

the company employing the mechanic pays him only 3s. 9d. per hour? That is one luxury item. Beans are 2s. lb. and so are peas. Tomatoes are over 1s. per lb.

The Minister for Lands: Beans have to travel a long way these days.

Mr. TRIAT: They come from our suburbs. The beans from Carnarvon are sold just as cheaply as those grown here. The maximum price is the minimum price, evidently.

Hon. F. J. S. Wise: They are the best beans in the world.

Mr. TRIAT: I think the Minister for Lands will know that a man grew some special grapes known as Flame Tokay and brought them into the market. They are easily recognised by people who know anything about grapes. He sold them in the market for about 2½d. per lb. On the following day he went down the street and saw them in a shop window at 10d. per lb. To satisfy himself he walked in and said, "What do you call those grapes?" The shopkeeper said, "I do not know." The grower lifted the box down and saw his name on it. Can members tell me that there was any price control over that?

The Premier: There has not been.

Mr. TRIAT: When is there going to be control?

The Minister for Lands: That happened all through the war.

Mr. TRIAT: When the attempt is made to get control, I am going to have a lot to say. I want to see the methods of price-fixing made public, as was mentioned by the member for Perth. When a worker wants an increase in wages or a betterment of conditions, he goes into the court where there is a president on the bench, together with a representative of the workers and a representative of the employers. The court hears the evidence and the parties have the right to cross-examine any witnesses. As a result of the facts and figures submitted on oath, the bench fixes the wages and other conditions. Let us do the same with prices.

Why should there be all this hush-hush? Why should I, as a producer, be able to go to Mr. Mathea, in private, and say, "I want 1s. 4d. a lb. for this commodity because it is costing so much?" How does Mr. Mathea know? How does the President of the Ar-

bitration Court know the conditions of workers, except by the advocates of both sides putting forward their arguments? Let price-fixing be done in open court with a consumers' representative and a growers' representative on the bench. I regret that I have not more time.

The Premier: Could leave, Mr. Speaker, be given to the hon. member to continue his speech on Tuesday next?

Mr. TRIAT: I will not put the House to that trouble. I am sorry I did not have a little more time, but I thank members for giving me the hearing they have. My remarks in support of the member for Irwin-Moore, and on price-fixing and other matters are made seriously and sincerely, and I hope they will not be taken lightly.

On motion by Hon. A. H. Panton, debate adjourned.

House adjourned at 6.15 p.m.

Legislative Council.

Tuesday, 3rd August, 1948.

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DEPUTY PRESIDENT—ELECTION OF HON. J. A. DIMMITT.

The Clerk (Mr. L. L. Leake): I have to announce that the President, Hon. H. Seddon, is absent. It is, therefore, necessary for members to elect one of their number, now present, to fill the office, perform the duties, and exercise the authority of the President during such absence.

The CHIEF SECRETARY (Hon. H. S. W. Parker): I move—

That Hon. J. A. Dimmitt be elected to fill the office, perform the duties, and exercise the authority of the President during the absence of the President, Hon. H. Seddon.

Hon. C. H. SIMPSON: I second the motion.

Hon. H. L. ROCHE: I consider the principle has been established that where a vacancy occurs, a ballot shall be taken.

The Clerk: A ballot cannot be taken unless there is more than one nomination. I refer members to Standing Order No. 19. As there has been only one nomination, Hon. J. A. Dimmitt is elected Deputy President.

[The Deputy President took the Chair.]

QUESTION.

HOUSING.

As to Rental Homes for Two- and Three-Unit Families.

Hon. E. M. DAVIES asked the Chief Secretary:

How many Commonwealth-State rental homes have been erected as a result of contracts signed by the present Government for—

- (1) Two-unit families?
- (2) Three-unit families?
- (3) Localities erected?

The CHIEF SECRETARY replied:

Contracts have been let for expansible and duplex homes to house two- and three-unit families as under:—

Expansible: South Perth, 33; Belmont, 24; total, 57.

Duplex: South Perth, 22; Nedlands, 8; Belmont, 4; total, 34. Of this number, two duplex units have been completed at South Perth.

Flats: Tenders have been called for one block of six flats at South Perth and plans are being prepared for three blocks each containing eight flats.

ADDRESS-IN-REPLY.

Fourth Day.

Debate resumed from the 29th July.

HON. J. G. HISLOP (Metropolitan) [4.35]: I would like, in opening my remarks on the Address-in-reply, to congratulate those members who have been returned to office in this Chamber, and also to welcome those members who have been elected

for the first time. I wish, also, to congratulate the Government on many of its actions during the past year, the more so when it is realised how long it is since those of our way of thinking held office in Parliament. There is no small measure of gratitude to feel that the men who are representing us are so capable of carrying on such good work.

When speaking to an Address-in-reply, I find as a rule that there is very little that can be criticised in the Lieut.-Governor's Speech. There are things which can be commended, but it is what does not appear in a Speech that can be discussed on the Address-in-reply. One of the points that delighted me in the Speech, and I refer to those things which particularly touch upon public matters in which I am so interested, is the paragraph which makes it quite clear that support will be given to kindergartens. I believe this support is long overdue when it is realised that education must begin at the kindergarten age if we are to have true citizenship in our midst. I therefore look forward with great pleasure to seeing a considerable expenditure on kindergarten work throughout the State, and a large increase in the number of those undertakings.

The other paragraph in the Speech which particularly interested me was that referring to the opening of the present wing of the Royal Perth Hospital and the decision to continue building the second wing.

Hon. G. Bennetts: Great credit to the Labour Government!

Hon. J. G. HISLOP: I would not for one moment detract from the fact that the building was given to us by a former Government, but I would remind the hon. member that I have no intention whatever of criticising the method by which it was presented to us, but if the hon. member desires me to do so, I can lay bare a number of facts that will prove very interesting in regard to lack of planning when this hospital was first contemplated.

Hon. A. Thomson: Hear, hear!

Hon. J. G. HISLOP: I am disappointed that from the Speech we did not learn more of the plans of the Government concerning the place that the Royal Perth Hospital will take in the hospital organisation of this State. I feel that I have a certain amount of responsibility to this Chamber in advis-

ing the Government of many things that I learned whilst abroad in America last year which will have considerable reference to the place that the Royal Perth Hospital must occupy in the future hospital organisation. Let me put it this way: In the dim past a hospital has been regarded simply as an institution in which people were put to bed in order that they might recover from their ailments. The Royal Perth Hospital, was, I think, first presented to us much in that manner—it was simply that a new building was required. Modern medicine has taught us that that is not the role of a hospital; it extends far beyond that of treating sick people within its walls.

One of the most neglected sides of medicine during the last half century—I name that period only because prior to that it was almost non-existent—is the role of pathology and investigation into disease and maintenance of treatment. In the days before us, this feature must become one of the main planks in our programme of hospital work. Once a diagnosis has been made of the illness of a patient, the actual treatment is very often standardised, and presents little difficulty; but the role of the hospital today is to provide means of investigation and diagnosis, such as has been made possible by the tremendous strides effected in modern medicine. Therefore, one must realise that while we may have the building erected, that building does not make a hospital. It is the men working within the hospital that constitute the institution today as a means of modern investigation and treatment.

I would like as I proceed to point out that the Royal Perth Hospital must take a place in our hospital organisation, which extends its avenues of service right throughout the State, that will be outstanding. Its value cannot be limited to the metropolitan area and it must become the teaching school for all those ancillary branches of medicine that are today so essential if the principles of modern medicine are to be applied within the hospital.

In my opinion, the first important matter to be considered in connection with our new building is the appointment, as soon as possible, of a director of investigations within the institution. I visualise a man, young and virile, with a brilliant academic career and with enough years ahead of him to organise and control the post-graduate

work of pathologists and the investigations within the hospital and so to raise the standard of work within the State that it will be comparable with the work of other hospitals of its size throughout the world. Recently the Adelaide University applied for someone to fill the post, soon to be vacant through the retirement of Sir Kerr Grant from the Chair of Physics. The wording of the advertisement interested and fascinated me. Although I have not the advertisement with me at the moment, I can give members, in general terms, what it stated. It ran something like this—

In view of the early retirement of Sir Kerr Grant, the Chair of Physics will soon be vacant. It is the intention of the University of Adelaide to attract to this Chair one of the young, brilliant physicists of the English-speaking world. An appropriate salary, with superannuation, will be paid and the appointee will be expected to be able to organise post-graduate work and yet be in touch with the advance of physics.

There was a position being advertised, for which the Adelaide University was seeking a man somewhere in the world, with brains and ability to fill the post—and the salary would be considered afterwards. I am afraid that is the way we must view the future appointment to the Royal Perth Hospital of a director of pathology if we are to maintain the institution as it should be—the centre of medical advance within the State. So much for the actual position as one sees it with regard to the investigational side of the Royal Perth Hospital, in which respect it is today sadly lacking.

I do not want to receive the reply that we have already a pathologist or that we have any other officer. I am not criticising anyone who at present holds a position within the institution. But I do criticise the situation that arises when we ask a person who is skilled in one branch of investigational work to undertake the task in quite another phase of investigation. What we are really looking for is someone with an organising mind, a man with tremendous academic ability and vision to so direct matters as to enable the Royal Perth Hospital to become the centre of medical training and thought and advance within the State. We must look at the situation in exactly the same way as the Adelaide University is seeking to fill its Chair of Physics.

There is another aspect that must be taken into consideration with regard to the

hospital. One must view its environment with a great deal of concern. Wherever I went throughout the American States I found there was a growing opinion that no hospital should be built without first having a considerable environment of green spaces around it. Those hospitals that had been built so as to be jammed up in closely populated areas were a source of great difficulty to those in charge, with regard to the maintenance of control.

Hon. A. Thomson: That is the tragedy of the Royal Perth Hospital being where it is now.

Hon. J. G. HISLOP: I still think the position could be remedied, and it would be interesting if the Minister at a later stage would relate to us what steps are being taken respecting the available land around the hospital. I will not weary the House by repeating what I said in that regard three years ago, but following that time, when I was a member of the Perth Hospital Board and the subject was discussed, the Government of the day appointed a committee to meet representatives of the City Council to discuss the use of the land between St. John's Ambulance building in Wellington-street, extending through to Lord-street, and along Lord-street to the railway. That meeting was held in July, 1946; and, as far as I know, no plan has been made for the use of that land.

If I remember aright, the City Council was concerned that the land should not be handed over to the hospital authorities and then completely filled with buildings. The City Council was concerned—and rightly so—with the fact that the land, if it were to be handed over to the hospital authorities, should continue to be one of the city's lungs. It was about that time, I think, that Professor McCallum came to Western Australia and made his report. In it he suggested an extensive resumption of land all round that area, practically down to the next street, which I believe is Hill-street, so that in the future any buildings associated with the extension of the hospital—and they will be many—could be built in suitable surroundings.

Hon. Sir Charles Latham: Was it intended to close Wellington-street?

Hon. J. G. HISLOP: No. It was to remain open; but the land between St. John's

Ambulance building and Lord-street up to the railway, or portion of it at least, was to be reserved as a green area. The land from the Perth Hospital eastwards, running between Murray-street and Wellington-street, could be resumed quite simply because there is a school owned by the Roman Catholic Church facing Lord-street. In time there will be little need for a school in that area. Following that line down, we come to the dental hospital. Further on down to Hill-street, there is nothing but four-walled buildings of a factory type, which could easily be resumed. That whole area could be set aside for the future medical school.

But one of the difficulties with which we are faced and which I mentioned when Mr. Bennetts interjected just now, is that land must be set aside for a nurses' home. As yet, I know of no complete plan for such a home. It is certain that the whole of the present buildings constituting the old out-patients department will come down, thus leaving a green space around the hospital on the Murray-street side. We have lost the opportunity of taking the nurses' home straight through the block from Murray-street to Wellington-street, as new garages and other buildings have been erected on that portion of the Perth Hospital land. A nurses' home must go somewhere.

A point to which I will refer when I speak of the knowledge I gained whilst abroad is: What is to be the attitude towards a nurses' home for this hospital? Previously it has been the custom to provide accommodation for all those working as trainees and for the training staff at a major hospital such as the Royal Perth Hospital. The cost of building hospitals and nurses' homes has risen so prodigiously that one wonders whether a halt should not be called to present methods and an inquiry made into other steps that might be adopted in order to avoid this huge capital cost. In some cases in Australia it has cost as much as £800 per bed to erect a nurses' home; and it has cost over £3,000 per bed to build a hospital of the teaching type such as we visualise our hospital will be.

What is the alternative? Can our nursing staff be allowed to live out? Wherever I went I found a tendency to alter the conditions of residence for trained staffs. It

was felt everywhere that a nurses' home should be provided for the trainees; but it was not regarded as being any longer essential for the trained staff to live in the institution, and the number of rooms made available for the trained staff depended entirely upon the transport available to the hospital within the city. In an American city transport does not cease day or night. It is just as easy to obtain transport to one's home at any hour of the early morning as it is during the day. The result is that no matter when a night shift finishes, transport is available to the individual's home. In Australia, with our smaller cities, it may be necessary to review the number of beds to be provided for the trained staff in relation to the transport available. On the whole, this position is accepted: A trained nurse should have the freedom that other people of the community enjoy in being allowed to live her own life outside the institution.

Diverging for a moment, let me try to state the position as it will affect the future training of nurses and the principle of living in or living out. A nurse today is paid so much wages in addition to an allowance for her board and lodging. I found that principle is no longer adopted in many other hospitals. The nurse was paid her full wage in exactly the same way as she would be paid were she employed by some other organisation in the city. She was presented at the end of the week, or pay-period, with an account for her board and lodging, or for her meals or for her laundry, and she would pay the account in just the same way as any other worker would pay the boarding-house keeper, the person supplying the meals or the person who did the laundry.

That makes the question of living out much easier. It is a principle that might well be adopted here. It was regarded by those in charge of the training of nurses as one of the major forward steps in the control of nursing, that a nurse appreciated greatly being paid her full wage rather than being paid a certain amount and having an arbitrary sum deducted for the amenities provided by the hospital. A certain number of rooms were made available to the key staff, and only a small number afterwards to those who desired to live in. The nurse would therefore choose her own home—a flat, apartment house, a boarding-house, or whatever she liked, as near to or as far

from the hospital as she desired to live. That in itself would save an enormous capital cost for the building of nurses' homes around a hospital such as the Royal Perth Hospital.

I visualise that when the Royal Perth Hospital is finished there will be a staff of something over 400 nurses, including trainees and trained personnel. If members can contemplate the cost of building a structure almost like a big hotel of at least 400 rooms, with libraries, lecture theatres, and everything else necessary to make a home, they will realise that the cost will be almost equal to that of building the hospital itself. Therefore, one must face the question of deciding whether the policy is to be that all the staff shall live in, or that only those holding key positions shall live in, and freedom of living out be granted to the rest of the trained staff. Before any building is contemplated, we should be certain of our policy, and it should be adopted only after consideration of every aspect of the problem of whether the nurse shall live in or be allowed to live out, because it would, possibly, alter entirely the lay-out of the hospital as one sees it today.

Now comes a further aspect. What is its relationship to a future medical school? One of the things that will disappoint many people within this State is the Government's decision to defer the commencement of a medical school. It cannot be denied that a medical school is essential in the very near future if we are to keep in touch with modern advances in medicine, and if our medical services to the people of Western Australia are to be anything akin to those given in the rest of the world. It is not possible, without a medical school, to maintain that standard of medical service. Therefore, what is the relationship of the Royal Perth Hospital to a medical school?

Here I suggest to the Government is the method by which the medical school could be started: I frankly believe that were we to start it from the ground upwards—by taking the first year student and then hoping that the present arrangements would provide for his training in the fourth and fifth year—that course would lead only to disaster. We have first of all to put the work of the hospital on to the highest possible basis in regard to pathology, inves-

tigation and maintenance of treatment. That comes back to the appointment, at a very early date, of someone to take complete charge of the investigational side of the institution. That visualises, once more, as I have repeated, a man of tremendous vision in regard to the future of this hospital. Once the investigational side has been made pre-eminent in the medical and surgical field of the hospital, the coming of a medical school will be a matter of a moment, and could easily be established. But if a medical school is contemplated on the basis of a first-year student, then it is more essential that the appointment of someone to take control of the investigational side be made.

Let me give a word picture, if I can, of the importance that is placed upon such things as pathology, investigations, biochemical and biophysical, and all the other types of investigation, in the rest of the world's hospitals. My first encounter with a pathological conference was at the Mayo Clinic. There I found that after a post-mortem on a difficult case, which had eluded the men of the Mayo Clinic, the pathologist would report to the assembled staff his findings, both microscopic and with the naked eye, on the examination of the patient's organs, and his biochemical examination. He would exhibit slides and other means of teaching to the entire staff, and then the physician, the surgeon or consultants who had been called in for the particular case would also give their views and would state where their difficulties had been. The pathologist would end up by saying where they had erred, or where their knowledge was still, from a medical point of view, lacking. The interest taken in the pathological cases was tremendous.

When I went to the Massachusetts General Hospital, I saw the same thing repeated. I saw men who were practising within the city, come into these conferences which were held, if I remember rightly, on Fridays at 12 noon. Right through the realm of medicine there is growing this intense idea of research, and a desire to progress at a speed which has hitherto been unknown. If we are to keep in touch with it we must organise our hospital services on the basis that pathology is one of the pre-eminent fields of medicine. It is easy enough to look at the surgical, and sometimes the medical, side,

as the dramatic side of the service, but behind everything is this work of the pathologist that is seldom seen but is of such tremendous value to every member of the community. It is through the pathologist and the chemist that medicine is progressing so rapidly.

May I give another example of why these things are necessary. If one is to really know the effects on the patient of the sulphur drugs, penicillin, and some of the drugs for the control of diseases of the thyroid and other glands, then investigation of blood chemistry must at times be a daily routine. One of the recent advances has been the introduction of a drug which prevents clotting within the vessels, and acts, therefore, as a preventive against clotting, or of a clot flying off from a wound into some other portion of the body during healing. This is a fairly frequent occurrence. Yet, the use of this drug has fairly well controlled the disaster. In order to control the use of the drug, an examination of the content of the blood, or the effect of the drug on the blood, must be carried out each day. More and more the treatment of individuals is depending entirely upon the findings in the laboratory. Here, I repeat, is where we must progress if we are to maintain our status in medical science. Therefore, various aspects of hospitalisation within the metropolitan area call for very serious thought because they cause such concern to so many of us.

We are an aging public at the moment, and very many patients in the hospital today are people who are really not so much in need of acute medical treatment as they are in need of nursing and medical care because they have reached old age, but the hospital is the building in which they are put today. The old buildings of the Royal Perth Hospital do not form a suitable place in which to house our aged people. This practice of medicine, known as geriatrics, is something which is exercising the minds of the British-speaking world. Even in America I found that as yet they have not solved the problem of the hospital for the aged person. Were we to go around the wards of the medical section of the old buildings of the Perth Hospital, we would find that the average age of the patients is over 70. It is an unattractive place in which to be sick when old, and the new hospital is

certainly not the type of place in which to treat the aged sick, but they must be given this type of accommodation.

I still see a need for a full-scope inquiry into the hospital needs of this State, which I asked for about three or four years ago. I do not say that from the point of view that I want to criticise anyone, but I think we have reached the stage when we should make inquiry into the needs of our people in regard to the provision of hospitals. One of the other difficulties we face today is that it is almost impossible at times to obtain a bed for a patient in a private hospital. Whilst it may be all very well to say that we must have homes and they shall be a first priority, there may come a time when the building of a private hospital will need to be given a priority.

Hon. G. Bennetts: The authorities will not give them a priority.

Hon. J. G. HISLOP: Certainly, one of the things we need today is an inquiry into the number of beds available to the sick, even in the metropolitan area. We must face the fact that it is much more profitable for a private hospital, when pushed for beds, to find room for the surgical cases rather than the medical patients who are likely to be sick for a long time. The surgical cases, with their quick turnover, form a more interesting type of work for the nurses and, because of the use of the theatre, are probably more profitable to the hospital. All these things have come to the stage of being very difficult. Many of my colleagues have told me that their staffs have, at times, spent at least an hour, and possibly longer, on the telephone seeking in desperation for a bed for a sick patient.

Hon. C. F. Baxter: You have done it yourself.

Hon. J. G. HISLOP: Yes, I have done it numbers of times. These are some of the problems that affect the hospital in its relation to the medical service. I believe the whole organisation is wrong. I think this hospital provision has grown to such an extent that it demands a complete organisation of its own. In my first speech in this House, I asked for a hospitals commission based somewhat on the Charities Board of Victoria. I feel quite certain that had it been granted at that time, there would not

be the Royal Perth Hospital standing as it is today, half finished, and without any decision about its environment and the buildings that are finally going to make up the entire whole of a real hospital and its accoutrements. I say again that the time is opportune to set up such an inquiry because it will still be some years before we can start on any large scale hospital building, and therefore that period which must elapse is surely the period in which to plan.

We run a very great risk in regard to our hospitals if we continue to believe that the Government is the only body that can, or should, either contribute to or control a hospital. The hospitals of the old world brought medicine to its high standard because of the fact that behind it lay so much public spirit. Without reflecting in any way upon the members of the present Perth Hospital Board, I consider it is wrong to exclude the public from the management of that hospital. Surely there are enough public-spirited men in our community who could be called upon to give their time to the conduct of one of their greatest institutions. I instance the way in which public spirit has stood behind the Children's Hospital for so many years. Surely the Children's Hospital is not going to be alone in having men and women prepared to give their time and thought in the public interests.

I realise that high taxation and present financial difficulties have rather shut off the flow of voluntary contributions, but I feel certain that were those hospitals to ask once more for public spirit to stand behind them, men and women would be found who were willing to set aside their moneys as bequests for special purposes in medical services and medical research within such institutions. If we manage it correctly, the Royal Perth Hospital has still a great attribute in that it must be the keystone of the link between country hospital services. If I am not boring members, I would like to go over a plan of country hospital services visualised by me after having seen what is being done in other parts. I think I can make it quite definite that the future of country hospital services demands that the investigational, pathological, radiological, bio-chemical and other investigational services of like type shall be available as freely as we give them to the metropolitan area.

Hon. Sir Charles Latham: You do not mean to establish them in the country hospitals?

Hon. J. G. HISLOP: Let me draw the plan for members. There must be decentralisation of medical services, but I feel that such decentralisation must be centralised in definite zones. It is not possible, for instance, to take pathology into every small country hospital, but by an aggregation of hospitals within zones, it would be possible to design a hospital in which could be provided the necessary investigational, diagnostic, treatment maintenance services. What are these zones to be? How big shall they be? What is the maximum size of a zone? What is the minimum size? These are all questions which must be answered in relation to the State as a whole.

Modern views on the matter have laid down certain facts and they are these: Firstly, that a hospital of under 50 beds is inefficient and uneconomical; secondly, that the distance to be travelled by the person requesting the hospital services within a zone shall not exceed 30 miles by road, and the minimum population for each hospital zone shall be, roughly, around 20,000, with 15,000 as a minimum. When one visualises Western Australia on that basis, there will be a number of areas in which it will not be possible to form a zone in keeping with these ideals. It may be necessary, therefore, to view the State from the point of view of the organisation of a 25-bed hospital capable of being expanded to double its size. The lay-out of hospitals within the State could, of course, be visualised in many ways, as members will see from the hospitals in the metropolitan area, the larger base hospitals of the coastal ports and then the hospitals of the zones such as I have outlined. Those smaller areas which would exist outside the zone and the areas in the North-West, the Kimberleys and Murchison district would have to be covered by an aeroplane service.

We, in this State, have always believed that we should, for either political or other reasons, grant to every small community its own hospital, and so, within the State today, we have an organisation which controls something like 90 hospitals for less than half a million people scattered over about 1,000,000 square miles. It is not possible to make one quarter of those hospitals efficient, and it is not possible, in the light of

modern trends, to find staff for all of them. One has only to visualise that it means finding a matron for each small hospital, and therefore 90 trained nurses have to be found capable of taking over the administration of such hospitals. Then, having found these 90 matrons, each capable of taking over the administration of a hospital, we ask them not only to do nursing work, but, in addition, to be a part-time admission clerk, a part-time secretary, cook and housekeeper. Then we wonder why the hospitals are having staff changes.

If we are to go into the realms of country medicine, we may learn to congregate our hospitals into zones and rely upon the hospital within a zone to give the necessary services. I do not mean for one moment that the only set-up for hospital services shall be within that zone and the zoned hospital, but I would suggest that all the areas containing small inefficient hospitals be turned into health centres at which the medical man of that district can practice. I would, however, put all hospital accommodation within that zone. In that way, provision could be made for the services of trained pathological, bio-chemical and radiological technicians to do the necessary work within those zoned hospitals.

However, it would have to be again realised that the zoned hospitals would have to be used in exactly the same way as the Army used some of its advanced units. It would not be possible, even in a 50-bed hospital, for the same treatment to be given as is provided in the big teaching hospitals in the metropolis, and there would still be certain things for the treatment of which a person would have to go to the city. The idea would be to take as much treatment out of the metropolis as could possibly be done within the zone. Let me instance one zone in particular, which I have always had in mind because I regard it as being pre-eminently the area for the first zone.

Taking Pinjarra as the centre of that zone it would be surrounded by areas coming down possibly as far as Serpentine, going out to Mandurah, through the hills to Dwellingup and the timber mills around it, taking in Waroona, Yarloop, and possibly Harvey—although Harvey might care to go the opposite way to Bunbury. Within that area during the summer months I

visualise there are 20,000 people living, and today there are hospital services scattered all around. There is a small hospital at Jarrahdale, another at Dwellingup, and, equally as inefficient as the others, a hospital at Yarloop. There is no hospital at Mandurah although some thousands of people go there in the summer. There is a hospital at Pinjarra which must soon fall down if someone does not push it over.

There is a zone with a priority in regard to hospital building, and I would suggest that the State could build hospitals of somewhere between 50 and 100 beds to meet the requirements of the people residing within that area. It would be far better to do that than to spend a large sum of money establishing a hospital at Yarloop, meeting the requests of the people at Waroona, and trying to put in a sewerage system at Dwellingup. Rather than do that, let the State build an efficient hospital at Pinjarra.

Hon. L. Craig: The local doctors would not like that.

Hon. J. G. HISLOP: Practically the question can be answered later.

Hon. W. J. Mann: A lot of the public would not like it either.

Hon. J. G. HISLOP: We have to consider this plan and see whether it is wise and can be adopted within the State. It is being adopted now in that particular area which I have referred to, because during the war practically no midwifery case has been attended to outside the Pinjarra hospital. There is no hospital at Waroona and no hospital at Mandurah.

Hon. H. Tuckey: The whole position is very bad.

Hon. J. G. HISLOP: Practically the whole of the area could be taken into the zone that I have outlined. What should one do in the way of providing this medical service? One member says that the people would not like it and another that the doctors would not like it. I am not certain that that is true, because I have spoken to people in certain areas and they have accepted in full the plan as put before them. At the present time, these services cannot be efficient. If we want efficient services, we must consider how they can be brought to the people.

Hon. L. Craig: The doctors do not like handing over a patient to someone else.

Hon. J. G. HISLOP: There is no question about that; the doctor would have a right to treat his patient in the central hospital. That right would continue.

Hon. L. Craig: A doctor could not attend a patient if he was 50 miles away.

The DEPUTY PRESIDENT: Order!

Hon. J. G. HISLOP: I suggest that in some cases the doctor would have no more travelling to do than have many doctors today and, in point of time, those doctors would not be as far removed from patients in hospital as a doctor practising in a large city would be from his hospital. One has to regard this matter from the point of view of getting efficiency for the State in future rather than from the point of view of any question of parochial attitude that might be adopted by one or another.

Hon. L. Craig: I agree with you there.

Hon. J. G. HISLOP: Now let us see what could be done. I am putting this up because I honestly believe it is something some Government in the near future will have to investigate, regardless of its liking in the matter, because we cannot afford to provide sufficient hospitals in all these small country towns. If we are going to have a healthy people, we must have efficient medical treatment, and we must face this problem sooner or later. Let us consider some of the small centres. Can any member tell me that people would prefer to go into the hospital at Dwellingup and have midwifery carried out in a place that is not even sewered and where there are sanitary pans alongside the wards?

Hon. Sir Charles Latham: Is not there a septic system at Dwellingup?

Hon. J. G. HISLOP: No.

Hon. Sir Charles Latham: I thought there was.

Hon. J. G. HISLOP: Let us consider how the medical service could be improved. I suggest—as I have suggested in my report to the Government—the formation of health centres on the outskirts of the zones. I suggest that there should be in the buildings that exist today, or in areas where they do not exist, adequate consultation and examination rooms, waiting rooms or rooms as

found necessary for the service to be given and sufficient accommodation for equipment to meet all requirements. There should be a pre-natal clinic, a post-natal clinic and an infant health clinic, an immunisation clinic and a small laboratory for making tests, as well as a hall where public health lectures could be given.

In this way we could provide for people on the outskirts of the zone better treatment than they are getting today or than they could possibly get under the present set-up. It would mean that those people would not have to travel outside their zone for any medical or public health service, and they would be transported to a central hospital only when hospital accommodation was required. It has been said that people do not like to be moved a distance in order to reach a hospital, but take the service given in the metropolitan hospitals and consider how many of the patients in those hospitals come from distances of more than a hundred miles from Perth. Over 50 per cent. of the patients in metropolitan hospitals today have come from more than that distance.

Hon. Sir Charles Latham: People needing deep therapy treatment would still have to come to Perth.

Hon. J. G. HISLOP: Some cases would still have to be brought to Perth because the requisite equipment could not be provided at all the country hospitals. There are types of work that could not possibly be done even if we built a hospital of 150 beds at, say, Geraldton or Bunbury. Patients suffering from brain tumour and so forth would still have to be brought to Perth for treatment. The point I wish to make is that many patients are coming to the metropolis today who could be saved great expense if the accommodation I suggest were provided in the country. If we are going to provide for the metropolis to be the centre of medical service and have nothing but small inefficient hospitals in the country districts, I shall be sorry for the future of the State.

We must conceive some plan of taking medical service to the people in the country and, with the arrangement for the formation of health centres, I believe it can be done. I would not debar a man from practising within the zone hospitals. These hospitals should be governed or administered by a

medical man with special training. In the years I have lived in this State, one of the greatest difficulties I have discovered is the division of authority between the medical superintendent and the lay administrator of a hospital. I have always been anxious to find how this could be overcome. While I was abroad, I saw hospitals being controlled by lay persons and by medical men, and the preference was for a physician who held a diploma of public health in the branch of public administration. In the Cornell University and the North Western University—I speak of those two in particular—there was a course of training open to either a layman or a medical man to be trained in public health, hospital finance, administration and so forth. With the introduction of that system, there passed away all the difficulty which we are encountering in the constant battle between the medical and the lay administration of a hospital.

This is a lead that the Australian universities will have to follow very soon and it does open up a tremendous vista of progress. The division between public health and hospital administration, the division between public health and the ordinary medical practice, has been, and still is, very wide, as the one feels that the other knows nothing about his duties, and vice versa. Under the organisation I have mentioned, the administrator of the hospital was a direct representative of the Commissioner of Public Health of a wider area. The result was that the person in charge of the hospital could be an appointee of the Commissioner of Public Health and act as the public health officer for that zone. The man practising within the zone itself would also be guaranteed a large amount of public health work.

I stated that in these zones there should be a pre-natal clinic, a post-natal clinic and an immunisation clinic, etc. This work would be done by the general practitioner although the health clinic would be of a public health character. In this way, we would bring public health down through the hospital zone to the medical man practising on the outskirts of the zone and would bring to the ordinary citizen of the State a much closer and more direct approach to public health. This is something which has been very badly managed in the whole of Australia and something which is still badly managed here today. There is very little

co-operation between the two great branches of medicine, but the suggested set-up of a medical service within a zone could link up those two services in a way that would be of inestimable value to the public generally.

This, in brief, is the organisation which I have visualised and which I saw working in a small way while I was abroad, but which is coming very shortly in areas similar to our own that I visited there. I could go on telling members at considerable length of the value of such a service to the public, but I trust that most members now have a picture of an area with a central hospital efficiently equipped with all modern devices, not only for the patients but also for the nursing staff, and for the progress of medicine generally. The centre of the areas of population within the zone would be a highly equipped health centre with a medical officer who would be entitled to follow his patients into the hospital, and it must be administered by a medical man of experience whose work would be associated with the Commissioner of Public Health. In that way he would be able to disseminate to the people in his district not only curative but also preventive measures. We have gone past the day when the medical profession regarded curative measures as the only measures. More and more medical opinion is moving along the lines of preventing a person from becoming sick in preference to treating him after he has become sick.

Now, where does the Royal Perth Hospital stand in relation to this set-up? It must eventually train those persons who are going out to do the ancillary services in a zone hospital—the physio-therapist, the bio-chemist, the radiological technician, etc.—and when the zone hospital becomes a centre of medical service, all co-operating under a director of investigation, then we shall be giving a really worth-while service to the people of the State. That, in my opinion, is the major role to be adopted by the Royal Perth Hospital in the future.

We have the facilities to train and have given very little thought to what is necessary in the way of qualifications. We have given very little thought to what is necessary in the way of qualifications for a girl to be a kitchenmaid or a wardmaid of a hospital, and I assure members there is a tremendous psychological effect on a patient if the food is nicely served on a tray in-

stead of being hurled at him. All these niceties of hospital treatment mean a central organisation and a brain at the back of it all, seeing this functioning and putting that into action, and there is the major role which this Royal Perth Hospital is going to play. If it does not play that role, it will not be worth the money it cost to build. If it does do so, it will be worth infinitely more than we have paid for it in bricks and mortar. We have to realise somehow that somewhere there is someone we must find to put into that hospital—a man of vision who can see that plan grow and put it into effect. If we have a Government that will stand behind him, then within 10 years we can be proud enough to show the world the medical service of widely scattered areas such as we find in Western Australia.

We must realise that we can no longer go on just hoping that from day to day the situation will be such that it can be met without any real planning, because we must have a medical school before long, and if we are going to have a medical school we must have that nerve centre in the Royal Perth Hospital. Just recently we found it difficult to oblige a neighbouring State with our medical service when it was obliging us, because we did not have the proper set-up.

In a few moments let me give members some outline of what is necessary under modern conditions with regard to the training of nurses. It may stagger the House to learn that in the past we have had one trained nurse to about every eight trainees. No other industry in the world—if one likes to call it such—would allow such a dilution of apprentices. In places abroad I found that at times there was one trained nurse to every two trainees and the general tendency was to regard nursing trainees as students. Nowhere else did I find the position we have here in which we ask a girl to do a 40-hour week and then devote the rest of her time to study. Previously we asked these trainees to do from 50 to 60 hours a week and then spend the rest of their time studying, and at the end of it demanded that they pass examinations or be put out because they were not wanted.

When one looks at the problem, it appears to be almost barbaric; but it can be altered. When I went to the Massachu-

sett's General Hospital, I asked Miss Sleeper, the matron, whether she would give me some views on the modern training of nurses. She made this startling statement, embodying a fact I had not appreciated, although I had spent almost a lifetime in medicine. She said, "Do you realise the psychological shock you give any young girl by throwing her without any proper preliminary training into what I regard as just a pool of human weakness?" I said I had not realised it. I have since asked quite a number what the first effect was upon them of being thrown into the public ward of a hospital—young girls of 18 or 19 being asked to look after aged people; adults with all their sorry habits. Do members realise that the shock has been tremendous?

We must appreciate that we have got to train our nurses as students. There are two schools of thought abroad. One would regard nurse trainees as students only; the other would combine student work with actual hospital training. I am not going to take up the rest of the time available to give details of nurse training, but I will give one or two points I think will interest members in regard to the matter. It should be possible to take a girl a year earlier than we do now and close the gap between the school years and the time at which she can enter hospital. We lose a number of girls because, although they exhibit in their school years a liking for medical and nursing training, owing to the fact that we cannot take them until about two years after they leave school—and they leave school too early—they find some other avenue of occupation and do not eventually undertake nursing.

That can be overcome to a large extent by taking these girls a year earlier and giving them 12 months' academic training, teaching them sociology, some psychology, anatomy and physiology and the things they should know to give them some idea of personnel control and administration so that, by the time they go into hospital wards, they will be able to cope with the situation as it confronts them. If we did that, we could cut down the time necessary for training to two years and at the end of that period a girl would become a basically trained nurse. She would adopt the mother hospital as her centre and would

wander from hospital to hospital for certain periods, gaining experience in such work as that associated with infectious diseases, tuberculosis and other types of work in country hospitals, and returning to her centre for a month of intensive training before sitting for her annual examinations.

She would do no work apart from that for which she was trained, and that would open up the whole of nursing as a profession and make available to the trained nurse positions not at her disposal today. I do not know the figures at present, but on the day we left the old Royal Perth Hospital, there were something like 35 trained nurses there and at times, right up to recent days, we never had more than two trained nurses—one sister and one staff nurse—on night duty for the entire building. Were we to institute the student principle and therefore make more permanent positions available, nursing would become a career for girls.

Hon. G. Bennetts: Would you make any alteration in the education programme, concerning which I understand there is a lot of trouble?

Hon. J. G. HISLOP: That could be gone into quite simply. I am drawing attention to the fact that there are over 300 nurses or the staff but that there are permanent positions available at the hospital for only about one in 15 or 20. There is no incentive for these girls to go on to specialised types of work. We train every nurse in surgical theatre work, yet I suppose that one in 50 ends up as a theatre sister. If we adopted the basic principle of training they would become trained nurses. At the moment we regard them as being third-year nurses and as third-year nurses we use them as trained nurses because we leave them in charge of big wards.

There would be no alteration in the degree of responsibility either adopted by them or accepted by us, and from that year onward a girl could decide which branch of nursing she wished to specialise in. She could become a theatre nurse or decide to take up work in ward control, or clinics for diabetics or clinics for chest work and so on. There are many avenues open for specialised training. I am certain that this is where we are going to see the future of nursing lie. Only yesterday I was speaking to Matron Walsh and she agreed with me that it was becoming essential to adopt the

two-standard system of training midwifery nurses.

One of the difficulties with which we would be faced immediately we started a medical school would be to provide training in midwifery for medical officers. I repeat what I have said before in this House, that in all the years I have been here there have been only three medical men in this State who have been given experience of midwifery in the King Edward Hospital. That would have to be completely altered were we to have a medical school. That raises the point that we have not sufficient cases with which to train our own nursing staff. The answer is quite simple. In the basic training of a nurse, she would be given three months' experience of midwifery. That would entitle her to attend but not to accept responsibility of a confinement herself. If she desired to become a nurse with a specialist certificate in midwifery she would go on to her specialised form of training. That system operates in many hospitals abroad and the same thing will have to apply at our own hospital here. If we have to adopt it in regard to midwifery, we will have to follow suit in regard to other forms of training.

We have also to face the fact that there is a considerable amount of leakage amongst nurses when they qualify, because they are not prepared at present to go out into small, inefficient country hospitals. Were we able to produce the system I have outlined of zoned hospitals, efficient though small, I feel certain there would not be the leakage that exists today. I would suggest to members that they give very serious consideration to the plan I have laid before them because I believe that when they tell the people in the country that the idea behind the plan is to take modern medicine to them and to make it practicable for them to receive the benefits of the tremendous advances of medicine within a reasonable distance of their own homes, they, too, will exhibit interest.

I have spoken at length, but I feel the matter is such an important one that we have reached the stage when we must realise we can no longer continue to allow the advance of medicine to be pocketed within the metropolis and leave people in the country districts to struggle on without the benefits that they should have, and could have, were a system devised especially for them. I support the motion.

HON. G. BENNETTS (South) [5.50]: In speaking to the Address-in-reply I wish to congratulate one of our Goldfields members on again being elected President of this House.

Hon. Sir Charles Latham: There seems to be a monopoly up there.

Hon. G. BENNETTS: It is gratifying to us to know that one of our members has attained such high office in this Chamber. I would like also to congratulate Sir Charles Latham and Sir Frank Gibson on the honour bestowed on them. It is a credit to this House that we have such honourable gentlemen in our midst. I congratulate the new members of this Chamber and wish they were all members of the Labour Party, in order that we might have more voice in this House. The late Mr. Bolton was a respected member of this Chamber and of his party. Outside Parliament he was a sound business man and an excellent boss to his employees. It is with deepest regret that we realise he has passed from among us.

I have also missed from this Chamber the members recently defeated. I worked underground in the mines with Mr. Williams about 38 years ago, and it was very gratifying to see him elevated, from being one of the slave workers, to the position of a member here. He did a great deal for the goldminers and was partly responsible for much of the legislation relating to workers' compensation, silicosis control, and so on. Throughout his political life he did his best for the men on the Goldfields. Sir Hal Colebatch, also, was looked up to in this House and whenever he spoke he gave us plenty of food for thought. He had a thorough knowledge of the goldmining industry and was, whenever possible, of assistance to the people of the Goldfields.

The Government apparently takes credit for having bettered the housing position in this State, but it has not done much in the country areas. The figure quoted in His Excellency's Speech was the best for any quarter in that year. In Kalgoorlie, prior to the war, a four-roomed house, sewerage, with a brick chimney and fence, cost £525 and, without sewerage, £475. In 1947 the price of a similar house, with an iron chimney and a fence, had risen to £800 or £900. Workers' homes are not

being allotted to the Goldfields. Eleven were allotted on the 15th May, 1946, in the area controlled by the Kalgoorlie Municipal Council, but up to date only six of them have been completed. Although they have been under construction throughout that period, there are five still awaiting completion.

A similar position exists in the Kalgoorlie Road Board area and Goldfields people feel that, in proportion to the number of homes being built in the metropolitan area, they are being penalised. Country people in general feel that they are being badly treated. Since the inception of the building of workers' homes in Boulder, 19 have been erected in that area. Ten of them were built in a creek, which was a bad mistake, and I am informed that they are to be removed—I hope at an early date. I cannot understand why they were allowed to be built there. On leaving school my first job was with a building contractor, and I remember that area being condemned on account of flood water. The damage caused to furniture and fittings and to the homes erected there has been terrific. Seeing that we on the Goldfields did not get from the Government the treatment to which we thought we were entitled, the councils and returned soldiers' organisations have gone ahead with their own house-building schemes.

The Boulder Municipal Council deserves great credit for its undertaking. It has now completed about 46 homes. They are built and handed over to the occupants for £500, inclusive of the land. They are four-roomed iron and asbestos homes lined with plasterboard, and are a credit to the district. In the Kalgoorlie council area five similar houses have been completed. They are five-roomed homes with back and front verandahs, and are fitted with large sleep-outs. Those houses, complete with fence, cost £880, and they were built by day labour. Sir Charles Latham said that contract building was cheaper than construction by day labour, but that was not our experience. When we called tenders for the erection of the homes the price quoted was £1,350, on contract, but the council decided to have them built by day labour. In that way they were completed for £880 as against £1,350.

Hon. E. H. Gray: Were they built to the same specifications?

Hon. G. BENNETTS: Yes, the materials, specifications and so on were the same. The 2/28th Battalion Association has also built houses on the Goldfields. That organisation started off with a committee and established a fund. Returned soldiers put their deferred pay into it—I think about £1,300 in all—and the Repatriation Department assisted. They had a busy bee, with one or two carpenters employed on wages, and they have now constructed 22 complete homes. Unfortunately I do not know the cost of those homes exactly, but I understand that it was in the vicinity of £500 each. The Chief Secretary referred this afternoon to the building of flats on the Goldfields.

I would like to mention the case of one Kalgoorlie business man who has been of great assistance to the people there and who has built and owns a considerable number of flats. I have with me, and will be willing to show them to any member interested, the plans and specifications of those flats. This man purchased a lot of second-hand building material at Geraldton and brought it to Kalgoorlie. He had everything necessary for the erection of the flats, with the exception of plaster boards, for which a permit is not necessary. I believe he did need one or two other very small items. The flats he proposed to build were to be of four rooms each, with baths and verandahs, beautifully laid out with gardens and concrete paths. The outlay for the erection of the block of eight flats was to be £5,000, not allowing for the cost of the land. The rates, taxation, etc., on the flats were to be as follows:—

| | £ | s. | d. |
|---|---|-------|----|
| Rates, Council, total 3/3 in the £ | | | |
| on 2/3 rent—on 30/- .. | | 3 | 3 |
| Rates, water, total 1/6 in the £ | | | |
| on 2/3 rent—30/- .. | | 1 | 6 |
| | | <hr/> | |
| | | 4 | 9 |
| Commonwealth tax 15/- on balance | | | |
| Tax on balance i.e. 25/3 .. | | 19 | 0 |
| | | <hr/> | |
| | | 1 | 3 |
| Return per flat net if no repairs | | | |
| 6/3 per flat, i.e. 8 flats .. | | 2 | 10 |
| Total return if all flats let 52 weeks per year and no repairs—£2 10s. per week on £5,000 outlay. | | | 0 |

The demand of the Housing Commission to select the tenants meant, finally, that the project was not proceeded with. In

the first place this man desired to build 10 flats of that type on the block, but the council would not agree to that number as they would have been overcrowded. It decided to cut the number of flats down to eight, and the Housing Commission agreed to that. Then it wanted to select the tenants to go into the flats which, in my opinion, was bad policy. I think the Kalgoorlie council could easily have set up a committee to go into the question and select suitable tenants. As those flats were not permitted to be built, the whole of the timber was sold and went into mining and so on, with the result that no homes were built with it.

Hon. Sir Charles Latham: Who prevented him building?

Hon. G. BENNETTS: The Housing Commission. This man was prepared to assist by building the flats, but was not allowed to do so although the project had been approved by the Kalgoorlie council.

Sitting suspended from 6.15 to 7.30 p.m.

Hon. G. BENNETTS: Another point I wish to raise regarding buildings on the Goldfields is the refusal of the Government to allow the erection of a hospital in that area. We heard Dr. Hislop explain the position of hospitals in this State and how necessary it was to get extra accommodation for patients, yet the Government refused permission for a hospital to be built on the Goldfields. The St. John of God Hospital in Kalgoorlie has been condemned by the local authority because it does not comply with health standards. This organisation has fully trained nurses and intended to erect a maternity wing, which is sadly needed in that area as it is not possible to obtain sufficient trained nurses to carry on the work in the Government hospitals. The institution I mention has the staff and is prepared to build a hospital, but it has been refused a permit for that purpose. People on the Goldfields feel that this is a mistake on the part of the Government as it is neglecting those who require hospital attention.

I also wish to say something about the release of secondhand materials for building. Last year the Building Operations and Building Materials Control Act was amended to bring secondhand building

materials under the control of the State Housing Commission. This control has helped to slow down many buildings in the Goldfields area.

Hon. Sir Charles Latham: I advised the House that such would be the case.

Hon. G. BENNETTS: Yes, and I consider it was a mistake. Mr. Cunningham had his photograph in the paper with the house that Jack built, a house that Jack would never have been able to build if these restrictions had been in force at that time. Many of our soldiers are coming back and they have only a limited amount of money to spend on building a home, yet they are prevented from putting up a camp or anything to live in which could be added to at a later date, even though secondhand materials could have been purchased from the flats previously mentioned.

I now wish to turn to the subject of railways. The other evening the Chief Secretary stated that he would like criticism of a nature that would be of help to the Government on this subject. I consider that a saving in finance would be effected if certain experimental work now being carried out were discontinued. I am referring to what is called the cyclone spark arrester for engines. I believe this work is a waste of the taxpayers' money. The men who use the engines, such as the engine-drivers and so on, are not consulted, but I consider that their reports could be analysed and a better result obtained. I have seen boilers of engines fitted with these spark arresters. I have inspected the arrester itself and have had pointed out to me the anomalies that exist. There is an E. S. class of engine in Kalgoorlie which, prior to the installation of the arrester, was capable of producing a lot of steam. Today that engine stands idle in the sheds and is worse than useless. If it goes into service there is no end of trouble with it and many engines fitted with these arresters take out their loads and are compelled to leave portions of them at different sidings. This means that extra engines have to be employed to haul the loads left by the other engines and this is causing discontent among the railway staff.

While that discontent exists, the taxpayer suffers. Another engine—an E. class No. 319 left Perth on Thursday, the 29th July, and could not do the job required of it. That engine, prior to the installation

of the arrester, was in perfect condition. I obtained my information from the Engine-drivers and Firemen's Union's meetings and from listening to debates on this subject. The fitters claim that engines have deteriorated 30 per cent. since the installation of the spark arrester and I consider that the only method of preventing sparks from Collie coal is to place a plate right over the stack. There are certain types of engines which have better exhausts than others and, of course, have more draught, and because of this fact steam better than the big wheel-engines.

The Garratt engine has proved a waste of money and it is costing at Kalgoorlie in the vicinity of £100 per week to maintain each of the four engines of that type running on the Esperance line. These locomotives require constant maintenance and this means that other engines are being neglected. I think that if any hon. member wishes to verify my statements, he need only consult a railway man such as a fitter, engine-driver or such like who will bear out my contentions. A considerable amount of work is being done on the Garratts because these are the engines that caused the loco men to go out on strike, and the department wants to put them on the road again in defiance of the wishes of the men.

I consider that on the traffic side the railways can look forward to a happier future. There is now a very competent staff at the head of which is the new Acting Secretary for Railways, Mr. P. C. Raynor. This man has been in every branch of the railways service and is very approachable. The men will now be able to discuss their grievances with a person in authority. Mr. O. Watson is another man who has been through all branches of the service and has recently been appointed to a senior position. On the accounts and audit side, another officer, in the person of Mr. Oakley, has received a senior appointment and there is now a combination of practical and approachable men in charge. Previously the staff has been at sixes and sevens but now I can visualise considerable improvement in our railway service.

I was astounded at the low cost of conducting the Royal Commissions that have been appointed by the Government. When the figures were given by the Chief Secretary I was surprised, for I thought the cost of

the Royal Commission on the Railways alone would have equalled the figure given for all the Commissions together. As it was necessary to bring an expert from South Africa for this Commission, I consider we got out of it rather cheaply, that is, if the figures given by the Chief Secretary are correct, and I have no reason to doubt his word. A Royal Commission to investigate matters affecting the railways was appointed because the Government was not game to come out and give a decision on the issues involved. As members of Parliament we have doctors, business men, farmers, miners, chemists, solicitors, bakers and God knows who. Yet, because it might be a vital question at election time, the Government appoints Royal Commissions to decide for them! I consider it is a sheer waste of the taxpayers' money, and I think that the Government or Parliament should be able to come to decisions on the matters involved without appointing a Royal Commission for that purpose.

In connection with road building, I consider that quite a lot of money could be saved. I notice from time to time a certain amount of road work is prepared and before the bitumen strip is put down, the gangs are shifted to other areas. When they return, the earth work has to be done again before the job is completed. That has happened on the road from Perth to Kalgoorlie and, in my opinion, the work should all be done at the same time.

Hon. L. CRAIG: It is done on purpose. It allows the formation to consolidate.

Hon. G. BENNETTS: I understand that a certain amount of it is necessary, but I have seen gangs shifted to another district before reaching that stage.

The Honorary Minister: Whom do you blame for that?

Hon. G. BENNETTS: I blame the Government or perhaps the Minister in charge of that particular department or whoever authorises the expenditure. I hope that matter will be taken into consideration and the position rectified. I heard Mr. Cunningham refer to the position at Ravensthorpe and throughout the Lake country, particularly with regard to the transport facilities available. The position there is very unsatisfactory. The people have to put up with whatever transport facilities are made available, and there is no doubt that those residing in the backblocks, particularly around

Newdegate and such centres, are penalised. The rail service is both bad and slow. The people there are producing food that is necessary to the world in these troublous times. The land available in that part of the State is capable of producing abundantly and any consideration that can be extended to them will return dividends.

The Ravensthorpe centre is particularly rich in mineral resources of various types including copper, gold and so forth. In fact, I think the district is more valuable from the mineral standpoint than any other part of the State, and yet it is undeveloped. With the increase in population that we anticipate, we must look forward to opening up the country there and to achieve that objective adequate water supplies and railway facilities are necessary. In the Newdegate area this year the water position has emphasised the fact that the time is over-ripe for a more adequate water conservation scheme to be installed there. We have read that the settlers in the district have had to destroy their horses because feed and water were not available for the animals.

The Government should give attention to these matters and make the position of settlers at centres such as Hyden and Newdegate much more satisfactory than they are today. Some of the settlers have to cart water for a distance of 80 miles or so. Another point of interest is that at Hyden the best part of the land is held by the Rural and Industries Bank. I was speaking to a couple of returned soldiers the other day and they told me they had money that would enable them to go on the land and when they made inquiries about certain blocks they found they were tied up by the Rural and Industries Bank. If such holdings down there were released, benefit would accrue both to the State and to those who are searching for holdings.

During the course of his speech, Mr. Cunningham mentioned the need for better shipping facilities at the port of Esperance. This subject has received attention for many years. I know that for six or seven years before I became a member of this House, local governing bodies concerned and the local Chambers of Commerce dealt with it and since I have been a member of this Chamber, I am aware that consultations have gone on in the lobbies of Parliament

House with representatives of shipping companies. What is required at Esperance is a monthly shipping service. At one time the State motor ship "Kybra" was on the coast.

Hon. F. R. Welsh: You must not take that vessel from the North-West coast.

Hon. G. BENNETTS: I think that vessel should return to the South-West coast and provide the service between Esperance and Fremantle as formerly. That would help to get away from present-day isolation. We are hampered in other directions. The Waterside Workers' Union at Esperance is a very good one and has given no trouble to the State. One grievance with the men is that there are no lighting facilities on the wharf and over a period of years representations have been made to the Government to have that rectified. I trust it will be attended to in the near future. Should anything happen down there and a stoppage of work arise, the men will be described as Communists. That is the usual practice in these days when men take steps to secure the redress of any of their grievances.

Esperance has a wonderful climate and a beautiful seaport, while the rainfall there averages 24 inches. The land is valuable. When I make that remark I do not do so on the basis of my own opinion but rely upon the Surveyor-General, Mr. Fyfe, who, in his valuable report, indicated the great future there for mixed farming. The land can be cleared without any trouble and is entirely different from the areas in the South-West where the country is mostly heavily timbered with trees that are extremely valuable to the State.

The Honorary Minister: Why has not the country been settled before if it has such good port facilities and so forth?

Hon. G. BENNETTS: Land has never been required more urgently than it is today, and the country at Esperance is most valuable. The whole of the 120 square miles in the Esperance district could be used for farming and on the outskirts pine plantations could be established with every prospect of success. I would like the Government to request the Under Secretary for Agriculture, Mr. Baron Hay, to inspect the whole of that country with a view to expressing his opinion respecting its possibilities.

During the course of his speech, Dr. Hislop stressed the necessity for a home for aged people. His estimate of the number of old people and the lack of adequate hospital facilities was quite correct. No provision for the old men is available on the Goldfields and in view of the healthy climate at Esperance, it would be worthwhile the Government considering the provision of an old men's home there to which the aged people from the Goldfields could be sent. In the mallee farming districts between Esperance and Norseman the settlers are concerned about re-cropping. The country is full of suckers that have to be cleared out. The customary period for re-cropping every five years is considered too long and in the view of the settlers there, the re-cropping should be undertaken every three years.

The opinion was expressed by Mr. Cunningham that the experimental farm at Salmon Gums should be transferred to Esperance, but I am not in favour of that proposal because the institution at Salmon Gums is doing a wonderful job although the equipment available there is about 40 years old and certainly should be modernised. If one is to be established at Esperance, I think an entirely separate experimental farm should be provided. Norseman is the second biggest mining centre in the State, with wonderful prospects of expansion. The people there are concerned about the attitude of the Government with respect to water supplies. On several occasions they have urged the Minister for Water Supply to visit the district to investigate the situation. At present there is an 8-inch main from Coolgardie to Spargo's Find and then a 6-inch main on to Norseman. The water that is supplied at the Norseman end in summer is not sufficient to provide for the mines and the requirements of the people.

Hon. Sir Charles Latham: Are there no local reservoirs there?

Hon. G. BENNETTS: There are two Government dams.

Hon. Sir Charles Latham: But are there no reservoirs that could be filled?

Hon. G. BENNETTS: No. One of the Government dams has a capacity of 2,250,000 gallons and the other a capacity of 4,750,000 gallons. There is a smaller one that is known as the town reservoir,

and when the pull on the other dams is not to full capacity, they try to fill the smaller dam so as to have a reserve to meet emergency requirements of the town and the mines. Last year some of the mining operations had to be closed down because of water shortage. At Higginsville an Adelaide mining company is putting in a big plant that will deal with a large low grade ore proposition. Mr. Boylan and I visited the centre and investigated the water supply problem. We found that when the housewives went to get water it just dripped from the tap. They stood talking to us while they filled a cup. It was disgusting to see how the people have to exist there.

The local road board has frequently written to the Minister for Water Supply, asking him to visit the district and investigate the position as a matter of urgency. When the new mine is ready to commence operations, there will be about 500 new residents in Norseman within a few months. However, the mine cannot go into production until something is done about the water supply. A deputation waited on the Minister to discuss the de-silting of the larger of the two dams so as to make it possible to have a reserve supply. Owing to the multiplicity of his duties, the Minister could not see his way clear to visit the centre. An approach has been made to the Premier regarding the matter, and he has said that he will go down some time during the session. I certainly hope the Government will give serious consideration to this matter as one of urgency.

We should do everything possible to encourage development in the backblocks, for by that means we will aid decentralisation and get the people away from the metropolitan area. Under existing conditions the population is decreasing in the outback and people are drifting to the city because of the amenities that are available here in contrast with the disabilities experienced in the backblocks. Then again, at Norseman there is a great opportunity for the State to deal with pyrites, which represents a wonderful asset to Western Australia. Under existing conditions it has to be railed to the coast, which means added cost for transport and the use of rollingstock that could be put profitably to other work.

I hope the Government will take into consideration the provision of plant to deal with the pyrites on the spot. Then if at

any time the district were to decline, the people there would be able to maintain themselves and stay in their homes instead of drifting to the city. Mr. Cunningham referred to the use of diesel coaches in the Esperance district, and I am glad to know that the Minister for Railways has given an assurance that they will be provided. I certainly hope he will keep his word.

Coming now to the Golden Mile, it will be agreed that for many years the mines at Kalgoorlie and Boulder have produced half the wealth of the State. There we have a few anomalies. We have been continually pressing for a cheaper water rate. Our object is to obtain a flat charge for water by imposing a small increase in the water rate in the metropolitan area. By this means the people in the outback country could secure their water supply at the same rate as that paid by the metropolitan users. I hope the Government will give effect to the case put up by deputations from the local governing bodies on the Goldfields, including Southern Cross, Yilgarn and Dundas-Norseman. Mr. Cunningham also made reference to the mines regulations, workers' compensation, silicosis and other subjects.

During the last session that the Labour Government was in power, a Bill passed through Parliament dealing with these matters, but it has not been proclaimed. Evidently the present Government has not seen fit to bring the Act into force, notwithstanding that it helped to pass the measure. Perhaps Mr. Cunningham could influence the Government to do something in the matter.

The Honorary Minister: You are getting a bit mixed!

Hon. G. BENNETTS: No. I think he made reference to these matters.

The Honorary Minister: I can promise you something, anyhow.

Hon. G. BENNETTS: The Goldfields people are concerned about sewerage. Dr. Hislop spoke on the subject of septic tank systems for hospitals, and we at Kalgoorlie wish to complete our sewerage system in order to preserve the health of the people. Half the town of Kalgoorlie is sewered and we have made representations to the Government to have the remaining half sewered. Because the Kalgoorlie council is financial

and progressive—it has spent its money on roads and home building—the Government is not inclined to assist us in completing the sewerage system. The Government has put all obstacles possible in our way, but we are still in communication with the Minister and hope something will be done.

The Honorary Minister: What obstacles did the Government put in your way?

Hon. G. BENNETTS: It has made all sorts of excuses. It has said that because the council is financial, it should finance the whole scheme. The Government is not prepared to lend us the money to do so.

Hon. Sir Charles Latham: I think labour is the problem.

Hon. G. BENNETTS: The Minister will be able to give the necessary details. There is a passage in the Lieut.-Governor's Speech to the effect that the Government is continually making representations to the Commonwealth Government in connection with the mining industry. What I want to know is what the State Government has done for the industry. I can tell members what it has not done to assist prospectors. Mr. Miles and Mr. Baxter both came from the Goldfields in the early days and they know—especially Mr. Miles—the hardships with which prospectors have to contend while battling in the bush. We have been continually asking for assistance for the prospectors, but without result. The Minister has not given them any help, notwithstanding that deputation after deputation has waited upon him.

Hon. A. L. Loton: The Minister must hate the sight of you on the doorstep.

Hon. G. BENNETTS: He does. Apparently, the Government does not want progress. These prospectors are the only people who can find the gold for the big companies to mine, and unless assistance is given to them we shall get no more gold. I notice a statement made by the Minister for Railways that freight rates are likely to be increased.

The Honorary Minister: What is wrong with that?

Hon. G. BENNETTS: I hope they will not be increased, because if the people on the Goldfields and in the outback country have to pay more for their commodities, I do not know how they will get on. I think

consideration should be given to imposing a basic rail freight for the benefit of the people living in the back country.

Hon. Sir Charles Latham: Do you think it sound economy for the railways to subsidise goldmining, because they would be doing so if they did what you ask?

Hon. G. BENNETTS: I do not think they would.

Hon. Sir Charles Latham: I do.

Hon. G. BENNETTS: Why should the people who live in the back country be penalised as they are being penalised now?

Hon. Sir Charles Latham: I agree with you there.

Hon. G. BENNETTS: We should show them some consideration. Let all the people in the State bear the cost of sending commodities to them. They go out to produce the wealth of the State. If it were not for those people battling in the way they do, what would be the position of the business people of the State today? These people should get their commodities at a reasonable rate, even if the railways do not pay their way.

Hon. H. Hearn: They do not pay now.

Hon. G. BENNETTS: No, they are slipping back, and it is all blamed on to the 40-hour week. I hope the Government will give consideration to the sulphide plant and push along with it. It is absolutely necessary. I am pleased to see a report on the mines regulations and workers' compensation. In my opinion, the Government should have a monopoly of the workers' compensation insurance for miners, as it would mean cheaper premiums.

Hon. H. Hearn: Cheaper than private enterprise?

Hon. G. BENNETTS: In addition, the miners should have their own hospitals and clinics. I am pleased to note that kindergartens have been established on the Goldfields. These are of great assistance to the schools. Children who have been attending a kindergarten have quite a different outlook when they enter on their school life. Recently I was at Edward's Find. The people there have to put up with great hardships in order to develop the field. As their children reach school age, they have to be sent away to receive their

education and so must be put in charge of people other than their parents. It is dreadful to think that these people are so handicapped. There are many schools in the mallee districts where the children have to walk miles, or ride bicycles or horses to get to school. Something should be done to provide transport for them in the Esperance district.

I have tried to give members an idea of what the Goldfields people have to put up with and of the way in which they have been treated since the present Government assumed office. I hope the Government will do more for them in the future than it has done in the past. The people on the Goldfields are mostly Labour supporters and, therefore, I suppose we cannot expect too much of the present Government. Nevertheless, the workers there give the Government the wealth to play with, and that fact should be taken into consideration. The miners have to work in the bowels of the earth to secure the gold to produce the wealth of the State, and greater consideration should be extended to them. As I said, I am sorry that my former supporter, Sir Hal Colebatch, is not with us. I know he would support me on this occasion, but the iron curtain was dropped in front of him and he was defeated; because he asked for additional franchise for the working man and woman, he lost his seat. He did so because he supported the democratic system. I support the motion.

On motion by Hon. Sir Charles Latham, debate adjourned.

House adjourned at 8.12 p.m.