

The Minister for Works: Who do you suggest should decide their salaries?

Mr. McLARTY: I would suggest that the Government should decide that point.

Mr. Cross: I thought you stood for arbitration.

Mr. McLARTY: So I do. The members of the Police Force are in a different category from most employees, inasmuch as we depend upon them for the maintenance of law and order and to see that the laws of the country are carried out.

Mr. Watts: You might just as well submit the members of the Air Force to arbitration.

Mr. McLARTY: The member for Canning knows that. We might as well submit members of the Armed Forces to arbitration. The principle is wrong, and I hope it will not be a condition of employment in the Police Force that members have first to join the Australian Labour Party.

Hon. W. D. Johnson: They are under the Industrial Arbitration Act today.

Mr. McLARTY: When speaking on the Address-in-reply the member for East Perth advocated that marriage loans should be provided for young married couples. His suggestion was featured in "The West Australian." I think the idea is a good one. We want population in this country, and the best population we can have is that represented by the natural increase. I remind the House that this is part of the platform of the party to which I belong, and that the first person I ever heard advocate it was my Leader, the member for West Perth.

The Minister for Works: Do you think marriage loans would effect an increase in population?

Mr. McLARTY: If marriage loans would encourage young people to marry earlier, that would certainly have the effect of increasing the population.

Mr. Seward: You would get smaller families with better conditions.

Mr. McLARTY: If marriage loans encouraged young people to marry, I think there would be a greater increase in the birth rate than is likely to be brought about by the payment of child endowment.

Mr. Seward: There is more behind it than that.

Mr. McLARTY: I hope we shall soon reach the post-war period and the prospects tend all in that direction. The only other

matter that is causing us grave concern today is the season. We are having a particularly dry time. Already some of the country areas are getting into difficulties owing to water shortages. That is an indication that in future we should be prepared to spend considerable sums of money on water conservation. I cannot think of any way in which the Government could more profitably spend loan moneys, when they are available, than in providing water not only for those districts where the rainfall is heavy but for those which do not enjoy assured rainfall but could be converted into good farming areas if they were provided with an assured water supply.

On motion by Mr. Shearn, debate adjourned.

House adjourned at 5.50 p.m.

Legislative Council.

Wednesday, 23rd August, 1944.

Address-in-reply, seventh day	Page
.....	195

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

ADDRESS-IN-REPLY.

Seventh Day.

Debate resumed from the previous day.

HON. J. A. DIMMITT (Metropolitan-Suburban) [4.36]: I am sure that we are all extremely thankful to the Fighting Services of our Allies and of the Empire for the improved position that we see on all war fronts today. I consider I would not be over-optimistic in suggesting that before the session ends we may have the pleasure of witnessing the cessation of hostilities, at least in the European theatre. I desire to add my congratulations to those already extended to the ten members of this House who have faced their electors and been returned and to those who were returned unopposed. I feel sure they will continue faithfully to represent the provinces which they have represented for the past six or more years.

On reading over the Lient-Governor's Speech after having listened to His Excellency, I was struck by a paragraph referring to a surplus of £38,021. It is stated that that is the fourth successive surplus which this Government has enjoyed. Undoubtedly we are all pleased at the result, but I was somewhat disturbed to find further on in the same paragraph that only limited provision is made for arrears of maintenance. In my opinion, that limited provision is both unsound and short-sighted. Last year when I spoke on the Address-in-reply I suggested to the Chief Secretary that he might inform the House exactly what amount had been put aside to cover arrears of maintenance. I also suggested then that each departmental head must have gained over the years some experience of the average cost of the maintenance of the various units in his department, and I said that if ample provision had not been made, it would be unsound. The Chief Secretary did not answer the question.

I realise it is not possible for him to answer all of the many questions which are propounded during the course of an Address-in-reply debate, but I take it that this reference to limited provision for arrears of maintenance is the answer for which I was looking. Surely the Government could over the past four years have made ample and adequate provision and not limited provision. It should have done so even at the risk of converting the four surpluses into four deficits, because sooner or later these arrears of maintenance must be overtaken. Some future Government will be faced with the need to catch up with arrears that have accumulated over the past four or more years.

Some Governments will surely have to face deficits in paying for these arrears of maintenance, and they will face deficits which will not actually belong to the year in which the expenditure is incurred. Limited provision is entirely wrong. It must be very disappointing to the departmental heads to find that adequate provision has not been made. It must also be disappointing to every member of Parliament and certainly to the public who are, after all, the owners of these depreciated assets, to know just what the position is. Further on in the Speech one sees that it is the intention of the Government to propose

some amendments to the Education Act. I again impress upon the Government the absolute necessity of restoring the two-year syllabus of training at the Teachers' Training College.

It is unwise, both in principle and in practice, to send improperly equipped fledglings out into the field of educational endeavour to undertake the task of teaching the youth of the country. It is unfair to the teachers; it is unfair to the youth and it is unfair to the State of Western Australia. I do not know whether an amendment of the Act is needed to accomplish that, or whether it can be achieved in some other way, but I do implore the Government to restore the two-year training syllabus that applied prior to the war. That should be done at the earliest possible moment for the good of all concerned. When we were discussing an education Bill during the last session I drew the attention of the Minister for Education, who was then in this House, to the fact that the Education Department did not accept any responsibility for the tuition of afflicted children. I referred particularly to deaf and dumb children and to blind children.

At that time I gave full recognition to the fact that the Government subsidised the Institute for the Deaf and Dumb, and the W.A. Institute for the Blind. The Lotteries Commission also contributes to both these institutions, but that is not the whole story. These institutions conduct schools in which they teach, respectively, the deaf and dumb, and the blind children. But the Education Department does not provide teachers; it does not supervise the schools; it never inspects them and does not provide the examination papers for them. In other words, the Education Department does not accept responsibility for the education of these afflicted children. It is my opinion, and I voice, I think, the opinion of most members of this House and of a great number of the public, that the Education Department should look after the interests of these children.

Hon. G. W. Miles: Hear, hear!

Hon. J. A. DIMMITT: Particularly do I refer to the School for the Blind. At Maylands there is a school for blind children, and it is well conducted. It is under the control of Miss Lowensohn, who is assisted by Miss Tearle. They do a very good job, but Miss

Lowensohn is totally blind. Because of her blindness she has certain limitations in regard to the education of the blind children. Miss Tearle is partially blind and is therefore limited in certain respects. The Education Department should provide a sighted teacher to help at that school.

Hon. G. B. Wood: How many children are there?

Hon. J. A. DIMMITT: There are ten boys and six girls, or the other way about. There are 16 altogether. Let us see what other countries and other States do for their blind children. Towards the end of last century—and that is approximately 50 years ago—an amendment to the Education Act was passed in England so as to make compulsory the education of both blind children, and deaf and dumb children. It became the State's responsibility to provide that education. The Victorian Education Act of 1928—and that is a few years ago—provides by Section 37 that with regard to children of not less than seven and not more than 16 years of age who are blind or deaf and dumb, or a child who is so deficient in the power of sight or who is so deaf or is, in the opinion of a medical officer, so mentally or physically defective as to be unable profitably to take part in the instruction given in a State school, other than a special school, it shall be the duty of the parent of such child to provide for its efficient and regular instruction.

Further on in that section provision is made for the Minister to direct the child to an institution, and if the parent is unable to pay for the maintenance of the child at the institution then provision is made for the Minister, through the State funds, to meet these maintenance charges. At the end of paragraph (c) of that same section of the Victorian Education Act, it provides—

But no contribution shall be required towards the cost of the education of such child at such special school or institution.

The Tasmanian Act, by Section 13, provides that blind or deaf mute children must be educated. Any unwillingness on the part of parents to arrange this can be dealt with under the penal clauses of the Act. As a result of information I have received from New South Wales, I understand that the Education Act of that State provides for the compulsory education of blind children and of deaf mute children. I

understand that similar provisions operate in Queensland and South Australia. So we see that in other countries and States, the respective Governments accept the responsibility, but here in Western Australia such children have for years been educated as a result of charitable contributions, and the State Education Department has not accepted its obvious responsibility to the children.

I suggest that when amendments to the Education Act are being drafted, Cabinet should give consideration to providing a sighted teacher at the School for the Blind, that the department should set the curriculum and the examination papers, provide for the inspection of these schools and give scholarships, so that the brighter of the blind children may continue on to secondary education, and further that scholarships should be provided for those who are able to carry on their education through the University.

If I may digress for a moment, I should like to refer to a young man who is blind and who is a student at our University. He gained an entrance to the University as a result of sheer determination and grit or, if I may use such a term in this Chamber, by the exhibition of guts. He passed the matriculation examination with three distinctions, and as a result of this high attainment, was granted a Commonwealth bursary of £150 a year. Through the officers of the Braille Society and well-wishers, and through the generosity of the principal of St. George's College, he is now in residence at that college and continuing his studies. As I said, the Commonwealth granted a bursary of £150 a year, but because this young man earned £30 during last Christmas holidays working at the Institute for the Blind making baskets and prams, the £150 has been reduced by £30.

Each blind person is in receipt of a pension of 27s. a week, but this young man has had 17s. a week deducted from his bursary money, which has thus been reduced to £87 14s. a year. The action of the authorities who have done these things should be brought under public notice, and I ask the Minister for Education to appeal to the appropriate authority to see whether this bursary cannot be freed of all these ties and tags that some parsimonious civil servant has imposed. It is entirely wrong that a young man showing such brilliance in spite of his disability should be thus penalised.

The fact that this young man has made such tremendous progress in his education, in spite of his blindness, supports the theory I propounded that scholarships should be provided for blind pupils to enable them to continue to secondary and University education. I hope that when amendments to the Act are being considered, the Minister will remember the blind, deaf and dumb children, and accept the responsibility for their education. The department should accept responsibility for the education of every child in Western Australia, regardless of its disabilities. In fact, I would go further and say that because of their disabilities greater regard should be given to these afflicted children. I trust that these matters will not be overlooked when amendments to the Act are being considered. I have pleasure in supporting the Address-in-reply.

HON. J. G. HISLOP (Metropolitan): We are meeting here at a time pregnant with possibilities for Australia and equally so for our own State. The Referendum which was placed before the people has been lost, and this State is now thrown back on its own responsibility to handle the events, tremendous as they may be, of the coming years. So far as our own State is concerned, it must always be regarded as a time at which the Government declared its inability to govern and was willing to hand over to the Commonwealth the government of the State. At the same time, this must always be regarded as an occasion when the rest of Australia and nearly 50 per cent. of the voters of Western Australia said to the Government, "We want the government kept in our own State."

As the Government has declared its inability to govern and was so ready and willing to hand over the reins of government to the Commonwealth, why not admit it now and form an all-party Government if the affairs of the future are of such tremendous importance and the Government is unable to handle them? That is the logical course to take when people admit they cannot do things—go along and ask someone to help them. It is not that all the brains in either House or both Houses are on one side; they are equally distributed, and the Referendum has shown that the people themselves are asking for something to be done in their own State.

The figures for the Referendum in Western Australia are almost equal. At 4 o'clock

this afternoon there was a "Yes" majority of about 2,200, which shows, in my opinion, that this is the time when there is a feeling that all members on both sides should have a hand in the government of the country. Parliament has long ceased to be a governing factor in Australia, and it would be to the credit of the State Government if it realised the tremendous problems that lie ahead, and said "Very well, let us all get together." There would not be one member in either House who would refuse to assist the Government to his utmost.

Turning to happenings in Western Australia, I must draw attention to the appointment of the Commissioner of Public Health, Dr. Park. I wish to pay a personal tribute to him and to the manner in which he has already learnt so much of the State and its needs in the short time that he has held office. It was indeed a fortunate choice for the Government, but the fortune came about in a curious manner. Whilst I congratulate the Government on the appointment of Dr. Park I cannot congratulate it on the retirement of Dr. Atkinson. Not so much am I worried that Dr. Atkinson was retired, and not so much am I worried that he left his office on a very small pension after 33 years in the service of the State, but I am worried about the manner of his going. That reflects on the department, and emphasises more than other things I have said here before that the department is out of touch with the professions with which it works, both medical and nursing. Dr. Atkinson was retired without any reference to or discussion with him.

My profession feels that there is a possibility that he has been made a scapegoat for things that have been said in this House about hospital administration. I wish to emphasise clearly that the Commissioner of Public Health is not in charge of hospitals in this State. We had a reply here that the Commissioner of Public Health is able to take as much interest as he wishes in public hospital administration but I say that he is not in charge of the Medical Department. Not only were Dr. Atkinson's services determined without any reference to him after 33 years of office, but the first indication that he received of this was when he noted it in the newspaper. I do not think that is the way to run any department. Not only was he not notified, but after these 33 years of honourable service his advice as to the selection of his successor was not even sought.

We are fortunate that the Government was able to appoint Dr. Park, who has had many years of public health service. It was due to the war that this fortune came our way. Dr. Park was in Singapore. I am not certain yet whether the League of Nations cannot now recall him if it requires his services. I draw attention to the fact that the salary of the Commissioner of Public Health is not a large one. We were fortunate that Dr. Park was in a position to take the post at the salary offered, because the salary he had been receiving prior to the war was, I feel sure, much in excess of what he is now getting. It is to the method of dismissing a civil servant of so many years' standing that I object. Dr. Atkinson did a tremendous lot of work for the State. Although at times we might not have agreed with what he did or did not do, the fact remains that he was employed by the State for 33 years, and that justified his leaving in decency and with the thanks of the State.

Going a little further into the question of the department in which I am so vitally interested, I intend to take the risk of boring the House by reading a detailed report written by the health inspector concerning the Bunbury District Hospital. This report was placed in my hands by the mayor of Bunbury. It emphasises what Mr. Dimmitt mentioned, namely, the absence of adequate maintenance. Even though a hospital, such as that of Bunbury, may be nearly 100 years old, there is no reason why the patients and the staff should have to put up with a dirty hospital. In the course of his remarks the mayor said that even though he was satisfied that no structural alterations should be made because it was the Government's intention to build a new hospital—and I agree with him—he felt that whilst work was being carried on there it should not be carried on in dirty surroundings. I will now read the report—

Bunbury Local Health Authority.

Report on Buildings Owned by West Australian Government.

Hospital: Building of bricks, timber and iron.

Externally: Roof faulty, guttering defective, downpipes defective, repairs required.

Walls: Bricks fretted.

Doors: Door frames and windows require renovating.

Back walls: One ventilator broken. Several holes through walls require filling.

Staircase from yard to first floor: Post broken off at ground, handrail loose and in dangerous condition.

Internally: Ground floor, main entrance. Fly wire doors, wire faulty.

Entrance hall: Walls and ceiling in dirty condition. Stair carpet in raggy, dangerous condition.

Passage: Walls and ceiling in dirty condition. Fly wire door bad fitting, wire requiring repairs.

Office: Walls in dirty condition.

Here is the gem!

Theatre: Roof lights; four panes glass broken; water seeping through back wall. Plasterboard of ceiling damaged by water leaking from above. One tap badly leaking.

Special Ward No. 1: In fairly good condition.

Special Ward No. 2: Repairs required to wall.

Women's Ward (six beds): Flywire doors and window screens require repairs.

Walls: Repairs and renovations required.

Bathroom: Walls in very damp condition, repairs required to floor, hot water pipe broken away from wall. Pan hopper in bathroom is very inconvenient and unsatisfactory for both staff and patients. Electric lighting not provided.

Lavatory with one pedestal. Wall showing dampness. Walls requiring repairs and renovations. Lead safe on floor in bad condition. Lead flushing pipe from cistern to pedestal broken from wall fitting.

Verandah: Timbers rotted.

Men's Ward (10 beds).—

Verandah: Timbers rotted, repairs required to floor boards.

Flywire screens: Requiring repairs.

Walls: Requiring repairs and renovations.

Windows: Sash cords required. One pane of glass broken.

Bathrooms and Lavatories.—

Entrance: Ceiling of fluted iron requiring repairs. Walls requiring repairs, stains from water from floor above.

Bathroom: Walls and ceiling in dirty condition. Floor requiring repairs. One ventilator required in wall, one ventilator broken. Discharge pipe from sink not trapped. One tap leaking. Pan hopper in bathroom is very inconvenient and unsatisfactory for both staff and patients.

Lavatories with two pedestals: Walls and ceilings in dirty condition, walls requiring repairs. Floor requiring repairs, one pane of glass broken, badly fitting door. Electric light not provided.

Duty Room: Repairs required to wall, walls in dirty condition.

Nursing Staff Dining Room: Walls and ceiling in dirty condition.

Store Room: Walls and ceiling in dirty condition. One wall ventilator broken.

Kitchen: Repairs required to wall. Floor in very rough condition, requiring repairs. Repairs required to ventilators. One pane of glass broken in window. Water flowing over back of draining board of sink.

Staff Kitchen: Two wall ventilators broken. Sink not provided. Repairs required to flywire door.

First Floor: Men's Ward (10 beds).—

Entrance: Plaster fallen from walls. Walls and ceiling in dirty condition. Floor in rough condition.

Bathroom, with bath, sink and pan hopper: Ceiling in dirty condition. Repairs required to floor. Hot water pipe broken away from wall. Remarks regarding pan hopper in bathroom again applies.

Lavatories: Two with pedestals. Both cisterns leaking. Walls and ceilings in dirty condition. Repairs required to wall. Sash cord broken. Electric light not provided.

Ward: Walls and ceiling in dirty condition. Repairs required to walls. Fluted iron ceiling corroded. Three window panes broken. Repairs required to two flywire doors.

Balcony: Guttering blocked with leaves and rubbish. Roofing iron rusted. Repairs required to wall and floor. Rot in timbers of balustrading. Repairs required to two flywire doors.

Women's Ward (six beds): Repairs and renovations required to walls and ceiling. Repairs required to double doors and floor.

Bathroom: Bath, basin, sink and hopper. Repairs and renovations required to walls. Repairs required to floor. Window, one sash cord broken, one pane broken. Two taps leaking. Lead safe not provided for pan hopper.

Lavatory, one pedestal: Repairs required to walls. Walls and ceiling in dirty condition.

Duty Room: Repairs and renovations required to walls and ceiling. Sink cracked, not sealed round top below draining board.

First Floor Landing: Repairs and renovations required to walls and ceiling.

Matron's Quarters: Plaster broken away and fallen from wall at side of door.

Staff Bathroom: In satisfactory condition.

Staff Bedroom: One wall showing dampness. One wall ventilator required.

Laundry: Hot water pipe leaking, one tap leaking.

Ironing Room: Walls and ceiling in very wet and dirty condition.

Ward: Surface very uneven. One tap leaking.

Lavatory: One pedestal. Cistern leaking.

Special Ward, V.D.: Roof leaking.

Morgue: Wall ventilator near floor required.

Incinerator: Crack in brickwork. Cover not provided.

Wooden staircase from ward in bad state of disrepair.

Isolation Ward: One flywire door required fixing.

Fumigating Room: Door, timber rotted.

Tank on Stand: In rusted condition and leaking.

Path to Nursing Staff Quarters: Path constructed of building bricks very unevenly laid, which is dangerous to staff.

Nursing Staff Quarters: For 10 nurses.

Building of brick, timber and iron.

Verandah, three sides: One post requires fixing to floor. Floor boards swollen and lifting. One room on side verandah, part of wall

covered with canvas making room unfit for habitation during winter months.

One Room: Walls very damp owing to defective damp-proof course.

One Room: Two walls showing dampness.

One Room: Electric light switch hanging loose from wall.

One Room: Walls in dirty condition.

Lounge Room: Walls in dirty condition.

Bathroom: Wall showing dampness. Wall and ceiling in dirty condition. Repairs required to external wall.

Shower Room: Repairs required to door.

Fences: Picket fence on western boundary in bad leaning condition.

Flat occupied by Nursing Staff: One window pane broken, window fastener required.

Generally: All doors, door frames, window frames and joinery in very dirty, bare condition for want of paint.

The hospital buildings are in a very dingy, dirty, unsatisfactory condition and do not compare favourably with conditions appertaining at the three private hospitals in the town. Such unsatisfactory conditions cannot be helpful to the nursing staff or the patients.

Hon. G. B. Wood: It sounds like an air raid.

Hon. J. G. HISLOP: It is the year's raid. I am glad to be able to submit this report. The House may have felt at times when I referred to hospitals that I was exaggerating their state of disrepair, but this is an independent report given to the mayor and detailing the condition of the hospital. Again I would emphasise that it is not a question of structural alterations, but of keeping the place fit and habitable both for patients and for the nursing staff. I noticed that the foot taps controlling the supply of water in the theatre wash-up hand-basins are in such a condition that it is impossible to turn them on with foot pressure without having to lean hands or elbows on the basins in order to turn off the taps. When one has washed one's hands, to have to lean on the basin destroys the value of the process. The taps on the floor are so arranged that they cannot possibly be cleaned around.

I would draw attention also to the fact that the department has been guilty of placing in the bath-rooms a bath, a pedestal pan and a hopper. These bath-rooms have no electric light. How the nurses use them at night to empty bed-pans into the hopper without electric light is something I do not understand. Although I am assured there is nothing in the Act to prevent it, to put a hopper into which bed-pans are emptied in the same room as sick patients are going to bath, is to say the least of it undesirable.

But that is a habit throughout the institution. Looking at some of the work the staff does, one wanders into the kitchen and finds that the washing-up of dishes for 32 patients and a staff of 24 is all done in a very small room without running water. That means that for about 60 people the washing-up of dishes is obtained by carting the water from the kitchen in an ordinary wash-up dish.

There is a duty room on the ground floor. It is very small and is called upon to carry out a number of duties. It is the nurses' report room; the trays for surgical dressings are prepared there; the nurses wash their hands before handling surgical cases and then have to proceed across the front passage, past the front door and past those storing food into a large refrigerator and into the surgical ward in which there is no running water. It is all very well to say there will be a new hospital but some years will elapse before that hospital will be able to carry out its functions. The stage has been reached when we must declare that repairs to this hospital are essential. It must not be thought that this stage has been reached entirely through war causes. The hospital was very nearly in this condition before the war. The view has been taken that some day there will be a new hospital in Bunbury and that work can be carried on in the existing hospital until a new one is provided. That is not the way to train a nursing staff—for this hospital is a training school for nurses—and it is not the place to treat sick people.

I come now to a more serious aspect. The report states that the place where ten nurses live is damp. We should provide for nurses something better in the way of quarters than damp houses. At present, under manpower regulations, a nurse might be told to work at the Bunbury hospital and would be put to sleep in damp quarters. The House should ask that this matter be put in order without delay. I fear that the department has grown to regard economy in hospital administration too seriously.

Hon. J. Cornell: That position was reached long ago.

Hon. J. G. HISLOP: About 20 years ago that idea was held and it has been pursued doggedly ever since. Let us get the idea that efficiency is more important. Were it not so serious it would be amusing, as one leaves the institution, to glance into the office and see stored there a totally in-

adequate X-Ray plant, one that is liable to give a shock to anyone handling it. Surely that plant cannot be of very much use to the sick people of Bunbury! Yet Bunbury is growing into a medical centre to which the people of the South-West are looking for something better than is supplied to them in smaller towns. Although I realise that in time there will be a new hospital there, we cannot let the nursing staff or the patients live in conditions such as I have described.

This whole department will need considerable re-organisation if we are to do our job in looking after the health of the community as is envisaged in the future. It is definitely under-staffed. The only way in which we shall overcome the problems of hospitals that I have described for so long is to appoint a medical officer in the department as Director of Hospitals. He must be a man of experience who has travelled widely and who knows what is required in country hospital construction, maintenance and administration. That brings me to the point that we must have a new outlook. We have got to look for a man and pay him well. It is no good putting up a salary and then asking who is willing to accept it. It would pay us very handsomely, if we got the right man for the right job to give him twice the salary we are paying today in the department. I am sorry I cannot criticise some of the salaries paid in the department at the moment, because I understand that appeals have been lodged and if I were to speak on those lines it would appear as if I were endeavouring to influence those appeals.

It is, however, interesting to read in the report—it would perhaps be unkind to call it a belated report—for the years 1939 to 1943, placed before us today, that one person—Dr. Stang—signs herself Medical Supervisor of Infant Health Centres and also Senior Medical Officer of Schools. Dr. Stang must have a full-time job. When one realises the tremendous importance of school medical examination, surely it is not too much to hope that in the very near future those positions will be separated and that the number of medical officers looking after schools will be increased.

There are some interesting figures regarding the infant health centres. In 1930, infant mortality was 46.74 per thousand living births. Twelve years afterwards in

1942, it was 36.76, a drop of ten and in 1943, the figure had dropped to 32.63. One would be tempted to think that in the metropolitan area the figures of infant mortality would be higher than in the country, but that is not so. The figures for the metropolitan area in 1943 were 29.66 and for the country 36.22, which tends to show that where infant health centres are more freely distributed there is a lower infant mortality.

Hon. C. B. Williams: You would not put it down to poverty amongst farmers?

Hon. J. G. HISLOP: Not at present. I think there are other factors besides that. Those figures suggest the need for a most interesting survey which cannot be undertaken while the present and past parsimonious method of administration is allowed to continue. One medical officer looking after the schools and the infant health centres cannot indulge in any investigation. Let us go a little more deeply into the figures. In 1942, 365 children died in the first year of life in Western Australia. That is one for every day. The interesting feature is that 173 of that number died within the first week. That goes to show either that there is scope for further training in maternity or that there is still further need for more ante-natal care of the mother.

There are several other factors which come into it and which should be investigated. I would emphasise that, apart from one or two instances, never in Western Australia have we provided midwifery experience for a resident medical officer. We have provided medical and surgical training for graduates from hospitals in the Perth, Children's and Fremantle Hospitals, but apart from men I could count on the fingers of one hand, no medical man going into practice in this State has been able to undertake hospital midwifery work before entering private practice.

One of the most urgent needs of this State is the opening of the King Edward Maternity Hospital to resident medical officers. I admit that at present an attempt is being made to do that, but the difficulty of residence presents itself. There are no quarters at the hospital for these men and quarters will have to be found for them outside, and they will be called upon to travel to and fro. But when the new wing of the maternity hospital is built there must be provision for resident medical of-

ficers so that they may gain necessary experience in midwifery. The figures I have quoted indicate the possibility that further training in maternity work is required in this State. It may be that that is not the answer at all, but the figures are interesting enough. One child under one year old dies every day in Western Australia and one child dies every second day in its first week of life.

Hon. J. A. Dimmitt: Would that be a high rate of mortality?

Hon. J. G. HISLOP: It is not high compared with the rest of the world but it is still too high compared with what it is in other countries. If the House is interested in the matter, I am sure the Honorary Minister at some suitable opportunity could supply interesting figures dealing with infantile mortality in this State.

Hon. L. B. Bolton: If the King Edward Hospital were made a training ground for young medical men, might it be said that the institution would not maintain its splendour?

Hon. J. G. HISLOP: It would not be right to advance that suggestion. The training that I have suggested would not interfere with the good results obtained at the King Edward Memorial Hospital. The young medical students would train under direction.

Hon. J. Cornell: Mr. Bolton had in mind that the students would undertake the maternity work and perhaps affect the work of the institution.

Hon. J. G. HISLOP: The young medical men undergoing training there would be under the supervision of experienced senior officers and that would then enable them to go into the country districts with the advantage of the experience gained in maternity work under expert direction. In ordinary circumstances a medical student during his course may spend only a month or two in connection with maternity cases and possibly does not handle more than half-a-dozen patients personally. Unless such a student has an opportunity to gain post-graduate experience, he will commence work in some country district without any special knowledge of midwifery. Here we have a hospital that can supply this urgent need.

Leaving that aspect for a moment, I think I would be wrong if I did not refer to the conditions obtaining at the Claremont Mental Hospital. I do not for one moment desire

through anything I may say to hamper the staffing of the Claremont institution. I have previously refrained from mentioning the subject because of the necessity of staffing the institution in order properly to look after the inmates and also because I have an intimate knowledge of the efforts that have been made to staff it. But here again is an indication of the attitude of the department over so many years in refusing to take adequate steps to ensure necessary facilities for the treatment of patients at the institution or even the provision of necessary amenities for the nursing staff who look after them.

All sorts of complaints have been made through the newspapers and through other channels, and I believe the public are well aware of the difficulties at the present moment. Nevertheless there are one or two phases that I would like to bring under the notice of this House. In the issue of "The West Australian" dated the 4th August, this statement appeared in an article by "Dell"—

We get 6d. if we attend tubercular patients for four hours at a stretch. That's to keep the germs away. We'd rather have more modern methods and a sufficiency of antiseptics.

I am very interested in the T.B. aspect of the work at Claremont because I have seen not a few of the male orderly staff die of tuberculosis. Indeed, I have been one of the agitators who have clamoured for the segregation of tuberculous patients at Claremont. I have even gone so far as to suggest that the staff should be x-rayed to see if it disclosed any form of tuberculosis amongst them. I have been told that the staff would not care to agree to that because they might lose their jobs if found to be suffering from tuberculosis. On the other hand, I claim that there are now so many on the staff who have been there for so long that if any were found with signs of tuberculosis, the State should be generous enough to compensate adequately such of the staff as might have to be taken out of the institution.

Hon. C. B. Williams: Just as with the miners.

Hon. J. G. HISLOP: Yes. That would get over the problem quite simply. There is an interesting sidelight of which members may not be aware. The male orderlies were paid 6d. per shift extra for looking after the patients when the tuberculous patients were not segregated from the others. The provision for the payment of the extra 6d. was

made in an industrial award and I would not for one moment suggest that the payment was given as a guarantee against tuberculosis. I believe it was provided in the award as an indication to the Government of the necessity to separate the tuberculous patients from the others.

Recently the department claimed that that had been done and consequently the payment of 6d per shift was deducted from the wages of the male orderly staff at Claremont. They asked me to have a look at the part which had been set aside as a T.B. ward. I did so, and later went to the Arbitration Court and gave evidence on the men's behalf. It was unavailing, and the extra 6d. per shift was taken away from the men because the T.B. patients had been segregated. True, they had been placed apart and the letter of the award had therefore been complied with. I feel that the public are clamouring so much about this matter that something should be done to improve conditions at the Claremont Mental Hospital. I think it is the duty of members, by visiting the institution, to make themselves aware of the conditions obtaining there.

If I were to accompany members I could point out various matters for their consideration. I could, for instance, show them the ward that has been set aside for the segregation of T.B. patients. There is nothing of a T.B. ward about it. It is merely a portion of one ward that has been set apart. There is no circulation of air through it. No special provision has been made with regard to windows, because, as the patients are insane, the windows must be constructed as they are. The result is that in the so-called ward, electric fans have to be used to maintain a current of air. Off the ward is a small room which, on the day I made my inspection on behalf of the male orderlies, was being used not only as a bathroom but as a scullery for washing dishes.

Hon. C. B. Williams: What! Under the present Government?

Hon. J. G. HISLOP: The bath in which the patients bathed was also used for the washing of cups and saucers.

Hon. W. J. Mann: How long ago was this?

Hon. J. G. HISLOP: Within 12 months.

Hon. C. B. Williams: Under the present controllers of the hospital?

Hon. J. G. HISLOP: There is a hopper in the room and close by an ordinary pedes-

tal pan. The door is kept open so that patients who may go there can be watched all the time. When I went there the second time—I must be fair and make this statement—the washing of dishes in the bath had, I was told, been stopped, or else I had been misinformed on the first occasion.

Hon. C. B. Williams: Perhaps the patients themselves had wakened up to the position.

Hon. J. G. HISLOP: At any rate, the attendant assured me that the practice was not then being followed. At any rate, I saw cups and saucers in the bath. Whether they had been washed there, I cannot say. The provision of what is described as the T.B. ward has cost the male orderlies their 6d. per shift. This is all indicative of the attitude of the department with regard to employees who are working among these sick people. If anyone needs really solid support it is the person who spends his or her time looking after those who are insane.

Hon. C. B. Williams: Hear, hear! They need 100 per cent. support above anyone else.

Hon. J. G. HISLOP: All this has a serious significance. At the present time we are compelling girls to go to Claremont to assist in staffing the mental hospital and on the female side of the institution the T.B. patients are not segregated. To diagnose tuberculosis under ordinary circumstances is difficult enough, but it is much more so with regard to those who are insane, because an insane person does not expectorate. Therefore one of the cardinal signs of the disease is lost. When these girls go to Claremont they do not know whether they will be called upon to deal with tuberculous women or ordinary insane females. All patients there have not been submitted to an x-ray examination.

Let me explain the position a little further. If a person has not encountered tuberculosis before and is placed in close contact with someone suffering from the disease, that person is very likely to acquire ulcerous tuberculosis—a very serious form of the disease. It is quite simple to carry out the required tests. If a patient has a clear chest radiologically and the skin test shows a negative result, the person concerned should never be mixed up with others until the skin test becomes positive, which means that that individual has developed some resistance to the infection. Startling figures were

made available in Norway on this phase, but I do not think corresponding details have been worked out for Australia.

These showed that nurses who undertake training with a clear chest radiologically and a negative mantoux or skin test run a 28 per cent. chance of acquiring some form of tuberculosis during their training. But if they had a clear chest radiologically and a positive skin test they ran only a 2 per cent. chance of developing tuberculosis. In the Health Department's report I notice that nurses are being retained by the Wooroloo Sanatorium for fifteen months, despite the regulations of the Nurses Registration Board. The department apologises for this. Here is an institution which should adopt x-ray and skin tests for nurses commencing training there.

Most State nurses come from the country districts, and it is essential that they be so tested. I have seen a nurse taken from a country district and after a short period of preliminary training, sent to Wooroloo. She developed tuberculosis within twelve months. It is perfectly simple to test those nurses. If a nurse shows a clear test and a positive skin test she could be employed at Claremont or amongst tuberculous patients; if the skin test is negative she could be sent to general nursing until such time as her skin test became positive. That interlude regarding Wooroloo is just by the way, to emphasise the point I am making that under our conditions at Claremont today we are compelling people, under National Security Regulations, to run risks that we should not ask them to take.

Hon. C. B. Williams: How long would the skin test take in the case of a nurse?

Hon. J. G. HISLOP: To change from negative to positive?

Hon. C. B. Williams: Yes.

Hon. J. G. HISLOP: It might do that in a matter of months. In ordinary nursing the skin test would change in a year or less. Now to return to the Claremont Mental Hospital for a moment. I want to point out that the difficulty arose owing to the fact either that it was not appreciated that nurses trained in mental nursing are of real value to the State, or that the difficulties of re-staffing the institution were not appreciated in June and July of 1942, when over 40 members of the staff were allowed to join the Services. And here we come to a curious position.

The Manpower Directorate can go to Foy's or some other business house of the same type and tell a girl there that she must report for duty at Claremont. but, according to information I have received, a girl who has started work at Claremont and leaves that institution to join the Services, cannot be sent out of the Services back to Claremont without her consent. So that a girl can be sent from a business house in the city, against her wish, to Claremont, but having once joined the Services she cannot be sent back to do the job she is fitted for—without her consent.

I do not think I shall be breaking faith with the Australian Trained Nurses' Association if I say that, in their opinion, the only real solution of the problem of staffing the Claremont Mental Hospital is to recall from the Army all those women who were employed in this hospital prior to their enlistment. It is no answer to ask trainees from the hospitals to staff Claremont. The time spent there would not count in their training and they would lose their reciprocity with other States and the rest of the world if we counted it in their training. Therefore they could not agree to such a proposal. The nurses have asked that such time should not be counted. The problem is not yet solved. Moreover, quite a number of alterations would have to be made at the Claremont hospital before it could be made a training school.

I propose to go a little further in the matter of the Claremont institution. I really do not believe that the department has made any serious attempt, since knowing of this difficulty, to supply reasonable amenities for those who were going to work at Claremont. The nurses' quarters at Claremont are the most drab, dismal, dark, dingey places conceivable. There is not any comfort whatever. The walls of the sitting-room are dull with the typical Government paint, and with water coming down the corners of the roof. There is not any adequate place for these girls to entertain their friends. If one stands at the door of the Claremont hospital, one looks out over green fields. If one goes to the nurses' quarters, one is hemmed in on all sides by the walls of the wards. On the tennis court the grass is feet high. One of the complaints the girls make is that there is no provision whatever for them to entertain their friends. I would like mem-

bers of this House to see the quarters in which those nurses live.

To me one of the most interesting features of the whole asylum is that the kitchen is not under the control of the Medical Superintendent. A community of 1,500 people lives together at Claremont, but for the sake of economy the kitchen has in recent years been placed under the secretary! The kitchen is not fly-wired, and on the day I visited it for the purpose of making a more or less detailed inspection of the place, there were on the benches tins of custard over which the flies were racing. Men cutting up vegetables were without aprons and were smoking cigarettes. The whole kitchen needs to be overhauled and re-administered.

Hon. J. Cornell: The same remarks apply to Lemnos.

Hon. J. G. HISLOP: The hall in which the patients eat is bigger than the Town Hall. Its state of repair could not be worse than it is. I next went into a place where I saw an inmate sitting down peeling vegetables. I admit that it is terribly difficult to keep a vegetable house clean, but at Claremont there has been no attempt to do it; and when the vegetables were thrown on the shelf one could hardly tell them—they were so pitted with black spots which, on further investigation, proved to be flies. As the nurses walk from their quarters they must pass by this open place and see all these things. They go into a large hall with tiled floors and tiled walls which serves as a dining-room.

I said to the Medical Superintendent, "This is horrible." He replied, "I have no control over this. The secretary controls the kitchen." The whole administration of the mental hospital calls urgently for inquiry. Only a day or two ago our morning newspaper asked that the appointment of a Select Committee to inspect Claremont should be considered. It is not as if present conditions were something new in wartime. When Mr. Moseley held his inquiry six years ago, his report was published. I have not quoted from his report, but from remarks in the leading article, which remarks I think one may take as correctly extracted. I quote from the leading article—

Almost a year before Germany invaded Poland Mr. Moseley declared that "no report on mental hospitals of this State would be complete without some reference to the grossly

overcrowded condition at Claremont. At the same time, that condition has continued for so long and has so often been the subject of adverse comment, that one wonders whether any advantage will be gained by again drawing attention to it.

That is from the report of the Commissioner who conducted his inquiry six years ago, and so it seems probable that I am now doing much the same as Mr. Moseley—wasting sweetness on the desert air. There are numerous matters to which one could refer on this whole question of health, but I refrain from any further remarks of that type and go to the question of the Government's acceptance of 6s. or 6s. 6d. per day from the Commonwealth for the institution of free hospitals. This idea of providing things free seems to have become a fetish in Australian life. Apparently it is the new order. However, it is not quite so easy of achievement as might appear. If the 6s. or 6s. 6d. per day is accepted, then in the first place somebody has to find it.

Then comes the question: Will it provide free hospitals? We have read in the Press criticisms from secretaries of country hospitals. They ask what position their institutions will be in. They are very doubtful whether the 6s. or 6s. 6d. per day will meet their requirements, because such a payment will certainly close up every avenue of benevolence. Private contributions to hospitals will cease if they once become free institutions maintained by Government funds. Let us look at the position of the metropolitan area. Six shillings or 6s. 6d. might just at the moment meet the deficit between the cost of treatment of patients and the subscriptions. In other words, it may equal what is now being received from patients. I desire to sound a note of warning. We are on the point of disturbing an old tradition. The honorary staff will cease if there are free hospitals with withdrawal of the means test.

The honorary staff may continue if the 6s. or 6s. 6d. contribution is made under present conditions, but not if the means test is removed as proposed by the Government; for that would mean that anyone, rich or poor, could go into a public hospital and ask for treatment. If a man feels that he can get better treatment in a public hospital than in a private hospital under this scheme, there is nothing to prevent him, if he is the richest man in the State, from going into a free hospital as a patient.

I, for one, am not going to treat him for nothing, and I think the rest of the medical profession would adopt the same attitude. So long as we feel that we are giving something of our services free to those who cannot afford to pay for them, the profession will continue to do it as it has done for thousands of years.

Again, just think for a moment what is likely to happen if we lose the honorary staff. The honorary staff will require payment if the work is to be done free. Queensland has changed from an honorary staff to a paid staff, but it is costing money. I estimate that on the basis of payment which Queensland has adopted, it would cost for our metropolitan area alone £50,000 a year to secure services that are now being carried out by the honorary staff. I ask the Government to consider carefully whether it is justified in accepting 6s. or 6s. 6d. per day and having to pay £50,000 per annum. It may not be profitable. On the other hand, there are those who believe that the honorary staff has outlived its usefulness, and that the medical staff should be paid. If that should be so, however, the Government must be prepared to face the cost of paying for all work done at the hospitals.

I would suggest also that the Government should give careful thought to the method by which medical graduates will be trained. The present position is perfectly satisfactory to most of the profession. I refer to the honorary system. If there are to be no honoraries, however, then the teaching of the resident medical officers will have to be provided for and it will be found necessary to employ full-time resident senior surgeons and full-time senior physicians, as well as the paid staff, to carry on the work. It appears to me as if we are proposing to deal with the wrong end first.

We are proposing to give something free to someone who has no idea of what to do with it. We already have a free and a salaried medical service. That is all right. We can also have a free hospital, but I repeat that we are starting at the wrong end. I advise the Government very strongly to explore every avenue of detail before it decides to accept this tempting bait of 6s. per day and free hospitals. I have had one illuminating day in my life in this House.

It was the eventful day on which Major Markham spoke to us.

Hon. A. Thomson: Hear, hear!

Hon. J. G. HISLOP: All who listened to him must have been filled with pride when he mentioned the achievements of little old England. Even at the risk of being criticised, I must say that I agree with Mr. Craig in not liking the playing of "Australia Fair."

Members: Hear, hear!

Hon. J. G. HISLOP: I think it is a most improper attempt to insinuate that we are a nation apart from the British Empire.

Hon. A. Thomson: That is the intention without doubt.

Hon. J. G. HISLOP: It was most gratifying for me to hear what Major Markham had to say about England. As an Australian, I do not for one moment deery anything that has been done by our Allies, but it must not be forgotten that they came to Australia to save themselves primarily. We are grateful that they came here; we are also pleased that they were able to use Australia as a base. We must also never forget that it was the Australians who stopped the march of the Japanese at Milne Bay. I believe that battle will go down in history as part of Australia's war achievements. But it will not do any of us harm to consider for a moment the part that England has played and is continuing to play in this great conflict.

During a period of, I think, six weeks 4,700 people were killed in Great Britain and 800,000 houses were damaged by flying bombs. And Britain still has to take it in what may well be the last year of the war! I think it would be interesting to members if I read some telegrams from the High Commissioner for the United Kingdom describing what Great Britain has done. Major Markham said that nobody had built anything that could fly higher; nobody had built anything that could go deeper or faster or carry a heavier load than Great Britain was building. That gives us some idea of what Great Britain is doing. I shall now quote the telegrams—

Practically the whole weight of available German armour has been flung against the British and Canadian front in the Caen-Bayeux sector. Eastward from Villers-Bocage, there had been identified by 3rd July seven panzer divisions. Five of them were the best available S.S. panzer formations, two of which consti-

tuted a corps recently serving in Russia, as well as the remnants of the redoubtable 17th S.S. Panzer Grenadier Division, previously engaged in the peninsula fighting. Yet "some prisoners taken in the last few days have shown signs of discouragement."

Occasionally there were some anxious moments survived only by cool gallantry. One of the foremost British units was encircled time and time again without yielding an inch of ground. At one time its position was surrounded by seven German Panthers pouring streams of lead into it. Yet the only anti-tank gun left in action, doggedly swinging from one side to another, knocked out all seven.

There is also some startling news of happenings in Great Britain. I quote the following particulars:—

The British railways ran 24,459 special troop, ammunition and stores trains between March 26, the first day fixed for the movement of personnel, and the completion of the initial D-Day moves two months later. One thousand of these carried 230,000 soldiers across Britain together with 12,000 tons of baggage.

Nine thousand, six hundred and seventy-nine special trains were run during the three weeks prior to D-Day. In one week all wartime records were broken with the running of 3,636 special trains.

The task of waterproofing the Allied invasion vehicles and tanks occupied the whole sheet rolling capacity of the industries of Britain—250 factories—for eight weeks.

Hon. C. B. Williams: Has Great Britain different railway gauges?

Hon. J. G. HISLOP: I think not. To continue—

Enough steel plates were fitted to vehicles to lay an armoured road from London to Berlin. In those two months each of the lorries engaged in transporting the material to R.A.O.C. depots covered its ordinary mileage for one year.

If we add to these achievements what has been done by our Allies, all this seems fantastic. To continue—

More than 1,000 troop carriers and gliders of the R.A.F. and the 9th U.S.A.A.F. flew paratroops and airborne infantry into the zone of operations during the night before D-Day. The machines formed a train nine aircraft wide and 200 miles long.

So I still continue to feel thankful to the British Empire, as indeed will every Australian. We will still remain a part of the British Empire, even more firmly welded together after this war. I support the motion.

On motion by Hon. Sir Hal Colebatch, debate adjourned.

House adjourned at 6.9 p.m.