

Hon. J. J. Holmes: Did not the same paper say it would be a calamity if the Labour Government came back?

The CHIEF SECRETARY: That was during the general election. The "Daily News" of the 24th August wrote as follows:—

The Government deserves to be congratulated upon its action in introducing early in the session a Bill relating to the acquisition and disposal of land for closer settlement, and providing machinery for compulsory purchase of land which is not being worked to the limit of its capacity. . . . A somewhat similar Bill has been introduced on three previous occasions but has failed to become law largely, we think, because the Upper House was of opinion that the Government had not exhausted the suitable Crown land, and was therefore not justified in laying hands upon private property. In recent years this objection has lost much of its point, and there are now so many inquiries from people within and without the State for areas for settlement that the time has arrived when nobody should be allowed to hold land suitable for cultivation which he does not put to its fullest and best use. Lying close to already constructed railway lines are countless thousands of acres of good land not being put to its best use for which settlers can be found within the next few years if only those lands are subdivided and thrown open for selection. It is economically sound that these lands should be cultivated to their capacity before we go further afield and have to build new and expensive railways.

When the two leading newspapers which are in touch with all that is going on, which are in a position to ascertain whether this measure is necessary or not—when they take up a stand like that, it should be very difficult for anyone to argue convincingly that there is no need for this Bill. As a matter of fact, patent to all, the passing of such a measure is essential to the continued progress of agriculture here, and I trust that if hon. members amend it—as they may see fit to amend it—nothing will be done to mar its efficiency in attaining the objective which two different Administrations had in view when submitting it to the consideration of Parliament. I move—

That the Bill be now read a second time.

On motion by Hon. Sir Edward Witte-noom, debate adjourned.

House adjourned at 9.20 p.m.

Legislative Assembly,

Tuesday, 20th September, 1927.

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

QUESTION—WHEAT PRODUCTION, SOIL ANALYSIS

Mr. STUBBS asked the Minister for Lands: In view of the importance to the State of an increased wheat yield, will he establish and equip at Muresk, or at some other convenient centre, a laboratory for the analysis of soils at which students and farmers can obtain necessary knowledge?

The MINISTER FOR LANDS replied: At the Muresk College there is a well equipped laboratory where the students receive instruction in scientific agriculture, including soil testing. At the Government Analytical Laboratory facilities are provided whereby farmers can have their soils analysed at specially reduced rates. Farmers can also obtain information regarding their problems in connection with increased production by communicating with the Department of Agriculture, and from the agricultural advisers, who visit the different centres and farmers on their holdings.

BILL—ELECTORAL ACT AMEND- MENT.

Report of Committee adopted.

BILL—FORESTS ACT AMEND- MENT.

Second Reading.

THE PREMIER (Hon. P. Collier—Boulder) [4.35] in moving the second reading said: This is one of the small annual Bills that come down for re-enactment. Under the Forests Act a sum equal to 10 per cent. of the revenue from sandalwood,

or £5,000, whichever be the greater, was set aside for the regrowth of sandalwood, and the operations of the Act were limited to one year. If we are going to continue the Act, which was brought down some two years ago, it will be necessary to pass this small Bill. The total receipts from sandalwood last year were £46,074, and for the previous year they were £52,018. After deducting the cost of collection we find that the net revenue for last year was £42,000. There is at present in the trust fund for the regrowth of sandalwood a sum of £6,731.

Hon. G. Taylor: That is the accumulation.

The PREMIER: Yes. We have not spent all the money. It was in the minds of some members when the Act was first brought down that the amount allotted would not be sufficient, but we have not spent quite the sum that was set aside.

Hon. G. Taylor: The department is spending all that is necessary?

The PREMIER: Yes. On the 30th June last there was a sum in hand of £6,731.

Mr. Sampson: Would it be a practicable proposition to go in for a scheme for the afforestation of sandalwood?

The PREMIER: That is what we are doing, and it is the reason for creating this trust fund.

Mr. Sampson: Would it not be a payable proposition to go in for it more extensively?

The PREMIER: Apparently the Conservator of Forests thinks we are doing all that can be done in the matter. The amount of money that has been available to him has not all been spent.

Mr. Thomson: How are the present plantations progressing?

The PREMIER: Very well. Perhaps if I read from a note made by the Conservator it will give the House an idea of the position. Mr. Kessell says—

Considerable progress has been made in location, assessment and demarcation of reserves in the Eastern Goldfields for the protection and reforestation of sandalwood. In selecting land for reservation attention has been paid to the quantity of immature sandalwood already developing on each area, and the value of the country for future sowings. Each area selected is carrying sufficient growing sandalwood to justify reservation, apart from further stocking by sowing. The total area classified is 238,000 acres, the majority of which will be suitable for reservation. The results from the sowing of seed on

selected country have been delayed owing to a series of particularly dry years. Rains which have fallen on the goldfields during recent months have resulted in the germination of seed which has been lying in the ground for the past two years, and there is every prospect of satisfactory results being secured. The dry seasons have also affected seed supply, and the difficulty of securing suitable nuts limited the area sown last year to 324 acres.

It will be noticed that the Conservator remarks that the past two seasons on the goldfields have restricted operations. He expects that probably this year the full amount of £5,000 made available to him will be utilised. I move—

That the Bill be now read a second time.

On motion by Hon. G. Taylor, debate adjourned.

BILL—HOSPITALS.

Second Reading.

Debate resumed from the 15th September.

HON. G. TAYLOR (Mt. Margaret) [4.40]: I have no desire to make a long second reading speech on the Bill. It is a machinery Bill, and will give the Minister power to control all hospitals. No one can question that legislation in this particular direction is necessary, but whether this Bill will have the desired effect I am not quite certain. It strikes me that the Minister is taking very large powers to himself. The Bill contains provisions by which any land belonging to the Crown may be set apart for hospital purposes. I presume that can be done by Executive Council, without any further authority than that contained in the Bill being given. I do not suppose, if that authority is carried out, it will embrace handing over Class A reserves without the consent of Parliament. The Minister may be able to inform the House on that point. I do not think members would give him that power even under a Bill such as this. Some rather peculiar principles are set up in this measure. It deals with the question of how the decisions of boards of control are arrived at. The chairman is to have a vote. I presume by the language of the clause that this will be a deliberative and not a casting vote. If on the board the voting is equal, I presume the chairman will exercise a deliberative vote, and the Bill then provides that the matter shall be postponed for a future meet-

ing. Presumably there will not have been a full board meeting on that occasion. I should imagine that these boards would be controlled like any other self-respecting committees of management, or in the same way that the business of this Parliament is controlled. It is for you, Sir, to decide whether a quorum is present in this Chamber. When a meeting is called, and there be a quorum present, the majority who form that quorum decide the issue, whatever it may be. In most deliberative bodies the chairman has no deliberative vote, only a casting vote. That casting vote is exercised only when the voting of those present is equal. That is preferable to the system provided in the Bill. When moving the second reading of the Bill the Minister did not go into details. Under the Standing Orders a Minister is not permitted, nor are members, to deal with any more than the general principles of a Bill on the occasion of the second reading. There will, therefore, be a great deal of debate in Committee on some of the points that will be raised during the second reading. Perhaps the Minister will be able to give some good reason for making the provision relating to the voting powers of the chairman one of the features of the Bill. The clause contains a number of subclauses defining the powers of the board controlling an institution, the taking over of land and everything in connection with the work of such organisations. At the conclusion of the clause, however, there is a provision setting out that all these conditions shall be subject to the approval of the Minister. Boards of control sometimes handle large sums of money. If we take the Perth Hospital, the largest public hospital in the State, hon. members must realise that the expenditure of that institution approaches something like £60,000 a year. A board of management controlling such an institution should be able to conduct business without having to send it to the Minister for his approval. If the board contemplated disposing of property or embarking upon some expenditure, in which funds voted from Parliament were to be spent or the Government were to be asked to participate in the expenditure, then there should be some check. The Minister should not be worried about ordinary matters that come within the scope of a hospital board's operations. Boards should only come to the Minister when there is some difficulty to be overcome. I can speak with some experience of the work of

hospital boards. For about 16 years continuously I was a member of the board of management of the Perth Hospital, and was chairman of the board for seven or eight years. If all boards of management of hospitals work as amicably as does the board of the Perth Hospital, then the position must be very satisfactory. There was a rumpus in connection with the board's work some years ago, but during the last ten or twelve years the operations of the board of management have been such that I do not think one remark has been made by any member that necessitated a withdrawal. The members of that board have attended to transact business, and have strictly followed that line of action. If a similar attitude is adopted by all the other hospital boards throughout the State, then there is no necessity for Ministerial control. I know the Perth Hospital board have considered every item of expenditure, and have conserved the interests of the hospital as far as was possible.

The Minister for Health: Even during the period you mention, if the board incurred expenditure of which the Government had to find half, they should have consulted the Government.

Hon. G. TAYLOR: I made that point clear, for I said that if the Government were to be expected to find money, they should be consulted. The Minister will probably tell the House that there are about 70 hospitals scattered throughout the State. Perhaps they have not all worked without friction and differences, and that may be the explanation of the necessity for this Bill. At present there is no legal machinery by which a board of management or committee controlling a hospital can enforce payment for services rendered patients by the institution. It is common knowledge that many patients receive hospital treatment and yet are well able to pay for the attention they receive. Perhaps some cannot do so just when they are discharged, but after they have resumed work a large proportion of them are able to contribute something from their wages. The Minister is right in asking to have that power vested in local committees. The main feature of the Bill is the empowering of local governing bodies, municipalities and road boards alike, to control hospitals and to enter into the business of looking after sick people not able to care for themselves. I may be wrong and am open to conviction, but it does not

seem to me that that is a function of either a road board or a municipality. In the first instance, local governing authorities have power to deal only with those who are paying rates. They can spend only rates, and almost invariably ratepayers in road board areas are not those who make most use of local hospitals. Generally speaking, the patients are non-ratepayers. I speak more particularly about the goldfields and I have also had some experience regarding the pastoral areas of Queensland. It is the man who is working for his living and not the ratepayer who, generally speaking, requires treatment at local hospitals, and those people do not contribute towards the rates.

Mr. Marshall: On the goldfields here, the non-ratepayer is usually a subscriber to the local hospital.

Hon. G. TAYLOR: I intended to refer to that position. I am not so well acquainted with the position in that part of the State with which the hon. member is familiar, but I know that in the eastern goldfields, especially out from Kalgoorlie, the people contribute largely to the upkeep of the local hospitals. In my district the workers contribute 2s. or 2s. 6d. a week towards the upkeep of our two hospitals. That payment covers treatment for the men themselves and for their wives. We cannot say anything of that sort regarding the employees in the metropolitan area. If the workers here were to contribute even 6d. a week, the money derived from that source would greatly relieve the Treasurer and would make for smooth working and greater efficiency in connection with the hospitals in the metropolitan area.

Mr. Panton: There are many workers who are making weekly payments at present.

Hon. G. TAYLOR: I have had no experience with the metropolitan hospitals during the last three years, but I know that practice was not in vogue in my time. The Bill also provides power for local governing bodies to raise funds and to spend portion of their annual income in connection with hospital work. I do not know that that is a wise proposal. I hope to be able to speak at some length on that proposal when we are dealing with it in Committee. I do not think it is a function of local governing bodies to embark upon the work of hospital management or the treatment of the sick. Another innovation embodied in the Bill is that which

will enable a physician to follow patients into a public hospital and treat them there. I hope the Minister will inform us whether the physician or surgeon need not necessarily be a member of the honorary staff in order to have that privilege.

The Minister for Health: It will not affect the Perth Hospital in any shape or form.

Hon. G. TAYLOR: A medical practitioner, after examining a patient, may inform him that he must enter a hospital. The patient may not be able to afford treatment in a private hospital and, therefore, will have to go to a public hospital. Will the physician have to be an honorary member of the hospital staff to enable him to treat his patient in the public hospital? The patient may have sufficient funds to pay his doctor's bill, but not enough to pay anything towards the hospital. Will the hospital committee be able to sue that patient? They may say to the patient, "If you come here and cannot pay for your treatment as well as for your doctor, then you will have to be treated by one of our honorary staff." Will one portion of the hospital be set aside for paying patients and another part set aside for those who will have to be treated by the honorary staff only?

The Minister for Health: If we had an intermediate hospital, that would be the position, but we have not such an institution.

Hon. G. TAYLOR: What will be the position? I have had experience of treatment in private hospitals and also of treatment in the Perth Hospital. If everyone were treated as was my experience in the Perth Hospital, and on another occasion as I was treated in a private hospital, then I should say that the people would prefer to go to the Perth Hospital every time.

The Minister for Health: So would 90 per cent. of the population.

Hon. G. TAYLOR: As chairman of the Perth Hospital Board I may have had special attention such as I would not have received had I been an ordinary patient, and I wish to add that qualification. Still, on the treatment I received at public and private institutions, I would infinitely prefer the public hospital. If the people generally entertain the same opinion, they would probably prefer to go to the Perth Hospital and pay for their own physician to look after them. I believe that system has been adopted in the Eastern States for

some years past. I think it is a bad precedent for paying patients to be accommodated in the same ward as others who are treated by the honorary staff.

Mr. Panton: That is not being done.

Hon. G. TAYLOR: I am pleased to hear it.

Mr. Panton: The regulations of the Perth Hospital would not allow that to be done.

Hon. G. TAYLOR: But this Bill will put an end to that sort of thing.

The Minister for Health: That is not so.

Hon. G. TAYLOR: The Bill provides that any institution in existence prior to the passing of this legislation will remain in existence until this measure says otherwise. I do not believe in giving anyone that right, because it is generally understood that the right is given to "say otherwise." If we give people the right to control an institution, they should have the power to exercise those functions properly. The Bill provides unlimited power and sets out that any of the homes at present in existence may be declared to be public institutions, and be subject to control by the Minister. Should there be no committee of control, then the Minister will have power to constitute himself a board of control and will have all the powers of a board of management to carry on the institution. I do not know how that will affect some of the private institutions in the city. I have not gone deeply into the Bill to ascertain whether it will be necessary for the Government to have been a contributor towards the finances of any such institution before the Minister will be able to step in. Should the Government contribute some small amount, it is possible that they may be able to step in and proclaim any institution so assisted to be a public institution. There are cottage homes in North Perth controlled by the Silver Chain. I hope such charitable institutions, in the interests of which some of our citizens have been working hard and have collected considerable funds from sympathetic subscribers, will not be interfered with. Those homes constitute a big boon for elderly couples.

The Minister for Health: The only two homes that will be affected are specified in the Bill—the Old Men's Home and the Old Women's Home. There is no power over those institutions at present.

Hon. G. TAYLOR: The provision affording to the Minister controlling the Act

power to take over these institutions will very likely give him the power I have indicated.

The Minister for Health: No, it does not.

Hon. G. TAYLOR: I am pleased to hear that. There are many controversial points in the Bill. I do not see how it can meet the wishes of the Minister and secure all that is sought. In such a Bill the main object of the Government should be to provide hospitals for the treatment of the sick, and that can only be done by a general tax on the whole of the people. It is unreasonable to give a local authority power to tax its ratepayers for the maintenance of hospitals, while people not paying rates will go practically scot free. I cannot see that it is the function of the local authority to interfere with the hospitals. In this Bill the Government are probing rather too deeply into hospital matters. However, I will deal with the details more fully when in Committee. As I say, I am afraid the Bill will not secure what the Minister desires.

MR. THOMSON (Katanning) [5.2]: I wish to pay a tribute to the Minister in charge of the Bill. He has done all that a Minister could possibly do to broaden the hospital policy of the Government and assist the country hospitals as far as the available means permit. The Bill I regard as an endeavour to put hospital management on what might be termed a permanent basis. I was surprised to hear the Minister say the other evening that committee hospitals were not really in a position to sue for fees owing to them. I was surprised, because we have had these committee hospitals in existence for many years.

The Minister for Health: Neither can the Government hospitals, outside of Perth and Fremantle, sue for fees owing.

Mr. THOMSON: I did not know that the hospitals were in that position. On the whole I approve of the principles of the Bill, although I do not agree with the measure entirely. What pleases me most in the Bill is the principle of decentralisation, the obvious desire to give each district control of its own hospital. It is a laudable object. At present some districts are fortunate enough to have Government hospitals, and so have practically no financial responsibility in respect of their hospitals. That, of course, does not apply to the newer hospitals built since the Minister took charge of the department. For the department has clearly

laid it down—it was done during the regime of the Minister's predecessor—that the local authorities are expected to provide half the funds for new hospitals, even Government hospitals. I assume it is intended that when local authorities agree to provide hospitals the Government will continue the pound for pound basis.

The Minister for Health: Yes, and give the local authorities the legal right to contribute to the interest and sinking fund. At present they have not that right.

Mr. THOMSON: I believe it is in my own district where that position has had to be faced. I understand certain trouble has been encountered there.

The Minister for Health: Well the action taken has been legalised.

Mr. THOMSON: Unfortunately no provision was made previously for local authorities to contribute to the cost of erecting a hospital; they are permitted to subsidise an existing hospital, but not to contribute to the erection of a hospital. The Bill is supplying that omission. I am not altogether in favour of the clause giving the Minister power to coerce another district to come in with certain districts banded together. Under that clause if, of five local authorities, three are in favour of a hospital being erected, the other two would have to contribute their quota. I am not in favour of that form of compulsion. Of course it would depend largely on the distance that the several local authorities were away from each other. I assume the Minister has in mind municipal districts, where the local authorities are fairly close together. However, if this clause were put into effect in road board areas it might have a disastrous result respecting the patients. We are now having good roads made throughout the State, and that will facilitate ambulance work. But in the past friends of mine have had to travel many miles in ambulances to reach the nearest hospital, and their experience over bad roads has been far from comfortable. Under the clause it would be quite possible that districts that held they were entitled to have hospitals of their own would be compelled to contribute to other hospitals, entirely against their wishes. I hope the Minister will note that, although I do not see how he is going to overcome the difficulty. In my own district there are five road boards. West of Kataning 26 miles we have a splendid hospital whose committee has done excellent work.

In Kataning we have what the Government regard as a country base hospital. However, that is a Government hospital. If the Bill had been in operation the Kojonup people might have been debarred from having a medical officer in their centre, and erecting a local hospital, which has been a convenience to the district. At the time a determined attempt from the centre sought to make it a hospital to serve the whole district. It was argued that outside districts did not need a hospital, since there was one at Kataning and patients could be brought to it from far and near. I want the Minister to consider that point. Another clause provides that the boards, when appointed, shall have very great authority, including the power to lease land. Land may be vested in them as endowment land. I congratulate the Minister and the Government on the inclusion of that provision. In my view we should even go further and, following our educational system, vest endowment lands in the hospitals. In Perth we have two wonderful illustrations of the benefit of endowment lands. Take the Methodist Church and its valuable block of land, granted in the early days. To-day that land is virtually an endowment for the Methodist Church throughout Western Australia, for the rents derived from it must be of immense financial advantage to the church. Then in St. George's terrace we have the Congregational Church, with its land running through to Hay-street. On its rental value it must be a very valuable asset to the church. I commend the Minister and the Government upon including in the Bill a provision under which in future, no doubt, endowment lands will be set aside for the benefit of the hospitals. If that system had been in existence for some years past I am sure the hospital committees, and even the Government, would now be deriving great advantage from it, especially in respect of the maintenance of hospitals in country towns. I do not approve of the clause giving the board power to sell land.

The Minister for Health: Only with the consent of the Minister. The power is to sell or exchange.

Mr. THOMSON: I do not mind the power to exchange, but I think the board should not have power to sell endowment lands provided for the benefit of the hospitals. For instance, if the authorities of the Methodist Church or the Congregational

Church had been foolish enough to sell their land they would not be receiving the large return they are getting to-day. There is no gainsaying that our town and rural lands generally must become more valuable as the country is developed. It is very gratifying that the Government propose to make that provision for hospitals. Very great power is to be vested in the boards. Certainly the Minister will have the power of veto if the boards do anything unconstitutional. It is proposed to make the boards corporate bodies and permit them to raise funds. The Bill provides that the local authorities may contribute up to 10 per cent. of their funds towards the maintenance of hospitals. At present the Government provide a pound for pound subsidy for the erection and furnishing of hospitals, but as regards the committee hospitals no principle is laid down as to what the basis of assistance shall be. Hospital committees have suffered grave disabilities because they often have to care for the indigent. The Minister recognises that. When people are very ill it is no time to question them as to their ability to pay. The hospitals have to endeavour to cure the bodily ills, and trust to the patients being people of honour—there are many who are not—who will have the honesty to pay. Quite a large number of people, however, are not in a position to pay and the cost of their treatment becomes a tax on the committee hospitals. Some of the country hospitals have to deal with half-castes and aborigines in respect of whom no payment is received. The committees feel they are justified in asking the Government to grant an annual subsidy. What amount should be fixed, I cannot say. The only ones in a position to say definitely what the Government should give by way of subsidy are the Treasurer and the Minister for Health. The Government receive £50,151 from entertainments tax, and judging by the increase of theatres and other places of amusement I think they can look forward to receiving much more revenue from that source. One thing about the Bill that I do not like is that it will give the local authorities power to levy on taxpayers a tax up to 10 per cent. of the gross revenue. The average ratepayer who is in a position to pay is also able to contribute towards the upkeep of the local hospital. Therefore the ratepayers would be contributing through the rates for facilities for indigent people or people with-

out homes. I do not say that such people should not receive medical attention at the hospitals, but they should certainly contribute their quota towards the upkeep of hospitals. The Bill introduced by the member for Swan (Mr. Sampson) when he was Colonial Secretary provided for the imposition of 1d. in the pound tax on income. That was to be a direct tax on the people. I am not too keen about imposing direct taxation for hospitals if it can be avoided. I much regret that the Bill introduced by the present Minister for Health to provide for State lotteries was turned down. If its defeat had been followed by a decrease in gambling, I would have said that the attitude of another place in opposing the Bill had been of service. Unfortunately, gambling has not decreased. In to-day's "West Australian" we find the Clontarf Orphanage and the Railways Hospital Fund are running lotteries to aid their revenue. The Minister for Health is not responsible for that; it comes under the Department of the Minister for Justice. It seems to me that if we had a State lottery and prohibited the holding of all other lotteries, great benefit would accrue. Of the two evils I would choose the lesser. I am not a gambler. I admit that I have taken an occasional ticket in Tattersall's without being fortunate, but I know something of the immense amount of money that the Queensland Government are deriving from their lotteries.

Mr. Marshall: And the object to which the surplus is devoted is a good one.

Mr. THOMSON: Yes. It would be far better to have one State lottery and declare all other lotteries illegal. It is immoral that the number of lotteries being conducted to-day should be permitted. There are lotteries for motor cars and donkey carts and the Lord knows what else, all with the object of extracting half-a-crown from the people who are willing to contribute. We are receiving about £50,000 a year from the entertainments tax and that is only a portion of it. From a State lottery I feel sure we could confidently expect to receive £100,000.

The Minister for Health: When I introduced the Bill I estimated about £45,000 a year.

Mr. THOMSON: The Minister underestimated the probable receipts by half, judging from the numerous amusements, race and trotting meetings, etc.

The Minister for Health: I get nothing from them as they all charge over half a crown.

Hon. G. Taylor: It is a good job that some of them escape the Minister.

Mr. THOMSON: A private member is not permitted to propose a tax, and therefore I should not be able to move for the insertion of a clause to give the Government power to levy toll on any section of the community.

Hon. G. Taylor: If you did you would have the farmers on to you.

Mr. THOMSON: For a start I should certainly have the hon. member on to me. It is proposed under the Bill to appoint hospital boards and give them power to control, manage and maintain hospitals. Each board will have the right to appoint a secretary, treasurer, medical officer, matron, nurses, attendants and servants as considered requisite for the management of the hospital.

The Minister for Health: They all have that power now and all exercise it.

Mr. THOMSON: That is so. They will also be responsible to pay out of revenue such salaries, wages or other remuneration as they think fit. I admit that the committee hospitals have that power, but they find it a tough proposition to pay their way. If the Government are not going to impose direct taxation they should state definitely that it is the policy of the Government to grant a subsidy in respect of maintenance as well as on the construction of hospital buildings.

The Minister for Health: There is not a hospital in the State to which we do not give subsidies.

Mr. THOMSON: But they do not know how much they are going to get.

The Minister for Health: They know each year.

Mr. THOMSON: Is the Minister now advising them that they will receive so much each year?

The Minister for Health: Yes, they all know exactly.

Mr. THOMSON: That is something new. Hospital committees in my district have stated that they thought they should know definitely what the annual amount would be. In view of the power that the Government may exercise and the fact of Government officers being authorised to examine the books of hospitals, the State would be amply safeguarded. If the boards knew that they would receive a subsidy of 10s. on every

pound they raise by way of local effort towards maintenance, they would feel much happier than they do at present. There are times when it is necessary for committees to approach the Government for assistance. While the Minister is always quite sympathetic, it often happens that his vote is almost exhausted and that he is not able to grant the assistance desired.

The Minister for Health: That is when a committee approach me during the year for an increase on the subsidy they have been getting.

Mr. THOMSON: Frequently it has been due to the public spiritedness of members of the boards in guaranteeing the accounts at the bank that the committees have been able to meet their obligations. It is provided that the board may appoint collectors to receive voluntary contributions. No doubt that will be necessary if the present system is to be continued. It is very unsatisfactory that an essential activity of the State should have to depend on door-to-door begging for contributions for the care of the sick and needy. As the Bill is drafted I am afraid there will be no means of overcoming that. Under the heading "general" we find that the rate-payers must pay. It is also provided that the Minister responsible for the measure may submit to the local authorities concerned the plans and specifications of a proposed hospital and give them an estimate of the cost thereof as supplied by the Minister for Works. Later on, the Bill states—

Mr. SPEAKER: I would remind the hon. member that he is entering upon Committee matters.

Mr. THOMSON: I only wish to illustrate a point, Sir.

Mr. SPEAKER: The hon. member must not discuss clauses at this stage.

Mr. THOMSON: I am sorry I mentioned the clause. I should have said such and such a thing was provided.

Mr. SPEAKER: No evasion will alter the fact that the hon. member has been discussing clauses.

Mr. THOMSON: Very well, Sir. The local authorities, in my opinion, should have the opportunity, if they so desire, of employing an efficient local architect. Then why lay down that the Minister for Works, which really means the Public Works Department, shall be the only submitter of plans and specifications? It is now proposed to erect a handsome building for the State Savings Bank; and I am one of those who consider

that in such a case competitive designs should be called for, as was done in the case of the University buildings. I shall not deal with the question of design, which you, Sir, would not permit me to discuss. I shall deal merely with the principle. The principle of competitive designs should apply to our public buildings. If an architect is practising in a country district, why not allow him to submit plans for a hospital to be erected in the locality in which he seeks his living? His plans would have to be approved by the Board of Health, which, by the way, means the Public Works Department. Assuredly I have no objection to the Public Works Department also submitting their plans for the consideration of the local authority, who ought to have the power of choosing, if they wish to do so, a design costing perhaps a little more than that of the Public Works Department. I wish it to be clearly understood that I cast no reflection whatever upon the Public Works Department.

Hon. G. Taylor: It is just as well.

Mr. THOMSON: I am dealing only with the principle. Here is a Bill providing that when a local authority has decided to erect a hospital and to bear upon its shoulders a quota of the expense, that local authority should be entitled, equally with the Government, who also bear a quota of the expense, to have a voice in the selection of the design. I hope that in Committee the Minister will agree to an amendment of the provision referred to. The Bill further deals with the closing of hospitals, and provides power for the Minister to close a hospital if the public interest demands it. In Committee the Minister might explain the true intent of the latter provision. Katanning has a hospital which to all intents and purposes is a public hospital. The Katanning hospital, of course, is not likely to be closed by the Minister; but let me assume, for the sake of argument, that the Minister deems it desirable in the public interest to close that hospital. The local committee have contributed a considerable sum towards the furnishing and equipment of the operating theatre of the Katanning hospital. What would be their position in the event of the hospital being closed by the Minister? I realise that my illustration is an extreme one. Nevertheless, the Health Department must consider that there is some contingency to be provided for, and I would like to know the precise object of the provision in question. I am

pleased to note that it is intended to provide private rooms or private wards in Government hospitals. The Katanning hospital has two or three private rooms or wards, and certainly they represent a boon to people who greatly prefer the privacy of a small room or ward to the comparative publicity of large wards. There are other reasons in favour of providing private rooms or wards. Indeed, I consider that hospitals generally should have a greater number of small rooms than is the case now. It must be extremely depressing to people who are seriously ill to lie in a ward where, unfortunately, fellow patients are dying. Such a position is not conducive to bucking one up, as the phrase goes. There should be rooms in which patients may be accommodated when their time does come.

Hon. G. Taylor: How many beds has the Katanning hospital?

Mr. THOMSON: Speaking from memory, 36; but the hospital has wide verandahs, which permit of more beds being provided in case of need. I am indeed pleased that the Bill provides that accommodation may be given in country hospitals for patients in a position to pay, instead of these being compelled to obtain medical assistance from a great distance.

Hon. G. Taylor: The Bill does not refer to private rooms in hospitals.

Mr. THOMSON: The Bill provides that wards may be set aside for the reception and treatment of patients able and liable to pay. The Minister stated that under the Bill employers of native labour would have to pay for hospital treatment required by the natives. This seems a heavy responsibility.

Hon. G. Taylor: It would be a heavy responsibility in an outlying district, especially one far removed from the metropolitan area.

Mr. THOMSON: Yes. It might be a heavy penalty on an outlying district.

Hon. G. Taylor: For one blackfellow employed, there are seven or eight hangers-on.

The Minister for Health: The employer is not responsible for hospital fees in such cases.

Mr. THOMSON: Why select aborigines at all for this purpose? The Government provide £10,000 per annum for the benefit of the aborigines.

The Minister for Health: That is laid down in the Constitution.

Hon. G. Taylor: Do the Government spend that amount?

The Minister for Health: The Government have spent not less than £40,000 annually for the last four or five years.

Mr. THOMSON: I understand that numbers of aborigines are capable workmen. In my district shearing contracts are taken by aborigines, who shear so well that people are glad at times to employ them.

Hon. G. Taylor: When there is a scarcity of shearers.

Mr. THOMSON: I do not wish to employ aborigines; but suppose sheer necessity compelled me to employ one, and suppose he fell ill, or injured himself.

Hon. G. Taylor: Then the position would be different. The aborigines would be indentured to you.

Mr. THOMSON: The Bill does not deal with indentured aborigines.

The Minister for Health: An employer cannot employ a native without a permit.

Hon. G. Taylor: Not a civilised native?

Mr. THOMSON: The Bill states that hospital services rendered to an aboriginal shall, without excluding his liability, constitute a debt due by the employer which may be recovered in a court of competent jurisdiction.

The Minister for Health: That applies today, without this Bill.

Mr. THOMSON: The position in that respect is probably the same as that of summonses issued by hospital committees for hospital fees. Those committees, while having no legal power to do so, sue persons owing money to hospitals. However, I do not agree with this provision relating to aborigines.

Hon. G. Taylor: Suppose I employed an aboriginal shearers on contract, paying him at the same rate as union shearers receive, would I then be responsible for hospital fees incurred by him?

Mr. THOMSON: The native would be an employee if he was shearing at so much per 100. However, I am not a lawyer, and the hon. member would do better to address his question to a member of the legal fraternity or the Minister for Justice. It seems to me that, under the Bill, if I employed an aboriginal shearers at the full rate of £2 10s. per 100 sheep, and he fell ill, I would be responsible for his hospital fees.

Mr. Richardson: Under the Bill, yes.

Mr. THOMSON: I am not opposed to the Bill, but am merely pointing out to the Minister two or three anomalies of the measure, as I may term them. The Bill as a whole assuredly represents an honest endeavour to decentralise public hospital management. Though I do not agree with the measure in its entirety, certainly I shall not oppose the second reading. I hope the Bill will be amended in Committee.

MR. RICHARDSON (Subiaco) [5.44]: I do not intend to delay the House on the Bill, but there are a few matters connected with it to which I feel I must draw attention. Firstly, I realise that the Minister for Health is making indeed a strong effort to place the hospitals of Western Australia on a sound footing. By this Bill he proposes to transfer authority from hospital committees to local governing bodies.

The Minister for Health: No. The Bill does not propose to do that.

Mr. RICHARDSON: But the Bill does propose to transfer authority to local bodies for the time being.

The Minister for Health: It only empowers local authorities to act as hospital boards if they so desire.

Mr. RICHARDSON: That is what I mean. Possibly I have not expressed myself quite accurately. The Minister is giving to the local governing bodies power they did not previously possess to do certain things, and in giving them those powers he is likewise casting upon them a heavy responsibility. As a metropolitan member I am not in a position to say whether the local governing bodies in the country are able to carry the heavy responsibility, and it may be that in the future by reason of some action of the local bodies, at the present or at some future time, posterity will find itself in serious difficulties. However, I do not intend to dwell upon that matter to any extent. What I wish to refer to is the fact that there is no provision in the Bill for the financing of hospitals generally with the exception that responsibility is being thrown upon local bodies—road boards and municipalities—in the country to the extent of 10 per cent. of their annual revenue. As members know, I have always advocated a direct tax for hospital purposes. Evidently the Minister is trying to localise the hospitals in various districts outside the metropolitan area with

a view, I take it, to helping to finance them. Several means have from time to time been tried with a view to introducing legislation which would get over the difficulty of financing the hospitals. I remember on one occasion the member for Swan introduced a Bill to give effect, to some extent, to that proposal. Later on the present Minister for Health introduced a Lotteries Bill the funds from which were to be directed towards the maintenance of hospitals. To my way of thinking it is impossible to localise any hospital for the simple reason that people go to a hospital from various parts of the State; they may drop into any country hospital from Perth or Fremantle or vice versa. Because of that I look upon these institutions as a national movement, a movement for which every Government in power is liable. When I say the Government I mean that the Government represent the whole of the people, and they should make all the people responsible for the upkeep of the institutions. It is only by means of direct taxation that we can raise revenue from all the people in the State for the financing of the hospitals. I desire to point out to the Minister that, especially in the metropolitan area, a hospital appeal is just now being made. There are growing up around us many organisations of a benevolent character, so much so that it is really becoming a competitive business as to which shall exist and which shall not. The competition is becoming so keen that each organisation is endeavouring to get in ahead of the other, and the result is that in the near future the Government will have to take into consideration a means for raising, by direct taxation or otherwise, sufficient money to enable the hospitals to be carried on, otherwise in respect of the organisations to which I have referred, it will be a case of the survival of the fittest. The women of the metropolitan area have been working hard, day in and day out, with the same object in view, that of assisting the sick and the indigent. I assure you, Mr. Speaker, that since the present hospital appeal has been initiated I have heard more complaints from the ladies who have been carrying out this benevolent work than I ever heard before. These ladies have appealed to me and to others to inquire why it is that they are never relieved from the stress of having to collect money. There is only one way by which that can be done and

it is by Government action. I regret very much that nothing in that direction appears in the Bill. I pay tribute to the present Minister because of his sympathetic administration, and in doing so I have no wish to disparage the work done by any of his predecessors. I believe that each and every one before him did all that was possible, so far as the finances available permitted. A few years ago when the Minister was at his wit's end to raise funds for the hospitals, he seized upon the amusement tax so that he might have a little more money to distribute. I look upon that tax as being iniquitous. It was introduced during the war period in a time of stress, when the Federal Government discovered they were up against a dead-end, looking for all sorts of means for raising revenue. That is how the amusement tax came into existence, and it was one of the first taxes that the Federal Government threw on one side when they discovered that they were raising sufficient money through other channels.

Mr. Panton: Nothing of the sort; the Federal Government abandoned it at the request of the charitable institutions here. I introduced a deputation to Senator Pearce, and made the request that the tax should be handed over.

Mr. RICHARDSON: I am surprised to hear that. It would be the first time that the Federal Government had ever taken any notice of a deputation from this State. Anyhow, I know that what the hon. member said is not the real reason. The Federal Government knew that there was no need for them to apply the amusement tax any further in Western Australia, up to a certain point, and because of that they withdrew to some extent from that field of taxation.

Mr. Panton: They did not take it off in the other States.

Mr. RICHARDSON: I do not blame the Minister for collecting the tax because I know that at that time he was at his wit's end to finance the hospitals. I do say, however, that the amusement tax may be declared a class tax, because, if £35,000 is collected, no less than about £30,000 is contributed by workers and those people who are engaged in a small way of business. The Minister shakes his head, but what I say is a fact. The tax comes very largely from our picture shows, small dances and simi-

lar entertainments that are patronised by the workers and the smaller business people. Thus it is that it may be regarded as a class tax. I trust that the Minister in the near future will be able to submit a Bill which will have the effect of imposing a direct tax to be used for the financing of charitable institutions in the metropolitan area. There is only one clause in the Bill to which I intend to refer. Reference has been made to it by the member for Kataning (Mr. Thomson) and it deals with the liability of those who employ aborigines. When the Bill is taken into Committee I hope the Minister will seriously consider this clause because it does appeal to me that every employer of a native at the present time is striving to civilise that native. During my younger years I was compelled, through stress of circumstances, to come into contact with the blacks a great deal and I do know that immediately a blackfellow was released from his work he reverted to the savage state. If we are going to impose a burden on the employers of blacks in our North and North-West, I am afraid that those employers will abandon the blacks and engage white labour. If they do that the blacks will inevitably go back to their savage state. We can civilise our blacks to a certain extent and so long as we hold them it will be all right, but immediately we let them go, they become savages again and will roam all over the country in a half-civilised state and will then give a considerable amount of trouble. I do not intend to oppose the second reading of the Bill, but there are several clauses which I hope will be amended when the Bill reaches the Committee stage.

HON. W. D. JOHNSON (Guildford)

[5.56]: I welcome the Bill because the present Minister and Ministers before him have experienced great difficulty in administering hospitals. I merely wish to say a few words regarding the powers the Bill proposes to extend to local governing bodies. On the previous occasion when we were discussing a Bill relating to the Brookton Road Board, giving to that road board certain powers in connection with a recreation reserve, the question then arose as to the wisdom of altering the functions of one body, controlled by definite legislation, by amending another measure. It seems extraordinary to me that we should be following the practice

of altering the powers of a local body, powers given by a certain Act, by amending or introducing provisions such as are contained in the Bill we are now discussing. For instance, we say definitely that certain powers granted to a local body under a local governing Act, shall no longer exist, and then we go on to direct how the rates shall be expended. I can quite understand a measure of this kind being introduced, setting out that where a local governing body, by the authority of a local governing Act, elects to do certain things in regard to hospitals, that those things shall be done in a given way. But to say, as we do in this Bill, that a local governing Act is hereby amended and that the local body shall do certain other things, is a different matter altogether. Here we are deliberately setting out to increase the functions of the local bodies and giving those bodies certain other powers without taking into consideration the Act under which the local bodies are working. This gets us into the same sort of difficulty we experienced the other night. We have an Arbitration Act which gives certain powers to the Arbitration Court. We discovered that, under another Act, no one knew anything of, the court had been functioning illegally for a long time. Some other Act limited the power of the court in regard to something it had done. It was unconscious of the fact that its powers were limited by this means. That is only a small thing, and was clearly due to an oversight, but here we are doing this sort of thing deliberately. We are saying to the local governing bodies, "Your functions are not those outlined in the local governing Act. They are not as directed by the Minister for Works—the Minister authorised by Parliament to administer that Act. You shall function as directed by the local governing Act, and as advised by the Minister under that Act, but in addition you shall do certain things as provided by the Hospitals Act, and you shall do as some other Minister directs." That is a wrong way of securing effective administration. It is hard enough to get the local governing bodies to understand the local governing Act, if the law is placed within the covers of one book. It is difficult enough for them to understand it and to function according to the law; but how can we expect local governing bodies to be conversant with a multiplicity of measures such as we shall have if we continue in this

way? The principle is radically wrong. I have noticed that the practice is growing. It is new, so far as my experience goes, for I do not remember anything of the kind being done in my previous Parliamentary experience. It is a dangerous practice, in a measure of this kind, deliberately to interfere with the powers and functions of local governing bodies as directed by a local governing Act. That should be the only measure to direct them in their administration of local matters. One board may become involved in the matter of hospital expenditure, hospital upkeep, or the erection of a hospital, without having any real knowledge of the matter. The Minister proposed that where two or three boards cover a district in which one central hospital may be erected, this one board can be forced under certain conditions to contribute its quota. We can imagine that in some particular district the question of hospital accommodation may develop, and through the agitation of possibly two other districts, the matter may grow until it assumes definite shape. Without having any association with the early agitation, this board may be called upon under the Bill to consider it, should certain conditions obtain. I think therefore that where we do direct the local governing bodies and fix their powers, and give them the right to raise money, and where we say they shall expend some of their revenue and direct how certain things shall be done, we should do this under the local governing Act, and not under the Bill before us. I welcome the measure, and think the Minister is to be commended for bringing it down, but I regret that he has gone further than I think he should have gone in the direction I speak of. It is necessary to direct the local governing bodies, if under the local governing Act they elect to do certain things, that immediately they start doing these things in connection with hospitals, they should do them in the way indicated in the Bill; but to give them power under the Bill to do these things in addition to saying how they should be done is, in my opinion, decidedly wrong. I wish to enter my protest against this, because I think it is dangerous to go on in this way.

THE MINISTER FOR HEALTH (Hon. S. W. Munsie—Hannans—in reply) [6.5]: So far as the general criticism of the Bill is concerned, I am pleased to say that I

have not very much to answer. I wish to thank members for the kindly remarks they have passed, and for the manner in which they have received the Bill. At least two-thirds of the discussion dealt with a subject that is not contained in the measure, namely the financial aspect of hospitals. The Bill does not touch upon that. I admitted when I introduced the Bill that it did not deal with any method of financing hospitals, or raising extra money for that purpose. At least two-thirds of the argument adduced does not, therefore, require a reply. With regard to the remarks of the member for Guildford (Hon. W. D. Johnson) I was just as sceptical as he as to the power I might have under those particular clauses of the Bill. I was doubtful whether we had the power under the Bill to extend the functions of local authorities, seeing that we had a Municipalities Act and a Road Districts Act on the statute-book. When the matter was submitted to the Crown Law authorities, they definitely assured me it was within our rights to do this, and that the method adopted was quite legal.

Hon. W. D. Johnson: I am asking whether that is wise or not.

Mr. Davy: The same thing was done with the Health Act.

THE MINISTER FOR HEALTH: That position has always been in existence in connection with the Health Act. I recognised the difficulty as well as the member for Guildford. A fair number of local authorities have been asking and appealing to the department to introduce legislation that would give them the power to do those things that they will be permitted to do under this Bill. I did not feel disposed to sit back probably during this year and next year, and "sometime never" waiting to secure an amendment to the Municipalities Act and the Road Districts Act, when the powers could be extended under this Bill and extended quite legally. The member for Subiaco (Mr. Richardson) raised two points. The first was the extra heavy responsibility the Bill was placing on local authorities. It does not place one pennyworth of extra responsibility upon them. I was surprised when the Bill as drafted and submitted to me did not contain some power to levy rates for the amount we were suggesting that local authorities might contribute. The reply to that was that in every instance where the local authorities had agreed to these conditions they had been quite able to finance

hospitals out of the rates already struck. The Bill does not mean one pennyworth of extra rating for any local authority.

Hon. G. Taylor: They will not have as much to spend on roads.

The MINISTER FOR HEALTH: That may be so, but in each instance the local authority has assured us that no extra rates will have to be imposed. They are of opinion that without any increased rates this expenditure can easily be met.

Mr. Sampson: Many of the road boards are already rated up to their maximum.

The MINISTER FOR HEALTH: Very few road boards will be asked or will have to contribute anything unless they so desire. Another point raised by the member for Subiaco was against the clause which makes it obligatory upon those who employ aborigines to provide for their hospital accommodation. I do not know the reason for the objection to this. At present every employer who employs an aboriginal has to secure a license to do so, and this license states that he must provide, if the necessity arises, both hospital and medical treatment for the aboriginal. Even if this were not provided on the license, the principle is not new. Every man who is indentured into the pearling industry in the North-West is entitled to hospital and medical attention at the hands of his employer. That is provided by agreement.

Mr. Thomson: That would not apply in the South-West.

The MINISTER FOR HEALTH: The principle is the same in the Great Southern as it is in the North-West and in any other part of the State. When a person secures a permit to employ an aboriginal, he must undertake to provide hospital and medical accommodation when that aboriginal becomes sick.

Mr. Sampson: Is that required for an indefinite period?

The MINISTER FOR HEALTH: That holds good during the time the person has a license to employ an aboriginal.

Mr. C. P. Wansbrough: Would that apply to aborigines on contract?

The MINISTER FOR HEALTH: I am not a legal man, but I do not think it is possible for any employer to make a contract with an aboriginal.

Mr. Mann: It would have to be made through the Protector of Aborigines.

The MINISTER FOR HEALTH: I believe if an employer wished to make a con-

tract in that way it could be done, possibly through the Protector of Aborigines. The member for Katanning (Mr. Thomson) made one or two points. In the first place he said I was taking power to wind up any committee or government hospital in the State. I will explain why such a provision is necessary. Unfortunately in recent years there have been numerous cases of hospitals being practically abandoned for want of patients. They have been established in what were once fairly flourishing and prosperous towns, but as time has gone on practically the entire population has moved elsewhere, leaving the hospital building more or less untenanted. At present I have no power to take these buildings and use them elsewhere. I know of one hospital committee, of which there are still three members, and in whose hands there is a sum of between £150 and £160. There is no doctor, there are no nurses, and there is no hospital accommodation of any kind in the district, but the committee is still in existence. Members of that body say that if this Bill is passed they are prepared to hand this money over for hospital purposes elsewhere, if anyone is given authority to use the money for that object.

Hon. G. Taylor: The same thing applies to halls.

Sitting suspended from 6.15 to 7.30 p.m.

The MINISTER FOR HEALTH: There are one or two other points to which I desire to reply. I am in a rather difficult position regarding the references to endowment lands. The member for Mt. Margaret (Hon. G. Taylor) questioned whether we should have that power, whereas the member for Katanning (Mr. Thomson) endorsed the proposal. In my opinion, it is a good principle to introduce. At present there is no power for the Government to take action in that regard, if anyone wishes to endow a hospital with any land, or if the Government should desire to endow an institution in any particular district in a similar manner. I cannot see anything wrong with the principle and we should avail ourselves of the opportunity to legislate along those lines to enable advantage to be taken of such offers. The member for Mount Margaret raised another point regarding the power of the Minister. He referred to one particular clause which concluded with a provision regarding the consent of the Minister being necessary. That

clause dealt with the power of boards over land vested in them. I do not think it would be right if a hospital board or a committee were allowed to dispose of property with which their institution had been endowed, without the authority of the Minister being obtained. That is why that provision is included in the clause. The hon. member also made a point regarding intermediate hospitals. While power is taken in the Bill, it is not the intention to enforce intermediate cases into existing hospitals where the whole of the medical and surgical staff is honorary. At the same time I desire to have power to deal with the position should it crop up. As Minister for Health, I am taking action regarding the hospital at Kalgoorlie, which is a Government institution.

Hon. G. Taylor: That is different from the Perth Hospital.

The MINISTER FOR HEALTH: Yes, and that is the power referred to in the Bill. I am aware that as Minister for Health I have certain powers under the Health Act. I cannot compel doctors to do the work, but in every possible instance throughout the State, I am endeavouring to initiate the principle in towns where there are two doctors. The only exception is at Kalgoorlie. At Geraldton there are three doctors and each of them has the right to follow his own patients into the public hospital. At Collie and Merredin there are two doctors and they have the same right. In fact, wherever there are two doctors in any town, I am giving them the right to follow their own patients into the hospital, irrespective of whether one doctor is a resident district medical officer or not.

Mr. Thomson: That is a good principle, too.

The MINISTER FOR HEALTH: At Kalgoorlie we have a doctor at the institution, but he is, in a way, the resident district medical officer as well. He has for some time objected to the application of the principle I refer to. We have some doctors who advocate the principle, but I admit there is a difference of opinion among them. Some go as far as to say that they are prepared to follow their patients to the institution provided they are paying patients, but they do not want to follow those who are indigent. The doctors say that it is the duty of the resident medical officer to attend to them. There are other doctors who are desirous of following their patients into the Kalgoorlie hospital, irrespective of whether they are in-

digent or paying patients, and I am desirous of allowing them to do it. I am confident that in a short period those doctors who will not follow their patients into the hospital, will lose their practices, but rather than do that I believe they will fall into line with those who are prepared to follow their patients to the hospital and treat them, irrespective of whether the patients are paying or non-paying. The member for Mount Margaret also referred to the provision regarding voting power. The Bill seeks to establish nothing new. It provides for a deliberative vote, but not for a casting vote. I believe the Road Districts Act should be amended to give the chairman a deliberative vote only.

Mr. Sampson: What if the voting should be equal?

The MINISTER FOR HEALTH: Then the question should be left over for further discussion. That provision applies in many large institutions throughout this State. Special provision is made so that should a local authority, such as a road board, take control and act as a hospital committee in a district, the authority will be governed by its existing regulations and the chairman will have a deliberative vote and a casting vote as well. The member for Toodyay (Mr. Lindsay) questioned whether the Bill provided for hospital committees being made bodies corporate. I can only give the hon. member an assurance that it is definitely so provided in the Bill.

Mr. Davy: Do you mean the boards or committees, such as visiting committees, will be made bodies corporate?

The MINISTER FOR HEALTH: The visiting committees will not be made bodies corporate. Such committees are appointed in various districts to visit the sick. We also have what are known as comforts committees. They provide comforts for the patients, visit them from time to time, and if patients are being attended by a doctor outside the hospital, they visit those patients as well. Each committee controlling a hospital will be a board within the meaning of this legislation and will be a body corporate.

Question put and passed.

Bill read a second time.

In Committee.

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

Clause 1—agreed to.

Clause 2—Interpretation:

Mr. SAMPSON: The inclusion of an interpretation clause setting out what is meant by "local authorities" may cause trouble at a later stage. It is the wish of some members that the Bill shall not contain powers relating to local authorities. It has been pointed out that local authorities already have their hands full with work for which road boards and municipalities were established. To add to their difficulties the duties that are referred to in the Bill would make their work almost impossible. I move an amendment—

That in lines 22 and 23 the words "'Local authority' mean a municipal corporation or road board" be struck out.

The MINISTER FOR HEALTH: I hope the Committee will not accept the amendment. Without that portion of the interpretation clause, we might just as well have no Bill. It is not included for the purpose of compelling a local authority to take control of a hospital. At present we have one road board acting as a hospital committee. If the amendment be agreed to, that committee will have to go out of existence and another committee appointed in its place. The deletion of the interpretation would defeat one of the principal objects for which the Bill has been introduced, namely, to give local authorities the power to contribute their quota towards the erection of a hospital. Later on I hope to legalise two instances in which local authorities have assisted in this direction. Those two local authorities submitted the question to referenda and by an overwhelming majority the ratepayers agreed that the boards should contribute their funds towards the establishment of hospitals in the districts concerned. The Government accepted the word of the local authorities that they would find interest and sinking fund on half the money involved. The Government paid the whole of the money necessary, £13,500, in one instance, and £14,300 in another instance. I desire to legalise what was done then and if the amendment be agreed to, the position will be difficult.

Mr. Richardson: The amendment would kill the Bill.

Mr. Davy: Have you no power under the Health Act?

The MINISTER FOR HEALTH: Under the Health Act road boards have the right to contribute to the maintenance of a hospital to the extent of 10 per cent. of their revenue. They can maintain hospitals, but they cannot legally pay a shilling towards their construction.

Mr. Sampson: It is not expressed in the Road Districts Act.

The MINISTER FOR HEALTH: I am not talking about the Road Districts Act. I am referring to the Health Act. If this interpretation be struck out, the whole Bill will have gone; for the Bill proposes to give local authorities what they have asked for. Under the Bill in no circumstances can I force any local authority to contribute anything towards hospitals. They must ask to be allowed to do so. There is one exception to that statement, but we can deal with it when we come to it.

Mr. SAMPSON: The Minister himself explained that where two-thirds of the local authorities in any district desire to establish a hospital, under the Bill it will become competent in the Minister to require the remaining local authorities to provide their quota of the cost.

The Minister for Health: That is the exception I have referred to. We have not come to it yet.

Mr. SAMPSON: Still, that is a very serious danger for those of the local authorities that do not wish to subscribe. Take another aspect: Where temporary enthusiasm has been excited, a local authority might take upon itself the responsibility of allocating to hospital purposes for an indefinite period 10 per cent. of its income. I question the wisdom of allowing a local authority to impose such a burden upon itself. Already the local authorities have all the work they are capable of doing, and if they have to accept responsibility for the hospitals, they will neglect their roads. Further, the Bill proposes to give the local authorities all the borrowing powers they have under their own Act and to allow them to use those powers for the benefit of hospitals.

Mr. ANGELO: I do not think the hon. member need press his amendment; because if, at a later stage, all reference to local authorities is struck out, the amendment now before us will be carried automatically. I cannot see any harm in leaving "local au-

thorities" in the interpretation clause, at all events for the present.

Mr. THOMSON: I hope the hon. member will not press his amendment. When it was desired to establish a hospital at Katanning, it was found that the provisions of the Road Districts Act did not permit the local authority to contribute towards the cost. Under that Act, although the local authority could support an existing hospital, it could not contribute anything to the cost of erecting a new hospital. The member for Swan, when a Minister of the Crown, laid it down that if the Government provided the cost of a new hospital, the local authority could contribute interest and sinking fund on half of the amount. That system has been followed to the present day. I hope that at a later stage we shall be able to amend the clause compelling a local authority to come in with others and bear the cost of establishing a hospital, but I do not think the amendment before us is necessary.

Hon. G. TAYLOR: I will support the amendment for the reasons I gave on the second reading. I do not think it is the function of a local authority to enter into the control and management of hospitals. Such a body has quite sufficient to do in looking after roads and local health. I cannot for the life of me see what a road board has to do with hospitals.

Mr. Thomson: Katanning and Collie have taken on half the financial responsibility for their respective hospitals.

Hon. G. TAYLOR: It is quite all right when a local authority asks permission to take over a hospital, but there is in the Bill a provision under which two-thirds of the local authorities in a district can coerce the remainder.

The Minister for Health: Let us take that when we come to it. By this amendment you will be repudiating the good work done at Collie and Katanning.

Hon. G. TAYLOR: I do not know what has been done there, but I know there is in the Bill power to force a local authority to contribute to a hospital. The minority of the local authorities in a district are to be compelled at the bidding of the majority to pay their share of the cost of erecting a hospital. That is not right. It is abrogating the whole system of local government.

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

Ayes	..	..	..	..	8
Noes	..	..	..	..	25

Majority against .. 17

AYES.

Mr. Barnard	Mr. Sampson
Mr. Davy	Mr. Taylor
Mr. E. B. Johnston	Mr. Richardson
Mr. Maley	(Teller.)
Mr. North	

NOES.

Mr. Angelo	Mr. Millington
Mr. Brown	Mr. Munste
Mr. Chasson	Mr. Panton
Mr. Collier	Mr. Rowe
Mr. Coverley	Mr. Sleeman
Mr. Cunningham	Mr. J. M. Smith
Mr. Ferguson	Mr. Thomson
Mr. Griffiths	Mr. Troy
Miss Holman	Mr. A. Wansbrough
Mr. W. D. Johnson	Mr. C. P. Wansbrough
Mr. Lamond	Mr. Withers
Mr. Marshall	Mr. Wilson
Mr. McCallum	(Teller.)

Amendment thus negatived.

Mr. MARSHALL: I wish to refer to the definition of "board."

The CHAIRMAN: We have passed that.

Mr. MARSHALL: I merely wish to ask for information. We have been in the habit of electing hospital committees but, according to the Bill, the boards will be appointed by the Governor-in-Council. Is it intended to interfere with the privilege that the people of the goldfields have enjoyed of appointing their own boards?

The MINISTER FOR HEALTH: There is no intention of interfering with hospital committees or boards existing to-day provided they are willing to carry on, but it is necessary to include them in the Bill in order to constitute them legal bodies. The method of electing the boards is not mentioned because it differs so greatly in different parts of the State. In the Murchison district an employee on a mine contributes to the hospital and has a right to vote for the members of the committee. In a majority of the districts in the South-West the men contribute to a medical fund, the members of which elect the committee.

Hon. G. Taylor: Some of the medical funds arrange with the Perth Hospital to take their patients at reduced fees.

The MINISTER FOR HEALTH: Where medical funds are established the subscribers will have the right to admission and

treatment at a 20 per cent. reduction. The object is to encourage the establishment of medical funds.

Clause put and passed.

Clauses 3 to 5—agreed to.

Clause 6—Medical Department:

Hon. G. TAYLOR: The clause states that to assist the Minister in the administration of the Act there shall be a Medical Department. We already have a Medical Department. Does the clause contemplate the creation of another? It should be possible to control hospitals through the existing Medical Department.

The MINISTER FOR HEALTH: It is not intended to create another Medical Department, but unless the clause were included, the Medical Department would have no legal authority to manage a hospital. The department require legal power to sue for money owing.

Mr. DAVY: The clause certainly gives power to create a new department.

The Minister for Health: There is a department already.

Hon. G. Taylor: Then you do not want this clause.

Mr. DAVY: Why say that there shall be a medical department?

The Minister for Health: To obviate the necessity for appointing another.

Mr. DAVY: It may not be the Minister's intention to establish another Medical Department, but the clause should be framed to indicate clearly that the existing department shall assist in the administration of the Act.

Clause put and passed.

Clause 7—Powers of the Minister:

Mr. DAVY: The clause gives the Minister power to establish depots and to maintain an exchange. What is the explanation of those powers?

The MINISTER FOR HEALTH: The Medical Department do a considerable amount of buying for country hospitals, as requirements can thus be secured more cheaply than if many institutions submitted small orders. The clause will give legal sanction for what is being done at present. As regards the maintenance of an exchange for the services of matrons and nurses, that method is used to-day almost exclusively. The Medical Department are consulted as to such appointments in ninety cases out of a hundred.

Mr. SAMPSON: The supply of small quantities of special drugs by the Government may at times prove a great convenience, but Perth has large drug warehouses and large stores that supply nursing, surgical and hospital requirements. The wording of the paragraph suggests a desire to establish something in the nature of a trading concern in connection with hospitals. Is that essential? The passing of this part of the clause might cause a wholesale druggist to consider it no longer worth while to stock certain drugs and appliances; and then the Government department concerned—Government departments being sometimes restricted for funds—might be unable to supply public requirements.

The Premier: There would always be a few pounds available for drugs.

Mr. SAMPSON: The requirements of hospitals are an immense variety. The clause seems to contain a principle that should not appear in a Hospitals Bill. Again, there seems an intention to set up a labour bureau for matrons and nurses.

The Minister for Health: Where else could they obtain situations?

Mr. SAMPSON: Through the Australian Trained Nurses' Association.

The Minister for Health: We are to-day advertising in the Eastern States for a nurse who cannot be supplied by the A.T.N.A.

Mr. SAMPSON: This part of the clause bears on the face of it an attempt to establish a labour bureau under the title of an exchange.

Mr. DAVY: I take it the Minister does not desire to establish a kind of general chemist shop. Therefore I move an amendment—

That in paragraph (a) of Subclause 3, after "requisites" there be inserted "to public hospitals."

The MINISTER FOR HEALTH: I have no objection to the amendment. The Health Department have not the slightest desire to establish a trading concern. I may point out, however, that the hospitals conference which was held in Perth last year, and which was attended by a representative of every hospital in Western Australia, unanimously carried a resolution asking for what this clause suggests.

Mr. Angelo: Could not the Government Stores Department do this work?

The MINISTER FOR HEALTH: They do not stock these items; nor would it be desirable for the Stores Department to carry

large quantities of drugs, as many drugs deteriorate rapidly.

Amendment put and passed.

Mr. DAVY: I move an amendment—

That in paragraph (b) of Subclause 3 after "which" there be inserted "public."

Subject to the amendment the paragraph will still meet the Minister's desire.

The Minister for Health: Not altogether.

Mr. DAVY: The definition of public hospitals under the Bill is extremely wide. The establishment of an exchange for matrons and nurses connected with hospitals under Government control is quite reasonable; but the supply should not go beyond that, and should not extend to private hospitals.

THE MINISTER FOR HEALTH: I have no objection to the amendment provided the hon. member goes a little further. If the amendment is carried as it is, it will permit the department only to act as agents to employ nurses for public hospitals, and I want to include "infant health centres." Ours is the only department that is doing anything towards the establishment of these centres other than the people interested, and everyone who is employed, is so employed through the Health Department. I do not know of one instance where a private hospital has applied to the Medical Department for nurses. In 99 cases out of 100 the private hospitals apply to the Nurses' Home when they require the services of a nurse.

Mr. Davy: It seems quite a sensible suggestion, but there is no definition of "infant health centre."

THE MINISTER FOR HEALTH: The hon. member's amendment would debar us from securing the services of nurses for infant health centres.

Hon. W. D. JOHNSON: I cannot see why we should limit the proposal. We do not say definitely that the private hospitals shall obtain their matrons or nurses from the exchange. What the hon. member desires is that the exchange shall be confined solely to public hospitals. In the public interests that would be dangerous. If the Minister proposed that the exchange should supply all the nurses, there might be something to say in favour of the amendment, but he simply states that the exchange may be used for all hospitals if the occasion arises.

Mr. PANTON: Most of the private hospitals engage their nurses almost invariably

in a hurry and the present system is to get them through the Nurses' Home. If nurses are not available there, and the private hospitals wish to apply elsewhere, the amendment will prevent them from getting one through the exchange. Most of the nurses will register with the exchange, but the amendment will prevent their being engaged through the exchange. If the amendment is carried we say deliberately that the exchange shall not have anything to do with supplying nurses.

Mr. DAVY: At the present time the Minister has no power to maintain an exchange of any kind; he asks for power to maintain an exchange through which all hospitals may secure the services of matrons and nurses. In a Bill which purports to deal with public hospitals the Minister asks for power to maintain an exchange so that all hospitals may secure nurses. That should find no place in the Bill, and if I insert "public" before "hospital" that is not going to be an announcement to the world that in no circumstances will the exchange oblige anyone who inquires for a nurse. I have no doubt that if a private hospital was short of a nurse and could not get one through the Home and they rang up the Minister's department, the information would be supplied as to the trained nurses that were available. I object to giving a department, which may not always be controlled by the well balanced mind of the Minister, power to branch out on a comprehensive exchange. It seems a reasonable request that in the Bill we should confine any activities to public hospitals.

Hon. G. TAYLOR: I suppose under the Bill the Minister would not call probationers nurses. I would be rather alarmed if the Government were to agree to exchange probationers. I know that there has been a strong desire on the part of the Health Department to effect an exchange of probationers between the Perth Hospital and the Wooroloo Sanatorium. I hope the clause will not permit of an exchange of probationers who go to the Perth Hospital for their training. In my opinion they should complete their training there.

The Minister for Health: That matter is not dealt with in the Bill. Moreover, a nurse is a nurse and a probationer is a probationer.

Mr. THOMSON: I hope the Minister will accept the amendment. Following up the remarks of the previous speaker, I would like

to see an exchange of probationers. Facilities should be provided in up-to-date country hospitals for such an exchange and the Minister might give the matter serious consideration. Probationers might be sent to hospitals like those at Collie or Katanning, and country probationers might be given the opportunity to come to the city.

The CHAIRMAN: We are not discussing the question of probationers.

Mr. ANGELO: Had the word in the second line been "shall," I should have been in favour of the amendment, but the word "may" is used. It is the duty of the Medical Department to look after the interests of the public by assisting public hospitals. If the amendment were carried, private hospitals would probably be debarred from applying to the department for nurses.

Mr. Davy: I do not want it to be the duty of the department to provide nurses.

Amendment put and negatived.

Clause put and passed.

Clause 8—Power to close a public hospital or to abolish a board:

Mr. SAMPSON: Has any consideration been given to the question of an appeal before the action proposed to be taken in this clause is taken?

The MINISTER FOR HEALTH: It is not intended to close a hospital that is in existence, or to abolish any board that is running such an institution.

Hon. G. Taylor: You want power to take over a defunct place?

The MINISTER FOR HEALTH: That is so. The clause will deal with nothing else. Davyhurst, Kookynie, and Peak Hill are three places where there have been no patients in the hospitals for three or four years. In another case no patient has been in the hospital for five years. I think the Minister should have power to control a situation such as that.

Mr. E. B. JOHNSTON: Surely the Minister should not have power to vary a trust that may involve a considerable sum of money! All too few people bequeath money to charitable objects, and they should not be discouraged.

The MINISTER FOR HEALTH: This would apply only to funds that were left for the carrying on of a hospital that did not exist. Someone should have authority to transfer that money to another hospital

where it could be put to use, and there is no one better than the Minister for the exercise of that authority.

Mr. DAVY: It seems to me that, as the clause is worded, the Minister might be able to go much further than that. The proper authority to decide what should be done with trust funds of this nature is the Supreme Court. If a large sum of money had been settled on a particular hospital, which had since been closed, it should not be within the province of the Government to say how that money should be used. Perhaps the Minister will take steps to have the clause re-drafted.

The MINISTER FOR HEALTH: I have discussed this clause with the Crown Law authorities, and am assured that it applies only to institutions that go out of existence. I will, however, refer them again to the wording of the clause.

Hon. G. TAYLOR: Many years ago, when the goldfields were flourishing, several public halls were erected. In many instances these are never used now because there is no one in the township who could use them. The Government have, therefore, had to take them over and utilise the buildings elsewhere. This clause cannot be dangerous if it applies only to places from which the population has fled.

Clause put and passed.

Clause 9—agreed to.

Clause 10—Power to visit and inspect hospitals:

Mr. BROWN: I should like an explanation of paragraph (c). What is the object of providing that an officer appointed by the department may, if he is a medical practitioner, examine any patient in one of these hospitals?

The MINISTER FOR HEALTH: There have been cases where the hospital committee and the matron have been dissatisfied with the treatment meted out by the local doctor to a patient, but we have been unable to do anything. Under the Bill, if the hospital board thinks that a patient is not receiving proper treatment, the department will have power to send a medical man to look into things himself. Such a case might not occur more than once in 10 years.

Clause put and passed.

Clause 11—agreed to.

Clause 12—Hospital Reserves:

Hon. G. TAYLOR: I would like an assurance from the Minister that the provision that it shall be lawful for the Governor to set apart and proclaim any lands vested in the Crown as a reserve for the endowment of any hospital, will not embrace Class A reserves.

The Minister for Health: It will not include Class A reserves.

Mr. Davy: Are you sure?

The Minister for Health: Positive.

Hon. G. TAYLOR: If the Minister gives that assurance I am satisfied.

The Premier: Class A reserves can be dealt with only by Parliament.

Mr. DAVY: I hope that is perfectly clear. I have King's Park in mind. I think we all agree with the attitude adopted by the Premier. If there is any risk about it, I think an amendment should be included to make it clear that Class A reserves are not brought within the scope of the clause.

Clause put and passed.

Clauses 13, 14—agreed to.

Clause 15—Constitution of Hospital Boards:

Mr. THOMSON: Subclause 2 provides that the members of a hospital board shall be appointed for a period to be determined by the Governor, and so on. I hope the Minister will accept a suggestion that the words "or elected" be included, so as to make it clear that the local people shall have the right to elect the boards. I move an amendment—

That in line 2 of Subclause 2 after "appointed" the words "or elected" be inserted.

The MINISTER FOR HEALTH: I hope the amendment will not be pressed. It is proposed to set out the various methods of election in regulations to be framed later. If we attempted to cover all the details in the Bill, we would have 300 clauses or more. I do not know of one instance where the present board of management will be interfered with and the clause will merely legalise the boards concerned. The intention is that the boards will be appointed in the ordinary way according to their regulations, and the names of the members of the boards will be submitted to me as Minister for appointment under the Bill.

Mr. Thomson: The subscribers have the right to elect the members of a hospital board.

The MINISTER FOR HEALTH: And so they will, under the Bill.

Mr. Thomson: But it does not say so.

The MINISTER FOR HEALTH: Every hospital board, irrespective of how they are elected now, will have to be appointed by the Governor in order to come within the provisions of the Bill, but we will not interfere with the method of election which will be dealt with as in the past. Local people will elect their boards or committees and I as Minister will appoint them.

Mr. THOMSON: Some provision should be made regarding the election of boards. Local authorities who may be compelled by the Government to establish a hospital, after the necessary referenda have been held, will desire to appoint the members of the hospital board. It will be possible to have a board constituted by some members who will not be acceptable to parts of a district compelled to contribute towards the upkeep of a hospital. I think some specific provision should be made entitling the people to have a say in deciding the personnel of a board.

Hon. G. TAYLOR: According to the Minister the provision is necessary to enable him to legally constitute existing committees as boards of management under the Bill. The clause suggests that the Minister will appoint the boards himself.

The Minister for Health: As Minister I must appoint them, but I want the people to elect the boards and then I will appoint them legally under the Bill.

Hon. G. TAYLOR: It is the wording of the clause that conveys the suggestion that the Minister desires to appoint the boards himself.

Amendment put and negatived.

Clause put and passed.

Clause 16—Board to be corporate body:

Mr. SLEEMAN: Subclause 5 provides that each member, including the chairman, shall have one vote and in the case of an equality of votes, the question shall be postponed until the next meeting of the board. In those circumstances it is quite possible for a question to go on from meeting to meeting indefinitely.

Hon. G. TAYLOR: Why should hospital boards be situated differently from the City Council or Parliament? The Minister suggests departing from ordinary procedure and

suggests giving the chairman a deliberative vote only, which may result in the voting being equal.

The Minister for Health: If I provided for a casting vote, the result might be the same.

Hon. G. TAYLOR: He could not use his casting vote unless the voting were equal. It is an unwritten law that in such circumstances the chairman votes in a way that will allow of further consideration of the question. But the clause gives the chairman a deliberative vote, which I think is undesirable. He should have only a casting vote.

Mr. Chesson: Then you would disfranchise the people who elected the chairman.

Hon. G. TAYLOR: It might be said that my constituents were disfranchised for over seven years while I was Speaker of this House.

The MINISTER FOR HEALTH: The hon. member believes that the chairman of the board should have none but a casting vote. I, on the other hand, believe that the chairman should have a deliberative vote, although I certainly would not give him two votes. If he had two he could make the voting equal with his deliberative vote, and then win for his side with his casting vote. I think that, instead of providing that in the event of the voting being equal the question shall be postponed until the next meeting, it would be better to provide that the question shall be determined in the negative.

Mr. J. H. SMITH: I cannot follow the reasoning of the member for Mt. Margaret (Hon. G. Taylor), while I think the Minister does not go far enough. He is disfranchising the chairman by giving him only a deliberative vote. Usually the chairman is selected on account of his special abilities for the post, and I certainly think he should have a casting vote, for the question might be a vital one. In my view he should have both a deliberative and a casting vote.

Hon. G. Taylor: You are not very democratic.

Mr. J. H. SMITH: The hon. member ought to talk of democracy! He would disfranchise the chairman's electors by depriving him of a deliberative vote.

[Mr. Angelo took the Chair.]

Mr. SLEEMAN: How are we to reach finality under this clause? It is prescribed that if the voting be equal the question

shall be postponed till the next meeting of the board. Presumably at the next meeting it will be again postponed, and so from week to week.

Mr. KENNEALLY: With a view to reaching the finality referred to by the hon. member, I move an amendment—

That all words after "be" in line 5 be struck out and the following inserted in lieu—"declared carried in the negative."

I see in the clause a danger additional to those already pointed out. Assume it is a full meeting of the board when the voting is equal. Under the clause the question must be postponed till the next meeting. Possibly at the next meeting there will be less than a full attendance of members, and so the question may be carried, even against the wishes of an absolute majority. Undoubtedly if we do not give the chairman a deliberative vote, he is disfranchised on all occasions when the voting is not equal. There are, of course, objections to both systems, but I prefer to give the chairman a deliberative vote, instead of a casting vote.

Hon. G. TAYLOR: I adhere to my contention. It would take a lot to convince me that a hospital board should be conducted differently from any other board. It is generally provided that a certain number shall form a quorum, and whatever business is listed for the meeting is decided by a majority of those present. If there is a tie, the chairman gives a casting vote. I would not agree to a chairman having two votes, but I prefer his exercising a casting vote to a deliberative vote. Any person with an idea of the first principles of democracy could not possibly agree to one man exercising twice as much power as another.

The Minister for Health: That is already done under the Municipal Corporations Act.

Hon. G. TAYLOR: If I was present when the measure was discussed I guarantee I opposed that provision. It is an insult to human intelligence to give one man double the power of another.

Mr. Sleeman: Do you favour the amendment?

Hon. G. TAYLOR: I am not impressed with the amendment. Why depart from the practice of years that has never been found to operate detrimentally? I am afraid that the member for Nelson has not

even a nodding acquaintance with the meaning of democracy.

Mr. BROWN: This is an extraordinary provision. If the numbers for and against are equal, why should the question be postponed? Surely the only reason for postponement should be that there was not a full attendance! It is seldom that the chairman exercises a deliberative as well as a casting vote. The amendment would not be workable. The system under which we have been operating has proved satisfactory.

Mr. Sleeman: Do you favour giving a chairman only a casting vote?

Mr. BROWN: There is no occasion for the chairman to vote unless the numbers are equal.

Amendment put and passed.

Hon. G. TAYLOR: Subclause 6 states that when a local authority is a hospital board, it shall be deemed to be a different corporate body for the purposes of this Act from what it is for the purposes of its local government Act, but its procedure shall be regulated by its local government Act. The word "what" does not seem to be correct.

The MINISTER FOR HEALTH: I do not profess to be an authority on grammar, but I cannot see anything wrong with the word.

Mr. DAVY: One does not like to be pedantic, but the words "that which" would be more correct.

The Minister for Health: That alteration would not affect the sense.

Hon. G. TAYLOR: I move an amendment—

That "what" be struck out and the words "that which" inserted in lieu.

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

Clause 17—Powers of boards over land vested in them:

Mr. THOMSON: I do not like the idea of giving power to sell land. These properties should be regarded as permanent sources of revenue for the hospitals. I move an amendment—

That in Subclause 2, line 2, the word "sell" be struck out and the word "leased" inserted in lieu.

Mr. J. H. SMITH: I oppose the amendment. The progress of certain towns has been held up through endowment lands. Hospital boards should be allowed to dispose of the properties that are vested in them. Not long ago people were opposed to the leasehold system and now the member for Katanning is supporting it.

Hon. G. TAYLOR: I hope the Minister has not in mind the taking over of a certain block of land that was given by the owner solely for the purpose of endowing the local hospital.

The MINISTER FOR HEALTH: If the lands were valuable, the board would not be likely to sell them. It might, however, be in the interests of all concerned that the endowment land should be sold, in which case the money derived from it would be used for the purpose for which it was intended. There would be very slight danger about land being sold when it ought not to be sold.

Mr. THOMSON: I have not changed my opinion about the leasehold principle, but the leasing of hospital land is a different matter. Land that is given as an endowment for a hospital should not be sold if it is increasing in value, because the time will come when it will be worth much more than it is to-day. Some of our churches have derived great advantage by holding on to their endowment lands instead of selling them, as they might have done in the early days. I am sorry the Minister will not accept my amendment.

Hon. G. TAYLOR: I suggest to the mover of the amendment that the word "sell" be retained and the word "lease" added, giving alternatives.

Mr. Thomson: I intended to move that later, if my first amendment was defeated.

Hon. G. TAYLOR: Probably "lease" would be inserted straight away, if the amendment were withdrawn.

Mr. THOMSON: Realising that the Committee are not in favour of my amendment, I ask leave to withdraw it.

Amendment by leave withdrawn.

Hon. G. TAYLOR: I move an amendment—

That in Subclause 2 after "sell" there be inserted "lease."

If the boards are to have power to sell, they should certainly have power to lease.

Amendment put and passed.

Mr. SAMPSON: Here again appears the objectionable feature that regard is not to be paid to the terms of a trust. Such disregard is highly drastic where money is provided for a special purpose.

The MINISTER FOR HEALTH: It might happen that someone having endowed an institution with land, the institution went out of existence. In such a case why stick hard and fast to the rule that a trust cannot be varied? Moreover, the Bill provides for the transfer of the trust to some other like institution.

[Mr. Panton took the Chair.]

Mr. DAVY: The Minister mistakes the intention of the subclause, which is that where a man has settled a piece of land on a particular hospital board for the purpose, say, of using the income for deep therapy, then, in spite of the land being specially settled on that particular trust, the board would nevertheless be able to sell the land, but the proceeds of the sale must go to the same purpose as the land. The power is a proper one for the board to have. It might be possible to sell a piece of land to great advantage at a particular moment.

Clause, as amended, put and passed.

Clauses 18 to 21—agreed to.

Clause 22—Boards may make by-laws in respect of institutions:

Mr. DAVY: Paragraph (f) of Subclause 1 apparently gives a board power to arrange by-law for out-patient nursing.

The MINISTER FOR HEALTH: That system obtains already, especially in country districts. Cases frequently crop up where a person has suddenly fallen ill and is not in a fit state to be removed to a hospital, whereas, if the person's condition admitted of it, he would be removed to the hospital. In the event of a patient's unfitness to be moved, the hospital board will have power to send a hospital nurse into a private home until such time as another nurse is available.

Mr. MARSHALL: Apparently Subclause 4 empowers the Governor-in-Council to override regulations made by boards or local committees. If my reading of the subclause is correct, I shall oppose the provision. In the event of regulations or by-laws made for the Meekatharra hospital proving unworkable, the Meekatharra peo-

ple need not go to Perth, six hundred miles distant, for enlightenment.

The MINISTER FOR HEALTH: It does not altogether mean what the hon. member suggests. It means that if the Bill becomes law, regulations and by-laws governing hospitals and their management will have to be laid on the Table of the House. Should any hospital board frame a by-law in conflict with those already agreed to by the House, the latter by-laws will prevail.

Mr. DAVY: With all due respect to the Minister, I do not think the clause means anything of the sort. It gives boards power to make by-laws, but under Clause 38 the Governor has power to make regulations as well. This simply means that if the Governor has made regulations dealing with a matter that has been dealt with by a board also by way of regulations, then the Governor's by-laws will prevail. The fear expressed by the member for Murchison is well grounded. It means that the Meekatharra hospital board may frame by-laws that can be overridden by regulations or model by-laws framed by the Governor.

The MINISTER FOR HEALTH: The member for West Perth is mistaken. We have had many requests from existing hospital committees to be furnished with a set of by-laws as a guide for the regulation and management of their institutions. We have supplied by-laws as requested. Clause 38 provides power for the Governor to make model by-laws which, however, may be accepted by hospital committees.

Mr. Davy: No, you compel them to accept them.

The MINISTER FOR HEALTH: No, we do not, but should a local hospital board accept them, then they must be carried out.

Mr. Davy: But Clause 38 says that a board shall, if the Minister so directs, adopt the model by-laws.

The MINISTER FOR HEALTH: How can we obtain control of hospitals without such a provision? After regulations have been laid on the Table and allowed, we could not permit a hospital board, without the sanction of the Governor, to make by-laws at variance with those already adopted by that board. Of course, a board could request an amendment of those by-laws and the suggested amended by-laws would have to be tabled and agreed to.

Mr. MANN: The powers set out are necessary. I have in mind the outbreak of pneumonic influenza that occurred some years

ago. It was necessary for the Government to make special by-laws to deal with the outbreak throughout the State. In such circumstances those by-laws would conflict with those of a hospital board and necessarily would have to supersede the board's by-laws for the time being.

Hon. G. Taylor: That would be in a case of emergency and would be quite all right. No one would object to that.

Mr. MANN: It would be necessary for the local by-laws to give way before those promulgated by the Government. Although the power would not be necessary once in 10 years, still it should be provided for.

Mr. MARSHALL: Should the Meekatharra hospital board frame a by-law that was unpalatable to any Government for some inexplicable reason, a by-law could be framed under Clause 38 and, in defiance of the wishes of the Meekatharra people, it would prevail. The clause will provide the right of veto.

The Minister for Health: Not without the consent of this House, by means of amended by-laws laid on the Table.

Mr. MARSHALL: I am not prepared to admit that the department in Perth should have supreme power over bodies that are rendering good service in controlling our inland hospitals. Such bodies know what is applicable to their local conditions far better than the department in Perth. I move an amendment—

That Subclause 4 be struck out.

The MINISTER FOR HEALTH: I hope the Committee will not agree to the amendment. The subclause merely provides that if there be any conflict between a by-law made under this section and a regulation made by the Governor, the latter shall prevail and the former shall, to the extent of the inconsistency, be invalid.

Amendment put and negatived.

Clause 23—Medical funds:

Mr. MARSHALL: The Minister, referring to charges to be made on subscribers through funds to a hospital, spoke of a 20 per cent. reduction in treatment fees. I want to be assured that the management of such funds shall have control of the treatment to be given to their subscribers. If the Minister will say that full control shall be allowed over charges and treatment in respect of subscribers to the fund, I shall be satisfied.

The MINISTER FOR HEALTH: There will be full control, other than this: if the committee of management were not prepared to allow the subscribers to a fund to be treated at the 20 per cent. reduction provided for in the Act, I believe that if the members of the fund were to take action under the Bill they could demand that 20 per cent. reduction.

Mr. Marshall: But they are not charged anything at all now.

The MINISTER FOR HEALTH: Well, how is the hospital maintained?

Mr. Marshall: By subscriptions.

The MINISTER FOR HEALTH: Yes, by subscriptions through a fund to the hospital. Members of the fund will enjoy exactly the same conditions as they have now. If they were not subscribers to the hospital, but subscribed to some medical fund providing for hospital treatment, under the Bill they could demand treatment at 20 per cent. reduction on the hospital charges. Every hospital committee will readily grant that concession.

Clause put and passed.

Clauses 24 to 26—agreed to.

Clause 27—Power of local authorities to expend revenues on public hospitals:

Progress reported.

BILLS (3)—RETURNED.

- 1, Judges Salaries Act Amendment.
- 2, Agricultural Lands Purchase Act Amendment.
- 3, Permanent Reserve.

Returned from the Council without amendment.

House adjourned at 12.28 p.m.