

Legislative Council.

Thursday, 26th October, 1950.

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

QUESTIONS.

ROADS.

(a) As to Commonwealth Aid Funds.

Hon. A. R. JONES asked the Minister for Transport:

(1) What amount of money was made available for road building in W.A. by the Federal Aid Roads Grant for the year ended the 30th June, 1950?

(2) What amount will be available for the same purpose for the current year?

The MINISTER replied:

(1) £1,699,567.

(2) Subject to passing of new Commonwealth legislation, £2,188,800 (estimated).

(b) As to Bitumen Costs, Supplies and Labour.

Hon. A. R. JONES asked the Minister for Transport:

(1) What was the average cost per mile for bitumen surfaced road construction by the Main Roads Board during the 12 months ended the 30th June, 1950?

(2) Would it be possible to import sufficient bitumen in the future should requirements be three or four times greater than for the year just ended?

(3) What was the cost per ton of bitumen landed at Fremantle last year?

(4) What is the cost for same today?

(5) Is the Main Roads Board using its plant to full capacity or is part laid aside idle because of labour shortage?

The MINISTER replied:

(1) £3,000-£4,000.

(2) Yes.

(3) £18 17s. 7d.

(4) £17 10s. 4d.

(5) Yes. Plant is used to full capacity.

BILLS (2)—REPORT.

1. Transfer of Land Act Amendment.
2. State Housing Act Amendment. Adopted.

BILL—HEALTH ACT AMENDMENT.

Second Reading.

Debate resumed from the 24th October.

HON. J. G. HISLOP (Metropolitan) [4.38]: Firstly, I would like to thank the Minister for Health for his courtesy in allowing me to know the conditions under which some of these measures are presented. I had hoped that I would be able to give unstinted support to the whole measure, but unfortunately there is one important part of it which I must criticise. The Bill contains a number of clauses, some of which are undoubtedly essential.

It is quite obvious that when such concerns as abattoirs are established in districts, the municipality or road board should be the organisation to control them. It is also necessary, in this enlightened age when the health of the community is regarded as being so important, that local authorities should have the right to increase the health rate sufficiently to meet their needs. I do not think these portions of the Bill require much consideration.

There is one part which strikes me as being most curious, and that is where the Commissioner for Public Health asks for the right to notify the parents when a child has acquired venereal disease. It is probably an example of an official mind as against a practising mind, but it certainly would not deter me from telling a parent that a child was infected because there was a section in the Act which said that I must keep it secret. I would have considered that telling the parents was part of my duties under the Act and I can assure members that during the years when I was Superintendent of the Children's Hospital, I never failed, if I thought it was essential, to tell the parents. It does seem curious that it is possible to put a child, under the present Act, into an institution for treatment and yet not tell the parents the disease from which the child is suffering. If it is regarded as necessary that this should go into the Act, and not be one of our unquestioned laws, then I shall raise no objection.

Hon. N. E. Baxter: That is referring to the child under 14 years of age.

Hon. J. G. HISLOP: Yes. There is one other clause of this Bill which brings back the old question of the relationship between Commonwealth and States in regard to payment for hospitals. I would suggest that those who are interested in areas outside the metropolitan area might look carefully at this measure and see whether their local authorities are covered in the charges that they may have to make for the treatment of infectious

diseases. These are all just matters of interest, but there is one clause in the Bill—by far the most important of those included—upon which I must speak at some length. I refer to that which seeks to give to the Commissioner power to call up for compulsory x-ray of the chest certain classes of the community.

By using the term "certain classes" it is perfectly obvious that everyone can be included, because we can all be put into some category or other which may be called for examination. I was interested to read that apparently the department is of opinion that this question of compulsory x-ray was a matter of common agreement between the Commonwealth and the States, and that it was more or less an essential part of any arrangement through which money will be given by the Commonwealth to the States for the carrying out of any work concerned with tuberculosis. I am led to believe that the department is of opinion that at a meeting of Premiers and Ministers for Health in Canberra in 1948, the inclusion of compulsory powers to x-ray all persons over the age of 14 years was an integral and necessary part of the agreement between the Commonwealth and the various State Governments. Firstly, that arrangement, if it was one, was made by the previous Commonwealth Government and may not reflect the views of the present Government in power at Canberra.

Hon. G. Fraser: That argument could be used on a lot of occasions.

Hon. J. G. HISLOP: Yes, but here we have it put before us as one of the reasons for passing this measure. But, let us see what actually happened. Members will find that few of the States honoured this agreement, if it was such, or considered that such an agreement was necessary. In New South Wales a measure was passed and all that the legislation did was to give authority to the State to carry out any work which was thought requisite in regard to the control and care of tuberculosis, provided the Commonwealth supplied the necessary funds.

But, there is no compulsion of any sort in the New South Wales Act. In fact, the Minister when speaking to the Bill said that there had been certain sections dealing with that phase in the proposed agreement or draft which was originally prepared by Senator McKenna, who was then the Minister for Health. The New South Wales Minister said during the debate, according to "Hansard," that the House could not agree to one or two suggestions made by a Commonwealth authority with reference to compulsory notification and examination. New South Wales has not the compulsory clause that we passed in this House previously for the control of the recalcitrant tuberculous patient.

When it came to Queensland, the same situation developed and the Premier of Queensland, in May, 1947, said that he did not believe in compelling people to be medically examined because compulsion builds up resistance to treatment and would destroy the objects to be achieved. There is no question of Queensland introducing compulsion into its tuberculosis Bill for ratification of the agreement with the Commonwealth. So far as we can tell at the moment, Tasmania is the only State that has thought it necessary to put a clause in its Bill making it mandatory for people to be x-rayed when called upon by the health authority.

In order that I should not be regarded as giving my own views on this matter, and therefore possibly misleading members with a private opinion, I wrote to the British Medical Association Council and asked for its views on the Bill. I forwarded a copy of the Bill with the letter. This is the reply I received—

In reply to your letter of 17th instant asking for the views of the Council upon the proposed legislation for compulsory chest x-ray for tuberculosis, I have to inform you that the Branch Council is of the following opinion:—

(1) That there should be compulsory x-ray examination of all persons entering the State, whether assisted immigrants, or otherwise, and to guard against the possibility of substitution, it is suggested that a photograph be taken as well.

(2) That it would be to the advantage of the health of the community if all members thereof had a chest x-ray; this should be encouraged.

Having been made aware that there has been a statement circulated in this Chamber, or made to members of this Chamber, that the British Medical Association is not with me in this matter, I am quite prepared to lay that letter on the Table of the House.

Hon. H. S. W. Parker: What is the date of the letter?

Hon. J. G. HISLOP: The 20th October, 1950. Having heard that that letter was not accepted, or apparently not regarded as being in keeping with my view, I made it my business this morning to contact the honorary secretary of the British Medical Association. I asked him to expound his views on this matter and if he meant, when he used the word "encouraged," that the association agreed with compulsory x-rays, or mass x-rays, of the citizens of the State. The answer was, "Decidedly, no." The British Medical Association is not in favour of compulsory x-ray examination of citizens. In speaking to the honorary secretary I realised that his views were just as definite as my own on this matter. I am quite certain that if members desire further information on the question, the

honorary secretary would be only too pleased to inform them what he and members of the council think. There are many aspects to be considered in regard to this matter. One can look abroad and see what has happened in other countries.

Probably one of the most enlightened countries in the world today in regard to prevention and control of, and research concerning, the disease is the United States of America, and one would imagine that a Bill for the compulsory examination of citizens with the idea of preventing tuberculosis would be accepted there. It is interesting to note, however, that Bills which have been recently placed before the legislatures of New York and Massachusetts have been defeated. There have been Bills which have had as their objective the x-ray of each pupil attending a public school.

In Massachusetts a Bill was introduced to compel all school, college, and university teachers to take x-ray examinations; and a similar Bill designed to cover all manufacturing, mechanical, and mercantile establishments with five or more employees was also introduced. Those Bills were all defeated because medical opinion there is not in favour of compelling citizens to submit to examination.

I would like to stress this fact. Once anything is done to destroy the feeling of confidence between the patient and the profession—whether that profession be the practising one or whether it be concerned with public health duties—it will be a sorry day for the medical services. I still maintain that it is wise and essential that the average citizen of the State, going to a medical person for advice, should be permitted to make up his or her mind whether or not to accept that advice. If we start this compulsory, shall I say dictatorial, practice it would not be in the best interests of medicine.

Hon. R. M. Forrest: If a person were proved to have tuberculosis, would you be in favour of having him isolated?

Hon. J. G. HISLOP: I shall deal with that question later. It is one for which, I think, legislation has already been provided.

Hon. G. Fraser: I think the hon. member voted for it.

Hon. J. G. HISLOP: Possibly so. The whole question of compulsion is a very difficult one. Years ago in Australia—certainly to my knowledge in Victoria, where I was brought up—there was a law demanding compulsory vaccination against smallpox. It was not long before the public themselves rose up against such vaccination, and I can remember my father paying his annual fine to protect his family against smallpox vaccination. We also find that now, after many generations, Britain has given up the idea of compulsory

smallpox vaccination, although the people there are possibly in graver danger because of the speed of air travel.

Hon. E. H. Gray: You cannot leave the country by plane or ship without being vaccinated.

Hon. J. G. HISLOP: That is for the protection of the individual. I am talking about the people within the community and not the citizen going to another country, as has been pointed out in a letter from the British Medical Association. I will tell members why we are in favour of protecting our community against the inrush of tubercular sufferers under any immigration scheme. I ask myself why we want compulsion, because compulsion is apparently based on the assumption that what we are doing at the moment is correct.

Yet if we look at this book published by Harvey Sutton—which I shall pass around to members—on page 146 we will find reference to the progress made in the control of tuberculosis. Unfortunately this reference applies to New South Wales and not generally to Australia; but the conditions throughout the Commonwealth are similar. We will see how the figures for tuberculosis have fallen in a steady decline from 1880 to 1930—that is, before even general x-ray was introduced, and certainly before any thought of compulsion was entertained. One still has to realise that the most effective control of tuberculosis will in the end turn out to be increased sanitation and better sanitary conditions.

I cannot see why we ask for compulsion, because it is only a matter of a year or two since the chest clinic was formed and, in that time, the whole public reaction to this condition has altered tremendously. There is not the slightest difficulty today in suggesting to one's patient that he should avail himself of the opportunity of going to the clinic and having his chest x-rayed. I am sorry that the Minister was unable to give Mr. Baxter the figures he wanted, but I think the House would have been surprised at the number who have voluntarily attended the chest clinic over the years it has been established. They have gone in large numbers and groups and have agreed to be x-rayed.

There seems to me to be little reason why we should now, when we are so educating our public, suddenly demand this right to call up classes or sections of the community. I doubt whether the clinic could handle any more work if it was available. In fact, I am certain it could not. After a few years of being established, the clinic had to be expanded, and my own personal feeling, and the feelings of a considerable proportion of my professional brethren, is that we will make more progress by appealing to our people rather than by instituting compulsion. Therefore I do not think it would produce very

much effect. It would be giving away more of the liberty of which we are so proud, and it would be opening the door to still further inroads on that liberty.

I hope I never live to see the day when my relationship with my patient gives me the power of compulsion. I think I am justified in saying that today we have not the accommodation for these cases when we find them. When a case is found the only place it can be sent is to the Wooroloo Sanatorium, and patients are being discharged from there with active tuberculosis and are going back into the community. And so the circle goes on. What has happened has shown that people can be educated in the control of the disease in their own homes, and therefore it hardly seems necessary that they should be confined to Wooroloo in order to be taught those things. Nor is it necessary that we should introduce compulsion to find them. If we had the accommodation to deal with all these people, there might be something to it, but under present arrangements, we could not possibly consider it.

An interesting point made by the Minister when moving the second reading was that certain classes of people would be called up, and that particular attention would be given, for instance, to the class of people handling food. That strikes me as being most curious, because the generally accepted opinion is that pulmonary tuberculosis is not acquired through the food tract, but comes from contact with a sufferer and contact over a period. A person handling food and suffering from tuberculosis, provided he adopts a certain measure of hygiene within limits, would, I am certain, not be likely to spread the disease, and I have tremendous medical support in making the statement that these people are not as infective as the Bill would suggest.

The Minister also mentioned hairdressers as a class of people coming into contact with the general public. Certainly that is so, and we may go on investigating classes of people who would be likely to infect others; but there is a division of medical opinion on this point, and when a division of medical opinion exists, surely it would be unwise for the House to suggest that we can overcome our difficulties by making this a measure of compulsion. In medicine, things change, and, as we make progress, what is regarded as essential today would not be essential tomorrow, and what was regarded as essential yesterday is not essential today; in fact, in our opinion, it might be quite wrong.

Let me give one or two examples. When I was a youthful resident medical officer, there was a fear that all this aggregation of cases of infectious diseases in the metropolitan area would cause infection in the community, and so sufferers from tuberculosis were put

right out of the metropolitan area. We thought it was wrong to have an infectious diseases block at the Perth Hospital; but there is not a medical man who would not like to see it back in the central block.

Hon. J. A. Dimmitt: For his own convenience?

Hon. J. G. HISLOP: No, we realise that people do not acquire infection in the way we formerly believed they did. In the light of the increase of medical knowledge, we would have the infectious diseases block back in the city. When the sanatorium was first started, it was located at Coolgardie. Then it was realised that the patients wanted to be somewhere nearer the city, and they were put 31 miles out, at Wooroloo. In order to carry out the proper treatment of tuberculous cases, we asked for a block to be built on the site of the present hospital. This illustrates how that and other practices have changed. It is about time we realised that, whilst we may hold idealistic views as to how these things can be carried out, the realistic view is the better one in order to tackle the problem.

Hon. H. S. W. Parker: Were not the patients removed to the country for the sake of fresh air?

Hon. J. G. HISLOP: Yes, but it was removed from the city. There are all sorts of reasons; it was believed that these people would be better outside the metropolitan area and away from the community. Now, we bring them back to treat them. One of the most difficult things to understand is that the average person in the street might well be willing to place restrictions upon another and give the power of restraining that individual to the Medical and Health Department. This, I believe, is due to the fact that horrible pictures of tuberculosis have been given to the general public.

I decry the scare propaganda methods that have been adopted—not particularly in this State, but generally. I ask each member, who might know one case of a recalcitrant tuberculous patient that will not look after his family, to consider for a moment whether that is a reason why power of compulsion should be given over all citizens to force them to undergo this chest examination? Under the Act, there is power, when a sufferer from tuberculosis is recalcitrant, to take him before a magistrate, and the magistrate may order his detention in the sanatorium. Under the Bill, however, we are asked to approve of every individual in the community being required to undergo x-ray examination when called upon.

If we are going to give powers of compulsion because we may happen to know of a case, let me ask members to consider what might easily happen in the future. Suppose we are dealing with the period 20 years hence. Psychology, let us say, has been built up on fresh fields of knowledge,

and we know of some person who, through some act, has left a psychological scar on the mind of one of his children. Are we going to put that man under some sort of control? Yet that could well happen if this sort of compulsion grew and the demand came for such control. I do not know whether the man who refuses treatment for tuberculosis does greater harm to his children than a man who creates in their minds a psychological scar that can never be eradicated.

Hon. H. S. W. Parker: Two wrongs do not make a right. Perhaps he should be controlled, too.

Hon. J. G. HISLOP: Then the hon. member evidently favours a spreading of compulsion. If we start instituting compulsion, we do not know where it will finish. I have no desire to labour the question, but I should like to ask what penalty can be imposed upon a citizen who refuses to have his chest x-rayed? What penalty can there be? There can be none, and if there can be no penalty, why compulsion and why have this legislation on the statute book?

So far as I can see, the only penalty provided in the Act is a fine of £20 and a continuing fine of £2 per day. Is the magistrate, or whoever is going to exercise this authority, likely to impose a continuing penalty in such a case? If the man refused to be x-rayed, would anyone suggest that he should be gaoled? It would mean that the man of means who could pay would do so, while the man who could not pay would go to gaol. Does anyone believe that any authority would impose a continuing fine? We could get ourselves into very great difficulties over the penalty provision alone. In the Bill, however, no penalty is provided; the only provision is the general penalty in the Health Act for obstructing the Commissioner of Health in the course of his duties.

The real need appears to be cloaked in this measure, and that is to control immigrants coming to our State. The difficulty arises not from the migrant who comes here aided by the Government after having been subject to medical surveillance, but from the people who come here unaided and at their own expense. That is where the difficulty of control comes in. Surely it is a curious commentary that when the Commonwealth law needs tightening up very seriously, we have to bring in a measure to compel our citizens to undergo this examination, about which so many of us disagree. Surely there is some method whereby the Commonwealth can ensure that people entering the country for the first time shall be x-rayed! People can come here from other States and we have no control over them and so Commonwealth action is necessary. The real answer is that these people should be controlled at the point of their entry into Australia.

Hon. J. A. Dimmitt: They should be controlled before departure in order to save the expense of bringing sick people here.

Hon. J. G. HISLOP: That might not be effective; in my opinion they must be controlled at the point of entry into Australia. Other countries have taken action to exercise control in this direction and I cannot see why we should not do the same thing. I think the department would admit that the real need is control of the migrants who come here under their own financial provision. They cannot be traced and they are the ones who are leaking through.

Under existing conditions we are making progress in the treatment of tuberculosis and there is no need to enter into this field of compulsion. Under the methods being adopted, we are picking up quite a large number of active cases, many of which were previously unsuspected, and present-day conditions, applying as they are, are providing a satisfactory means of combating this disease. If I thought for one moment that by ensuring compulsory x-ray examination or the segregation of patients suffering from active tuberculosis we could rid ourselves of this scourge within a generation, I would give in, but I do not believe we can do that.

The answer to the problem of the control of tuberculosis is a general continuance of our public hygiene system, the widening of its effect and the bettering of the living conditions of our people. We must also, by means of education, appeal to our citizens to develop a health consciousness. I repeat that this measure does not meet with the views of the medical profession. It is not an integral part of the arrangement with the Commonwealth, because already three States have failed to agree on compulsion; and compulsion, even at the present stage, is something likely to break the relationship of patient and doctor, which would be greatly regretted in the future.

There is something that must be preserved in the condition whereby a patient is a free agent—free to accept the advice of his doctor or reject it. The time has not yet come when we will be sufficiently certain of our methods of treatment of patients to say to them "you shall do this," or "you shall not do that." I sincerely trust that I have raised sufficient doubt in the minds of members to make them think very carefully on this question and I again assure them that if they have any idea that the Council of the British Medical Association does not agree with me, but is in favour of the Bill, they should peruse the letter that I read to the House and, if necessary, make their own inquiries at the office of the association. I stand by that letter which was sent to me. It is perfectly clear and does not

state that compulsion should be encouraged, but that the public should be encouraged to seek medical advice, x-ray examination and, later, treatment, if that is found to be necessary.

On motion by Hon. H. S. W. Parker, debate adjourned.

BILL—ACTS AMENDMENT (ALLOWANCES AND SALARIES ADJUSTMENT).

Received from the Assembly and read a first time.

BILL—INSPECTION OF SCAFFOLDING ACT AMENDMENT.

Second Reading.

THE MINISTER FOR TRANSPORT (Hon. C. H. Simpson—Midland—in reply) [5.20]: I thank members for the reception given to this Bill. Actually the proposed amendments are only a slight extension of the powers already given by the existing Act, and are designed to secure additional safety and alteration to methods of assessing fees, and amendments to apply to tubular scaffolding regulations to permit the use of new alloy tubes, the latter amendments having been strongly advocated by the Builders' Guild and the Master Builders' Association.

In his speech Mr. Thomson advocated that the regulations should contain full details of all types of scaffolding and that scaffolding inspectors should not have any discretionary powers. The regulations as they now stand do define the detailed requirements of both round pole, square timber, and metal tubular scaffolding, and the scaffolding as described in the regulations would adequately cover the great bulk of structures. It is not reasonably possible to cover, by detailed regulation, all the circumstances which may arise, particularly with large or unusual types of structures.

To ensure that the scaffolding is utilised in a safe manner, and so as not to delay the builder, it is essential that the inspectors have the power to deal with certain unusual items. The discretionary powers contained in Clause 4 of the Bill cover only the discretions already allowed the inspectors in the existing regulations. These regulations have been in operation for many years, and the chief inspector assures me that he has not heard any complaint that the inspectors have in any way abused this necessary discretion. On the other hand, he is quite certain that, as a consequence of these discretionary powers, the inspectors have, in a great many cases, been able materially to assist builders in scaffolding difficulties and unusual works.

If the present Bill is passed, the only amendments proposed to the existing regulations are—

- (a) Fuller particulars of requirements in connection with the construction of both fixed and extension ladders.
- (b) Amendment to the present tubular scaffolding regulations, to permit the use of new alloy tubes now on the market.
- (c) (i) Alteration to the method of assessing fees on residential work to provide for separate flat rates for brick and timber structures; and
(ii) authority to permit the assessment of fees on the total cost of group housing contracts, in lieu of on individual houses where this would result in a lower total fee than would be possible on the individual house.

Both the latter amendments have been strongly advocated by the Builders' Guild and the Master Builders' Association. In replying to Mr. Thomson, and also to Mr. Logan, who raised this point, I have the assurance of the Minister that if this Bill is immediately passed, it will be possible to have the amended regulations laid on the Table of the House before Parliament rises. Mr. Logan contended that the Bill has been introduced for the express purpose of repealing the old schedule to the Inspection of Scaffolding Act, with the intention of replacing it with regulations.

I have already made it clear in the reply to Mr. Thomson, that the amendments not only are designed to bring the Act up to date, but have also met with the approval of the Builders' Guild and the Master Builders' Association. I have also given members the assurance of the Minister that it is intended to table the regulations before Parliament rises.

It is pointed out that the regulations are now part of the Act. This means that any amendment of the regulations, no matter how minor, can be made only by an amending Bill. The Bill now under discussion merely proposes to remove the regulations from the Act and give the Governor-in-Council power to make or amend regulations. This authority is necessary so that amendments may be made from time to time, to keep pace with changing conditions and to enable use to be made of new materials and equipment as they become available. Such regulations must, of course, be laid on the Table of the House.

Objection was raised by Mr. Logan to the scaffolding inspectors being vested with certain discretionary powers. I have already stated that these cover only discretions already allowed to inspectors under the existing regulations, which are part of the Act, and these have been in operation for many years. All scaffolding inspectors have an expert knowledge of scaffolding. They are all qualified by examination, and

have already had long experience in the building industry. If the Bill is passed, it is not proposed to draft an entirely new set of regulations. They will be adopted as they exist at present under the Act, with the minor amendments which I have already outlined in my reply to Mr. Thomson.

In view of the assurance from the Minister that the regulations will be tabled before Parliament rises, and in view of the requests which have been made by the builders themselves, I trust that the House will accept the Bill as presented, because I feel sure that it embodies necessary alterations to the present Act and that it will be administered with all possible consideration to those concerned.

Question put and passed.

Bill read a second time.

In Committee.

Bill passed through Committee without debate, reported without amendment and the report adopted.

BILL—ROADS AGREEMENTS BETWEEN THE STATE HOUSING COMMISSION AND LOCAL AUTHORITIES.

Second Reading.

THE MINISTER FOR TRANSPORT (Hon. C. H. Simpson—Midland) [5.30] in moving the second reading said: This is a short Bill, the purpose of which is to place on a more satisfactory basis the arrangements that may be made between the State Housing Commission and various road boards and municipalities, in relation to land to be acquired for house building. In 1947, Part XA was added to the State Housing Act, and, at the same time, consequential amendments were made to the Municipal Corporations Act and the Road Districts Act. Prior to these amendments being made that year, in an endeavour to be more fair to the local authorities with regard to rates lost by them owing to the acquisition of land by the Housing Commission, in agreement with the various local authorities the Commission endeavoured to allow certain advances. The repayment by the local authorities was to be made by means of a contra in the accounts of the local authority concerned.

The State Housing Commission would, in fact, advance to the instrumentality, the amount of money that would normally be collected by that body and recover, or have as a contra in the account of the road board or municipality concerned, a credit as the land became ratable. This was ruled out by the local government auditors as being ultra vires and, as a result, in 1947, the addition of Part XA and consequential amendments to the Municipal Corporations Act and to the Road Districts Act were introduced. These amendments were presented because of the inability of local authorities to finance the building of roads and other

services as a result of the taking over by the State Housing Commission of these various lands for building purposes. Roads were required to be prepared and I may say that the local authorities concerned recognised the advantage of having these roads placed through their own subdivided land, because it ultimately improved values and reacted to the betterment of the district and, incidentally, provided more rate-payers.

The arrangements between the State Housing Commission and the road boards and municipalities operated fairly successfully, with the exception that the remainder of the particular section of land that had been resumed within a ward was found to be denied any money whatsoever for other services. The provisions of the State Housing Act, read in conjunction with the supplementary provisions of the Municipal Corporations Act and the Road Districts Act, carried out these intentions, but in their application they were not successful. It was found that these conditions were too rigid. In several areas comprising fairly large tracts of country in the metropolitan area, the State Housing Commission, by these agreements, took over land and was recouped by way of rates collected from those parts of the districts concerned.

No provision, however, was made for parks, water mains, fire hydrants, and such amenities. In effect, it meant that the whole of the money collected in rates in the district had to be applied to the section of the land that had been resumed and subdivided by the State Housing Commission, and on which loans had been made. Local authorities now desire, and the State Housing Commission is anxious to meet them in this regard, something to be done so that these repayments can be less than the general rate struck in that particular ward or district. Also, in the first place, these agreements can only be made with the State Housing Commission at the option of the road board or municipality.

The road boards will be safeguarded because no agreement can be ratified until it has been before the Minister controlling either the municipality or the road board. A further safeguard for the road board or municipality is that the State Housing Commission cannot lend this money, which has to be repaid, at more than the rate which the Commission itself pays on loans. For convenience and ready reference, and in order that these agreements can be entered into with much less hardship on these local authorities, it has been decided that Part XA of the State Housing Act shall be deleted and the relevant sections in the Municipal Corporations Act 1906-47—that is, those embraced by Part XXIVA—and the sections under Part VIIA of the Road Districts Act, 1948, shall be deleted.

This Bill will embody provisions elastic enough to enable these agreements to be entered into between local governing bodies

and the State Housing Commission, and then there will be no reference whatever, as there is at present, to these three separate Acts. As the law stands now, the agreements between the State Housing Commission and the road boards and municipal corporations are too mandatory. That is the reason for asking Parliament to amend the Act. At present the road boards or municipal corporations must place the whole of the revenue from the particular ward in which the Housing Commission is building in a fund to repay the money loaned by the State Housing Commission. It has been proved by many road boards and municipal corporations in Western Australia that this is much too severe. Therefore, it is proposed to make the position easier for the local governing bodies.

Having an agreement between the two parties approved by the Minister for Local Government should afford sufficient protection and no road board or municipal corporation would give its rights away without reference to the Minister. One case may be cited, that of the Mosman Park Road Board. In that district the State Housing Commission has built a large number of houses, totalling in the vicinity of 400. That particular board has had great difficulty in providing the necessary services for the houses which the Commission erected there. As a result the rates payable by the residents of that locality have been increased considerably, mainly because there have been such inroads into the money available from rates that there has been no finance left to enable the board to carry on.

Hon. H. Hearn called attention to the state of the House.

THE PRESIDENT: There is now a quorum present. The Minister may proceed.

THE MINISTER FOR TRANSPORT: The result has been that the rates had to be increased to enable the board to repay the loan made available by the State Housing Commission. The position under the Act as it now stands, is that if a rate is, say, 9d. or 1s. in the pound, practically all that money must be paid over to the Housing Commission. The object of the amending legislation is to enable the Commission to enter into an agreement with the road board or the municipal council, under the terms of which it will be necessary for only 4d., 5d., or 6d., as the case may be, to be paid over to meet the liability under the loan. Again, it must be remembered that any agreement so made must be approved by the Minister for Local Government.

The point was raised in another place that it should have been possible to deal with the situation by amending the principal Act, instead of dealing with three other Acts. In this regard the Crown Law Department advises that if we were to make

mandatory agreements we would have to amend all three Acts. Consequently, in a few months' time, if what was done were found to be unsatisfactory, it would be necessary to adopt the same procedure again and amend these three Acts. In the circumstances, the Bill has been introduced to repeal, among other things, the relevant sections of the three Acts concerned and all that is sought to be done is to provide an easy means of arriving at an agreement with the local authorities in a similar manner by means of a simple agreement that has to receive the approval of the Minister. I trust the Bill will be acceptable to members. I move—

That the Bill be now read a second time.

On motion by Hon. L. A. Logan, debate adjourned.

House adjourned at 5.39 p.m.

Legislative Assembly.

Thursday, 26th October, 1950.

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