

cluded with the Northam mill in the arrangement with Messrs. Thomas & Co., Ltd., and the Kellerberrin mill is an addition to the mill at Cottesloe in the arrangement made with Messrs. Ockerby & Co., Ltd. The bare remuneration terms of the agreement were made public in November last, and known to hon. members when the 1917 Bill extending the principal Act was agreed to in December. These terms are set out in Clause 23 of the agreement as finalised, with certain amplifications which have been inserted to make the arrangement more clear. The provisions and conditions of the agreement have been completed only after considerable negotiations with the millers concerned, extending over some three months. The agreement is comprehensive and almost self-explanatory. The object of the arrangement with the millers was twofold: first, to grist as much of our 1916-17 wheat as was weeviled or in danger of becoming weeviled; and second, to turn as much wheat of the Imperial order into flour as possible, thus ensuring employment at the mills and providing extensive quantities of bran and pollard for local use. The alternative to a gristing arrangement was to supply wheat to the mills at a dock for weevil affection. From a scheme point of view this was economically impracticable, as no expert or body of experts could fairly estimate the extent of weevil damage in a stack or portion of a stack of wheat. The result would be that whatever dock was accepted by the miller would be in his favour. No matter what tribunal was agreed to by the parties concerned to fix dockages, the miller would always have the last word, inasmuch as he would refuse to receive the wheat on his premises. It might be said it could force the miller to close down. Perhaps it could do so, but the weevil would go on eating the wheat. Our difficulty is to grist the wheat before too much damage is done to it by the weevils. The terms ultimately agreed upon with the millers were the best that could be arranged in the circumstances, although it is considered, with regard to the bigger mills with up-to-date plants, that those terms are on the liberal side. Unfortunately, no differentiation can be made with the larger mills in comparison with the smaller ones, for even the millers in the State are a close corporation. The late general manager offered, subject to my confirmation, 6½d. per bushel for gristing the weeviled wheat, and this was his last recommendation on the file. Before he left office, however, he suggested to me verbally that in all the circumstances of the case I would be well advised to pay the 7d. per bushel. There is no doubt that in our subsequent negotiations in the actual conditions of the agreement we have been able to get from the millers concessions on account of this payment of 7d., which they would not for one moment have considered if the gristing charge had been reduced to the bare 6½d. per bushel. For instance, no gristing allowance was arranged for on the weight of bags as is customary; the free storage of one month's producing capacity of the mill, our flour, which in itself represents a big item, was conceded; and arrangements were made for the taking over of offal contracts

at the market prices on the 3rd November, instead of those set out in contracts at lower prices.

Hon. Sir E. H. Wittenoom: Another breach of Mr. Hughes' promises.

Hon. C. F. BAXTER (Honorary Minister): Mr. Hughes made no promise to the millers.

Hon. Sir E. H. Wittenoom: Yes, he did.

Hon. C. F. BAXTER (Honorary Minister): The arrangement with the millers is as satisfactory for them as it is to the wheat scheme. Regarding the acquiring agency agreement, I maintain that the Government have done that which is best on behalf of the wheat scheme. We are paying a lower price for handling in this State than is being paid in any other State of the Commonwealth, and our wheat has been equally well, if not better, handled than ever before. In all the circumstances, the Government I think have been justified in making this arrangement on behalf of the scheme, and I have every confidence that hon. members will endorse the action which has been taken. I move—

"That the Bill be now read a second time."

On motion by Hon. V. Hamersley the debate adjourned.

House adjourned at 8.25 p.m.

Legislative Assembly,

Tuesday, 9th April, 1918.

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

MINISTERIAL STATEMENT—RECRUITING CONFERENCE, MELBOURNE.

The MINISTER FOR WORKS (Hon. W. J. George—Murray) [4.33]: I desire to make a brief statement in explanation of the absence of the Premier, the leader of the Opposition, and the member for Forrest (Mr. O'Loughlen). On Saturday afternoon last His Excellency the Governor General of the Commonwealth determined to convene a representative conference of Australian public men for the purpose of considering the urgent appeal of the Prime Minister of Great Britain to the people of the Dominions for further support to the Empire and the Allies in the present great crisis. The conference was appointed to meet in Melbourne on Friday morning next; and I am sure it will be the ardent wish of all hon. members and of the people of this loyal State of Western Australia that, as a result of the Governor General's action, means

the redemption of the promise of support made by Australia to the Motherland on the outbreak of war. Included in those invited to represent Western Australia at this conference were the Premier and the leader of the Opposition in their Parliamentary capacities, and Mr. O'Loughlen by virtue of his office as President of the Australian Labour Federation. Although the notice received was very brief, and notwithstanding the business still awaiting consideration by Parliament, it was felt by these gentlemen that the matter to be dealt with at the conference was of paramount concern, and that the proper representation of the State of Western Australia was essential. They consequently left for Melbourne by last Monday evening's train. In view of the necessity for completing the business of the session as soon as possible, in order to allow Ministers some opportunity for administrative work pending the re-assembling of Parliament for its second session about the middle of the year, the Government are desirous of proceeding with legislative work. In the absence of the Premier, the honour and responsibility of leading this House fall upon me, and I confidently appeal to hon. members on all sides of the Chamber to afford me consideration and assistance.

[For "Questions on Notice" and "Papers Presented" see "Votes and Proceedings."]]

LOAN ESTIMATES, 1917-18.

Message.

Message from the Governor received and read transmitting the Loan Estimates for the year 1917-18, and recommending appropriations.

QUESTION—WHEAT SHEDS, ROOFING.

Mr. MALEY (without notice) asked the Minister for Works: What is the reason for the non-completion of the roofing of the skeleton grain sheds at depots, seeing that, according to a reply to a question asked by me on the 21st March last, it was anticipated that the roofing of all depots would be completed within a fortnight from that day?

The MINISTER FOR WORKS replied: The reply referred to by the hon. member was given in all good faith. It was considered at the time that there was reasonable ground for expecting that the anticipations which were expressed would be realised. It was anticipated that the whole of the material would be on the ground, and also that the contractor would be able to obtain the number of men requisite to put it up. Those circumstances being so, the hon. member's question was answered accordingly. He now wishes to know why the work has not been fully carried out. The reason why the B wheat shed at Spencer's Brook has not been completely roofed is that the contractor has been unable to obtain plumbers. Although galvanised corrugated iron can be readily fixed on by any intelligent handy-man, and certainly by carpenters, still, under the rules of the plumbers' union, no one but a plumber must put on galvanised iron. In order to afford the hon.

member the fullest information up to date, I give a summary of telegrams on this subject which have been received this morning. At Spencer's Brook, the A, D, and E sheds contain no wheat; C shed is full of wheat and is covered; B shed is roofed complete for 200 feet and this covering is hourly being extended. The shed contains some wheat. During the early part of the season 12 gangs were employed, and for working the wheat they had to be spread out. The manager of the wheat scheme states that none of the wheat is injuriously affected and that the wheat which has got wet will not hurt. The practice is to up-end such bags of wheat and dry them, when they become all right. The screens at the sides of the shed are available and are being used. At Midland Junction the A shed is roofed completely and the B shed, which covers 1,000 feet, has been roofed to the extent of 625 feet. At Tambellup the sheds are all completely covered. At Narrogin, the roofs of A and B sheds are completed; at C shed the timber work has been completed, and all the wheat is covered with corrugated iron. At Geraldton, the roof of A shed has been completed, and B shed has been roofed to the extent of 100 feet, all the wheat being covered.

BILL—HEALTH ACT AMENDMENT.

Second Reading.

Debate resumed from the 4th April.

Mr. MULLANY (Menzies) [4.44]: In supporting the second reading of this most important Bill, I shall deal principally, or almost wholly, with those contentious clauses which have caused so much discussion both in and out of Parliament; I refer to the clauses which attempt to combat venereal disease. Important though many of the other matters dealt within the Bill undoubtedly are, I think they may as well be left for discussion in Committee. Since the Bill was introduced the member for North-East Fremantle (Hon. W. C. Angwin) has been through it so thoroughly that he has upon the Notice Paper no fewer than 26 amendments to be discussed. Knowing the hon. member as we do, we can have no doubt that the Bill will be well considered in every detail when in Committee. I think it can be regarded as a sign of progress, a hopeful sign of the times, that this important question of dealing with venereal disease can now be discussed publicly and openly, and that the veil of false delicacy which has been drawn over this subject in the past has been pulled aside to such an extent that the question can now be freely considered in a mixed audience. This in itself is a very great step, and will have far-reaching effects in the combating of this awful scourge. I very much regret that one important group of organisations in the community, the friendly societies, which were formed for the purpose of assisting their members in distress, and of helping humanity, are still lagging behind and have not yet risen to the importance of openly combating venereal disease. Even to-day the friendly societies debar their members from treatment if those members are unfortunate enough to have contracted venereal disease.

Mr. Teesdale: Shame!

Mr. MULLANY: It is a shame. I made this statement in the House four years ago. Seeing the advance achieved in this direction, one would think that the friendly societies would get down and help their members, instead of treating a misfortune as a crime. However, it is a hopeful sign that all parties, whether opposed to the Bill or in support of it, whether or not they think the Government are acting on right lines, can meet together and discuss the question with the one object of combating the disease and so increasing the national welfare. A regrettable part of the controversy which has raged over the Bill has been the tendency of some public men to declare that this particular disease is confined to one class more than to another of the community. Any man with a general knowledge of the subject will agree that if there is any disease which can be classed as universal, which rages throughout society from the highest to the lowest, which is no respecter of persons, it is this venereal disease. I say unhesitatingly that there is no class of the community particularly subject to or immune from this world-wide, universal disease; neither is the disease confined to localities. Undoubtedly, from the evidence we have and the knowledge of men who have lived in different parts of Australia, we find this disease not only in crowded cities, but in rural districts, in mining camps, cattle stations, sheep shearers' camps, seaports, even in ships at sea. Go where one will, one finds this disease existent.

Mr. Draper: Can you prove that?

Mr. MULLANY: Undoubtedly.

Mr. Draper: You are the only one who can.

Mr. MULLANY: One has only to use his common sense. I myself have seen in a northern port of this State unfortunate aborigines in such a condition from this disease that they were unable to walk aboard the ship sent to carry them to the hospital islands, and had to be placed in coal baskets to be hoisted aboard. This is one of the effects of our boasted civilisation: the aborigines who, previous to the coming of the whites, were absolutely free from this disease are to-day badly affected by this awful scourge. Persons becoming infected by venereal disease are not prostrated as are people suffering from other diseases. They are not forced to lay up, in many instances they are still able to follow their usual avocations. This fact constitutes one of the greatest difficulties in the way of successfully combating the disease. People do not realise the seriousness of the infection they have contracted, and they continue to go about amongst their fellow-men as they would not be permitted to do if suffering from other similar diseases.

Hon. W. C. Angwin: There are two entirely different classes of disease: one is contagious and the other infections.

Mr. MULLANY: The hon. member had a full three hours on this subject the other night, and I think therefore it would be well for him now to allow someone else to have a little say.

Hon. W. C. Angwin: You were lucky in that I did not give you six hours.

Mr. MULLANY: Another great obstacle in combating the disease is the extreme reluctance felt by the victims to submit themselves for medical treatment. More particularly does this apply among younger persons. In the past they have been made to feel that they should not have this disease, that if they contracted it the fact must be hidden. So it has not been possible for them to go to the usual family doctor and make a clean breast of the whole situation. They have not been able to do this, and in consequence of this false delicacy the disease has gone on practically unchecked, although the latest medical science tells us that if taken in time the disease is amenable to treatment and that, if combated as other diseases are, practically it can be stamped out. Unfortunately we still have left a few people who honestly believe it is well that venereal disease should exist as a check on immorality, that having the fear of becoming infected with a disease such as this, not from any innate goodness but merely through fear of infection, people will be more moral than they would be if that fear were swept away. It seems to me that if ever there was an idea inspired by his satanic majesty himself it is this horrible one. Again, we are told that the Bill is directed particularly against women. I say it is not so. Also I wish to say that I have no desire to attack the women of this or any other State. Neither has the Bill. Every decent-minded man believes that unquestionably there is a considerably higher sense of morality amongst women than amongst men. There can be no doubt about that. But unfortunately, speaking of women in the aggregate, no matter how depraved a man may be he can find somewhere a woman who is a fit mate for him.

Mr. Roche: But he is responsible for her depravity.

Mr. MULLANY: In 1915 the Scaddan Government introduced and passed through this House a Bill that was, if anything, more drastic than the Bill now before us. I say this advisedly, because the actual wording of the Scaddan measure was that if the Commissioner of Health had reason to believe or suspect that any individual was suffering from this disease he had the power to compel that individual to undergo medical examination. In the Bill before us the word "suspect" has been dropped, and it now reads "If the Commissioner has reason to believe, etc." Some may say that there is no difference between the two provisions. In my interpretation there is a very considerable difference. For instance, a certain gentleman, prominent in the City, has stated that if he looks at a person he can tell by the appearance of the eyes whether that person is suffering from venereal disease. That might be accepted as a reason to suspect. If a reputable person comes along and gives verbal information to the Commissioner that another person is suffering from the disease, that would undoubtedly constitute reason to believe. There is a very considerable difference in the wording of the two provisions.

Mr. Munsie: But suppose that gentleman who says he can diagnose from the appearance of a person's eyes were to go to the Commissioner and give the information?

Hon. R. H. Underwood (Honorary Minister): The Commissioner would not believe him.

Mr. MULLANY: It would be unfortunate indeed if we had a Commissioner who would be so foolish as to take any notice of a statement such as that. I have no desire to twit members who are opposing the present Bill with the fact that they allowed the previous Bill to go through. They may have had reason to change their opinions since the earlier Bill was here. The present Bill is of sufficient importance to be discussed on its merits, and a member is justified in reversing the vote of three years ago if he thinks he was wrong on that occasion. The Council made certain amendments to the Scaddan Bill, the most important of which provided that before the Commissioner of Health could take any action he required to have a signed statement from some person to the effect that the individual referred to was suffering from venereal disease. Now we find the Commissioner of Public Health states that this provision for the signed statement is hampering him in the administration of the existing Act. This Bill is being brought before us purely and simply with the object of compelling people, if they are suffering from the disease, in their own interests and in the interests of their fellow men and women, to submit themselves to medical examination and be cured if possible. The Commissioner has found that the provision for the signed statement has undoubtedly hampered him in his administration of the Act. He, therefore, asks Parliament to do away with the necessity for a signed statement and to substitute other safeguards. The whole of the controversy now ranges about two points. The first is, can the Commissioner compel sufferers to undergo treatment under the Act as it stands to-day? Those who are most opposed to the Bill admit the necessity for proper treatment to combat the disease, but there is a doubt as to whether this provision has not hampered the Commissioner. If one turns to the evidence before the select committee of another place one can have no doubt from a perusal of it that this provision for a signed statement has undoubtedly hampered the Commissioner, and that it will not allow him to work as he desires in his efforts to stamp out this awful scourge. The second point, which is a debatable one, is, would the amendments now proposed and under consideration in this Bill be, as claimed by its opponents, such a menace to the liberty and the welfare of the citizens of the State as to do away with the possible effects of the amendments in combating the disease? These are the two points which we have to consider. It is admitted on all sides that it is necessary to fight, and to do all we can to fight, this disease. There is a doubt, however, and possibly this has caused a difference of opinion amongst many sections of the community, as to whether the carrying out of the amendments in this Bill in their present form would not be a greater menace to the welfare and

liberty of the citizens than any possible benefits that may be derived from them. On this point members will find that the evidence before the select committee is somewhat conflicting. There are people in opposition to this Bill who put forward authorities, who, they claim, know all about social diseases and the effects of legislation such as this. There are others, who can be taken as quite equally good authorities on the subject, who claim that it is impossible to do any good without these proposed amendments. It seems, therefore, that hon. members must use their own discretion after going through the evidence, and must also use their own knowledge of the world to show them as to whether these effects are likely to come about or not. For my own part I believe that the ill-effects and the menace to the liberties of the citizens, which have been spoken so much about, have been very much exaggerated. The member for North-East Fremantle (Hon. W. C. Angwin) in opposing the Bill the other night quoted sections of the Acts from Victoria and Tasmania, in which States they have practically the same clauses in operation as we have in the existing Act in this State. He stated, "Here we have Melbourne with its vast population which is quite satisfied with the Act in its present form; and if the Act is good enough for Melbourne why is it not good enough for us here?" He made the same remark about Tasmania. He did not, however, tell us that both Victoria and Tasmania have, since the Acts were passed in 1915, adopted practically the same clauses dealing with the subject, and taken the lead from Western Australia.

Hon. W. C. Angwin: They have not done so.

Mr. MULLANY: They have not gone so far as we have gone to-day, but they have taken the lead from Western Australia to a large extent. They have not yet had the experience in the administration of this Act that we have had in Western Australia. This State was the first State to have the courage to do something practical in the way of fighting this disease. I am inclined to believe that Victoria and Tasmania, which have copied us so far, will, if we get these amendments through, continue to copy Western Australia. The hon. member also stressed the point, and I believe you, Sir, called him to order for repetition, that Dr. Officer, a medical man in this City, in giving evidence before the select committee stated that the Bill had been entirely satisfactory.

Hon. W. C. Angwin: He did say so.

Mr. MULLANY: The hon. member did not tell the House that Dr. Officer in his work as a medical man does not come into contact with these contentious clauses at all, and the hon. member must have known that. Dr. Officer only comes in contact with the compulsory clauses. That is to say, he has the power once any individual goes to him for treatment of this disease to send that person's name along to the Commissioner for Public Health, and automatically without any further action being taken that patient comes under the compulsory clauses.

Hon. W. C. Angwin: Do you not know that the Commissioner said—

Mr. MULLANY: The hon. member had quite enough to say the other night. Here is the difference. Dr. Officer does not come in contact with

these contentious clauses at all. He has nothing to do with the carrying out of the Bill. Once an individual presents himself or herself for treatment and examination and once the doctor has submitted their names to the Commissioner for Public Health, upon the Commissioner devolves the responsibility of endeavouring to get these persons to undergo treatment, the same as with every person in the State, provided they are suffering from the disease. The fact is that the Commissioner for Public Health and Dr. Officer are dealing with entirely different aspects of the Bill.

Hon. W. C. Angwin: The Commissioner said he had difficulty in getting them to undergo treatment, and Dr. Officer stated that he had no difficulty at all.

Mr. MULLANY: That bears out what I am saying. We have the greatest difficulty in getting people to offer themselves for treatment at all. The hon. member also stressed the point, and was quite within his rights in doing so as no doubt be believed it to be a fact, that the Bill was mainly directed against women. He criticised the Honorary Minister in his introduction of the Bill, and said he was altogether in favour of the men. I do not want to have anything to say about the Honorary Minister's statements, because he is quite capable of defending himself. One remark made by the hon. member was that he did not consider the women were the culprits but that the men were. For the purpose of this Bill there is no such thing as a culprit, neither man nor woman, and the whole purpose of the Bill is not to find culprits or to punish people, but to help those who are in distress no matter what their age is or what their sex may be.

Hon. W. C. Angwin: No fear.

Mr. MULLANY: Again, with regard to the difference in the sexes, if hon. members will turn to the evidence of the select committee, question 23, they will find that the Commissioner for Public Health was asked what proportion of the sexes had presented themselves for treatment and he gave some very striking figures. He said in reply to the question—

The total male cases, including military cases, is 1,290 males and females 246 for the year ended 30th June, 1917.

Here we find that a little over five male cases are being treated for every one female case amongst those who have presented themselves for treatment during that period. It seems clear that in the vast majority of cases these men have become infected through some woman or another. There may have been cases of what we may term quite accidental infection, but these especially in the case of males, are supposed to be very few indeed. Therefore, we can take it for the purpose of, argument, that practically every one of these men was infected by some woman. This means one of two things, either that the women must have been responsible for infecting these men, or else the females are not coming up for examination and treatment in the same proportion as the men have been doing. We cannot get away from these figures.

Mr. Pilkington: Probably both things are true.

Mr. MULLANY: Quite so. I have no desire to go into the details of the different cases dealt with in the evidence before the select committee and it is unnecessary to do so. In dealing with this aspect of the position, as to whether the Commissioner has been hampered in his endeavour to carry out the Bill through the necessity for a signed statement, we must refer to one particular case in which one girl has admittedly been the

cause of infecting in one night no less than six men. Now, to take again the question of the danger between the sexes there is no probability, and one might say no possibility, of any one man infecting half a dozen women in this way, because it would not be possible. When we find that we have unfortunately in our population cases of depravity such as this amongst the women undoubtedly we must agree that the Act must be enforced. Perhaps it is more necessary to endeavour to get the women, not to punish them, but for their own protection and the protection of the citizens of the State, to undergo treatment than it is to get the men to undergo treatment.

Mr. Draper: Is this a normal case?

Mr. MULLANY: It surely cannot be a normal one. We have had an outcry made, and rightly so, by those opposing the Bill, who say that we cannot stamp out the disease by simply providing free medical treatment and medical facilities, and that we must make some provision for the housing and care of these unfortunate women whilst they are suffering from the disease. I quite agree with that. Unfortunately, the woman is in an infinitely worse position when infected with this disease than is the man. Here again, the member for North-East Fremantle—I am not aware that he did this deliberately—misrepresented the statement of the Honorary Minister when he made the remark that the men did not matter so much. He made that remark after stating that the Government fully realised the unfortunate position that these women were in, that the Government desired to do all they could to help them, and that they would provide a ward somewhere in which these unfortunate women could be kept until they had been cured. He concluded by saying that it did not matter so much for the men. The member for North-East Fremantle construed that remark into an assertion by the Honorary Minister that he did not care whether men were brought under treatment or not. That was entirely unfair. Again, we hear that there is grave danger that this will allow a man or a woman, with a feeling of malice against some other person, to send an anonymous letter to the Commissioner, that all they will have to do will be to report to the Commissioner in that way that such and such a person is suffering from venereal disease, and that then, of course, action will be taken straight away. Some hon. members think that the Commissioner of Health will act immediately upon the receipt of an anonymous letter. What sort of a position would we be in if any gentleman occupying the high and responsible position of Commissioner of Health were to take the faintest notice of an anonymous communication? What fair minded man would ever take any action upon receipt of such a communication? The opponents of the Bill are endeavouring to read into it the fact that as it is not possible to get signed statements, the authorities must necessarily accept unsigned statements. For the sake of those who have any fear in that direction, and personally I have none, an amendment can be made which will have the effect of setting out explicitly that no notice whatever shall be taken by the Commissioner of Health of any anonymous communications. I believe it is an offence against the law of the State at the present time to send anonymous communications to anyone, and if the person sending such a missive is discovered, he or she is liable to severe punishment, and the fact that a communication of that kind may be sent to the Commissioner of Health on a subject like venereal disease will not absolve from punishment

any sender in the event of that sender being discovered. My interpretation of the clause is that if the Commissioner has reason to believe that a person is suffering from venereal disease, he will then take action. I think that that is all the power the Commissioner is asking. There is an additional safeguard in the appointment of a committee, to whom the Commissioner must refer all such matters. I rather regret that there is to be such a committee. The Commissioner is always a man of repute, otherwise he would not occupy such an important position, and he could deal with all cases without referring them in any way to a committee. However, that is a matter of detail. The greatest and only argument which has been used against the Bill is that if it is passed, it will be possible for a malicious person to give such information to the Commissioner, on which information a perfectly innocent girl may be subjected to the indignity of receiving a notification from the Commissioner that there is reason to believe she is suffering from venereal disease and she must present herself for examination to a medical officer. I am prepared to admit that there is a remote possibility of such a thing as that occurring. I am also prepared to admit that it would be an indignity and calamity for such a thing to happen, but knowing, as I think I do know, that the danger is so slight, knowing also as hon. members know, that the fact of getting people suffering from venereal disease in for treatment will be so beneficial to the community generally, I believe the very slight risk involved will be worth taking. There is also the aspect that the girl who receives the notification, knowing that she is innocent, is in a better position than the girl who, unfortunately, has only just then realised that the statement made about her is true. There are unfortunate girls whom it will be necessary to notify in the interests of themselves and of the public, and, in conclusion, I can only say that I would regret, as much as any other hon. member, to find that any such thing happened to an innocent girl. Yet, in the interests of the people of the State, a slight risk must be taken. The result must be of great benefit and will largely outweigh any possible danger of such a thing happening. Therefore, in the interests of the people of the State, and to assist the Government and the Medical Department to stamp out this scourge, I intend to support the second reading of the Bill.

Mr. PILKINGTON (Perth) [5-221: Like the last speaker, I propose to confine myself to that portion of the Bill which deals with venereal diseases, and which alone, I think, presents any subject for serious controversy. A select committee of the Upper House have reported on this portion of the Bill and the Government have presented a Bill to this House somewhat in this form: They tell us venereal disease is very prevalent in the State, and they tell us that the Bill which they are now introducing is necessary in order to deal with the prevalence of the malady. They give certain instances which I may fairly call abnormal cases. They are mostly of girls who are known to be suffering from this disease, and who are known to have infected many persons. Those cases number, as I gather from the evidence, half a dozen, or a dozen, altogether. I am quoting those cases as referred to by the select committee and the Minister. The Government submit an amending Bill which, if adopted, they say, and probably rightly, will enable the Commissioner of Health to deal with these half a dozen or dozen cases, and with any similarly abnormal cases which may

arise in the future. Therefore, they say this Bill should be passed. What they omit to consider, what the select committee, I venture to say, have not considered, and what has not been considered by the witnesses whose evidence I have read, is this vital point: Assuming that the Bill, if passed, will enable the Commissioner of Health to deal with the cases to which he has referred, and with similar cases, the only effect which such a measure as this will have will be this: any person who is familiar with legislation and its effects knows that very little legislation affects precisely the object it is intended to attain. It is a pity the Honorary Minister is not aware of that fact. I repeat, very little legislation affects precisely the object it is intended to attain, and a great deal of legislation which does attain to some extent the object it is intended to attain also produces other effects which are disastrous, and I venture to say this proposed legislation would produce disastrous effects. For the moment let me put aside those dangers referred to by the last speaker, dangers which are very serious, that an innocent woman—because with a man it matters comparatively little—may be subjected to a shameful humiliation. I put that aside for the moment, though it is by no means a trifling matter, and I would ask hon. members to consider, if we put these drastic powers into the hands of the Commissioner of Health, what effect it will have upon a man or woman suffering from one of the diseases we are discussing. The effect will be this: They are already fearful of putting themselves under medical treatment and drastic legislation of this sort tenfold intensifies that fear. Legislation of this type—and I include in legislation of this type, the principal Act which we are amending so far as it deals with venereal diseases—drives men and women who should go for medical treatment away from the medical man into the hands of the quack. Reference has been made on several occasions to the evidence given by the Commissioner of Health, and I would like to say, speaking of the Commissioner of Health, that I trust that anything I may say will not be construed into a suggestion which in any way reflects upon him. I have no doubt the Commissioner of Health is a most competent and zealous officer, and in acting as he has done, in suggesting this legislation, he is acting as he thinks, in the best interests of the community, and I have no doubt that in the administration of such legislation he would in every way show that care and zeal which I know he possesses. But let me look at his evidence referred to by the previous speaker. We find that in the last year that this legislation was in operation 2,147 cases were notified. The last speaker has pointed out the discrepancy in the number of male and female notifications. Hon. members will observe that the total notifications during the whole year were under one per cent. of the population of the State. In view of the fact that those notifications extend over a year, probably the number of persons suffering and notified at any one time were not more than half per cent. of the whole population. I speak on a subject of this sort with great diffidence as I do not pretend to be an expert, and I am ignorant of many of the facts which are known more or less to such persons as the Public Health Commissioner, who has studied the matter from an expert point of view. But those figures suggest to me either that this awful disease is not very prevalent in Western Australia, or what I think is much more likely is that the existing Act has entirely failed because there has not been notification except in a small

percentage of cases. Or, perhaps, I should say because there has been a failure of notification in a large number of cases. It is difficult, of course, for anyone to say how prevalent these diseases are, that is to say, prevalence as compared with prevalence in other countries. Two years ago a Royal Commission sitting in England came to this conclusion—

The Commissioners are led to the conclusion that a number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 10 per cent. of the whole population in the large cities and the percentage infected with gonorrhoea must greatly exceed this proportion.

In a note by the compiler of this synopsis of the report of the Commission, it is pointed out—

If this conclusion is correct, it implies 450,000 syphilitic persons in London: and, inasmuch as the mortality figures of syphilis for the whole Kingdom amount to 6.6 times that of London, it suggests that there must be three million syphilis in the Kingdom.

That is dealing with syphilis alone. If there is any truth in those figures though I admit that language is of a kind which may be subject to explanation by a medical man, but these figures suggest the condition in Western Australia is not serious, that the diseases are not prevalent if there are only 2,147 cases in one year. I do not believe that is the proper conclusion. The proper conclusion I venture to say, is that during the first year of the operation of the Act, persons suffering from these diseases were afraid partly because of the Act, partly because it is always the case, to subject themselves to medical treatment. If that is so the Act has been a failure. The point is if the Act has been a failure are we to run the risk, not so slight a risk as the last speaker suggested, of women being subjected to this hideous humiliation—I repeat this hideous humiliation.

Hon. R. F. Underwood (Honorary Minister): It is their their own fault.

Mr. PILKINGTON: I say it is ten thousand times more hideous for a woman who is innocent to be subjected to this humiliation, than it is in the case of a person suffering from the disease, because in most cases they suffer from it through their own fault. I repeat it is a humiliation for an innocent woman to be examined for this disease through no fault of her own. If this class of legislation has not been successful its failure to succeed has had the same fate that all other legislation in the past has had. This is a matter that has been the subject of legislation in various countries, in England, in France, in Germany, in Denmark and elsewhere. The whole of that legislation and its effects were before the Royal Commission in England and that body came to the conclusion that this class of legislation was not effective.

Hon. R. H. Underwood (Honorary Minister): Why not refer to the Commission which sat in Australia?

Mr. PILKINGTON: I wish to refer to an article which the Honorary Minister quoted in introducing the Bill. Strangely enough he referred to it as justifying the Bill he was introducing. The article appears in the "Nineteenth Century" of September last by Sir Bryan Dinkin, admittedly an authority on the subject and it is strangely taken as an authority of the methods advocated by the Government to-day.

Hon. R. H. Underwood (Honorary Minister): It does not touch it.

Mr. PILKINGTON: I will read a portion of the article which I think will be sufficient to justify what I have said. The whole article has shown what in the opinion of the writer is the proper method to deal with the matter, and that the legislation attempted in the past has not been effective. I am reading from page 585 if the Honorary Minister wishes to follow me, and there it says as follows:—

I am, however, strongly convinced that public opinion, properly and clearly instructed will not favour the view that these strikingly prevalent and disastrous, but nevertheless pre-eminently preventable diseases are to be attacked merely by warnings against their evil physical results, by checks on drunkenness by moral admonitions respecting irregular sexual intercourse generally, or by efforts to secure the best treatment of the infected after the disease has been contracted.

Hon. members will observe these are the methods adopted—

Such indirect measures and others of very different kinds have been tried for centuries and have met, it may be, with some slight and sporadic success, but as a whole their result has been signal and inevitable failure.

That is the opinion of the learned writer to whom the Minister made reference and was his authority on the subject on introducing the Bill.

Mr. Teesdale: What does he suggest?

Mr. PILKINGTON: I will come to his suggestions. I therefore say in reference to the Bill in the first place, this class of legislation I do not believe is effective. It is not so far as it can be judged by the legislation in Western Australia. It has failed elsewhere.

Hon. R. H. Underwood (Honorary Minister): No.

Mr. PILKINGTON: If legislation of this kind, however drastic, was going to stamp out the disease, I should be right for it though I humiliated every woman in Western Australia: but am not prepared to vote for it if it means trying to stamp out the disease by means which we have reason to believe will not be effective, and which yet involve the risk of humiliating women.

Hon. R. H. Underwood (Honorary Minister): What do you propose?

Mr. PILKINGTON: I am coming to the question of what the Government might consider. It has been suggested that there is no real danger because the Commissioner is going to be very careful. I do not think the Commissioner himself realises the position he is endeavouring to place himself in. He tells us in the evidence that he will be quite able by cross examination to tell whether the evidence which he gets is correct or not. I do not know anything about venereal disease but I do know something about cross examination and if the Commissioner is able to do what he says he must be the best cross examiner who ever lived. I would like to ask the Commissioner if he quite estimates what he states. Suppose two or three men whom he knows nothing about—they may be truthful—come to him and say—"We have all been infected by so and so." What is he going to do? Is he to say, "I do not believe you." They may be telling the truth. He says, "I will cross examine you and if you do not break down under cross examination you are telling the truth." If he does move and the woman is innocent, he places himself in a difficult position. There is no doubt such legislation is desperately drastic and lends itself to serious

abuses and is utterly unjustifiable unless it can be shown, what never can be shown, that it will lead to the stamping out of the disease. This class of legislation ought not to be passed in this drastic form.

Mr. Teesdale: Are you never going to try?

The Colonial Treasurer: Will it ameliorate the disease?

Mr. PILKINGTON: At present I believe it never will ameliorate the disease. This form of legislation has been tried over and over again.

Hon. R. H. Underwood (Honorary Minister): This form has never been tried over and over again.

Mr. PILKINGTON: The Honorary Minister does not understand English. I do not say this Act, but this class, this type of legislation, has been tried over and over again.

Hon. R. H. Underwood (Honorary Minister): It has never been tried in England; it has in Denmark.

Mr. PILKINGTON: In Denmark there is very similar legislation to this, and the Contagious Diseases Act was tried in England—a very fair test of this legislation, and they failed. We have not the figures, but I believe we have already failed with our Act here. We have failed because the figures show that people have not gone to medical men. We have got to get a person to go to a medical man first. The man in the street looks at it in this way. He knows there is a Medical Department waiting to grab him as a patient and to cure him. He does not want the Medical Department to get hold of him so he goes to a quack. I believe legislation of this sort instead of doing good, does harm. I cannot prove it, of course it is open to opinion, but I believe it does harm. We have strong reason for believing that persons in Western Australia suffering from this disease have not gone to medical men. They did not go in the first year the Act was in force from the figures which we have before us. I was asked to say what I propose. I am not an expert in the matter, I do not propose to say that I can introduce a remedy, but I do propose a suggestion and the consideration of the remedy put forward by Sir Bryan Donkin in the article which was referred to, and apparently in fearful language by the select committee that reported on this matter. I would ask if the Government and the Medical Department are in earnest if they mean to deal with this fully, will they be prepared to consider Sir Bryan Donkin's suggestions even though it may bring down upon them a mass of vituperation and attack from various sources. In the report at the very end we find this paragraph. It is on the last page but one—

Your Committee observes with interest that the prophylaxis or preventive treatment of venereal disease is occupying the attention of at least the military medical authorities, and hopes that an unprejudiced consideration may be given to this subject.

The article to which I have referred, that of Sir Bryan Donkin, and which the honorary Minister used, suggests a remedy which may be shortly described as being medical treatment, either immediately before or immediately after the person is exposed himself or herself to infection. I am well aware of the opposition which such a suggestion will cause, but I submit if this House is in earnest, if the Government and the Medical Department are in earnest, this matter will receive their consideration, and they will if possible devise a

means whereby it may be put into force in this State so as to put an end or almost put an end to venereal disease in Western Australia.

Hon. R. H. Underwood (Honorary Minister): It is in force now, just at the corner of Barrack and Wellington streets.

Mr. PILKINGTON: Of course I know that one can always buy chemicals at any chemists and it must follow that anyone liable to suffer from a disease can get chemicals and prevent the disease.

The Minister for Works: Are you going to make immorality safe?

Mr. PILKINGTON: If to make immorality safe means stamping out the disease, I am going to make immorality safe. If the hon. member means that morality should be left unsafe, open to attacks of venereal disease, let him say so. Let him say: "I will not stamp out the disease, I prefer it to prevail." That is the old argument; this is the argument, you are making vice easy. The method advocated by Sir Bryan Donkin in the article is the method which alone has succeeded in combating venereal disease and that alone.

The Minister for Works: It is up against the arguments of the churches.

Mr. PILKINGTON: I am perfectly indifferent as regards the arguments of the churches and the women. I am not concerned with those arguments; I am concerned with what I think. If I am attacked by the churches and the women, I shall not care two straws.

Hon. W. C. Angwin: The purpose of this Bill is to stamp out venereal disease. You want to prevent venereal disease.

Mr. PILKINGTON: I want to prevent venereal disease from arising. The Bill is intended to treat venereal disease after it comes into existence. Sir Bryan Donkin's method prevents the disease from coming into existence, by treating the person who has subjected himself or herself to infection, treating such person immediately after being so subjected. In the first place, let me point out the results which have been attained by this method. The "Nineteenth Century" article, to which the Honorary Minister has referred, gives, on page 583, a remedy. This remedy has been known for a good many years; known in a scientific sense; but so little has it been known in the general sense that even Sir Bryan Donkin states that a book on the subject, published in 1909, came to his knowledge only a few months before he wrote this article published in September of last year. The remedy was more generally known in Austria and Germany than in England. Sir Bryan Donkin gives this illustration of the effects of the remedy—

An army order was issued in Austria in 1907 for the prevention of venereal diseases, and carried out with the result of a decrease of 62 per cent. in the amount of disease in some of the regiments, and later in the same year a decree of the war office to the same effect was issued in France.

The point is that there was a reduction of 62 per cent. in the amount of disease. Sir Bryan Donkin also quotes an article from the "Lancet." He says—

The "Lancet" article, in illustration of the recent attitude to this question, refers to the important fact that "in military administration, directed to the only organised group of society in which, before the awakening of to-day, measures had been adopted to deal with venereal diseases, this injunction (*i.e.*, with calomel ointment) had already become a routine measure. An army order issued in March, 1916, directed

medical officers to arrange 'an organised system by which soldiers who had exposed themselves to the danger of venereal infection were required to attend for treatment within 24 hours of infection, etc.' We understand that in the case of one battalion of 1,700 men in which these facilities for preventive treatment were introduced the incidence of venereal disease immediately fell to less than a quarter of the previous figure." That is a reduction of over 75 per cent. Sir Bryan Donkin proceeds—

There is no reason whatever to question this result, or that even better success might perhaps be attained, similar facilities and instructions being given, not only in the Army and Navy but also in the civil population.

Sir Bryan Donkin quotes the following from a communication which, he says, was sent to him by a specially experienced medical authority—

It is well known that the infective organisms of syphilis and gonorrhoea are more easily destroyed in the first 24 hours after exposure to infection than at any time after the onset of the disease. If due precautions are taken no child, even if born of infected parents, need ever acquire gonococcal ophthalmia. Preventive treatment in this case is well recognised and widely employed. It should be equally recognised and employed against gonorrhoea itself. Both infections are easy to prevent, and both exceedingly difficult to cure.

That is the keynote of the whole of his argument—to prevent these diseases is medically easy, and to cure them is medically difficult. The statement quoted by Sir Bryan Donkin continues—

The preventive treatment of syphilis is even easier, and is often successful when applied some three days after exposure. Preventive treatment, summed up in a word, is cleanliness, second indeed to Godliness, but much more easily enforced. It is probable that careful washing with soap and warm water immediately or a few hours after exposure to infection would prevent the onset of disease in most cases, and if, in addition, medical means are suitably applied, the occurrence of disease can be reduced by 80 or 90 per cent.

It is said by the Honorary Minister that these practices are available. Of course, one can buy these things in any chemist's shop in Perth, or, for that matter, in any chemist's shop in the world. But the point is, are they made known and available to the public so that they may be used generally and these diseases prevented? Are the Government prepared to use these measures as a means of cutting out these diseases from Western Australia? As I stated a little while ago, I of course do not profess to have any medicinal knowledge of these diseases. I merely put forward what appears to me to be a method of dealing with them, which has alone, of all methods, been successful, and which therefore I suggest should receive the serious consideration of the Government and of this House. Of course, if by reading these articles I have been mislead into a wrong belief that these methods are good, when in fact they are not good, that is a different matter altogether. I will bow to medical authority if so advised. But I notice that Dr. Trethowan, in his evidence before the select committee, speaks in the same way of these preventives as being effective. And there is a still more remarkable case. In answer to Sir Bryan Donkin's article published in the "Nineteenth Century" of September last, there appeared in the following issue of the same journal an article

by Sir Francis Champney, a medical man of the highest repute. He attacks Sir Bryan Donkin's methods very strongly and very vigorously, but he never suggests that the medical results cannot be obtained. So far as the medical results are concerned, he apparently accepts them without question. He attacks these methods solely upon moral and religious grounds. He says that preventives are immoral. For some reason there appears to be an inclination to shrink from advocating the methods which Sir Bryan Donkin advocates. Sir Bryan points out, in the article to which I have referred, that the British Royal Commission which reported in March, 1916, does not mention these methods except in a very casual fashion. It is true also that our select committee dealt with the matter in a similar way. So far as I can see, however, the medical evidence all points in one direction. Let us deal with the medical aspect first, quite apart from any moral or religious considerations. It would appear to be a medical fact—although of course upon this point I may be open to correction—that if we could persuade people who expose themselves to infection to adopt those methods which are to-day adopted by the soldiers at the Front, if we could persuade these people to make use of these preventive measures, then in all probability venereal diseases would be practically wiped out. There ought to be little difficulty in arranging that these remedies should be made available to everyone. Methods are suggested in the article from which I have quoted. It is recommended that the preventives should be placed in public lavatories, and sold at a very small price. There would be no difficulty if the Government are prepared to face the matter prepared to say, "We are going to make public the fact that any person who indulges in immorality can make himself practically perfectly safe by the use of this means." If we are prepared to do that, then there seems to me to be little difficulty in reaching the medical result of reducing these diseases by enormous percentages. I am well aware that these suggestions will create a good deal of opposition. I venture to think they would create very little opposition if it were not for the, as it were, inherited views which perhaps we all hold to some extent, by reason of the opinions held with regard to the former Contagious Diseases Acts of England. Those Acts presented an appearance—I do not say that it was the fact—to at any rate a large number of the people of England that the Government were providing houses of ill-fame for the use of the public; and that shocked the conscience of the public. Now a similar attitude is adopted by a large number of persons against the methods advocated by Sir Bryan Donkin, or the methods that might be adopted. Indeed, the book I refer to, by Mr. Robson, published in 1909, was refused circulation in the libraries, and the booksellers would not handle it. Even Sir Bryan Donkin never got to know of it until eight years after it was written. There is a general feeling, I am well aware, against the adoption of these methods. But, assuming that the medical fact is established—and as to that I say, of course, that we must rely upon medical evidence—that by using these methods the diseases can be destroyed, or nearly cut out, should not these methods be applied? I submit, with some confidence, that they should. And I submit with some confidence, that there is not any immorality in applying those methods. I submit that if there is any immorality connected with

the matter of applying or not applying them, so far as those in authority are concerned, the immorality would consist in a refusal to apply measures which would eradicate venereal diseases.

The Minister for Works: How would you apply the methods to those who have inherited the diseases?

Mr. PILKINGTON: They would not apply in such cases.

The Minister for Works: What would you do in those cases, then?

Mr. PILKINGTON: Treatment must be provided for those cases. I do not pretend that these methods will prove perfect, but I do say they will greatly reduce, so far as the medical evidence at my disposal goes—of course I may be misled—the incidence of these diseases. On this point I gather Dr. Trethowan holds the same opinion as Sir Bryan Donkin: and I can find nothing in the evidence of the Commissioner of Public Health to throw doubt upon the matter. In fact, we are now told by the Honorary Minister that the Commissioner of Public Health has lectured on the subject, and that he supports the view put forward. I should be surprised to hear that the Commissioner does not hold the same view as Sir Bryan Donkin.

Hon. W. C. Angwin: I do not think those methods would increase immorality.

Mr. PILKINGTON: I do not believe they would, and for this reason: this thing is well established: for some reason difficult to understand, the prevalence of these diseases does not, in fact, act as a deterrent. But I want to put this point—and I know that the attack will be made upon the only ground that it can be made, the suggestion of immorality. We shall be told, "You are making vice easy." That is the attack which will be made upon me now, I suppose. I shall be told that I am trying to make vice easy. Very well. But I would ask the person who makes that charge whether, if he could by the wave of a wand eradicate these diseases from the face of the earth, he would do so? Of course he would. And then he would make vice easy. If we succeed in the object which, apparently, we are all trying to reach, that is to say the cutting out of these diseases, we shall be making vice easy.

The Minister for Works: And saving the human race. Which is the more important?

Mr. PILKINGTON: I should think that both are important—both to cut out venereal disease and to save the human race. I do not know to which object the Minister for Works is referring. But I do suggest that the argument that we shall be making vice easy is a fallacious argument, entirely fallacious. We are out to make vice easy, if that means that these diseases are to be cut away. It is the opinion of a good many people, that 400 years ago the venereal disease, syphilis was unknown. I do not say that opinion is right. It is the opinion of Sir Francis Champneys that in the early part of the Christian era there was no venereal disease.

Hon. F. E. S. Willmott (Honorary Minister): I thought it was brought from America by the men who travelled with Columbus.

Mr. PILKINGTON: Some are of that opinion; others are not. Reference will be found to venereal diseases in the fifteenth chapter of Leviticus. There are many persons, including Sir Francis Champneys, who believe there was a time when those diseases did not exist. If that is so, I would point out that a beneficent Providence, in His

wisdom, at one time made vice easy. There can be no immorality in cutting out a disease. If these methods can cut out this disease from Western Australia they ought to be employed. I earnestly ask hon. members, if they do consider these methods might be used with advantage, to deal with the question of the morality or immorality of it with care and earnestness; because I feel certain that those persons who consider, as Sir Francis Champneys did, that there is something immoral in the method, are affected by prejudice, or by the point of view from which they have long been accustomed to look at this question. I know well what the ordinary point of view of half the people of England was in regard to the Contagious Diseases Act. The general opinion was that it was some sort of Government cloak for vice. Whether it was so or not, it is quite immaterial to argue now. That point of view is causing a hostility to Sir Bryan Donkin's suggestion—which is by no means new, but which he has published for the first time to the ordinary man. Very few persons in this State had ever read about those methods until that article was published. I suppose every person who is interested in the matter wants to see the disease cut away. I suppose that those who decry these methods as immoral or irreligious are equally desirous of seeing the diseases destroyed. This is what I would ask those persons to consider: Do they consider it immoral to destroy these diseases root and branch? They could not say anything but "No." Well, let them remember that when they have done that any man, and any woman, may practice immorality without the slightest danger of contracting venereal disease. Vice will be made easy, as it was, perhaps, made easy by Providence in the beginning.

Hon. T. WALKER (Kanowna) [6.5]: I was hopeful that we should have heard something from the Minister for Works in reply to the very able speech which we have been privileged to hear. I have hesitancy in addressing the House after listening to that speech, because to my mind, it so thoroughly hits the subject, deals with it so trenchantly and puts the matter so clearly before the House that it leaves very little more to be said. If I weary the House somewhat in the course of my speech, it will only be in the elaboration of the principles and views laid down by the member for Perth (Mr. Pilkington) following not upon theory, not upon mere speculative opinion, but on the experience of capable medical men who have made the subject a special study. I agree with the hon. member that the only point worth debating in the measure we are now considering is the matter of dealing with legislation for eradicating venereal diseases. At the same time, I must pay a compliment to my friend, the member for North-East Fremantle (Hon. W. C. Angwin) for having gone to considerable pains to point out that the Bill, apart from those clauses, is one that practically grants unwarranted powers to the Health Department and to the Commissioner for Public Health. I purpose to leave those clauses dealing with the power given to the Commissioner and to the Health Department until we reach the Committee stage; but I do intend, with the privilege of the House, to deal at considerable length with the subject that is the bone of contention in this measure. First of all, the right note was struck by the member for Perth when he pointed out that generally we approach this subject with preconceived notions that we have imbibed, not only from our youth but, if there be

anything, in heredity, we have actually inherited. There is a deep rooted prejudice in the general public against treating subjects sexually related in any form whatever. As has been pointed out, the very fact that we can discuss the matter so freely in this Assembly, and that public meetings can be held whereat women not only attend but have the privilege and the courage to address large audiences on the subject, is significant of a vast change that is passing over the public mind. I rejoice in that; there is more good in that than there is in the Bill we are asked to endorse. It is knowledge, knowledge and cleanliness that are to eradicate this disease, knowledge, cleanliness, and absolute freedom from that hesitancy to deal with sexual matters as if they were something tabooed. I can well understand how the subject has been tabooed. There was a time in the history of the human race when prostitution was an absolutely sacred thing, when it was part and parcel of the religions of the people. We have only to read our Herodotus to learn that at one period in Babylon every woman was compelled to submit herself to a stranger. We are told with a touch of pity that one woman worshipped at the shrine of Mylitta, waiting for a stranger to throw a coin in her lap, for the space of three years, because her more fortunate sisters had taken the custom of the goddess so to speak, and had acquired priority. And it was not alone Mylitta, but at Ashtorath, Astarte, and Tanith of old Carthage. And even in the days of old Greece, the Greeks in their religious ceremonies practising the same religious zeal in the worship of the fertility of Nature as represented by the mother goddess, made prostitution itself to be surrounded by reverence and sanctity. It was not until the quickening of the intellect, until the conflict of nations in intellectual struggle for superiority in the domain of comparison that a revulsion took place, and in addition to having the devotees of Venus we had the devotees of the chaste goddesses and the vestal virgins whose celibacy was hung around by every possible safeguard, and where violation was affected by the penalty of death. But it was not till the Roman, I may say perhaps, the Greek and Roman Empires, had spread luxury in the East and had made an inroad to the decadence of the old religions of Egypt and the worship of Isis and Osiris that a species of revolt against sexual indulgence in any form arose. And before the days of Christianity, in old Egypt there were the Ascetics, those who were devoted to celibacy in the strictest sense of the word. And from sects of this kind arose that school of Alexandria, that eclectic school that ultimately gave us the Therapeutae of Egypt and our Essenes of Palestine, and the Christians before Christ, so graphically described by the first great Christian historian, Eusebius. This school, those orders of chaste men and chaste women who lived in the desert and secluded themselves from sexual suggestions in every possible form, took their rise and got their station in Egypt. And the early Christian writings teem with instances of antipathy to sexual matters and sexual relationship. Even in our New Testament we read that it is better to marry than to burn; the inference being that if one can avoid burning it is better not to marry at all.

Sitting suspended from 6-15 to 7-30 p.m.

Hon. T. WALKER: It is more than mere intellectual peculiarity. It has its roots deep down in those religious convictions that I was endeavour-

ing to trace before we adjourned for tea. To properly understand it we have to realise the origin of those various sects that culminated by selection after 300 or 400 years in what we call Christianity. In the second century, particularly, we find a fierce conflict raging that lasted in some respects up to the fourth century between two prominent bodies of men called respectively gnostics and montanists. I want particularly to draw attention to these because the montanists are the representatives of the old Ascetics. We may trace that antipathy back from the time of the Therapeutae and the Essenes and to the conflicting schools of Alexandria. The gnostics believed in only a spiritual Christianity, a Christianity that was philosophical not actual, and the montanists believed in a reality with some modifications of spiritual explanation in the Christian experience.

Hon. R. H. Underwood (Honorary Minister): When do you anticipate getting to the Bill?

Hon. T. WALKER: The montanists who were looking forward, not looking back to the past, to the Messiah, the Christ coming, made it the most pertinent of their doctrines that they should put away the flesh, and with the flesh was included everything sexual. It became a mania with them to put away the flesh, and, for their hatred of everything they christened carnal, they were willing to undergo martyrdom and persecution of every kind, and they actually did so. They were an exceedingly powerful sect, and it is through their teachings that the very Church of Rome took its antipathy to sexual matters. From that time onward sex has been an abomination, and woman, particularly, has suffered in this respect. The great controversy between the montanists and their rivals at Carthage was as to whether virgins should be veiled. In the latter days the antipathy became so strong that Lecky records that one of the Saints refused to keep fowls because there were amongst them those of the female sex. Such was the antipathy to sex and it exists to this hour. There is no subject more tabooed than sex. One cannot discuss it in public. One cannot publish works upon it without being liable to prosecution. Even the works of the great scientist, Havelock Ellis, are banned because they deal particularly with sexual matters. They have been prohibited circulation, although there can be nothing to gainsay in these as regards their moral intent, their useful purposes as scientific treatment, and their value generally to humanity. We have at last passed that stage when we must not treat upon sex matters openly. The interjection of the Minister for Works about making vice and punishment for sins is a remnant of that species of thought and worse than thought, feeling. If it were only that we could combat it with argument, but it is deep seated in the feelings of mankind. There would be no man who would perhaps scream more than the Minister for Works if we pursued the policy suggested by the learned physician quoted by the member for Perth (Mr. Pilkington), and had prophylactics in ready access to everybody liable to suffer and not only actually suffering.

Hon. R. H. Underwood (Honorary Minister): He has not quoted from any physician.

Hon. T. WALKER: Undoubtedly the hon. member did. I say there would be none who would scream more than some of those who are supporting this measure to-night if the chemist's shop referred to at the corner of Barrack and Wellington Streets—

Hon. R. H. Underwood (Honorary Minister): You could get them free.

Hon. T. WALKER: Advertised it. If a chemist advertised a preventative for these venereal diseases, immediately the police would be down upon the advertising chemist, and I suppose through the agency of the very department represented by the introduction of this Bill. It is that feeling we must get rid of, if we are to cure this evil or treat it rationally.

The Minister for Works: Is it not better to have treatment by those who are qualified to apply the treatment than allow the people to take medicines promiscuously and in ignorance?

Hon. T. WALKER: If we actually have the prophylactic and if we actually have the preventative, and it is known and tested and can be sold or bought anywhere the ignorant may take it, as they may take any other physics chemically and professionally prepared.

The Minister for Works: And you must guarantee that it will have no injurious effect, or any effect except that which is wanted.

Hon. T. WALKER: Of course we would guarantee to that extent. We look upon the medical profession to guard us in that respect.

The Minister for Works: I am only looking at the logical consequence.

Hon. T. WALKER: These consequences are that if we offer a preventative, one which will lessen the liability to infection, and bears upon it the guarantee of the medical talent of the world, it is not only safe to use it where risk is to be run, or is actually run—

Hon. R. H. Underwood (Honorary Minister): They have been using it for the last 50 years.

Hon. T. WALKER: That is the proper channel to take. That is the duty we have in view, and in these surroundings as represented in this Bill—

Hon. R. H. Underwood (Honorary Minister): That is one of our duties which we are carrying out.

Hon. T. WALKER: Undoubtedly. It is one which is liable to eradicate the evil and so far as I know the only one, and I believe it to be my duty to show—

Hon. R. H. Underwood (Honorary Minister): They have been using it for 50 years.

Hon. T. WALKER: The hon. member will have an opportunity of speaking again later on, and I hope he will have patience and listen to others now. This feeling of prejudice, this love of ignorance upon the subject, this tabooing of enlightenment, have been responsible for the very introduction of the worst forms of venereal disease amongst us. Reference was made by the member for Perth to the introduction of syphilis in the fifteenth century. I want hon. members to bear in mind that prior to that, though there was as no lack of what we should call immorality, though there were courtesans everywhere, though there was promiscuity of sexual intercourse all through Europe, that disease had not been known until Columbus's return with his soldiers from the West Indies. My authority, and I think it is wise that members should know this, for it shows the state of morals and how we sometimes hypocritically hide facts, not only historical facts, but those which are present amongst us to suit our own ends, is no less a one than Draper, in his "Intellectual development of Europe," and he says—

The attention of all Europe was suddenly arrested by a disease which broke out soon after the discovery of America. It raged with particular violence in the French army commanded by Charles VIII. at the siege of Naples, A.D.

1495, and spread almost like an epidemic. It was syphilis. Though there have been medical authors who supposed that it was only an exacerbation of a malady known from antiquity, that opinion cannot be maintained after the learned researches of Astruc. That it was something recognised at the time as altogether new seems to be demonstrated by the accusation of different nations against each other of having given origin to it. Very soon however, the truth appeared. It had been brought by the sailors of Columbus from the West Indies. Its true character, and the conditions of its propagation, were fully established by Fernel. Now, giving full weight to the fact that the virulence of a disease may be greatest at its first invasion, but remembering that there is nothing in the history of syphilis that would lead us to suppose it ever was, or indeed could be infectious, but only contagious, or communicated by direct contact from person to person: remembering also the special circumstances under which in this disease, that contagion is imparted, the rapidity of its spread all over Europe is a significant illustration of the fearful immorality of the times. If contemporary authors are to be trusted, there was not a class married or unmarried, clergy or laity, from the holy father Leo X., to the beggar by the wayside, free from it. It swept over Europe not as Asiatic cholera has done running along the great lines of trade, and leaving extensive tracts untouched, settling upon and devastating great cities here and there, while others had an immunity. The march of syphilis was equable, unbroken, universal, making good its ground from its point of appearance in the south west, steadily and swiftly taking possession of the entire continent, and offering an open manifestation and measure of the secret wickedness of society.

What was true then has been true ever since and was true before. Let us not put on a hypocritical cloak. There can be no denial of the fact that the sexual impulse is strongest in human nature and will break through its bounds in all ages and amongst all people. There can be no question that whatever veil of apparent prudery or morality with which we may cover this subject, it is always there. As the philosopher Schopenhauer has pointed out, man is a polygamious animal. So long as he is such we shall have the phenomena of illicit or illegal or immoral, if you like, sexual connection, and therefore it is all the more necessary that we should treat it not as a crime, not as something to dog the police on with, or through, or for, but as something inevitable, that we must meet philosophically and kindly and in the spirit of humanity. That is the attitude we must assume if we wish to do any good in the eradication of this evil. That it is an evil there can be no question, and it is an evil that does not confine itself to the one who gets the contagion. It may be handed on to generations afterwards. There is no disease perhaps so terrible but there is no need to become hysterical in discussing a subject of this kind. There can be no question that the virulence of the disease is not what it was when it broke out on the return of Columbus from the West Indies, and considering that a man in about 400 years may have something like 4,000 ancestors male and female, it is very doubtful whether there are many living who have not at some stage had the taint of venereal disease in some form or other. So that the virulence is decreasing. But

as with other diseases, there comes a recrudescence of it when our soldiers visit alien peoples and the same strong, uncontrollable impulse leads them to illicit intercourse with strangers and they bring back a virulence of the disease that is new and far more dangerous. That is the stern feature with which the armies battling now in Europe and in other parts of the world have to contend with. The disease might of itself in the course of time, perish. Its virulence would be gone if we did not renew it by these contacts, and with the refertilising blood so to speak. That is actually what takes place during these great European wars. I think we cannot let the public know too much about the danger that is run by the existence of this disease amongst us. There are innumerable authorities, but I would like to place it on record and draw the attention of the public to the dangers of these diseases in our midst. I am going to read an extract from "The Sexual Question," by Prof. Forel.

Hon. R. H. Underwood (Honorary Minister): Why not Dr. Cumpston?

Hon. T. WALKER: I am going to quote from this man because he is an authority whose judgment and whose knowledge will not be questioned. He was formerly professor of Psychiatry at and Director of the Insane Asylum, Zurich, Switzerland. He says—

In women the results of gonorrhoea are, if possible worse than in men, because it is more difficult to cure. A prostitute affected with gonorrhoea may infect an enormous number of men and in this case medical inspection of brothels is no guarantee. The gonococci are concealed in all the corners and folds of the internal genital organs of woman, where they set up inflammation of the womb, the Fallopian tubes and even the ovaries, which may lead to adhesions between the abdominal organs. Women affected with chronic gonorrhoea generally become sterile. When the womb and the ovaries are affected there is much suffering and the woman may be confined to bed for some years. Strictures of the urethra and inflammation of the bladder are more rare in women than in men as the result of gonorrhoea. But gonorrhoea is not confined to the adults of both sexes. The innocent child who at birth has to pass through its mother's vulva, when this is affected with gonorrhoea, undergoes a baptism of gonococci which attack the conjunctiva of the eyes and sets up a severe purulent inflammation, called ophthalmia of the newly born. This is one of the chief causes of total blindness, and if the child is not entirely blind, there are often large white patches left on the cornea which considerably interfere with the sight. Gonorrhoeal ophthalmia may also occur in adults by conveying pus from the urethra to the eyes by the fingers. Syphilis: this disease is still more formidable than gonorrhoea. It is caused by a microbe which has recently been discovered (*Spirochaeta pallida*). Syphilis is much more chronic than gonorrhoea and commences with a small sore indurated at its base and called the hard chancre. This is situated on the genital organs or elsewhere: in the mouth for instance, when this has been in contact with the buccal or genital organs of a person infected with syphilis. The syphilitic poison spreads through the body by means of the blood and lymph. At the end of a few weeks eruptions appear on the body and face, and then commences a series of disasters the cause of which may be suspended over the victim for his whole

life, like the sword of Damocles, even when he believes himself cured; for the cure of syphilis is often uncertain. This disease may remain latent for months and years to reappear later on in different organs and cause fresh legions. Syphilis causes ulcers of the skin and mucous membrane; it sometimes causes decay of the bones; it may cause disease of the internal organs, such as the liver and lungs; it affects the walls of the blood vessels, causing them to become hard and brittle: it causes diseases of the eyes, especially of the iris and retina, tumors in the brain, paralysis, etc. In fact it spares none of the organs of the body. Amongst the most terrible results of syphilis we must mention locomotor ataxy (sclerosis of the posterior columns of the spinal cord) with its lightning pains and paralysis of the legs and arms; also general paralysis of the insane, which by causing gradual atrophy of the brain, destroys one after the other, sensations, movements and all the mental faculties. These two diseases which are so common at the present day, only occur in old syphilitics, five to twenty years, or more often ten to fifteen years after infection, and as a rule in persons who think they have been completely cured. Both these diseases are fatal. Before causing death, locomotor ataxy causes intolerable pain for several years. General paralysis first gives rise to grandiose ideas, and after disintegrating the human personality bit by bit, ends by transforming the individual into a being much inferior to animals, and of an aspect as miserable as it is repulsive. A general paralytic in his last stage is little more than a vegetating ruin, in whom the nervous activities are decomposed little by little, after the gradual disappearance of all the mental faculties. This is the result of slow atrophy of the brain and gradual destruction of its microscopic elements, or neurones. There is more that might be said, but what I have read is quite enough to show what a terrible disease it is. And it is not because those who voluntarily indulge in illicit intercourse suffer from the results of contagion, but it is because this disease, once acquired and whilst in its acute stage, can be made to fling the absolute innocent. As this writer and other writers have shown it is not alone the innocent wife, but the babe unborn. It is not alone those of whom there are more or less who suffer, but the poison is such that by coming in contact with articles touched by those suffering from the disease, if the poison has been conveyed to the article the article can convey it to a third. And there have been those who have obtained syphilis by no other reason than by kissing diseased people. There have been cases of the disease being contracted by simple contact with the implements that are used in the workshop. There have been cases where the utensils for drinking have conveyed the disease to the mouth of the innocent. So there can be no question of the terrific, the awful nature of the venereal ailments. Therefore, there can be no doubt of the wisdom of checking the malady, and no doubt of the wisdom of preventing it. And that is the whole point I want to make. It is all right enough bringing humanity in after the disease is contracted, when its danger has commenced to run its course. The point should be to bring humanity in before the danger is encountered, before the risk is run, before the disease takes root. And I want to know even now that it has taken root, if we are going, by the Bill, the right

way about stopping it. The member for Perth (Mr. Pilkington) rightly drew attention to the methods of prevention, trying to stop it by cure, by treating it and by examining it, by giving certificates after the disease has run a portion of its course. I want to show by authority, that is by this book, that that method has been tried and absolutely failed. If it had not failed, and I was not convinced it had failed, the Bill would have no stronger champion that it would have in me. Flexner in his "Prostitution in Europe" has some very instructive remarks on the efforts that have been made by the best medical schools to check by regulation, examination, and treatment, the ravages of the disease on the Continent of Europe. He says—

It is occasionally denied that the mere existence of regulation tends to develop recklessness on the basis of assumed security. Blaschko; for example, a distinguished authority, while conceding that here and there an individual is misled, does not believe that the problem as a whole is appreciably affected. But Blaschko starts with the assumption that things have always been as they are and will never be much different. My own impressions are, however, distinctly opposed to Blaschko's view: I have, I think observed unmistakable evidence that regulation is itself one of the factors in demoralisation, by reason of the prominence it gives to prostitution, the undermining of the forces that make for good conduct, and the illusions of safety that it creates. My notes contain many random conversations which cannot be wholly without representative significance as to the last-named point. I happened, for example, to call on one of the most eminent of French dermatologists at the time when he was consulted by a wealthy Mexican gentleman who was passing the winter in the gay capital. A prompt diagnosis of syphilis was made. "Impossible!" rejoined the perturbed patient "I have had nothing to do with any woman except an inmate of a well known resort of high character (he named the house and street), who possesses a certificate of good health. For this security I pay 100 francs." "You could purchase equal security much cheaper on the streets," replied the French savant. Communications of precisely the same tenor have been made to me by intelligent men—foreigners as well as Americans—in Paris, Berlin, Rome, and Stockholm. Schneider, an exceptionally candid witness as to the well-to-do German youth, declares: "A very large proportion of men who hunt out official prostitutes live in the belief that sexual intercourse with inscribed women is, in consequence of medical control, practically without danger. In my earlier years I myself held to this view, and only after I had taken pains to study the subject thoroughly, did I perceive that there was no safety at all. Alas, too late! And the same thing happens to thousands of others, who are lulled into a false sense of security and whose moral scruples are also weakened." If such is the state of mind among the intelligent, is it not probable that the uneducated make the same assumption? Experienced physicians can be quoted in support of this view. "The public is fooled. The laity is led to believe that it is possible to distinguish diseased from healthy prostitutes. As all the diseased ones are sent to the hospital, relations with controlled prostitutes are free from danger. This is the popular conclusion." The official rules them-

selves practically conceded the point. For the police are now at pains to disavow the natural consequence of their own policy. The Paris regulations state in bold type that "the card delivered to inscribed women must not be regarded as an incentive to debauch"; and the public is commonly warned that the medical examination is not to be interpreted as a guarantee of safety. Regulation may therefore be regarded as calculated to increase the volume of irregular intercourse: what does it accomplish by way of rendering such intercourse harmless? Medical control is concerned chiefly with two diseases, syphilis and gonorrhoea, in reference to both of which its object is not primarily to heal the woman, but rather to protect her patrons from infection. It is therefore not essential, from the standpoint of regulation, that prostitutes who have contracted syphilis should be interned during the several years during which the disease runs its regular course; it is only essential that the women be kept under lock and key during the infectious stages of that tedious process. And the same is true, theoretically at least, of gonorrhoea. The salient points in connection with these diseases are, for our purposes, these: both are contracted early in the prostitute's career. Syphilis is a protracted affair, but the girl who has run the entire gamut of a single infection is subsequently immune; she does not herself freely contract the disease. She may, of course, at any time, act as a carrier, receiving the germ from one patron and conveying it to another, even while herself not becoming actively infected. Having herself, however, contracted the disease, she is highly infectious during the primary stage, calculable in weeks, and during the secondary stage, usually occupying from two to three years, but sometimes lasting from five to ten. During this time, fresh manifestations, indicative of danger, appear from time to time; but infection may also be communicated when no signs of disease are visible.

A point to be remembered—

It is very important at the very outset to get clear notions as to these points. Syphilis is highly infectious during the entire duration of the primary local lesion. In the secondary stage, it is highly infectious when florid; probably not infectious when really latent; that is, when the disease is active only in liver, brain, and other internal organs or tissues. But the difficulty is that syphilis is often regarded as latent when it is actually florid,—the signs escaping observation. At any time, infection may take place not only in sexual intercourse, but also through the mouth, saliva, and other secretions and contacts. Relapses are also very common. Of 722 prostitutes with secondary syphilis, 529 relapsed 1,601 times in the first year, 204 relapsed 303 times in the second year, 90 relapsed 120 times in the third year, 53 relapsed 73 times in the fourth year. Often the symptoms are almost unnoticeable, at times escaping the vigilance of a careful observer. The clinical history of a syphilitic woman is by no means a sufficient assurance that she is no longer a source of peril to her patrons. Gonorrhoea is wholly incalculable. No matter how frequent its attacks, no immunity results. Prostitutes, it is true, appear to contract acute infections less often as they grow older; but this is probably due, not to an acquired immunity, but to toughening of the tissues and decreased exposure to infection through falling off in

business. Clinical appearances as to the presence or cure of the disease are entirely unreliable. Of the elements on which such judgments rest—the colour, odor, and consistency of the secretions—Guth declares: “No criterion could be more arbitrary or deceptive, for, on the one hand, the clinical character of the gonorrhœal excretion varies so often and so suddenly, that a person who appears suspicious to-day may be free of secretion to-morrow, and subsequently again show suspicious symptoms. An apparently innocent vaginal secretion may be infectious; a purulent discharge may be non-communicable.” Whether even a microscopical examination is competent to decide the question involved is open to grave doubt. Unquestionably the microscope can note the decrease in the number of gonococci; but it is not yet proved that their virulence diminishes in the same ratio. Moreover, a secretion relatively poor in gonococci may still transmit infection, even though the secretion is so poor in them that successive slides fail to indicate their presence. Finally, gonococci of diminished virulence quickly recover their full virulence when transferred to a favourable membrane. What does regulation, as we have described it, accomplish, first, with those examined, next, with respect to the general situation? It needs little argument to show that the crude clinical procedures of which Paris is typical achieve little in the way of isolating infected foci. In the first place, the examination is so rapidly and carelessly conducted that if the truth were known, it might well be found to communicate more infection than it detects, (as, for example, when a finger, used to separate actively diseased parts, is applied uncleaned to the same parts of others). In ascertaining clinical conditions the commonest precautions are by on means invariably employed. One physician examined in my presence 30 girls, using the speculum only three or four times; all were pronounced well; his neighbour, who used the speculum regularly, found a few infected cases such as the former must have missed. The examining physicians realise the slipshod nature of their work. A suspicious secretion having been noted by a bystander in the case of a woman pronounced “well,” the physician was asked how he knew. He shrugged his shoulders: “I don’t know; but there’s no way to tell. If we kept cases like that, we’d keep over half.” Another of the examining physicians disposed of a similar case in the same way: “We can’t keep them, we haven’t space, though we aren’t sure they are well.” Still another: “Accurate diagnosis is impossible; under these conditions, gonorrhœa, unless virulent, is ignored; our real effort is to detect syphilis.” In another case, a woman pronounced “well” was leaving the chair when, on a bystander’s sceptical remark, the physician reversed his opinion and sent the unfortunate to St. Lazare. The total number of women incarcerated at any one time on the score of venereal infection is negligibly small. On the occasion of my visit to St. Lazare, 170 venereal women were confined there, and I was informed by the chief clerk that this was a fair average; these are the scapegoats for the venereal disease in circulation among the prostitutes of the French capital! Assuredly the temporary withdrawal of 170 infected women from the thousands with whom Paris teems is utterly without influence in the long-run; more especially as these women are themselves turned adrift before their infectiousness has

passed. Regulation of this type has less effect in reducing disease than a rainy night or a spurt of police activity—both temporarily diminishing the accessibility of supply to demand and its provocative character. The medical examination at Geneva, Brussels, and Rome is of the same general type and works in the same way. The city physician of Geneva explained to me that it required only “about an hour or so” to examine the 86 inscribed women of that city. To my comment “this is pretty quick work” he replied, “Yes, but I know them!” I asked how often disease is found. “Very, very rarely,” he candidly replied. Elsewhere I learned that as a rule the hospital of Geneva is free of women in so far as this source of supply is concerned. The conditions under which the examinations are made in Brussels and Rome preclude anything beyond primitive work. The provincial health officer at Rome declared that the official examinations by the police physicians disclosed “very little disease”; subsequently one of the latter conceded that “the examination is good enough to detect primary syphilis; it is of little value otherwise. Of course violent gonorrhœa would be observed. But it is absurd to suppose the others safe; in so far as gonorrhœa is concerned, no public woman is ever safe.” At Brussels, during the two years preceding my visit, a total of 26 prostitutes had received hospital treatment,—inscribed and non-inscribed. The year before, 1910, nine inscribed prostitutes and 27 clandestine were pronounced “diseased.” “The real harmlessness of the registered prostitute,” says Dr. Baget, head of the hospital division at Brussels, “consists in this—that she is practically non-existent. My clinic at Hospital St. Pierre contains four beds for prostitutes, and even these are almost always empty.”

I do not want to weary hon. members by reading at further length, but as one proceeds the facts become more conclusive in showing that the medical examinations of those already diseased are no guarantee to society, and that these medical examinations often result in the granting of certificates of cleanliness to those who the very next day are a means of spreading afresh the disease. And that, too, even when the microscope has been brought into requisition and when still further care has been taken by those in charge. The work is done in a perfunctory manner and so long as that is the case we cannot expect to eradicate the evil merely by insisting that those who have the disease shall go to treatment. Society is unsafe whilst we make no further provision than that, whilst we stop there. The disease will exist and continue so spread unless we take it before it commences its ravages; that is to say, unless we use the prophylactics which are recommended by the learned physicians first of Germany and then of England and France. But it is more particularly with regard to notification of the disease that I wish to speak. The Bill makes particular provision for giving notification through a third party of a person being suspected or believed to have the disease. On that point a work called “The Nation’s Health,” by Sir Malcolm Morris, has some very pertinent remarks. The author heads a chapter with these words, “Should venereal disease be notifiable?” which is the very question we in this measure are asking ourselves.

Mr. Harrison: What is the date of the work?

Hon. T. WALKER: This work was published only last year. It was first published in January of 1917, and was registered in February of 1917.

Therefore it is quite up to date. In the chapter entitled "Should venereal disease be notifiable?" the author says—

The question whether these diseases should be made compulsorily notifiable is one that demands serious attention. The Royal Commission took a great deal of evidence bearing upon it, and gave it careful and even anxious consideration, with the result that, subject to a qualification to be mentioned presently, its members unanimously decided not to recommend any system of notification, even of a confidential nature. In some quarters this decision has caused acute disappointment, and it is necessary, therefore, to review the reasons that are to be urged for and against notification.

When we come in contact with the learned opinions and the experience and the view of the members of that Royal Commission which inquired into this very subject, I submit we are justified in listening to the results of their careful consideration. I continue the quotation—

Results of notification. Undoubtedly there is a strong *prima facie* presumption in favour of notification. This policy has been applied to one infectious disease after another, with great benefit to public health in not a few instances, as is recognised by the Local Government Board. In measles and whooping-cough the results have been inconsiderable, because these diseases are infectious in a high degree before their nature can be determined. But in typhus and typhoid fever, smallpox, scarlet fever, and diphtheria notification has yielded excellent results, and it is proving to be of great value in tuberculosis, to which it was fully extended so recently as 1914. It is natural, then, that many who feel strongly about the prevalence of venereal diseases should desire that a policy which has answered so well in some other diseases should be extended to them. What notification does. Let us see precisely how notification tends to check the dissemination of infectious disease. When a medical officer of health is notified of a case of acute infectious fever—say scarlet fever—he is able not only to carry out an investigation as to the channels of infection, such as an infected water supply, and take steps for stopping the infection at its origin, but to arrange for the isolation of the patient, either in a fever hospital or in the patient's own home, and also, where necessary, for some measures of isolation (quarantine) of those who have been in contact with him. Further, he can ensure that when the patient has been removed to a hospital, or when he has recovered, if he remains at home, measures of disinfection are duly carried out. Now let us ask whether isolation and disinfection are appropriate in venereal diseases. Isolation surely is not necessary. These diseases are not infectious in the sense in which the epidemic fevers are infectious; the infection is not diffusive, is neither air-borne nor water-borne, nor does it attach itself to things that have been in proximity to the patient. They are contagious diseases, and while it is necessary that the patient in the infective stages should avoid certain kinds of physical contact, and that articles contaminated by him, such as drinking vessels, should not be used by others, there is no need whatever for isolation. And in diseases such as these, which may run a course extending over months or years, isolation is at least as impracticable as it is unnecessary. Disinfection?

This is no more appropriate to venereal diseases than is isolation. Here it is the patient who needs to be disinfected, not his surroundings, and the only way of disinfecting him is to cure him. And that is to be done not by notification, but by rendering accessible to him, however poor, the best means of treatment, by bringing him to see the grave and irremediable consequences of neglecting them, and by ensuring that he shall not be deterred from availing himself of them by the fear that his secret will not be kept. Some of those who are agitating for compulsory notification do not shrink from coupling with it compulsory treatment. Their logic is admirable but what of their sense of the practicable? To believe that, brought face to face with this difficult and delicate problem, a nation so passionately resentful of official invasions of personal liberty would, without a long process of argument and persuasion, tamely acquiesce in coercion such as this, is a state of mind which I can only regard with amazement. But if compulsory treatment under present conditions is out of the question, it follows from our analysis of notification that from the extension of this system to venereal diseases no such advantages are to be expected as have accrued in certain of the infectious fevers and in tuberculosis. Little, indeed, would be gained, except that it would furnish statistics of the incidence of these diseases. It is certainly very desirable that such statistics should be available, but is that advantage to be set against the effect which notification would almost certainly have in deterring patients from seeking proper treatment? It is notorious that already the inclination of many patients to put themselves into the hands of quacks is one of the most serious obstacles to the eradication of these diseases, and nothing could be more calculated to reinforce that inclination than to make them notifiable. Sir Wm. Osler in his evidence before the Royal Commission, frankly admitted that this was a strong argument against notification, and though he was prepared to accept the disadvantage, I suggest that it is too great a price to pay for any benefit that can reasonably be expected from it. There are many medical men, no doubt, who, like Sir Wm. Osler, would welcome notification; but can it be doubted that there are also many, who, when they had to regard the question from the point of view of the individual patient, would be unable to resist his urgent plea for secrecy? The feeling between doctor and patient is not unlike that between confessor and penitent, and the appeal for strict confidence would, in many cases, not be urged in vain. If those in favour of notification will study the evidence given to the Royal Commission on this point, they cannot fail to perceive that the weight of expert opinion was decidedly against the proposal. They will see that it was the official witnesses, whose predilections might be expected to be on the side of notification, who were most opposed to it, not as being undesirable in itself, but because they are persuaded that in the present situation it is impracticable. Among these official witnesses were Dr. Newsholme, and the late Dr. Johnstone, respectively chief medical officer and medical inspector of the Local Government Board of Health for Glasgow, and Dr. Louis Parkes, medical officer of health for Chelsea, the two latter the representatives of the Society of

Medical Officers of Health. Dr. Cox, the medical secretary of the British Medical Association, was on the same side, his opinion being that the sense of professional confidence would prevent the system from being properly carried out.

There are one or two points I ought to draw attention to, particularly with regard to the misleading nature of the statistics obtained by way of notification. We are told that statistics are misleading as they have been found to be in Denmark. The Honorary Minister in an interjection when the member for Perth was speaking, mentioned Denmark. I may say that this Bill is not new in any particular. The experiment has been tried already in Denmark and from that country the particular knowledge of it has percolated to our own local citizens; it is Denmark from whence the idea has been borrowed. Let me continue the quotation—

Thus Dr. Lomholt, of the municipal hospital in Copenhagen, came to the conclusion after examining the figures for that city that the actual number of cases of venereal disease there was only about half the number notified. Moreover even with notification so imperfect and unsatisfactory as this, the patient might still fear that it was less secret than it professed to be. The conclusion of the Royal Commissioners to give it in their own words was that at the present time any system of compulsory personal notification would fail to secure the advantages claimed.

As a number of inexperienced laymen pitting our knowledge against the experts who came to their conclusions after examining the most able men capable of speaking on the subject in England it would be fallacy for us to pit our views against theirs.

We are of opinion that better results may be obtained by a policy of education regarding the importance and serious nature of venereal diseases and by adoption of the measure we have already recommended for increasing largely the facilities for diagnosis and treatment. Then follows the important qualification mentioned at the beginning of the chapter—

It is possible that the situation may be modified when these facilities have been in operation for some time, and the questions of notification should then be further considered. It is also possible that when the general public becomes alive to the grave dangers arising from venereal disease, notification in some form will be demanded. There the Royal Commissioners leave the question; there the National Council for combating venereal diseases is content to let it remain; and the Government of the day in adopting the scheme recommended by the Royal Commission for providing gratuitous facilities for diagnosis and treatment, made it quite clear that under present conditions they would have nothing to do with any system of notification. My own conviction, after hearing and dispassionately considering all the evidence on this point presented to the Royal Commission is that at present, with no power of preventing unauthorised treatment, notification would operate as a most formidable obstacle to the measures which are of immediate moment. If the time comes, and possibly it may come sooner than many expect, when notification will cease to act in that way, and will have been preceded by the legal prohibition of quack treatment of these diseases, then I for one shall

be ready to work for and welcome it. Until that time comes I cannot but regard it as one of the many instances in which the better is the enemy of the good. And those who attempt to force it forward now, instead of waiting to see the effect of making the means of diagnosis and treatment accessible to all, will not, I submit, be advancing the object which we all alike have in view—that of applying to these diseases the most effective possible check with the least possible delay.

But we need not go to England or to the Royal Commission there. It was only the other day we received some evidence of the danger we are incurring if we allow the Bill to pass as suggested by the Health Department. I have an extract here which I will read as the testimony of a Victorian ex-Minister of the Crown. The extract which is from the "West Australian" of the 5th inst. reads—

The oft-repeated contentions of that numerous portion of the local public which is strongly opposed to the venereal sections of the Health Bill now before Parliament that it offers facilities to malicious and evilly-disposed persons to cause humiliation and anguish to innocent persons, particularly women, finds strong Victorian support. Speaking in the Victorian Assembly on March 6 last, Mr. McLeod, who was Chief Secretary and in charge of the Health Department in the recent Peacock Government, said—"Cases were brought under my notice where waitresses in some of the principal hotels were accused of having given the disease to men. We have found here the same difficulty as existed in the garrison towns of the old country and interfered with the administration of the law. Through malice men reported innocent women in those towns, and we have the same here. Innocent, respectable girls have been accused by men."

It would be absurd to expect it to be otherwise. We might as well expect to suppress this, the strongest of all the impulses, save that of the appetite itself, as to change the nature and character, the psychological and pathological conditions of humanity. It is impossible to expect that with measures of this kind. No risks will be run in the accusations of the innocent; no malice would be exercised in the accusation of people to whom some in the community felt a dislike or opposition. We daily have accusations of innocent people; slander is rife in every part of the civilised globe, but there is this about the ordinary slander, that we can get hold of the slanderer; we can subdue the effects of slander through the agency of the law courts. But in these cases we have prepared an open challenge for slander without the attachment of any responsibility thereto, apart from the failure of regulation and notification as shown by up to date authorities. I hold this very evil itself, if there were no other, would be sufficient to make us pause before we give the imprimatur of this Assembly to the proposed legislation. How easy it is to sneer at another. There is no man of the world in this Chamber but has heard accusations against both men and women, made in a sort of half jest which might be overheard by a person who takes them in earnest; and the message is conveyed to the Commissioner of Public Health, and the Commissioner puts the law in

motion, and the person accused is compelled to undergo an examination. And if that person is perfectly clean, absolutely free from the disease, that slander which in law is looked upon as one of the most severe that can be launched against a fellow mortal, goes without punishment. No penalty can attach to the false accusation. It is sufficient to say one believes that so-and-so is contaminated by the disease, and that same belief, without the signing of one's name, without the incurring of any responsibility, is sufficient to take from her home or his home any member of the community.

The Minister for Works: Cannot you safeguard that in Committee?

Hon. T. WALKER: We have it safeguarded now in a way. We practically provide for reporting the disease. In the law as it now stands we provide for information concerning disease. In the Act of 1915 we provide for notification, and for reporting, which goes farther than what is recommended by the able authorities I have cited. In the Act of 1915 we provide that if the Commissioner has received a signed statement in which shall be set forth the full name and address of the informant, stating that any person is suffering from venereal disease; and whenever the Commissioner has reason to believe that such person is suffering from such disease, he may give notice in writing to such person requiring him to consult a medical practitioner, and to produce to the satisfaction of the Commissioner, within a time to be specified in the notice, a certificate of such medical practitioner that such person is or is not suffering from the disease. And if such certificate is not produced within the time stated in such notice, or if the Commissioner be not satisfied with such certificate, he may by warrant under his hand authorise any medical officer or health officer, or any two medical practitioners to examine such person, to ascertain whether such person is suffering from such disease. And the said officer or practitioners shall have power to examine such person accordingly, and shall report the result of his or their examination to the Commissioner in writing; provided that where the person to be examined is a female and the examination is to be by two medical practitioners, one of such practitioners shall, if so desired by the person to be examined, be a female practitioner, if able and willing to act, and if within 21 miles of the place where such examination is to be made. That is all right, but the Act also provides that if the examination discloses no disease the person so examined has the right to demand the name of the informant, the one who reported to the Commissioner, so that the proper penalties may be paid by the accuser. That has been found to work unsatisfactorily they say, and now they propose to sweep all that away and to make it competent for one to make accusations against anyone for any motive. And there is no redress at law. Can it be said that is in the interests of the moral health of the community? First of all it will not get rid of the disease. It has not half the qualities, the

good recommendations of the proposals read by the member for Perth to-night. But apart from that, it encourages the spy system, the informer spirit. It puts a weapon in the hands of every malicious person to get home on the man or woman he wishes to mark; and that in the name of morality, in the name of doing good to the community. If even that would absolutely for all time render this and coming generations free from the awful ravages of these diseases, I would support it for a time. But all the evidence I have quoted—and I could quote more—shows that it does not get rid of them, that it drives the diseases more and more into the secret recesses of society and takes them out of those channels where they can be best examined and soonest detected. That is the evil it will do. It is not in the channels of professional vice that we shall find the application of the measure; it is not either in those channels so grossly slandered by some of our public men, but it is in those quarters we deem most sacred, in the courtship of manhood and womanhood, and even in the sanctity of the marriage bed. It is there where the danger and the evil, by experience is known to spread, when we take the drastic measures proposed in the Bill. Instead of freeing society, we are going to spread the corruption into secret quarters. It does not give any guarantee at all that we are going to get hold of the evil. It may be that in one or two instances some outward visible sign has been detected, and some particular individual is reported. But with measures like this on the board, human nature is such that it will take more and more precautions in the hiding of the disease from the view of the passer-by or the intimate associate or the official authority. The object of the supporters of the Bill will not be effected, and the disease will become all the more serious, and its consequence will be farther reaching. Whilst this awful malady is confined to the ordinary tracks of prostitution it may be followed and attacked, but get it driven out, get your spies abroad and drive your citizens into absolute secrecy, and its pollution will be in the marriage bed, and you cannot keep it from it. That means that the innocent unborn will be brought into the world degenerates, cripples, weak, infirm, or with diseases that will cut life short, or with incapacities that will make them objects of infinite pity every moment of their lives. That is what will be done by a measure of this kind. Naturally it is asked, "What are we going to do if we do not do this"? I say that enough is being done, as I have reviewed the circumstances, since the discussion of the question became acute. To my mind the Bill of 1915 is too drastic. It has not enough of the humanity spirit about it. It still has the drippings of those old sex superstitions to which I alluded at the beginning of my speech. But it stands as some safeguard to the public. Not only are we by law compelled to report if we discover disease upon ourselves, but there is a provision made, if we are prepared to take the responsibility, for reporting our neighbour.

What more does the House want? And, as the member for North-East Fremantle pointed out, it was not a layman who got that amendment into the Bill in the Council; it was a medical man, a man who had given the subject study, a man of the world, one whose brain and conscience had been disciplined by contact with his fellow mortals for years. As to the talk that has flown across the Chamber, and from another Chamber to this, that we were willing to accept a worse proposal than is in the Bill, the reply is that since we accepted that amendment we were capable then of thinking somewhat, but at that time we were just exactly where the Government now are—more or less laymen in the hands of medical advisers. Such is the deference paid to professional authority that when it is a matter of professional expression of view embodied in law, laymen seldom criticise; and that Bill, I submit, was not adequately considered, either by the Government or by this Chamber, before it went to another place. It was passed out of the desire to see those evils diminished. We were anxious to take relief to those who were suffering, and to prevent the spread of such a calamity in our midst, especially as we knew how urgent measures of the kind are in times like these, when our citizens are travelling round the world and coming in contact with strange surroundings, where contagion as well as infection is likely to linger with them, and to be brought back to their homes. We accepted the Bill. But there has been vast controversy all over the world since that time. The world has been ringing with discussions upon this very question. Facts have been brought to light, experiments have been made and statistics registered, all of which point to the evil of a measure of this kind, the giving of a drastic power to one authority, making him superior to the priests, to the kings of old, giving unto his charge the life happiness, so to speak, of our fellow citizens. I say it is unprecedented. We already have all the relief that is required, all that the Minister for Works himself admits is desirable. When I suggested just now that these safeguards were necessary he said "We can put them in in Committee." They are already in the Bill, printed in our statute-books. We do not need to repeat them. They are strong as they are. If this Bill is the essential principle of the health measures of the Government then I say the Bill must go, if my vote will knock it out on the second reading. It is absolutely unnecessary. I ask hon. members if they are going to vote for this wholesale encouragement of the baser instincts of human nature? We are not all angels, and we are not all over-bearing one with another. But there are men and there are women in this world who like to get "home on," as they call it, their fellows. If they cannot do it by strictly fair means, there is a percentage, a small one I am glad to say, who will do it by foul means. It is not possible to put upon a woman a greater stain than to have a notification from the Commissioner that she is wanted for examination purposes on suspicion that she is suffering from, as they put it, a loathsome disease. We all know that the victim has no redress. If hon. members have so lost their sense of manly self-respect, their love of

common human justice, as to make such a state of things possible, then I am losing some degree of faith in my fellow creatures. I cannot think that they realise what they are doing if they pass this measure in these circumstances. All that is needed, I repeat, is already inscribed in our law books. We have got it in this volume for 1915, providing for report, medical examination and free examination, and providing for treatment and for information as to third parties, if people will take the responsibility of signing their names to the allegation of belief or suspicion. How can we go one step further than this, and rob the measure of every possible safeguard? Are we to place our girlhood and boyhood and manhood at the disposal of the vengeance and the malice and the whim of the worthless section of the community? I have lived long enough in the world to have heard innocent men and innocent girls accused of being possessed of this disease. If I had believed, and earnestly thought, that it was my duty to rerout this for the good of the community and for the future of the race and had done so, I might myself have been the innocent instrument of a terrible wrong to a fellow creature. This is to be universal, it is to be done in the dark, it is to be a stab in the back, and it is to be a slander with closed doors. It is to blight, possibly, the career and the whole future happiness of some innocent girl or some innocent man. True, these charges against a man do not last so long, neither have they such violence nor do they work such exclusion from society as in the case of women. Even in the case of men, however, they are bars to some homes. Accuse a man of having the filthy disease to which I have alluded to-night, and doors are not readily opened to him. Arms of welcome will not readily be extended to him, and respectable society will turn somewhat askance from him. But taboo a girl in that way, let her come into the hands of the Commissioner for examination, and she is doomed to pitiful spinsterhood, neglected and despised, or she is driven into the ranks of in chastity to a career of evil.

Mr. Teesdale: What about the women on the board? Will they not watch her interest?

Hon. T. WALKER: Whose interest?

Mr. Teesdale: The interests of their sister.

Hon. T. WALKER: Let the hon. member not get excited.

Mr. Teesdale: I am not excited. You never mentioned that.

Hon. T. WALKER: What about the sisters? The girl is notified that she is wanted for examination. She is innocent. She then comes before what are called her sisters. Another stupid unnecessary wheel to this cumbersome coach of tyranny! She comes before her sisters, and her sisters acquit her. And what then?

Mr. Teesdale: That is the end of it.

Mr. Johnston: No.

Hon. T. WALKER: It is not the end of it.

Mr. Teesdale: Nobody else knows but the Commissioner.

Hon. T. WALKER: Nobody else knows! Where is my friend's knowledge of human nature? The Council knows and the Commissioner knows, and the messenger who takes the message from the Commissioner to the Council knows. The sisters know.

Mr. Jones: And that is enough.

Hon. T. WALKER: Whilst I am not going to say anything disparaging of women's capacity to keep a secret, it is not unknown to human nature that women have blabbed out secrets.

Hon. W. C. Angwin: And men, too.

Hon. T. WALKER: Yes, it is no special safeguard because women are there. This constitutes no special protection to the young girl. Her parents would be indignant, and through the parents possibly the relatives would be indignant. The parents would speak to the relatives about it. The thing would spread, and for ever afterwards the girl is known as one who has been before the Commissioner for examination for venereal disease.

Mr. Pickering: Give a dog a bad name.

Hon. T. WALKER: Undoubtedly. And so, that girl is sent out to battle with life with that handicap upon her.

Mr. Johnston: And she has no redress.

Hon. T. WALKER: There are all kinds of assurances that such and such things will not be done. They are mere pious assurances.

Mr. Pickering: The Bill is to protect the informer.

Hon. T. WALKER: It leaves it open to the vilest slanderer to make an accusation against the most innocent virgin of the town. It leaves the whole thing open. The fact that the slanderer could slander in that way does not indicate that she or he is a person capable of honourably keeping a secret. Their object in such a case would be not to do the girl any good at all, but to injure her. They know that she has been up for examination, and so it spreads from one to another. We know how readily evil carries, and how disposed humanity always is to believe bad rather than good of another. The evil lives, spreads, carries, and the good is not carried about. We are seeking to pass this measure in the twentieth century in the most democratic country in the world. It seems to me astounding when I reflect upon it. Then comes the question as to what measures we should take to deal with the evil so as to combat it, because the disease must be combated. I submit that already we have had it pointed out by perhaps the ablest authority on the question of this disease—I refer to Bloch, the German—who speaks of the growth of societies all through Germany to deal and cope with the evil there. His chief recommendations are to treat the evil by measures of personal prophylactic against infection, by the proper medical treatment of all cases of venereal diseases, by measures belonging to the province of public hygiene, to that of State action and to that of education. It is only by that means that we can ultimately eradicate the disease. On that point also Forel is instructive. He says—

An English woman, Mrs. Joseph Butler, undertook in the name of liberty a campaign against proxenetism, white slavery, and the State regulation of prostitution. She also attacked the injustice of the code Napoleon toward women, especially the prohibition of inquiry into paternity, which throws girls who have been seduced into the arms of prostitution. The abolitionists contest the

right of police inscription of prostitutes under the pretext of hygiene, of submitting them against their will to medical inspection, and of keeping them in brothels. They claim severe laws against proxenetism and oppose toleration. In medical circles the system of regulation has generally been defended. It is urged that society has the right to protect itself against dangerous infection, and that, with this object, it has as much right to treat infected prostitutes compulsorily, as those affected with smallpox or cholera. Owing to their shameful trade, they claim that these women have lost all claim to special consideration. This argument appears very reasonable at first sight, but it takes quite a different aspect when the facts are examined more thoroughly. First of all the comparison with smallpox and cholera is illogical, for these diseases endanger the innocent public, while the man who makes use of prostitution is quite aware of the danger he runs. Society is under no obligation to provide healthy prostitutes for the use of Don Juan.

Mr. SPEAKER: This Bill makes no provision for prostitution.

Hon. T. WALKER: No, I should be very sorry if it did.

Mr. SPEAKER: It does not recognise it at all.

Hon. T. WALKER: It recognises venereal diseases, however.

Mr. SPEAKER: The hon. member should be discussing venereal diseases and not prostitutes.

Hon. T. WALKER: Yes, wherever the diseases occur, even if they were found in any hon. member of this Chamber. Venereal diseases wherever they occur are the evil we have to combat, whether in prostitutes or clandestine people, such as were alluded to in the evidence before the select committee so ungenerously, so falsely, and so recklessly.

Mr. SPEAKER: Yes; but the hon. member's arguments are dealing with prostitution.

Hon. T. WALKER: No; with regulation with a view of destroying the disease; and I am dealing now particularly with those attempts which have been made to get rid of venereal diseases. Of course, we first of all try to do that where the diseases are most conspicuous, where we presume they originate, where at all events we think—

Mr. SPEAKER: All that evidence is based on legislation which was dealing only with prostitution.

Hon. T. WALKER: It is based on legislation dealing with venereal diseases. This book is on the sexual question.

Mr. SPEAKER: But that portion which the hon. member is quoting—

Hon. T. WALKER: The portion I am quoting deals with these diseases.

Mr. SPEAKER: In prostitutes.

Hon. T. WALKER: No; in all.

Mr. SPEAKER: If that is so, the hon. member is in order.

Hon. T. WALKER: In all, however they may possess the diseases.

Mr. SPEAKER: The hon. member has not yet reached that point.

Hon. T. WALKER: I think I have, Mr. Speaker. I got as far as the comparison with small-pox.

Society is under no obligation to provide healthy prostitutes for the use of Don Juan. Against this it is stated that innocent wives are often infected and made to suffer for the sins of their husbands. But such an extensive blending of the State with family life does not appear to be admissible, and would lead to crying abuses. Society has neither the right nor the duty to facilitate the dangerous or injurious acts of certain individuals at the expense of others, by rendering them less dangerous, so that certain third parties may be less liable to suffer. This is an absurd sophism. The duty of society is to make responsible the one who has committed the dangerous or injurious act, and to punish him if he has done harm. Here, on the contrary, only one of the culprits (the prostitute) is compelled to keep to her vile trade, while the man who makes use of her, and often infects her, is free from any responsibility.

Mr. SPEAKER: This Bill does not deal with prostitutes.

Hon. T. WALKER: It is not a Bill to provide for prostitutes. But it is a Bill to get rid of the evil which prostitutes disseminate. That is what it is.

Moreover, the State has no right to act against responsible persons under the pretext that their future sentiments or actions would have dangerous consequences for others: this would lead to arbitrary abuse of power. The insane, and habitual criminals make the only exceptions, for their abnormal and irresponsible cerebral organisation is a perpetual danger to society. There is one question, however, which arises: Can prostitution in itself be regarded as a misdemeanour punishable by law? If this were the case, the client would have to be punished as well as the prostitute; or both of them be sent to reformatories. This is the only logical consequence, for in such cases the two contractors are equally guilty, and also equally dangerous as regards infection. How, therefore, can the system be justified which brands and inscribes the prostitute only; which is not content with tolerating her vile trade instead of punishing it, but gives it official sanction, causing her to fall lower and lower?

Mr. SPEAKER: That is the point I raised with the hon. member. The legislation of those days dealt only with prostitutes.

Hon. T. WALKER: The legislation of this day deals with diseases generated by prostitutes; and prostitutes are included amongst the people.

Mr. SPEAKER: Order! I would like to point out to the hon. member that the Bill under discussion knows no sex, no individual of any kind. It deals with the community as a whole. Consequently, when the hon. member cites legislation and arguments supporting an

Act that only deals with prostitutes, and did not deal with the male sex, as the hon. member has just quoted, making only one sex punishable, there is no analogy with the Bill under discussion.

Hon. T. WALKER: This Bill deals with the community as a whole, as you have just put it, Mr. Speaker. Of the community as a whole, prostitutes form a part. One cannot have the whole community unless one includes the class of prostitutes. One cannot avoid dealing with the origin, with the main source of contamination, of the spread of the disease. One cannot avoid that. It must be dealt with if we are to treat the subject in anything like a comprehensive manner. I shall refrain from reading at the length I had intended; not because I do not believe that I should not be absolutely within my rights in doing so on this Bill, but because I wish to shorten the debate, or at all events my speech. I shall continue from page 317—

But the results of honestly interpreted statistics contradict the apparent justification of the regulation of prostitution, in the name of hygiene. It is intended to furnish men with a means of coitus free from danger; but the facts prove that venereal disease has not been diminished by this means. The false security given to men officially by regulation makes them all the more careless. The multiplication of the sexual connections of each prostitute increases the danger of infection at least as much as the elimination of a few diseased persons diminishes it. The corruption of the State and its officials, especially the police and the medical inspectors of brothels, the general depravity which results from official toleration, and the perversion of ideas of morality among the public, increase habits of prostitution, and with it the danger of infection. Assured of impunity, the pimps and their acolytes become more and more audacious and extend their business, while the prostitutes, whose number is increased by this system, seek to escape the police and practise their trade clandestinely. It is no wonder that the swamp to be purified becomes more and more infectious.

Mr. SPEAKER: I must draw the hon. member's attention to the fact that he is purely dealing with prostitution. The hon. member is not dealing with venereal diseases.

Hon. T. WALKER: They are identical, Sir.

Mr. SPEAKER: They are not identical under this Bill.

Hon. T. WALKER: Mr. Speaker, you do not see the relative connection.

Mr. SPEAKER: Can the hon. member point out where the Bill deals with prostitution, or with the regulation of prostitution?

Hon. T. WALKER: Yes, Sir. The whole Bill.

Mr. Pickering: Page 12.

Hon. T. WALKER: The Bill says—

Whenever the Commissioner has reason to believe that any person is suffering from any venereal disease—

Mr. SPEAKER: What clause is that?

Hon. T. WALKER: Clause 46.

Mr. Pickering: Also Clause 45.

Hon. T. WALKER: Yes; Clause 45, too. Clause 45 is more emphatic. "Any person" includes all persons; that is to say, any one of all.

Mr. SPEAKER: Oh no, no!

Hon. T. WALKER: Oh yes, yes! Clause 45 reads—

The following new section is hereby inserted in the principal Act after Section 242g: "242gg. No person shall knowingly give to any woman or girl who is a prostitute or who occupies, resides in, or habitually visits any brothel or any house or place used for the purpose of prostitution, any certificate of cure or any certificate signifying or implying that she is free from venereal disease or not liable to convey infection of any such disease."

Mr. SPEAKER: Most decidedly the hon. member's arguments are all in favour of that sort of thing having been done in the past and having failed; and this Bill prevents it.

Hon. T. WALKER: I do not argue in favour of its having been done in the past. I want it abolished. I regret to see my poverty of language is such that I cannot convey my meaning. I most certainly am arguing now, and quoting medical authority to show, that these certificates, these examinations of any person being a prostitute or inhabiting any brothel, are of no value.

Mr. SPEAKER: This Bill does not provide for that.

Hon. T. WALKER: This Bill goes on to provide for the granting of certificates. Clause 46 refers to "wherever the Commissioner has reason to believe that any person is suffering from any venereal disease." Then there is the subclause providing for examination, but also providing that in the case of females—who may be prostitutes, mark you—

the Commissioner shall, before taking any action under this section, submit to an Advisory Committee, constituted as herein-after mentioned, the evidence on which he proposes to take such action, but without revealing the name of the person against whom such action is contemplated, and the said Committee shall decide on the action, if any, to be taken by him.

Then, once that has been done, the provisions of the principal Act as to the granting of clean certificates follow.

Mr. SPEAKER: To any person at all. The Commissioner would give a certificate of cleanliness to any person.

Hon. T. WALKER: That is right.

Mr. SPEAKER: Not particularly to one section.

Hon. T. WALKER: I am not dealing with any particular section.

Mr. SPEAKER: The hon. member is quite in order in discussing the point generally, but not in picking out prostitutes alone.

Hon. T. WALKER: At page 320 the author states—

In order to successfully combat prostitution and venereal disease, fundamental social reforms are necessary. (1) First of all the system of exploitation of the poor by the rich should be put an end to, the work

of the poor being remunerated at its true value. This requires a social transformation of the relations between capital and labour. (2) The use of narcotics, and especially alcohol, should be suppressed. (3) The fake modesty concerning sexual intercourse should be done away with. (4) The public should be instructed in the dangers of venereal disease and in the means of preventing contamination. The only certain means of curing them consists in not contracting them. (5) Cleanliness should be universally encouraged, especially in sexual intercourse. (6) Preventive measures should be employed in every coitus the object of which is not procreation. (7) The treatment of venereal diseases in hospitals should be carried out in a decent and humane manner, so as not to shock the modesty of either sex, especially women, and so that patients need not be ashamed of submitting to medical treatment. Nowadays the venereal divisions of hospitals often more resemble brothels. This state of things makes it impossible for any woman with a particle of modesty to stay in these places. It is evident that women who are more or less virtuous, and even the better class of prostitutes, will avoid such hospital treatment as much as possible, and will thereby become the worst sources of infection.

Those are the paths in which reform should travel in my opinion, not by drastic legislation of this description. We should start free, start frankly, manly and womanly. We should give instruction to our children who are past the age of puberty and are capable of understanding. We should everlastingly warn them of the dangers of contact with the impure and we should also provide them with remedies. We tell our children of the dangers of a cold and we do not fail to keep a little medicine against the possibility of a chill, and where there are chances of sexual complaints we should let our children know what is to be done, if such an unhappy event should occur. Those are the methods we should adopt in order to safeguard the community, and to eradicate the diseases. We should get rid of that scornful, spiteful contempt for the unfortunate. I do not care how foul they are, they are of the same flesh and blood as ourselves and we should treat them as we do the more fortunate. No person desires to earn the contempt and contumely of the world. It goes by the force of circumstances, the driving powers of internment. It takes them beyond their control and they go down. The stronger ought to take care of them. There is an allegation that we are to have some kind of hospital for our women.

Mr. Pickering: That is not in the Bill.

Hon. T. WALKER: There is no provision, but there is a sort of promise that there is to be such a place.

Mr. SPEAKER: We will discuss that when the Bill comes forward.

Hon. T. WALKER: The Bill is now forward.

Mr. SPEAKER: The Bill dealing with such places is not.

Hon. T. WALKER: That is part of the promise made by the Minister who moved the second reading. If this measure—and I am entitled to make note of his arguments—is passed, we believe these places are to be established, and indeed how are we to treat patients if there are to be any number, if the alarm has been created by the committee and there is to be a number, how is the disease to be met? One doctor here and there cannot do it. We shall require an institution.

Mr. SPEAKER: When the Bill for the institution is before the Chair—

Hon. T. WALKER: I will discuss it then, too. In this instance it is suggested as part of the machinery for eradicating the disease. The whole disease is subject for discussion. The whole of its methods, of its treatment; one method is proposed here, other methods may be held up for comparison, without that manner of debating we cannot arrive at a decision.

Mr. SPEAKER: Quite so.

Hon. T. WALKER: We cannot, without having some kind of institution where free treatment is provided for those who are suffering, we cannot ask for the power to go forward.

Mr. SPEAKER: What I drew the hon. member's attention to was that this Bill does not make provision for a hospital.

Hon. T. WALKER: Suppose I say it ought to do.

Mr. SPEAKER: I can tell the hon. member that such provision has already been made.

Hon. T. WALKER: It is made and this Bill takes for granted that it is there. I am drawing attention to the particular remarks of the mover on the second reading, who told us that for women particularly, men it did not matter so much about such an institution should be provided. I have not much faith in promises of that nature; we have had promises in the past and remedial structures have not arisen, they will be ignored in the future. The measure itself is a symbol of the wishes for tyranny on the part of a department of the State, to gain a power that the police would never be entrusted with, however respectable in form and discipline the police may be—to obtain a power that no profession would abrogate to itself outside the medical profession. It is to practically take command of the private lives of the community, to examine them as to their private vices or virtues. It is scandalous, and to do so in secrecy, without any chance of correction or responsibility being affixed, to my mind is an outrage on a civilised community. If it were probable that it would do good, then it would deserve support, but the evidence I have read from the authorities quoted show to the contrary. The evil will exist. If we get this Bill through to-morrow there is no guarantee that they would not seek the right to come and live in our houses and see what we do there.

Hon. W. C. Angwin: They do now.

Hon. T. WALKER: They do now. There is scarcely a chance of escaping the everlasting vigilance of an irritating character of this class. Talk about the terrors of the old

continent, where the police are at every corner, where strangers and citizens are accosted at every perambulation from their doorstep—we put ourselves under a sort of surveillance of that kind if we pass this measure. It would not matter if it were not for the fact that we shall tarnish some lives, ruin some lives, ruin the careers of some girls and some men. A measure of this class is repulsive. The suggestions made by the member for Perth and the member for North-East Fremantle are far more preferable. We have on the statute-book a measure sufficient, which gives all the power claimed by the most avaricious department, which to my mind goes too far. It is strong enough for any purpose. But before the ink is really dry on the paper on which the Act is printed, before the Act is tested, this medical nabob comes forward and says, "I want stronger powers and I want to have the citizens in my hands."

[The Deputy Speaker took the Chair.]

The MINISTER FOR WORKS (Hon. W. J. George—Murray-Wellington) [9.40]: I do not propose to follow the criticism of the member who has just resumed his seat, or even the criticism of the member for Perth. I recognise, and the Government recognise, that in a matter of this sort, affecting all classes of the community here, and really shocking all communities throughout the world, what we should do is to try to get some means to deal with this curse. That being so, I am not cavilling with members in their desire to speak on the Bill, although some members gave utterance to their opinions on this matter a couple of years ago. This Bill is introduced by the Government not as a Government measure but because we appreciate that in our midst there are diseases that require to be coped with in such a fashion so that we may eradicate them to be able to make the conditions of health better than they are to-day. Having that conviction, we have taken the proper and only course that a Government can take, to accept the responsibility, to come before the Chamber and lay before members a Bill for their consideration, for them to argue and deal with, as guided by honest conviction. It can be fairly discussed, probably amended, but if accepted will help to produce a remedy such as we require to-day. We recognise that we should not deal with the disease by half measures. If there is anything of doubt as to the need for such action in the minds of members, the two speeches to which I have referred will supply enough argument to convince the most sceptical. So far as members sitting on the Government side are concerned, they are as is well known, perfectly free on this occasion to deal with the measure as they think fit. The Government do not propose to do otherwise than to let members vote as they like. It is a matter on which there is no party. It is a matter on which anyone who introduces party tactics, deserves to be ostracised by the community. We say to every member of the House, whichever side

he sits on, "We want from you the best you can give us to deal thoroughly with the question now before us." It may be argued that this is really not a Bill on which there should be a full dress second reading debate, for the reason, principally, that the question with which the Bill deals has already been discussed in this House. It has been thrashed out and there is a measure on the statute-book dealing with this principle, and seeing that that is so, the Committee stage of the Bill would give to members a better opportunity of acquiring intimate knowledge of the provisions of the measure. Each of the amendments proposed can be dealt with better in Committee than by long second reading speeches, however scholarly they may be. I do not wish it to be taken that there is any desire to curtail the second reading debate, but I ask members to consider whether the object to be attained cannot be more fully attained and more quickly attained in Committee than in second reading speeches. For this reason, when the clauses come to be discussed then will the defects be pointed out by one or another of hon. members, and it will be then that it will be possible for hon. members to argue the pros and cons and they will be able to form a correct judgment as to whether amendments should be carried or rejected. The hon. member who has just spoken made one of his usual appeals to the House that they should vote against the Bill on the second reading, and he expressed his intention of doing so himself. I would point out that hon. members can defeat this Bill if they think it necessary to do so when it is in Committee, and if it is permitted to reach that stage they will have their opportunity of voting in the direction of carrying out their views. I hope that a majority of hon. members will realise that the Bill is one which is worthy of their consideration, and of being passed through the second reading stage. This terrible business we are dealing with has been with us during all the ages, but it has come before us more prominently during the past few years while we have been passing through the stages of the war, and we are getting day by day instances which show without any doubt, and no sophistry can put them on one side, that any community which will be blind to its responsibility in dealing with a matter of this kind is not worthy of belonging to a nation or even existing. It seems to me that we have to satisfy ourselves as to whether the disease exists. There is no doubt about that. Is it harmful and dangerous? There can be no question about that. Our own knowledge and experience and the instances given in this Chamber are sufficient to show to us that the disease is most harmful and troublesome. We have to consider next its present condition, and we have to go further and consider what its future is likely to be. We cannot as men be blind to the fact, that unless the disease is coped with, it is going to bring about nothing less than race suicide, nothing less than the destruction of the nobility of human life. And when that comes about there will be the disintegration

of the race. The next question we have to consider is whether the present law is adequate. It has been suggested that the existing law needs to be altered. The operation of it during the time it has been in existence has shown that portions of it, according to those who have been administering it, require to be amended, and it is for hon. members to discuss the amendments without any idea of prejudice or the consequences, however intolerable they may be to the individual in the community, in the hope of eventually affording the greatest security to the whole of the community. I am arguing that the Committee stage will afford to every hon. member the chance of doing that, and it will be at that stage where, I think, valuable action can be taken. With regard to the speeches which have been made on the second reading, I have no cause to grumble. The speech of the member for Perth (Mr. Pilkington) was a credit to his ability, and the erudition displayed by the member for Kanowna (Hon. T. Walker) was great indeed. I look upon his utterance as an informative lecture, a lecture which, I think, might have been delivered to greater advantage before a larger audience. But when we come to the practical facts of legislation, we admit that we have an Act here which was passed some years ago. It is admitted also that alterations are desirable, and the means of making those alterations are not only afforded in the Bill but are also afforded to all hon. members, who have a perfect right to give notice of any amendment which they, in their wisdom, think will bring about the effect they desire.

Hon. W. C. Angwin: That applies to any Bill.

The MINISTER FOR WORKS: I have only a few more words to say. I think it is now about 22 years since, in the old Chamber, I introduced a subject somewhat similar to this one. Hon. members know that in matters of this kind I feel strongly. I have no need to repeat what I have often said in this Chamber about the knowledge that one has gained from passing through life. This subject to me is vast; it touches the foundation of our life as a nation, and unless we can cope with the disease and deal with it properly, I can say that within a comparatively short time our community will be diseased and our nation will have vanished. At the time to which I referred just now—and I had no particular desire to acquire it—I gained a reputation of having cleared the galleries of ladies, though it is true there were only two present. I hope that any of the ladies who are here to-night will not take the remarks I intend to make as amiss. My reverence for women is such that if I had it in my power I would not allow them to be present when any of these discussions such as we have had to-night are taking place. I do not say that they have no right to be present; in fact, I would give them greater rights possibly than they would ask for themselves in other directions. But I have noticed in the gallery here to-night young girls in their teens, listening to the details quoted by the member for Kanowna, and the only thing I can say is that I regret their home life influence has evidently been such as not to make them feel

ashamed, and so withdraw from these precincts.

Mr. Johnston: That is a shocking statement to make.

The MINISTER FOR WORKS: At any rate that is my feeling, and I have the greatest reverence for women.

Mr. Draper: You do not show it.

The MINISTER FOR WORKS: Whether I show it or not, I do not like to see women present when these matters are being discussed, and I do not think young girls in their teens should flaunt themselves in the public gallery when they should be at home and in bed.

Mr. Jones: You would keep them in the kitchen, would you?

Mr. Draper: You are afraid of discussion.

The MINISTER FOR WORKS: The hon. member perhaps would be a little calmer if he were in the law courts.

Mr. Jones: How can you expect anyone to be calm when a Minister talks this sort of stuff?

The MINISTER FOR WORKS: I have stated that I belong to an older generation, and I have the right to express my feelings. The member for Kanowna was not reproved when he discussed details of the disgusting disease. No one raised his voice against him.

Mr. Jones: You ought to be back in the nursery.

The MINISTER FOR WORKS: I might be tempted to say that it is a matter of great regret that the hon. member ever left the nursery. I have nothing further to add, until we get to the Committee stage. I hope the Bill will pass the second reading to-night. The intention of the Government is that the Bill shall pass that stage this evening, and of course we are not burking discussion. But if we succeed, it is our intention to consider the Bill in Committee on Thursday. Hon. members will then have ample opportunity of discussing the amendments and they will not be able to accuse us of endeavouring to force the matter to an early close.

Mr. DRAPER (West Perth) [9.55]: After the remarks by the Minister for Works it is somewhat difficult to speak dispassionately or calmly upon the subject, especially after the gratuitous insult he offered to the women of the community, an insult offered without any provocation whatever. The Minister for Works is the last man in this House who is fit to handle a measure of this kind.

The Minister for Works: That may be your opinion.

Mr. DRAPER: The Minister for Works has shown it by the last few remarks which he made. He has shown that he does not want the women of this community to understand the necessity for passing this Bill, to understand what remedies will be effectual to do away with the disease which he professes a desire to eliminate. He does not understand that the very first essential to deal successfully with venereal diseases is to invoke the assistance of the whole of the community, of both sexes, to make everybody thoroughly acquainted with the consequences of venereal disease. When he understands that he will have some hope of providing a remedy. Until full publicity is given in that

respect, I venture to say that the Minister for Works has not the slightest chance by any legislation he may think fit to try to pass, of doing what he professes he has a desire to do. There is no doubt that this Bill is one of importance, and it is unfortunate that the Minister for Works should have created in this Chamber an atmosphere which does not lead to the calm discussion of a topic which is most difficult to debate, difficult to provide a remedy for, and one on which the members of this House hold various opinions. It is unfortunate that at an early stage of this Bill—it may have been on the first reading—it was suggested that if the Government desired to pass it they would find that it would be at least Christmas or certainly until the next session of Parliament before it would be possible to get it through. That was a threat of stonewalling which was unfortunately made. No doubt remarks are made in that respect on the spur of the moment, remarks which on calm reflection would be regretted. But I am not going to blame the suggestion of stonewalling which was made without also saying something upon what has undoubtedly been given out, either in this Chamber or elsewhere. We all know that at the earlier stage, no matter what arguments were to be urged in this Chamber, no matter what was brought forward, those who sit on this side of the House, irrespective of argument or merit, were expected to sit here night and day until the Bill was forced through. We all know that was the original intention of the Government.

Hon. R. H. Underwood (Honorary Minister): You know nothing of the sort.

Mr. DRAPER: We all know that was the original intention of the Government.

The Colonial Treasurer: And I say that the hon. member is not correct.

Mr. DRAPER: Hon. members knew that that was so.

The Colonial Treasurer: You do not attend the sittings of the House, and you do not know what takes place.

Mr. DRAPER: I do not attend the caucuses meetings, and I do not sit up all night. If in consequence of stonewalling and threats to bluster the Bill through an atmosphere is created which does not tend to calm discussion of the Bill it is a pity that, after what the Minister for Works has said, namely, that members on this side are at liberty to vote as they like, the Minister had not said farther that he would not endeavour to force the Bill through the Committee stage by all night sittings. There would then have been some force in his remarks when he asked members to refrain from making second reading speeches. But we all know what will happen unless at the eleventh hour the Government think the matter is really worthy of further information being obtained. If the Government adopt that attitude there can be no reason why full discussion and calm consideration should not be given to the Bill now; and if, after calm consideration and discussion, it seems advisable to leave the contentious clauses until next session, which cannot be far away, when we shall be in a better position to judge, it will be a wise and prudent course to adopt. It is admitted here that the power which the Government seek to obtain is very drastic. No one could suggest that it is not: It

is also admitted that there is a possibility—I do not say probability—of some women in the State having to submit to humiliation, insult, and indignity if the measure is passed as it stands at present. Surely in face of those admissions—no one really denies them—we ought to consider carefully what is the power that the Minister seeks to obtain. Under the Bill the Minister seeks to amend the original Act so as to make it read that if the Commissioner has reason to believe that any person is suffering from a venereal disease he may give notice in writing to such person, requiring him to consult a medical practitioner and so forth. The amendment does away with the signed statement, and says that whenever the Commissioner has reason to believe. If Ministers will only think for a moment they will realise that when we say the Commissioner, if he has reason to believe, may do a certain thing, it practically amounts to this, that he can do it when he likes.

Hon. W. C. Angwin: That is the point.

Mr. DRAPER: Who is to be the judge as to whether he has reason to believe? He is sole judge of his own actions.

Hon. R. H. Underwood (Honorary Minister): So is a magistrate.

Mr. DRAPER: It is suggested that his position is analogous to that of a magistrate. A magistrate decides in open court upon evidence and after trial. The Commissioner would not have it in his power to set up those conditions.

Hon. R. H. Underwood (Honorary Minister): The magistrate has power to order arrest.

Mr. DRAPER: If the Bill is passed, it will really mean that the Commissioner can, whenever he likes, no matter what the facts are, order an examination to take place.

Hon. R. H. Underwood (Honorary Minister): Just the same as a magistrate.

Mr. DRAPER: In anything I say I am not reflecting in the slightest degree on Dr. Atkinson. I do not think it is fair to drag Dr. Atkinson's name into the Bill. The Commissioner should be regarded strictly impersonally. He is simply the Commissioner of Public Health; he is not Dr. Atkinson or any other doctor. We ought to regard the Bill as if any medical man might be appointed Commissioner of Health. As a safeguard it was suggested that there should be an advisory committee. Does anybody really think that advisory committee is going to be any safeguard whatever? What is its constitution? It is true the Commissioner has no vote on that committee; but he is the only person who can come forward and make a statement to the advisory committee, which is to consist of a man, a lady doctor, and another lady. And what will they have before them to guide them? Absolutely nothing except what the Commissioner says. A tribunal of that kind is absolutely useless. It simply means that whatever the Commissioner chooses to recommend must of necessity be adopted.

The Attorney General: He has to submit the evidence to that body.

Hon. W. C. Angwin: But it is his own evidence.

The Attorney General: They are the judges of it.

Mr. DRAPER: The Attorney General must know that an ex parte statement made to a judge is of no value whatever. And what facility is there for giving any woman the right to appear before that advisory committee and place her case before them? Can anyone really regard that as a satisfactory committee which can afford any real protection to any person who has the right to object? I would not give to any man in the world the right to order a woman to be examined merely because he personally thinks he has reasonable grounds to believe that that woman is suffering from venereal disease. I do not require to have it proved to me that venereal disease has increased to a very large extent since the war broke out. We do not require proof upon that point. We know it. We constantly come across instances which lead to that belief. After all, it is only the natural result of war. It is a matter of history that whenever we have wars on a large scale, particularly modern wars, we always have a large increase of venereal disease. Therefore, it can be taken as a fact that there is a large increase of venereal disease. But the mere fact of there being that large increase does not justify the proposed remedy. It has been suggested that because the existing provision for a signed statement has proved ineffectual, therefore the Commissioner must have power to order an examination. In my opinion, as a layman—I speak solely from the point of view of human nature—the mere fact of any statement whether signed or not, would have a bad effect upon the community and would defeat its object. But I need not discuss that. Having failed because a person has to make a signed statement, the Commissioner recommends that further power be given to him. He does not recognise that the existing Act was foredoomed to failure and would fail in any event. Because it has failed he does not go back and seek some other remedy, but he says rather, "Give me further powers based on the same system." No one who has read the evidence before the select committee can say that there is in it one word which would lead one to believe that the proposed remedy would be in any way effective. There is no suggestion that the proposed remedy is to be in any way effective. It is a pure experiment, nothing more nor less. Except we are certain that this remedy is going to prove effectual, we have no right to permit of the possibility of any woman having to submit to the degradation and humiliation which the Bill would impose. It is true that evils may require the strongest remedies. But before we apply those remedies we ought to be reasonably certain that they will be effectual. There is nothing whatever to show this. On the contrary, if we look at what other people have told us, if we refer to the reports of Royal Commissions, we can only come to the conclusion that if the measure is carried it will simply have the effect of sending persons suffering from venereal disease to the quacks instead of to the medical profession. Let me give a very simple instance. Suppose a married man has contracted a venereal disease. Is it to be supposed for a moment that that

married man, unless he is of superior intelligence, is going to a medical practitioner who will immediately report the matter to the Commissioner of Public Health, and thereby probably expose some innocent woman to the indignity which the Bill contemplates? That is a perfectly simple instance and hon. members other than the Minister in charge of the Bill will appreciate it.

Hon. R. H. Underwood (Honorary Minister): It is not according to fact. The name would not be given.

Mr. DRAPER: Anybody who has had anything to do with the Government in matters of this kind knows that the whole thing will be known.

Mr. Teesdale: No names are mentioned at all.

Mr. DRAPER: These cases are reported to the Commissioner.

Hon. R. H. Underwood (Honorary Minister): Not the name.

Mr. DRAPER: Undoubtedly the Commissioner would be able to find out the name, and we know what would happen.

Hon. W. C. Angwin: If the patient missed going for three weeks for treatment his name would be disclosed.

Mr. DRAPER: Let me take another point. First it appears to me the Bill would have the effect of sending persons suffering from venereal diseases to quacks. Again, medical men declare that examination is no certain test. In the case of syphilis they also say that the only certain test that is known—and I have no doubt the Commissioner for Public Health knows it too—is the blood test. The blood test can be carried out by obtaining a drop of blood from any portion of the human body. There is nothing objectionable in that. It, however, has not even been suggested. In the face of that certain test we have it suggested what practically amounts to forcible examination. If hon. members will refer to the report of the evidence taken before the British Royal Commission, on the question of the notification of venereal disease, they will find in paragraph 163 of page 49 the following:—

The majority of medical witnesses were of opinion that there would be reluctance on the part of practitioners to notify cases of venereal disease which came to their knowledge, and that if they were compelled by law to notify, the result would be an even greater resort to unqualified persons.

Hon. R. H. Underwood (Honorary Minister): That is not so. We have proof of that in our Act.

Mr. DRAPER: The Act proves nothing. Again let me refer hon. members to this, which appears on the next page—

We have come to the conclusion that at the present time any system of compulsory personal notification would fail to secure the advantages claimed, and we are of opinion that better results may be obtained by a policy of education regarding the importance and serious nature of venereal diseases, and by adoption of the measures we have already recommended for increas-

ing largely the facilities for diagnosis and treatment.

That is the recommendation of the British Commission, and clearly shows I think that gentleman of high authority—I do not know whether they are recognised by the Minister in charge or not—

Hon. R. H. Underwood (Honorary Minister): I can refer you to the recommendations that have been made in Australia.

Mr. DRAPER: Are at any rate of opinion that notification will simply tend to send people to quacks instead of doctors. If hon. members, before this Bill is passed, will carefully consider the matter and read the article to which the member for Perth (Mr. Pilkington) referred in the "Nineteenth Century," they will see that if the measures which are suggested there are adopted they will lead to a decrease in the disease of as great a percentage as from 70 to 80. What makes me think that this is reliable is that other medical men in the State have told me that it is effectual. One said that it was the only effectual remedy. Further than that Sir Francis Channing, who opposed Sir Bryan Donkin and replied to his article two months later in the "Nineteenth Century," although opposing the former article strongly, on religious grounds, does not in any way endeavour to contradict the effectiveness of the remedies. He accepts the figures which are given by Sir Bryan. There can be no doubt whatever that as regards being effective the remedy which is there suggested is the one which can be relied upon, and in my opinion is preferable to the mere experiment which it is now sought to get this House to sanction.

Mr. Teesdale: What about the present cases already in existence?

Mr. DRAPER: These can be treated. If in future the disease is reduced by from 70 to 80 per cent. we will very soon eradicate it. I have been referred by the Honorary Minister to the recommendations which have been made in Australia. I ask him to get information from New South Wales and to find out what they are doing there, whether they have thought it necessary to introduce notification, and whether they are combating the disease effectually by giving publicity to the facts connected with the disease, and also providing for curative medicines. If the hon. Minister will do that—

Hon. R. H. Underwood (Honorary Minister): I have done it.

Mr. DRAPER: I venture to say that if he gets a correct statement he will find that I am right in what I have said. He is apparently not desirous of getting any information, but intends to ask the House to decide on this Bill on his own intelligence.

Hon. R. H. Underwood (Honorary Minister): No, I do not.

Mr. DRAPER: It is not a question of whether the Honorary Minister desires it, or the Commissioner for Public Health or the Colonial Secretary desire it. I only regret that the Colonial Secretary is not in this Chamber. We have to face a plain statement of fact. We know the disease is increasing.

We desire to provide some remedy, and the remedy I suggest is that which has already been suggested by the member for Perth (Mr. Pilkington). That meets with no favour, although I have no hesitation in saying that as a layman—

Hon. R. H. Underwood (Honorary Minister): Draw up a clause and I will accept it in the Bill.

Hon. W. C. Angwin: You do not want a clause for that.

Hon. R. H. Underwood (Honorary Minister): Of course you do not. You want the Bill. We are already dealing with it.

Mr. DRAPER: It is true that in dealing with a question of this kind whatever remedy is adopted will probably be unpleasant and objections will be raised to it. To the prophylactic measures no doubt objections will be raised by some people, who, I think, take a mistaken view, perhaps from religious scruples. I see nothing wrong in adopting any measure which will prevent the disease. It seems to me that to argue upon these lines is to argue upon a false basis and to deceive ourselves. We have to face the fact that the disease is here. It is not a question of whether we are encouraging a sin or immorality. It is purely a question of advising a method which we know to be effective and of applying it to the disease. I am sure it is of no use asking the Government to delay this matter, but I would really ask them to consider—what is the effect of forcing the Bill through by all-night sittings, contrary to the will of many members of the House, some of whom will vote for the measure in obedience to the Government Whip. What will be the effect upon the country? Is it to be supposed that the country will be satisfied with this?

Mr. Teesdale: That is superfluous.

Mr. DRAPER: I would remind hon. members who were in the House at the time as to the effect of the passing of the Redistribution of Seats Bill six or seven years ago.

Hon. R. H. Underwood (Honorary Minister): It put you out for six or seven years, which was good.

Mr. DRAPER: It did not put me out. The Honorary Minister is slightly mistaken. I do not desire the Honorary Minister's permission to sit in this House. If the Honorary Minister will consider that and postpone the matter for a short time until we can get further information, and until we are in a better position to judge, it will be a wise plan. There can be nothing gained by forcing the measure through now when the public is all at variance, and not very properly informed. If the Government would do that there should be no reason why early next session the matter should not be again brought forward, and this, in my opinion, would be the best course to adopt at the present juncture.

Mr. PICKERING (Sussex) [10.25]: It is not my purpose to go over the ground which has already been covered by other hon. members in dealing with this question, but I do desire to state the views of a country member as to how it applies to his particular portion of Western Australia. I should like to preface my remarks by a short extract from Dr.

Sanger's work on the "History of Prostitution."

Hon. R. H. Underwood (Honorary Minister): Can I show you Dr. Cumpston's?

Mr. PICKERING: I can see that later. The extract to which I refer is as follows:—

It has been shown elsewhere that the public are responsible for prostitution, because they persist in excluding women from many kinds of employment for which they are fitted; while for work in those occupations which are open to them they receive an entirely inadequate remuneration. It has also been shown that the community are equally responsible on account of their non-interference with known and acknowledged evils. Another reason why accountability cannot be evaded may be designated; namely the carelessness, or, more properly, heartlessness, with which the character of woman is treated. Let there be but a breath of suspicion against her fair name, no matter from what vile source it may emanate, and the energies of man seem directed toward her destruction.

The member for Roebourne (Mr. Teesdale), who I desire should hear this excerpt and who cannot give it his attention, rather derided the idea that a woman's reputation can be ruined. In dealing with the clause of the Bill which does away with the signed statement—and that is the only portion of it to which I desire to refer—I would remark that the whole trend of the arguments seems to be that we are protecting the informer against the person informed against. We have a safeguard in the committee, who are not there for the purpose of protecting the accused, but rather to hide the informer. This seems to me to make the point with regard to this question. What is the nature of the evidence to be submitted to this committee, and what kind of evidence is going to be acceptable to it? There is nothing in the recommendations of the select committee to show of what nature that evidence shall partake, and what is to be sufficient to cause any woman or girl to be brought up for examination. In the City this committee may to some extent be effective, but I should like to know what the position will be in remote country towns. Is it the intention of the Commissioner that the accused persons shall be brought to Perth to be examined, or is it intended that they should be examined by their own local doctors? I contend that for an innocent woman it would be an appalling thing to have to submit herself for examination at the hands of any doctor. No woman would willingly submit herself to such an examination, except perhaps if she were in a state of dire ill-health. This Bill places it in the power of the Commissioner to order the examination of any girl, providing the evidence tendered is such as to satisfy that committee. Is that committee to judge of the true weight of the evidence that is submitted for its consideration? From the remarks of the member for Perth (Mr. Pilkington) we have an illustration of how difficult it is to arrive at the true merits or worth of evidence tendered, even for the consideration of a court of law. Yet we find that the committee who are to decide upon the reliability of the evidence

will consist of two doctors and one other woman and one other man. They are to decide so important a matter of evidence, evidence which may perhaps result in an innocent woman being placed in a position of extreme degradation. Next, as to the nature of the examination. That point was touched on by the member for West Perth (Mr. Draper), who said it is generally accepted that by an experiment on the blood the presence of venereal disease can be ascertained. But such an examination, I understand, is not suggested either by this Bill or by the report of the select committee. The ordinary examination, I gather, is one of considerable difficulty and of some duration; and I think we must all admit that the exposure of girls or women to such an examination of such duration is not likely to be of benefit to them in any way. It would familiarise them with the possibility of exposing their persons, which should not be encouraged in the slightest degree. I consider there is grave danger to the womanhood of this community if such a thing is encouraged even in the smallest measure. With regard to the control of persons known to be affected with venereal disease, I have no hesitation whatever in saying that I would support any legislation introduced towards that end. But I am decidedly against the amendment of the existing Act in the direction of abolition of the signed statement. Any person prepared to make such a damaging and inriminating charge should at least have the courage to sign the statement making the charge. The least that is due to women who may be subjected to so distressing an examination is that, in the event of their proving their innocence, they should have redress in a court of law. To make it possible for even one woman to be placed in such a position, without the possibility of redress, is absolutely wicked.

The Attorney General: Women have redress.

Hon. W. C. Angwin: They have not, under this Bill.

Mr. PICKERING: How have they redress? If they have, what is the object of abolishing the signed statement?

The Attorney General: The right of redress is not taken away from them. They have redress in a court of law.

Hon. W. C. Angwin: But they will not be able to ask for a verified copy of the statement. Under this Bill, that is taken away.

Mr. PICKERING: That is quite true. The Honorary Minister in introducing the Bill stated that the Government intend to provide accommodation for affected women. The work from which I have quoted lays it down that it has been proved that outside treatment is of no avail; and therefore I sincerely hope that, before any effect is given to this measure, adequate provision will be made for sufferers from venereal disease, especially sufferers of the feminine sex. I do not wish to prolong the debate, but I desire to record my opinion that the Honorary Minister's suggestion to amend the Act by abolishing the signed statement is inimical to the best interests of the country, and is not likely to have the desired effect, but will result in driving people to a greater degree of secrecy. Indeed, I believe it will have the effect of placing both married and single women in a position in which we should hesitate

to place them; and therefore I consider we would be ill-advised in agreeing to the abolition of the signed statement.

Mr. ROCKE (South Fremantle) (10-35): I approach with some degree of trepidation the extremely grave questions which are involved in this measure. I realise the high importance of the subject, not only to this State but to humanity at large, by reason of the fact that venereal disease is to a considerable extent responsible for many of the troubles that afflict mankind. On the other hand, however, I feel that the Bill in its present form will not achieve what it aims at, but that, by reason of the element of injustice which it contains, it will defeat its own object. The Honorary Minister, in the course of his second reading speech, made two statements diametrically opposed to each other. In opening he said that the Bill was not of very much importance and did not require lengthy debate, but in closing he said that the measure was of the greatest importance to the nation. I do not know which of these two statements the House is expected to accept, but I for my part shall accept the latter. Several of the earlier clauses of the Bill, although of considerable importance, may, I think, be left over until the Committee stage is reached; but I desire briefly to refer to the clause dealing with the practice of midwifery. In this regard I hope the House will take into consideration the women in the back blocks, who are unable to secure the services of qualified midwives, and are seldom able to obtain the services of a doctor. It is often asserted, and perhaps mistakenly thought, that midwives are the principal medium of infection as regards septic poisoning. We rarely hear of doctors being condemned for conveying that infection. However, there was a minor epidemic of septic poisoning in Fremantle some time ago, and the cases—at least one of which, I regret to say, proved fatal—were clearly traced to a doctor, but for which fact the midwives would again have received the blame. The clauses with which the House is chiefly concerned to-night are those relating to notification of venereal disease and to the unsigned statement. The unsigned statement opens up the prospect of a system of blackmail being practised upon the people of this State, and probably upon innocent persons. In that respect this Bill is devoid of that first principle upon which all legislation should be based, the principle of justice. In a democratic community, no law should be allowed to stand unless it rests upon the foundation of justice. Mr. Speaker to-night indicated that members would be out of order in discussing, on this Bill, the broad question of prostitution. But how the question of venereal disease can be discussed apart from that, I am not quite able to see, because venereal disease, of itself, is a part of prostitution. It is the effect of prostitution.

Mr. Teesdale: Not necessarily. It does not follow. That is a nice statement to make.

Mr. Jones: Of course it follows.

Mr. ROCKE: I think it is wise, and even necessary, for us to get down to bedrock and ascertain what actually is the cause of the spread of venereal diseases in Western Australia. A witness before the select committee said that one factor, and not by any means the least factor, was the unhappiness to be found in so many of the homes of our girls. The witness said that parental responsibility was unknown in some homes, and that drink was the cause of the irresponsibility, and the cause of homes being, to a great extent, broken up. If parents will not exercise that responsibility which they

should exercise over their children, it stands to reason that the children cannot have the same reverence for life, for their own bodies, and for the bodies of others, as they would if they had been properly taught. One cannot blame the children. They grow up to manhood or womanhood with quite an indifferent or incorrect view of life. It is necessary, then, to deal with the children, first and foremost, to teach the boys the sacredness of life and the great principle of chivalry towards all members of that sex whose protectors they should be, and likewise to teach the girls the very high place in which Nature has put them. Legislators also must recognise the equality of the sexes. It has been said to-night, and I repeat it, that this measure is aimed principally against women. There is any amount of evidence to prove that. The Bill does not attempt, to my mind, to deal with the scourge of venereal disease. It simply tries to prevent the infection of men. Legislators somehow or other seem to have a peculiar idea of the value of human life. Property really seems to take a higher place with the average man who is entrusted with the legislation of a country. For instance, a couple of weeks ago, in reply to a question asked by myself, the Attorney General admitted that a girl aged 14½ years and one aged 15 had infected men with venereal disease, according to the evidence given before the select committee. The Attorney General said that no action had been taken against these men to bring them to book on account of having had unlawful carnal knowledge because no evidence had been given against any person. I venture to say, however, that had an offence been committed against property, the wheels of the law would have been put in motion and every attempt made to bring the offenders to book. I recognise the prevalence of this disease, but I cannot close my eyes to the fact that compulsion, where it has been tried in other countries, has been a failure. I am going to pin my faith upon proper educational facilities, absolutely private and free treatment, regardless of the position in life to the unfortunate patient. There has been some controversy as to what is the main source of infection. Most thinkers are agreed that it does not come from the professional prostitute, but that it comes from the clandestine conduct of females. So we want to find out what is the cause of so much clandestine prostitution? We have been told that it is very much in evidence in our midst. Whether that is so, I do not know. But there must be some cause which is operating to drive girls on to the streets, and that cause, I venture to say, is economic. If a girl is not in receipt of a wage sufficient to enable her to live, it stands to reason that she will become an easier victim to temptation.

Hon. R. H. Underwood (Honorary Minister): Do you assert that poor people are more liable to this than rich people?

Mr. ROCKE: I did not say that. The Colonial Secretary when speaking in favour of this measure in another place, admitted that it was the military authorities who were urging the passage of the Bill. We find that the naval and military authorities all over the world have been responsible for measures of this description, and wherever they have been introduced, according to the men who have been able to make a study of the matter, they have proved failures.

The Colonial Treasurer: Do you consider a partial success a failure, or anything which has not wholly succeeded?

Mr. ROCKE: If a thing only partially succeeds it is better than no success at all, according to Flexner.—

Mr. Teesdale: He is a German; he cannot be any good.

[The Speaker resumed the Chair.]

Mr. ROCKE: He is an American, and he gave to this matter two years of study, and for a layman to pit his knowledge against that of such a man is poor taste, to say the least of it. I can quite understand the Commissioner asking for more power, but with all due respect to him, I feel that the request which he makes for further power is to enable his department to make a greater show. If the department gets compulsory notification, to my mind it will be less effective than the course I have suggested of providing educational facilities. I am always on the look-out for authorities on whom we can place reliance, to guide us in matters of this kind. I have one here, a very good one, Hon. members will not quibble at the standard of the "Lancet," and in writing of the Australian measures, it observes the danger of the measure when it comments thus—

The Act bristles with penalties and from the time a patient goes to his first doctor for advice to the time a certificate of cure is issued, he has to run the gauntlet of potential fines and imprisonment. There is a risk lest a certain proportion may so dread this compulsory pilgrimage to health that they will refuse to seek medical help, or seek it at too late a stage of the disease. This is a risk which it is absolutely necessary should be avoided in the working of the new legislation in this country.

From the tenor of the speeches to-night, and especially some of the interjections, it would appear that women are the principal source of infection, but we must not lose sight of the fact that every woman is infected by some man, except, perhaps, in the case where the means of infection were other than direct intercourse. In reading the evidence which was given before the select committee, I notice that both Sub-Inspector O'Halloran and police woman Dugdale stated that a large number of young girls who were under treatment at the Perth Public Hospital and who were not allowed to enter their usual employment because of their condition, were forced into prostitution in order to live, and they thus spread the disease while under treatment. If we are to combat the disease effectively, it is of no use attempting to do so by half measures. If a person must go under treatment, that person, whether man or woman, and particularly in the case of a woman, must be free from all the anxieties and cares of obtaining a livelihood: otherwise, there is no option, in many cases, to that person returning to a life of vice, and again becoming a source of danger to the community. Neither the Colonial Secretary nor the Commissioner of Public Health has been able to give any idea of the number of cases at present untreated and which may be reached by the Bill if it becomes law. I think we have a right to expect that information from those responsible for the measure and who say the Bill is essential. If they cannot give that information, does it not go to prove that the information is not obtainable? I question very much whether the disease is so rampant in this State as we have been led to believe. The member for Menzies (Mr. Mullany) to-night quoted the number of notifi

cations made since the Act has been in operation. The member for Perth (Mr. Pilkington) seemed to think those figures indicated that the Act was not reaching a sufficient number of people. I think otherwise. I believe they prove that the present Act is operating very satisfactorily. As this question is not thoroughly understood by laymen, we have to rely to a large extent upon men able to make a thorough study of it. So we find from several authors who have been quoted to-night that regulation and notification have proved failures. Italy, and Italy alone, has tried the secret and free method of combating the disease. From the evidence we have it seems that a great deal of success is being met with in Italy, in fact, quite a different kind of success from that met with in other countries of Europe which Flexner had the privilege of visiting. He writes definitely about the free system and also about the matter of denunciation, which the House is very much concerned in at present. As I believe no reference has been made here to-night to what Flexner has to say on the Italian system I crave indulgence while I read his summing up.

Hon. R. H. Underwood (Honorary Minister): Take it as read.

Mr. ROCKE: The Minister cannot put me off the track.

Hon. R. H. Underwood (Honorary Minister): I do not think you were ever on it.

Mr. ROCKE: This is what Flexner says of the Italian system:—

The Italian scheme is wholly and unconditionally voluntary and hygienic; it lacks altogether compulsory features, addressing itself unreservedly to health, without regard to either order or morals. A ministerial circular, interpreting its scope and purpose declares:—"Any construction of the law aiming to ascertain the presence of disease is unlawful and in opposition to its purport, because the police spirit leads to the concealment of disease and avoidance of cure. Compulsory action is offensive to the liberty and dignity of human personality. The prophylaxis of venereal disease is to be kept entirely distinct from the protection of morals and the measures of the police. The two services differ in object, the one having a hygienic end, the other aiming to protect public order. Confusion is dangerous and constitutes an abuse." As contrasted, with this thoroughgoing acceptance of the voluntary point of view, the Danish policy retains certain vestiges of police complicity. It includes, for example, the right of compulsory examination in case of women arrested for offences indicative of professional prostitution; it continues to relate the police to venereal disease, through the compulsory proviso above cited and through the provisions encouraging the disclosure of the supposed source of the infection. As to the wisdom of the above mentioned provisions, grave doubt exists. They are unquestionably in conflict with the spirit animating the statute as a whole. Dr. Santoliquido, the author and administrator of the unqualified Italian scheme, is strongly of the opinion that the slightest taint of police complicity or the slightest suggestion of publicity seriously impedes the utilisation of the facilities offered. The Danish lawmakers were evidently afraid to be thoroughgoing. On the one hand they were entirely clear that regulation failed, not only because it reached no men and relatively few women, but because the association of disease with crime tended

to drive disease into hiding. They saw that to entice it out, to ensure more general, more skilful, more thorough treatment the interest and the intelligence of the patients had to be appealed to; they must be taught to be cured for their own sakes and that of others; and in order that every obstacle thereto might be removed, treatment offered in a scientific spirit must be made free and accessible. They feared, however, to leave the matter at this point: they felt that some provision had to be made for backsliders; and to keep these under treatment, even against their own inclination, the intervention of the police was made possible. Undoubtedly the individuals concerned may thus gain, for they may be helped. But the danger is that unfortunate indirect effects may more than outweigh the direct favourable effects. The vestige of the police spirit may hinder the very transformation in the attitude of those afflicted that the legislation hoped to bring about. Thus incidental compulsion may tend to tear down what the law as a whole endeavours to build up. As opposed then to the Italian policy of leaving the matter wholly to individuals and endeavouring to educate them to take advantage of abundant facilities, the Danish plan leaves the matter to individuals, if the individual is willing to act intelligently; but it endeavours to coerce the rest. There is, however, some doubt as to whether the second part of the Danish arrangement does not tend to defeat the first. Even under police regulation we observed that most was achieved where force was most completely dissembled; and, wherever, as at Paris, police regulation and voluntary hospital facilities are both provided, the latter are far more effective than the former. Moreover, the remnant of police compulsion is always in danger of relapsing into regulation, applicable mainly, perhaps altogether, to women—a policy to which we have discovered insurmountable objections. From the standpoint of the theory of the law, then—that abundant facilities for treatment coupled with an unqualified appeal to the intelligence and self-interest of the patient is likely to reach, on the whole, the largest number of the afflicted—grave question may also be raised regarding denunciation of a source of a particular venereal infection. On its face, the transaction appears reasonable enough: a sufferer, after interrogation by his physician or of his own notion, may report his belief that he was contaminated by this woman or that. The information communicated by the doctor to the police is held in strict confidence, and the person involved may be requested to call at police headquarters; where, being informed of the nature of the accusation, it is suggested that he (or she) consult a physician—a municipal physician or a physician of the individuals own choosing; should he (or she) be reported as ill, treatment may be compelled, if the individual declines otherwise to submit. On its face, I say, this looks like a not unreasonable method of attacking infection at its source in the case of persons who lack the conscience or the intelligence to act of their own accord; for clearly the foci thus reached might, if left alone, have continued, ignorantly or malevolently, to breed further contamination. Denunciation aims to bring these concealed sources to light: offers them treatment, if they are intelligent enough to take advantage of such opportunity; and adds the state's

right and power to compel a proper course of action, if, for any reason whatsoever, they are differently minded. As a matter of fact, the thing is by no means so simple. In the first place, with the best intention, the patient may be mistaken as to the source of his or her infection. Prostitution is promiscuous on both sides. The women notoriously consort in quick succession with many men; men often consort with different women. The periods of incubation are more or less indefinite and variable, so that a mere reckoning back to a particular act of intercourse is not conclusive. In one set of cases, carefully studied from this standpoint, over half of those questioned were unable to throw any light on the subject. The very difficulty in question opens the way to error and abuse. Despite the confidential fashion in which the subject is handled, the humiliation involved in a mistaken or false accusation is no trifle. The same principle holds here as in respect to arrest for alleged solicitations—a single error is worse than a hundred omissions. It is a totally different thing from a mistaken allegation that some other infectious disease exists in a given house or person—diphtheria, for example, or scarlet fever. The manner in which venereal disease is usually contracted, the implications attending its presence, set it off in a class by itself, and open the door to abuses for which other contagious diseases give no opportunity. A procedure that might, therefore, be safely employed in reference to scarlet fever, if feasible or necessary, may be totally inapplicable to syphilis. The experience of Copenhagen has quite fully justified these doubts. Denunciation is an invitation to blackmail; it can be and has been employed by men simply to rid themselves of women of whom they have tired; for, while in theory equally applicable to both sexes, under existing conditions women have most to fear from it.

If there was no other evidence to prove that the provisions of this Bill are entirely opposed to all sense of fairness, I should accept this authority as sufficient to justify me in opposing certain clauses of it. Since passing the 1915 Act we have evidence of the notification of infected persons having come before the Medical Department in such numbers that, if we are to take into consideration the size of our population, which is very meagre after all, are sufficient to prove that the Act is working satisfactorily, and I would plead with members to give it a further trial before interfering as it is suggested now, an interference which I consider that no section of the British community can or will tolerate.

The ATTORNEY GENERAL (Hon. R. T. Robinson—Canning) [11.5]: Members of the Government, from the Premier downwards, have declared when speaking to the House, that this is a measure which hon. members may have the fullest opportunity for discussing. The House has been informed that it is not a party measure, and that everyone is free to express his views and vote according to his desires. It ill becomes the learned member for West Perth (Mr. Draper) to accuse the Government of trying to force this Bill through the House, of trying to burke discussion, and of lending themselves to whipping up the party to carry the Bill through. There has never been any sug-

gestion of the kind from any member of the party which sits behind the present Government. He would be a despicable man who would use a measure of this kind so vital to the health and well being of the nation, for a party purpose. It ill becomes any member of the House to make accusations of that groundless character against the Government.

Mr. Teesdale: Only one man did it.

The ATTORNEY GENERAL: The opinion of the man who will do that either on the law or on the facts or on the merits of the case, cannot be worth listening to, because he puts himself out of the court before he starts. On the other hand, it has given me great personal pleasure, although it is a subject which one does not like talking about, to listen to the discussions of other hon. gentlemen on both sides of the House, men who have studied the question and come forward dispassionately and endeavoured to give information to the House which will enable members to arrive at a satisfactory conclusion. On the subject of haste, is it not well known to hon. members that this Bill was introduced in the Legislative Council and that it was not only very fully discussed there, but was referred to a select committee, the evidence placed before which has been published in the Press and is also in the hands of every hon. member? Furthermore, is it not well known that this Bill eventually passed through another place without a division? Surely in view of the lengthy discussion in another place and the lack of any division there—

The Colonial Treasurer: The newspapers have discussed this question for the past six weeks.

The ATTORNEY GENERAL: And seeing that the newspapers have freely opened their columns to any person who wishes to discuss this, both in the morning and evening papers and in the Sunday Press, it cannot be said that hon. members have not had an opportunity of knowing the contents of the Bill. If hon. members wish to discuss it further it is the wish of the Government that they shall have as much time as they want in order to do so.

Hon. T. Walker: Will you agree to an adjournment?

The ATTORNEY GENERAL: But after hon. members have fully discussed the matter they must arrive at a conclusion and not burke the question. Upon that the Government are determined. Hon. members have the facts placed before them, and they must arrive at their own conclusions.

Mr. Griffiths: The Bill has been here since the 30th March.

The ATTORNEY GENERAL: That is so. The member for Perth (Mr. Pilkington) and the member for Kanowna (Hon. T. Walker) seem to agree on the point, that prevention is better than cure. No one disputes that for a moment. No one will contend that measures of that description may not go hand in hand with this Bill or any other Bill. The Bill itself is simply a desire on the part of the Government to check the disease amongst those who have it and to prevent its spread.

The measures suggested by the hon. gentlemen I have referred to will probably prevent the spread of the disease amongst others, but they make no attempt to show what shall be done to cure those many persons who have the disease to-day. The Bill says that those persons shall, at all events, be made to attend before medical authorities and have the best means that science of to-day knows in order to facilitate their cure.

Mr. Smith: Do you think this Bill will help to that end?

The ATTORNEY GENERAL: The Bill will certainly give a better chance of doing that than is afforded by leaving the matter to the free will of persons affected, because there are so many people in this world who are too far sunk in ignorance and foolishness to take the opportunity of obtaining medical advice. The learned member for West Perth (Mr. Draper) gave the illustration of a husband who contracts this disease, and the hon. member referred to the difficulties which would arise in the household of such a husband and in the community by reason of this. Section 242c of the existing Act provides that when such a husband takes counsel of his own medical adviser, no one in the wide world, other than that medical adviser treating him, need know of the case. The notice which the medical practitioner has to send to the Commissioner of Public Health under the Act will merely state the age and sex of the patient and the nature of the disease, but must omit the patient's name and address. So that there will enter into the matter no Government department, no file, no Commissioner of Public Health, no clerk; in fact, no person other than the medical practitioner will know of the husband being affected. Some confusion appears to have arisen in the minds of hon. members with regard to what is required under this Bill. The main clause of the Bill is No. 46, and it substitutes for portion of the existing Act these words—

Whenever the Commissioner has reason to believe that any person is suffering from venereal disease.

In those circumstances the Commissioner is, under this Bill, to have certain powers. Just here I would draw the attention of hon. members to the clause of the Bill of 1915, which clause passed this Chamber without a division.

Hon. T. Walker: It was not adequately discussed.

The ATTORNEY GENERAL: That clause proposed to give the Commissioner power, when he suspected, or had reason to believe, that a person was suffering from venereal disease, to do certain things. The words are, "Suspects or has reasons to believe." I venture to say that nine-tenths of the discussion which has gone on in the Press has been conducted under the impression, and certainly on the argument, that that word "suspects" is retained in this Bill. But that word "suspects" is gone. The words used by Clause 46 are "has reason to believe."

Mr. Jones: What is the difference? I do not know.

The ATTORNEY GENERAL: Exactly. The hon. member does not know.

Mr. Jones: No; I do not.

The ATTORNEY GENERAL: I will tell the hon. member.

Mr. Jones: Thank you.

Hon. W. C. Angwin: One does not "suspect" until one has "reason to believe."

The ATTORNEY GENERAL: Many a man may suspect wrongly. He may have no evidence at all, and yet suspect. His suspicions may be groundless. When challenged, a man who suspects, as lawyers know, has, as a rule, no evidence to support his suspicions.

Mr. Jones: We do not want to know what lawyers know.

The ATTORNEY GENERAL: The member for Fremantle surely knows that in his own life he has suspected certain things.

Mr. Jones: I have had reason to suspect in such cases.

The ATTORNEY GENERAL: But the hon. member had no reasons to give for his suspicions. Surely there is not a man in whose experience that case has not arisen. I will not say that suspicions are always groundless, but that many times they are groundless. But who can say that that criticism applies to the words used in this Bill, which require that the Commissioner must have reason to believe? And who is the Commissioner? Not an ordinary layman but an educated, highly trained medical man, a man who holds the highest medical position in this State, that of Principal Medical Officer and Commissioner of Public Health. It is practically in a judicial capacity that he has to exercise his reason and judgment in these matters, and he himself is to have reason to believe. Such "reason to believe" must be founded on tangible and real evidence, and I will show that it is so. The learned member for West Perth (Mr. Draper) drew my attention to a subsequent part of the same clause, under which the advisory committee constitute themselves, as it were, an advisory board, to hear what the Commissioner has to say. And what does the Bill provide that the Commissioner shall place before the committee? He has to submit to the advisory committee the evidence on which he proposes to take action; evidence, real and tangible statements—evidence which satisfies him as a trained experienced medical man that a person has venereal disease.

Hon. W. C. Angwin: Look here; will you tell us—

The ATTORNEY GENERAL: If hon. members will let me finish my argument, I will then answer questions. What is the opinion on this point of another authority in our medical world, a gentleman who, although holding no official position, probably enjoys the highest consideration in the land as a physician? I refer to Dr. Trethowan. What does he say on this subject?

Mr. Nairn: But he is very hysterical; he will not help us much in this Bill.

Hon. W. C. Angwin: He ought to be ashamed of himself.

Mr. Jones: He is a high class surgeon, but he knows nothing about general practice.

The ATTORNEY GENERAL: How does the member for Fremantle know that Dr. Trethowan knows nothing about general practice? I say without fear or hesitation that there are few medical men in Western Australia who can stand alongside Dr. Trethowan. Dr. Trethowan is a man who has gone to the Front. He is a man who

has given his services to the hospitals for years. He is a man at the head of his profession. He is a man whom everyone respects. The member for Fremantle is the first person I ever heard cast a slur on an honourable man like Dr. Trethowan.

Mr. Jones : I have cast no slur on Dr. Trethowan. I merely commented on the weight of his evidence.

The ATTORNEY GENERAL : I wish to touch on Dr. Trethowan's evidence because it deals with this very point, as to having reason to believe. I quote from question 526 onwards—

I gather you are not in favour of the provision in regard to signed statements and you think these would act as a deterrent?—Everyone will not give signed statements. I have had experience of several persons who will not do so. There is a natural repugnance in some men against giving information about women.

They will tell you where they got the disease?—Yes.

There is an objection more sentimental than real to the Commissioner acting on the word of anyone?—It is more sentimental than real.

Do you think it would meet the case if the possible informant would limit his information to the person who had actually been infected?—Yes.

If that were specified in the Bill?—The informant should not be other than the person infected. I would not let the third party inform, or act upon his information.

There have been cases in which persons have admitted that they are suffering to the Public Health Commissioner, but will not allow themselves to be treated?—He has no power to compulsorily examine them, but should have the power.

Either on the word of a person who has been infected or on the admission of the person who is infected?—That is on the word of a person who has been infected. If B is infected she says "I got it from A." That ought to be allowable. It should not be allowable, however, for C to say "I know that B was infected from A."

Interposing, I say that is what is called hearsay evidence. It might be founded on suspicion, but we should never get a trained man to take anything like that.

Hon. W. C. Angwin : If it is not done that way, very few would be interfered with, because very few come in contact with the Commissioner.

The ATTORNEY GENERAL : The evidence goes on as follows :—

It has always been held up as a bogey that a person would inform the Commissioner that so and so was infected?—I would not take that as evidence.

I venture to say neither would the Commissioner ; neither would any qualified practitioner. Hon. members must therefore read reason into these words, and when they read that reason into the words, half the terrors that members have been talking about, the degradation, the humiliation, vanish. The evidence goes on—

In order to satisfy the public it would be well to include that in the Bill?—Yes.

I interpose here ; it is in the Bill. It cannot be interpreted in any other way. The Commissioner has the evidence that satisfied medical men that the person has venereal disease. Words cannot be stronger or more guarded to the public.

At present it is not there?—I see no harm in it. The Commissioner should not act upon the evidence of an irresponsible third party, but he should act on either one of the principal, namely,

the man who has been infected, or a woman who says she is suffering from the disease. If a woman says she is suffering from the disease it ought to be possible to have her compulsory examined by a woman doctor, if she objects to a male doctor, and if she is suffering she ought to come under the Act.

Hon. W. C. Angwin : I agree with you there, if she admits it.

The ATTORNEY GENERAL : I do not propose, after the very full discussion the measure has had in the House, and in view of the Committee stage, when every clause will be treated separately, to add any words other than those particular words. I do desire that members should read carefully those words, and not talk so airily about mere suspicion and the damage that may be done to this, that, or the other person. If I thought for a moment that a trained mind such as the person occupying the position of Commissioner would be so foolish as to humiliate or degrade any woman in the community, I would oppose the Bill. But if the Commissioner exercises his judgment and reason, and his trained mind, there is humanly no possibility of a mistake, and womankind is protected and mankind is protected. One word in conclusion. Some members have said that this is a Bill aimed at the women. I repudiate that entirely.

Hon. W. C. Angwin : I say it is, and I say it now.

The ATTORNEY GENERAL : The hon. member can say it till to-morrow. The Bill is aimed at the two, the man and the woman ; at the person who has venereal disease. The object of the Bill is to scotch venereal disease, to stamp it out of the community from man and from woman. And although it is called a drastic measure, when we are up against one of the greatest evils of the day, nothing but a drastic measure is going to turn it down. Members do not think, by airily talking, by conciliation, by voluntary work, we are going to get rid of venereal disease. I do not believe for a moment it is so, and I was going to say if hon. members have contrasted the evidence that has been given on either side of the question, and will come to a sober judgment, if they keep themselves free from all sentiment and the pressure that comes to the public man from every side and judge these things on their merits, as men giving their decision on their conscience and to the best of their ability, then there can be no other decision than that this is a just and proper Bill, a proper attempt on the part of the Government to stamp out this scourge from the community.

Mr. JONES (Fremantle) [11-29] : I move—

"That the debate be adjourned."

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

Ayes	13
Noes	25

Majority against	12
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AYES.

Mr. Angwin	Mr. Lutey
Mr. Chesson	Mr. Rocke
Mr. Draper	Mr. Smith
Mr. Green	Mr. Walker
Mr. Johnston	Mr. Willcock
Mr. Jones	Mr. Munsie
Mr. Lambert	(Teller.)

NOMS

Mr. Angelo	Mr. Money
Mr. Broun	Mr. Mullany
Mr. Brown	Mr. Pickering
Mr. Durack	Mr. H. Robinson
Mr. Foley	Mr. R. T. Robinson
Mr. Gardner	Mr. Stubbs
Mr. George	Mr. Teesdale
Mr. Griffiths	Mr. Thomson
Mr. Harrison	Mr. Underwood
Mr. Hickmott	Mr. Veryard
Mr. Hudson	Mr. Willmott
Mr. Maley	Mr. Hardwick
Mr. Mitchell	(Teller.)

Motion thus negatived.

Mr. JONES (Fremantle) [11-33]: I am sorry that the House has not seen fit to agree to an adjournment of this debate. I realise that it is somewhat of a tax upon the mental capacity of the majority of us to consider and debate a subject of such great importance in the small hours of the morning. Nevertheless since it is the wish of the House that the debate be continued, I do not propose to unduly take up the time of hon. members. The Attorney General during the course of his remarks accused me of endeavouring to cast a slur upon an honourable member of the medical trades union. It was one of those curious twists which probably only a legal mind is able to give to any statement which is made by a persons or persons. I do not allude to all legal minds, thank goodness. There are some legal minds in this House which would not be guilty of endeavouring to misconstrue any remark which a member may happen to make in the course of interjecting. I stated by way of interjection that Dr. Trethowan was an eminent surgeon, but not being a general practitioner he did not necessarily have the amount of information which a general practitioner who might be a lodge doctor charging 5s. or 7s. 6d., when dealing with the general public, would have. That is what I meant in referring to Dr. Trethowan's evidence. I did so more with the object of comparing it with the evidence which might have been given by a general practitioner. We have been informed by no less an authority than the Honorary Minister that we are dealing with the most important subject which has ever occupied the attention of this Assembly. Right here I want to express my personal thanks to the member for North-East Fremantle (Hon. W. C. Angwin) for having been the means of bringing about an adjournment of the debate at the last sitting of the House. That adjournment enabled members to consider the authorities which the Honorary Minister quoted in his second reading speech. The Honorary Minister quoted in one particular instance from the "Nineteenth Century" article of September last, when he endeavoured to construe what had been written by Sir Bryan Donkin to his own particular purpose.

Hon. R. H. Underwood (Honorary Minister): I did not construe it at all.

Mr. JONES: The Honorary Minister made some similar remark during an extremely eloquent and instructive speech which the member for Kanowna (Hon. T. Walker) favoured the House with this evening. So far as the misconstruction of that article went, it consisted of merely quoting a part of it. That is to say he left unread a part which supported the particular phase of the question which has been under discussion to-night, and we find that that particular part of the article

was directly opposed to the views of the Honorary Minister.

Hon. R. H. Underwood (Honorary Minister): I quoted it to show the prevalence of the disease only and I told members it was a preventive article. That will be found in my speech.

Mr. JONES: I am the one sheep in the fold who really took it that the Honorary Minister was endeavouring to make us believe that Bryan Donkin was supporting his contention.

Hon. R. H. Underwood (Honorary Minister): I said Donkin wanted prevention.

Mr. JONES: Now we have the assurance of the Honorary Minister that he was not trying to deceive hon. members. I admit I am easy to deceive, and if the Honorary Minister can get any consolation from knowing he deceived me, he can have all the comfort he liked from that, but when he interjected when the member for Kanowna was speaking and asked him to get along with the Bill or something of that sort, I would point out that when the Honorary Minister was giving information to the House as to the circumstances which led to the Bill being introduced it filled me with an amount of sorrow, because if there ever was a Bill introduced in a House which showed a blind ignoring of the forces of nature, of the great dynamic forces which are sweeping on, and of which this House and State are merely a fly on the wheel, this Bill does that. Why, one of the laws of nature, one of the great universal laws which govern the animal kingdom is that the hurt animal, the hurt human being, will naturally fly towards the sources from which it can obtain relief; just as the hungry bird or the thirsty animal flies to its food or to the spring from which it can drink, so the human being will gravitate to the source from which it can gain relief from its pain. And if there is anything interfering with the generous laws of nature, it is the duty of the Government to endeavour to find out where the obstacles lie in the path of that natural law and to attempt to remove them. How those obstacles came to exist the member for Kanowna (Hon. T. Walker) explained to-night. He took us back to the early days of prostitution, back to the earliest existence of venereal diseases. The hon. member gave us some information which we needed in order to get at the obstacles which lie between the sufferers from venereal disease and the treatment they should receive. During the whole course of the history of that disease it always has been regarded by society as a disgraceful thing, as a thing which must not be talked about; and as pointed out to-night, it is only in recent years that one has been able to discuss the subject in public and particularly before a mixed audience. In view of that it comes somewhat as a surprise to find a Minister whose ideas date back to somewhere about 1882, deploring the fact that we have ladies in the gallery listening to the debate.

The Minister for Works: I said I would prefer not to see them there. I do not like to see young girls there. No decent minded man would.

Mr. JONES: I do not know that the Minister is the only judge of what constitutes a decent minded man. The man who holds the idea that the only place for a woman is in the kitchen, her only function the bearing of children, would probably have been considered decent minded in 1840; but to-day when the course of evolution is bringing us so much nearer the time—

Hon. T. Walker called attention to the state of the House: bells rung and a quorum formed.

Mr. JONES: This reminds me of a time when I addressed a gathering in a workhouse. That was the only other compulsory audience I ever had. However, I was not guilty of bringing members in. I would not disturb members from their supper or their smoke.

The Minister for Works: Am I not entitled to draw attention to the fact that the hon. member who called for the quorum has now left the Chamber? Indeed there is not now a quorum present.

Mr. SPEAKER: I am satisfied that there is a quorum within the precincts of the House.

Mr. Lutey: As there is no longer a quorum present, is the hon. member in order in proceeding with his speech?

Mr. SPEAKER: I am satisfied that there is a quorum within the precincts of the House. The hon. member may proceed.

Mr. JONES: The attitude of the Minister for Works towards women is an attitude which I thought had died out in the early eighties. Yet that same attitude is shown right through the Bill. I do not wish to deal with any other phase of the Bill except perhaps to point out that it contains a rather peculiar clause which I trust the Minister will explain more fully in his reply. This clause declares that any house which has even one lodger shall be declared a lodging house and be registered under the Bill. It seems curious that if I or the Minister should happen to have our respective mothers-in-law come to stay on a prolonged visit we would be required to register our respective houses as lodging houses because of that not altogether peculiar circumstance. I trust that country members in particular will give attention to this question, which means that if a friend from Perth happened to visit those members, the visit would immediately convert the farm house into a lodging house. This requires a little more explanation before it can be accepted. In regard to the food question and the question of the more stringent examination of maternity nurses. I think the member for North-East Fremantle (Hon. W. C. Angwin) on Thursday evening dealt at sufficient length with these subjects. However I intend to have a few words to say on them when the Bill is in Committee. The Attorney General tells us the private medical man, to whom a patient was applying for treatment for venereal disease, would in notifying the Commissioner for Public Health to that effect omit his name from the form or statement that he sent into the department. That may be one of the peculiar explanations which only a legal mind can think out and only a legal man can give, but it has occurred to me that this explanation, in view of the new phases of this legislation which have been brought before us, would not satisfy a jury of his countrymen, or any court of competent jurisdiction in the world, that the idea of the Bill was secrecy. He did not say what there was to prevent a man's neighbour, or any person who happened for the time being to have a spite against another, from putting him away to the Commissioner. Since the Commissioner was not in possession of the man's name—he did not receive it from the doctor and therefore, had no means of ascertaining his name—what is there to prevent that official from sending for him and forcing him to submit himself to a second medical examination? If, as the Attorney General with that legal formula of which he is such a master explained, the object of the Bill is to prevent the names of respectable married men, who

happen to be suffering from the disease, from being made public it would appear, from the failure of the doctor to send in the name when making his report to the Commissioner, as if that object was almost circumvented, and that it will be possible for that person who has a spite against another to give such information as would cause him to be arrested.

The Minister for Works: I should call him a disreputable married man, not a respectable married man.

Mr. JONES: This is a point which has been debated by the Minister for Works in a regrettable manner.

The Minister for Works: I want decency for men and women.

Mr. JONES: Until the ridiculous and absurd shame which is attached to this disease is removed we shall have very little hope of eradicating it from amongst the people. There is a broad impeding line between the suffering human being, and those things which will relieve him from his pain. This is the main obstacle in the way of any attempt to deal with this important matter of venereal disease. We see it right through the piece. True, as pointed out so comprehensively by the member for Kanowna (Hon. T. Walker), the scourge of syphilis extended over the whole of Europe during the late fifteenth and the early sixteenth century. At that time it was considered the proper thing when a man was placed in one of the hospitals that were erected by humane Governments to flog him when he went in, and flog him again when he went out as a punishment for daring to contract the disease. That seems to be the attitude that is being adopted by the Minister for Works in regard to the disease tonight. It is because of the obstacles which exist between a man in pain and that which would relieve him of his pain that so much difficulty has arisen in administering the original Act. I submit to the Minister that if due publicity was given, in simple and concise language which would be intelligible to an ordinary layman, or an ordinary laywoman, language which was not tied up in long technical terms, which make it practically impossible for the average man in the street to grasp, to instructions as to the treatment of the disease and the use of preventatives with regard to this disease, and these instructions were scattered broadcast throughout the country and posted up in public places, were placed in the shops, in the workrooms, in the factories, in the mines, and on the railway stations, and if it were shown to members of the community that this disease was not the fearful crime, and not the horrible misdeed that the Minister would have us believe it was—after all, it is a thing which is liable to happen to any of us, and it is no use having this false prudery, and no use wrapping up the filth which underlies our very society in more filthy rags than the filth of the disease—something tangible might result. We must look the matter squarely in the face, and must acknowledge that any member of the community is liable to contract this disease, unless some degree of precaution is taken in order to eradicate it.

The Minister for Works: That is an established fact. We need not argue about that. We all agree on that point.

Mr. JONES: Knowing that, and having this acknowledgement of the Minister, I submit that it is more humane and more rational for the Government to boldly look the facts in the face and

to say bravely and courageously—and I have reason to believe the Honorary Minister has the necessary courage—"We will educate the public; we will let them know; we will place instructions in simple language in public places which they can read and from which they can learn how to treat this disease." It should be shown that the disease is no longer to be looked upon as a disgrace which is punishable by flogging, as it was in the middle ages. As a matter of fact, however, in these days it is punishable by even worse than flogging, for it is punishable by social taboo. It is time that it was pointed out that this disease no longer constitutes a disgrace.

Hon. R. H. Underwood (Honorary Minister): Such instructions as you indicate have been disseminated already; 20,000 copies of this pamphlet have been sent out.

Mr. JONES: I am satisfied that, in spite of his courage and his sincerity, the hon. member lacks a publicity agent. He should know from his own electioneering experience that the average man and woman will not read pamphlets of that kind. They want the information in concise form, posted up on the walls. It is to the want of information conveyed in this manner that the terrified attitude of the public towards measures of this sort is due.

Mr. Lutey: I draw attention to the want of a quorum.

Mr. SPEAKER: I am satisfied there is a quorum within the precincts of the House, and I am not going to allow hon. members to interrupt the debate by bringing members in. The member for Fremantle may proceed.

Mr. Lutey: Am I within my rights in drawing attention to the want of a quorum?

Mr. SPEAKER: The hon. member is within his rights, but we had the quorum bells rung two minutes ago. I am satisfied there is a quorum within the precincts of the House, and I do not consider an hon. member is in order in interrupting the debate by calling for a quorum. The hon. member for Fremantle may proceed.

Mr. Green: It is a disadvantage to a member to be speaking to a very thin House.

Mr. JONES: No doubt my disadvantage is the advantage of hon. members, so Heaven forbid that I should object. I was endeavouring to point out the need for greater publicity on this important subject. In my opinion it would not be amiss if public speakers, and members of Parliament in particular, were to deliver lectures on the subject of venereal disease, upon the subject as it affects the public, and upon the treatment of these diseases and the means of eradicating them from society. The scheme put forward to-night by the member for Perth (Mr. Pilkington) is a good and rational one, namely, the adoption of preventives. It has been asserted by the Honorary Minister, among others, that these means of dealing with the trouble already exist. That being so, the Honorary Minister would remove all reasonable objection and opposition to the Bill if he made the medical examination a universal one, if he had a blood test of the whole of the community without exception.

Hon. R. H. Underwood (Honorary Minister): The blood test will not disclose all the cases.

Mr. JONES: But I think the blood test would get hold of those suffering hereditarily.

Hon. R. H. Underwood (Honorary Minister): Only as regards syphilis.

Mr. JONES: As regards gonorrhoea, it has been pointed out by the member for Kanowna (Hon. T. Walker) that the ordinary medical test is not entirely satisfactory. I think the eminent authorities quoted by the hon. member on that point bear me out in that contention.

Hon. R. H. Underwood (Honorary Minister): What the member for Kanowna pointed out was that if the tests were not properly made they were not satisfactory.

Mr. JONES: I am not quoting from any authority, other than what I regard as perhaps the greatest in the world, and that is the authority of the member for Fremantle. I have had experience of the subject of venereal disease, in a garrison town, it is true, in which women who were living in brothels were subjected to a military medical examination. That examination, I have reason to believe, was as searching and as thorough as any examination under this measure would be. For the sake of the tender scruples of the Minister for Works, I may state that the women to whom I refer were Japanese. I have, however, known of a case in which an examination, a thorough examination by the medical officers of the garrison, occurred at eight o'clock in the morning, and between that time and two o'clock no less than five men were infected with gonorrhoea by one of those women who had received a clean bill. That being so, and speaking from absolute knowledge—though I would point out that it is the knowledge of observation only—I can bear out the statement of the member for Kanowna that an examination for gonorrhoea is not altogether satisfactory. But I submit that the blood test could be applied to discover at any rate cases of syphilis. I have now before me a constructive scheme forwarded to me by a broad-minded lady resident in this State, which scheme I should like to bring to the attention of the Honorary Minister, in case he has not yet seen it. I am not aware that there are other copies of this scheme in existence.

Hon. R. H. Underwood (Honorary Minister): Why did you not send it along to me?

Mr. JONES: Because I only received it yesterday morning; otherwise I would have done so. Judging from the refusal of an adjournment of this debate, however, I was not inclined to think that the Honorary Minister was anxious to receive suggestions from this side. I do not propose to read the whole of the scheme, because I do not desire to take up the time of the House, and particularly that of hon. members on the cross benches.

Mr. SPEAKER: Does the scheme deal with the Bill?

Mr. JONES: The matter of the scheme deals with the Bill. In order to show that, I may say that the writer begins as follows:—

Realising the pressing need of eradicating this loathsome disease, but being unable to concur in the methods suggested in the Health Bill, under which no man, woman, or girl—be they ever so pure—would be safe from the possibility of arrest and compul-

sory examination, and from the stigma which the mere fact of being a "suspect" would cast upon them, in the first place I would suggest that the present free treatment be allowed to continue for from three to six months, according to the time required to successfully treat the minor venereal diseases.

Mr. SPEAKER: That suggestion has been made by most of the members who have spoken on the second reading, I desire to inform the hon. member.

Mr. JONES: There is something more, something that has not been suggested. The opportunity will be lost unless I venture to trespass on your generosity, Mr. Speaker, by reading the whole of the statement.

The Minister for Works: Can you give us the name of the lady, so that we may judge as to what weight her suggestions should carry?

Mr. JONES: I do not think I would care to mention the lady's name at this stage without having consulted her.

Mr. SPEAKER: If that be so, the hon. member would be wise to bring this scheme forward in Committee rather than now.

The Minister for Works: At any rate we should know what the scheme is.

Mr. SPEAKER: As it is an alternative scheme, I think the better time to bring it forward would be in Committee, when that clause is under consideration.

Mr. JONES: I was hoping, Mr. Speaker, that you would allow me to read it for the edification of hon. members generally, and particularly of members on the cross benches.

Mr. SPEAKER: Is it very long? I see there are three sheets of it.

Mr. JONES: I intend to read only three paragraphs.

Mr. SPEAKER: The hon. member may proceed.

Mr. JONES: The writer continues—

No time should be lost in impressing upon the mothers and fathers of young children their responsibility in reporting to a medical man (or the Health Department if they prefer it) any suspicious symptoms in their little ones who may have been quite innocently contaminated.

The Minister for Works: We have not the power to do that.

Mr. JONES: I have no doubt there is much of this which will not commend itself to the course of practical legislation but I would remind the Minister that I am giving it for what it is worth.

The modern method of treating this disease, which I understand somewhat resembles vaccination—I refer to the "blood test"—should be applied free to all members of the community who cannot bring a certificate from their own doctor stating that they are free from syphilis. A heavy penalty should hang over the head of any medical man who gave a false or misleading certificate.

Then there is much more dealing with farm colonies. It says—

A farming colony for each sex or some industrial home, might meet the case—men and women should have the same fate set

before them—but I do not include in the term "clandestine" the unfortunate first offender, who has been led astray by some unscrupulous lover, and deserted in her trouble and has not sinned again. Such should be tenderly mothered, and led back to virtue, even though their trust in mankind is for ever shattered—when freed from disease in its active form the "Alexandra Home" could receive them, for it exists to help those poor victims of men's fiendish vice.

The suggestions with regard to the blood tests may possibly be of some service to the Honorary Minister in his endeavour to thoroughly deal with this scourge, and I submit that side by side with the scheme for preventives which would stop the spread of the disease, it should be possible with the introduction of the blood test to practically eradicate the disease. We come once again to the great point around which most of the debate has hinged, not only in this House, but throughout the country, since the Bill was presented to Parliament. That is the question of the abolition of the signed statement. The Honorary Minister has assured hon. members that even though the Bill should go through, there are fears about the police having anything to do with this administration. Suppose for the sake of argument someone had a particular spite on me—and such is not altogether impossible—and endeavoured to vent his spleen upon me through the medium of my wife by giving information to the department that my wife happened to be suffering from venereal disease, the Commissioner would send along and request her to submit herself for examination. The lady whom I have introduced into this question for the sake of argument—of course I may not be married—being an advanced woman, refuses, and with my full concurrence, to submit to the indignity of examination. Now I want the Honorary Minister to tell me what is the next step that the department will take to have the law carried into effect. Will the department send a police officer along? I want to know exactly what that next step will be.

Hon. Mr. H. Underwood (Honorary Minister): If anybody fails to obey the request of the Commissioner the police will be sent along.

Mr. JONES: Do hon. members realise what will then be the next step? I would knock the head off the policeman who came along, and that will be the inevitable result of placing a measure of this sort on the Statute-book, a measure which will inflict an indignity upon the women of this country. The member for North-East Fremantle referred to the fact that a Minister of the Crown might be considerably upset through his daughter being accused. Of course, that was only mentioned as a supposititious case.

The Minister for Mines: Do not be personal, there are plenty of supposititious cases which can be cited without being personal.

Mr. JONES: I am not dealing now with any Minister in Western Australia. I am dealing with an imaginary kingdom called "Ruritania" in which under similar conditions a similar Bill has been introduced. A

member of the "Ruritania" Diet, Reichstag, or call it what you will, has made a statement that the daughter of the hon. the Prime Minister of that kingdom or the Grand Vizier has been accused of being infected with disease.

Mr. SPEAKER: Is the hon. member repeating the arguments used by the member for North-East Fremantle?

Mr. JONES: I desired to refer to a supposititious case, but unfortunately I found that I was trespassing on the gentle and delicate feelings of hon. members opposite, so I am trying now to smooth over the error I made and I am quoting what might have occurred in the kingdom of "Ruritania." In this kingdom a member may have made the statement such as that to which I have just referred, but hon. members opposite know that it would not be the daughter of the Prime minister of "Ruritania," nor the daughter of the Governor or any member of the judiciary, or big manufacturers, or men holding responsible positions there, who would be accused, but it would be the wives and the daughters and the sisters of the workers in that kingdom.

The Attorney General: Your suppositions country must be an enemy country.

Mr. JONES: There are workers in any country or there would not be any Government or any nobility.

Mr. SPEAKER: I do not think this Bill applies to that country.

Mr. JONES: The Minister in charge of the Bill has assured me that the police would be called in if the person notified had not reported as suggested. I was endeavouring to point out that the notification would not hit upon the upper strata of society, would not even hit the relatives of those men who say they can judge the suspect by the eyes, but would hit the wives and daughters and sisters of the workers.

Mr. Johnston: Could you not send this Bill to "Ruritania"?

Mr. JONES: I know where I would like to send it.

The Attorney General: Could not you go yourself to "Ruritania"?

Mr. JONES: I am informed that the Bill affects everybody. Let us have a look at some of the evidence on which the Bill was founded. We have the report of the select committee. I fear hon. members are not in a proper frame of mind to give weighty consideration to this matter. Yet it is the most important subject ever introduced into the House.

Mr. SPEAKER: I think if the hon. member had kept away from "Ruritania" he would have secured greater attention.

Mr. JONES: I was merely attempting to spare the feelings of hon. members opposite. The select committee in its report informs us as follows:—

Your committee wishes to impress upon your honourable House its firm conviction that but few people realise the vital importance to the individual, the State and the Empire of this awful peril in our midst—the more perhaps to be dreaded because, according to the evidence of those best qualified to judge, the principal centres of

infection are no longer now as in former days, to be found more or less easily amongst the ranks of professional prostitutes, but amongst those unfortunate clandestine traffickers who, through lack of parental control or love of pleasure or both, pursue the paths of vice in our streets and parks to the imminent danger of the unwary.

It does not say who is best qualified to judge, whether they are to tell by looking in the eyes of the suspect.

The Attorney General: It says "according to the evidence."

Mr. JONES: It does not say whether it means the evidence of those who can tell by looking in suspect's eyes or merely the evidence of medical witnesses. Then we have the evidence of Dr. Trethowan, for whom I have the highest respect, and in regard to whom, if I ever needed a surgeon and could afford his fees I would endeavour to avail myself of his highly qualified services. Dr. Trethowan said—

The professional prostitute has her reputation to conserve; a reputation for cleanliness and freedom from disease. The amateur prostitute, the street loiterer, the shop girl from 15 to 18, have not that feeling in mind at all. They are often ignorant of the consequences of what they do, but they contract disease and spread it in a way we cannot get at unless compulsion is provided.

If that points to anything—I am not going to deal with the attitude taken up by some members that Dr. Trethowan has wilfully endeavoured to traduce the honour of the shop girls—if the whole of the evidence it is possible to collect upon this important subject points to anything, it points to the fact that the cases of prostitution are not confined to the professional prostitute. When I refer to prostitution I am taking a very wide view of the matter, I am taking the view that it relates to any woman who may trade herself for money or for pleasure. I am taking the word "prostitute" as covering the whole range of that unfortunate class of women. Side by side with the evidence of Dr. Trethowan, from which undoubtedly the concluding paragraph of the select committee's report was drawn up, I have here the words of Gascoyne Hartley, one of the most prominent feminists in Great Britain, in dealing with the question of the lowness of remuneration paid to women.

Mr. SPEAKER: The hon. member is not in order in discussing this under the Bill. The Bill does not control prostitutes at all.

Mr. JONES: I am not dealing with prostitutes in the narrow sense, as those dwelling in brothels. I am using the term in its broadest interpretation. Dr. Trethowan spoke of the amateur prostitute. Perhaps if I use the term "clandestine trafficker" I might convey exactly what I mean. I have here the definition of prostitute as taken from Murray's dictionary. Flexner, defining the term prostitute, says—

Different conceptions are possible from different points of view. The Continental

police define prostitution from the standpoint of registration or inscription.

From the police point of view a prostitute is a registered or inscribed woman. Prostitution is characterised by three conditions, namely, larter, promiscuity, and emotional indifference.

Mr. SPEAKER: The Bill does not provide for protecting prostitutes more than anybody else. It provides that no medical practitioner shall give a prostitute a clean bill of health except after examination. So the Bill is quite different from the authorities quoted by the hon. member.

Mr. JONES: In giving this definition I gave it briefly as I did not desire to take up more time than was necessary, but I was obliged to show that the term implied any woman who has received even gifts or pleasure in return for the sale of her sex. That was what I was endeavouring to prove. Unfortunately, it must be recognised, and that is really the vital point that the Honorary Minister has failed to recognise in introducing this Bill, that because of promiscuous intercourse, because of the sale of her sex, of prostitution, the degradation of woman generally, as the result of these proceedings, is the direct and absolutely inevitable result of our economic circumstances. That is the real cause of low remuneration being offered to women for work as compared with men. Women possess a marketable value attached to their person which a man has not got. Woman's sex is a saleable thing. Owing to that fact we find that right throughout the working class of society, and wherever women are engaged, it is signalised and emphasised by the lowness of the wages that are paid to them. When we find Dr. Trethowan traducing particularly the shop girls in Perth, we can have no doubt that he realised fully the economic significance of the evidence he was giving. He realised fully that if there was any class which was forced to sell its sex it was not the class to which the big manufacturer, or the Cabinet Minister of some far-off kingdom belonged, but it was the daughters and the wives of the working classes. To go back to Flexner again, we find that of the women prisoners incarcerated during several years in Millbank, 10,000 were the daughters of working men, 5,400 of shopkeepers, only 128 of professional men, 80 of small officials, and 13 of gentlemen. The statistics which Flexner so assiduously collected with regard to women who had been forced by economic circumstances on to the streets in the various towns prove conclusively that it is for economic reasons, and those reasons alone, that women have been forced to take on promiscuous intercourse offered for money, in order to live and to have those comforts which should be the natural part of their existence. Every young girl has a right to be happy, and a right to all the pleasures that the world and society can offer her. If a corrupt system, a system under which the flesh of girls is cheaper than the rose, and boys' souls are not worth the saving, and the devil is king, if under a system like that the taste for pleasure, for beau-

tiful pictures, for music, drama, literature, is supplanted by the flickergraph, and walking in the park, one cannot blame the individual but must blame the system, the environment and heredity which have given them that taste.

Mr. Smith: What are you going to do about it?

Mr. JONES: I am going to endeavour to educate the public, the working class portion of the public, to realise that until they wake up to their position, so long will their daughters be forced upon the streets, and so long will venereal diseases be rampant throughout the length and breadth of the world. Right back from the earliest ages and through the history of all times, which the member for Kanowna (Hon. T. Walker) has traversed to-night, we find the same forces working. The women whom the Honorary Minister says he is anxious to protect have simply been forced into the position that they now occupy by the economic conditions under which they have been born, and under which they have been raised. What sort of conditions have they been living in? What kind of habitation have they had? What kind of chance have they had in their lives to cultivate any of those graces which are found in the daughters of, say, the Prime Minister of Ruritania? The real underlying principle of this Bill should be an economic principle instead of being a mere regulation of a disease under a corrupt system which has been created.

The Colonial Treasurer: Do you think if you had the most perfect economic conditions in the world that vice would not be there?

Mr. JONES: I am sure it would be there.

The Colonial Treasurer: So long as human nature exists, so long will it be there.

Mr. Mullany: Is the disease not prevalent amongst the wealthy classes to-day?

Mr. JONES: I have not the hon. member's experience of the wealthy classes. Even in Western Australia, how many houses are there in which three or four families are living under the same roof, in one or at the most two rooms? What chances have the daughters of these families of acting right or living straight and decent lives, when we see the manner in which they are living? They want pleasure, and they have a right to the enjoyment of the good things of the world. If they cannot get these pleasures out of their wages, and those friends of the hon. member opposite, the employers, see that they do not get the wages from which they can get these pleasures, they are forced, if not actually on the streets—

Mr. Smith: Are you opposed to the Bill?

Mr. JONES: I am opposed to the clauses of the Bill which endeavour to set up this kind of position. What chance have those girls got? What chance would they have when they are sharing the same rooms, the same sanitary conveniences, and when all their ideas of morals are shattered, if it were not for the fact that many of them have that parental control which certain portions of the Bill indicate that they have not? What chance have they of going straight if the temptation to take pleasure comes in their way? They will go wrong, even if they do not actually take to the streets as

a profession. No doubt to many of them the life of the streets will come as a welcome relief to what life would be if they continued along the drab road marked out for them. They require amusements, and they will take them with young fellows who, no doubt, are as many of us were when we were young. A young man takes a girl to the pictures and to the various amusements and entertainments available throughout the City. So one thing leads to another. The first step results from the fact that the boy has to pay for all the amusements, the wages which the employer pays to the girl being insufficient to enable her to take her turn at shouting. Then the inevitable happens.

The Colonial Treasurer: Why should the inevitable thing happen with any good-principled boy?

Mr. JONES: The boy may have all the good gifts of heaven; he may be a stained-glass angel; but if he is young, as the hon. member interjecting once was, he will find the call of sex a practically irresistible temptation.

The Colonial Treasurer: There are calls of plenty of other things that one does not give way to.

Mr. JONES: As the Treasurer knows, there is no call like the particular call to which I have referred.

The Colonial Treasurer: What are you discussing in reference to the Bill?

Mr. JONES: The first step having been taken, it is easy to imagine the steps which naturally follow, until finally the contagion with which this Bill deals comes to pass. Thus, we get again to the question of venereal disease. So much for the assertion that it is the clandestine traffic which is spreading the disease amongst us. We have to admit that the disease is spreading, but, at the same time, if we are honest we will admit that the cause of the spread is an economic cause.

Mr. SPEAKER: I am not going to allow the hon. member to discuss the economic causes of this Bill or of the necessity for this Bill. The hon. member must deal with the Bill as it is. I have allowed the hon. member very, very much latitude.

Mr. JONES: I thank you for that, Mr. Speaker. I have nearly finished. In conclusion, perhaps, I wish again to emphasise the fact that if information is to be given it should be given in a signed statement. If, on account of the obstacles which have been placed in the way of treatment, the patient has not taken the straightest road to the doctor who can give relief; if, on account of the ignorance in which the public have been allowed to remain in these matters, sufferers have not obtained the treatment; and if, therefore, it is necessary that information should be given to the Commissioner of Public Health, then such information could just as well be conveyed by a signed statement as by an unsigned statement. If a man is so little alive to the duties of citizenship, if he so little realises what he owes to the Empire and society, as to be afraid to sign his name, then his word is not good enough to be taken in an unsigned statement. The man who is afraid to sign his name to any statement which he makes ceases to be a man and becomes a thing, a creature whose word should not be accepted

and for whom, consequently, it is not necessary to legislate in a Bill of this kind.

Mr. GRIFFITHS (York) [12.44]: The member for Leonora (Mr. Foley) has all the authorities, and consequently I shall be precluded from quoting them. One word on this matter, however, may be as good as forty, and I do not intend to detain hon. members for more than a minute or two. This evening we have had the whole history of venereal disease from before Adam up to date, and therefore I do not think any good purpose would be served by retailing the history afresh. One point which was made, however, was that the debate should be adjourned in order that hon. members might have time to consider the Bill more fully. But we have had this Bill on the Table since the 13th March. If hon. members have not made themselves acquainted with it in the meantime, that is their own fault.

Mr. Munsie: But we did not have on the 13th March the Honorary Minister's speech giving the reasons for the introduction of the measure.

Mr. GRIFFITHS: But we have had the report of the select committee. If that does not give enough information I do not think one can learn much from what has been said here to-night. The academic or historical aspect of the question has really but little bearing on the matter. The whole of the discussion to-night has really centred on whether there shall be signed statements or unsigned statements. On that point I am right up against handing to the Commissioner of Public Health the drastic power asked for. All the other Australian States, I find, are retaining the signed statement. Even Queensland, which has been the most go-ahead of all the States as regards the treatment of venereal disease, is reverting to what may be termed more conservative methods. Mr. McLeod, in a debate in the Victorian Parliament, stated the following—

Cases were brought under my notice where waitresses in some of the principal hotels were accused of giving disease to men. We have found here the same difficulty as existed in the garrison towns of the Old Country and interfered with administration of the law. Through malice men reported women in these towns, and we have the same thing here—in-
nocent respectable girls have been accused by men.

Hon. R. H. Underwood (Honorary Minister): That occurred under an old Act; not under the present Victorian Act.

Mr. GRIFFITHS: We are told that our existing Act has had a fair trial. Let me ask how many women were treated at the night clinic before October of 1917, and how many times was the clinic open to them during the week, and at what hours? Let me ask, has the public been widely informed that night clinics are available? Not until October last was treatment made free to all patients.

Hon. R. H. Underwood (Honorary Minister): You are wrong.

Mr. GRIFFITHS: I should like the Honorary Minister to prove me wrong. It has been stated that women have not availed themselves of the facilities. But have the facilities been known to them? Have the Medical Department

advertised the fact that free treatment was obtainable?

Hon. W. C. Angwin: It was made known through the Press in 1912.

Hon. R. H. Underwood (Honorary Minister): Yes, in 1912.

Mr. GRIFFITHS: It is the duty of the Health Department to make that fact known.

Mr. Foley: Did you try to make it known? If so, you have not succeeded very well.

Mr. GRIFFITHS: Was it my duty? It was the duty of the Health Department to do it. A letter which I have had placed in front of me from Mr. George Black, Secretary of the Health Department of New South Wales, expresses surprise that the Western Australian Government are asking for more drastic power than they have in the present Act. Mr. Black states that when in Perth some time ago he consulted Dr. Atkinson who gave him figures proving that the Act was an absolute failure up to date. I have heard the Minister say to-night that the treatment in New South Wales has been a success. I say in New South Wales the system of free dispensaries with compulsory notification has had more than a satisfactory result. On the question of signed or unsigned statements, the effect of free treatment has been a success in New South Wales and might well be followed in this State.

Hon. R. H. Underwood (Honorary Minister): We are doing it.

Mr. MUNSIE (Hannans) [12.53]: First of all let me say I am pleased at the way in which the Bill has been introduced, if it is only for the discussion that has been brought about through the Press and by the public generally, because it will have a tendency to do a considerable amount of good. It is my intention to vote for the second reading. There are many clauses in the Bill with which I agree but there are other clauses with which I cannot agree.

Hon. R. H. Underwood (Honorary Minister): There are some clauses in the Bill with which I do not agree.

Mr. MUNSIE: Before dealing with the principles of the Bill let me say I am sorry that some leading people of this State have taken upon themselves to publicly condemn certain sections of the community. I quite agree with the member for Menzies (Mr. Mulvaney) when he stated that this disease is prevalent, and I believe it is, but it is no more prevalent in any one class of the community than in another. I am sorry that anyone should make reference to any one class of the community. Here again I wish to say I believe people are trying to make the public believe that this disease is more prevalent than it is.

Hon. R. H. Underwood (Honorary Minister): We are not.

Mr. MUNSIE: I am not saying the hon. member is, but there are many who would like the public to believe the disease is more prevalent than it really is. As to the clauses of the Bill that have caused nearly the whole of the argument, if I thought by stopping in this Chamber and debating the Bill it would prevent these clauses going through with a committee attached to it, I would stop here and do that. I will not have the suggestion of the

appointment of a committee to discuss whether people shall be examined or not.

Hon. R. H. Underwood (Honorary Minister): You accept my original clause.

Mr. MUNSIE: This committee is to consist of various people. There are to be two women on the committee, and without saying a word derogatory to women there is an old saying and a fairly true one that the three quickest ways of distributing news is by the telegraph, by the telephone, and then tell a woman. I believe that is pretty accurate.

Hon. R. H. Underwood (Honorary Minister): There are some things you cannot tell a woman.

Mr. MUNSIE: As far as the Bill submitted to the Committee is concerned, there is a provision for a committee, and I will not have that committee under any consideration. I do not altogether agree to giving the principal medical officer—no matter whom he may be—the power that he asks for, but I would much prefer giving the Commissioner of Public Health the power without a committee, than have a committee as is proposed by the Bill. Even if the signed statement is to be done away with I would prefer to get some other amendment which would be a little more reasonable than wiping the signed statement out. If the Bill goes through even without the committee, and the Commissioner has the power asked for, he can take the word of any individual who comes along.

Hon. R. H. Underwood (Honorary Minister): He need not take it, though.

Mr. MUNSIE: I am aware of that, but the power is given and he has the right to take the word of anyone who comes along whom he judges is of sufficient importance to warrant him taking action. Unfortunately there are persons of both sex in the community who would, out of pure vindictiveness, spite or enviousness, give information knowing it to be wrong.

Hon. R. H. Underwood (Honorary Minister): Suppose you put it up to a magistrate and want a warrant for arrest.

Mr. MUNSIE: What?

Hon. R. H. Underwood (Honorary Minister): A malicious statement.

Hon. W. C. Angwin: You would have to sign an information.

Mr. MUNSIE: It is all very well for the Minister to say you can do certain things with a magistrate. I am not advocating that all the laws on the statute-book are right. Probably some require amendment but I will not agree to make another law which is worse than any on the statute-book to-day. Even if I cannot succeed in getting the signed statement adhered to, I am going to wipe out the committee if I can. I prefer that the principal medical officer should have the power. If I cannot get that, then I would sooner do away with it, and if it is necessary to alter the Act I would say the Commissioner should only be empowered to act on a statement provided it is not to be a signed one, if the statement is given by a person who is infected.

Mr. Foley: What about a guardian or a parent?

Mr. MUNSIE: If a parent or guardian goes to the Commissioner and makes a statement and is not prepared to sign that statement, that person is not worthy to be called a parent or a guardian. I have had other cases put to me. Probably a person may know of someone, and has absolute proof that someone is infected and is working in an occupation where the mere fact of his being employed is detrimental to the health of a considerable number of persons in the community, but the evidence has to be that of an infected person, how are we going to get at that person? Would it not be the duty of anyone, although not having been infected, to give information to the Commissioner? I contend that would be my attitude and if I knew of such a person I would give evidence and sign a statement too.

Hon. R. H. Underwood (Honorary Minister): You would be liable to get six months if you were wrong.

Mr. MUNSIE: I would not go if there were a possibility of my being wrong.

Hon. R. H. Underwood (Honorary Minister): How would you get the information?

Mr. MUNSIE: It is quite possible to get the information. In my opinion, however, the Bill does not go far enough in that direction. When it can be proved that any individual is working in any capacity for the benefit of the people of this or any other State, the Health Department should have power to prohibit infected people working in any particular employment. The Bill should make provision for that on absolute proof being provided that a person is infected.

Hon. R. H. Underwood (Honorary Minister): How will you get the proof?

Mr. MUNSIE: Suppose the Bill goes through as it has been submitted to this House, how will it be possible then to get any further proof?

Hon. R. H. Underwood (Honorary Minister): By examination.

Mr. MUNSIE: How will it be possible to get information that the examination is desirable? It will be got as the Health Department is getting it now, by other people affected being reported. The Commissioner of Health in his evidence before the select committee stated that there were any number of people actually infected who would not sign a statement and he could not take action because they refused to sign statements. Suppose the Bill goes through, and those people who are infected go to the Commissioner and tell him where in their opinion they contracted the disease, and if the Commissioner acts on that information without a signed statement being obtained, I am positive it will be found that at least 90 per cent. of such reports were made out of pure vindictiveness. I believe that a man or a woman infected with this disease will go to the Health authorities and admit that they are infected, but they are not always prepared to tell the Commissioner where they contracted the disease and they are not prepared to sign their names to any statement. I would give no one the power to accept the word of any person who may care to come along and say that so and so, in his

opinion, is suffering from venereal disease if the Commissioner will then have the power to write and take action.

The Attorney General: He could not do it.

Mr. MUNSIE: I hope that when the Bill is in Committee the Attorney General will point out to hon. members the clause which prohibits the Commissioner from taking action on the word of anyone who likes to come along. With regard to the present Act, I with many others, believe that it has not had a fair trial. It was only passed in 1915. I can point out where mistakes have been made in connection with the administration of the existing Act. Take, for instance, the provision which is made even at the Public Hospital for the treatment of venereal patients. I am told on reliable authority that the conditions prevailing there are that any person who may go along for treatment is sent to a room apart from that where the ordinary patients who go to the hospital collect, and the individuals suffering from venereal disease are called out of that room when their turn for treatment arrives. That in my opinion is not the way in which secrecy can be observed.

Hon. J. Mitchell: You cannot have a room for each person.

Mr. MUNSIE: I understand that there has to be separate treatment at the hospital but what is taking place now will prevent many people, particularly young people, from going to the hospital for treatment. If when they go to a room which is set aside for venereal cases, they find there are 10 or 12 others there, there is not much secrecy about the treatment. I would suggest that the venereal patients should be allowed to enter the waiting room where the ordinary hospital patients meet to await treatment.

Hon. R. H. Underwood (Honorary Minister): That is a detail which has nothing to do with the Bill.

Mr. MUNSIE: But it is a detail which has a great bearing on this question.

Hon. R. H. Underwood (Honorary Minister): Everything under the existing Act is supposed to be beneficial, but it is not.

Mr. MUNSIE: Actual treatment at the hospital is not secret. The Bill amends certain sections of the Act in a direction which is not necessary. There has been a good deal of argument and much has been said with regard to the publicity given in one instance, at all events, to the cases which have come before the Children's Court. The present Act provides that these proceedings have to be absolutely secret, no publicity is to be given. The Bill is amending that state of affairs, and gives the Commissioner power under his signature to say what evidence the Press may publish. I object strongly to that provision.

Hon. W. C. Angwin: The Children's Court ought not to be in the Bill at all.

Mr. MUNSIE: In anything pertaining to the Bill the question of what is to be published is left entirely at the discretion of the Commissioner. In Committee I will endeavor to amend that in such a way as to place it at the discretion of the court itself. It is an unfair provision. Take the case that happened in Kalgoorlie under the existing Act

In that instance the Commissioner, in my opinion, acted unwisely. All evidence in connection with the prosecution of the Kalgoorlie chemists was withheld from publication, although, as a matter of fact, most of it got out subsequently. Under the Bill one would have to get the permission of the Commissioner to publish anything at all. Of course if he had made a mistake he would be the last to consent to the publication. There can be no better authority as to the wisdom of publication than the court which hears the case. The court alone should have the power to permit of publication. Other minor matters dealt with in the Bill, I contend, are of sufficient importance to warrant me voting for the second reading, while, on the other hand, there are certain provisions which I will try to have amended when in Committee. I will vote for the second reading, but on no account will I support the provision doing away with the signed statement.

Mr. GREEN (Kalgoorlie) [1.14 a.m.]: I cannot let the opportunity pass of showing how I stand in regard to the measure. I am entirely in favour of the second reading. I regret there has been a general chorus of disapproval of the Bill from this side of the Chamber. I think that if this party stands for anything at all, it is that the general health of the community should be given into the charge of the State. As a matter of fact, that is the whole tendency of modern progressive legislation. I do not wish to pose as a scaremonger, but from my personal knowledge, from the knowledge we gain as men of the world, the existing Act has entirely failed. For the year 1917 the total number of new cases was 1,536.

Hon. W. C. Angwin: There is not much failure about that.

Mr. GREEN: It is a failure, because I am convinced that there are scores of young girls—

Mr. Jones: How do you know?

Mr. GREEN: As men of the world we all know it.

Mr. Jones: You can tell them by their eyes, I suppose.

Mr. GREEN: It is all very well to put it that way. The hon. member has been quoting Flexner. I see that Flexner's work has an introduction written by John D. Rockefeller. Why we, the hon. member and I, being both socialists, put in half our time cursing that fellow from the platform. I do not wish to pose as a scaremonger, but we have to consider that only a sixth of those new cases were females. Comparatively few females can disseminate a lot of poison throughout the community. As for the women who are going to be harassed—well, as the father of a daughter aged 15, I say this very measure is going to prevent my daughter, and the daughters of others, getting as a husband a man infected with disease. That is why I am anxious to try to stamp it out by every possible method. Indeed, I think that in this very disease the whole question of our race is involved. We have seen how it has made headway by leaps and bounds since the war broke out, and after the war, if we are going

to trade at all, we are going to trade with the Orient. I am aware of a vessel which came here from the Far East. She made only two trips. On the first trip she had 23 men infected out of 23, and on the second trip she had 24 men infected out of 28. Without the Bill we shall continue to allow those seamen to come here and spread the disease, but under the Bill we shall be able to say to those fellows, "You cannot go abroad until you have been treated. It is a crime for you to know any woman until you are cured." What has happened in other countries can happen to the white race. When Captain Cook, with his British sailors, visited the Hawaiian Islands there were in those islands a population of some 300,000 persons. To-day the population is 50,000. Why? Because of the syphilis introduced by Captain Cook's sailors. This red plague is the one great curse more dreadful even than the white plague. We have been told that the Bill is going to affect the decent woman. I have a great deal of respect for the educated medical man, and I say that a man like Dr. Atkinson will not exercise his powers harshly. I am not afraid of his exercising any harsh methods on information given to him. His position depends upon his acting with discretion.

Hon. R. H. Underwood (Honorary Minister): So, too, in the case of any other man who can attain to that position.

Mr. GREEN: Absolutely. It is tommy rot to say that we would be prepared to grant these powers providing we were always to have Dr. Atkinson there, but that an indiscreet man might come along. Any man who can attain to that position must be a man of discretion.

Hon. W. C. Angwin: Not long ago in Perth we had a medical man examining prostitutes without authority.

Mr. GREEN: If there were a danger of a notice being sent to a clean woman, is it not reasonable to assume that the unfortunate incident would be cleared up without publicity? In respect of legislation of this kind, the great difficulty is the anticipation of the Act. I am satisfied that when the Bill is put into operation it will work smoothly and there will be no hardship entailed on any person. I would be prepared to bet £10 that as the result of the first 12 months' operations of this measure, there would not be one case in which any woman was injured. In respect of two or three men, of course, I would not mind. No man ought to mind being brought up before Dr. Atkinson. If I were wrongly brought up before him I could quickly satisfy him that there was nothing the matter with me. It would not be a hardship so far as the average man was concerned. Capital has been made out of the fact that one or two cases only have been quoted in the evidence before the select committee. I know of three cases myself of this kind, and I daresay other hon. members have cases in mind as well, where there are infected women wandering at large disseminating this dreaded disease amongst scores of men. It has been shown that there are six times as many in-

fecting men who have been brought up as there are infected women. And so it appears that the hardship falling upon decent women is reduced to a minimum. In fact, it will not exist, in my opinion. A few months ago, to quote an instance which came under my personal observation, we wanted a girl to assist in the house work at home. We went to the lady who was appointed by the Government to control the Labour Bureau, and who is a personal friend of ours. We asked her to recommend a girl of about 16 years of age, and one was recommended to us. My wife said to her, "You can have so many nights a week out and Sunday afternoons off." That girl went out every night. We had no control over her. I used to notice that a fresh soldier would bring her home every night. We also noticed that she had peculiar ways of disappearing at times. Inside of a week I found that she had gonorrhoea of the worst kind. She was meeting a different soldier every night.

Mr. Teesdale: And not reporting.

Mr. GREEN: I have seen her in the streets recently running about looking for soldiers. There is also another case I have in mind. A lady in my constituency came up to me and wanted me to do some Parliamentary work as she was in trouble over something. Every member of Parliament has, I presume, had certain suggestions made to him. We are usually very careful because we often think it involves blackmail. Needless to say I did not commit myself in any way. I allowed it to make no difference so far as my acknowledgment of the woman in the street was concerned. Subsequently, I saw her with a soldier one night, and I have also seen her with other soldiers. She is wandering about the town now. One of the soldiers came up to me and said, "You saw me with that woman the other night; do you know her?" I replied that I knew her, and he told me that he had a disorder and she had given this to half a dozen of his mates. There are scores of those cases. In the hotels, particularly on the outskirts of the city, there are women whom the police would catch if they plied their trade along the streets. Those women know a trick worth two of that. They go into the back bar of these hotels and wait there until the soldiers come in. I know of a case of this sort close to the Y.M.C.A., where four women have been seen waiting for soldiers. One of the soldiers who had contact with one of these women contracted gonorrhoea from her. The time is ripe for us to deal with this rotten and filthy disease. We have to think of our daughters who have to marry and bear the future children of the country. And we have to see that the husbands they get are free from taint or suspicion of ever having had this loathsome disease. So far as the signed statement is concerned, let hon. members put themselves in Gallagher's place. Suppose that any of us, as young fellows, had had something to do with a girl and we found we had contracted the disease. Would we give her away by means of a signed statement? Is it reasonable to suppose that we would do so? There is no doubt that we would not do so. In the words of the soldiers, we would be mongrels if we did so. It is true they will report a case by word of mouth.

Hon. W. C. Angwin: What is the difference?

Mr. GREEN: There is a vast difference.

Hon. W. C. Angwin: You would not sign your name to something that you would willingly speak about?

Mr. GREEN: As a matter of fact I would think more of a man who did report a case by word of mouth than by means of a signed statement. If they give a signed statement, they are probably afraid that they are going to send a woman to gaol, or something of the kind. If they only mention the matter in a casual way that is a reasonable proposition, and the girl will be attended to; but they would not put their names to a paper so far as any statement is concerned.

Hon. R. H. Underwood (Honorary Minister): They might be punished; they might possibly be wrong. There might be a hundred to one chance that they were wrong.

Mr. GREEN: There is certainly that possibility. I am satisfied that in nine cases out of ten the Commissioner, by making inquiries without ever seeing the woman concerned, can find out whether the allegations which have been made are justified or not. I am in favour of the Bill. It is the best Bill we have had before us this session. When we bring it into operation and it has had a trial of some four months, and if it brings to light errors, cannot we meet again and knock it out? I hope we shall keep ahead of the rest of the world in legislation of this kind, as we have done in the past. I have much pleasure in supporting the second reading of the Bill.

Hon. J. MITCHELL (Northam) [1.27 a.m.]: I want to make myself clear before I exercise my vote. If the only clauses in the Bill had been those which have been discussed, I would vote against the second reading, and in Committee I shall vote against those clauses. But there are some clauses in the Bill which I would like to see passed, and for that reason I will vote for the second reading. I certainly intend to vote against the clauses relating to venereal disease. I do not think the House should pass these clauses containing the powers that they do. I have not that firm respect for the judgment of any medical officer that some hon. members seem to have. They appear to think that, on the evidence of any informer, the Principal Medical Officer will be able to determine whether that information is worthy of credence or not, and whether he can act upon it in safety or not. Hon. members should look carefully at the powers they are conferring upon the Commissioner, and when they place legislation on the statute-book they should place it there so that it can be given effect to. If the House does confer this power upon the Commissioner he must exercise it. The member for Kalgoorlie (Mr. Green) said that if we did not like it we could change the law. I do not agree with that principle. When passing a law of this nature we must give the matter the most serious and earnest consideration.

Mr. Teesdale: Let everything slide; do nothing.

Hon. W. C. Angwin: Bunkum! Talk sense!

Hon. J. MITCHELL: That is not a fair remark; because I do not agree with him, he says I would do nothing. Perhaps I would propose to do far more than he would do. But will the hon. member endeavour to convince me that this is the way to stamp out venereal disease? I am not convinced, but I wish to assure the hon. member that I am

just as willing as he is to take any necessary steps to stamp out disease.

Mr. Teesdale: You will not accept the suggestions of experts.

Hon. J. MITCHELL: That is not the point at all. I would not grant the experts the powers that are asked for. Nothing that has been suggested in the discussion, would, I consider, justify me in voting for these venereal clauses. I think the legislation would be an experiment, and a disastrous experiment. I do not see why even two or three innocent persons should be made to suffer when we can, by proper legislation, make the guilty suffer. Surely there is some other way of meeting the difficulty than the way offered by these venereal clauses. In 99 cases out of 100, if a person gets these diseases it is his own fault. The existing Act provides that venereal cases must be reported. Why is not the Act enforced? Moreover, the existing Act gives to any person who gets the disease from another the right to report that other person. Certainly, the informant has to take the responsibility of signing the statement; but why should not he take the risk of signing? If he is right, he in fact takes no risk.

Hon. R. H. Underwood (Honorary Minister): Why should he take a risk at all?

Hon. J. MITCHELL: I consider that the informant ought to take the risk.

Hon. R. H. Underwood (Honorary Minister): Of course. Let us have the disease here for all time.

Hon. J. MITCHELL: No doubt the Honorary Minister has given the question a great deal of consideration, but I think his views on it are somewhat warped. I do not believe that these clauses afford the only means of stamping out the disease. The member for Perth (Mr. Pilkington) and other speakers have told us that there are other methods. At any rate, I wish to make my position clear. I shall vote for the second reading, and unless I hear some strong arguments from the member for Roebourne (Mr. Teesdale) or other members—arguments much stronger than I have yet heard—I shall vote against the venereal clauses in Committee.

Mr. LUTEY (Brownhill-Ivanhoe) [1.32 a.m.]: Whilst I support the second reading of the Bill, I am right up against it as regards doing away with the signed statement. In my opinion, it is only fair that any person reporting another person should have sufficient backbone to sign his name. As regards the case mentioned by the member for Kalgoorlie (Mr. Green), I consider he was lacking in his duty when he did not report a case of that description. That is my personal opinion. Whilst supporting the second reading, I look upon the measure as merely a palliative. All over the world people are straining and striving to abolish venereal disease, but I do not think they will ever succeed until the medical profession is nationalised. In spite of the efforts being made all over the world, very little improvement is being effected.

Mr. Green: The medical profession will be nationalised under this Bill so far as venereal disease is concerned.

Mr. LUTEY: I think the hon. member knows quite differently. Once the medical profession is nationalised, it will be in the interests of the medical practitioner for a certain district to see that every person in that district is healthy. Take the case of miners' complaint. Sufferers are under the doctors in their districts for years receiving treatment, but what is the first thing done when a sufferer

from miner's complaint reaches Wooroloo? The first thing done at Wooroloo is to make an analytical test for syphilis. A large number of the sufferers from miner's complaint are found to be suffering from syphilis as well. The first thing necessary in such circumstances is to get the syphilis out of the blood. It has been stated that every person has a certain amount of syphilis in the blood. The taint may have come from generations back, or perhaps for hundreds of years back. If the medical profession were nationalised, each and every person would be tested for syphilis. As regards preventives, numerous letters are being written to the Press in opposition to their use. My own view is that anything which can possibly be done to prevent the disease from spreading ought to be done. We know that in the case of this war history has repeated itself in a wide spread of venereal disease. It is only natural that large numbers of men away from their ordinary surroundings should be liable to make mistakes and contract diseases. I hope the Government will give serious consideration to the suggestion of the member for Perth (Mr. Pilkington), that preventives should be made so well known to the people that they will make use of them and thus keep themselves from falling under the scourge of venereal disease.

Hon. R. H. UNDERWOOD (Honorary Minister) —Pilbara—in reply [1.38 a.m.]: I do not intend to attempt to reply to the arguments, some of them very lucid, some of them less so, which have been put up during the debate. When introducing the measure, I said that it was a Committee Bill; and I still maintain that it is a Committee Bill. The particular clause on which discussion has centred could have been dealt with when reached in Committee. However, I have nothing to complain of as regards the discussion which has taken place. I am absolutely convinced that venereal disease has gained such a hold upon the people by reason of the fact that we would not discuss it; and I believe that, without much egotism, I can say that I have done at least something to prove to the English-speaking race that the question is one which can be discussed openly before both sexes. With regard to the suggestion of the member for Perth (Mr. Pilkington), let me say that the use of preventives is not new. As a fact, these preventives are about 15 years old. If the hon. member can put up a clause which will result in preventives being used more widely than at present, I shall be only too pleased to insert that clause in the Bill.

Mr. Green: Hear, hear! A good scheme.

Hon. R. H. UNDERWOOD (Honorary Minister): I agree that preventives can do a great deal. Preventives are not at all antagonistic to what the Government propose. Preventives and the proposals of the Government can run in double harness.

Mr. Green: The use of preventives is supplementary to the purposes of this Bill.

Hon. R. H. UNDERWOOD (Honorary Minister): Yes. If the member for Perth will bring forward a clause embodying his suggestions, the Government will be only too glad to accept it. Further, let me state that one of the strongest advocates in this State of the use of preventives is Dr. Atkinson, the Commissioner of Public Health. He has already delivered several lectures advising people to use those preventives. However, I will go no further on that point; it can be dealt with when we are in Committee. I do, however, desire to make it clear that if the member for Perth wants a clause of that nature inserted in

the Bill, I am prepared to consider such a clause if he puts it up. Of the subject of venereal disease I have had experience right from the time when I was a youth. It is unfortunate for me—it is not pleasant for me; it is almost a misery—that venereal disease has been forced upon my notice; but I have seen venereal disease, and have seen its results. I know absolutely the danger of venereal disease, and I am trying to remedy it. I want every man in this Chamber to assist me in the matter; not to fight me, or threaten to stone-wall, or anything of that description, but to give me his help in the eradication of venereal disease. I know the danger of it, I have seen the danger of it. I did not look for it; it came to me; I suppose I was born to see it. I have seen it from Collingwood, where I lived as a boy, right to the North-West of this State, and I have seen it here only a few months ago. I will not tell hon. members all I know because if I did so, perhaps they would not believe me. But I can tell hon. members that it is the most dangerous that human nature has to contend with. There has been a good deal said about what we are going to do by forcing the people to be treated, but I would point out that all we are trying to do is to cure those who have the disease. If there are people who refuse to be cured and there are people who will not obey the request that they should submit themselves for treatment, we will compel them to undergo treatment. We will see that these people do not contaminate the rest of the community. We have submitted the Bill to the House with the sincere desire to wipe out this disease. If any hon. member knows some better method let him state it, but the man who says that our proposal is sure to fail and at the same time will not himself do anything, is no good to me. I will listen to the man who desires to help to stamp out the disease. I have studied this question; in fact the study of it has been forced on me. The member for Kanowna quoted from authorities to-night, but he did not read a sentence which I have not read over and over again. I have studied all the literature I have been able to get hold of, and I have seen the disease. Now my sole desire is to assist in eradicating it. Before hon. members finally decide how they intend to vote on the clauses, I will ask them to wait until they have heard me.

Question put and passed.

Bill read a second time.

House adjourned at 1.45 a.m. (Wednesday).

Legislative Council,

Wednesday, 10th April, 1918.

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

BILL—VERMIN BOARDS ACT AMENDMENT.

Read a third time and transmitted to the Legislative Assembly.

BILL—RABBIT ACT AMENDMENT.

Recommittal.

On motion by Hon. Sir E. H. Wittenoom, Bill recommitted for the further consideration of Clause 4 and the consideration of new clauses.

Hon. W. Kingsmill in the Chair; Hon. C. F. Baxter (Honorary Minister) in charge of the Bill.

Clause 4—Amendment of Section 31:

Hon. Sir E. H. WITTENOOM: My intention is to make the term in this Bill consistent with that provided for in the Vermin Bill. There is no time mentioned here as to when an inspector can go to work after giving notice. Section 30 of the principal Act provides that whenever an inspector finds evidence of the existence of rabbits, he may give to the owner or occupier of the land notice in writing to take certain steps. The next section provides that if the owner or occupier neglects or fails to comply with any such notice, he may be summoned. I propose to provide that a period of seven days shall be allowed after the serving of such notice. The section would then read, "If any owner or occupier neglects or fails to comply with such notice after seven days he may be summoned." That amendment will make the Bill consistent with the Vermin Bill.

The CHAIRMAN: The hon. member might move an amendment in the form of a new paragraph, stating that Section 31 of the principal Act is hereby amended by adding the words "after seven days" wherever the hon. member desires to add those words. I would point out to hon. members that I deprecate the drafting of amendments on the spur of the moment in Committee.

Hon. Sir E. H. Wittenoom: I thought it was such a simple one to move.

The COLONIAL SECRETARY: The hon. member may move it to stand as paragraph (a) of Section 31 of the Act.

Hon. Sir E. H. WITTENOOM: That will meet the case. I move an amendment—

"That the following stand as paragraph (a) of Section 31:—'After the word 'notice' in line 2 of Section 31, the words 'for a space of seven days' be added.'"

Amendment put and passed.

Hon. V. HAMERSLEY: I move an amendment—

"That paragraph (b) be struck out."

The words in this paragraph refer to the original Section 31. As we have amended the section by Clause 4 of this measure now before us, it appears to me that one of these inspectors