

administration of the department, I shall move for a Select Committee to inquire into it. The Minister is always talking about people being reasonable. Let him be reasonable now and tell us something about what the department has done. If not, I will be forced to take some other action.

Amendment put and negatived. .

Vote put and passed.

Votes—College of Agriculture, £22,435; Labour, £4,750; Factories, £12,050—agreed to.

Progress reported.

House adjourned at 11.36 p.m.

Legislative Council.

Thursday, 11th December, 1947.

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

ASSENT TO BILL.

Message from the Lieut.-Governor received and read notifying assent to the Inspection of Machinery Act Amendment Act.

BILL—MANDURAH CHURCH BURIAL GROUND.

First Reading.

Introduced by Hon. H. Tuckey and read a first time.

Second Reading.

HON. H. TUCKEY (South-West) [4.34] in moving the second reading said: This is a short but nevertheless rather important Bill, as it provides for the closing of the cemetery at Mandurah. This cemetery is 78 years old and, owing to the extension of the town, is now practically in the middle of the townsite. It is only five or six chains from the Post Office and on every side there are permanent dwellings, whose water supplies are drawn from wells. The land has never been proclaimed as a cemetery site under the Act and there appears to be no authority which can prevent the continuance of burials there.

A new cemetery site has been provided which is outside the township. It was gazetted in 1939 and a board of management was appointed and gazetted for its control. In spite of the provision of this new cemetery, burials still continue to be made in the old ground. The land in question was originally owned by the late Mr. and Mrs. Henry Hall of Mandurah. By a deed of gift, a memorial of which was registered in 1869, the land was conveyed to the Bishop of Perth for use as a church site. I notice that one of the signatures to the document is that of S. H. Parker, solicitor, Perth. That is 78 years ago. In those days the land was considered to be in the bush, as there was no townsite and only a few houses had been erected along the water front.

Point of Order.

Hon. C. B. Williams: I am sorry to interrupt, but Mr. Simpson has pointed out to me that the Bill has not been printed correctly. It is stated that the first reading is on the 11th November, whereas it should be the 11th December. I am afraid Mr. Tuckey will have to go over the ground again.

The President: It is a printer's error and can be corrected in Committee.

Hon. C. B. Williams: That is all right.

Debate Resumed.

Hon. H. TUCKEY: I had already checked up on that point. For some time after the present cemetery was gazetted and opened, it was considered that no burial could take place in the old ground without

a permit from the Lands Department. The Lands Department itself was of that opinion, but it was discovered later that the department had no jurisdiction over the land. Quite a number of people are aware of that fact and occasionally burials are made in the old cemetery. Many of the residents are opposed to the use of the old cemetery and requests have been made during the past two or three years that it should be used no longer. It had been my intention to introduce a Bill to deal with the matter last session, but I did not do so because of lack of time. The position has since become worse. There is a larger population in the town and it is still growing.

The desire is that all burials should now be made in the new cemetery which, as I said, is outside the townsite. No doubt the graves in the old cemetery will ultimately be transferred to the new cemetery and the old ground will probably be planted with trees and made to look more like a park. The ground was originally given for a church site, as I have said. A very nice church was built on it 50 or 60 years ago. In those days it was quite usual to erect a church in a burial ground, but today that is not so. The desire is that the land should be reserved for church purposes only. As the town develops someone will move in regard to these graves and I feel sure that others will follow so that the area will eventually become cleared of all graves, and the past trouble will be overcome. I do not know whether the Health Department can prevent burials there, but my advice is that no authority can prevent them, and that the only thing that could be done was to introduce a Bill to impose the desired prohibition. I move—

That the Bill be now read a second time.

On motion by the Honorary Minister, debate adjourned.

MOTION—POLICE.

As to Non-promotion of Sgt. W. Williams.

HON. C. G. LATHAM (East) [4.41]: I move—

That all papers relating to the non-promotion of Sergeant W. Williams from third-class to second-class sergeant be laid on the Table of the House.

Also, that all papers dealing with the alleged loss of thirty-five pounds (£35)—which is reported to be the cause of the department's refusal to give Sergeant Williams his promotion—be laid on the Table of the House.

I do not believe it is the function of members to bring grievances of public servants to this House, or any other place. Provision is usually made for dissatisfied public servants to appeal, but the information given me by a retired officer of the Police Force leads me to believe that a grave injustice has been done to Sergeant Williams, whom I have known for a long time although I have not seen him for at least two or three years. He cannot, therefore, be charged with having given me the information. I do not know where he is at the present time, but I believe he is somewhere in the country. He was for many years in the North-West, for a long while at Bruce Rock, then at Toodyay and subsequently in Perth. I understand he was promoted from constable to sergeant when he came to Perth. The provisions of the Police Act are that after a certain time, a third class sergeant, providing there is nothing against him, is automatically promoted to second class. When the time arrived for Sergeant Williams to be promoted he was informed that he would not get his promotion. I understand he appealed against the decision, but the appeal was from the heads of the department to the heads of the department.

I understand that when officers of the Police Force appeal they are treated as if they were accused persons. Two members of another place attended at the Supreme Court building on one occasion to hear an appeal before a police magistrate, and both the Commissioner and the senior inspector treated the appellant in a hostile manner and almost bullied or threatened him into saying things he should not say. That is the information that has reached me. The Police Force is an important portion of our Government set-up. We make the laws, and it is the responsibility of the police to see that they are carried out. The first thing we should do is to see that we have a satisfied Police Force, particularly in view of the fact that many of those men are stationed in isolated places and have to depend on their own initiative. I have been informed that the reason given for the non-promotion of this sergeant is that on one

occasion, while he was in charge of the Roe-street lock-up, a man was brought in, and he had £35 with him. The money was handed to the constable on duty and at the time Sergeant Williams was in charge of the station. This occurred at night-time. I understand no provision was made in the police office for the locking up of money or other valuables. I am told there was a safe in the office, but it was under the control of another sergeant who was on day duty. During the night, the money was put into a drawer, which was the usual thing, and it was left there for quite a long time. I have been told that the money was there for some weeks after originally being put in the drawer. That was admitted by a constable then on duty. Subsequently the money was lost, and I understand that Sergeant Williams was threatened by a senior officer that he would be charged with neglect of duty because the money was lost because it had not been placed in safe custody originally. I am informed that the method, for a number of years, was to place money in this drawer in the manner I have indicated. Sergeant Williams was advised by the heads of the department that he had to replace the money. I am also told that he informed the senior officer he refused to do so because it would be an admission that he had stolen it. I understand that repayment was made only because certain of the men got together and raised the money by subscription amongst themselves.

When Sergeant Williams appealed I understand that was the only thing held against him, namely, that he had not done his duty inasmuch as £35 had been lost while he was in charge of the station. Many other losses have occurred there as can be seen by looking at the Auditor-General's reports which show that from time to time certain sums of money have been written-off because they have been said to have been stolen. Whether it is right or wrong, the sergeant was then sent out to the bush. I do not know whether it was for that reason, but evidently it was as he is not now employed in the city area. We have a responsibility to see that the Service gets a fair deal. I cannot claim that my knowledge justifies me in saying that a further inquiry should be made, but if the Minister will agree to place these papers on the Table of the House I, and other members,

will be able to determine whether an injustice has been done to this officer who is getting on in years.

He has been a long time in the Service and I understand that no charge has ever been laid against him. I know that while he was at Bruce Rock and Toodyay he carried out his duties so as to uphold the high traditions of the Police Force. This officer, not so very long ago, had some base material thrown into his eyes, somewhere near the Cathedral. Members may recall that incident. He subsequently recovered from the disability and was sent to the country. Whether that action was taken because of something he had not done, I do not know; but we should be able to investigate that point for ourselves. I hope the Minister will agree to put the papers on the Table of the House. I have no other motive than that the members of the Police Force may feel that we are prepared to see that they receive a fair deal and justice.

THE MINISTER FOR MINES (Hon. H. S. W. Parker—Metropolitan-Suburban) [4.51]: I understand it is unusual to place a personal file on the Table of the House. All the desired information is contained in the personal file of Sergeant Williams. I am instructed by the Minister for Police that no objection will be raised to Mr. Latham inspecting the file at his office at any time he may desire. If he is not satisfied with that, I suggest that some member should move the adjournment of the debate and thus hold the matter over for the time being. I am also instructed by the Minister for Police that Sergeant Williams has been promoted to second-class sergeant. I really think that answers the hon. member's questions.

HON. C. G. LATHAM (East—in reply) [4.52]: It is some little time since I received the information and in all the circumstances I am prepared to accept the Minister's statement. If Sergeant Williams has been promoted, my case falls to the ground. I am perfectly satisfied and ask leave to withdraw my motion.

Motion, by leave, withdrawn.

BILL—MILK ACT AMENDMENT (No. 3).

Read a third time and transmitted to the Assembly.

**BILL—COMMONWEALTH POWERS,
ACT, 1945, AMENDMENT (No. 2).**

Third Reading.

THE HONORARY MINISTER (Hon. G. B. Wood—East) [4.55]: I move—

That the Bill be now read a third time.

Question put.

The **PRESIDENT**: As this Bill requires a statutory majority for the adoption of the third reading, it will be necessary to divide the House.

Division taken.

The **PRESIDENT**: I have satisfied myself that an absolute majority of members is present. There being no dissentient vote, I declare the division off and the question passed.

Question thus passed.

Bill read a third time and transmitted to the Assembly.

**BILL—HEALTH ACT AMENDMENT
(No. 2).**

Second Reading.

Debate resumed from the 9th December.

HON. C. G. LATHAM (East) [4.58]: Anything that we can do to check the spread of tuberculosis should be willingly undertaken. The point I am most concerned about with regard to the Bill is the question of post-mortems on still-births. I understand from my reading of the Bill that such examinations will be conducted by the local doctors.

The Minister for Health: In prescribed areas.

Hon. C. G. LATHAM: If the department is to secure the information it desires, to have several doctors engaged in the work will be useless. Surely one man ought to be appointed to undertake the task because it really amounts to research work.

The Minister for Health: That is the object.

Hon. C. G. LATHAM: I am sure that one doctor could do the work far better than several. I am sorry Dr. Hislop did not deal with that phase because he is in a better position to do so than I am. If I wished to determine anything I would not appoint

four or five men to make the investigations for me but would allot the work to one man. He would be able to prepare the necessary reports in a manner that would be much more beneficial because he would have all the facts leading up to the various determinations. I am sure that if several doctors are engaged on the work we will not get completely satisfactory results.

I appreciate the fact that if it is possible to prevent still-births we should do all we can to accomplish that result, because we are all anxious that the population of the State should increase. The course adopted will afford encouragement to mothers who must be very disappointed when they find they have given birth to still-born children instead of ones they will have the opportunity to nourish. I hope the Minister will give consideration to making this a research job rather than appointing a number of doctors to conduct investigations.

HON. R. J. BOYLEN (South) [5.1]: I wish to speak only on the question of tuberculosis. On the Goldfields many workers in the mining industry at some time or another become affected by this disease. I hope something will be done as a result of this Bill whereby these people may be treated on the Goldfields instead of being sent to Wooroloo. Very often men who have been in the mining industry for some time are found to be suffering from tuberculosis in an advanced state. It is a living death for them to be taken from their loved ones and sent elsewhere in the hope of being cured. With the co-operation of the medical profession and the health authorities it should be possible to evolve some means whereby necessary accommodation for cases could be found or established on the Goldfields. If that could be done the people concerned could receive treatment in their own districts, if not in their own homes, without being taken away from their relatives.

HON. W. J. MANN (South-West) [5.3]: Those who have lived on the Goldfields realise that the idea of taking men who are suffering from tuberculosis to a damp climate is likely to set up in their minds, if not in their bodies, the feeling that they had been removed from a part of the country where they are most likely to

enjoy as good a condition of health as circumstances permit. My memory goes back many years when a sanatorium was established at Coolgardie. It seems to me that either there or somewhere else on the Goldfields is the place at which there should be a segregation of those people who have been affected in their lungs. I think that probably it would be in their best interests that they should be installed in an establishment of that kind where they could be carefully watched. They should certainly be sent somewhere away from the coast.

It is generally found that the heat of the Goldfields and the cool nights are more suitable to the health of these people than other climatic conditions. I have known of men who of their own volition have left the Goldfields for the coastal areas in the vain hope that they would benefit from the change. It turned out, however, that for the most part they made a grave mistake. In one instance the person did not live very long, and in another case the man returned to the Goldfields but his condition had deteriorated to such an extent that he, too, did not live long.

In both instances I felt that had those men remained in the climate to which they had been accustomed for many years they might well have lived longer. This is the only aspect of the measure I propose to query. I suggest to the Government that it might be a wise step to go back to the idea that was carried out many years ago of treating men at Coolgardie or elsewhere on the Goldfields who are affected by this disease.

HON. E. M. HEENAN (North-East)

[5.6]: The aspect referred to by Mr. Boylen and Mr. Mann has also caused me some concern. The power to order miners on the Goldfields to enter Wooroloo is probably a necessary one if a comprehensive scheme for combating tuberculosis is to be carried out. I realise that this particular scourge has widespread ramifications. I understand that the only way properly to control it is by way of drastic measures. In my opinion it would be a wise policy on the part of the department concerned to consider the construction of a sanatorium somewhere on the Goldfields. This is a tremendously large State and I think that Kalgoorlie can be classed as the inland

capital of Western Australia. It is the centre of a far-flung mining field and the people who have lived on the Goldfields for many years acquire characteristics that are unique.

People who have lived to a considerable age on the Goldfields are not happy anywhere else. When they have their holidays away from their usual haunts many of them return before their leave is up, because they cannot get used to the mode of life in any other part of the State. I hope the department will consider the advisability of erecting the sanatorium to which I have referred. I understand the climate on the Goldfields is far better than any other for those who are stricken with this scourge, and there is no doubt that if they are treated in the environment to which they have been accustomed it will play a psychological part in the treatment accorded to them. A similar state of affairs applies to the aged who are sent to the Old Men's Home. They come from a part of the State which is radically different in many ways from the metropolis, as is also the climate and the mode of life.

Many of these old men are very unhappy. I hope that the powers that be will at some future time provide an adjunct to the Old Men's Home on the Goldfields. It is a serious matter to take people away from their homes especially when they are dangerously sick and they have reached old age. It constitutes a big break from the associations which to them have become almost sacrosanct, and as a result of that they suffer much unhappiness. I realise the difficult position confronting the department. I also understand that if the dreaded disease of tuberculosis is to be tackled effectively drastic remedies must be employed. I hope the Minister will take into consideration the points of view that have been raised by myself and other members. I know that we are voicing the general opinion that is held on the Goldfields.

HON. G. BENNETTS (South) [5.11]: I am of the same opinion as Mr. Heenan and Mr. Mann that some establishment should be provided on the Goldfields for these particular people. I wonder whether the Minister would give consideration to placing such an establishment at Esperance. About 12 months ago I was speaking to a resident

at Esperance, a miner who had been turned out from Kalgoorlie in a bad state of health. He told me that he had expected to live but a short while, but since he had been at Esperance he had become a different man. Many Goldfields people who were suffering from tuberculosis are residing at Esperance and they told me that the change had added years to their lives. They felt better in that climate and were quite happy.

Hon. L. A. Logan: They are away from the dust.

Hon. G. BENNETTS: If an establishment were placed at Esperance it would also cater for the cases that arise at Norseman. Only last week a young man from Boulder came under my notice. He, his wife and three children had been living in one room in Weir-street, Boulder. I took the matter up with the Housing Commission and as a result this man has been fixed up with a house in the metropolitan area. I point out, however, that he had to leave Perth some years ago on account of the climate and went to the Goldfields, but he has now returned to Perth. People who have lived for many years on the Goldfields should, if they have become affected by the disease, be allowed to remain in the district. I hope the Minister will look into the matter and see what can be done along the lines I have indicated. Once men have worked in the mining industry for a number of years they like to continue living in that district.

THE MINISTER FOR HEALTH (Hon. H. S. W. Parker—Metropolitan-Suburban—in reply) [5.14]: I am pleased with the interest that members have taken in this Bill. Nothing new has been brought forward that is not already on the files of the department. For some time it has been realised that a tuberculosis hospital is essential, and a committee has been looking for a site in Perth or the suburbs. We have in charge of the tuberculosis department Dr. Henzell, who is a recognised authority on the subject, a man in whom we can place the utmost reliance. The Wooroloo Sanatorium was started in 1915, and efforts have been made to do something in regard to this disease. As the years have gone by, different treatments have been undertaken; but at present, so far as I can gather, the only treatment is

rest and freedom from worry, in proper surroundings and with proper nursing and care. I think we all know that the tuberculosis patient is an extraordinarily optimistic person. He is much better in places he likes, or he thinks he is, and I believe that accounts for the outlook of the people at Esperance and of the people to whom Mr. Heenan referred. I wish to quote from a report made by Dr. Henzell on the 24th November last—

When sanatoria were first established 70 years ago, it was considered advisable to place them at an altitude and in the country, surrounded by the scent of the pines, etc. It has been found that high altitudes may be harmful to many cases of pulmonary tuberculosis, and that the scent of the pines is of no value. It has been proven that within limits it does not matter so much where they are treated; what matters is how they are treated.

Within the past 20 years the development of surgical methods for the treatment of the disease, combined with radiological and bacteriological methods of investigation and control, have evolved the modern chest hospital, which is as fully equipped and staffed as a general hospital, and where cases of chest diseases are sent for diagnosis and treatment.

Of necessity cases other than tuberculosis are admitted for these purposes to such hospitals, and a highly specialised team of physicians, surgeons, pathologists and radiologists is organised at these centres.

In other countries and in the Eastern States, the practice now is to place these hospitals within city areas, and not outside them as a generation ago. It must not be forgotten that tuberculosis is infectious only where there is close personal contact with an infectious person (e.g., domestic contact). The reason why nurses in tuberculosis hospitals of repute are considered to be safe in their contact with the disease is that they are trained in the precautions that they should take, and the better the hospital, the more rigidly are these precautions carried out.

The danger to the public lies in the unknown, undiagnosed, infectious case, which this Department is planning to discover and treat in the hospital under discussion. The public can be firmly and with confidence reassured that there is no risk of any kind in the placing of such a hospital in a city area. Indeed, the public has accepted without a murmur the 100 beds at Hollywood, and 45 at the Edward Millen Home, and over 20 at the Royal Perth Hospital, which are already in their midst and which have proven to be harmless.

It can therefore now be regarded as the established practice to build a chest hospital in a city area. The choice of a site in such an area depends on certain factors as follows:—

1. There must be a good water supply, sewage, etc.

2. Adequate power is essential. Powerful x-ray plants have to be operated, as well as diathermy, and the building is usually multiple storeyed, requiring lifts.

3. From the point of view of the patient it must be remembered that he is long-term and may be in hospital for many months, and certain amenities will be necessary—

- (a) He must have the feeling that he is in the "lungs" of the city area. Therefore, a suburban site is preferable.
- (b) He should have something to look at in the way of view. Therefore, some altitude, if obtainable, is desirable.
- (c) Climatic conditions are important. For example, in Western Australia, access to cool breezes in hot weather.
- (d) Easy access for visitors.

Finally, as it is hoped that within 10-15 years this hospital will be used less and less for cases of tuberculosis, which will be under control, and more and more for conditions other than tuberculosis, the importance of its association with other metropolitan hospitals is obvious. It is intended that this hospital should be an acute hospital, and be used only for those patients receiving treatment in bed. When they are ambulant they will be transferred to Wooroloo for convalescence.

Hon. E. H. Gray: There is an ideal site in Fremantle.

The MINISTER FOR HEALTH: There is a special committee looking for a site. Quite obviously, it is not within the realm of practical politics to build at the present time when we have unfortunately to devote much of our labour and material to the building of homes. This Bill was introduced at the request of Dr. Hensell. Recently we had in Western Australia Dr. Todd, who is a most eminent physician and is in charge of Medhurst, a very large institution in England. He is an expert in tuberculosis. Dr. Todd went to various places with Dr. Hensell. I have not seen any report concerning his visit, but when I saw him, more or less socially, he seemed to be very pleased with what we were endeavouring to do at Wooroloo. Here again is a minute from Dr. Hensell—

On discussing this matter with Mr. Good, the Solicitor General, he advises three possibilities.—

- 1. The tightening up of the present Act by amending its present sections where necessary;
- 2. Amending the Act by adding to it a special part concerning tuberculosis; or
- 3. A separate tuberculosis Act.

On reading over the file and the relevant portions of the Health Act, it would appear

that a tightening up of the present Act, or the inclusion of all legislation concerning tuberculosis in a separate part of the Act, would suffice for our needs. Mr. Good thought that either alternative would probably do.

Under Section 230 of the existing Act, the Commissioner has wide powers. Mr. Good advises that the intention of the Act was that these provisions were to be used in times of epidemics only. He thought that any Minister might be reluctant to take the onus of deciding that these provisions should, in the specific case of tuberculosis, be enforced for all time. Therefore an amendment to Section 230 to provide that the Commissioner should possess, without any qualification, powers under Clauses 1, 3, 4, 5, 6, 8, 11, 12, 17 (a) and 18, with specific applicability to tuberculosis, would enable us to have those powers of isolation which we think are necessary. Alternatively, these provisions to be included in a special "tuberculosis" part of the Act.

Under Section 232, the Commissioner has power to use restraint to hold an infectious patient in a hospital where he may be placed under the power which is given by Section 230. An amendment to this section to correspond with that of Section 230, making it apply to tuberculosis, would also appear to be sufficient.

With reference to Section 230, Clause 8, and as a corollary to the expressions "custody" and "safety to keep" used in Section 232, a special ward at the sanatorium to house recalcitrant patients, under restraint, would be necessary.

Mr. Good advises that by adding the words "or clinics" after "hospitals" in Clause 1 of Section 294, we would have the power required to establish and maintain clinics.

A further amendment to Section 294 to include the existing sanatorium at Wooroloo as being regarded as established under this section of the Health Act would transfer the administration of the sanatorium from the Hospitals Act to the Health Act. Wooroloo is part of the whole scheme of the control of tuberculosis, and its administration cannot be divorced from that of the general work of the Tuberculosis Branch. Further, the cost of its maintenance should be included in the tuberculosis vote.

In item No. 14 on page 4 of the draft that was presented originally by me, it is requested that it be made an offence for any patient in a hospital or sanatorium to be in the possession of any alcoholic beverage, or for any other person to bring into a hospital or sanatorium any alcoholic beverage for the use of any patient, without the written permission of the medical officer in charge. Our opinion is that powers to this effect are very necessary.

That is the matter I referred to in my opening remarks when I said how necessary it was to have that control. I have endeavoured to show that what is in the Bill is not a matter of Party politics but a matter of a request by experts. Suggestions

have been made that it is too severe to prohibit tuberculosis patients from going from place to place, and that there should be power to compel them to remain in one place. I know of an instance that occurred last May. A gentleman stopped me in the street and said that I, as Minister for Health, should not allow a patient in an advanced state of tuberculosis to reside at a prominent and well known residential hotel in Perth. I did not say anything, but made inquiries and found that what he said was perfectly true.

A man who had left Wooroloo was staying at this expensive residential hotel and there was no power to put him back in Wooroloo. I am pleased to say, however, that he left the hotel. Members can appreciate how awkward it would have been if he had refused to move. These powers requested may never be used but they are required for extreme cases. Take, for instance, an unfortunate miner who contracts T.B. in Kalgoorlie. If he can be treated properly and given sufficient rest in his home at Kalgoorlie, and people are duly warned and told what to do in their own interests, I do not think for one moment that the authorities would move him. From what I can gather, the main treatment for tuberculosis is rest and freedom from worry, so they would not be likely to send him to Wooroloo if he could be treated at home without danger to the general public.

Hon. G. Bennetts: I think that picture show of Dr. Hensell's was an indication of what is required.

The MINISTER FOR HEALTH: It was suggested by Dr. Hislop that certain things should happen as regards nurses. Immediately on the arrival of the present Commissioner of Health, it was insisted that all nurses at Wooroloo should be x-rayed and examined and given a Mantoux test. That has been done, and is constantly being done, so that a continual watch is kept over these nurses. We have already purchased a hall outside the Royal Perth Hospital in which to set up an x-ray plant of which it is hoped the general public will make use, so that T.B. cases may be detected early, thus saving a lot of time and avoiding the spread of the disease. At present, there is no provision for compulsory examination. It is done voluntarily.

Hon. A. L. Loton: Have you any idea when the plant will be used?

The MINISTER FOR HEALTH: As soon as we can get it.

Hon. A. L. Loton: You have no idea when that will be?

The MINISTER FOR HEALTH: No, I am afraid I have not made any inquiries. A suggestion was made about the bloc system for nurses. We are doing everything possible to secure nurses and have commenced the bloc system. For some time we have been trying to get a sufficiently large house in the metropolitan area in which to house nurses undergoing theoretical training. We require a house with reasonable access to the various hospitals. Unfortunately, we have so far been unable to find such a place. It might be asked why we do not resume a suitable property, and I would be pleased to be informed where there is to be found a property we could resume without causing considerable trouble and perhaps depriving a number of people of their residence. At Northam we have a school, under a very able sister, and are endeavouring to secure more trainees.

We cannot take many more trainees at present as our trainee hospitals are full. Our hands are tied to some extent and it may be necessary to bring down further legislation to meet the situation. The Nurse's Registration Board is satisfied only with the best, in order that when nurses graduate they may have reciprocity throughout the Commonwealth, and perhaps throughout the world. That is an excellent idea, but I am afraid we will have to lower our standard in order to secure the requisite number of nurses. We are at present in a state of emergency and I believe we will have to accept a lower standard in order properly to staff our hospitals. This will not be altogether a retrograde move, as the nurses will be able later to qualify for retrospectivity.

Members may recall that this House last year passed a Bill to prevent any nurse under 21 years of age going to Wooroloo. We cannot expect girls of 21 to be anxious to go to school. At that age they wish to go straight into nursing. We may have to amend that measure, and I am informed that it is perfectly safe for girls of 18 years of age to enter Wooroloo as nurses, if the

necessary precautions are taken and they are well looked after. As Dr. Henzell says, if a hospital is properly conducted there is very little risk of the nurses contracting tuberculosis. The percentage of nurses at Wooroloo that contracts the disease is .85 per cent., and I believe all medical men would agree that it is not possible to say with certainty that the disease was contracted there.

Hon. C. G. Latham: Is that .85 per cent. of the nurses who get the disease or .85 per cent. of the patients?

The MINISTER FOR HEALTH: All the patients there have it, but .85 per cent. of the nursing staff contract the disease.

Hon. C. G. Latham: Then of every 100 nurses .85 per cent. contract the disease?

The MINISTER FOR HEALTH: Yes, less than one in a hundred, and there is no way of proving that they contract it there. Many people are prone to tuberculosis between the ages of 18 and 25. We have had instances in the Mines Department of university students, permitted to go to the mines during their long vacation, being x-rayed at the laboratory in Kalgoorlie and found to have developed T.B. within two years, after having been in the mines for only three months. It is impossible for anyone to say with certainty whether they contracted the disease in the mines, and I believe medical men would agree that such students must have been predisposed to the disease if, in fact, they contracted it during a period of only three months in the mines. There is only a remote chance of properly trained nurses in a T.B. hospital becoming infected. We may have to train younger nurses in order to maintain the necessary staff.

I come now to the question of still births. Dr. Hislop said that there had been only one meeting of the committee set up by the Health Department. That committee has met only once. It consists of a specialist obstetrician, a specialist physician and other highly qualified men. They met in June last and certain motions were carried and suggestions made, with the result that these clauses are included in the Bill. There is a research centre and a man is in view to perform all the post-mortems. It is not expected that this work will be spread over the country districts, as there will not be the

facilities available for the country practitioner.

Hon. C. G. Latham: And he might not have the knowledge.

The MINISTER FOR HEALTH: That may be. The purpose of this measure is to determine the cause of there being so many still-births, and, if possible, to find a means of prevention. It is not merely someone's whim. On the 20th June the committee I have mentioned adopted certain resolutions which served as a guide in framing the amendments to the Act now before the House. The committee also set out its requirements in respect of certain basic information that is being collected. It has not been called together since then because the information is not yet sufficiently complete, owing to the fact that the work of post-mortem examination of still-births has not so far been commenced, and the laboratory at the K.E.M.H. has not begun to function. In his report Dr. Cook said—

I felt that to plague busy men unnecessarily with public duties would be inducing them to decline service, defeating our purpose in enlisting their co-operation.

That is the position regarding still-births. I come now to the question of venereal disease. If Dr. Hislop moves the amendment that he proposes, I may have to deal with the question more fully. In the meantime the little I have to say will give members food for unpleasant thought. V.D. includes syphilis. New cases of syphilis notified in Western Australia in 1938 totalled 34, and for 1947, up to the 30th November, the total of cases notified was 91. Members will agree that the sections of the Act dealing with V.D. should be tightened up, and not loosened, as is suggested by the amendment.

Question put and passed.

Bill read a second time.

In Committee.

Hon. J. A. Dimmitt in the Chair; the Minister for Health in charge of the Bill.

Clauses 1 to 4—agreed to.

Clause 5—New section:

Hon. E. H. GRAY: I move an amendment—

That in line 6 of proposed new Section 230A, after the word "delegate" the words "with the approval of the Minister" be inserted.

I think the delegation of power should be only with the approval of the Minister. If the amendment is agreed to, Subsection (2) of proposed new Section 230A will be unnecessary.

THE MINISTER FOR HEALTH: I have no objection to the amendment.

Hon. J. G. HISLOP: I cannot see the value of the amendment. I made it clear the other night that the intention of this provision is to delegate the powers of the Commissioner of Public Health to Dr. Henzell, and the Minister confirmed that statement this afternoon. I had intended to suggest that we should alter the provision so that the Commissioner could delegate those powers to any registered medical practitioner acting as a public health officer. If Dr. Henzell then appointed an assistant, and a system of medical officers was built up, on the lines I have suggested, the power could be delegated to that organisation. As it now stands, the power could be delegated to any public health officer. The delegation should be limited.

Hon. E. M. DAVIES: I support the amendment. The Act enables the Commissioner, if authorised by the Minister, to delegate to any public health official certain powers to prevent the spread of infectious disease. Fairly wide powers are mentioned, and it would not be right to delegate such powers to any public health official. If this authority is to be exercised the provision should be implemented with the approval of the Minister.

Hon. E. H. GRAY: I can understand Dr. Hislop's point of view because medical men resent interference by laymen. Nevertheless, we should have democratic control. The work will be carried on more efficiently and smoothly if the Minister and these officers work in close association.

Hon. J. G. HISLOP: There is no resentment at all about the Minister interfering. We are proposing to delegate the powers now held by the Commissioner, and I suggest that the Minister has ample power for delegating authority to a man like Dr. Henzell, because that power will descend from the Minister.

Hon. C. G. LATHAM: Provision is made in the Act to deal with urgent cases and it may be necessary to delegate this authority. We are concerned particularly with

T.B. and are asked to give powers to a health official. Would a ratcatcher be a health official?

The Minister for Health: Section 11 covers that.

Hon. C. G. LATHAM: That section does not define a health official.

The Minister for Health: He would be an official appointed by the Government.

Hon. C. G. LATHAM: But who would he be? I do not want these powers to be delegated to an unqualified man, though it might be satisfactory to delegate them to a doctor. When a layman is Minister for Health, he has to depend upon somebody, sometimes on the Chief Health Inspector if the Commissioner is not available.

THE MINISTER FOR HEALTH: These powers will be exercised only when really necessary. No Commissioner would delegate any of the powers to a person not qualified for the particular job, and I cannot see a Minister doing it because he would find himself in a very difficult position. It is necessary that provision be made for these powers.

Amendment put and passed.

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

That in line 6 of proposed new Section 230A, after the word "any" the words "registered medical practitioner acting as a" be inserted.

When the organisation is operating, the powers can be delegated down the line. I have previously protested strongly against compelling a patient to remain in Wooroloo, because of his being a menace to other people, until such time as adequate compensation is provided for the dependants. It is all very well to say that, if a man is sent to Wooroloo, his family will get the Commonwealth pension. What would happen to my family in the event of my being sent to Wooroloo? They have not been accustomed to living on such an allowance and their whole future would be endangered. If we are going to enforce compulsion, we must have a security scheme to which a man could contribute in order to protect his family. To apply compulsion without providing for the family will merely drive the disease underground. A man whose family would be reduced in

basic requirements is not likely to submit himself for examination. The most I am prepared to do at this stage is delegate this power to the State T.B. officer and no further.

Hon. C. B. WILLIAMS: I support Dr. Hislop. If we compel a patient to go to Wooroloo without making provision for his family, he will not even consult a doctor. Twenty years ago when the Hon. P. Collier was Premier, we discussed this matter and took a similar stand. We defied the Government on the point. We have no right to take a person from his home and insist upon isolation without making proper provision for his family.

Hon. R. J. BOYLEN: On the Goldfields a miner has no alternative; it is imperative that he be examined every 12 months and, if he is suffering from T.B., he must leave the industry. Under this measure, he would be sent to Wooroloo, and in such cases the dependants would be left in destitute circumstances. Apart from that, the patient would be worried, and it is doubtful whether he would make much progress under those conditions.

The MINISTER FOR HEALTH: This proposal has nothing to do with the provision of compensation for dependants. Dr. Hislop has said that a person suffering from T.B., for which the cure is rest, should not be permitted to rest until the State provides the wherewithal for his family.

Hon. G. Fraser: He cannot rest if he has worry.

The MINISTER FOR HEALTH: The Bill has nothing to do with that aspect. The maintenance of the families of T.B. patients is the subject of negotiation at present with the Commonwealth. A person suffering from contagious disease has to be isolated. Take a man suffering from leprosy, is it suggested that he should not be isolated because there is no provision for his family? This measure is designed to prevent the spread of disease, but some other measure would have to be introduced to provide for the maintenance of the dependants of those sent to hospital. We are dealing here only with the prevention of contagion. If we allow a person suffering from T.B. to mix with the public, we are neglecting our duty to the people as a whole. I point out to Dr. Hislop that medi-

cal practitioners with high qualifications are employed by the Government, but are not registered.

Hon. G. FRASER: Could Dr. Hislop give the Committee an idea of how contagious T.B. is? His information would be of great assistance to members. The Minister mentioned several contagious diseases, including leprosy.

Hon. C. G. Latham: That disease is not very contagious.

Hon. G. FRASER: Is it necessary to segregate a person suffering from T.B. for a lengthy period? He may be in a sanatorium for years.

The Minister for Health: No, nine months as a rule.

Hon. E. H. Gray: Less than that.

Hon. J. G. HISLOP: I would like to have your ruling, Mr. Chairman, on that request, because I cannot speak on the infectivity of T.B. on this clause. However, if it is the wish of the Committee I do not mind doing so.

The CHAIRMAN: It has no relevancy to the clause.

Hon. E. M. HEENAN: I think members must find themselves in agreement with the points of view expressed by the Minister and Mr. Williams. I feel we should not defeat the clause merely because at present the question of maintenance or compensation has not been decided.

The CHAIRMAN: I would draw the attention of members to the fact that we have drifted a long way from the clause and the amendment. I cannot allow the drift to continue and must ask members to confine their remarks to the amendment.

Hon. H. TUCKEY: I agree with Dr. Hislop's suggestion, but I think there should be additional control. I have known cases of T.B. which have been under no supervision at all. One man suffering from the disease was actually working in a whole-milk dairy. This legislation would give some chance to control such cases. The question of maintenance is important, but the Minister has told the Committee that it has already received consideration. Our object should be to check the spread of the disease, if possible.

Hon. A. L. LOTON: I support the amendment, but am opposed to this matter being placed under the control of public health officials. It should be under the control of fully qualified medical practitioners.

Amendment put and passed.

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

That in line 6 of Subsection (1) of proposed new Section 230A, the parenthesis and figure "(8)" be struck out.

I must, as a matter of protest, ask that the reference to paragraph (8) be struck out. The various diseases which were mentioned by the Minister have no bearing on the matter at all. First, a sick person believes that he still lives in a free country. He realises that it may be necessary for him, in the case of epidemic, to be isolated for a short period. When, however, it comes to a question of destroying the foundation of his family—for instance, if it is proposed to send him to Wooroloo—he takes a different view altogether.

We must realise that the only way to induce a patient to enter Wooroloo is by painting a picture that will appeal to him, both as regards the treatment he will receive and the manner in which his family will be looked after and provided for. If he can be persuaded that his family will be looked after, that his son, if attending the University, will be enabled to continue his studies, he probably would consent to go to Wooroloo for treatment. I have been 25 years in this State as a consultant physician and I know of numbers of men who have said, "No, I will die, but will see that my children get an education," and I do not blame them. If our desire is that T.B. patients should go to Wooroloo, we must show some real vision in the conduct and control of the institution.

Sitting suspended from 6.15 to 7.30 p.m.

Hon. J. G. HISLOP: I would like to place certain facts before the Committee in regard to the control of tuberculosis.

Hon. C. B. Williams: Do you think you can ever cure it.

Hon. J. G. HISLOP: I want to hasten the end of it. Either directly or indirectly I take credit for every change that has taken

place at Wooroloo, and that has been at the expense on occasions of becoming unpopular with my colleagues. I have practically given up having anything to do with tubercle, realising it is a social, State matter. Tubercle is not increasing, but diminishing, in the State, and everywhere else in the British speaking world. Dr. Harvey Sutton says that all over the British Empire a marked reduction in the mortality from the disease has occurred—a reduction of less than one half in the last forty years.

The CHAIRMAN: I hope the hon. member will link up his remarks with the amendment.

Hon. J. G. HISLOP: I will. The incidence of the disease is getting less whereas the enthusiasm for its control is increasing because of the knowledge of new methods. If I were in Dr. Henzell's place, I would like this control. If we have a scheme whereby a person could say, "I can go into Wooroloo and my family will not suffer," the State should then have this power. The greater the deterrent we put upon people going to Wooroloo, the longer it will take to eradicate tuberculosis. Prior to Dr. Henzell coming here the law provided that a medical man had to notify his cases of tuberculosis. The number notified was far fewer than what actually existed in the State. The medical practitioners said they would not notify the disease whilst nothing was done in the way of treatment. If we provide that the medical officer in charge of the department can say that a person shall not leave Wooroloo, the same thing will occur again. Wooroloo is not an attractive place, although it is better than it was. I do not think Dr. Henzell regards it as perfect. In fact I think his views are that it should be completely re-designed.

The Minister for Health: I do not think there is anything about Wooroloo in this.

The CHAIRMAN: Order! I remind Dr. Hislop that he is rather making a second reading speech.

Hon. J. G. HISLOP: I am prepared to make as long a speech as you sir, will allow me in order to inform the House of the wrong features contained in paragraph (8). It will allow the authorities to confine a man to a place where he is isolated—and that is Wooroloo because it is the only tuber-

culosis hospital in the State for civilians. This would be a retrograde step. Prior to the advent of Dr. Henzel, there used to be about 90 odd patients in Wooroloo. Since his arrival there have been over 200, and they have gone there freely because the conditions of treatment have improved. If we include a deterrent here those numbers will decrease again.

Hon. E. M. Heenan: What would you do with the individuals who defy advice and will not accept treatment?

Hon. J. G. HISLOP: Those people will defy treatment both inside and outside an institution.

Hon. E. M. Heenan: Yes, but is that harmful to the general community?

Hon. J. G. HISLOP: In that regard, if we introduce these deterrent measures, the numbers of those who are willing to go to Wooroloo will drop at a rapid rate. If we want to control tuberculosis, we should take out paragraph (8), which is a bar to progress.

Hon. G. FRASER: I support the amendment. This paragraph definitely allows the authorities to forbid a person ever coming out of Wooroloo.

Hon. G. Bennetts: Was not somebody arrested the other day and taken back there?

Hon. C. B. Williams: The only way to get out is to keep on getting drunk, and then they will kick you out!

Hon. G. FRASER: I know of a person who had nine or ten months treatment at Wooroloo, and then came out for 18 months or two years. He went back for further treatment and was then transferred to the Edward Millen Home.

The Minister for Health: How long ago was this?

Hon. G. FRASER: Within the last couple of years. At the Edward Millen Home a doctor wanted him to undergo certain treatment which the patient did not want to have, so he left. That person has had five years of happy life in the past seven years, and there is every likelihood he will live for many more years. Had the provision under discussion been in operation he could not have left Wooroloo in the first place, or the Edward Millen Home in the second place. Many people suffering from the disease take all the necessary precau-

tions to prevent spreading it. I am afraid of the person who has it but does not know. I will support any legislation that will make for compulsory x-ray examination, but I will not be a party to anything that will enable people to be kept in an institution and condemned to a living death. I speak feelingly because of the case of a near relative.

The MINISTER FOR HEALTH: Earlier in the discussion the point was raised as to the manner in which the State was treating T.B. patients. I have made it my business to inquire into the matter and I find that T.B. sufferers receive a pension of 37s. 6d. a week in addition to a T.B. allowance that is made available by the Commonwealth on a certain scale and paid to the State for distribution, that is, providing their income does not exceed the basic ceiling figure. I do not know what that figure is at the moment, but the point is that the State does not look after the dependants and while patients are in Wooroloo no charge is levied.

This particular provision was inserted in the Bill at the special request of Dr. Henzell who said in a report—

Under Section 230 of the existing Act, the Commissioner has wide powers. Mr. Good advises that the intention of the Act was that these provisions were to be used in times of epidemics only. He thought that any Minister might be reluctant to take the onus of deciding that these provisions should, in the specific case of tuberculosis, be enforced for all time. Therefore an amendment to Section 230 to provide that the Commissioner should possess, without any qualification, powers under Clauses 1, 3, 4, 5, 6, 8, 11, 12, 17 (a) and 18, with specific applicability to tuberculosis, would enable us to have those powers of isolation which we think are necessary.

It is only to deal with recalcitrant patients, ones who will constitute a serious danger to the community. No-one suggests that because a man has T.B. he is to be locked up in Wooroloo or somewhere else, but the Bill merely seeks to provide some control over his movements in public. Like the leper, T.B. patients must suffer for the community and we must do everything possible to prevent them from disseminating the disease among the rest of the community.

I have been provided with the latest figures dealing with admissions to Wooroloo and I find that for 1947 the notifications received totalled 382 and the admissions to Wooroloo from the 1st July to August of

this year numbered 302 while the figures for the previous years were: 1946, 295; 1945, 373; 1944, 377; 1943, 347; and 1942, 354. These cases may have been affected by the war experiences of the patients and it may be that the increase this year is due to the drive that has been in progress with a view to ascertaining the real position in the community. People are becoming more mindful of the fact that T.B. is not the dread disease it was thought because people can recover from it.

Hon. C. B. Williams: Utter nonsense!

The MINISTER FOR HEALTH: The clause is not inserted for the purpose of harsh treatment but so that it can be availed of in extreme cases such as that of the man who, because he had funds, was able to stay at a hotel in the city to the grave danger of the citizens. I hope the provision will never be used.

Hon. C. B. WILLIAMS: The Minister has made confusion worse confounded. If anyone knows more about T.B., apart from Dr. Hislop, than anyone else in this Chamber, I am that person. I have helped thousands and I tell members there is no cure for T.B. There never has been a cure and never will be, no more than there is a cure for cancer. A man who is compulsorily placed in Wooroloo because he has T.B. gets 37s. 6d. a week. We do not propose to give him any help at all but merely to compel his retention in the institution. When Dr. Mitchell was in charge he said he wanted to isolate those suffering from T.B. because they bear children too quickly. Perhaps Dr. Henzell would say the same thing, but the truth is that they can breed healthy children.

The Minister for Health: That is true.

Hon. C. B. WILLIAMS: Then why make prisoners of them? Those suffering from cancer are allowed to go round the streets and drink in hotels, and we do not lock them up. Why tinker with this matter? I assure members there is no cure for T.B. and there never will be one.

Hon. C. G. LATHAM: I am anxious to assist the Minister because I know the object of the legislation is to secure a check up with a view to determining the incidence of the disease and arresting it. The point that is worrying me is as to whether the provision

in the Bill will tend to prevent people from reporting. It is not easy to detect those who are suffering from the disease. I know that doctors are very anxious to carry out the wishes of the department, but I am not quite satisfied whether the provision to be put in the Bill will assist or will operate in the opposite direction.

Hon. G. Fraser: It will nullify the good effects of the legislation.

Hon. C. G. LATHAM: I am very worried about that point. I know the legislation is submitted for the benefit of the sufferers but it is hard to instil in their minds a realisation of that fact. Another factor is the limited accommodation available at Wooroloo. Unless the Government intends to increase the accommodation available, I do not think any harm would result if we left the matter over for another year.

Hon. E. M. HEENAN: We are all anxious to do the right thing and to accomplish the greatest good for the greatest number. The point raised by Mr. Latham is very real because we should not do anything that would hunt the disease underground and make people scared to let their condition be known. The Act already contains provisions that, with all due deference to Mr. Good, I think would deal with the position of dangerous and infectious diseases. I am inclined to think that would cover T.B.

Hon. C. G. Latham: That section applies to epidemics.

Hon. E. H. Gray: I think it would cover T.B.

Hon. E. M. HEENAN: Apparently Mr. Good considers there is some doubt about it and the provision is to be put in the Bill for the sake of clarification. I do not know of any instance where an individual's liberty has been infringed to any extent. Legislation of this type is usually policed sympathetically and sensibly, and I think all concerned would act in a humane manner. There are always a few who will defy all the advice and refuse all the help tendered them and they become menaces to the community. I think the clause may be needed to cope with that type of individual, and I have sufficient faith in the department to believe that it is only for that type of individual that the clause is intended.

Hon. E. H. GRAY: I support the Minister with regard to this matter because of my experience of T.B. cases. Until last year, I had been connected with the Fremantle Hospital for 23 years, and saw some terrible happenings as a result of cases such as those mentioned by the Minister. We must remember that even in Dr. Mitchell's time there was a young man under 30 who took medical advice, went into Wooroloo, stayed there for six months and subsequently lived to the age of 60. Dr. Henzell has made a big impression on the public of Western Australia and has aroused intense interest in the metropolitan area and amongst local authorities.

The Commissioner of Public Health has the powers with which the clause deals, and this provision merely enables him to delegate his powers. It would be a bad thing for us to do anything that would constitute a slap in the face to Dr. Henzell. We must be careful not to put a sprag in the wheel and shake public confidence in him. There are special methods of treating T.B. but any patient has the right to refuse treatment. Why should such people be allowed to occupy sleepers in trains, for instance? A man may take a sleeper and, on entering it, find that his fellow passenger is a T.B. patient. There is no power to forbid anybody suffering from T.B. using such accommodation and—Dr. Hislop will correct me if I am wrong—risk infecting others. I appeal to members to stand behind Dr. Henzell. This provision will be administered carefully and wisely.

The MINISTER FOR HEALTH: I am advised that this is a preventable disease. Mr. Williams was right in saying there is no cure. I used that word to Dr. Todd and Dr. Henzell. They said, "We do not cure T.B. patients. Their lungs heal up with rest." That is a difference in expression. What we want to do is to force those who are recalcitrant to take measures that will prevent them from communicating the disease to others.

Hon. J. G. HISLOP: I want to remove from the mind of Mr. Gray the idea that T.B. can be contracted by travelling on a train with a person suffering from the disease. If anybody should have T.B., it is I.

Hon. E. H. Gray: You look after yourself.

Hon. J. G. HISLOP: For 25 years I have been sitting on the beds of T.B. patients every day of my life, with the exception, possibly of the last year or two, and I had a perfectly clear chest x-ray not long ago. A lot more is required to produce tuberculosis in a person than sleeping alongside others in trains. I am just as anxious as Dr. Henzell to see this campaign against tuberculosis progress, but this would create one of the greatest deterrents to that progress that we could devise.

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

Ayes	..	..	..	..	18
Noes	..	..	..	..	8
					—
Majority for	..	..	..	..	10
					—

AYES.

Hon. C. F. Baxter	Hon. J. G. Hislop
Hon. G. Bennetts	Hon. C. G. Latham
Hon. L. B. Bolton	Hon. L. A. Logan
Hon. R. J. Boylen	Hon. W. J. Mann
Hon. H. A. C. Daffen	Hon. G. W. Miles
Hon. E. M. Davies	Hon. H. L. Roche
Hon. G. Fraser	Hon. H. Tuckey
Hon. F. E. Gibson	Hon. O. B. Williams
Hon. W. R. Hall	Hon. A. L. Loton (Teller.)

NOES.

Hon. Sir Hal Colebatch	Hon. H. S. W. Parker
Hon. R. M. Forrest	Hon. F. R. Welsh
Hon. E. H. Gray	Hon. G. B. Wood
Hon. E. M. Heenan	Hon. C. H. Simpson (Teller.)

Amendment thus passed.

Hon. E. H. GRAY: I move an amendment —

That Subsection (2) of proposed new Section 230A. be struck out.

This is consequential.

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

Clauses 6 to 9—agreed to.

Clause 10—Amendment of Section 294:

Hon. E. M. DAVIES: I move an amendment—

That at the end of proposed new Subsection (3) of Section 294 the following proviso be added:—"Provided that the next preceding subsection shall not apply to this subsection."

Unless the amendment is agreed to, the establishment at Wooroloo, if the Public Health Department so desired, could be made a charge on the local authorities.

The MINISTER FOR HEALTH: I have no objection to the amendment.

Amendment put and passed.

The MINISTER FOR HEALTH: I move an amendment—

That in line 1 of paragraph (c) of proposed new Subsection (4) after the word "of" the word "medical" be inserted.

The Public Service Commissioner pointed out that there are civil servants involved and he does not like the idea that the Governor should be called on to make regulations dealing with them, as they are already dealt with.

Hon. J. G. HISLOP: Surely it is not the job of the Governor to lay down regulations dealing with the classes of people described in this provision. Does the Minister know what the amendment will entail? Surely the medical superintendent should lay down the duties.

The MINISTER FOR HEALTH: This is the ordinary provision that appears in almost every Act—that the Governor may make regulations.

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

Clause 11—Amendment of Section 314:

Hon. J. G. HISLOP: I hope the Minister will have this clause removed from the Bill, as its contents will not achieve his purpose. No real progress is made in research by providing penalty clauses, but by seeking the co-operation of the profession. The Minister should form an obstetrical research fund and provide for the appointment of an obstetrical research officer. For some years there has been a committee inquiring into maternal deaths, but it has made no progress, as there has been no fundamental research into the problem. The committee considers the cases reported but has no power to take action in the matter and, in the view of its members, that body has been a complete failure. The same result is likely to be achieved by the committee investigating stillbirths.

It is unfortunate that the man in view to perform the post-mortems in an anatomist, and not a pathologist. The right person to perform the post-mortems would be a pathologist and I would rather see Dr. Libby making those examinations than a man who professes himself to be an anatomist. We have found great difficulty in starting in consultation men who would have preferred to be specialists or consultants, and who

had the qualifications, but had to enter general practice owing to the financial strain of commencing specialist work. I would refer to the Stewart lectureships in medicine, surgery and so on that have existed for so long at the Melbourne University, and attached to the Royal Melbourne Hospital. I think we should appoint a part-time research officer at perhaps £500 per annum, with the right to investigate the cause of maternal deaths and the incidence of stillbirths.

Such an officer could work in the laboratory at the K.E.M.H., putting it on a research basis and providing the foundation for further research which, if the officer held his position for two years, might provide the answers required. The finest research work has been done where the workers have been left untrammelled in their efforts. The Melbourne University and Royal Melbourne Hospital have set a standard that is high throughout the world in the various avenues of medical investigation.

The MINISTER FOR HEALTH: Dr. Hislop misunderstands the clause, the intention of which is to enable the Health Department to get reports on every stillbirth, and to enable post-mortem examinations to be made. There cannot be research in this field without post-mortems, and the Bill provides for what the committee asks should be done. I do not know how it can be investigated unless we have the power to insist upon a post-mortem. We propose that the nurse and the doctor shall make a report. Is it not right that the responsible person, the doctor, should see what report the nurse sends in? Would there be any difficulty in his checking over the report she prepares? I have an amendment to move to the proposed new Subsection (2a).

Hon. J. G. HISLOP: If the Minister remains impervious to the suggestions that are made, we must continue the discussion. I deplore the attitude that has been adopted. I ask members to read Section 314 and then note the effect of the amendment in paragraph (a). The result would be that every doctor would have to report every midwifery case he attended. I move an amendment—

That paragraph (a) be struck out.

The MINISTER FOR HEALTH: We are asking that the doctor in charge shall sign the report and not throw the onus on the nurse. The proposal merely means that the doctor shall endorse the nurse's report.

Hon. J. G. HISLOP: If the provision referred only to stillbirths, it would be all right—there are about 290 stillbirths each year—but why insist upon the form for the 8,000 live births notified each year? The provision should be limited to the stillbirths.

Hon. E. H. GRAY: I support the Minister. The insertion of the words proposed will be of great assistance to the department and to the public.

Hon. J. G. HISLOP: If an inquiry is desired into stillbirths, well and good, but do not require the doctor to send in a form for every live birth. Why should that be wanted?

Hon. G. FRASER: Before I am prepared to vote for a change, I want to know the reason for it. There must be some reason.

The MINISTER FOR HEALTH: The reason is that the department desires that the person responsible—the doctor—shall make the report, and not the underling.

Hon. C. G. LATHAM: Dr. Hislop is right. When a natural birth occurs, the sister in charge reports it, but now we are mixing up ordinary births with stillbirths. This piece of legislation is ill-conceived, and I doubt whether the draftsman understood the requirements of the department. This provision should be included in a separate part of the Act and not mixed up with ordinary births. The Minister would be well-advised to report progress and see whether it cannot be included as a separate part of the Act.

Hon. J. G. HISLOP: I agree that the Minister should report progress and that this provision should be made a separate part of the Act. Will he ascertain what the department really wants?

The Minister for Health: Look at the heading of the division, "Protection of life."

Hon. J. G. HISLOP: Under this provision, if the midwife or the doctor fails to make a notification, for the first offence each may be fined 40s. and for the second offence £20; the nurse may be removed from the

register, but the doctor cannot be. I ask the Minister to report progress in order to find out exactly what his department wants.

The Minister for Health: There is no occasion to report progress. This is what the department wants.

Hon. J. G. HISLOP: I appeal to the Committee to vote against the clause.

The Minister for Health: It rests entirely with the Committee.

Amendment put and passed.

Hon. J. G. HISLOP: I make one final appeal to the Minister to report progress in order to see whether an agreement can be come to.

The Minister for Health: Dr. Hislop has succeeded in striking out the words "medical practitioner." What more does he want?

On motions by the Minister for Health, clause further amended by striking out paragraphs (b) and (c); by striking out in line 11 of proposed new Subsection (2a) the word "to" and inserting in lieu thereof the words "such medical practitioner shall"; and by deleting in lines 12 and 13 the words "with the report mentioned in Subsection (1) of this Section."

Hon. J. G. HISLOP: I do not regard with favour the proviso to proposed new Subsection (2a), which states that no fee or charge shall be payable to the appointed medical practitioner. Surely the medical practitioner chosen by the Commissioner of Health will be a man beyond reproach. What an extraordinary insinuation to make against a medical practitioner!

The Minister for Health: You have an extraordinary mind!

Hon. J. G. HISLOP: I know I have, and that is why I am on my feet. We are not looking for scapegoats, but are seeking to have genuine inquiries made into the cause of stillbirths.

The Minister for Health: Exactly. We do not want any charge to be made against the mother or against anybody else. The matter is purely a State one.

Hon. W. J. Mann: Does the State pay for it?

The Minister for Health: Yes.

Hon. E. M. HEENAN: If we decide that no fee is to be paid to the medical practitioner who conducts the examination, it is

Parliament's duty to say that no fee shall be payable. This simply provides that no fee is to be payable. There is nothing wrong with it.

Hon. C. G. Latham: Why not say that the whole cost of the post-mortem shall be a charge against the department?

The Minister for Health: Amend it if you like.

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

That the proviso to paragraph (e) be struck out.

Amendment put and passed.

Hon. C. G. LATHAM: I move an amendment—

That the following proviso be inserted in lieu of the one struck out:—"Provided that the whole cost of any post-mortem shall be a charge against the Department."

Amendment put and passed.

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

That paragraphs (f) and (g) be struck out.

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

New clause:

Hon. J. G. HISLOP: I move—

That a new clause be added as follows:—"10. Section two hundred and seventy-nine of the principal Act, as amended by the Act No. 34 of 1942, is amended by—

(a) deleting from Subsection (1) all the words from and including the word "or" down to and including the word "disease" as inserted by paragraph (a) of Section three of the Act No. 34 of 1942;

(b) deleting paragraph (a) from the words added at the end of Subsection (2) by paragraph (b) of Section three of the Act No. 34 of 1942."

Prior to 1942 we had practically got control of venereal disease in this State, but since then the number of cases has increased. That, however, does not give us the right to run the risks entailed by this legislation. It practically means that any person reported to the Commissioner can be examined and confined in the first place in a gaol hospital. That is not right.

The MINISTER FOR HEALTH: I am sorry that Dr. Hislop has decided to move this new clause. The Women's Service

Guild wrote and asked that this portion of the Act be deleted, and I made inquiries to find out just what the position was. The section of the Act provides that where a person makes a complaint that he or she has contracted V.D. from another person and sets out the name and address, the department can investigate the case. In these circumstances a departmental officer interviews the individual privately and gives him an envelope containing the formal notice. As a rule he is told to go to see the Commissioner of Public Health, and the notice provides that he must be examined and produce a medical certificate. That has happened in a certain number of cases—41 in the past 10 years, which includes the war period.

I have here the report of the Commissioner of Public Health on the matter. He has this to say—

Persons suffering from syphilis in an infective form who will not continue under treatment directed towards keeping them non-infectious are of that undisciplined type who will deliberately or negligently infect others by gratifying the urge for self-indulgence. They must, therefore, be detained until rendered non-infectious. Until detention cells are provided in connection with hospitals, gaol hospitals must provide the only means of detention.

He goes on to explain how a man with syphilis might infect several people. He might have intercourse with several women and not know which one gave him the disease. The report continues,—

In a considerable proportion of cases which were the subject of action under the National Security Regulations, females were quite commonly described only by their physical appearance, the clothes they wore on the occasion concerned, the place of employment and the locality and circumstances under which the patient met them.

It then becomes the duty of the department to trace the person, and generally speaking that is done. The report concludes in these terms—

Without the powers conferred by the 1942 amendment, action against these sources of infection would not be possible before some other person who could name the offender also becomes infected.

Those are the main details. The amendment is regarded as untimely owing to the increased prevalence of syphilis in the community. Persons suffering from syphilis require protracted supervision and treatment

otherwise they may readily spread disease amongst the unsuspecting. Not infrequently it is necessary to invoke the powers conferred on the Commissioner to put recalcitrant patients under restraint, and for obvious reasons in certain cases this could only be effectively done by using a gaol hospital. The report proceeds—

Recalcitrant persons suffering from syphilis, as may well be imagined, are not usually persons who can be detained in a general hospital. Where it is necessary to order detention it is necessary to effect detention and this can be done nowhere in a hospital except at a gaol hospital.

May I give members some of the cases dealing with gonorrhoea and syphilis. Here are some of the particulars—

A, a female half-caste. Was suffering from gonorrhoea and syphilis. The date of the warrant issued was the 17th January, 1945. She was imprisoned for one month on a stealing charge, on expiration of which she was detained for 14 days by the Commissioner so that treatment could be continued. Had been causing a lot of trouble by consorting with U.S. Navy men.

B, another female half-caste, suffering from gonorrhoea and syphilis; date of warrant issued the 24th September, 1946. Causing a great deal of trouble and would not submit herself voluntarily for regular treatment. She was transferred from prison to Perth Hospital on the 21st November, 1946.

C, another woman, suffering from gonorrhoea and syphilis; date of warrant issued the 15th July, 1946. Methylated spirits addict and constantly absented herself from treatment. Transferred from prison to Perth Hospital on the 23rd September, 1946. On 30th April, 1947, she was lodged in prison on a police charge (vagrancy) and as Dr. Harke reported that she had become heavily re-infected with syphilis the Commissioner detained her until the 10th June, when she was released on condition that she attended the clinic at Perth Hospital.

D, another female, suffering from gonorrhoea and syphilis; date of warrant issued 30th July, 1945. Neglect to continue under treatment. Numerous allegations. Transferred to Perth Hospital on the 22nd August, 1945.

E, a male, suffering from gonorrhoea and syphilis; date of warrant issued the 2nd July, 1946. Refused to place himself under examination. Was found to be suffering from V.D. and was discharged to Perth Hospital Clinic on the 12th July, 1946.

G, a male, suffering from syphilis; date of warrant issued the 7th June, 1945. Refused to place himself under examination. Was found to be suffering from V.D. and was discharged to Perth Hospital Clinic on the 21st June, 1945.

I have drawn attention to these cases to indicate that the section is not included just for the purpose of showing authority. Its provisions will be availed of very seldom and I hope will never be required. Nevertheless, it is essential to retain the provision.

Hon. J. G. HISLOP: I am surprised at the Minister. All the cases he has cited are proved cases. The ones I have in mind are those where a person may be accused but may be quite innocent.

Hon. E. H. Gray: Are there any such cases?

Hon. J. G. HISLOP: There have been quite a number of cases where a woman who has repulsed a man has been accused of infecting him. That woman could be taken away and examined, and such an examination is a very delicate matter. That could happen to a self-respecting woman. The Minister will agree that the statements contained in a letter from the department clearly sets out the policy when they state that the departmental practice is not to make use of the provisions of the Act, but that during the war, when the National Security Regulations came into existence, names were not required and the provisions of Section 279 were followed. If that is the policy of the department, why leave this wartime provision in the Act? I ask that it be deleted.

The MINISTER FOR HEALTH: I do not know of the letter from which the hon. member has quoted, but in a letter I sent to the president of the Women's Service Guild I told her that the amended section had never been availed of. It has not been made use of, but we want to retain it because it is necessary.

New clause put and a division taken with the following result:—

Ayes	..	..	..	15
Noes	..	..	..	11
				—
Majority for	..	..	..	4
				—

AYES.

Hon. C. F. Baxter	Hon. C. G. Latham
Hon. L. B. Bolton	Hon. A. L. Loton
Hon. R. J. Boylen	Hon. W. J. Mann
Hon. H. A. C. Daffen	Hon. H. L. Roche
Hon. G. Fraser	Hon. H. Tuckey
Hon. F. E. Gibson	Hon. C. B. Williams
Hon. W. R. Hall	Hon. L. A. Logan
Hon. J. G. Hislop	(Teller.)

NOES.

Hon. Sir Hal Colebatch	Hon. H. S. W. Parker
Hon. L. Craig	Hon. G. H. Simpson
Hon. E. M. Davies	Hon. F. R. Welsh
Hon. R. M. Forrest	Hon. G. B. Wood
Hon. E. H. Gray	Hon. G. Bennetts
Hon. E. M. Heenan	(Taller.)

New clause thus passed.

Title—agreed to.

Bill reported with amendments.

BILL—COUNTRY AREAS WATER SUPPLY.

Second Reading.

THE HONORARY MINISTER (Hon. G. B. Wood—East) [9.28] in moving the second reading said: This is the second of the water Bills and has to be considered in conjunction with the other that I introduced last night. It is essentially a Committee measure and is entirely dependent upon the other Bill being passed. In the circumstances, I shall not take much time in placing it before members.

One of the principal things the Bill does is to repeal the Goldfields Water Supply Act, which is mentioned in the schedule. It also gives power to the Minister or the Governor-in-Council to declare country water areas, which means water areas in any part of the State other than the metropolitan area. Power is also given for an alteration or extension of the boundaries of a country water area, the uniting of two or more country water areas, and so on. In Part III it is provided that the Minister may, by Order in Council, on the recommendation of the Minister—

(a) Constitute a water board for any country water area or any portion of a country water area;

(b) dissolve any water board constituted under this section.

Power is also given for the Minister to cause to be prepared plans and specifications and an estimate of the cost of a proposed water works, together with a statement showing the net earnings estimated to be derived therefrom and a statement showing the value of the ratable land to be benefited by them and to cause the same or certified copies to be deposited in the department and in a convenient place in the country water area in which it is proposed to construct such waterworks. It is also provided that the Minister shall cause an advertisement to be published in the "Government Gazette" and in any one or more newspapers generally circulating in

the country water area, such advertisement to specify—

(i) a description of the proposed water works;

(ii) the localities in the country water area in which they will be constructed;

(iii) the purposes for which they are to be constructed and the parts of the country water area which are intended to be supplied with water;

and so on. I hope that will meet with the approval of Mr. Loton, who I know is particularly concerned about having these things published in a number of newspapers. Part V deals with the supply and distribution of water and gives the Minister power to make and levy water rates in the manner provided in the Act. When the Minister determines to make and levy water rates, it is provided that he shall cause rate-books to be kept for each rating zone in the country water area. Provision is made for appeals against valuations but no appeal shall be allowed when the valuation does not exceed the current valuation of the same land by the local authority. An interesting part of the Bill is that which provides that the Minister may make and levy water rates in respect of all ratable land in a country water area whether actually occupied or not and although the land may not be actually supplied with water when—

(b) in the case of holdings of country land, the ratable land is situated wholly or partly within ten chains of a main or other pipe from which the Minister is prepared to supply water.

This is followed by a proviso which was inserted by amendment in another place and reads—

Provided that any such holding shall be ratable so far only as it extends to a distance not exceeding one mile and a half from the pipe.

As this is purely a Committee Bill, I hope that you, Mr. President, will permit members to debate the two measures simultaneously. I shall be only too pleased to give any information that members desire on the various clauses when the Bill is in Committee. This measure is founded largely on the Goldfields Water Supply Act so far as the machinery clauses are concerned. I have examined that Act and it has stood the test of time for many years. Generally speaking, I think members will accept both Bills with open arms, and I feel opti-

mistic that it will have a speedy passage through the House. I move—

That the Bill be now read a second time.

HON. H. L. ROCHE (South-East) [9.35]:

It gave me considerable pleasure to hear the terms in which the Honorary Minister introduced this measure, more particularly as I feel that the present Government and the Minister for Water Supply have shown a far more realistic approach to the matter than was shown 12 months ago in legislation which came before this House. On that occasion, proposals were put before Parliament to institute a water scheme for the major portion of the country areas, including places where it was neither required nor desired. A large expenditure of public money would have been made on a project that was not necessary, or a portion of which was not necessary, and the sponsors of the Bill apparently expected to recoup a considerable portion of the interest and sinking fund from the farming community in those areas which did not need the water and in many cases would not use it. I find it easy and quite a pleasure to congratulate the present Minister on this Bill. There are two or three minor matters that I trust the Honorary Minister will be able to clarify and I hope he will be able to satisfy me that my interpretation of them is incorrect.

I do not wish to deal with the clauses of the Bill, but there is one which it seems to me provides authority for the rating of country land before the Minister is in a position to supply that land with water. I refer to Clause 29. I hope some further consideration will be given to that clause, although it is got of such vital import that I feel disposed to oppose the Bill on its account. In another part, power is given to the Minister to arrive at the unimproved value of the country land, although it is provided in the Act as one of the alternatives for rating in respect of country towns that he shall accept the valuation of the local authority or that he may accept that valuation. As far as I have been able to follow the provisions of the Act as it applies to country land, the Minister is to decide what the unimproved value shall be. It seems to me that it would be more equitable and that the valuation would be on a firmer basis if there was provision for him

to accept the valuation of the local authorities concerned or the Taxation Department.

Hon. L. Craig: That would be an improvement.

Hon. H. L. ROCHE: I think so. As it stands it seems to me that considerable variation could take place, without a substantial basis for valuation, whereas with the Taxation Department there would be a firmer basis and it would be more general throughout the State. This provision is in Clause 65. There is one rather disquieting feature of this proposal. Possibly it is unavoidable, but I trust that something can be done to minimise the delay that will take place under the proposals for implementing this legislation as outlined in the brochure provided by the Minister for Water Supply. I refer to the delay in getting water from Wellington Dam to Narrogin and more particularly to such towns as Pingelly and Brookton. All the towns on the Great Southern, with the exception of Albany, are badly served in regard to water supplies but, apart from Pingelly and Brookton, they have supplies which, except in years of deficient rainfall, are sufficient to carry them through the dry period. But in the two towns I have mentioned, particularly Pingelly, the water supply is not usable. It was established many years ago and is now too highly mineralised for watering gardens or lawns. It is not in that class which could be described as potable or fit for human usage.

If the Minister can see no way of expediting construction of the works necessary to bring a supply from Wellington Dam, I could wish that he would find some other way, even as a temporary expedient, of providing for those two centres. Four years seems to be a long time to wait for a water supply that is usable. Three years is a long time for places like Narrogin to wait, but they have a supply which in most years enables them to get through the summer period. Some complaint has been voiced in another place that the Government did not see fit to bring down a Bill all-embracing and as ridiculous as that submitted to the House last session. There has been a certain amount of what might be called wistful whining on the part of some members at the loss of their brain

child. In the Great Southern areas affected by the Bill—they were affected by the measure of last year—there will be general satisfaction at the action of the present Government in bringing down this measure to provide a water supply for Great Southern towns and to exclude from the operation of the measure the rural areas that did not need or desire it. I support the second reading.

HON. G. BENNETTS (South) [9.46]: When the Honorary Minister introduced the Bill last night he mentioned that under the proposed water scheme Goldfields people might receive a reduction in the rate charged them for water. As the only Goldfields representative at the moment in the House I hope the scheme will be of benefit to the people of the outback. Residents of the Goldfields pay 7s. 6d. per thousand gallons for water, and some of my constituents pay for every thousand gallons, as there is no allowance. I refer there to people on the Commonwealth Railways at Parkeston. People at Norseman pay 10s. per thousand gallons for water.

When the Minister for Mines toured those districts soon after the present Government took office, the water question was frequently raised. He and I were asked that a flat rate throughout the State be brought into operation as a means of overcoming some of the troubles of residents in those areas. The Minister was sympathetic to every deputation and to those present at every conference held. He gave the impression that he would support such a proposal. From the remarks of the Honorary Minister when introducing the Bill, I think it will be the means of the people I have mentioned getting cheaper water. They put up with a great deal of hardship and in that climate they need a lot of water. I am hopeful that the Bill will provide a better water supply to those areas.

HON. W. J. MANN (South-West) [9.48]: I congratulate the Government on having brought down this Bill. I would be the last to create the impression that we who live in the well-watered parts of the State desire to prevent those in less favoured areas sharing in the water available. A warning, however, should be sounded to the Gov-

ernment and all concerned, that every attempt should be made, wherever water supplies are available, to conserve and utilise them. The supplies of water available each year are not inexhaustible, and the time is rapidly approaching when consumption will be greatly increased. The number of streams running from the ranges to the coast is not great, but in the past an enormous volume of water has been wasted each year. The area over which most of the water falls, and to which it is readily available, is not large.

I think a distance of 100 miles from the coast would cover the greater portion of the watersheds in this State. We have no very big streams running all the year round and therefore attention should be directed to every other source of supply available. The story of water conservation in the South-West is interesting. The first water supply was established at Harvey to irrigate about 1,000 acres of land. It was soon found to be inadequate, and past Governments have done excellent work in increasing water storage, until today, with the Stirling Dam, we have reservoirs capable of holding 25,000,000,000 gallons. That water could all be used in the South-West, but that is not desired. We are happy to think that some of the water can be taken over the ranges to the Great Southern, in order to ease the position that has existed for so many years in that area.

The acreage of land under irrigation will increase greatly, consuming an enormous volume of water. In some areas the rainfall is not sufficiently reliable for the conservation of water. Most of the rain falls in the period from May to September, or perhaps October, and during the rest of the year there are no worthwhile falls. Every possible means should be adopted in other parts of the State to survey and tabulate available supplies, so that they may be utilised in the future. We in the South-West have supplies sufficient for many years to come but the time will eventually arrive—if the State develops as we hope it will—when there will not be sufficient water to service the far-distant areas. I support the Bill and congratulate the Government on having brought down a measure which appears to be acceptable to the people who need it most.

HON. C. G. LATHAM (East) [9.55]: The introduction of this measure brings good tidings to the people of the agricultural areas. This State cannot develop without adequate water supplies. I hope the people in the outer areas will soon be supplied with electricity, as well as water, and I am pleased the Government has brought down this measure during its first year of office. I am concerned about the financial side of the project and hope money will be made available to commence work on it as soon as possible. We have good soil, and even our poorer soils can be built up to grow cereals successfully, but those growing cereals must have side lines, and stock cannot be carried without water.

I join with Mr. Bennetts in hoping consideration will be given to providing water from this scheme as cheaply as possible to Goldfields residents. It is difficult enough for Goldfields women and children to live in those areas under normal conditions, and when an exorbitant price is charged for water—at Norseman and other such places—life is made almost intolerable. I hope the Minister will see to it that such people are given a cheaper water supply. I said, on a previous occasion, that if the water rate in the metropolitan area were raised by 1d., or even ½d. in the £, the outer Goldfields areas could be supplied with water practically free. If it were supplied to them for nothing, we would still be contributing only a little towards a better life for the women and children of those portions of the State.

Men will not stay on the Goldfields unless their wives and families can be with them, and they can not be blamed for that. I hope the errors of past Governments will be noted by the present Government and that it will see that such people are given cheap and adequate water supplies. The measure will affect a great deal of the area I represent and I know the people most concerned will join with me in expressing thanks to the Government for having brought down the legislation.

HON. L. A. LOGAN (Central) [9.58]: I am pleased to see that the Government is honouring its promise to supply water to the agricultural areas.

HON. G. Bennetts: The previous Government would have done it, also.

HON. L. A. LOGAN: The Bill is pleasing to the producers whom it will serve, whereas the measure of last session was not. That Bill provided for a scheme to cost £9,000,000, while the present project is estimated to cost £4,500,000. I ask the Government to give consideration to the area served by the Wongan Hills line. Most of that land has a rainfall of from 8 to 12 inches, and I think the present Government could easily go ahead with a scheme to supply that area. I do not think it could be served from a comprehensive scheme, as that would not be practicable, but we could work on a smaller scheme and I do not think it would cost a large amount of money. On farms where water cannot be provided, the Government might offer a certain amount of assistance to build dams and provide reticulation. This should not be beyond the bounds of possibility, because we do not want to wait for the scheme if it is going to take four years. I congratulate the Government on having brought down the Bill and trust that we shall soon get a supply for my area.

HON. G. W. MILES (North) [10.1]: I congratulate the Government on having brought forward this scheme for the out-back areas. I express the hope that the Government will consider also other parts of the State that are in need of water supplies. I have heard it stated that at Coolgardie, 7s. 6d. is paid per 1,000 gallons of water, but the people at Port Hedland have to pay 3s. 6d. per 100 gallons. I want the Government to take into consideration the need for providing schemes for the north as well as for the south. Port Hedland and Marble Bar require supplies, not for watering stock, but for consumption by the people of those areas. I hope the Government will take this matter in hand and see that Port Hedland and Marble Bar are given a decent water scheme such as has been promised for many years.

THE HONORARY MINISTER (Hon. G. B. Wood—East—in reply) [10.2]: I thank members sincerely for their reception of these Bills. I appreciate greatly the thanks they have extended to the Government. Last night I promised to obtain for Mr. Loton

some information regarding the work that will be carried out at Pingelly and Brookton. The Minister for Works has assured me that, when the work between the Wellington Dam and Narrogin is started, operations will be started simultaneously at those two towns. As Mr. Roche said it is a long time for those two towns to wait for the scheme because they are badly off for water. It might be possible—I am not making any promises—that when the Mundaring Weir is raised, we shall be able to continue the pipeline from Beverley down the Great Southern. This would be no temporary measure; it might be possible for it to serve the people in that way. I propose to take the matter up with the Minister for Works.

Hon. H. L. Roche: That proposal appeals to you?

The HONORARY MINISTER: Yes, it does now. There was a time when it did not, because I felt certain that, with the heavy drag on Mundaring, that catchment could not supply the water. The raising of the weir, however, will give us an enormous storage of water and it might be possible to run a line down as I have indicated.

Hon. A. L. Loton: That has already been put up.

Hon. C. G. Latham: It is a long way to convey water without pumping plants.

The HONORARY MINISTER: A booster plant could be put in. That is a matter which members representing the Great Southern might well explore. A question was asked last night as to which wall would be raised first. The Mundaring wall will be raised almost at once. Certain work has already been done. It is not so necessary to proceed at present with the raising of the wall at the Wellington Dam.

Hon. A. L. Loton: How far has the work at Mundaring proceeded?

The HONORARY MINISTER: Preliminary work is in hand and is being carried on as quickly as materials and labour will permit. I was impressed with Mr. Roche's remarks about valuations being made by the Minister. I had over-looked that matter previously. Probably it would be better to use the valuations of the Taxation Department than valuations made by the Minister, although I think he would seek reliable advice.

Hon. C. G. Latham: He would probably accept the existing valuations.

The HONORARY MINISTER: Yes, but the Bill does not provide for that.

Hon. H. L. Roche: Ministers come and go.

The HONORARY MINISTER: Yes. Before next year various amendments might be suggested as being desirable.

Question put and passed.

Bill read a second time.

In Committee.

Hon. J. A. Dimmitt in the Chair; the Honorary Minister in charge of the Bill.

Clauses 1 to 27—agreed to.

Clause 28—Supply to rated land:

Hon. C. G. LATHAM: I direct attention to the provision that the Minister may rate land within three miles of a standpipe. Under a former statute, the rate started at 3d. per acre adjacent to the standpipe and dropped to a ½d. per acre at a given distance. That rate, however, was abolished about 1930. It is bad enough for a farmer to have to cart water from a standpipe without his being charged for it. The Government has put down wells and provided dams through the wheatbelt where people are permitted to get water free of charge, and we should not impose rates on land when the holders have to cart the water.

The HONORARY MINISTER: In 1930 conditions were very bad. Even if the rate had been charged at that time, it would not have been paid. It has not been paid since. I do not want to make conditions difficult for the Minister for Works, who will administer the measure, but will take the matter up with him with a view to getting some alleviation before the scheme comes into operation. There will be plenty of time during the next 12 months to make any alterations considered desirable.

Hon. C. G. LATHAM: I am willing to leave the matter to the Minister, but I hope that this provision will not be applied to existing water schemes, seeing that certain Acts are being repealed by this measure.

Clause put and passed.

Clauses 29 to 33—agreed to.

Clause 34—Provision for supplying groups of houses:

Hon. A. L. LOTON: Will the Minister tell the Committee how it is proposed to charge the individual householders under this clause?

The HONORARY MINISTER: The only equitable way would be to distribute the charges amongst the occupiers.

Hon. A. L. LOTON: It would be a matter of arrangement between the occupiers?

The Honorary Minister: Yes.

Hon. C. G. LATHAM: I am interested in a farm which gets its water supply through the railway meter. The probability is that there will be a meter for each of the houses, in the same way as there is a separate meter for electric current in a block of flats.

The HONORARY MINISTER: But this water is supplied through a standpipe. I think Mr. Latham is under a misapprehension, as the clause provides that the charge shall be levied in the same manner as if the supply of water had been distributed in each of the dwelling houses in the ordinary manner.

Clause put and passed.

Clauses 35 to 78—agreed to.

Clause 79—Payment of rates by mortgagee:

Hon. C. G. LATHAM: Is it intended that this clause shall apply to the Rural and Industries Bank? In the past the Agricultural Bank refused to pay the rates.

The HONORARY MINISTER: Unless there is something to the contrary in the Act governing the Rural and Industries Bank, I would say the clause would apply to the bank, but I will look into the matter and supply the hon. member with the information.

Clause put and passed.

Clauses 80 to 104—agreed to.

Clause 105—Minister may make bylaws:

Hon. A. L. LOTON: Is it necessary that regulations should be gazetted in connection with examinations of the people mentioned in paragraph (xx)? They are employed by the department, and that should be sufficient qualification.

The HONORARY MINISTER: I do not think Mr. Loton need worry about this. A similar provision appears in the metropolitan Act and in the goldfields Act. It is necessary to have this safeguard.

Hon. C. G. LATHAM: This applies to the townships. In the agricultural areas a person is allowed to make his own connections.

Clause put and passed.

Clauses 106 to 122, Schedule, Title—agreed to.

Bill reported without amendment and the report adopted.

Third Reading.

Bill read a third time and *passed*.

BILL—AGRICULTURAL AREAS, GREAT SOUTHERN TOWNS, AND GOLDFIELDS WATER SUPPLY.

Second Reading.

Order of the Day read for the resumption from the previous day of the debate on the second reading.

Question put and passed.

Bill read a second time.

In Committee.

Hon. J. A. Dimmitt in the Chair; the Honorary Minister in charge of the Bill.

Clause 1—Short title and commencement:

Hon. C. G. LATHAM: Can the Honorary Minister tell us something about the financial arrangements mentioned in the proviso?

The HONORARY MINISTER: I dealt with this point when I introduced the Bill. Negotiations are proceeding satisfactorily with the Commonwealth Government. As soon as arrangements are finalised, work will be proceeded with. I am hoping the preliminary work will commence about next February.

Clause put and passed.

Clauses 2 to 8, Schedule, Preamble, Title—agreed to.

Bill reported without amendment and the report adopted.

Third Reading.

Bill read a third time and *passed*.

BILL—ROAD CLOSURE.*Second Reading.*

Debate resumed from the previous day.

THE MINISTER FOR MINES (Hon. H. S. W. Parker—Metropolitan-Suburban—in reply) [10.56]: Mr. Loton desired to know why certain roads in Narrogin were to be closed. In my opening remarks when moving the second reading I gave the reason.

Question put and passed.

Bill read a second time.

In Committee, etc.

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

Bill read a third time and *passed*.

House adjourned at 10.50 p.m.

Legislative Assembly.

Thursday, 11th December, 1947.

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

QUESTIONS.**BANKING, NATIONALISATION.**

(a) *As to Cost of State's Intervention.*

Mr. **GRAHAM** (on notice) asked the Premier:

(1) In connection with his recent visit to the Eastern States, was the State responsible for his fares or any other expenses associated with the trip?

(2) If so, what was the total amount involved?

(3) On what grounds is the State intervening in the appeal to the High Court against the Commonwealth Banking legislation, in view of the fact that the legislation does not in any way interfere with State banking?

(4) Does he not consider that the private banks or any individuals who feel so disposed should be fighting the case, rather than that the public's money should be expended on this matter?

(5) What does he anticipate will be the total cost to the State if the Government proceeds with its opposition to the legislation before the High Court?

(6) As banking is a Federal matter, on what authority has his Government taken action?

The **PREMIER** replied:

(1) Yes. In addition to the banking question, opportunity was taken to deal with other Government business, including Commonwealth and State financial relationships, discussions with the State Liaison Officer in Melbourne, and a conference with directors of Courtaulds regarding the proposal to establish their industry in Western Australia,

Irrespective of this, I regard the banking issue as of such vital importance to the State of Western Australia that I have no hesitation whatever in considering the amount expended as a legitimate charge against State funds.

(2) Total expenditure for self and Secretary, Premier's Office:—Fares, £93 16s.; other expenses, £18 9s.; total, £112 5s.

(3) As to the State's appeal against the Commonwealth banking legislation, the grounds are as follows:—(a) That the Banking Act, 1947, is beyond the power of the Parliament of the Commonwealth and is