central registration of births, marriages, and deaths. I am not quite clear on this point, although I am given to understand that the same services that exist today will still continue with the district registrars, of whom there are some 26. However, I will endeavour to clarify the position, and I will inform the honourable member.

Mr. JAMIESON: I made some inquiries from the Canning registrar to see what he had in mind, and he expressed the opinion that it might be a means of speeding up registration because very often the certificates issued by various doctors are indecipherable. There is often considerable delay because they have to be referred back to the doctors to get the required information. So I should imagine that with a central office there will probably be readier access to the doctors concerned. I think that this move will speed up rather than delay.

Clause put and passed.

Clauses 5 to 32 put and passed.

Title put and passed.

Report

Bill reported, without amendment, and the report adopted.

House adjourned at 9.54 p.m.

Legislative Council

Wednesday, the 25th August, 1965

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The PRESIDENT (The Hon. L. C. Diver) took the Chair at 4.30 p.m., and read prayers.

QUESTIONS (8): ON NOTICE PHOSPHATE ROCK DEPOSITS

Surveys

- The Hon. J. M. THOMSON asked the Minister for Mines:
 - (1) In view of the future requirements of superphosphate in Western Australia, will the Minister inform the House if any surveys have been carried out in recent years to ascertain what phosphate rock deposits exist in the State?
 - (2) If the reply to (1) is "Yes," what was the extent of the surveys, and what was the result?
 - (3) If the reply to (1) is "No," is he aware that important information concerning the existence of phosphate rock deposits could be available from private sources?

The Hon. A. F. GRIFFITH replied:

(1) and (2). No recent surveys by the Mines Department of phosphate rock deposits have been made. The two main periods of investigation on the phosphate surface deposits were during the two world wars, when supplies were urgently needed. Such deposits as located were generally small and uneconomic. Recently, all Australian States and the Commonwealth have encouraged the search for both surface and subsurface deposits of phosphates.

In Western Australia, a number of experienced companies have been allocated temporary reserves for this purpose and modern exploration programmes have already commenced.

(3) Any information concerning the existence of rock deposits would naturally be welcomed.

SCHOOL CHILDREN'S TRANSPORT

Castletown: Provision by Department

- The Hon. R. H. C. STUBBS asked the Minister for Mines:
 - (1) Is the Minister aware that because of regulations regarding school buses, children from the Castletown area of Esperance, whose ages range from 5 to 15 years, are obliged to walk almost 3 miles per day to and from school in all types of weather, on the goldfields and Norseman roads where-
 - (a) no footpaths exist for half the journey; and
 - (b) heavy haulage and other motor traffic use the road at a very high density rate?
 - (2) Is he also aware that owing to the danger involved, and the concern of the parents for the safety of their children, arrangements have been made for transport to school for some children at a cost of sixpence per day per child?
 - (3) As this is a burden on parents of a large family who pay for the same school amenities as the children receiving free transport, will the Minister provide free transport for the Castletown children to attend school, pending the completion of the school at Castletown?

The Hon. A. F. GRIFFITH replied:

- (1) Yes. Because the buses are full, some children within the distance required for compulsory attendance do have to walk to school.
- (2) No.
- (3) No. Education regulations do not provide for such provision. In any case a new school at Castletown will be opened in 1966.

SHEEP THEFTS

Police Squad: Personnel and Duties

- The Hon. J. J. GARRIGAN asked the Minister for Mines: 3.
 - (1) Is there a special squad of police solely employed in investigations of sheep stealing?

- (2) If so—
 - (a) how many are in the squad;
 - (b) who are the personnel; and(c) what other duties do they perform?

The Hon. A. F. GRIFFITH replied:

- (1) Yes.
- (2) (a) Five.
 - (b) It is not considered advisable to supply the names of the squad.
 - (c) General C.I.B. investigation when not engaged on investigations of sheep stealing and related offences.

NATURAL GAS

Supply to Metropolitan Consumers from Perth Basin

The Hon. H. C. STRICKLAND asked the Minister for Mines:

Press reports state that Brisbane gas companies and Roma oilfield companies have reached agreement on price which enables the gas companies to sell natural gas from a 260 mile pipeline for 6s. per one thousand cubic feet to domestic consumers. Has any action been taken by the Government to arrange supplies of natural gas from the Perth basin to metropolitan consumers who at present are charged up to 19s. 10d. per one thousand cubic feet for New South Wales coal gas?

The Hon. A. F. GRIFFITH replied:

It will be some time before the capacity and life of the Perth basin gasfield is known, bearing in mind that in the Gingin area one hole only has been drilled and completed and the second hole is in the process of being drilled.

The position is being very closely watched by the Government, but it is too early yet to make an assessment.

"STOP" SIGNS: ERECTION Departmental Policy

- The Hon. J. DOLAN asked the Minis-5. ter for Mines:
 - (1) What policy directs the Traffic Department in deciding where "Stop" signs shall be erected?

Establishment in Princess Road, Nedlands

- (2) Were the "Stop" signs erected in Princess Road, Nedlands, at the intersections of Bruce Street, Vincent Street and Bay Road, in accord with this policy?
- (3) If the answer to (2) is "No." why not?

The Hon. A. F. GRIFFITH replied:

- (1) The Main Roads Department is responsible for the erection of "Stop" signs and for deciding if they are warranted or not. In making this decision, the opinion of the Police Department is obtained and due regard is given to—
 - (a) the accident pattern;
 - (b) the volume of traffic; and,
 - (c) the safe approach speed.Yes; at the intersection of Bru
- (2) Yes; at the intersection of Bruce Street, That street carries more traffic than Princess Road.

At the intersection of Vincent Street. The street to be controlled was decided from a study of the accident pattern and safe approach speed.

The intersection at Bay Road is to be reviewed.

(3) Answered by (2).

WORKERS' COMPENSATION

"To-and-from" Claims

- The Hon. R. H. C. STUBBS asked the Minister for Mines:
 - (1) How many claims have been lodged for Workers' Compensation due to accidents arising in travelling to and from work in—
 - (a) metropolitan area;
 - (b) country area; and
 - (c) goldfields area?
 - (2) How many in each area have been successful?

The Hon. A. F. GRIFFITH replied:

(1) and (2) Since legislation to provide for this type of claim did not become effective until the 14th December, 1964, and as claims for workers' compensation could be received by any of the 107 approved insurers, or 13 self-insurers, this information is not known at present

Arrangements have been made for the Government Statistician to include this type of claim in future bulletins of industrial accident statistics published by him each year.

7. and 8. These questions were postponed.

COAL MINE WORKERS (PENSIONS) ACT AMENDMENT BILL

Third Reading

THE HON. A. F. GRIFFITH (North Metropolitan—Minister for Mines) [4.43 p.m.]: I move—

That the Bill be now read a third

I feel I should make one or two remarks before the Bill passes the third reading in order to clarify the situation raised by Mr. Willesee, when the Bill was at the second reading stage, regarding the question of time. It will be recalled that I undertook not to ask the House to pass the third reading until I had had an opportunity to inquire further into the point raised by the honourable member.

Yesterday I said it was my opinion that a number of the men so affected, and who had been given an opportunity from December, 1964, until the present time to repay some of their contributions, had, in fact, not paid anything. When saying this I thought some of them had paid something but my inquiries today reveal that in fact none of the men have paid anything at all. Although eight months have passed I am told no payment whatever has been made by any of them. I think this fact in itself is indeed a very unfortunate situation.

It may be that there is an explanation for it, but surely in eight months some effort should have been made. I spoke to the chairman of the tribunal; and I am conscious of the fact, because it was drawn to my attention, that there is a meeting of the tribunal tomorrow; and it was suggested to me that the tribunal might give consideration to the inclusion of the word "or" which is mentioned in the last clause of the Bill, and which was suggested by Mr. Willesee. It was also pointed out to me that if this were done it would create a Kathleen Mavourneen situation and that the position could go on and on if there was no determination on the part of one or more of these pensioners to repay his contributions.

The chairman was, I think, rightly of the opinion that the tribunal as trustee of this fund should not be asked to make the decision, and that, in fact, it should be left as part of my responsibility. I am prepared to accept this responsibility to make the necessary decision, and I think it is up to us in this House to make a determination on the question of time in order that we should know exactly what the future holds. Therefore, if we agree to the Bill, and particularly the clause to which I have already referred, in its present form, there will be a period of three years from December, 1964, available for repayment, which will, in fact, mean that there are still two years and four months left. Also we have to bear in mind that the Bill has to pass through another place and then be assented to, which will take a little time.

The only thing I would be prepared to say is this: No doubt the situation could be reviewed at the time; but I do not want that to be taken in any way as an undertaking that, so far as I am concerned, it would be reviewed at the time. I would not promise that, but I merely say that it could be reviewed by the Minister in charge of the Act when the three-year period from December, 1964, had expired. According to circumstances, no

doubt consideration could be given, but that does not necessarily imply that it would be given.

I think I should leave it at that and ask the House to agree to the Bill as it is now printed. After all, the first proposition put forward in the 1964 measure was that the contributions should be repaid in three months. We compromised and provided for 12 months; and I would like to see some evidence of intention on the part of those who are to receive the benefit of being permitted to refund their contributions. However, at this point of time there is no evidence of a desire to refund the contributions, because, as I said, none have been repaid.

I suggest to Mr. Willesee that the Bill be allowed to pass in its present form in the knowledge, of course, that a matter of this nature, or of any other nature, can always be looked at again. However I repeat, for fear that I may be quoted out of context later on, as is sometimes the case, that I do not want this to be regarded as an undertaking that it will in fact be done. I merely say that it could be reviewed at the end of that period.

THE HON. W. F. WILLESEE (North-East Metropolitan) [4.49 p.m.]: I thank the Minister for his explanation. stantially it would appear that, administratively, there is nothing we can do about the matter. It was my suggestion to the Minister that we might defer the matter even further until the tribunal met tomorrow: and I think the best thing for me to do would be to start where the Minister left off; that is, I suggest we receive this Bill with a reasonably open mind at the moment; and, if at the conclusion of the period set down in the measure, it is found that certain people who are in the process of making repayments are experiencing difficulty in finding a lump sum of money, and the amount cannot possibly be repaid in the shorter time, an approach can be made to any Minister; and, if the proposition is a reasonable one, the tribunal in its capacity to adjudicate on such matters might consider it a good case to have reviewed.

I do not think the fund itself suffers unduly if payment is rather longer in one particular; that is, if, say, A cannot repay as quickly as B, and being mindful of the commitments of various individuals, there will necessarily be some difference of time when payments will begin.

The Hon, A. F. Griffith: There is no difference in time up to date, because nobody has paid anything.

The Hon. W. F. WILLESEE: It is possible there is an answer to that, which we have not been able to ascertain. I know from my own experience that at times it is essential to create a priority when budgeting one's income; and there have been

occasions in my lifetime, as I daresay there have in the lifetime of other members, when, though a debt has been acknowledged it could not be paid immediately.

That could be the position of the people to whom I refer. Some of them might be taken out of an industry, and they would have to endeavour to re-establish themselves; they might have to move from a given position in a locality, possibly with a young family, and eventually come back to the industry at a lower rate than when they left it. These circumstances would leave the budgetary powers of an individual very much awry.

In the circumstances I have outlined I will approve the Bill, because I feel sure justice will be done if we are faced with the case of a person who is endeavouring to pay but is not able to do so.

The Hon. A. F. Griffith: I should say that the resolution of the tribunal was not unanimous. There is a miners' union representative on this who did not agree.

The Hon. W. F. WILLESEE: I understand that at the time he recorded his disapproval of the situation; but I would point out also that from the point of view of that particular representative the issue is further accentuated because six further months have gone by. I will be fair and say that as there have been no contributions in those six months, it is necessary to establish a starting point. In the circumstances I support the Bill.

Question put and passed.

Bill read a third time and transmitted to the Assembly.

BILLS (3): THIRD READING

- Stipendiary Magistrates Act Amendment Bill.
 - Bill read a third time, on motion by The Hon. A. F. Griffith (Minister for Justice), and transmitted to the Assembly.
- Health Act Amendment Bill.
 - Bill read a third time, on motion by The Hon. G. C. MacKinnon (Minister for Health), and transmitted to the Assembly.
- Metropolitan Region Town Planning Scheme Act Amendment Bill.
 - Bill read a third time, on motion by The Hon. L. A. Logan (Minister for Town Planning), and transmitted to the Assembly.

TUBERCULOSIS (COMMONWEALTH AND STATE ARRANGEMENT) BILL

Second Reading

Debate resumed, from the 24th August, on the following motion by The Hon. G. C. MacKinnon (Minister for Health):—

That the Bill be now read a second time.

THE HON. R. F. HUTCHISON (North-East Metropolitan) [4.56 p.m.]: I rise to support this Bill, and I am sure everyone in the House will support it. I hope that out of this measure will come many of the improvements we are looking forward to.

When it comes to tuberculosis my memory is probably as long as, if not longer than, the memory of anybody else in this House. I well recall the early years of the twentieth century—back in 1906 and 1907—when we experienced the spectacle of miners dying a slow, hard death as a result of tuberculosis. In those days medical knowledge and experience were not sufficient to prevent their sufferings, or to save them. These unfortunate people were generally cared for by friends and neighbours. As we all know, the disease then was considered a most dreaded one, particularly when it struck the towns.

The last case of tuberculosis which I remember quite vividly was that of a friend of mine from Meekatharra who died slowly as a result of it. I have always considered this disease with a good deal of horror, and before proceeding further with my speech I would like to say that I hope clauses 10 to 12 will be completely accepted. I know that clauses 10 and 11 have been recommended, but clause 12 also appeals to me. It states—

The Prime Minister of the Commonwealth and the Premier of the State shall confer from time to time on the means whereby the said campaign shall be effectively carried out.

In my lifetime tuberculosis has touched In the first case a relative of mine was affected by the disease, and, in the second, my son was stricken with it. This man was an officer in the army during the last war. He was working in military office when it was disthat he had tuberculosis. covered taken to hospital where it Was found that both lungs were badly affected. He went through the agonising experience of being in hospital for 18 months with both lungs collapsed, and I saw him suffer terribly. He is still alive, however, and is carrying on with his work.

My son took ill on the job and was taken to hospital. The symptoms were never explained to him. He was operated on but was not told that he had tuberculosis until after the operation. There was some consternation because it was discovered that his case should have been reported immediately; and my considered opinion is that the doctor should never have operated on him. The psychological effect on this boy was considerable. He was discharged from the hospital he was in and was sent to the Sir Charles Gairdner Hospital. I am glad to say that he is now working again, but he still takes tablets on certain occasions.

This experience has had a marked effect on both him and myself; and I cannot find words to express my praise for the treatment he received at the Sir Charles Gairdner Hospital. I mention this occurrence in the hope that medical men will do something to prevent a repetition of his experience. I do not think it should have happened. However, I was helpless, and so was he.

I think something should be included in an Act to prevent a medical practitioner from operating precipitously in a case like that. The doctors must have had some indication of his complaint. I have not spoken dogmatically; I have simply explained the way we suffered.

Unlike Dr. Hislop, I think everyone should be compulsorily X-rayed. I say this because I have known people who knew they had tuberculosis, and others who feared they had it, but they would not have an X-ray. I have seen many like instances because of my life in business and because of the rearing of my family; and I say that compulsory X-rays should be brought in. That is something I really agree with. I have been X-rayed many times, as I tried to set an example while I was in business. I did not know anything about tuberculosis, but I saw the men on the goldfields who were ill, many of whom did not know what was wrong with them. However, by the use of X-rays their complaints could have been discovered

I will not reiterate the knowledgeable remarks Mr. Ron Thompson made, but I know his knowledge, like mine, was gained through personal experience. It is true that the treatment of tuberculosis has made remarkable progress in medical history; and I would say here that I have the highest regard and praise—in fact my words cannot express it adequately—for the care given by the doctors and staff of the Sir Charles Gairdner Hospital. It is a marvellous place.

I would say we are very fortunate in having such a hospital; and I always feel pardonably proud when I think of the late Labor leader, Mr. Ben Chifley, who was so keen to put into operation the scheme that started the downgrade of tuberculosis.

I had two friends whose husbands were at the war. They both went into Wooroloo with tuberculosis and both died. I have often wondered whether they would be living today if we had known then what we do now. I would say the Sir Charles Gairdner Hospital represents the Florence Nightingale of progress. I mention that hospital because it is the big one we have here; and the fact that we have been able to beat tuberculosis in the way we have is one of the greatest things that ever happened in the world. Anything we can do to cure or prevent this dread disease is very commendable. I agree also with Mr. Ron Thompson when he said he hoped that

in 10 years tuberculosis would be beaten. I think all of us would agree that tuberculosis cannot be beaten too soon.

I have to thank Dr. Hislop for his contribution to this debate. I have disagreed with him many times before in this House, and will do so again; but we are compelled to listen to him when he is talking about medical matters. He is a doctor and we must accept what he is talking about. We listen with confidence to what he has to say.

I hope Dr. Hislop has listened to me and will see that something is done so that another check is made by a different medical practitioner to avoid instances like the one I quoted earlier. I am of the opinion the operation could have been obviated. However, I am a lay person so I cannot be sure that it could have been prevented. My son spent nine months in the Sir Charles Gairdner Hospital, but he is working now, feels all right, and has got over it fairly well. But there should be a double check and an investigation made before an operation is carried out in order that the experience I have spoken of will not occur again. I have pleasure in supporting the Bill, and I congratulate the Minister who brought it down.

THE HON. F. J. S. WISE (North—Leader of the Opposition) [5.7 p.m.]: I think all of the congratulatory expressions in dealing with the initiation, purpose, and benefits this legislation has brought to the citizens of Australia are well merited. The Bill is the third of its kind introduced into this Parliament. They all have their initial authority in the Act of 1948 of the Commonwealth.

The Commonwealth Tuberculosis Act of 1948 followed the conferences between the Ministers for Health of States and Commonwealth, and an arrangement entered into which would be of a continuing kind dating from the 1st July, 1948 and applying at the discretion and desire of the States and the Commonwealth. The Commonwealth Act involved the States in certain responsibilities which had to be accepted when, on the passing of that Act, agreements were signed by the then Prime Minister and the Premiers of the various Our Act of 1949 was a standard type of legislation and set out within it an agreement then entered into, the Commonwealth having provided for medical services and for certain capital expenditure at that time, and having also provided for an arrangement for a continuing agree-ment after the first 10 years had elapsed, the first Act being of 10 years' duration.

I think all of us have been affected in some way as a result of friends, and those nearer to us, being treated for this disease in some part of Australia. I can recall the case of one of my greatest friends, who was then a Cabinet Minister. I refer to the late Bob Coverley, who spent nine months in Wooroloo attempting to get

cured of this dire disease. That was not so very long ago, but long enough ago to prevent him from having the skilled, upto-date, and effective treatment of today. So every remark concerning the importance of this legislation is certainly well deserved and right on the beam. I support the Bill and all it provides for.

I raised the question at the end of the Minister's introductory speech in regard to the strange title this Bill has. I have a fair memory and I can recall no Bill in 30 years with a title of this kind, irrespective of between whom the arangements were made; and irrespective of by whom the agreements were signed, whether they were something from the Crown, involving the Statute of Wesminster, or whether they were from the Governor-General or from the State Governors.

I intend to give complete illustrations of the point I am trying to make. The initial Commonwealth Act was an Act to provide for medical services in respect of tuberculosis and for other purposes. The year was 1948. In 1949, our initial Act, No. 13 of 1949, had this title—

An Act to authorise the State to enter into, execute, and carry out the arrangement with the Commonwealth respecting the campaign to reduce the incidence of tuberculosis in Australia.

That is the 1949 long title. The short title is identical with the one used in the 1958 Act, and identical with the short title used in this Bill. The provisions of all of those three measures—the two Acts on the Statute book and the present Bill—vary only in certain particulars.

In the case of the Bill under review, the only variant from the 1958 Act is in the new clauses in the agreement, 9 and 11, which were mentioned by Dr. Hislop last evening.

The Hon. R. F. Hutchison: Is 12 in it now?

The Hon. F. J. S. WISE: Ten years were up when the 1958 Bill was introduced in this Chamber; and then, by arrangement, it was continued for a five-year period, following a conference of Health Ministers, Commonwealth and State. I have mentioned the 1949 Act of this State, which provided by clause 10 of the agreement that there should be extended periods, the first one a 10-year period, computed as from the 1st July, 1948, at the end of which the Commonwealth and the State should confer with a view to a further arrangement being entered into. That paragraph continued in the agreement for the next five-year term. So the authority upon which this Bill is based is drawn from the Commonwealth Act.

Let me proceed with this title aspect. The 1958 title is identical with the 1949 title. The short title is the same; and those Acts were signed by His Excellency, the Governor-General; by His Excellency, the State Governor; and by the Prime

Minister and the Premier, as is this document we are now considering. One will find in the Commonwealth Act of 1948 verbiage comparable to the long title of this Bill; and I can read from the Commonwealth Act—not the title, but the agreement—as follows:—

. . . an Arrangement between His Excellency the Governor-General of the Commonwealth of Australia and His Excellency the Governor of the State of Western Australia in relation to the Tuberculosis Campaign to reduce the incidence of tuberculosis in Australia.

That is the title of this Bill; and that is in the agreement included in the Commonwealth Act of 1948, but not in the title.

This measure is not so much a Bill relating to an arrangement between His Excellency the Governor-General and the State Governor, as a Bill for an Act to authorise the State to execute and carry out an agreement with the Commonwealth. Let us think of many other agreements: the one dealt with in the Dried Fruits Act; the wheat products marketing agreement; and the iron ore agreements made between persons, companies, and the State. We do not, in the title of an Act, make the arrangements between the Governor-in-Council and the company, but between the Parliament of Western Australia and the company.

I think it is important in the recording, printing, and binding of Statutes that matters that are related to the same subjects—indeed are the same subjects—should have identical long titles and short titles. For that reason—and because it is strange that three Bills introduced into this Chamber, although dealing with the same agreement, have titles with a variant as wide as I have mentioned—I intend to move, when in Committee, to amend the title to make it consistent and identical with the titles of the two Acts which have already been passed by this Parliament.

Debate adjourned until a later stage of the sitting, on motion by The Hon. G. C. MacKinnon (Minister for Health).

(Continued on page 498)

BILLS (8): RECEIPT AND FIRST READING

- Education Act Amendment Bill.
- Western Australian Marine Act Amendment Bill.
 - Bills received from the Assembly; and, on motions by The Hon. A. F. Griffith (Minister for Mines), read a first time.
- Bush Fires Act Amendment Bill.
 - Bill received from the Assembly; and, on motion by The Hon. L. A. Logan (Minister for Local Government), read a first time.

- Bunbury Harbour Board Act Amendment Bill.
- 5. Albany Harbour Board Act Amendment Bill.
 - Bills received from the Assembly; and, on motions by The Hon. G. C. Mac-Kinnon (Minister for Health), read a first time.
- Spear-guns Control Act Amendment Bill.
- 7. State Government Insurance Office Act Amendment Bill.
 - Bills received from the Assembly; and, on motions by The Hon. A. F. Griffith (Minister for Mines), read a first time.
- 8. Registration of Births, Deaths and Marriages Act Amendment Bill.
 - Bill received from the Assembly; and, on motion by The Hon. L. A. Logan (Minister for Local Government), read a first time.

DOG ACT AMENDMENT BILL

In Committee

The Deputy Chairman of Committees (The Hon. A. R. Jones) in the Chair; The Hon. L. A. Logan (Minister for Local Government) in charge of the Bill.

Clause 1 put and passed.

Clause 2: Section 3 amended-

The Hon. J. DOLAN: I move an amendment—

Page 2, line 4—Delete the word "Cattle" and substitute the word "Sheep."

I have been given to understand that this definition is to be found in other Acts. A similar provision is included in the old Cattle, Trespass, Fencing and Impounding Act; and whilst it is perfectly true to say that we can find the word "goat" in the definition of cattle, that does not present the full picture, because included in the same collective title are: horse, mare, gelding, colt, filly, ass, mule, bull, ox and so on.

We can also find in the Local Government Act a similar dragnet definition of "cattle." If that were to apply to the Dog Act, I feel there would be a similar interpretation before us; but such is not the case. In sections 22A, 23 and 25 there are references to sheep, cattle and poultry This indicates to me that when the Act was originally passed the intention was to treat each one separately; and that is why I feel that if we want to include "goats" in an interpretation, it should be the interpretation of "sheep." The Oxford Dictionary has this definition of "cattle"—

Cattle: A collective name for the bovine (or ox tribe) genus, but formally and still locally, for live animals held as property or reared to serve as food or for their milk, skin, wool etc.

The definition of "sheep", which appears in the same dictionary is—

Sheep: Any animal of the ruminant genus Ovis closely allied to the goats.

I feel these definitions clearly establish a relationship between goats and sheep which does not exist between goats and cattle. Consequently I consider the correct interpretation is as outlined in my amendment.

I wish to refer to one other matter. Sheep farmers will know that it is quite common for them to run goats with sheep. That is often done as a precautionary measure to keep dogs away, because goats will prevent a flock of sheep from stampeding and will frequently act as guardians to the flock.

In a Bill of this nature where these words have been separated and where the word "cattle" is not used in a collective sense, as in other measures, I feel that the word "goats" would be in its correct place if it were included in the interpretation of sheep.

The Hon. L. A. LOGAN: I have also made some research into this matter because Mr. Dolan told me last night he was prepared to debate it in the Committee stage. The words "domesticated goats" have, for reasons of brevity, been included in the interpretation rather than in each clause. Many members have said, when dealing with Bills, that we should use as few words as possible to convey the meaning intended. So, rather than include the words "domesticated goat" in each section, it was deemed far better to include them in the definition of "cattle," as this would cover every section of the Act to which it applied.

I think members will agree with that. The word "cattle" is used because it has wider application. The definition of "sheep" will not be found in any Act, but the definition of "cattle" will be given, because this gives a blanket coverage, and that is why the word "cattle" is used in this Bill.

I do not think the honourable member has read the first part of the definition of "sheep" in the Oxford Dictionary, because there it will be found that it refers to a woolly animal, but a goat is not a woolly animal.

The Hon, J. Dolan: I have seen some goats as woolly as sheep.

The Hon. F. J. S. Wise: And some humans, too.

The Hon. L. A. LOGAN: I know what the honourable member is trying to convey; that is, that many goats have as much hair as a sheep has wool. Also, if reference is made to Webster's Dictionary it will be found that there is a greater variation in the definition of "cattle" than there is in the Oxford Dictionary. Further, I have checked this word with the Parliamentary Draftsman and he agrees that it is used

correctly. Therefore, to ensure the correct wording in the Act, I suggest that we leave the wording in the Bill as it is.

The Hon. J. DOLAN: On a question of brevity, the word "sheep" contains less letters than the word "cattle," so the Minister cannot claim that my amendment would not be correct on the score of brevity. The Minister also said that one cannot find "goats" being embraced under the word "sheep" in the Act; but one will find goats under other headings, of course. In the trespass scale in the Cattle, Trespass, Fencing and Impounding Act the first description of cattle is divided into two sections, and in the first section will be found: horse, bull, mare, ox, and so on, and under the second category will be found: ram, ewe, sheep, wether and lamb, goat and kid, which, quite definitely, links them.

However, if the Minister considers the Bill is correct in its present form I will not continue the argument, but I thought the correct thing to do was to put it under the word "sheep" and not "cattle," because this is referring to each class in the Dog Act, and not in any other Act to which the Minister may refer.

Amendment put and negatived. Clause put and passed. Clauses 3 and 4 put and passed. Title put and passed.

Report

Bill reported, without amendment, and the report adopted.

TUBERCULOSIS (COMMONWEALTH AND STATE ARRANGEMENT) BILL

Second Reading

Debate resumed, from an earlier stage of the sitting, on the following motion by The Hon. G. C. MacKinnon (Minister for Health):—

That the Bill be now read a second time.

THE HON. G. C. Mackinnon (Lower West—Minister for Health) [5.35 p.m.]: I thank those honourable members who contributed to the debate on the Bill, and, if I may, I will address some remarks to each of the honourable members in turn. Mr. Wise made a general remark which has been proved during the course of this debate. Most of us who have any sort of a memory can recall the days when many people were stricken by tuberculosis, and the terror it struck among the general public.

As for the remarks made by Mr. Ron Thompson, I do not think he gave himself full credit for reviewing this legislation; I feel sure that his review of any legislation is always thorough. As stated by that honourable member, the toll taken by this disease in the past was terrible in the extreme, and we owe a great deal of thanks

to the research scientists and medical practitioners who have worked so hard and who, by their joint efforts, have made such tremendous strides in quelling this disease and many others.

It is to the credit of the late Ben Chifley that he was responsible for the start of this campaign to stamp out tuberculosis, and I think it is a wonderful memorial to that late honourable gentleman that this move has brought about the virtual eradication of this disease.

When introducing the Bill I mentioned that its introduction was prompted by all the States—Western Australia included—agreeing that the Bill be drafted on a basis uniform to that initially established in this State. One or two alterations were made to the proposed measure to ensure that the procedure to be followed would be the same as that followed in Western Australia; because we can rightly claim to be the leader in this field of preventive medicine. Now that agreement has been reached, the legislation is in the process of being ratified by each State. The title of the Bill was questioned by Mr. Ron Thompson, but as an amendment is proposed to the title I will leave it for the moment and refer to it at the close of my remarks.

Dr. Hislop made a worth-while contribution to the debate and, to some extent, branched into the philosophical aspect of medical practice. I noticed that he fleetingly touched on a subject which made newspaper headlines recently; that is, whether man should have the right to die as he has to live. This is a subject which would be the basis of an extended philosophical discussion, and perhaps it is one which, in the near future, may have to be considered by those who work in the field of health and medicine. With the rapid advances being made by members of the medical profession today, this aspect of health has become one of real importance. I think Dr. Hislop will pardon me if I—as he did—touch on the matter only briefly.

Another matter for philosophical discussion is whether there should be some degree of compulsion in the treatment of contagious diseases. If Dr. Hislop carefully examines the question of isolation in the treatment of tuberculosis, I think, if I remember rightly, he will find that earlier, when a person had been diagnosed as having contracted tuberculosis, he had the right to decide whether he should be isolated, or receive the prescribed treatment.

There is one particular point raised by Dr. Hislop on which I would like to enlarge. Dr. Hislop spoke of domiciliary treatment and he quoted a hut in India. I think the honourable member is well aware that in a country such as India, hospital beds are simply not available in sufficient quantity to allow of the sick being given a bed automatically. Indeed, even if such beds were supplied, it is doubtful whether they could be established at a sufficiently low cost to

allow of any but the most extremely sick to use them. This is in marked contrast to Australia where our living conditions are such that people expect a hospital bed as a right. Doctors, members of Parliament, and the public in general all tend to demand that those in need of medication should be able to obtain a hospital

There are many examples of domiciliary medicine—in this and in every other country—some as dramatic as those cited by Dr. Hislop, and some that are just ordinary. However, it automatically follows that domiciliary medicine could only be practised so dramatically in a country so short of hospital beds as India is, and where people accept death and disaster resignedly. The prospect of death does not hold quite the same communal terrors as it does in this country. The knowledge that one's next-door neighbour is dying does not excite the same comment in India as it does in Australia.

If lifegiving drugs are to be administered, very often it is essential that they be given in the hut in which the patient lives. Even if there was a hospital for the patient to enter, he could not afford to do so. That is a far cry from the conditions which we find in Australia.

This proves a point. With modern medication, hospitals are not always absolutely essential. This point will bear some examination in relation to the remarks made by Dr. Hislop a few days ago in regard to over-crowding in some of the metropolitan hospitals. Surely, in terms of the kind of service which is accepted by the community in India, the people of Western Australia are catered for very adequately in regard to hospital service!

The Hon. F. J. S. Wise: It would be completely revolutionary in India.

The Hon. G. C. Mackinnon: It would be completely revolutionary there. There is a lesson to be learned; that is, with modern medication the terrible disease of tuberculosis, the incidence of which has been reduced so dramatically in Australia, can be cured under the most adverse bed conditions. Some might say that we should not have built the Sir Charles Gairdner Hospital, but, of course, we should, because of the difference between our standard of treatment and that in India.

This aspect is in the consciousness of all those who plan hospitals. There is, indeed, a growing desire to keep people within their homes where they can receive many forms of treatment, and also to return them home from hospital much earlier than was the case in the past. This point might have a great bearing on the need for providing extremely expensive hospitals in the near futrue, but this matter requires education in a variety of ways. There is a fear in many people which drives them to hospital to receive

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treatment—the fear that they will not receive the best of attention by remaining home.

There seems to be a lack of acceptance of responsibility between one person and another; and there is a tendency to send a person who is sick to hospital, because it is a lot less trouble. So in most cases attempts are made to get the doctor to admit the patient to hospital. These factors do not apply in India, and the comparison which has been made between the two countries is very difficult to follow.

With his usual thoroughness, Mr. Stubbs gave very exact figures, and I have no doubt they are absolutely correct. On the few occasions when I checked on the figures which the honourable member gave in this House I found I had wasted my time, so I have not tried again. The figures which he has given are on record, and they indicate the dramatic advance which has been made by a mass attack to reduce the incidence of tuberculosis.

Mrs. Hutchison told us of some of her experiences with the disease, when it was literally incurable. Of course, tuberculosis is not the only disease which has been so dramatically checked in recent years with the discovery of the antibiotics and other drugs, and with the complete revolution in medical care, compared with that prior to the mid-1930s.

Some general aspects were dealt with by Mr. Wise, and I thank him, as well as other members, for their acceptance of the Bill. None of the thanks is due to me. It is pure chance that I am here on the occasion when the Bill is introduced, because it has been under consideration for a long time. Mr. Wise also spent some time in dealing with the title of the Bill. Here I would like to conclude my remarks by pointing out this: Section 5 of the Commonwealth Tuberculosis Act, 1948, which is the original Act—as Mr. Wise said—states that the Governor-General may enter into an arrangement with the Governor of the State for the provision by the State, subject to agreed conditions, of services and facilities for the diagnosis, treatment, and control of tuberculosis.

Pursuant to this section of the Commonwealth Act, the Commonwealth prepared an arrangement which is in the terms set out in the original Act, and is now in this Bill with which we are dealing.

The arrangement set out in the schedule to the Bill will be seen to be an arrangement made pursuant to section 5 of the Tuberculosis Act, 1948, of the Commonwealth of Australia between His Excellency the Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, and His Excellency the Governor of the State of Western Australia, acting with the advice of the Executive Council of the State. Therefore, the long title of the Bill simply states what

has been prepared by the Commonwealth for the consent of the State dealing with this particular subject matter.

I agree that the amendment proposed by Mr. Wise describes the contents of the Bill just as well, but this is merely a matter of drafting. Mr. Wise believes that his proposed amendment sets out the purposes more accurately, while the draftsman—and I agree with him believes that the title in the Bill sets out more accurately what should be set out. This is a matter on which members can make up their minds; it is not one on which I intend to make a last ditch stand. Here is a genuine difference of opinion on the interpretation of the title, and I have given the reasons why the draftsman elected to use the verbiage which he did use. I have heard the explanation given by the draftsman, which was fuller than what I have just outlined to the House, and he makes specific reference to the section under which the Bill is authorised.

To the best of my knowledge I have covered the various points which have been raised by members. I thank them again for their contributions to this debate, and for their warm words of recognition to the people who have done so much to ensure that the system of mass X-ray did work, and worked so dramatically well.

Question put and passed.

Bill read a second time.

In Committee, etc.

The Deputy Chairman of Committees (The Hon. A. R. Jones) in the Chair; the Hon. G. C. MacKinnon (Minister for Health) in charge of the Bill.

Clauses 1 to 3 put and passed.

Schedule put and passed.

Title—

The Hon. F. J. S. WISE: I listened very carefully to the explanation which the Minister gave. I want it to be clearly understood that the amendment which I propose to move does not contain my verbiage; it is the verbiage used, in connection with a similar arrangement, by the two draftsmen who preceded the present draftsman. I therefore venture the opinion that the draftsman who drafted the preamble and the title of this Bill is not the draftsman who prepared the 1949 and 1958 titles.

All I am endeavouring to do is to use the ideas which were expressed in the titles of the previous Bills, which subsequently went on the Statute book. I would point out that the short titles of all three Bills are identical.

The long title of the two previous Bills dealing with this subject contained the same verbiage as I propose to use on this occasion. These are the words which were used by the draftsman on the two previous

occasions to express the same matter, and it is important that we retain consistency in the titles of similar Bills.

The short titles are similar, so why should not the long titles also be similar? I therefore move an amendment—

Page 1, lines 1 to 6—Delete all words after the word "Act" down to and including the word "Australia" and substitute the following words:— "to authorise the State to enter into, execute and carry out an arrangement with the Commonwealth respecting a campaign to reduce the incidence of Tuberculosis in Australia."

The Hon. G. C. MacKINNON: We can never be sure a second afterwards just precisely what words we used. I thought I said that in the Bill as printed is the verbiage the draftsman prefers while in the amendment are the words which Mr. Wise prefers.

The Hon. F. J. S. Wise: I think that would be so.

The Hon. G. C. MacKINNON: I know, of course, and so does the draftsman, that these are the words in the previous legislation. However, the draftsman is a particularly thorough man.

The Hon. F. J. S. Wise: All draftsmen are.

The Hon. G. C. MacKINNON: He checked the words, and he believes implicitly that the title as printed is more accurate and therefore he decided not to stick to the verbiage that had been used previously. Changes bring progress, although I am not saying that this is progress. This is a matter of personal choice. I maintain that we should not, merely because the amendment contains the long title of a previous Bill, use that long title now. The draftsman checked it. He may be a better draftsman. He checked it a little more thoroughly and he decided it was more accurate.

The Hon. R. F. Hutchison: What about you? What did you decide?

The Hon. G. C. MacKINNON: I thought I said a moment ago that I preferred the verbiage which the draftsman prefers. This is a matter of simple choice; but I feel constrained to say that the draftsman is aware of the position and he believes quite implicitly and firmly—and he has convinced me—that this is a more accurate title and that there is no virtue in slavishly following a title which he believes is not as correct. Therefore I ask the Committee to leave the title as it is.

The Hon. H. K. WATSON: The Minister has indicated I think that he has no strong feeling on this matter, and if Mr. Wise's amendment will not do any good, it certainly will not do any harm. It has been suggested to us that the title as it now stands is more accurate than the title of the previous Acts. With respect,

I would suggest that the title proposed by Mr. Wise is, in all the circumstances, more apt.

In Parliament, above all places, precedent does have an influence, and Mr. Wise has indicated that the two or three Acts which precede this and of which this is purely a continuance, have the title which he has proposed here. I would have thought that on that ground alone, even although there was room for difference of opinion as to whether it was or was not precise, accurate, and apt, inasmuch as it has gone through three Parliaments, we should continue it here.

I think we should not enter into any discussion on the merits of the present draftsman as compared with the ability of the previous draftsman, who is now a judge of the Supreme Court. When lawyers disagree, who is to decide? I say this Chamber is to decide; and in all the circumstances—we have the same agreement for all practical purposes as previously—why not have the same title?

The Hon. A. F. Griffith: Except that it would be a nice old kettle of fish—and I am not saying Mr. Wise is wrong—if we attempted to amend the long title of every Bill the draftsmen give us.

The Hon. F. J. S. Wise: They don't all have a background.

The Hon. A. F. Griffith: No, they don't.
The Hon. F. J. S. Wise: Not 1 per cent.
has a similar background.

The Hon. A. F. Griffith: That is true.

The Hon. H. K. WATSON: In the Bill we have the extraordinary position that mention is made of an arrangement be-His Excellency the Governor-General of the Commonwealth of Australia and His Excellency the Governor of the State of Western Australia. Certainly they are the signatories to the agreement, whereas most other agreements are simply signed by the Prime Minister and the Premier. It so happens that the contents of this Bill are very admirable and brook no adverse criticism; but I would be sorry to see the Governor-General of Australia or the Governor of Western Australia criticised if the circumstances of an agreement were such as to provoke adverse criticism.

All things considered, I suggest we should simply follow the practice which has been in vogue. Let us leave out any reference to the Governor-General and the Governor. I venture to say there is not another Act on the Statute book which contains any reference to the Governor-General of the Commonwealth, or the State Governor. It is a most unusual title and I would suggest we preserve the status quo.

The Hon. N. E. BAXTER: I agree with Mr. Wise and Mr. Watson in respect of the title of this Bill. The original title as set out is referred to in the index to Parliamentary Statutes as "Tuberculosis

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(Commonwealth and State Arrangement) Act"—rather a simple, abbreviated title of the Bill.

Apparently the draftsman decided he should alter that title but he did not proceed as far as he should in that direction if he thought the title should run along those lines, because in the schedule to this Act the arrangement is described as follows:—

AN ARRANGEMENT made pursuant to section 5 of the Tuberculosis Act 1948 of the Commonwealth of Australia between HIS EXCELLENCY THE GOVERNOR-GENERAL OF THE COMMONWEALTH OF AUSTRALIA, acting with the advice of the Federal Executive Council, and HIS EXCELLENCY THE GOVERNOR OF THE STATE OF WESTERN AUSTRALIA, acting with the advice of the Executive Council of the State. Therefore, if the draftsman wanted to proceed as far as he has done with the title, why did he not refer to this as being pursuant to section 5 of the Tuber-

The Hon. G. C. MacKinnon: You wouldn't like to suggest we put the whole schedule in?

culosis Act-

The Hon. N. E. BAXTER: —of the Commonwealth of Australia and place the responsibility for the Bill jointly, not only on the Governor-General but also on the Executive Council of the Federal Government; and not only on the Governor of this State, but also on the Executive Council of this State? We have had a previous long title referring to this legislation and it describes it fully, and therefore I feel I must support Mr. Wise.

The Hon. J. G. HISLOP: I have only one or two small doubts about this matter of having the long titles include all arrangements between the Commonwealth and the States. I think some thought should be given to it. I think the new title rather clouds the interest that lies in this Bill. It is difficult enough now in all conscience to identify Bills, and if this system were adopted it could be considerably more difficult.

The Hon. G. C. MacKinnon: Since when did you identify Bills through their long titles?

The Hon. J. G. HISLOP: We do not; but most of us are not skilled draftsmen, and the easier it is made the better. If I am wrong I will stand corrected.

Amendment put and passed.

Title, as amended, put and passed.

Bill reported with an amendment to the title.

House adjourned at 6.13 p.m.

Legislative Assembly

Wednesday, the 25th August, 1965

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