

Legislative Council,

Tuesday, 14th September, 1909.

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

PAPERS PRESENTED.

By the Colonial Secretary: (1.), Department of Land Titles—Report of, 1908-1909. (2.), Public Service List, 1909. (3.), Mining Act, 1904—Amendment of Form 59 of the regulations. (4.), Mines Department—Return of Exemptions for 1908-1909. (5.), Timber Tramway Permits. (6.), Cemeteries Act, 1897—By-laws and statements of Receipts and Expenditure. (7.), Land Act, 1898—Regulations, etc. (8.), (a.), Goldfields Water Supply—Report for 1909; (b.) Goldfields Water Supply—Amendment of Schedule 1. (9.), Mining Development Act, 1902—Statement of Expenditure for year ended 30th June, 1909. (10.), Fremantle Hospital—Amended regulation. (11.), Municipal by-law, Midland Junction. (12.) Sub-ano Board of Health—By-law.

ASSENT TO BILL.

Message from the Governor received and read notifying assent to the Supply Bill, £979,045.

RESIGNATION — HON. W. MALEY.

The PRESIDENT: I beg to report that on the 7th September I received the following letter from the Hon. Wesley Maley, dated 6th September, 1909:—

“I have the honour to resign my seat as a member for the South-East Province in the Legislative Council.” In accordance with Section 66, Subsection 2, of the Electoral Act, I issued a warrant to the Clerk of Writs to supply the vacancy.

BILL—EMPLOYMENT BROKERS.

Recommittal.

On motion by the Colonial Secretary. Bill recommitted for amendment.

Clause 13—Transfer of licenses:

The COLONIAL SECRETARY: The clause provided that at least 14 days' notice must be given to the court. Therefore, as pointed out by Mr. Moss, any person obtaining a transfer of a license within 14 days before the sitting of the court would have to go without his license until the next quarterly sitting of the court. To obviate that difficulty he moved as an amendment—

That after “meeting” in line 7 the following be inserted:—“Or the quarterly licensing meeting to be held next after the expiration of 21 days from the date of such transfer.”

Amendment passed.

The clause was also consequentially amended by striking out the word “next” in the first line of the proviso.

Schedule 3 was also consequentially amended by striking out “next” in the last line and adding the words “to be held on the...day of....next.”

Bill further reported with amendments.

BILL—HEALTH.

Second Reading.

Debate resumed from 31st August.

Hon. R. F. SHOLL (North): I moved the adjournment of the debate to give hon. members an opportunity of glancing through the Bill. I must confess that I cannot grasp the Bill. It appears to me that it is increasing or, in fact, is giving power to further increase the taxation on land. The taxes are already so great that it seems to be becoming a case of confiscation with regard to land. The most important provisions in the Bill seem to be those clauses dealing with the levying of rates for health purposes. Some of these roads board districts which levy the rates extend over very large areas and, as a rule, the rates they obtain are utilised for the benefit of merely a few who are congregated

together, and thus funds are provided for the benefit of these few people. They secure a great amount from the larger areas they control, and these large areas derive no benefit whatever. It is impossible for me to suggest any amendment. The only amendment I can suggest is to throw out the Bill altogether, yet it is required in municipalities and roads districts where there is a large population. It is, however, liable to abuse. Members of some roads boards do their duty and do not act unfairly, while others will take advantage of the Act simply to harass those who hold large estates. I am not speaking personally, but I can realise what it will mean to the country landholders who have estates which have been improved, and who have received no benefit from the rates that they have paid. The greatest sting in the Bill is the financial part of it. After hearing members who have studied this Bill more than I have done there will be another opportunity of dealing with it. It will come before members again to pass the financial clauses. We cannot deal with them in this House, so that when the opportunity is given to us again we shall decide whether we will accept the Bill or not.

Hon. W. KINGSMILL (Metropolitan-Suburban): Taking the Bill as a whole I have no hesitation in saying that it gives me great pleasure to support it. There are certain parts of it that I cannot altogether agree with, and perhaps it would save time if, instead of pointing out the excellencies of the Bill—which task I think may be entrusted to the Leader of the House—I were to draw attention to some of the items with which I do not agree; therefore, I shall confine the few remarks I have to make to this side of the question, and they will be principally not of a complimentary nature to the Bill. I would ask hon. members to remember, however, that I take this course simply to save the time of the House, and not because I think all parts of the Bill are bad. I may say that since this Bill was laid on the Table I have been seen by doctors to a greater extent than ever happened to me in my

life before, and, as a matter of fact, consultations practically have been held over me and the Bill, and if, therefore, I repeat certain remarks which my friend, the Colonial Secretary, may have heard this morning, I trust they will at all events be new to other hon. members, and that his having heard them this morning will not dispose him to give them any less patient or favourable hearing. A select committee considered this Bill when it was last before this House and gave the measure a great deal of attention, and collected in connection with it a large amount of what I think was very valuable and sensible evidence. But even those witnesses who were carefully cross-examined by that committee appear to have allowed certain matters in the Bill to slip past them, and it is some of these matters which they have brought under my notice. The first thing, which is only a small matter, occurs in the interpretation clause. In the interpretation of the words "infectious disease," we find that amongst the infectious diseases tuberculosis is classed. As everyone knows, there are several kinds of tuberculosis: some are highly infectious and others cannot in the ordinary course of nature be transmitted from one human being to another. For instance, those hidden forms of tuberculosis, such as diseases of the hip, diseases of the knee, and of other joints, cannot by any ordinary process, other than that of inoculation, be transmitted from one human being to another.

The Colonial Secretary: It is not intended to apply the interpretation to that class of tuberculosis.

Hon. W. KINGSMILL: Would it not be well, therefore, to make it plain in the Bill by inserting the word "pulmonary?"

The Colonial Secretary: Yes; I intend to do that.

Hon. W. KINGSMILL: Then again there is "ophthalmia," one form of which is extremely infectious and extremely dangerous, causing in many cases loss of sight; but there are other sorts of ophthalmia, such as chronic granulation of the eyelids, which un-

doubtedly should not be classed as an infectious disease. Perhaps it might be well if it could be found possible to so further define these two words that no mistake as to the meaning intended to convey should arise. In Clause 32 I am glad to find that not only in this but in other clauses the system of school hygiene, which I had the honour to initiate, is receiving the favourable consideration of the Government. I was afraid that from one cause or another this matter would be allowed to lapse, and I am pleased indeed to find this is not the case, but there is some little objection to this Clause 32. The objection is to the method of carrying out the system of school hygiene. It will be seen on reference to that clause that medical officers of health of local authorities are to carry out the duties of inspection of school children, principally without remuneration except that received from the local authority. I maintain that this school hygiene system is a matter not for the local authority to deal with, it is a matter for the State to deal with; indeed, it is a matter of such great national importance that it almost gives rise to doubt as to whether it is not a matter exclusively for the State to deal with. I am sorry to find that the payment for these services (and I take it that the service rendered is generally, at all events, in proportion to the payment given) is left to the local authority.

The Colonial Secretary: It is still intended that State officers shall do the bulk of the work; this is only intended to apply to the small outlying places.

Hon. W. KINGSMILL: I am glad to hear that, because when I initiated the system I remember that the Central Board of Health engaged the services of another doctor—I think it was Dr. Cleland—so that Dr. Blackburn should have his time free to carry out in as many directions as possible this very work of school hygiene.

The Colonial Secretary: The additional officer is still there.

Hon. W. KINGSMILL: I am glad to hear that. Then I find a very large gap in the course of my notes, and quite a lot of clauses escape scot free until we come

to page 82 of the Bill, Clause 231, where it is provided that notification of infectious diseases should be given. The doctors are very much put out about having their work increased without adequate payment being given, and, furthermore, they claim—and in this instance they claim with a good deal of justice—that they are asked to make a notification, a duty which does not properly belong to them, and which might well be given by other persons. For instance, if hon. members will read paragraph (c) of the clause they will find in it the following words, "The medical practitioner who attends the patient shall, upon the day on which he becomes aware of the nature of the disease or suspected disease, give a notice thereof to the occupier, and also to the local authority and the central board, and on the death of any such patient, forthwith notify the local authority of such death." I think that is a task of considerable magnitude to thrust upon these medical gentlemen. Hon. members will see that they have to give notice to the occupier—well, that of course is correct; they also have to give notice to the local authority, and I think they cannot complain about that; but they have to go further and instead of the local authority giving notice to the Central Board of Health, which I think might be done, the doctor has to give the notice to them; and, furthermore, in the case of death they have to notify the local authority of such death. I take it that the clauses relating to the notification of diseases have as their primary object the timely warning of those in authority, in order that necessary precautions may be taken to prevent the spread of such diseases.

The Colonial Secretary: Do you not think it is necessary that the central board should know?

Hon. W. KINGSMILL: Of course. The presence of the disease in whatever form it occurs, whether it is virulent or mild, is the thing that is to be notified, and the circumstance to which importance is to be given. In this relation I think, hon. members will acquit me of speaking lightly of a solemn subject—and looking at it from a health point of view, the life or death of the patient is practi-

cally a matter that is entirely statistical; it does not affect the validity of the notification of the disease in any way. Some of my medical friends maintain, and I think rightly, that that notification to save them trouble should be given by the registrar of deaths, whose certificate has to be issued before a body can be buried. Further, it is provided that a heavy penalty shall fall upon those gentlemen if they fail or neglect to give notice in this way. I may say at once that I am not touching on nearly all the points that have been mentioned to me, because some of them, I think, are not so worthy of notice as others, and as the Colonial Secretary no doubt has a note of them, which he took in the conversation he had with these gentlemen this morning, if he likes to take the trouble to take a check of the points, which I now mention, he will know what I think of the subjects.

Hon. J. W. Langsford: You are overlooking the fee they are paid for notification.

Hon. W. KINGSMILL: Certainly not: 2s. I think it is. I find the tendency is not to grumble so much about the fee paid in that connection, but some of these gentlemen have a strong fellow-feeling for those who are employed by the State and who have no fee forthcoming to them. For the service the fee of 1s. should be given. So far as I am concerned I think that the salary of any such officer should cover all his duties. I do not like the system of paying fees for certain services rendered in the service of the State. As a matter of fact, one of my first actions on becoming Colonial Secretary many years ago, was to cut off certain fees, and I received strenuous objection from the gentlemen affected then. I know a saving was made in some cases. I feel that gentlemen already receiving good salaries, by these fees are becoming overpaid for the services which they render to the State. Clause 236 deals with the subject of puerperal fever, and this disease has been singled out from other diseases, and it is proposed in the case of death from this disease a report shall be made by the medical practitioner attending the

case, and if there be no medical practitioner, by the midwife, to the nearest magistrate, who shall inquire into the circumstances and determine whether an inquest shall be held. It is unfortunately a fact that a good many cases of puerperal fever occur where a medical practitioner has not been attending the case, and when he is called in after the disease has made its appearance, and I understand there is a great deal of reluctance on the part of medical men, and perhaps it is natural enough, to take up cases of this description, which they have not been attending all along, because after all medical men are only human, and they have great reluctance to come into a case where the disease makes its appearance, when they have not been attending the case from the beginning; and if that reluctance occurs at the present time how much more will that reluctance increase where there is odium, the reporting of the death. There is held up before their eyes the possibility, nay, the probability of a magistrate, who is a layman, ordering an inquest to be held and making all the circumstances public, and the public upon whom the medical practitioner has to depend are quick to note anything to the detriment of anyone, and are slow to note any mitigating circumstances, if there are any, that may accompany the case. It is sufficient for them that Dr. A. had a death from puerperal fever; they do not stop to consider if it is due to the negligent treatment of Dr. A., or an untrained midwife. They simply say, if Dr. A. loses a patient from that cause, most certainly I will have nothing to do with him.

The Colonial Secretary: In a case such as you mention, is it not right that the resident magistrate should have the right to say whether an inquiry should be held.

Hon. W. KINGSMILL: I do not think the resident magistrate should inquire into it.

The Colonial Secretary: He would only order an inquest where the circumstances are suspicious. It all depends upon the resident magistrate.

Hon. W. KINGSMILL: After all, resident magistrates are not, by the fact that they are created resident magistrates, endowed with the scientific knowledge to discern whether a case of this sort should be inquired into or not. This disease is specially singled out. Suppose a case of any other sort of blood-poisoning occur, because blood-poisoning may arise in the simplest possible manner, no report has to be made, and the possibility of inquiry is extremely remote; but in this case it is left to a layman to decide if an inquest shall be held or not. The deletion of the clause has been spoken of. I confess that this disease is made important in so far as it is singled out for the holding of an inquest, and, therefore, I would not like to see the clause deleted: but the determination as to whether an inquest should be held or not should be left in the hands of a qualified man, say, the president of the Central Board of Health.

The Colonial Secretary: What about distant parts?

Hon. W. KINGSMILL: I would sooner have the opinion of the president of the Central Board of Health by telegraph than the opinion of a layman on the spot.

The Colonial Secretary: I intend to table an amendment re-casting the clause for the purpose of defining puerperal fever.

Hon. W. KINGSMILL: I now come to Clause 239, and the first subclause is so very peculiar that I cannot believe but that there has been an error in drafting. Subclause 1 reads as follows:—

“It shall be the duty of every medical practitioner, annually in the month of January, to report to the central board on the then condition of any persons who are, or during the preceding twelve months have been, under his care suffering from tuberculosis.”

The tuberculosis, we are informed, means pulmonary tuberculosis. It seems a rather large order to expect a medical man to report in one January, say next January, upon a case of phthisis, which he may have attended in the preceding February, and report upon the condition of it. That really must be an error in drafting.

The Colonial Secretary: It is an error in drafting.

Hon. W. KINGSMILL: Furthermore, it says that the sum of 2s. 6d. shall be received for each report, and I understand that the reports will be rather voluminous.

The Colonial Secretary: No; very brief.

Hon. W. KINGSMILL: I think they are very likely to be brief for 2s. 6d., and I ask the Colonial Secretary if the finances of the State will make it possible for him to amend the Bill so that we may obtain a five shilling report on the matter. I hope the Colonial Secretary will give the question his consideration. The next part of the Bill which I have to deal with is, in my eyes, one of the most important, and a part which I am almost sorry to see in the Bill. I refer to Part XI., entitled, the protection of life. The title in the first place seems peculiar, but that does not matter very much. In this part of the Bill, which members will find in Clauses 254 to 268, the profession of nursing is dealt with, and I use advisedly the term profession, because the modern nurse, whether a midwifery nurse or a general nurse, is, I think, by the variety of treatment to be considered a professional person. To-day nurses have to undergo a severe training, and with the improvements in surgical science and medical science, so the science of nursing, and nursing is a science after all, has materially advanced. That being so I should have thought it better if it had been possible to exclude this part from the Bill, and give these people a Bill of their own. As I say, I think nursing is a profession, which is fully entitled to be called a profession. We find other professional people with Acts of their own. The dentists have the Dental Act; the doctors have the Medical Act; the lawyers have the Legal Practitioners Act, and I think it would be a graceful compliment on the part of the Government, if they deleted this portion of the Bill from the measure and bring it in in the shape of a separate Bill. Not only do I say it for that reason, but from the point of view of Parliamentary tactics. Members know that this is a very big Bill, and I venture to say, and it has been pointed out in this House, it is

somewhat of a contentious measure. It is very doubtful indeed if it will get through this session or not. That being so, if the Government were to divide the Bill into two, I think it would undoubtedly improve the chances of a nurse's registration bill getting through, and not in any way diminish the chances of this Bill becoming law this session. I have not very much fault to find with what appears to be the main object of this part, that is to regulate the registration and the conduct of midwifery nurses, but it goes farther than that. We find in Clause 266, that amongst other clauses this is one which appears as if it were casually thrown in, so casually thrown in that I would remind the Colonial Secretary that when I read the Bill first, when he was explaining it, I thought when the term nurses registration board was mentioned that the word "midwifery" should come before the word "nurses." This clause, dealing with general nurses, is made so very inconspicuous, that one, on casually reading the Bill would think that it referred to midwifery nurses and not to general nurses. In all the States of Australia and in New Zealand a most desirable institution, which sets the standard of nursing, is in existence. This institution, which was founded in the year 1899, is voluntary as far as I know and has no legal standing. The institution is known by the name of the Australasian Trained Nurses' Association, but is known to persons skilled in these matters as the A. T. N. A., and the objects of this association are as follows:—

- 1, To promote the interests of trained nurses, male and female, in all matters affecting their work as a class.
- 2, To establish a system of registration for trained nurses.
- 3, To afford opportunities for discussing subjects bearing on the work of nursing.
- 4, To initiate and control schemes that will afford to nurses a means of providing an allowance during incapacity for work caused by sickness, accident, age, or other necessitous circumstances."

Members will see that out of these four objects, all but one practically concern the administration of affairs of the nurses themselves. Clause 2 is to establish a system of registration

for trained nurses. The Colonial Secretary has intimated, I think, that this Australasian Trained Nurses' Association is likely to be somewhat inimical to the objects of this Bill. I can assure him—some of the officials of this body have seen me—that such is not the case. Members will see that one of the main objects of the association is to establish a system of registration for trained nurses. I am justified in saying I think they are perfectly ready to accept a system of registration so long as they are satisfied it is a fit and proper one, and does not unduly lower the standard of nursing. The Colonial Secretary, when introducing the Bill, was pleased to refer to a measure which had been before the New South Wales Parliament some time previously. I happen to have been able to obtain a copy of that Bill. Members would be surprised at the difference that exists between it and this portion of the Health Bill.

Hon. R. F. SHOLL: I do not think anyone will be surprised.

Hon. W. KINGSMILL: I hope they will be. As we find it, the proposition is that the standard of general nursing shall be set practically by a board of three medical men, of whom the Principal Medical Officer is an ex officio member—with that I have no fault to find—and in their hands is placed the decision of what standard of nursing shall appertain in Western Australia. It is admitted by the Colonial Secretary, I think, that the idea is to lower the standard of nursing so that more nurses may be available. I will deal with that point later on. The Minister has admitted that the object of establishing the board is to lower the standard of nursing. When a drastic step of this sort is taken the least that might be done is to give those persons who might be affected by the step representation on the controlling board. What do we find in the case of the Australasian Trained Nurses' Association? We find that the governing board consists of twenty-five persons, undoubtedly too cumbersome for this State, but it is comprised as follows: the president, the vice-president, the hon. treasurer, two honorary secretaries and twenty mem-

bers, of whom five shall be duly qualified medical practitioners, five matrons and superintendents of nurses, five sisters and nurses, three representatives of the midwifery branch, and two honorary members who shall be elected in the terms set out in the rules; five to form a quorum. In our case we have in this proposed board only three members, and those three belonging to only one class; while those persons upon whom they have to adjudicate have no representation on the board, which is nominee and not elective. That is not treating the nursing profession at all fairly, and I hope the Colonial Secretary will pause before he asks the House to accept Part XI. of this Bill in its entirety. I have no great fault to find with the midwifery clauses although there are minor details where alterations might be made, but the clause to which I have been referring is certainly doing an injustice to the profession. Although I may not have an opportunity of voting on the clause, I hope that when the Bill leaves this Chamber it will not be included. One of the reasons given by the Colonial Secretary when bringing this matter forward was that there was a scarcity of nurses here, and that there was a reluctance on the part of nurses to go into the country districts. I claim that I have had a great deal of experience on this subject. I am acquainted with, and related to nurses, and owing to that and the fact that for some years I was connected with the administration of the hospitals of this State, I have some little knowledge on the subject. I made it my business no later than this morning to make inquiries as to the scarcity of nurses. I rang up three of the best known nursing homes in Western Australia. These homes are boarding-houses where the nurses habitually go to when not working, and with which places the doctors and the hospitals are all acquainted, and invariably ring them up when they need the services of nurses. The first inquiry I made was, "Is there a scarcity of nurses?" In every case I was assured that at present there was no work for the nurses to do. I was informed that

even when the busy times come there are always plenty of nurses to go round. I then asked if there was a reluctance on the part of nurses to go into the country, and was assured that was not the case.

The Colonial Secretary: That only applies to very recently.

Hon. W. KINGSMILL: That does not matter for we are now dealing with the present, and not the past.

The Colonial Secretary: I refer more particularly to midwifery.

Hon. W. KINGSMILL: There may be something in that. Anyhow I will compromise with the Minister and say, if he strikes out Clause 266 I will support the rest of the clauses.

The Colonial Secretary: The clause is only put in for the benefit of the nurses.

Hon. W. KINGSMILL: Some people are very slow to recognise their own benefits and advantages. Those nurses who have spoken to me on the subject, and I say this advisedly, for I have not sought their opinions, are extremely slow to see that they will obtain advantage from this clause. It is clear from the inquiries I have made that there are plenty of nurses here, plenty of thoroughly qualified nurses. That being so it will ill become the Government to take steps to lower the standard.

The Colonial Secretary: I do not agree that this will lower the standard.

Hon. W. KINGSMILL: The Minister in his speech said it would create a lower grade of nurses. If that is not lowering the standard I do not know what is.

The Colonial Secretary: Not at all. They are protected under the Bill in a way that does not exist now.

Hon. W. KINGSMILL: In what way?

The Colonial Secretary: The proviso is that no one can practice as a trained nurse without a minimum of three years' training at an approved institution.

Hon. W. KINGSMILL: That shows that the hon. gentleman—I will not say has not read the Bill—misquotes the Bill. In Clause 266, Subclause 3, the following words appear:—"Any person who after the commencement of this Act shall claim to be, or represent himself to be, a registered trained nurse. . . ." They are

careful to put the words "registered trained nurse" in inverted commas, so that if the nurse says she is registered or trained she would be within the law, but if she says she is a registered trained nurse, and it is found she is not, then she will be without the law. It is quite right that we should have a registration of nurses, and that every State should have one. So soon as every State adopts registration, and fixes a standard, a decent standard, it will be found that instead of disagreeing with such a thing the Australasian Trained Nurses' Association will closely fall in with the views, and consider that one of their main objects of existence is no longer present. These people are quite justified in resisting any attempt to lower the standard of nursing qualifications, for as the world goes on surely to stand still is to go back, and instead of lowering the standard we should try and raise it. That is so in every other branch of life, and in this particular profession of nursing it should also exist, more especially as the reasons given of the scarcity of nurses and the reluctance on their part to go into the country do not, so far as I can see, exist. I am very much afraid that the Leader of the House has been misinformed on this question. At all events I can say that one of us has received incorrect information. I feel I have spoken too long on this question, but I have very few further remarks to make. I hope the Colonial Secretary will be content to allow this Part XI. to apply to midwifery only, and that, if he is not prepared to bring a bill down for the registration of nurses, to treat this as merely temporary and, say, next session, bring a Bill forward for the purpose. Perhaps he will be prepared to go as far as the New South Wales Bill does. This measure however, did not get through Parliament, although I do not know why.

The Colonial Secretary: I suppose the House would not have it. The Bill was withdrawn.

Hon. W. KINGSMILL: It is a very good Bill, and it provides for a board to adjudicate on the qualification of nurses that board to consist as follows:—(a.) The President of the Board of Health

who shall ex officio be chairman of the board. (b.) The Dean of the Faculty of Medicine of the Sydney University. (c.) Two duly qualified medical practitioners, who shall be upon the active staffs of metropolitan general hospitals. (d.) Four past or present matrons of hospitals, of whom two shall be matrons of general hospitals, one shall be the matron of a hospital for the insane, and one shall be the matron of a midwifery hospital; and (e.) Two lay representatives. We see by this that practically all members of the community likely to take an interest in the subject are represented on the board. That is as it should be. Under our system there is only one class represented, and those representatives shall say practically whether a nurse shall be good, bad, or of high or low standard. I hope the Colonial Secretary will take these remarks of mine not as captious criticism, for they are not meant as such, but as an honest expression from me as to the nursing profession. I speak advisedly in calling it a profession, and it should certainly receive that treatment at the hands of the Government which is its due. It may very well be left to private individuals and organisations to lower the standard, but it is a poor part for a Government to play. I hope Clause 266 will disappear from the Bill. I have no more remarks to make, except to say that the greater part of the Bill meets with my unqualified approval, and the only portion I feel really opposed to is that to which I have referred.

Hon. J. W. HACKETT: Are there not some amendments? The Colonial Secretary intimated his intention of placing them on the Notice Paper.

The Colonial Secretary: You cannot put them on the Notice Paper until the second reading is passed.

The COLONIAL SECRETARY (in reply): If no other member wishes to speak I have a few words to say. I do not intend to reply at any length, but I would just like to make a few remarks in regard to Part XI. the part Mr. Kingsmill has been dealing with. In regard to the first portion of that part, namely, that dealing with midwifery nurses, the

hon. member's criticism does not, I think, call for any reply. But in regard to Clause 266, upon which the hon. member dwelt at some length, I do not remember having said that it was constituting, or that I intended it to constitute a lower standard of nurses. Such is not the intention at all, and I cannot agree with the hon. member that such a meaning can be read into the clause as printed. The position to-day is that in Western Australia, or indeed in any other State in Australia, any person can practice and advertise herself as a trained nurse, although perhaps such person may not have had a day's training. There is nothing to prevent her doing this; there is no legal penalty upon her; she may practice as a trained nurse and yet be quite ignorant of the A.B.C. of nursing. Let me say that I have the greatest respect for the profession of nursing, and quite agree with the hon. member that it is worthy of being called a profession. I have already explained why the midwifery clauses were imported into the Bill. A deputation from the association the hon. member has mentioned waited upon me in this respect. Their request was one that I could not entertain, and one that, in my opinion, the House would not have entertained for a moment.

Hon. W. Kingsmill: Why not?

The COLONIAL SECRETARY: In effect it was this: that there should be a board, and that only the nurses who had passed the standard set up by that board should practice as nurses. What would have been the result of such a state of things in the remote parts of the country where trained nurses are not available? A lady who attended a sick person to obtain a reward would be liable to prosecution.

Hon. W. Kingsmill: We are no further ahead now.

The COLONIAL SECRETARY: And the sick person would have to go without a nurse at all if a trained nurse were not available. Then while I admit we ought to keep up the standard of nursing, it must be remembered that trained nurses are not within the reach of every person, and that it is preferable to let

the sick have almost anybody to attend them rather than have no nursing at all.

Hon. W. Kingsmill: Have you any guarantee that these unqualified people will charge less for their services?

The COLONIAL SECRETARY: No. I have no such guarantee. When I mentioned the charges I was thinking more particularly of the midwifery nurses. Now, it has come to my knowledge in the exercise of the control of the Department that a great distress has been caused through the country by the dearth of midwifery nurses, and more particularly, by the allowing of people of no training at all to attend women at this particular juncture. As the hon. member knows, it is very desirable indeed to prevent that state of affairs; and if we can alter that state of affairs without inflicting any undue hardship, I think it ought to be done. However, it is in order to encourage nursing training, and the setting up of a better class of midwifery nurses that the clause has been inserted. At the present time mostly all the midwifery nurses in the State who have had a training, have first of all had a general training, and afterwards have entered a midwifery hospital, taking perhaps a twelve months' course to obtain the midwifery certificate. We seek to give them a certificate after a six months' training.

Hon. W. Kingsmill: Tell us about the general nurses.

The COLONIAL SECRETARY: I will come to that point in a moment. It is an inducement to certain girls, who may be disposed to qualify as midwifery nurses to obtain a certificate and so alleviate the present undesirable situation in the country. Now, in regard to the registration of general and surgical nurses I cannot see how the hon. member can take the meaning from the clause that he does, namely, that it will lower the standard of the nurses.

Hon. W. Kingsmill: I took the meaning from the hon. gentleman's speech.

The COLONIAL SECRETARY: No; what I said, or at least what I intended to say, was that the minimum of training laid down in the Bill was a lower standard than that set up by the

A.T.N.A. Now, at the present time, let me repeat, the A.T.N.A. or any other nursing association has no protection whatever, for reasons I have already given. I do not think it is desirable to prohibit all other than trained nurses from practising as nurses. We set up in the Bill a minimum standard of three years in an approved institution. The standard of the A.T.N.A. is three years in a hospital of over 45 beds and four years in a smaller one.

Hon. W. Kingsmill: And five years in a smaller one still?

The COLONIAL SECRETARY: But three years must be served in a hospital of not less than 45 beds. This Bill affords on the one hand protection to the public, and, on the other hand, protection to the 'Trained Nurses' Association and trained nurses generally. It is this: That any unqualified person who, after the passing of this Bill, practises or advertises herself as a registered trained nurse can be prosecuted and will incur a penalty.

Hon. W. Kingsmill: What if she calls herself a certificated nurse?

The COLONIAL SECRETARY: That is a matter of detail. The title may be altered if necessary.

Hon. W. Kingsmill: Well, strike out the word "registered."

The COLONIAL SECRETARY: And simply have "nurses"? I am afraid that is going too far; because the title of "nurse" might be applied to the girl who locks after children. Then the title of "certificated nurse" is rather far-reaching. She might have a certificate from some practitioner which might be of no value at all. But as I say, I am prepared to have that matter fully discussed in Committee. However, let me say that our proposal affords the public this protection: That in the case of one advertising as a trained nurse, it will be known that that nurse has had at least three years training in an institution approved by the board. On the other hand, it affords the protection to the trained nurses generally that no one can use that title without having had at least three years in an approved institution. Under the existing Act the title may be used by one who

has not had a day's training, and she is at liberty to advertise herself as a trained nurse.

Hon. W. Kingsmill: There are a dozen titles, any of which you might use.

The COLONIAL SECRETARY: Let me repeat that in regard to the matter of title I am quite open to receive any amendments; and if the hon. member desires on behalf of the trained nurses to have that clause struck out, I really have no objection. But the clause was put in rather as a compromise, because I could not go the whole road with them, to protect them to some extent. On the other hand it does not prevent an untrained person from practising; but the public will know that the person who advertises as a trained nurse has had the specified amount of training.

Hon. W. Patrick: Will this Bill prevent an untrained nurse from practising?

The COLONIAL SECRETARY: Yes.

Hon. W. Kingsmill: It would not prevent her practising.

The COLONIAL SECRETARY: No, I misunderstood the hon. member. I thought he asked would it prevent her from practising as a trained nurse. No it does not prevent any person from practising as a nurse, but it prevents her from advertising or using the title of "registered trained nurse." The public will have the guarantee that anyone using that title has had a training of three years in an approved institution. I quite agree with the hon. member that perhaps it would be as well to have a separate Act dealing with the registration of nurses. However, it is a new idea. It is only a beginning. Let the people be educated up to it and, later on, there will be no difficulty in passing a separate measure for the registration of nurses; and I quite agree with the hon. member that they are quite worthy of an Act to themselves.

Hon. W. Kingsmill: Would you not consent to give them representation on the board?

The COLONIAL SECRETARY: No. I fail to see why the nurses should have representation on the board.

Hon. W. Kingsmill: Why dentists, and and lawyers?

The COLONIAL SECRETARY: It is perhaps a pity the dentists have representation on the Dental Board. With regard to the doctors it is difficult to determine from the Medical Act who shall be admitted as a practitioner and who not. However, this does not apply to nurses, and I see no good reason why nurses should be given representation on a board the duties of which will be to adjudicate on other nurses applying for admission. I think they will be sufficiently safe-guarded if three medical practitioners have seats on that board. These practitioners would have no desire to get anybody off the register nor, I hope, any desire to place any particular person on it.

Hon. W. Kingsmill: What about the Pharmaceutical Board?

The COLONIAL SECRETARY: Personally, I do not agree with the constitution of the Dental Board. I think it would be better if it were an independent board rather than a board of practising dentists to adjudicate on those wanting to enter the ranks of the profession. I do not, of course, refer to the present Dental Board, but I say the principle is not right, because there is always an element of feeling about the thing that a certain person is refused admittance because another certain person who is a practising dentist and happens to have a seat on the board; and the same argument would apply to the nurses.

Hon. W. Kingsmill: Have you any objection to the New South Wales Bill?

The COLONIAL SECRETARY: As far as I can judge from what I read it has not the remotest chance of passing. I think the New South Wales Bill reached only one stage in one House and was withdrawn. I do not think there is anything further I need say in regard to this Bill. There are a number of minor amendments suggested, but they do not materially alter the principle of the measure.

Question put and passed.

Bill read a second time.

In Committee:

Clause 1—Short title and commencement:

Hon. G. RANDELL: In view of remarks that had fallen from hon. members he moved—

That progress be reported.

The Colonial Secretary: The matters referred to do not come until late in the Bill.

Hon. G. RANDELL: Some members dealt with Clause 9. It would be better to have further consideration of the Bill in the light of hon. members' speeches.

Motion passed: progress reported.

BILLS (2)—FIRST READING.

1, Vaccination Act Amendment (received from the Legislative Assembly and read a first time on motion by Hon. C. Sommers).

2, Sea Carriage of Goods Bill (received from the Legislative Assembly).

House adjourned at 5.50 p.m.

Legislative Assembly.

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

PAPERS PRESENTED.

By the Minister for Mines: (1.), Exemptions granted under "The Mining