

Standing Orders Suspension.

The HONORARY MINISTER: I move—

That so much of the Standing Orders be suspended as is necessary to enable the Bill to pass through its remaining stages at this sitting.

The DEPUTY PRESIDENT: I take it that the Honorary Minister is again moving under Standing Order 422?

The HONORARY MINISTER: Yes.

Question put and passed.

The DEPUTY PRESIDENT: There being no dissentient voice, I declare the motion carried by the necessary constitutional majority.

Remaining Stages.

Report of Committee adopted.

Bill read a third time, and transmitted to the Assembly.

Sitting suspended from 8.28 to 9.4 p.m.

House adjourned at 9.5 p.m.

was pleased to deliver the following message to the Assembly:—

Mr. Speaker and members of the Legislative Assembly, I thank you for your expressions of loyalty to His Most Gracious Majesty the King, and for your Address-in-reply to the Speech with which I opened Parliament. (Signed) R. F. McMillan, Lieutenant-Governor and Administrator.

QUESTION—GROUP SETTLEMENTS, REVALUATIONS.

Mr. THOMSON asked the Premier: 1, Has the Assessment Board, appointed to fix the capital cost of Group Settlement, started on its task? 2, If so, when, and how many settlers have been apprised of the value placed upon their individual holdings? 3, Is it intended that each settler's block shall be examined and valued by the Board? 4, If so, how many months does the Board estimate it will take them to deliver their final valuation on the present number of settlers established on the groups?

The PREMIER replied: 1, Yes. 2, February 18th. No valuations have yet been finalised. 3, Yes, so far as the Board considers necessary. 4, It is too early to frame an estimate.

Sitting suspended from 4.37 to 7.30 p.m.

BILL—HOSPITAL FUND.*Council's Amendments.*

Message from the Council received and read notifying that it had agreed to the Bill, subject to a schedule of amendments.

The PREMIER: I move—

That the message be considered at a later stage of the sitting.

Hon. Sir JAMES MITCHELL: I hope the Premier will give us ample time to look into these amendments. Such a course will save the time of the House.

The Premier: That is my object.

Hon. Sir JAMES MITCHELL: In order to have ample time, we should ask for consideration of the message to be taken to-morrow. We have already discussed most of these amendments, but now we must have time to consider them again. There is a tremendous lot of them.

The Minister for Health: But nearly all of them deal with the one subject.

Legislative Assembly.

Wednesday, 3rd April, 1929.

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

**ADDRESS-IN-REPLY
PRESENTATION.**

Mr. SPEAKER: I desire to inform the House that I waited upon His Excellency the Lieutenant-Governor and presented the Address-in-reply, to which His Excellency

The Premier: Many are consequential. I think they will not take long.

Hon. Sir JAMES MITCHELL: If we cannot get a satisfactory grip of the Council's amendments within a short while, I hope the Premier will agree to give us further time. It is an important measure, and the amendments are numerous enough to occupy a good many hours, if they are as important as they appear to be.

The Minister for Health: Yes, if they were dealing with a good many subjects; but they are not. Almost the whole of them deal with the one subject.

Question put and passed.

Sitting suspended from 7.35 to 8.50 p.m.

BILL—REDISTRIBUTION OF SEATS.

Returned from the Council without amendment.

STANDING ORDERS SUSPENSION.

THE MINISTER FOR HEALTH (Hon. S. W. Munsie—Hannans) [8.52]: I move—

That so much of the Standing Orders be suspended as is necessary to enable the consideration of messages from the Legislative Council regarding the Hospital Fund Bill and the Workers' Homes Act Amendment Bill to be taken into consideration forthwith.

Question put.

Mr. SPEAKER: There being no "noes," the question is carried by an absolute majority.

BILL—WORKERS' HOMES ACT AMENDMENT.

Received from the Council and read a first time.

BILL—HOSPITAL FUND.

Council's Amendments.

Schedule of amendments made by the Council now considered.

In Committee.

Mr. Lutey in the Chair; the Minister for Health in charge of the Bill.

The MINISTER FOR HEALTH: In addition to the amendments printed in the schedule, there is an additional one that is

typed on the Message from the Council. It simply aims at altering the date of the measure from "1928" to "1929." I move—

That the amendment be agreed to.

Question put and passed; the Council's amendment agreed to.

No. 1 (a). Clause 2—Delete the words "or the person in control of a private hospital" in lines 24 and 25.

The MINISTER FOR HEALTH: I do not propose to agree to the amendment, and it is just as well at this stage to make a statement indicating the attitude of the Government in connection with this matter. A supplementary list of amendments has just been made available, and if members peruse it they will see that the Council proposed to insert a new subclause in Clause 10. The Council have taken exception to the Bill as it stands in connection with those references that provide for the payment of a subsidy to patients who enter private hospitals. I want to emphasise the words "subsidy to patients." Time and again statements have appeared in the Press, and references have been made elsewhere to subsidies to private hospitals.

Hon. Sir James Mitchell: Statements that appear in the Press are not always right.

The MINISTER FOR HEALTH: The reference in the Bill is to a subsidy, which is a refund of 6s. per day to patients if they go to a private hospital.

Mr. Davy: But the Bill provides for the payment, as an alternative, to the person in charge of the private hospital.

The MINISTER FOR HEALTH: The payment can be in either way. If the patient pays his bill of, say, £4 4s. to the private hospital, and he produces his receipt to the department, he will be paid a refund at the rate of 6s. per day.

Mr. Davy: The Bill does not say so.

The MINISTER FOR HEALTH: It does. It is a subsidy to the patient. The Council have taken exception to that principle and object to a subsidy to patients in private hospitals under any circumstances whatever. I admit quite candidly that I am not altogether enamoured with the payment of a subsidy to any or all private hospitals, irrespective of the merits of the institutions. If members read the proposal that emanates from the Council they will appreciate why I object. I propose to put up an alternative and shall move to strike out "delete" from

the Council's amendment with a view to inserting "amend" instead and to add after "private hospitals" the words "to which this Act applies." The interpretation of "hospital authority" will then read—

"Hospital authority" means a board or committee of management of a public hospital or the person in control of a private hospital to which this Act applies and includes the Minister while in control of a public hospital under the provisions of Section 7 of the Hospitals Act, 1927.

I move—

That the Council's amendment be amended by striking out "delete" and inserting "amend" in lieu.

Hon. Sir JAMES MITCHELL: The Minister, at this stage, might move his proposed new clause and send it up to another place. There is no need to discuss again the Bill from cover to cover, and so the Minister's proposals ought to go to another place. It would be the quicker way.

Amendment on the Council's amendment, put and passed.

The MINISTER FOR HEALTH: I move an amendment—

That after the word "hospital" the words "to which this Act applies" be added.

Mr. CHESSON: I should like the Minister to explain more fully this amendment. I would just as soon enter some of our private hospitals as I would a public hospital. If not all of the private hospitals are to be open to patients, I will vote against the Bill. Any patient who subscribes to the fund should have a perfect right to say which hospital he will enter. Our first consideration should be the taxpayers. Frequently a patient in the back-blocks is sent into the city to consult a doctor. That doctor, diagnosing it to be a case for X-ray treatment, sends him to a radiologist at a private hospital. In my view, such a patient should be entitled to his 6s. per day.

Mr. STUBBS: We require a clear definition of "private hospital." Do the Home of Peace and the St. John of God Hospital come within the definition of private hospital? That point has never been made clear by the Minister. Periodically the Home of Peace sends out to almost every business man in Western Australia a circular appeal for assistance, and at a certain period of the year the Government are gen-

erous enough to give concession railway fares to a representative of that institution in order that he might visit the country towns and collect voluntary subscriptions. Shall I be told that the Home of Peace will continue to be largely supported by voluntary subscriptions when once this Bill becomes law? The Government have never refused to subscribe a thousand pounds per annum towards the upkeep of that institution, but that is less than one-third of the cost of running the Home of Peace. Before I agree to vote for the Bill, I want it distinctly set out in the Bill that the Government will continue to pay the same amount to the Home of Peace, and will add to that amount the equivalent of the voluntary subscriptions that will be lost to that institution in consequence of the passing of the Bill. Institutions such as the Home of Peace should be protected under the Bill.

Mr. KENNEALLY: The amendment has to do with one of the most important clauses in the Bill. Throughout the Bill provision is made for the taxation of the people, and in return for that taxation the Bill promises them certain benefits. It is very difficult to judge the amendment by itself, because the Minister proposes to bring forward further amendments; and we must consider them all before we can get the relative value of the one now before us. Will the Minister tell us what is to constitute a hospital "to which this Act applies"? When we analyse the methods by which that is to be determined, we find it will be necessary for a patient, if he is to get any benefit from the Bill, to have some notice of the fact that he is going to become ill; this because he has to get a certificate from a specified person before he can be admitted to the hospital. It should be clearly laid down in this clause that no matter which hospital a patient enters he shall receive the benefits for which he has insured himself.

Mr. Latham: Provided it is a registered hospital.

Mr. KENNEALLY: That is prescribed in a subsequent amendment to be proposed by the Minister. If a man is taxed and told that for the tax he shall get certain benefits, he should get those benefits. But under the provision, if we are not careful, we shall be taxing all the people, and telling some of the people that if they do not go into a public hospital they cannot re-

ceive the promised benefit. We should not limit the hospital choice of the man who has paid the tax in order to get the relief. I grant that it is necessary to make provision against deceit or fraud. For instance, it is necessary to see to it that any person who merely feels inclined to have a rest shall not get that rest in a hospital at the rate of 6s. per day or at all events, not under the Bill. But that is all the provision we should make against any taxpayer. Therefore, before we amend the Council's amendment by reinserting what was previously in the clause with the additional words "to which this Act applies" we must give attention to the other amendment. We are not necessarily agreeing as to the system that will be followed. If we are not going to relieve the individual who is taxed, we should have no Bill. If relief is not provided throughout, whereby a person may go into any prescribed hospital and secure it, the Bill should go by the board. People should not be taxed, and then prevented from obtaining relief.

Mr. BROWN: What is to constitute a private hospital? There is such an institution in Pingelly that has existed for 25 years. If it is not brought within the scope of the Bill people will be obliged to travel 30 miles to a Government hospital. Many people prefer a private institution to a Government one. The people of Pingelly have already raised £800 toward a Government hospital, but have not yet been able to raise the other £800 required for its completion. The Bill should provide that patients may go into any private hospital and receive their 6s. a day. I hope also it will apply to maternity cases. Accidents may occur at any time.

Mr. LATHAM: I hope members will heed the note of warning sounded by the member for East Perth. Is it intended to have the same standard for country hospitals as for those in the city?

The Premier: You would not have inferior treatment in the country, would you?

Mr. LATHAM: I am talking of the standard and equipment of hospitals.

The Premier: Would you be satisfied with inferior equipment in country hospitals?

Mr. LATHAM: No. I want to see a different standard set for the country.

The Premier: A lower standard?

Mr. LATHAM: If too high a standard is set for the country, it will be impossible for the country to conform to it. When the Bill becomes law, public hospitals will be used more than ever. It is very difficult for some people to get into the Government hospital in York.

The Minister for Health: Any patient can get in there, even if he has a million of money.

Mr. LATHAM: I am glad to know that. With the additional financial assistance that will be provided under this Bill, no doubt private people will set about establishing hospitals in the country, but it would not seem right to enforce the same standard of equipment in the country as would be insisted on in the city. Is the standard going to be that which is required for the city, or will there also be a country standard?

The Minister for Health: There will be both.

Mr. LATHAM: That will satisfy me.

The Premier: That is, a lower standard for the country.

Mr. LATHAM: If the Premier likes to twist my remarks, well and good.

The Premier: You are satisfied there should be two standards?

Mr. Kenneally: It is indicated that there will be more than one standard.

Mr. LATHAM: It is difficult to comprehend the amendments at such short notice. Hospital standards can be higher in the city than in the country. I do not want country districts to be debarred from having hospital accommodation because of any high standards that may be insisted upon by the Medical Department.

Mr. LINDSAY: The Bill provides that before a sick person can receive the allowance of 6s. a day, he must be certified as fit for hospital treatment.

Mr. Mann: He cannot go where he likes.

Mr. LINDSAY: He should not go to any hospital he likes. Certain standards should be maintained.

Mr. Davy: But he cannot pick the hospital he wants to go to within that standard.

Mr. Marshall: And the hospital must conform to that standard.

Mr. LINDSAY: He must first obtain a certificate.

The Premier: Some people may elect to go into a hospital for a spell, or a rest.

Mr. LINDSAY: It may be all right in the metropolitan area to insist upon the certificate, because doctors are plentiful there, but the system cannot be applied successfully in the country. All assisted hospitals in my district were in favour of the Bill as originally drafted, but I am now beginning to have my doubts about it. Let me quote Dowerin as an illustration. The Minister has said that Dowerin is too close to Goomalling, 15 miles away. How would the people of the metropolitan area squeal if that principle were applied to them? The people of Dowerin have said, "As we cannot get assistance from the Government, we will do it ourselves," and they have raised £2,000 from the bank besides collecting £500 to furnish the hospital. Those people will be taxed under the Bill, and they will lose the benefit of their own hospital unless they are assisted under the measure. Will the position be such that the country hospitals will be unable to stand up to it? If country hospitals are to be equipped like city hospitals, the position will be impossible. The Minister should explain the matter more fully. I agree that there are private hospitals which should not come within the purview of the Bill.

Mr. SAMPSON: I hope the Committee will support the amendment. Difficulties have arisen because of anticipations which have been indulged in regarding the effect of Clause 10. No one will dispute that standards ought to be prescribed, and therefore the words "to which this Act applies" are essential. They are essential in the interests of patients. At a later stage members will have the opportunity to discuss the standards to be prescribed. I express no opinion as to the wisdom of paying subsidies to private hospitals, but if private hospitals are to be subsidised the words must be added.

Mr. J. H. SMITH: As a country representative, I fail to understand the opposition to the Minister's amendment. Prescribed standards are to be found in practically every Act. Certainly anything is better than what we have had up to now.

Mr. Marshall: You will know differently in two years' time.

Mr. J. H. SMITH: This Bill will benefit the hospitals, because under it everybody will pay. I presume that every member of this Committee has received from his constituents letters galore asking him to sup-

port the Bill. The member for York raises obstacles. Why not trust the Health Department? Knowing what country residents have suffered in the past through having to eadge for the support of hospitals, I am bound to support the Bill.

The MINISTER FOR HEALTH: This is not the place to give the information asked for by several hon. members. I am prepared to give all possible information at the proper stage, though I do not anticipate being able to satisfy every member. This is a Bill to provide hospital benefits, and it deals with nothing but hospitals—public, Government and private. I shall be prepared to give information later as to my suggested amendment. If the clause is left as amended by the Council, not a hospital outside Government hospitals will receive anything whatever. The amount could not be given to the patient, because he would not be allowed to go into a hospital as desired.

Amendment on the Council's amendment put and passed; the Council's amendment, as amended, agreed to.

No. 2—Clause 5, delete "1929" and insert "1930" in lieu thereof, in line 35:

The MINISTER FOR HEALTH: I move—

That the Council's amendment be agreed to.

This is formal.

Question put and passed; the Council's amendment agreed to.

No. 3—Clause 7, delete "department" and insert "commissioner," in lines 36 and 37.

The MINISTER FOR HEALTH: I move—

That the amendment be agreed to.

This amendment, and Nos. 4, 6, and 7, deal with the principle recommended by the select committee of another place, but instead of two collecting agencies—namely the Health Department for a certain quota, and the Taxation Department for the balance—only one, the Taxation Department, will collect the whole amount.

Mr. Mann: Will that system be more economical?

The MINISTER FOR HEALTH: According to the evidence obtained by the select committee of another place it will be so.

Mr. Mann: Will not the Federal Government have something to say to that?

The MINISTER FOR HEALTH: No; they have nothing whatever to do with it. Personally I do not think the proposed system of collecting will be more economical.

Mr. Mann: Will you not have to pay the Federal Government for collecting?

The MINISTER FOR HEALTH: No. Why should we have to pay them anything?

The Premier: We pay them an inclusive fee for collecting all the taxes.

Mr. Mann: But this is a new tax.

The Premier: They collect all our taxes for an inclusive fee.

The MINISTER FOR HEALTH: I hope members will not raise the point, because we have not the slightest possible hope of deciding which of the two schemes would be the cheaper. The amendment will make the Taxation Department the sole collector of the tax.

Mr. LINDSAY: I support the amendment, but the Committee are entitled to have some idea of what the cost of collection will be. The Premier said we have an agreement with the Federal Government covering the collection of our taxation. From my knowledge of the department, I know they will charge something for the collection of the hospital tax.

The Premier: Then it will come out of the fund, that is all.

Hon. G. Taylor: And that will be so much less to go to the hospitals.

Mr. LINDSAY: So long as we know that is the position, it is all right. My experience in connection with the vermin tax fund, is that it costs us over £1,000 a year for the collection of that tax by the Commissioner of Taxation. In my opinion the cost of collection in this instance will have to be met from the hospital fund itself.

The Minister for Health: So it will.

Mr. LINDSAY: Then we know what the position will be.

Mr. Marshall: How much does the charge against the vermin fund amount to?

Mr. LINDSAY: I tried to get in touch with the official concerned to-day, but he is off duty owing to indisposition. It costs us, roughly, 2½ per cent. for the collection of the vermin tax, and I assume the cost will be something similar in connection with the hospital tax.

Hon. Sir JAMES MITCHELL: I hope the Committee will accept the amendment.

because we do not require half a dozen taxing departments.

Hon. G. Taylor: One is objectionable enough.

Hon. Sir JAMES MITCHELL: Even if we have to pay the Commissioner of Taxation for collecting the tax, it will be cheaper than the creation of another taxing branch within the Health Department. The people have sufficient trouble now in furnishing returns and should not be asked to compile an additional return under this legislation.

Hon. G. TAYLOR: There can be no doubt that if the tax is collected by the Commissioner of Taxation, the cost will be a charge against the hospital fund. When we made our first agreement with the Federal Government for the collection of our taxes, it cost us over £12,000 a year, but now we are paying £30,000! The Federal Department will not collect this new tax for a new purpose without additional charge. So long as we know that the cost will come out of the fund, it is all right, because we will have to pay for the collection whether it is done by the Taxation Department or by another department.

Question put and passed; the Council's amendment agreed to.

No. 4. Clause 7.—Delete "Department or to its local" and insert "Commissioner or to his," in first line of paragraph (b). Delete "Department" and insert "Commissioner," in the last line.

The MINISTER FOR HEALTH: This amendment is similar to one we have already agreed to. I move—

That the amendment be agreed to.

Question put and passed; the Council's amendment agreed to.

No. 5. Clause 8.—Insert at the end of the first paragraph the words "but exceeding any portion of such premium actually paid away by way of re-insurance effected in the State of Western Australia with any other company."

The MINISTER FOR HEALTH: The amendment deals with reinsurances. I think the Council's amendment contains a misprint. It seeks the insertion of words that start off with "but exceeding any portion." I think that should read "excluding." The Council's amendment is really one that was suggested by the member for West Perth during the discussion in this Chamber. I consulted the Commis-

sioner of Taxation and be pointed out that under the Dividend Duties Act, it was impossible for him to deal with reinsurances as suggested. I understand there is a doubt in the minds of some solicitors who transact business for insurance companies, and that they are of the opinion that such an amendment should be included in the Bill. I move—

That the Council's amendment be amended by striking out the word "exceeding" and inserting "excluding" in lieu.

Hon. Sir James Mitchell: Are you quite sure about it?

The MINISTER FOR HEALTH: I understand that is the position.

Mr. Latham: According to the wording of the clause, it might be all right.

Mr. Davy: I think the word should be "excluding," or "excepting."

Question put and passed; the Council's amendment, as amended, agreed to.

No. 6.—Clause 8.—Delete "1929" and insert "1930," in line 27.

The MINISTER FOR HEALTH: I move—

That the amendment be agreed to.

Question put and passed: the Council's amendment agreed to.

No. 7. Clause 9.—Delete all words after the word "by," in the second clause, and insert the following:—"or on behalf of contributors upon receipt of such salary or wages, in accordance with the following provisions:—

- (a) Every person paying salary or wages to any other person shall be responsible for the payment by such person of the contribution to the Fund on each occasion that any payment of salary or wages is made.
- (b) As and when every payment of salary or wages is received by any person, contribution to the Fund at the rate fixed by Parliament for every pound of such salary or wages shall be paid by one of the alternative methods specified in paragraph (c) of this subsection:

Provided that if any such payment includes a fraction of a pound of not less than fifteen shillings, such fraction shall be reckoned as a pound.

(c) Contributions to the Fund shall be paid in one of the following alternative methods:—

- (i) A person paying salary or wages shall collect on behalf of the Commissioner contributions to the Fund under this section, by a deduction from the salary or wages payable by him separately shown on a pay sheet.

In every such case contributions to the Fund by the employee shall be paid by the employer to the Commissioner accordingly, and the amount payable in respect of each payment of salary or wages may be deducted from such salary or wages by the employer.

All matters pertaining to such deduction of contributions and payment to the Commissioner shall be subject to regulations made under this Act.

- (ii) Any person paying salary or wages may cause contributions to the Fund under this section to be paid by means of adhesive stamps of the requisite value, affixed to the pay sheet.

Adhesive stamps in the prescribed form shall be issued by the Commissioner and his agents on payment of the value thereof, and the proceeds of the sale of such stamps shall be paid to the credit of the Fund.

Any person paying salary or wages and collecting contributions under this sub-paragraph shall provide and supply to the payee the requisite stamps on payment to him of the value thereof.

The collection of contributions by means of adhesive stamps shall be in accordance with regulations made under this Act.

- (d) The Governor may by regulations under this Act prescribe which of the alternative methods of obtaining

payment of contributions to the Fund shall be observed by employers and employees.

(2) For the purposes of this Act payments made at piecework rates for work done or labour performed shall be treated as wages.

(3) In the case of any contract for work or labour, including shearing, clearing, droving and carting, made by any person, or by or on behalf of several persons, every payment made by the employer, or the person for whom the work or labour is done, or received by or on behalf of the person doing such work or labour, under contract, shall be deemed to be wages within the meaning of this Act.

Provided that a proportionate reduction as prescribed shall be made from the gross amount payable under the contract, as representing the value of plant and tools and other necessary outlay, when calculating the amount on which contribution is payable to the Fund.

(4) All advances made under the Industries Assistance Act, 1915, the Mining Development Act, 1902, or any other statutory authority in respect of work done or to be done by the persons in receipt of such advances (such work being their own personal labour) shall, for the purposes of this Act, be deemed to be wages.

(5) Contribution to the Fund in respect of salary or wages received by any person in the service of the Government of the Commonwealth or the State, shall be paid by such person to, and shall be collected by, the paying officer on behalf of the Commissioner, as and when every payment of salary or wages is received; but in lieu of compliance with the provisions of paragraph (b) of subsection (1) of this section, such contribution may, subject to the regulations, be collected on behalf of the Commissioner by the paying officer, by a deduction of the amount of the contribution from the amount of salary or wages payable; and the amount of any contribution so deducted shall be paid forthwith by such paying officer to the Commissioner, and a record of such deduction shall be entered on the pay sheet to be kept by the officer making the same."

THE MINISTER FOR HEALTH: The amendment deals with Clause 9 and instead of providing a number of amendments to various subclauses the Crown Law Department and the Parliamentary Draftsman sug-

gested that the desired amendments should be re-drafted and submitted to another place. The amendment is nearly word for word with the provisions of the clause, and does not affect the principle. I move—

That the amendment be agreed to.

Hon. Sir JAMES MITCHELL: The amendment is by no means the same as the clause that the Council struck out.

The Minister for Health: It may not be word for word, but it has the same meaning.

Hon. Sir JAMES MITCHELL: Then why not stick to the original clause?

The Premier: This will not do any harm. Why worry if it makes no difference?

Hon. Sir JAMES MITCHELL: The Premier says this will do no harm. The Council re-drafted the clause and now the Minister says we must accept it.

The Minister for Health: As a matter of fact it was not re-drafted in another place: it was re-drafted for the Government and moved by the Minister in another place.

Hon. Sir JAMES MITCHELL: Then the Government do not know their own minds! The clause as we have it before us now is an improvement on the original suggestion of the Government in that there will not be any stamps in two halves. Now the Minister sets out that the employer must provide the stamps for his employees but he will see that the employee can be provided with the stamp only on "payment to him" of the value of the stamps. Obviously that means payment "by" the worker, not "to" the worker. Then there is the provision for taxing advances received through the Agricultural Bank. That is not right.

Mr. Davy: The farmer will pay interest on portion of the loan that he has to pay away in taxation.

Hon. Sir JAMES MITCHELL: Surely the Minister does not think that right.

The Minister for Health: I do think it right and argued it here before, and I still think it right.

Hon. Sir JAMES MITCHELL: The Minister is not infallible.

The Minister for Health: I do not claim to be: I have agreed to a good many amendments to-night.

Hon. Sir JAMES MITCHELL: The amendment has a good deal less to recommend it than has the clause in the Bill, and I hope members will not support the amendment. When the Minister changes partners, he does not dance quite so well. He is a

good deal more out of tune with another place than with this Chamber. Why not stand up to the clause in the Bill?

The Minister for Health: Because with the other amendments already agreed to it would be absolutely unworkable.

Hon. Sir JAMES MITCHELL: It merely provides for another tax collector instead of the Commissioner of Taxation. If the Minister is determined to tax money loaned by Government institutions for agricultural development, I cannot support the amendment. Surely we are not quite so hard up as to justify us in doing that.

The Minister for Health: If a man gets a loan of £100 and lets a contract for clearing, the contractor pays.

Hon. Sir JAMES MITCHELL: No, the borrower pays.

The Minister for Health: Then we shall not tax any of the people on the group settlements getting £3 a week.

Mr. Davy: That payment is not wages. The group settlers have to repay the money and pay interest on it.

The Minister for Health: Many of them have received the money and left the groups.

Hon. Sir JAMES MITCHELL: The Minister has as much right to say that anybody who borrows money shall pay hospital tax on it. If a man borrows money to build a house in Perth and does the work himself, is the Minister going to collect on that? There is no intention of doing so. Yet if a man lives in the country and borrows money to clear his land, he has to pay tax on it.

Mr. Davy: And he will pay interest on what he pays away.

Mr. Marshall: He has to repay the amount borrowed, too.

Hon. Sir JAMES MITCHELL: There are some weird and wonderful provisions in this amendment. It would be extraordinarily difficult to impose the tax under Subclause 3. A contract carter for sleepers will be paid by some employer and the employer will have to see that the hospital tax is paid on the amount of the contract. He may deduct something for wear and tear if he knows what it represents.

The Minister for Health: Such men have a good idea of the amount of wear and tear when it comes to income tax.

Hon. Sir JAMES MITCHELL: If the man owned the plant and paid tax on his income, it should be sufficient to pay this tax on his income. A building contractor or

road contractor would pay on his profits for the year, but a carting contractor would have to pay in this special way. That is entirely wrong. Of the 42,000 people who paid income tax in the year 1926-27, 33,000 had an average income of only £208. More than half of the income on which taxation was paid was paid by those people. Consequently the Minister will be getting from the very poor people of the State a considerable amount of the taxation collected under this measure.

The Minister for Health: They are the greatest number by a long way.

Hon. Sir JAMES MITCHELL: Of course, but since that is so and since this tax can be collected through the Taxation Department, there is no need to hunt for tax around every corner and by every means, no matter how troublesome it may be. I do not know why the Minister should go to all this trouble to rope in a few people who will pay a comparatively small amount. The Bill will bear fairly heavily in the aggregate on the small wage earner, and will give everybody a tremendous lot of trouble. Then, of course, we shall have all sorts of inspectors to occasion people still further trouble. When the time arrives, to test the feeling of the Committee I will move that Subclause 4 be deleted.

Mr. DAVY: It seems to me this clause offends very seriously in a direction favoured by the Government; I refer to the practice of the Government to seek power to make laws by regulation, instead of having them properly made by Parliament. One of the worst provisions dealing with regulation that we have had during the last four or five years is that to be found in paragraph (c), which provides that all matters pertaining to deductions of contributions and payments to the Commissioner shall be subject to regulations made under this Act. I imagine those lines have been put in to meet the objections of another place to the dividing of the stamps into two parts. Of course if this goes in, and the Minister wants the stamps divided, they will be divided; because under this provision there is nothing that could not be made subject to regulations. Presently I will move that those four lines be deleted. A little lower down we find that adhesive stamps in the prescribed form are to be used. I do not object to that very much. But when we come to the next paragraph, we see that

this alternative clause has been so hastily drawn that we get "to" instead of "by."

The Minister for Health: That "to" is correct.

Mr DAVY: Then why was it "by" in the original Bill?

The Minister for Health: That was wrong.

Mr. DAVY: I think it is the Minister who is wrong. At all events, I call attention to the phrase which, I hold, carries a meaning not intended. Then we get on to several other provisions that, admittedly, constitute a repetition of the provisions in the original clause. For instance, there is Subclause 3, in which we are told that any contract for work or labour is to be deemed the equivalent of working for wages. Then it is provided that a proportionate reduction as prescribed shall be made from the gross amount payable under the contract. Apparently this means leaving a great deal of power in the hands of some official. Again, there is the proposed taxing of advances made by the Agricultural Bank. Through the Bank the Government will lend a man money. Then the Government demand that he pay interest on the loan and repay the capital, and bind him to pay tax on it in addition. That is the sort of thing the worst kind of money-lender indulges in.

Mr. Marshall: If the man did borrow a sum from a moneylender, he would not be taxed on it.

Mr. DAVY: That is so. Because he derives the money from the Government rather than from a chartered bank, he has to pay a tax upon it.

Mr. Marshall: That is an example of the generosity of the Government towards industries.

Mr. DAVY: I move an amendment—

That the last four lines of paragraph (c) (i) be struck out.

The MINISTER FOR HEALTH: If the amendment were carried, it would probably cost more to collect the contributions than would be received as a result of them. We must make regulations governing the method by which the money is paid.

Mr. Latham: It is a drag-net clause.

The MINISTER FOR HEALTH: It is a drag-net that is justified. Everyone who is entitled to pay should be made to pay.

Mr. Marshall: You have more than that. You include people who cannot afford to

pay, such as the person in receipt of 20s. a week.

The MINISTER FOR HEALTH: Yes, and no one will object to pay.

Hon. G. TAYLOR: The retention of these words cannot be justified in view of Clause 15, which gives the Government all the requisite power to make regulations. The Minister is shooting at his bird with more than two barrels. The words have been included in the clause owing to slipshod draftsmanship.

Mr. Marshall: We are handing over the power to departmental officers.

Hon. G. TAYLOR: We are being governed by regulation rather than by Act of Parliament.

The Premier: No fear. You are imagining all sorts of things. You cannot put everything into an Act of Parliament, and besides, ever since the days of responsible government, Acts have provided for the making of regulations.

Hon. G. TAYLOR: No. It is a recent intrusion. I object to government by regulation. These particular amendments were framed by the Government, and are in themselves proof of slipshod draftsmanship.

Mr. LATHAM: I support the amendment of the member for West Perth. The Bill will affect almost every wage-earner in the State, and the wage-earners will have some knowledge of the measure; but when it comes to regulations, the position is different. No one can keep up with the regulations under the Traffic Act, for instance. The carrying-out of legislation should not be left to be done by regulation. Under this Bill the general clause dealing with regulations gives all necessary powers. If there is unlimited power to regulate, employers and employees alike will not know what the law is. The regulations are apt to become the Act, or equal to the Act. It is not even unusual for regulations under an Act to be inconsistent with it.

[Mr. Panton took the Chair.]

Mr. GRIFFITHS: I also support the amendment of the member for West Perth. The Minister already has full power to regulate, and therefore the provision objected to is mere duplication.

The PREMIER: By way of controverting the argument used by the member for Mt. Margaret that the practice of taking power

to regulate has grown up only of recent years, and that when he first came to this House it was practically non-existent—

Hon. G. Taylor: I did not say that.

The PREMIER: I hope the hon. member will not hedge now. He said, "Formerly we used to place in the Bills all that was required without regulations."

Hon. G. Taylor: The Parliamentary Draftsman did it.

The PREMIER: Here is a measure introduced by the hon. member 25 years ago, in 1904, the Brands Act. It is the measure with regard to which the then Leader of the Opposition, Sir Cornthwaite Rason, said that the Minister, in moving the second reading, gave no explanation of the Bill but went tobogganing down the marginal notes. And that Act provides that the Minister may make regulations for (1) dealing with applications for and registration of brands, (2) transfer and cancellation of brands, (3) the manner and form of books to be kept by the registrar, (4) the manner of selling impounded cattle, (5) the duties of all officers and the management of all officers appointed or established under the Act or any Act thereby repealed, (6) the form and contents of notices of mortgages and the manner of withdrawing or cancelling such notices, and, (7) "all other matters necessary to the carrying out of this Act." That is to say, regarding all matters that might have been forgotten or overlooked the hon. member took power to himself to make regulations. And that in a measure carried through by the hon. member in 1904! No power to make regulations could be of a more comprehensive or sweeping nature than that contained in this Act of 1904. The hon. member had a serious lapse of memory when he made his charges this evening. However, his Act stands to-day, having been rendered effective mainly by the power he took to make regulations.

Mr. DAVY: Despite the fact that the Premier was able to pick up one piece of legislation—

The PREMIER: I have another one dated 1902.

Mr. DAVY: It may be possible for the Premier to go back during 30 years and find legislation in which regulation-making power has been taken. I suggest that in each such instance it has been a power expressly stated as for the purpose of carrying into effect the provisions of the Act,

but not inconsistent with that Act. We can go back to the days when Parliament apparently took care regarding legislation. I have gone through the first 250 pages of volume No. 3 of our statutes. It deals with legislation passed from 1893 to 1895. The first regulation-making power is to be found in the Post and Telegraphs Act of 1893.

The CHAIRMAN: The hon. member is out of order! I hope he does not intend to go through all the Acts in that volume.

Mr. DAVY: No. The Acts include some of importance. There is the Companies Act and the whole of the forms under that Act are prescribed in schedules attached to the Act. Then there is that most important piece of legislation, the Transfer of Land Act. Every form under that Act is set forth in detail in schedules, not in regulations.

The Premier: You must remember that in those days they were only starting to legislate; we have learned by experience since then!

Mr. DAVY: The theme of my remarks is that we are getting lazier; that we are getting into the habit of bringing down mere skeleton Bills and trusting to the Parliamentary Draftsman to fill in the gaps.

The Premier: Did you quote an Act of 1893?

Mr. DAVY: Yes.

The Premier: That shows what strides were made by 1904 when the member for Mt. Margaret introduced his Bill!

Mr. DAVY: It is a lamentable thing, and I shall not cease to voice my protest against such a procedure. I think the Minister should be content with the powers contained in Clause 15.

Mr. Lindsay: Why have them twice in one Bill?

Mr. DAVY: The fact that the powers are pushed in in this clause—

Mr. Latham: Makes it look as though they want to do something inconsistent with the Act.

Mr. DAVY: Yes, and as if they want something more than is contained in Clause 15. The wording of the amendment would support that suggestion. If Clause 15 does not give the Minister the powers he requires, it is very proper that he should not get those powers under the amended clause now being considered. As the Legislative Council objected to stamps in two halves, I think this provision was included in order to

hoodwink members of that Chamber. Some subtle mind must have suggested this way of overcoming the anti-two-part-stamp opposition.

The Premier: That would be very foolish, because regulations could be disallowed.

Mr. DAVY: But the Premier knows that there must be a very strong set against a regulation before it is disallowed, and often the real objection does not arise until there has been a prosecution. I suggest that the Minister should agree to the deletion of the four lines and rely upon the powers contained in Clause 15.

Amendment put and passed.

Hon. G. TAYLOR: I move a further amendment.

That the amendment be further amended by striking out subclause 4.

I do not want to labour the question which has been dealt with fully by the Leader of the Opposition and by the member for West Perth. They made it clear that it is not fair to tax a person two or three times over.

The Minister for Health: He will not be taxed in that way.

Hon. G. TAYLOR: But Subclause 4 will give that power, although it may not be the intention of the Minister to give effect to it. I do not think the Minister intends that loans from the Agricultural Bank shall be regarded as wages.

The Minister for Health: Yes, I do.

Hon. G. TAYLOR: Then I do not think it is fair. The man who borrows from the Agricultural Bank has to repay the principal and has to pay interest and taxation as well.

Mr. LATHAM: I support the proposal to delete the subclause if for no other reason than the differentiation between borrowers that will be set up if the Council's amendment be agreed to. There should be no differentiation between the man who borrows from the Government and the man who borrows from the associated banks.

The Minister for Health: No associated bank would lend money under the conditions we do.

Mr. LATHAM: But the banks are lending money daily to farmers for work done on their property by the farmers themselves. Probably there is not so much advanced in connection with the mining industry. Despite the Minister's statement, I still con-

tend that they will pay twice. They will be asked to pay when the advance is made and again on any profit arising out of the loan. Suppose a man gets an advance under the Mining Development Act: If he is a small man working part time for himself, it will be difficult to show how much is taxable.

The Minister for Health: There is no need to worry about the Mining Development Act; it will be easy.

Mr. LATHAM: Because, I suppose, the whole of the money used for wages will be taxed. Then how about the man on a farm? He may be engaged in clearing half a day three times a week, and may be employing other men on the work. It will be impossible to tell how much is represented by wages for himself. It is wrong in principle to tax a man who borrows from the Government and relieve a man who borrows from one of the associated banks.

Hon. Sir James Mitchell: It is taxing capital.

Mr. LATHAM: Quite so, because it is money that has to be repaid.

Mr. CHESSON: Many men who get assistance under the Mining Development Act take plant from the Government. It is now stipulated that the amount taxable is that representing their own personal labour.

The Minister for Health: That was inserted in this Chamber.

Mr. CHESSON: That is so. A man who borrows from the Agricultural Bank or under the Mining Development Act cannot be termed a wage earner because he has to pay interest on the money and repay the loan.

Mr. Marshall: You voted for the clause in the Bill.

Mr. CHESSON: I spoke on the clause in order to get the amendment that was ultimately inserted.

Mr. LINDSAY: The Minister desires that everyone earning income exceeding £1 a week shall pay the tax. He spoke of group settlers earning £3 a week.

The Minister for Health: Some of them £5 10s.

Mr. LINDSAY: I assume they are entitled to pay something; otherwise they cannot receive free hospital treatment. Still, I think there has been some error in the drafting and many people will pay twice. If a man borrows from the Agricultural Bank he has to repay the loan with interest. On that money he will be taxed. If he makes a profit as the result of the

work done with the money, he will be taxed on that. An I.A.B. settler receives 9s. per day or £2 per week to do certain work. He will be taxed on that money, and if he makes an income of £500 for the year, he will be taxed on that amount.

Mr. Marshall: So will a prospector.

Mr. LINDSAY: The hon. member can deal with the prospector. I quite agree that everyone should pay the tax, but no one should be compelled to pay twice.

Mr. GRIFFITHS: I agree that everyone should contribute to the tax, but it is not fair that a man borrowing money from a Government institution should be taxed while a man borrowing money from one of the chartered banks will not be taxed.

The Minister for Health: Not unless you borrow the money and do the work yourself.

Mr. GRIFFITHS: If eventually that labour brings in a profit, you are going to collect tax again. I protest against loans by the Agricultural Bank being differentiated from money borrowed from a chartered bank.

Amendment on the Council's amendment put, and a division taken with the following result:—

Ayes	19
Noes	14

Majority for	..	5
		—

Ayes.

Mr. Barnard	Mr. Maley
Mr. Brown	Mr. Mann
Mr. Chesson	Mr. Marshall
Mr. Cowan	Sir James Mitchell
Mr. Davy	Mr. Sampson
Mr. Doney	Mr. Sleeman
Mr. Ferguson	Mr. Taylor
Mr. Griffiths	Mr. Thomson
Mr. Latham	Mr. North
Mr. Lindsay	

(Teller.)

Noes.

Mr. Clydesdale	Mr. Munzie
Mr. Collier	Mr. Rowe
Mr. Cunningham	Mr. J. M. Smith
Miss Holman	Mr. A. Wansbrough
Mr. Kenneally	Mr. Willcock
Mr. Lutey	Mr. Withers
Mr. Millington	Mr. Kennedy

(Teller.)

Amendment on the Council's amendment thus passed; the Council's amendment as amended agreed to.

No. 8. Clause 10, Subclause 3—Delete the words, "in a private hospital or" in lines 6 and 7:

The MINISTER FOR HEALTH: This is practically the same as the first amendment, and I propose to treat it as we treated that one. I move an amendment—

That "delete" be struck out and "amend" inserted in lieu.

Amendment on the Council's amendment put and passed.

The MINISTER FOR HEALTH: I move an amendment—

That the words "to which this Act applies" be added.

Amendment on the Council's amendment put and passed; the Council's amendment as amended agreed to.

No. 9. Clause 10, Subclause 3—Delete the second paragraph:

The MINISTER FOR HEALTH: I move—

That the amendment be not agreed to.

This amendment was consequential on the striking out of private hospitals, but now that we have restored the private hospitals, we want the provision in, for it applies to the payment to patients in private hospitals.

Mr. DAVY: Here we have the Minister proposing to insist upon the retention of this paragraph, and some of us think the paragraph objectionable. We are to have an alternative form of payment, which may be made by a refund to the patient of the hospital charges, or may be made to the hospital. In view of the fact that the intention is that not the hospital but the patient should get a subsidy, the payment ought to be mandatorily made by way of refund to the patient.

The Minister for Health: What about a patient in a public hospital? Would you compel us to pay him the 6s. per day?

Mr. DAVY: No.

The Minister for Health: You will do so if you wipe this out.

Mr. DAVY: Oh no. If as an alternative the payment can be made to a private hospital, it will be a subsidy to that hospital.

The Minister for Health: Suppose the patient is not financially able to pay the hospital?

Mr. DAVY: Then why should he go to a private hospital?

Mr. Marshall: The urgency of his case may take him to a private hospital.

Mr. DAVY: If a man is taken suddenly ill in the street he is probably taken to the nearest public hospital.

The Minister for Health: Nearly all such cases go there.

Mr. DAVY: There is a danger that private institutions will be springing up all over the place because of this subsidy.

The Minister for Health: How can that happen?

Mr. DAVY: The Minister knows. Evidently he assumes he will be able to put through his afterthought.

The Minister for Health: It is not an afterthought.

Mr. DAVY: The argument about private hospitals has all along been coloured by the amendment of the Minister, which is only an afterthought.

Question put and passed: the Council's amendment not agreed to.

No. 10. Clause 10: delete Subclause 4:

The MINISTER FOR HEALTH: I move—

That the amendment be not agreed to.

This refers to private hospitals being open to inspection by an officer of the medical department. We should have the right to make such inspections.

Hon. Sir JAMES MITCHELL: We are not going to subsidise the hospitals, but to pay the patients.

The Minister for Health: We must see that they receive fair treatment for the money paid.

Mr. Marshall: The patient should be able to go where he likes.

The Minister for Health: Not if I can stop him.

Hon. Sir JAMES MITCHELL: The Minister will want to be satisfied that the patient has been in the hospital for the time claimed, but he now wants to inspect the whole of the premises. He can make the patient prove his stay in the institution in another way.

Mr. Davy: The Minister has another amendment on the Notice Paper before this one.

The Minister for Health: I will withdraw my motion in the meantime.

Motion, by leave, withdrawn.

The MINISTER FOR HEALTH: I move an amendment—

That Clause 10 be amended by inserting between Subclauses (3) and (4) a subclause to stand as (4), as follows:—(i) For the purposes of this Act, standards for hospital equipment, nursing, or other services in private hospitals shall be prescribed by regulations, and only such hospitals as comply with such standards, and receive the certificate of the principal medical officer to that effect, shall be recognised as private hospitals to which this Act applies.

In making such regulations the Minister shall take into consideration the advice of a committee of five persons, to be appointed by the Governor, two of whom shall be appointed on the recommendation of the British Medical Association.

(ii) If any contributor to the fund, or the dependant of a contributor, needs hospital service, and desires to attend a private hospital and to receive hospital benefit under this Act, he must obtain from the chief resident medical officer of a public hospital or other medical officer appointed by the Minister for the purpose, an order for admission to a recognised private hospital.

Such order shall not be issued unless such medical officer is of opinion that the patient is a proper one for hospital care. The order may specify the hospital for which it shall be effective, and shall state a period during which it is to have effect: Provided that the period may be extended by any such medical officer from time to time.

The chief argument used against payment being made to a private hospital is that such institutions will spring up all over the place in order to receive the two guineas subsidy, but giving only mediocre treatment in return. I know of some private institutions which are not fit to treat a dog.

Mr. Davy: That is an indictment against the department.

The MINISTER FOR HEALTH: No.

Mr. Davy: The Health Act prescribes certain conditions for such places.

The MINISTER FOR HEALTH: No. Every private hospital is registered. We have no power over it if the place is suitable for the accommodation of patients. What is the objection to fixing a reasonable standard of efficiency for a private hospital, or for a public hospital either, for that matter? The higher the standard, without going to extremes, the better. It should be as high here as it is anywhere else. That is necessary in the interests of the patients. My concern is for the patients. There are now in this State private hospitals with a qualified matron in charge but with not another trained nurse in the establishment. Actually, housemaids are in charge at night; though of course the matron is called if any-

thing goes wrong. Some of the private hospitals in the country are of a much higher standard than some of those in the metropolitan area. Even the standard of Government hospitals in country districts ought to be raised, but at none of them is the standard insufficient to secure reasonably good treatment for patients.

Mr. Sampson: Are there enough trained nurses available for the work required?

The MINISTER FOR HEALTH: At times, possibly not. A standard should be fixed for private establishments intended to treat the sick. In another place no argument was advanced against withholding subsidies from private hospitals not safeguarded by the amendment. Will the Leader of the Opposition contend that one should not in any circumstances classify St. John of God Hospital as a fit place for patients to enter?

Hon. Sir James Mitchell: Certainly not.

The MINISTER FOR HEALTH: The Council have cut out that institution altogether.

Mr. Davy: No. You persist that this is not a subsidy to hospitals.

The MINISTER FOR HEALTH: I am not prepared to accept any amendment which would force me to tax ten thousand people in the metropolitan area while debarring them from benefiting under the scheme.

Hon. Sir James Mitchell: What about the country?

The MINISTER FOR HEALTH: It does not apply to the country. Rockefeller himself could go to any country hospital, Government or committee, and be admitted. There is nothing to prevent any man from obtaining treatment in a hospital outside the metropolitan area. But men are debarred from entering hospitals in the metropolitan area.

The CHAIRMAN: The Minister is discussing something altogether foreign to the amendment.

The MINISTER FOR HEALTH: Hon. members have asked for all kinds of explanations.

The CHAIRMAN: The Minister is in order in discussing only the amendment he has moved.

The MINISTER FOR HEALTH: Subsidies to hospitals will not affect people anywhere outside the metropolitan area. If a patient went into a public hospital in the country districts, he would have a doctor previously in attendance and he would have to pay for the services rendered. On the

other hand, patients admitted to the Perth Hospital receive free treatment, and the public generally may not appreciate the magnificent work done by the medical profession there. That being so, it could not be expected that persons in a position to pay would be admitted for free treatment at the Perth Hospital.

Hon. Sir James Mitchell: There would not be room for them.

The MINISTER FOR HEALTH: Not for all of them. The position is different in the country districts where patients are admitted to Government hospitals, and no questions are asked as to their incomes. I wish to make it clear that unless I get some concession so that patients can go to a private hospital and thus secure some benefit from the operations of the Bill, it will be useless. If we cannot have the amendment and if private hospitals are cut out of it altogether, the Government will not have the Bill.

Hon. G. Taylor: That is a good strong argument.

The MINISTER FOR HEALTH: I say very definitely that if we cannot get some concession regarding the payments to patients who go to private hospitals then the Bill will be no good to the Government.

The CHAIRMAN: Again I must draw the attention of the Minister to the fact that his remarks are apart from his amendment. This deals with setting up standards for hospitals.

The MINISTER FOR HEALTH: It does a good deal more than that.

The CHAIRMAN: That is so, but the Minister's remarks have nothing to do with the amendment before the Chair.

The MINISTER FOR HEALTH: This deals with private hospitals.

The CHAIRMAN: I disagree with that statement, and it is against the amendment. The only way in which it can be accepted is as consequential to earlier amendments, not as a new sub-clause.

The MINISTER FOR HEALTH: In paragraph (i) of the proposed sub-clause reference is made to "standards for hospital equipment, nursing and other services in private hospitals." Surely I can discuss private hospitals under that.

The CHAIRMAN: The Minister can discuss only the standard he proposes to set up.

The MINISTER FOR HEALTH: I am not prepared to do so at this stage, because

later on I make provision setting out how the standard is to be fixed. That will not be done by me. I am a layman and I want someone with professional knowledge to assist me in fixing the standard. I want the amendment as a compromise; I want the standard fixed by a competent body, so that any hospital in the State, whether it be St. John of God or any other private hospital that complies with the standard set, may come under the provisions of the Bill. I want the public of the metropolitan area to have the right to say to which hospital they will go and to receive the benefits of the legislation. Unless I get that, I am not prepared to proceed with the Bill.

The CHAIRMAN: The amendment can be accepted only as consequential upon Amendments Nos. 1 (a) and 9, following upon the insertion of the reference to approved private hospitals. I cannot accept it as a new subclause.

Hon. Sir JAMES MITCHELL: I agree that patients in private hospitals should receive 6s. a day and I cannot understand the attitude of another place. Seeing that it costs, I understand, about 9s. 1d. a day to feed a patient, it is an economically sound proposition to pay 6s. a day for accommodation in a private hospital. I agree that there should be some standard set up. Is the Minister serious when he says that this clause will apply only in the metropolitan area?

The Minister for Health: That is so.

Hon. Sir JAMES MITCHELL: I understood the Minister to say that the standard to be set would be so high that no country hospital would be able to comply with it.

The Minister for Health: I did not say that. I said that as far as the patients were concerned, it did not apply except in the metropolitan area because elsewhere there are intermediate hospitals.

Hon. Sir JAMES MITCHELL: There are not.

The Minister for Health: Of course there are.

Hon. Sir JAMES MITCHELL: At any rate, the hospitals have not sufficient accommodation anywhere.

The Minister for Health: I ask that that statement be withdrawn. It is untrue. The member for Northam said there was not sufficient hospital accommodation anywhere, whereas, on an average, not 50 per cent. of

the accommodation is occupied throughout the year.

Hon. Sir JAMES MITCHELL: I will withdraw anything the Minister likes, but can the Minister make a speech at this stage?

The CHAIRMAN: If hon. members will indulge in interjections, these incidents must be expected.

Hon. Sir JAMES MITCHELL: I say there are hospitals where there is not sufficient accommodation.

The Minister for Health: You did not say that before.

Hon. Sir JAMES MITCHELL: The Minister knew that that was what I meant, but the Minister likes to be impertinent and rude.

The CHAIRMAN: Order! The hon. member cannot discuss the Minister.

Hon. Sir JAMES MITCHELL: I will discuss the Minister more frankly still if he is not careful! I am not accustomed to making statements that are untrue. The Minister made it clear, whether he intended to do so or not, that the private hospitals that will accommodate patients who will receive 6s. per day, will be confined to the metropolitan area, and that there will be no need for such a provision regarding the hospitals in the country. I doubt if any country members will agree that that is right. Did the Minister mean that it was not intended that the Bill would provide hospital accommodation for all those who contribute?

The Minister for Health: Not free accommodation.

Hon. Sir JAMES MITCHELL: The Minister said there was sufficient accommodation available in the hospitals.

The Minister for Health: Do not misrepresent me; you know what I said.

Hon. Sir JAMES MITCHELL: If the Bill be passed and everyone has the right to hospital accommodation, there will not be sufficient room to meet the demand at Northam, Bunbury and other places. The Minister said that unless the proposal finds a place in the Bill, he will drop the measure. We have only heard of the proposal to-day.

The Minister for Health: As an alternative to the clause that another place has struck out.

Hon. Sir JAMES MITCHELL: The standard will be so high that very few hospitals will be able to comply with it. The Minister is safe when he says that the clause will not apply to the country.

The Minister for Health: I did not say that either, and you know it.

Hon. Sir JAMES MITCHELL: The Minister said that 10,000 people in Perth alone would be affected. At Bunbury there is a private hospital and no public hospital, and I daresay that applies to other centres. While there should be a reasonable standard for private hospitals, I hope that patients entering such hospitals will receive the subsidy.

Hon. G. Taylor: That is not what another place wants.

Hon. Sir JAMES MITCHELL: But people will say, "I am sick; I have paid my contribution according to the law for five or ten years, and now I want to go into hospital." We would not be justified in deciding otherwise than that private hospitals shall receive the subsidy. I am with the Minister in sticking to the subsidy for private hospitals and in setting some standard for them.

Mr. Davy: What is wrong with the standard set under the Health Act?

Hon. Sir JAMES MITCHELL: The Health Act standard should be sufficient. Most private hospitals are very well run.

The Minister for Health: The majority are.

Hon. Sir JAMES MITCHELL: And they must provide a good deal of the hospital service required in Perth.

Mr. THOMSON: I support the first portion of the additions. We can accept the proposal for fixing the standards of hospital equipment, because they will be prescribed by regulations which Parliament will have an opportunity to discuss. If the regulations threaten to inflict hardships on private hospitals, we shall be able to disallow them. I am not in favour of paragraph (ii) and at a later stage I shall move to strike it out. It is not right that a man in need of hospital treatment should have to obtain an order for admission. If I were ill, I should have the right to choose the hospital and the doctor I desired. Under the Minister's proposal, I would not have that right. Two guineas a week will not pay for the service provided by a private hospital. The subsidy will merely be some recompense to people who have contributed to the fund for many years. A patient's own medical adviser may not be approved by the Government. The doctor might say it is imperative for a man to enter hospital for rest in order that the cause of his trouble may be diagnosed. But here the chief resident medical officer

of a public hospital could say that in his opinion the patient was not entitled to it, and so would not agree to his going into a private hospital.

Mr. Davy: If you fall down half-dead with appendicitis, you have to send for the chief re-ident medical officer of a public hospital.

Mr. THOMSON: Yes. I am in favour of having the equipment of private hospitals prescribed by regulation, so that we might be assured that the standard will be perfectly satisfactory.

Mr. DAVY: I move an amendment on the amendment—

That the first sub-paragraph of paragraph (ii) of the proposed new subclause be struck out.

Already we have a law prescribing the standard of private hospitals, and the Minister has told us there are in Perth private hospitals not fit to treat dogs in.

The Minister for Health: I did not say in Perth; I said in Western Australia.

Mr. DAVY: Whether in Perth or in Western Australia, it is a damning indictment of the Minister's own department.

The Minister for Health: No, of the local authority.

Mr. DAVY: Section 273 of the Health Act throws on the Commissioner of Health the responsibility for seeing to it that the local authority makes and enforces by-laws for the regulation of such hospitals. In view of the case quoted of a hospital having on the staff only one qualified person, it is particularly worthy of the Minister's notice that Section 273 makes provision for the qualification of any persons keeping or assisting in any such hospitals. If there is in Western Australia any hospital where there is only one qualified person, the Minister's department is not doing its duty. It is a lamentable thing that the Minister should propose to have two classes of private hospital, one the ordinary hospital, and the other an extra special fancy kind of private hospital in respect of which the patients shall get a subsidy. That will be a thoroughly bad and unsatisfactory method of dealing with the situation. Under Section 273 of the Health Act the Minister's department is required to see to it that there are no private hospitals not of a proper standard. If, on the other hand, the Minister thinks he has not sufficient power

under that section, the proper thing to do is to amend the section. To create two different standards for private hospitals is entirely wrong.

Mr. MANN: I cannot support the amendment on the amendment. It is very necessary that there should be some special Act other than the Health Act to deal with these hospitals. We have had experience of the manner in which the Workers' Compensation Act has been exploited, and I can see that when this Bill becomes law there will be a number of cheap hospitals springing up and catering for patients under the statute. There should be a standard for such hospitals.

Mr. Davy: Should not that standard be under the Health Act?

Mr. MANN: The Health Act deals with the health conditions of a hospital, not with the professional attendants.

Mr. Davy: Yes it does.

Miss Holman: This will not deal with medical attendants.

Mr. MANN: Of course it will. It will set up the standard for a hospital and will require a certain number of qualified nurses.

Mr. Davy: That should be prescribed under the Health Act.

Mr. MANN: None of us can foresee what will be the result of this measure any more than we could see what was going to be the result of the Workers' Compensation Act. The Minister is right in attempting to prevent hospitals from exploiting the Act. No doubt he will also see that fair standard is fixed and that it can be maintained without undue cost. Institutions that are not efficient should not be allowed to exist. I cannot, however, see why the Bill should not apply to St. John of God Hospital. In that institution there are free wards, through which about 150 patients passed last year. The treatment given to those people was the same as that given to paying patients. I support the Minister.

12 o'clock midnight.

Hon. G. TAYLOR: I do not see why certain powers that are contained in the Health Act should not also be included in this Bill. There is no reason why we should not set up standards for those institutions which treat people in return for the subsidy that is paid. I am not prepared to commit my-

self with regard to the remainder of the Minister's amendment.

Mr. CHESSON: Members will all agree that there should be a standard of efficiency both for private and Government institutions. We are, however, voting in the dark, for we do not yet know what the standard of efficiency will be. That will be set out in regulations which we shall not see until later.

Mr. DAVY: I object to the duplication of legislation. We already have full power under Section 273 of the Health Act to prescribe the standard of efficiency for these institutions. The department can specify the terms and conditions under which any of these institutions can be registered.

The Minister for Health: That deals with the building.

Mr. DAVY: The Act is all-sufficient on the point, and we need not go beyond it.

The Minister for Health: That is the local authority.

Mr. DAVY: Yes. The local authority may do it, and when the Commissioner requires them to do it they shall do it. He can require them to make, alter, or repeal by-laws. In this respect local authorities must do everything that the Commissioner requires them to do. The Minister said he knew of hospitals where there was an insufficiency of qualified nursing staff. That is because the Commissioner is not using the powers he has in that respect under paragraph (f) of Section 273 of the Health Act. I complain that we are to have two sets of regulations—one made under the Commissioner's direction by the local authorities, and another made by the Commissioner himself under this clause. The Commissioner only exists under the Health Act, and one would expect to find there the conditions relating to the establishment of private hospitals. Now he is to set up another standard for—

Mr. Lindsay: Hospitals to be assisted under the Bill.

Mr. DAVY: Do we want two standards for private hospitals? Should we allow any private hospital to exist that is unfit to have patients who are to be assisted? I do not wish to be understood as casting any reflection on the Health Department or on the work of the Commissioner, but why should the Commissioner have these additional powers under the Bill? The Minister is re-

cognising that there may be two kinds of private hospitals—one coming up to the somewhat scratchy standard which, on the Minister's own showing, exists in spite of the Commissioner's powers under the Health Act, and another of the higher standard to exist under the Bill. That, I submit, is absolutely wrong. There ought to be only one set of regulations laying down the conditions under which private hospitals may be run.

Amendment on the amendment put and negatived.

Mr. Lutcy took the Chair.

Mr. THOMSON: I move an amendment—

That paragraph (ii) of the proposed new subclause be struck out.

I have already given my reasons.

Mr. TEESDALE: I cannot support the paragraph in question. It interferes with the liberty of the subject. Is a man to have no say as to the hospital he shall enter? He may be sent by the medical officer to a hospital with which he was not particularly well satisfied when an inmate of it previously. The delay involved is another serious objection. Would the victim of a heart attack have to be dragged from, say, West Perth to Murray-street and there await the pleasure of a doctor to examine him as to whether he really had a heart attack? If that were allowed, there would be a good many deaths at the Minister's door. I have every confidence in the Principal Medical Officer, but there might be medical officers with a personal or pecuniary preference for certain hospitals. Again, a patient might appreciate the doctor but not appreciate the hospital. The man who is to pay should be given a chance to select a hospital which he knows to be of good standing or in which he has been well treated previously.

Mr. KENNEALLY: Unless the paragraph is radically altered, I propose to vote against it. It makes it impossible for a dependant to get the benefit intended under the measure. It provides that if any contributor to the fund or the dependant of a contributor needs hospital service, and desires to attend a private hospital so as to receive hospital benefit under the measure, he must obtain from the Chief Resident Medical Officer of a public hospital or some other medical officer approved by the Minister for that purpose, an order for admission to a recognised private

hospital. It might be possible for a man who anticipates having to undergo a surgical operation, to comply with those requirements, but it might be awkward for him if he were taken suddenly ill. I do not think we would be justified in making the position difficult for such an individual. It is essential that the taxpayers shall be protected in connection with the fund they themselves are to establish, and in so far as the Minister is desirous of protecting their interests regarding the fund, members will naturally support him. At the same time we are asked to throw the onus on the man who has already paid his insurance that will entitle him to receive the benefits, and we make it difficult for him to receive the benefits for which he has already paid. We should not agree to such a proposition. The proposed new subclause is silent as to who shall pay the medical man for issuing the order.

The Minister for Health: The man's own doctor will probably issue the certificate for him.

Mr. KENNEALLY: But the patient's doctor may not be a man duly appointed by the Minister for the purpose.

The Minister for Health: That is so.

Mr. KENNEALLY: In that event, who will give the necessary certificate?

Mr. Davy: The doctor who issues the certificate will have to be paid for rendering the service.

Mr. KENNEALLY: And the subclause does not say who shall pay him. If the medical man who issues the certificate happens to be the doctor in attendance upon the patient, the latter will be in a more fortunate position than many others who will be affected by the provisions of the subclause. Then again the second portion of paragraph (ii) says that the order may specify the hospital for which the order shall be effective. I regard that provision as dangerous seeing that it places in the hands of a medical man the right to say to which hospital a patient shall go.

Mr. Teesdale: And some of them have their own hospitals.

Mr. KENNEALLY: It also takes away from the individual the right to say to which hospital he desires to go. I do not think that would be right. Under such a provision it would be possible for one or two private hospitals to secure a monopoly over the patients to be treated in private hospitals. I know that is not what is intended, but that is what

is provided for. We would be well advised to say that we would have nothing to do with such a provision and I propose to move an amendment.

The CHAIRMAN: The hon. member cannot do it at this stage.

Mr. KENNEALLY: If the subclause were amended so as to enable a person to go to a private hospital of his own selection, and to allow the department the right to send an officer to ascertain whether the patient was entitled to be in the hospital, I would support it in that form.

The CHAIRMAN: Before the hon. member could move any such amendment, the member for Katanning would have to withdraw his amendment. Then if the suggested amendment were agreed to or defeated, the member for Katanning would not be able to proceed with his amendment as he would not be able to go back.

Mr. KENNEALLY: If the hon. member were to withdraw the latter portion of his amendment, I could then deal with mine and if necessary the member for Katanning could proceed with the balance of his amendment later on.

The CHAIRMAN: That could be done.

Mr. THOMSON: I will agree to that course and I ask leave to withdraw my amendment.

Amendment by leave withdrawn.

Mr. THOMSON: I move an amendment—

That all words after "recognised private hospital," in line 8 of paragraph (ii), be struck out.

Mr. KENNEALLY: I hope the Committee will accept the amendment. If it is not agreed to, the whole object of the Bill may be defeated. The paragraph will necessitate a patient's chasing a medical officer around before he can go into hospital. Legislation should not place any private hospital at a disadvantage, either.

Mr. Mann: Or any patient.

Mr. KENNEALLY: A man who has paid the money for his insurance should not have to chase around to get the certificate of a medical man before he can obtain hospital relief. It would be bad enough for a man or woman who had had notice that he or she had to enter hospital, but what of persons not in a position to chase a medical man? We have to consider the attitude of mind of a person too ill and perhaps without the

means to get into touch with a doctor. The clause would be detrimental to the whole idea of the Bill.

Miss HOLMAN: I support the amendment of the member for Katanning. It would be most unjust to force a sick person to rush around and get an order from a medical man. We have passed a clause that provides for the strictest standards and there should be no need to insist on a patient getting permission to enter hospital. The reason why the Bill has been favourably received throughout the State is that people believe they will get some benefit from it. This provision will make it too difficult to get any benefit.

Mr. BROWN: I support the amendment of the member for Katanning. The clause would place too much power in the hands of the medical officer appointed by the Minister. A private hospital in a country town might be up to standard, but the local medical officer might not be on the best terms with the matron of the hospital and it would be within his power to refuse to allow a patient to enter that hospital. Thus hardship would be inflicted on people by their being compelled to go into hospital elsewhere than in their own town.

The MINISTER FOR HEALTH: I hope the paragraph will not be deleted. Regarded from the aspect mentioned by some members, considerable hardship would be inflicted on some people, but I have yet to learn that all medical men are so unscrupulous or hard-hearted that they would not give an order for hospital treatment to a man or woman in need of it.

Mr. Mann: Your clause rather infers that.

The MINISTER FOR HEALTH: It infers nothing of the kind. Unless we have some safeguard as to the patient being entitled to treatment and subsidy, we shall have many cases entering hospital that should not do so. It has been argued that the Bill will necessitate the provision of considerably more accommodation to give people the hospital treatment that will be demanded, but I reply that hundreds of people will remain at home during sickness, just as they do at present.

Mr. Teesdale: What about the others that cannot remain at home?

The MINISTER FOR HEALTH: Unless we have some safeguard people who in ordinary circumstances would not be admitted to any Government or public hospital would enter private hospitals and stay there for

indefinite periods taking rest cures. No one would have a say as to how long they should remain or whether their reason for entering hospital was sufficient. I do not know of a case of rheumatoid arthritis that has been treated in hospital or even advised to enter hospital. Some protection is needed for the people who are paying.

Mr. Mann: Report progress and draft a fresh clause.

The MINISTER FOR HEALTH: I want members to suggest an improvement, if they can do so.

Mr. Sampson: It could not be worse.

The MINISTER FOR HEALTH: That is the hon. member's opinion.

Mr. Sampson: In its present form it will be defeated.

The MINISTER FOR HEALTH: I shall be glad to have any suggestion for an improvement that will give us control over the patient as well as over the hospital.

Mr. Teesdale: Why not let the patient's own doctor be the judge as to whether the patient should enter hospital?

The MINISTER FOR HEALTH: I am not prepared to do that.

Hon. G. Taylor: Remember the workers' compensation cases.

The MINISTER FOR HEALTH: Experience of the Workers' Compensation Act leads me to believe that control is necessary. Otherwise we shall have a repetition of what has occurred under the Workers' Compensation Act.

Mr. Teesdale: How would you deal with heart cases? Two people drop down in a bedroom.

The MINISTER FOR HEALTH: They would be taken to hospital straight away without going to a medical officer. No objection would be raised to any serious case of sickness.

Mr. Teesdale: Then this provision would be waived.

The MINISTER FOR HEALTH: Of course. If a man was knocked down by a motor car, would he have to seek a medical officer before being admitted to hospital? What I want is some protection for those who are paying, some assurance that the fund will not be imposed upon by anybody.

Mr. KENNEALLY: Would it not be sufficient for the Minister's purpose if provision were made by which hospitals were required to inform the department when patients were admitted, and the department were given the right to send officers to see if the patients were patients within the

meaning of the Act? Failure by the department to take action could then be accepted as an indication that the department was prepared to pay the six shillings per day.

The MINISTER FOR HEALTH: In some cases that would be sufficient, but in others it would not. I want a safeguard. The Committee has given me a safeguard in respect of the quality and standard of hospitals, but now I am to be refused the even more important protection of the fund and of the people who are paying. We are to have no control over the patients, all of whom are to be paid six shillings per day. I have known men go into hospitals for all manner of things.

Mr. Teesdale: They cannot get into a public hospital without a doctor's certificate.

The MINISTER FOR HEALTH: That is all I want—a doctor's certificate. In an emergency such as an accident no question would be raised about taking a man to a private hospital. But I want protection of the fund and some security that a person entering a hospital shall be a fit subject for hospital treatment.

Mr. Davy: You say that a man suffering from rheumatoid arthritis would not get hospital treatment. Why should he not?

The MINISTER FOR HEALTH: Has hospital treatment ever done such a patient any good? Why, then, should he demand 6s. per day for a spell in hospital?

Mr. Mann: A mere rest for a week might do such a patient a great deal of good.

The MINISTER FOR HEALTH: But they do not try hospital treatment for that ailment.

Mr. Thomson: The Perth Hospital will not take them in.

The MINISTER FOR HEALTH: If I am not given some protection such as I ask for, it will be of little use having the Bill.

Miss HOLMAN: The Minister says that in the case of an accident there would be no insistence upon this provision. But on the wording of the provision it cannot be evaded. If a patient requires hospital treatment, he must get an order before entering a hospital. A lot has been said about people taking rest-cures in these hospitals. But there are no hospitals that I know of where a person can get attention at a cost of 6s. per day. Even a person wanting

only a rest-cure would have to pay out some of his own money as well, which would be a very effective check upon any abuse.

The Minister for Health: Some hospital patients pay as much as six guineas per week.

Miss HOLMAN: If we could have more rest-cures we should have less serious sickness.

Mr. SAMPSON: Since the Minister is disinclined to report progress with a view to having the clause redrafted, I suggest that a small proviso be added to provide for the immediate hospital treatment of urgent cases. That, I think, would be a way out. If the Minister refuses to have the provision redrafted, and will not accept any suggestions, he has nothing to face but defeat.

Mr. MANN: I suggest that we add a few words to provide that the principal resident medical officer may appoint another medical officer to examine any person admitted to a hospital for treatment at any time after the patient has been admitted.

Mr. CHESSON: I will support the amendment. If the patient gets a certificate from the medical officer who has been attending him, it should be sufficient, and the patient should not be put to any further expense in consulting a second doctor. Frequently patients in outback districts are ordered by the local doctor to come down to the city for treatment.

Amendment put and passed.

Mr. MANN: I want to move an amendment to provide for the appointment of a medical officer who may examine any person admitted to a hospital for treatment at any time after such person has been admitted, and also to provide for the course to be taken if the medical officer is not satisfied that the person is deserving of such treatment. What I desire is to prevent fraud on the part of any patient.

Hon. G. Taylor: We have already knocked out the main issue.

Mr. THOMSON: I suggest that the Minister should report progress, and so that the suggestion of the member for Perth may be put into proper form. The House could then meet again at 2.30 to-morrow, and have the Bill ready for another place by 4.30. I think such a course would prevent chaos in the drafting of these amendments.

The Minister for Health: There is chaos now

Mr. THOMSON: The correct method is not being followed. We cannot possibly legislate successfully in this manner.

Mr. MANN: I suggest an amendment on the following lines:—"The Principal Medical Officer may appoint a medical practitioner who may examine any person admitted to a hospital for treatment under this Act, at any time after such person has been admitted. Such examination shall be made in the presence of the medical practitioner attending such patient. If the examination proves that the case is not one deserving of treatment, such patient shall not have any further claim upon the medical fund."

Mr. CHESSON: The suggested amendment should go further. Suppose there is a difference of opinion between the medical practitioner chosen by the Principal Medical Officer, and the doctor attending the patient, will it not be necessary to call in another doctor? Provision should be made for a referee in case of disagreement.

Mr. Teesdale: The undertaker will decide.

Hon. G. TAYLOR: The object of the suggested amendment apparently is to stop malingering. If so, why did the Committee strike out paragraph (ii.), which was an absolute safeguard against malingering?

Mr. Kenneally: It would certainly stop malingering, because a man would never get into the hospital.

Hon. G. TAYLOR: The amendment strikes me as cumbersome. To record an intelligent vote on it is difficult.

Miss HOLMAN: Could not the Minister make regulations under Clause 15 as to sending in notices and certificates?

Mr. DAVY: There must be some safeguard if there are to be contributions to persons in private hospitals, but we were almost unanimous that the safeguards provided were too stringent and such as would work great hardship. The amendment suggested by the member for Perth aims in the right direction but it is not fair to expect a man to sit down here and draft a new clause at this time of night, and at such short notice. Would it not be in the interests of good legislation to report progress and have an amendment drafted meantime on the lines indicated by the member for Perth?

The MINISTER FOR HEALTH: I recognise the difficulty of either accepting or rejecting an amendment about which one knows really nothing. A safeguard was provided by the best draftmanship available to me as Minister, and that safeguard

the Committee have rejected. The suggestion of the member for Perth to my mind represents no safeguard whatever.

Mr. Mann: Report progress and submit something else.

The MINISTER FOR HEALTH: We cannot satisfactorily draft here an amendment that will overcome the difficulty. I hope hon. members will give me some suggestions, as the member for Perth has done on this point, to prevent malingering and also to prevent people not entitled to ask for treatment from entering a hospital. I am therefore prepared to report progress at this stage.

Progress reported.

House adjourned at 1.12 a.m. (Thursday).

Legislative Council,

Thursday, 4th April, 1929.

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

QUESTION—UNEMPLOYMENT, UNIVERSITY AND HOSPITAL GRANTS.

Hon. Sir EDWARD WITTENOOM asked the Chief Secretary: 1, How much money has been spent on unemployment, including sustenance and providing special work (a) during the last six months from revenue; (b) from loan? 2, How much did the Government grant to the University for the 12 months ended 30th June last? 3, How much was granted, from revenue or loan to the Perth Hospital for the 12 months ended 30th June last?

The CHIEF SECRETARY replied: 1, (a) Sustenance £15,052 1s. 1d. Special work, nil. No work other than those provided for on the Estimates have been put in hand during the last six months. (b) No money has been expended from revenue or loan on special works. 2, £29,000 annual grant. 3, Revenue £40,801; Loan, nil.

MINISTERIAL STATEMENT—NOTICE OF QUESTIONS.

THE CHIEF SECRETARY (Hon. J. M. Drew—Central) [4.33]: I shall be glad of your permission, Sir, to make a brief statement regarding the insufficient time given by some members to the Government to reply to questions asked in the House. Last night Mr. Stewart stated that Sir Edward Wittenoom had asked questions in the House and could not get replies from the Government; and Sir Edward Wittenoom apparently approved of that interjection. Let me state a few facts relative to that matter. No fewer than four Government departments were involved in the questions. The questions were asked on a Tuesday, they were communicated to my department on the following morning, and probably were in the hands of the several departments by 10 a.m. There was only from 10 a.m. to 4 p.m. in which to prepare the replies, if they were to be given on that day. But the questions were very much involved and required considerable investigation. The next day was Thursday, and after that came the Easter holidays, in consequence of which the various offices of the Government departments did not reopen until the following Wednesday morning. As I have said, four departments were involved, and the way in which the questions were put entailed considerable trouble on the departments that had to supply the information. For instance, one question read—

How much money has been spent on unemployment, including sustenance and providing special work during the last six months (a) from revenue; (b) from loan.

It will be noticed that the question deals with the last six months previous to the date on which the question was asked. If the hon. member had asked for the expenditure from January to October of the preceding year it would have simplified matters considerably.