

Hon. T. Moore: If this Bill goes on, will that still stand?

Hon. J. G. HISLOP: No, because we have this protection, that we did not have in the old Bill, that he is to be a person of good character. I do not say anything against the person with a Tokio degree, but we have qualified that in this Bill. I want to be sure that we are not opening the door to an excess of medical practitioners from other countries when we could, by giving thought to this Bill, prevent it. We will not be short of doctors after the war.

Hon. L. Craig: Is the Tokio degree a good degree?

Hon. J. G. HISLOP: I do not like it personally, but it had to be accepted by the Medical Board here. It was accepted by the General Medical Council, but we could have gone further in that case had we had the provisions contained in this Bill. The board could then have made all sorts of inquiries as to how the degree was gained. I am only citing that case as an example of what did happen and I ask that in the future we do not open the door wider. Looking at this proviso members may not realise that if it had been in the Act before the war, and the Germans had known of it, all they would have had to do would be to grant reciprocity with Western Australia in order to flood this country with medical practitioners that they did not want.

Hon. L. Craig: But we would have had to reciprocate, also.

Hon. J. G. HISLOP: The way I read this measure is that if they had granted reciprocity we would have had to grant it under the wording of this proviso. If that could

ry decided to accept that, we would have had the excess of medical practitioners that Germany did not want. There is a wise move afoot here to establish a medical school, and we do not want a back-door such as this opened. Quite a number of the doctors that came to this country did not measure up to the standard of Australian universities, when examined by the Commonwealth board.

Hon. F. E. GIBSON: Then they would not have been admitted.

Hon. J. G. HISLOP: They would have been admitted here, and in Queensland there is a door wider open than there is in this State. I want to ensure that this proviso is not used as a back-door for the registration of an excess number of practitioners that we do not want. Mr. Roche suggested that there is an attempt to limit the number of practitioners here. That is not so. Where there are three men practising now, there will be probably two more available shortly when they are released from the Services.

Hon. G. Fraser: This will give the board power to refuse registration to any person whose qualifications are inferior to those required by Australian universities.

Hon. J. G. HISLOP: That means the degree given by the university, not the person.

The CHIEF SECRETARY: If members read the whole clause I think they will agree that the proviso should be retained. Subparagraph (i) provides that an applicant may obtain registration so long as he is the holder of a degree obtained after examination at any recognised university in the Commonwealth or New Zealand. Subparagraph (ii) provides for an applicant entitled to be registered in the Old Country. Subparagraph (iii) provides for an applicant who has passed through a regular course of medical study of not less than five years' duration and has received a diploma, degree or license which, in the opinion of the board, qualifies him to practise and is not inferior to the degree issued by Australian universities. Consequently it would be a matter for the board to determine whether the degree possessed by the applicant was equivalent to the degree issued in Australia. If we place reliance on the board to carry out the duties under the measure, we can expect it to be very particular in matters of this sort.

Hon. A. Thomson: What is your interpretation of the proviso?

The CHIEF SECRETARY: It means that even if the board is satisfied that the applicant holds an equivalent degree, it may refuse registration if there is no reciprocity between his country and ours.

Hon. L. Craig: It must require two countries to agree before you can have reciprocity.

Hon. J. G. HISLOP: There is nothing to show that reciprocity must exist between the two countries. The General Medical Council of Great Britain is a very far-seeing body. Before the war it accepted Japanese degrees, probably quite rightly. This proviso goes beyond the practice of the General Medical Council and deals with persons who could not practise in England.

The CHIEF SECRETARY: If Dr. Hislop's contention is right, what is the meaning of the words in subparagraph (iii) referring to a degree or a license which in the opinion of the board qualifies an individual to practise medicine and is not inferior to the degree issued in Australia? That gives the board the right to decide whether the applicants should be registered or not.

Hon. A. Thomson: But the proviso says that subparagraph (iii) shall apply only under the conditions set down.

The CHIEF SECRETARY: Yes, unless there is reciprocity between the two countries, the applicant may not be registered. If there is reciprocity, the board will have the right to say whether the degree held by the applicant is equivalent to the degree issued in Australia.

Hon. Sir HAL COLEBATCH: If an applicant can satisfy the board of his qualifications and character and show that he is a suitable man to be registered, why should we bother about the laws of the country from which he comes?

Hon. F. E. GIBSON: I wish to help Dr. Hislop to prevent persons coming here who are not properly qualified, but I agree with the Chief Secretary's interpretation. A man, before he may be admitted, must hold qualifications equal to those required in Australia, and then he may be admitted only if the country in which he qualified accepts the standard set here. That applies in my calling. For many years it was impossible for us to obtain recognition in the Old Country, Canada and South Africa, but now our standards are similar and our

certificates are recognised and we have experienced no influx such as Dr. Hislop fears.

Hon. J. G. HISLOP: The more I listen to other members, the more definite I am becoming in my views. Mr. Gibson seems satisfied that the board will be able to decide whether the degree given by the applicant's university is equal to the Australian standard. That would be placing on the board the onus of finding out the qualifications of the individual in a foreign country.

Hon. L. Craig: He would have to prove that to the satisfaction of the board.

Hon. J. G. HISLOP: That is not so. It simply provides that if an applicant has a degree, the board must decide that the degree is not inferior to that issued in Australia. The applicant would not have to prove anything.

The CHIEF SECRETARY: I thought the medical profession was far more highly organised than Dr. Hislop would have us believe. I cannot imagine that the value of any degree issued in Europe, the United States of America or Australia would not be known to and appreciated by the profession here. Some medical men value training at a particular institution over and above that given by another institution. Dr. Hislop referred to a degree issued in Tokio. I take it that the profession has a good idea of what is needed of a student before he receives a degree and that a close comparison could be made between a degree issued elsewhere and one issued in Sydney or Melbourne. What we heard from Dr. Hislop previously applies to America. As this clause was agreed to by the persons who are advising the Minister, including, of course, the Medical Board, the Committee should not alter it. I give Dr. Hislop the assurance, if he desires it, that if in the meantime he can persuade the Medical Board to adopt his viewpoint, I will provide an opportunity to have the Bill recommitted. I am not at all impressed by the arguments adduced by Dr. Hislop.

Hon. E. M. HEENAN: Dr. Hislop is under one misapprehension. The Bill provides that an applicant shall prove to the satisfaction of the board certain things. Therefore, the onus is on the newcomer to prove to the board that he is a satisfactory

applicant to be admitted to the profession here. If Dr. Hislop fears that the profession will be inundated, the dice are further loaded against newcomers because of the clause providing for reciprocity. The profession has not the slightest ground for anxiety.

Amendment put and negatived.

Clause put and passed.

Clause 9—agreed to.

Clause 10—Amendment of Section 13: repeal and new section:

Hon. J. G. HISLOP: I move an amendment—

that in line 4 of Subsection (2) of proposed new Section 13 after the word "of" the words "professional misconduct or" be inserted.

The board should have greater power than is proposed to be given to it by the Bill. Without the inclusion of these words, the board would have to find, before it could even reprimand a member of the profession that he was guilty of gross carelessness or incompetence. The board should be given power to reprimand a practitioner for professional misconduct. What constitutes professional misconduct can be left to the determination of the board. For instance, if it is known to the board that a practitioner is carrying on his profession in a way not in the interests of the public or of the profession, the board should have power to initiate an inquiry and to reprimand or suspend, or make known to the member offending, the displeasure of the board at his misconduct.

The CHIEF SECRETARY: My advice is that the amendment is unnecessary. Subsection (1) of the proposed new section gives the board power to deal with a practitioner guilty of professional misconduct. Is that not sufficient?

Hon. J. G. HISLOP: But Subsection (2) provides that a practitioner guilty of professional misconduct there referred to shall be erased from the register. My desire is that the board should have power merely to reprimand or to suspend.

The CHIEF SECRETARY: The object of the amendment is to provide for some lesser penalty than erasing a practitioner from the register. I have no objection, in this case, to the amendment.

Amendment put and passed.

Hon. J. G. HISLOP: I move an amendment—

That in lines 2 and 3 of paragraph (a) of Subsection (6) of proposed new Section 13 the words "any time and as often as he may think fit," be struck out and the words "intervals of twelve months" inserted in lieu.

A man should not have the right to harass the board as often as he thinks fit to have his name restored to the register. The amendment would allow him to make application at intervals of 12 months.

The CHIEF SECRETARY: There is something in Dr. Hislop's contention. The amendment fixes a minimum period of 12 months, and I raise no objection to it.

Amendment put and passed; the clause, as amended, agreed to.

Clause 11—agreed to.

Clause 12—Amendment of Section 15: repeal and new section:

Hon. J. G. HISLOP: I move an amendment—

That in lines 3 and 4 of proposed new Section 15 the words "after an approved course of study and examination" be struck out.

This is a matter which is only known to the profession and therefore I desire to bring it to the notice of the Committee. Not all diplomas are received after an approved course of study and examination, but they are nevertheless highly prized by the profession. For instance, one of the highest diplomas in the medical world is Fellow of the Royal College of Physicians. Probably, after 20 years of valuable service to the community, a member of the profession may be made a Fellow. We have only one Fellow in the State at present, Dr. Douglas McWhae. He did not receive his Fellowship by examination.

The CHIEF SECRETARY: If the amendment be agreed to, it will be necessary to insert other words in the clause, in which case I would have no objection to it. I suggest that the following words be inserted after the word "college" in line 3 of the proposed new section:—"recognised by the board."

Hon. L. Craig: That is reciprocity.

Hon. J. G. Hislop: I agree.

Amendment (to strike out words) put and passed.

The CHIEF SECRETARY: I move an amendment—

That the words "recognised by the board" be inserted in lieu of the words struck out.

Amendment (to insert words) put and passed; the clause, as amended, agreed to.

Sitting suspended from 6.15 to 7.30 p.m.

Clause 13—New Section: Annual Practice Fees:

Hon. J. G. HISLOP: I move an amendment—

That in lines 1 and 2 of paragraph (a) of Subsection (1) of proposed new Section 16A the words and parentheses "(not being registered as a specialist)" be struck out.

I do not see that there is any need to charge an extra fee to a specialist. This is not a measure to distinguish between various types of practitioners in regard to the fee they pay. A man is being charged for the right to practise by means of annual fee instead of, as previously, by one amount for life. I cannot see that there is any difference between a general practitioner and a man who desires to fit himself to practise as a specialist.

The CHIEF SECRETARY: I see no objection to the fee of one guinea. We are giving the specialist certain rights which the ordinary medical practitioner will not have. The specialist is entering the higher grades of the medical profession, and if we make a comparison between the fees charged to the medical practitioner and the legal practitioner we find that there is a tremendous difference. I understand that before a young lawyer can practise it costs him 30 guineas.

Hon. H. S. W. Parker: Sixty guineas, I think.

The CHIEF SECRETARY: I understand it is 30 guineas, and an annual fee of five guineas. Any specialist who has the right to practise as such will not miss the additional one guinea. I suppose he will charge a higher fee because he is a specialist.

Hon. H. S. W. Parker: We have to pay five guineas a year.

The CHIEF SECRETARY: That is, plus the 30 guineas.

Hon. H. S. W. Parker: That is before you are entitled to pay the five guineas!

The CHIEF SECRETARY: Yes. There must be something in being a specialist—

doctor, otherwise the ordinary medical practitioner would not aspire to that position. I hope the amendment will not be agreed to.

Hon. J. G. HISLOP: I have no real objection to paying this additional fee. The suggestion is made that the specialist only enters specialism because he gets an extra fee. That is a most erroneous statement.

The Chief Secretary: I did not say that.

Hon. J. G. HISLOP: The Chief Secretary said that there must be some incentive for a man to practise as a specialist, and that he would not mind paying the extra fee because he would charge larger fees than the general practitioner. That is not so, because there are many kinds of specialists who do not enjoy anything like the remuneration that the general practitioner receives. Many men who are acting as specialists in Government services receive much less than does a general practitioner. It is probably only the senior members of any specialty who receive more. Even though the specialist may charge a greater fee per case he does not see anything like the number of people a general practitioner does, and he probably does not make the income of a general practitioner. I feel that this is an injustice. Some medical practitioners earn twice as much as I do. Another factor is that a general practitioner has in his practice an asset that he can sell, but the practice of a specialist is a personal one in many instances. Very often it is unsaleable, or saleable at a very low figure. There is a misconception that specialists are there simply to charge extra fees.

The CHIEF SECRETARY: I am sorry if I created the impression that a medical practitioner becomes a specialist in order to charge a higher fee. I said that they usually do charge higher fees. The fact that they style themselves specialists usually denotes that they consider that they are at the top of their profession in the particular line in which they specialise. Surely if we are going to give a limited number of men the right to occupy these positions we are not asking anything out of the way when we say that they are to pay a guinea a year more than the general practitioner. I know nothing about the incomes of the general practitioners. It may be perfectly true, as Dr. Hislop says, that some earn twice as much as he does.

Hon. J. G. HISLOP: I am not worried about the guinea, but the principle. Many men have been prepared to give up years of their lives to become specialists. We should not make this distinction. I myself qualified in 1918 but it was in 1926 before I entered into general practice and charged a fee. I was prepared to spend those eight years in hospitals and other institutions in order to become a specialist. It is all wrong to charge an extra fee. We should have no fee for the right to practise medicine.

Amendment put and a division taken with the following result:—

Ayes	17
Noes	9
Majority for	8

AYES.

Hon. C. F. Baxter	Hon. W. J. Mann
Hon. L. B. Bolton	Hon. G. W. Miles
Hon. Sir Hal Colebatch	Hon. H. S. W. Parker
Hon. C. R. Cornish	Hon. H. Seddon
Hon. L. Craig	Hon. A. Thomson
Hon. J. A. Dimmitt	Hon. F. R. Welsh
Hon. E. H. Hall	Hon. G. B. Wood
Hon. J. G. Hislop	Hon. F. E. Gibson
Hon. A. L. Leton	(Teller.)

NOES.

Hon. J. M. Drew	Hon. T. Moore
Hon. G. Fraser	Hon. H. L. Roche
Hon. E. H. Gray	Hon. C. B. Williams
Hon. W. R. Hall	Hon. E. M. Heenan
Hon. W. H. Kitson	(Teller.)

Amendment thus passed.

Hon. J. G. HISLOP: I move an amendment—

That paragraph (b) of Subsection (1) proposed new Section 16A be struck out.

This is really consequential.

Amendment put and passed.

Hon. J. G. HISLOP: I have a further amendment to strike out the same words the proviso.

The CHAIRMAN: Those words will be struck out consequentially.

Clause, as amended, put and passed.

Clause 14—Amendment of Section 19:

Point of Order.

Hon. J. G. Hislop: I desire to move an amendment to strike out the proviso to proposed new paragraph (3). Before doing so I ask for your ruling, Mr. Chairman, whether the words "dietitian" and "chiropractor" are not foreign to the Title on this Bill.

The Chairman: Under which Standing Order does the hon. member raise the point?

Hon. J. G. Hislop: I am afraid I do not know.

The Chairman: Standing Order 174 states—

The Title of a Bill when presented shall coincide with the order of leave, and no clause shall appear in such Bill foreign to its title.

The reference in the Bill is not to a clause, but to a proviso. I take it the Standing Order applies only to a Bill that has been introduced, by leave, in this House and not to a Bill that has reached here from the Legislative Assembly by way of a message. I rule that the Committee must accept the Bill as it is. If members do not agree that the words should be included in the proviso, they can strike them out.

Committee Resumed.

Hon. J. G. Hislop: That is why I shall ask the Committee to delete the proviso. I move an amendment—

That the proviso to proposed new paragraph (3) be struck out.

The Bill seeks to control members of the medical profession who are registered in this State, and the proviso sets out that this particular clause shall not apply to those who are engaged as dietitians or chiropractors. We have no legislation containing definitions of the terms "dietitian" and "chiropractor." I desire to place before members information regarding what has been done in the other States with regard to these practitioners. I suggest that all references to them be deleted from the Bill as an indication to the Government that legislation should be prepared providing for the registration of those desirous of practising as dietitians or chiropractors. I know of one chiropractor who, for family reasons, was recalled from America before he had finished his course. He had one year of that course to complete, yet today he is practising in Perth as a trained chiropractor. He has not even the training that the institution at which he was studying in America considers necessary is the basic qualification for a chiropractor. The Bill in this respect is not to apply to him, although we are now dealing with legislation to control the actions of people who have undergone a course of study extending over six years and have qualified by securing a university degree and in other directions as well. If we agree to this, it means that any member of this House, if he

so desired, could set up tomorrow as a dietitian or chiropractor, and there would be nothing to prevent him from doing so.

Hon. L. Craig: I think we tried to deal with that before and made a mess of it.

Hon. J. G. HISLOP: I do not think so, and, in fact, the Minister in another place has promised to do this. It would be quite a simple matter to register these people once we have a definition setting out the basic training necessary. In Victoria so many unqualified dietitians were practising that it became necessary to pass legislation requiring their registration and laying down the standard of training demanded of them. No objection can be raised to dietitians and chiropractors. Members will remember that I pleaded for a school of dietetics to be established in this State. There is a need for such practitioners. There was such need for them in Victoria that legislation became necessary in order to ensure that such practitioners had an adequate training.

I have a copy of the Victorian board's second annual report, which indicates the extent to which the training standard extended. Dietitians are required to augment the work of medical practitioners and actually to fill in prescriptions for diet to meet a doctor's requirements just as a chemist deals with a doctor's prescription by way of drugs and so on. Recently I availed myself of the services of a lady who came here from Melbourne and was a highly qualified dietitian. I had an extraordinarily difficult case to deal with in The Mount Hospital. The patient required very skilful dietetic treatment, and this lady was able to provide a diet that made available the necessary calories and vitamins. In fact, the patient was able to get a far better dietetic treatment than I could possibly have prescribed myself. Here is what the Victorian Board requires with regard to dietitians—

Course in Dietetics: The Committee appointed to consider the course in Dietetics as proposed by the Dietitians Registration Board, makes the following recommendations. Subjects of the course to be:—

First Year:

Chemistry, Part I.

Physics, Part I.

Botany, Part I (selected portions).

Zoology, Part I (selected portions).

Cooking, Grades I and II.

Second Year:

Chemistry, Part II.
Physiology and Biochemistry, Part I.
Bacteriology, Part I.

Third Year:

Biochemistry, Part II (including dietetics).
Bacteriology, Part II (selected portions).
Applied Dietetics.
B.Sc., conferred.

Fourth Year:

One year's practice in an approved establishment in relation to Sociology, Therapeutic Dietetics and First Aid.

Diploma of Dietetics conferred.

The CHAIRMAN: I would point out to the hon. member that the proviso does not set out what shall constitute a chiropractor or a dietitian. We are not concerned with their qualifications so far as the proviso goes.

Hon. J. G. HISLOP: I have mentioned the qualifications that are essential and have pointed out the effect of the proviso, particularly in the absence of any definition of "dietitian" or "chiropractor."

Hon. L. Craig: This simply means that they cannot advertise.

Hon. J. G. HISLOP: Yes, the dietitian is not allowed to advertise that he can deal with cases, but I know of an instance where a dietitian has made his diagnosis, and that should not be allowed.

Hon. H. S. W. PARKER: I am sorry that your ruling, Mr. Chairman, was not disagreed with. Section 19 of the principal Act, as it would be amended by the Bill, would mean that this provision shall not apply to a person who practises as a dietitian or a chiropractor. Why not include chemists, chefs, bootmakers or solicitors? They, as well as chiropractors and dietitians, have nothing to do with an Act to control the medical profession. Rather by implication does this particular provision suggest that these people may do what is set out. Why deal with chiropractors and dietitians in a Bill dealing with medical practitioners? All that this amendment will mean is that if a dietitian or chiropractor is a medical practitioner, then he may advertise. If a chiropractor or dietitian is not a medical practitioner, then this legislation has nothing to do with him. I do not know if I am in order now in moving to disagree with your ruling, Mr. Chairman.

The CHAIRMAN: I did not give a ruling.

Hon. W. J. Mann: You were asked to give a ruling.

The CHAIRMAN: I did rule that as the Bill came from the Assembly by message, we have to accept the Bill as it is, because Standing Order 74 says that the title of the Bill shall coincide with the order of leave and shall not contain a clause foreign to the title. This Bill was not introduced in the Chamber by leave but came to it by message from the Assembly.

Hon. H. S. W. PARKER: Is there any meaning in the words of the Standing Order "and no clause shall appear in any such Bill foreign to its title"?

The CHAIRMAN: Read what goes before.

Hon. H. S. W. PARKER: It says, "The title of a Bill when presented shall coincide with the order of leave." I take it, then, that we cannot rectify an error made in any other place?

The CHAIRMAN: That is so; otherwise we would rule the Bill out altogether. If it had been introduced here, I would put it the other way round.

Hon. J. G. Hislop: I think it would be wise to remove the proviso altogether.

Hon. L. B. BOLTON: I have been asked by more than one chiropractor—

Hon. F. E. Gibson: What is a chiropractor?

Hon. L. B. BOLTON: A man practising—

Hon. F. E. Gibson: What?

Hon. L. B. BOLTON: If the hon. member will listen, I will tell him. I have been asked by two men I know who are practising as chiropractors and dietitians—

Hon. E. M. Heenan: What do they do?

Hon. L. B. BOLTON: They treat patients. I know of patients they have been given the credit of curing. Lots of people have faith in them. They have no objection to being controlled, but they suggest that if this proviso is struck out they will be in the same position as they are now.

The CHAIRMAN: I think it has been put in as an after-thought. It has no bearing on the matter.

Hon. L. B. BOLTON: That is so. If it is left in, it will make no difference to them. They are afraid that no action will be taken to control people in their profession. I

they could be sure of a Bill being introduced along those lines, they would be only too happy to support the deletion of this proviso.

The CHAIRMAN: I want to explain that when a Bill comes here by message it cannot be brought under Standing Order 174, but in Committee members can take out of it all the obnoxious features or vote against the question that a clause stand as printed.

Hon. Sir HAL COLEBATCH: I would like to know what reason there is from the standpoint of the public interest, why a medical practitioner should be prohibited from advertising.

Hon. J. G. HISLOP: That is a long and involved question, going back to the days of Hippocrates. I would be quite willing at any time to give thought to the subject and present the House with a considered opinion on the matter. To answer the question straight off is difficult. I do not think a doctor is justified in advertising. From my own knowledge of advertisements, I consider they are far from the truth. I doubt whether medical men would stick to truthful advertisements and say, "I do not know much about some things, but I know a lot about something else."

Hon. F. E. GIBSON: My reason for supporting the amendment is that while I realise the advantage of these two callings in the treatment of diseases the human frame suffers from, there should be some standard set for them to attain before submitting themselves as competent to deal with the diseases they say they can treat. My experience is that we have had more charlatans calling themselves herbalists, dietitians, psychologists, and chiropractors than the average person realises.

I know quite well to whom Dr. Hislop referred when he spoke of a man who has taken over the practice of a dietitian in St. George's Terrace. I know something of a man who called himself "the human x-ray," and I know men calling themselves herbalists, who have no qualifications to treat diseases. There are qualifications which men in practically every calling are required to possess, but we are permitting in this State and throughout the Commonwealth men who have no qualifications, to treat the most complex machine on the earth's surface—the human body. I hope the Committee will

agree to the elimination of these words, so that the Government may be induced at an early stage to set a standard for these men to attain in order that there will be some guarantee to the persons from whom they are taking money that they are competent respecting what they assert they are able to do.

The CHIEF SECRETARY: It will probably be admitted by all that there is a place in this community for the dietitian, and it will be admitted by most members that there is a place for the chiropractor. We can probably say the time has arrived when there should be legislation controlling their registration in the same way as we have legislation controlling medical men and those in other professions. Unfortunately, there is no legislation at present. If members will take their minds back to the last session, when we were dealing with a similar Bill, they will remember that these particular words were inserted in that Bill. They were not in it when it was introduced. Parliament introduced both those words—"dietitian" and "chiropractor."

I suggest that if this qualification were not in the measure, it would be quite possible for somebody to take action against anybody styling himself a chiropractor or a dietitian on the ground that he was doing something that could only be done by a medical practitioner. Yet it is being admitted in other States that chiropractors do fill a very useful purpose. If this clause did not appear, it would be competent for a medical practitioner to say that a man practising as a chiropractor or a dietitian was committing a breach of the Act and was liable to a penalty.

Hon. W. J. Mann: The medical practitioner might be quite right.

The CHIEF SECRETARY: He would only be right because there is no legislation laying down the qualifications for a chiropractor or a dietitian. I understand from Dr. Hislop that there is a special course for dietitians in the Eastern States, and that there is a special place for a dietitian in hospitals and elsewhere. But unfortunately we have no legislation dealing with that, and if one of those dietitians started a practice here, notwithstanding that he had all the qualifications possible to obtain as a result of study in the Eastern States, it would be quite competent for somebody to take action against him if he had advertised him-

self as a dietitian or chiropractor. My interpretation is that if these words are deleted we say in effect that nobody shall practise as a dietitian or a chiropractor in Western Australia.

Hon. H. S. W. PARKER: I think the Chief Secretary has failed to read the particular section to which this refers. If he did so, I think he would find that this matter is quite foreign to the main portion of the section.

Hon. J. G. HISLOP: I think the Chief Secretary was pulling the longest bow I have seen used for some time. Who would be foolish enough to take action against a person who held a Degree of Dietetics from the University of Melbourne? Certainly a medical board would not be prepared to do so! Suppose action were taken. Is it not better that one of these unregistered dietitians should have his qualifications queried in court rather than that there should be an open go and that diagnoses of really serious diseases should be made by a dietitian? Only last week I heard of a person suffering from cancer who had been treated by a dietitian. Only some months ago a man who is well-known to the members of this Committee, and who had cancer of the lung, went to a dietitian. He wrote to me and said he preferred to take the dietitian's advice although the dietitian had no knowledge of what was wrong with him. I had radiological proof of the nature of his complaint, and it might have been possible to do something surgically for him; but the dietitian advised him what to do. That man is no longer in our midst. I think the sick should have the advice of men who have had to go through six years of study, and that we should not let people pretend to use skill that they do not possess.

Hon. A. THOMSON: I think Dr. Hislop is trying to show that those who are practising as chiropractors and dietetic experts should have some training and standing. The Chief Secretary stated that we have no legislation that lays down a standard for these people who are practising in Western Australia today and I take it that Dr. Hislop has in view the deletion of this paragraph in order to indicate to the Government the desirability of legislation being introduced to lay down such standards. Paragraph (3), which we have been discussing, deals with anyone who may pretend to practise medicine or surgery in any of its branches

or to give or perform any medical or surgical service, attendance, operation or advice or any service, etc., usually performed by a medical practitioner. I hope members will read the proviso, which lays down that this paragraph shall not apply to a person practising as a dietitian or chiropractor who gives advice or service to persons requiring dietetic or chiropractic advice or service.

While we are prepared to impose a penalty of £50 on any person who may wrongly claim to be a doctor or who may perform a medical service or give medical advice without the necessary qualifications, the dietitians and chiropractors are free to practise without restraint. I think Dr. Hislop's object is to draw the attention of the Government to the necessity for conditions being laid down under which these people will be able to show that they are qualified. I think a number of those practising as dietitians have not had much practice. I know of one or two cases, but they are outside the scope of this Bill. I am inclined to vote for the deletion of the whole clause, so that if anyone advertises he will be liable to a penalty. I think Dr. Hislop is giving us some practical advice—advice to laymen from a medical point of view. I agree with him that we should care more for the sick and ailing, because those who are ill will snatch at any hope offering, which they are led to believe will help them. I suggest that to the Chief Secretary as one of the measures which might be brought forward shortly.

Hon. E. M. HEENAN: I think most members will agree with the principal point made by Dr. Hislop, that some standards should be set for these people who advertise themselves as herbalists, dietitians and so on, but I do not think we should confuse our wishes in that respect with this proviso. From remarks made during the debate, I gather that at present some of these people who are practising are qualified or partially qualified and are rendering some service to the community. It might be desirable that we should let them carry on until such time as Parliament in its wisdom passes a measure—

Hon. G. FRASER: Whether we leave this proviso in or take it out, we cannot stop them.

Hon. E. M. HEENAN: No, but I agreed with the Chief Secretary that, if we take this proviso out, the legal position will be

that any of these herbalists, dietitians, or chiropractors will be liable to prosecution—

The Chief Secretary: If they advertise.

Hon. E. M. HEENAN: Yes, if they advertise. If we take this proviso out and they continue to advertise, as they do in the Press almost every day, I think they will stand a good chance of being liable for a breach of this legislation. That is the advice that the Chief Secretary gives and, from a hurried perusal of the wording, I agree with him. I do not think we should do that at this stage, but later on Parliament should consider a Bill to set a standard for these people. We could then make them qualify and thus protect the public. In the meantime, I do not think it would serve Dr. Hislop's purpose much to delete the proviso. I think we should allow it to remain.

Hon. W. J. MANN: Far be it from me to decry advertising, but I see in this measure a definite invitation to the least capable of the dietitians and chiropractors—the men whom I would designate as frauds—to advertise for all they are worth in order to get clients. I think the Chief Secretary has rightly pointed out, as has Dr. Hislop, that there are men in both callings who are worthy and who should be encouraged. The Chief Secretary has made out a very good case for the Government to bring down a Bill, at the earliest possible moment, to protect that section of these people. The greater the fraud the greater the invitation this paragraph gives them to advertise and so get money from unfortunate people to whom they cannot render a decent service.

Hon. C. F. BAXTER: With the proviso struck out, chiropractors and others will be allowed to do a lot of things.

Hon. L. CRAIG: No, this only refers to the paragraph, not to the clause.

Hon. C. F. BAXTER: To take the proviso out will mean that they will be given a free hand. These people will put themselves forward as professional men, if the proviso is struck out, so I think it should be left in the Bill.

The CHIEF SECRETARY: If the idea behind this amendment is to draw the attention of the Government to the necessity for additional legislation, I am afraid there is no need for that to be done, because repre-

sentations have already been made to the Minister in charge of this Bill in another place. I will not get away from the point I endeavoured to make earlier, that because these people—to my knowledge some of them are reputable people—do advertise that they will do certain things or give certain advice, they will run the risk, if this proviso does not remain in the Bill, of being prosecuted by the Medical Board for holding out that they will give treatment which, in accordance with this measure, should be given only by a medical practitioner. If that is correct, I think we should give these people the protection that the Bill will provide.

Hon. W. J. MANN: Unfortunately it gives that protection to unqualified men also.

The CHIEF SECRETARY: I have heard a lot said about people who have set themselves up in business and have advertised by all sorts of names.

Hon. W. J. MANN: Mr. Gibson told the Committee of a few of them.

The CHIEF SECRETARY: I do not know that he mentioned one dietitian. He mentioned people who had set up in practice in this State but not as dietitians or chiropractors. He referred this evening to "the human x-ray," but I do not think that man put himself forward as a dietitian. There is a definite place in the community for dietitians, as Dr. Hislop acknowledges, and there is also a place for chiropractors. Some medical men do not think there is, but these people apparently have diplomas that are obtained by study at different institutions. They are recognised in America where, in 44 different States, there is legislation dealing with them.

Hon. W. J. MANN: We could take a leaf out of their book.

The CHIEF SECRETARY: Until we have such legislation these people should be protected by this proviso. I think those at present practising as dietitians or chiropractors are entitled to the protection that this gives if they do advertise. It is only if they advertise that this proviso comes into play, and I think they should have its protection.

Amendment put and a division called for.

The CHAIRMAN: Before tellers are appointed, I give my vote with the noes.

Division resulted as follows:—

Ayes	14
Noes	14
	—
A tie	0
	—

AYES.

Hon. Sir Hal Colebatch	Hon. W. J. Mann
Hon. L. Craig	Hon. G. W. Miles
Hon. J. A. Dimmitt	Hon. H. S. W. Parker
Hon. F. E. Gibson	Hon. H. Seddon
Hon. E. H. H. Hall	Hon. A. Thomson
Hon. J. G. Hislop	Hon. F. R. Welsh
Hon. A. L. Loton	Hon. G. B. Wood (Teller.)

NOES.

Hon. C. F. Baxter	Hon. V. Hamersley
Hon. L. B. Bolton	Hon. E. M. Heenan
Hon. J. Cornall	Hon. W. H. Kitson
Hon. C. R. Cornish	Hon. T. Moore
Hon. J. M. Drew	Hon. H. L. Roche
Hon. G. Fraser	Hon. C. B. Williams
Hon. E. H. Gray	Hon. W. R. Hall (Teller.)

The CHAIRMAN: The voting being equal, the question passes in the negative.

Amendment thus negatived.

Clause put and passed.

Clause 15—New sections: Medical practitioners to arrange consultation in certain cases:

Hon. J. G. HISLOP: I move an amendment—

That in line 6 of Subsection (1) of proposed new Section 21B. the word "another" be struck out and the word "a" inserted in lieu.

Some latitude should be allowed in the matter. If we are going to have registered specialists, a consultation should not be refused between the medical man in charge and any doctor the family desires. I would prefer to see the proposed new subclause deleted, seeing that the board will have power to investigate any charge of misconduct.

The CHIEF SECRETARY: I oppose the amendment, which would mean that if a consultation were desired, it must be between a general practitioner and a specialist. Specialists will be practically confined to the metropolitan area, and what would be the position of a patient in the country desiring additional advice? We should not create a monopoly in consultations for the specialist. I can imagine many cases in the country where the local doctor would desire to have a consultation with the doctor 20 or 30 miles away but, if he were not a specialist, he would not be allowed, under the amendment, to consult with that doctor.

Hon. J. G. HISLOP: The Chief Secretary has put a wrong interpretation on the amendment. This proposed new section deals with cases in which a practitioner refuses a consultation.

Hon. L. Craig: Psychologically, should not the patient have the say?

Hon. J. G. HISLOP: If a doctor refuses a consultation the board could, of its own motion, initiate an inquiry.

Hon. L. Craig: It would be a long time before the board could take action.

Hon. J. G. HISLOP: This practice of one doctor refusing to consult with another has been going on for a long time.

Hon. L. Craig: It ought to be stopped.

Hon. J. G. HISLOP: Yes, but we do not want to create another abuse. There are doctors in country districts with whom another doctor would not consult, but under this proviso he would be compelled to do so.

The CHAIRMAN: Can Dr. Hislop tell me the difference between "another" and "a" practitioner?

Hon. J. G. HISLOP: Not very much, but I have given notice of a further amendment.

Hon. L. CRAIG: I think the proposed new section should be retained. Some patients would want to get the opinion of another doctor who might or might not be efficient and, if a consultation were held the patient would be satisfied, which, psychologically, would be most important.

The CHAIRMAN: Can Mr. Craig explain the difference between "another" and "a" medical practitioner?

Hon. L. CRAIG: If Dr. Hislop will not venture to do it, a layman should not be asked.

The CHIEF SECRETARY: I see no difference between the two words, but my argument was based on the further amendment of which Dr. Hislop has given notice. If we agree to the amendment, it means that where a consultation is held it shall be held between the medical practitioner who is treating his patient and a specialist. There is no other construction I can put on the clause if it is amended in that way. I do not think the amendment is right.

Amendment put and negatived.

Hon. J. G. HISLOP: I move an amendment—

That proposed new Section 21C be struck out.

It was felt that this provision would get over the difficulty of two doctors in a town refusing to co-operate with each other. It is known that on some occasions a doctor would not give an anaesthetic for another doctor, and that the matron of the hospital has sometimes had to administer it.

Hon. L. Craig: That must be so in the case of an emergency.

Hon. J. G. HISLOP: Yes. Now that we have given the Medical Board power to investigate professional misconduct on its own initiative, we may well strike out this dangerous proposed new section.

The CHIEF SECRETARY: This provision is very definitely supported by the Medical Board, as well as by the department. I draw attention to the fact that it applies only to major operations, though were I asked to define a major operation I am afraid I could not do so. There may be occasions when two medical men practising in the same district do not get on very well together; there may be local jealousy and it may be rather difficult for them to work together satisfactorily, but such odd cases should not influence the Committee's decision on a clause of this nature. I hope the Committee will not agree to the amendment.

Hon. W. J. MANN: I have known of instances in the past where a medical man in a country town has been much annoyed when a newcomer has settled there. He has resolutely refused to have anything to do with him. I have known times, however, when there were more medical practitioners than towns, and some practitioners had a very lean time and ultimately were frozen out because the first practitioner refused to have anything to do with them. When the matter was brought under his notice, he tried to sidestep the question. I cannot state instances where fatal results have occurred, but I do know that it has been necessary sometimes hurriedly to bring a practitioner from a town 30 or 40 miles distant to assist in an operation because the No. 1 man refused to have anything to do with the newcomer. The terms "extreme urgency" and "major operation" are wide and could be made to cover many

cases. The terms may be used in order to permit a practitioner to refuse to have anything to do with his competitor.

Amendment put and negatived.

Clause put and passed.

Clauses 16 and 17—agreed to.

The CHAIRMAN: Before I put the Title, I draw the Committee's attention to the fact that Dr. Hislop's amendment will require further amendment, and consequently it may be necessary to recommit the Bill.

The CHIEF SECRETARY: But would not those amendments be consequential?

The CHAIRMAN: Yes.

Title—agreed to.

Bill reported with amendments.

BILL—TOWN PLANNING AND DEVELOPMENT ACT AMENDMENT.

Assembly's Message.

Message from the Assembly received and read notifying that it had agreed to the Council's amendment.

BILL—NATIONAL FITNESS.

Assembly's Message.

Message from the Assembly received and read notifying that it had agreed to the Council's amendment.

BILL—STATE ELECTRICITY COMMISSION.

Second Reading.

THE CHIEF SECRETARY (Hon. W. H. Kitson—West) [9.5] in moving the second reading said: I consider that this Bill and the two which follow it dealing with the electricity supplies of this State are, perhaps, the most important measures to be submitted to the Parliament of Western Australia insofar as its industrial development is concerned. The first Bill which I propose to introduce is one which creates a commission, the electricity commission, that will be given very wide powers. The other two Bills are complementary to this. May I say in introducing the measure that it has been stated authoritatively that the remarkable progress in the development of electrical power is comparable in its effects with those of the Industrial Revolution of the past century.

With this thought in mind I quote from a report issued by the Department of Post-War Reconstruction:

The Electrical Revolution is being carried out by agents invisible and inangible; so dangerous that they grip with the hand of death; so friendly that no task seems beyond them.

And from the same report:

Of all the mechanical slaves harnessed by man, none are so clean and precise in their movements, so agile or so efficient, as the invisible electric slaves.

Hon. W. J. Mann: That is not bad.

The CHIEF SECRETARY: I think it is very good. That these statements are not exaggerated is borne out by the everyday evidence with which we are surrounded. Electric power is no longer merely the hand-maiden of science; it is the bond-slave of the people. To such a degree do we depend on it in our everyday existence that any stoppage or diminution of electric power has immediate and embarrassing repercussions within our social structure. We ourselves have recently experienced the disabilities that are consequent upon a rationing of electrical power.

Electricity has provided numerous conveniences for the home and has greatly eased the labours of the housewife. Through it has evolved the radio and television, the telegraph and telephone, necessities and amenities which a bygone age would have acclaimed as miracles or as black magic. It has revolutionised hospital services, industry and farming, and it has proved a potent factor in warfare. And the benefits that electricity has given mankind have not yet reached their zenith. Now that the war is over, the minds of scientists need no longer contemplate and brood upon inventions that bring death and suffering, but can be directed back into their rightful channel, namely, the application of Nature's gifts for the benefit of humanity.

In this State we can visualise the tremendous improvement in social and industrial welfare that will ensue from the disciplined expansion of electrical development. The Government realises that to achieve this object it must accept the primary responsibility. The first steps have been taken with the decision to erect at South Fremantle another power house that will considerably expand the power system of the metropolitan

area. Another plan that will be put into operation is the establishment of a large power scheme for the South-West of the State. This it is hoped will be the commencement of an extensive expansion throughout Western Australia. The Government's ultimate object is to co-ordinate so far as possible, all electric power production and distribution schemes in all parts of the State.

To bring this to fruition with the minimum of delay the Government has introduced this Bill which will give authority for the appointment of a State electricity commission in which will be vested considerable powers. At the present time we have the Electricity Advisory Committee constituted under the Electricity Act of 1937, which Act it is proposed to repeal by another measure to be submitted later to the House. That committee, the members of which are Messrs Dumas, Taylor and Edmondson, is, as the title indicates, advisory in nature and does not possess the administrative powers with which it is proposed to clothe the new commission.

The Minister who introduced this Bill in another place explained to members why the Government's expansion scheme has progressed slowly. This delay is war-caused. Of the important objectives to be destroyed by both sides in the European war, power houses took precedence, and it is vital for countries who are rehabilitating their economy to place their electrical power systems in use as quickly as possible. Since the demand for electrical equipment has been colossal and it is thought the Government has been fortunate in obtaining its requirements for the South Fremantle power house as soon as it has.

In perusing the Bill it will be found that it is divided into seven parts, with two schedules. The first is the preliminary part which specifies the Acts to which the measure shall be subject, and Acts which will be repealed by the Bill. It also gives protection to private interests that are producing and supplying electricity or gas under special Acts. The second part provides for the appointment of the commission, which shall be a body corporate and shall comprise seven members—two nominated by the Minister to represent the consumers, one representative of the commission's employees who will also be nominated by the Minister, three corpor-

ate members of the Institute of Electrical Engineers of London or of the Australian Institute of Engineers, and the Under Treasurer, ex officio, or his deputy. One of the commissioners shall be appointed by the Governor to be chairman.

This is considered to be a well-balanced and representative body. The metropolitan and country consumers will have a voice in the commission's deliberations. The employees of the commission will be represented and the technical representatives will provide the commission with stability and experience. A commissioner's first period of appointment shall not exceed five years, but, when this term has elapsed, he may be re-appointed for a further seven years. It is provided that commissioners must retire at the age of 65 years except with the special approval of the Governor. The chairman will be paid a salary, the rate of which the Governor will determine, and he will be required to devote his full time to the work of the commission unless the Governor approves otherwise. The rate of remuneration to be paid to the other commissioners will also be decided by the Governor.

Part III deals with the administration of the Act by the commission subject to the authority of the Minister. The transference of assets, obligations and liabilities to the commission from the Commissioner of Railways is detailed in Part IV and will give the commission all the powers now held by the Commissioner of Railways in respect to existing Government works and contracts for the supply of electricity. The transfer will in no wise affect or interfere with these contracts. The powers and functions of the commission are set out in Part V. They include the authority to purchase any private undertaking, coalmine, coalmining lease, land bearing coal, shale or mineral deposits. The commission is given power for the compulsory acquisition of land which may contain coal or other mines and for the compulsory acquisition of any electrical supply authority. Clause 40 provides that the commission shall fully compensate any authority or person affected by compulsory acquisition and that the details of compensation shall be those provided by the Public Works Act of 1902-1933, which gives the right of appeal to arbitration where agreement cannot be reached as to the amount of compensation. This should

provide that adequate recompense will be made in the event of acquisition.

The Government feels that the acquisition of local undertakings in country districts will be necessary when the commission's activities in the co-ordination of electric power schemes have become established. As I have previously mentioned, adequate compensation will be paid in the event of acquisition. If the commission is not given the power to compulsorily acquire private undertakings it can be clearly seen that the extension of facilities in country districts could be seriously retarded. For instance, a private undertaking at Donnybrook could hold up the extension of supply to Bridgetown, Boyup Brook and Pemberton. The activities of the commission and the needs of the rural community will be deleteriously affected if full powers are withheld from the commission to extend electrical supplies to any part of the State.

Part VI of the Bill deals with finance and accounts. It provides that the funds of the commission shall be derived from moneys appropriated by Parliament, the income of the commission and loans approved by the Treasurer. The obligation is imposed on the commission to submit to Parliament an annual report of its operations. These are the more important phases of the Bill, the proposals in which are based on similar legislation in Victoria. Such being the case, it would, I think, be appropriate that I give to the House some information regarding the administration of electricity undertakings, etc., in that State under the provisions of the Victorian State Electricity Act, 1929. Under that Act a commission has been established consisting of four members, all appointed by the Governor.

In Victoria, the Electricity Commission has very wide authority with regard to investigation into matters affecting power supplies throughout the State. It can construct, maintain and work any electrical undertaking developing power, either by coal, water or other means, and may supply electricity in bulk to any concern or statutory corporation. The commission has full power to make any regulations determining the manner in which electricity shall be distributed and used, and, in fact, it can control in every way the development and use of electrical energy throughout the State.

Power is also given the Victorian Electricity Commission to grant leases and licences to any concern for hydro-electric undertakings in Victoria. It may inquire and report as to the steps which in its opinion should be taken to secure the ultimate co-ordination for unification of all State or other electrical undertakings in Victoria. It may secure the adoption of such standards of plant and equipment and of system frequency and pressure for the generating, distributing and supply of electricity as will admit of the efficient inter-connection of such undertakings and interchange of electricity throughout the State, and generally to secure the economical and effective supply of electricity throughout Victoria, and the amalgamation and concentration of such undertakings. The commission's main generating station is at the site of the extensive brown coal deposits at Yallourn, where the power station has an installed capacity of 175,000 kilowatts. In addition, there are the Sugarloaf and Rubicon hydro-electric generating stations.

The commission has now made considerable progress in the development of the Kiewa River hydro-electric scheme and should be obtaining power from that source shortly. It now supplies no less than 441 centres and, over the last few years prior to the war, had taken over concerns at an average rate of 50 new centres per annum. Its total loan liability at the 30th June, 1944, was £20,164,482. Depreciation and sinking fund reserves total £9,659,499. The net surplus for the year was £124,872 after provision had been made for the usual annual charges, including depreciation, sinking fund, provident fund, loan flotation expenses, administration of the Electric Light and Power Act, expenditure on war emergency measures, and appropriations of £100,000 to contingency reserve, £200,000 to rural development reserve, and £10,000 to a rate stabilisation reserve. Those are very big figures and indicate that the operations of the Victorian Electricity Commission have been particularly successful.

Hon. H. Seddon: Can you tell us the population of Victoria?

The CHIEF SECRETARY: Not to be exact, but, of course, it is much larger than that of Western Australia and the distances there are not so great. Victoria has many advantages, but we have in the South-West

an area that will be comparable with Victoria in time to come.

Members: Hear, hear!

The CHIEF SECRETARY: I feel sure of that, and with the co-ordinating of electricity supplies throughout the South-West under the provisions of this legislation, I believe that time will arrive more rapidly than if we continue as at present.

Hon. F. E. Gibson: That is true.

The CHIEF SECRETARY: The Victorian Electricity Commission has been able to build up a rural development reserve that now totals £500,000. It will be obvious, therefore, that its activities are of the utmost importance in the development of Victoria. Its successful operations cannot fail to engender a feeling of confidence in the operations of the proposed Western Australian commission, and I trust that members will be influenced for that reason and will speed the passage of the Bill through Parliament. Finally, I would advise members that the Electricity Bill and the South-West Power Scheme Bill, which will shortly be submitted, are complementary to this measure, and that the provisions of those Bills should be studied and assimilated in order to gain a complete knowledge and appreciation of the proposals of the Government.

To this end I would suggest that opportunity be taken to peruse the memorandum attached to this Bill, which sets out very clearly what the Government has in mind in connection with this most important matter. Not only does that memorandum set out the important proposals in the Bill but it also explains the inter-relationship of the three measures. The memorandum I refer to was prepared by the Solicitor General who also drafted the Bill. After reading the memorandum I came to the conclusion that no matter how I tried to explain in detail the provisions of the Bill, members would have a far better idea not only of this particular measure but what is intended by the three electricity Bills that I have in place before the Chamber, by reading and analysing what the Solicitor General has set out in that document. It is very clear. There can be no misunderstanding of the explanation that he provides. If it is studied by members, I feel they will be able to deal with these measures promptly.

I conclude my remarks by repeating that I believe these Bills mark a stage in the history

tory of this State where we can look forward to considerable progress. If the State electricity commission can successfully carry out the duties imposed upon it by this legislation, there can be no question that not only the metropolitan area but the country centres will sooner or later reap very definite benefits from the provision of electric power and, perhaps more so from the co-ordination of the supplies that already exist. I move—

That the Bill be now read a second time.

On motion by Hon. H. S. W. Parker, debate adjourned.

BILL—ELECTRICITY.

Second Reading.

THE CHIEF SECRETARY (Hon. W. H. Kitson—West) [9.28] in moving the second reading said: This is the second of the three Bills to which I have already referred. By this measure it is proposed to consolidate and amend the law relating to the establishment and control of electricity generating stations and to the transmission, distribution and use of electricity, and to repeal the Electricity Act, 1937. The Bill is complementary to the State Electricity Commission Bill, the provisions of which I have just explained to members, and is a link in the chain of legislative proposals which the Government has in mind for the development of electrical power in this State.

I have already indicated that the State Electricity Commission Bill seeks to establish a commission with wide powers and responsibilities to take the place of a body known as the Electricity Advisory Committee. I have also indicated that the advisory powers which the committee had were provided for under the Electricity Act of 1937. It will be obvious, therefore, that there will be no further need for the functioning of this advisory committee, the members of which have in the past given good and efficient service within the limited authority which they enjoyed.

In the circumstances it is proposed by this Bill to delete from the Electricity Act all reference to the Electricity Advisory Committee and to insert in it, where necessary, a number of references to the electricity commission. In doing so, however, it has been decided to seek a few alterations to the Act, either to clarify existing pro-

visions or to bring them into line with those of the State Electricity Commission Bill. In the main, however, the Bill embodies almost the whole of the provisions of the existing Act, and because of that I do not propose to deal with every clause but to explain briefly the important proposals.

In the first place it will be noted that by the Bill the Electricity Advisory Committee is to be abolished, and that Sections 4 and 5 of the Act dealing with the establishment of the committee have not been included in the Bill. The necessary provision has been made to ensure that the State electricity commission shall function in place of the committee. With regard to the question of administration, the Act, as it stands at present, is administered directly and immediately by the Minister, the Electricity Advisory Committee acting in an advisory capacity only. The proposal in the Bill is that its provisions shall be administered by the commission, and the consent now required to be given by the Minister will in future be given by the commission, subject, of course, to the authority of the Minister, who, as members are aware, is responsible in turn to Parliament.

Another departure in the Bill from the 1937 Act concerns the granting of approval to local authorities and concessionaires to establish and maintain power generating stations in their districts. At present it is not incumbent upon local authorities to seek such approval. Local authorities also have the right to give permission to concessionaires to establish power schemes. This lack of necessity to approach a central body for approval has had unfortunate repercussions on several occasions through the local authorities concerned not having recourse to expert advice in the administration of their projects. The Bill proposes, therefore, that in the future no power generating schemes shall be established without the approval of the commission. It is considered that such a procedure will be in the best interests of all concerned.

There is a proposal which sets out that any person desiring to carry out any work coming within the scope of the Act shall make application to the commission and supply plans, specifications, estimates and technical details of the proposed work. There is also a proposal dealing with the compulsory acquisition of land, provision having been made that whenever any land

is required by a local authority it may be entered upon, surveyed and taken under the powers contained in, and in accordance with, the procedure prescribed by the Public Works Act, 1902-1933. The Bill provides also that local authorities shall grant permission, if required by the commission, to a supply authority to construct and maintain the supply authority's transmission works within the district of any local authority: whilst it also sets out that any two or more local authorities may combine in a general scheme for the establishment of a generating station and for the carrying out of transmission and distribution works.

Provision has been made whereby local authorities may apply to supply authorities for electricity to be made available in bulk. Those provisions are already in the existing Act, as are most of the others I have already mentioned. In order that the Government's policy of decentralisation may be implemented, it is proposed that the commission shall be permitted to supply power direct to any industrial consumer in a country district which has a connected load of 200 horsepower or more. This will enable the consumer to obtain power at the lowest possible cost and will be an important factor in the establishment of more secondary industries. The commission is also given the right to provide power for any Government department or any Crown instrumentality.

In the present Act there exists a number of ambiguities, mainly in respect to the extent of responsibility of supply authorities. Under this Bill, as a result of improved drafting, these ambiguities will disappear. For example, the definition of "service apparatus" in Section 2 of the Act is so loosely drafted and extensive in its ambit that it includes electrical installations and fittings of a consumer on his own premises, and over such installations and fittings a supply authority has no control because they are not its property. The definition of "service apparatus" is intended to relate to those lines and plant belonging to the supply authority by which it brings electricity to the premises of the consumer, and it is not intended to include the consumer's installations within his premises by which he uses the electricity supplied. Consequently the definition of "service apparatus" is deleted from this Bill altogether, and is now contained in the State Electricity Commis-

sion Bill. Its redrafting will make it clear that the definition will apply only to the lines and plant of the supply authority up to the position in a consumer's premises where the main switch is installed.

In a similar way, other ambiguities in this connection have been removed by redrafting. By the Bill all supply authorities, including local governing authorities supplying electricity, are given general powers and obligations in connection with the establishment and distribution of electric current. Specific obligations are imposed in regard to safety precautions. The Bill provides for the appointment of suitable inspectors, and the provisions of the existing Act covering regulations and by-laws are re-enacted, and are also the miscellaneous provisions under the Act. With regard to zoning, the commission is given power to create zones in any district and to enforce standard charges or prices in respect of current supplied. Penalties have also been provided under a number of headings.

Those are the main proposals in the Bill, the clauses of which are very similar to the sections of the existing Act, excepting, of course, where there has been considerable re-arrangement of various provisions and consequential alterations caused by the replacement of the advisory committee by the electricity commission; and, as I have already indicated, opportunity has also been taken to correct ambiguities that have appeared under the Act. I therefore commend the Bill to the House and move—

That the Bill be now read a second time.

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

House adjourned at 9.37 p.m.