LEGISLATIVE COUNCIL.

Thursday, 26th October, 1939.

The Council met at 10.30 a.m., pursuant to adjournment, His Excellency the Acting Governor, SIR JOHN WADDINGTON, K.C.M.G., O.B.E., President, in the Chair.

PRESENT.

The Hon. the Colonial Secretary, Mr. G. D. Owen, C.M.G.

The Hon. the Attorney-General, Mr. E. O. Pretheroe, M.C.

The Hon. J. S. Dash, Director of Agriculture.

The Hon. E. G. Woolford, K.C. (New Amsterdam).

The Hon. E. F. McDavid, M.B.E., Colonial Treasurer.

The Hon. M. B. G. Austin, O.B.E. (Nominated Unofficial Member).

The Hon. W. A. D'Andrade, Comptroller of Customs

The Hon. N. M. Maclennan, Director of Medical Services.

The Hon. G. O. Case, Director of Public Works and Sea Defences.

The Hon. L. G. Crease, Director of Education.

The Hon. B. R. Wood, Conservator of Forests.

The Hon. W. A. Macnie, Commissioner of Labour and Local Government (Acting).

The Hon. Percy C. Wight, O.B.E. (Georgetown Central).

The Hon. J. Gonsalves, O.B.E. (Georgetown South).

The Hon. Jung Bahadur Singh (Demerara-Essequebo).

The Hon. Peer Bacchus, (Western Berbice).

The Hon. A. G. King, (Demerara River).

The Hon. H. C. Humphrys, K.C. (Eastern Demerara).

The Hon. J. W. Jackson (Nominated Unofficial Member).

The Hon. C. V. Wight (Western Essequebo.

The Hon. G. H. Smellie, (Nominated Unofficial Member).

The Hon. F. H. Martin-Sperry, (Nominated Unofficial Member).

MINUTES.

The minutes of the meeting of the Council held on the 25th of October, 1939, as printed and circulated, were confirmed.

PAPERS LAID.

THE COLONIAL SECRETARY (Mr. G. D. Owen) laid on the table the following document :—

Report of the Committee appointed to examine existing taxation and to make recommendations for any changes which, in the Committee's view, offer reasonable hope of effecting a gradual improvement in the general economic position of the Colony.

GOVERNMENT NOTICE.

Professor DASH (Director of Agriculture) gave notice of the following motion :—

Be it Resolved,—That this Council approves of advances not exceeding $8,000 being made from time to time to the Director of Agriculture for the purchase of dried pulse produced in the Colony in order that such material may be stored in cold storage and supplies released as and when required for consumption.

ORDER OF THE DAY.

GEORGETOWN SEWERAGE AND WATER (AMENDMENT) BILL.

THE COLONIAL SECRETARY: I move that " A Bill intituled an Ordinance to amend the Georgetown Sewerage and Water Ordinance, Chapter 96, with respect to the constitution of the Commissioners thereunder " be read a third time and passed.

Professor DASH seconded.

Question "That the Bill be read a third time and passed" put, and agreed to.

Bill read the third time.

TAX BILL.

THE COLONIAL SECRETARY: I move that "A Bill intituled an Ordinance to consolidate the enactments relating to the imposition of taxes for the public use of the Colony" be read a third time and passed.

Professor DASH seconded.

Question "That the Bill be read a third time and passed" put, and agreed to.

Bill read the third time.

COLONIAL MEDICAL SERVICE (CONSOLIDATION) (AMENDMENT) BILL.

Dr. MACLENNAN (Director of Medical Services): I beg to move the second reading of "A Bill intituled an Ordinance to amend the Colonial Medical Service (Consolidation) Ordinance, Chapter 186, so as to restore the right to practise to those unregistered persons who were practising Dentistry for a specified period prior to the fifth day of July, 1924; to make further provision for the control of midwives and in certain other particulars."

As will be seen from the long title of this Bill there are two main objects both of which concern either directly or indirectly the health of the community. The title refers first to the control of the practice of dentistry, and secondly to the control of the practice of midwifery. Let me deal shortly in the first place with the practice of dentistry. As hon. members are well aware, in the old days—50 or 60 years ago—dentistry was not the exact science it is to-day. In those old days little was known about the scientific aspect of dental work, and dentistry was practised by all and sundry and was really a form of mouth carpentry. To-day, as we know, modern science has shown us that the practice of dentistry is of considerable importance with regard to the health of the community. The care of the teeth and the care of the mouth generally are reflected very much in the health of the individual. Modern scientific methods in regard to Bacteriology have shown that certain diseases of the mouth are reflected in the health of the body, and we know from experience in recent years that many obscure diseases, which were formerly quite beyond the task of the profession to diagnose and elucidate, has now been discovered by scientific methods to be due to poisons originating in the mouth and from defective teeth. It is therefore very obvious that a modern science of this sort, which has to do with the health of the community, should be very carefully controlled by special legislation, so that all and sundry shall not be allowed to interfere with the mouths of the community.

With regard to the practice of dentistry in this Colony, I should like briefly to recapitulate the dental legislation as it existed in the past and as it exists to-day, and also to give a brief resume of the events leading up to the Bill which is now before us. I may say in the first place that prior to 1908 there were no restrictions at all in this Colony regarding the practice of Dentistry. In 1908 the Dentist Ordinance, No. 15 of that year, was introduced and made it necessary for people, who were to practise dentistry, to be registered. That Ordinance allowed anybody at that time who had been practising dentistry to be eligible for registration, but there were certain restrictions which were as follows—the Ordinance made it an offence for any unregistered person to use the name or title of "Dentist," and furthermore it denied the right to anybody practising dentistry who was not registered to claim fees according to law, but the defects of the Ordinance were these: While certain registered persons could practise dentistry there was no legal impediment to those unlicensed or unregistered individuals from carrying on the practice of dentistry. It was defective in allowing unqualified and unregistered persons to practise dentistry.

In 1921 the English Dental Act was passed, which consolidated in a general way all legislation covering the control and practice of dentistry. Following that Act, the local Legislature in this country passed the Ordinance with which we are dealing to-day; that is to say, the 1924 Medical Consolidation Ordinance, Chapter 186, of the Laws of this Colony. This Ordinance

repealed the 1908 Ordinance and enacted provisions making it illegal for persons to practise dentistry in the Colony unless registered. The Ordinance came into operation in July of that year, and its provisions represent the law as it stands at the present time. While the Ordinance of 1924 followed the English Act in general, there was one respect in which it did not actually follow the English Act. It will be realized that when the English Act came into force in 1921, a great many unqualified persons were carrying on the practice of dentistry in England. Although they did not hold any diploma qualifying them for registration, they had acquired a substantial practice because the old English Act had entitled them to do so. Those people who did not actually hold a diploma were permitted to practise dentistry under certain conditions, and those conditions which have been incorporated in the Bill before us to-day laid down the right to enable unregistered people to practise dentistry. In our Ordinance of 1924 we omitted to allow for such a provision. That is to say, when the Ordinance was introduced it only allowed those holding a diploma to be entitled to practise dentistry, and it may appear there may have been at that time certain persons in the Colony who were engaged in the practice of dentistry but did not have any particular diploma or qualification for registration as dentists. In the ensuing period—1924 onwards—those particular persons may or may not have been practising dentistry in this country ; if they did, then they did so surreptitiously or illegally and naturally the time came when some action should be taken against them.

About the year 1931 or 1932 Police prosecutions were instituted at the instigation of the Medical Board, and several prosecutions occurred. Those particular persons who held that they had a right to practise dentistry according to the English Act were prosecuted in the Courts, and as the result of that several of them petitioned Government in the matter. The Government felt that while there may have been an omission in the 1924 Ordinance, twelve years had elapsed and, whether those people had any right to practise dentistry at the time, they had lost that right in the ensuing years by disuse and were in fact practising illegally. The petitioners then went further and petitioned the Secretary of State for the Colonies, who replied that he considered that a principle was involved and, whether or not those particular persons had a right to practise, they should at least be given an opportunity to apply for registration. Government felt that we wanted a little further information on the subject, as it seemed that in those ensuing years their possible right to practise had fallen away, and if they had been practising it was illegal and they had no right to do so. Further correspondence on the subject went on with the Secretary of State for the Colonies, but the Secretary of State held that a question of principle was involved and some legislation should be enacted to permit of those people having an opportunity to apply for registration in the same way as was done under the English Act of 1921. Hence the reason for this Bill. When I come to the clauses of the Bill I shall endeavour to show how provision is made for those particular petitioners to apply for registration.

I want to say a little about the other part of the Bill dealing with the practice of midwifery. It is a very grave thing for me to say in this Council but I shall say it, and that is that the maternal mortality rate in British Guiana is the highest in the West Indies. For every thousand births which take place in this Colony fifteen mothers die. That is a very grave and serious state of affairs, and when the Royal Commissioners were here they were astounded at it. It is my duty and intention to try and do all I can in every possible way to reduce that high maternal mortality rate. I am not going to say for a moment that it is due entirely to the inefficient practice of midwifery, far from it. There are factors of malnutrition and poverty. This is a malarial country and anæmia due to malaria is a very serious thing in pregnant women, particularly if they have to go through a severe confinement. We feel here that at any rate one aspect of this high maternal mortality rate should be tackled by attempting to control the practice of midwifery a little better than is being done at the moment. We have in this country between 600 and 700 midwives. Many of them have qualified years and years ago, and probably some of them have forgotten their work. midwifery work has advanced within recent years in the same way as dentistry has and, therefore, a greater control of mid-

wives through our Inspectors of Midwives seems desirable. That part of the Bill dealing with midwives is to ensure a little more control but does not impose a hardship on the midwives themselves. I believe that the general body of midwives will welcome it, since it will mean closer contact between their work and the Medical Board through their registration annually and regularly. The Bill also makes provision for the calling in by midwives of a registered medical practitioner in certain cases of grave emergency. I shall refer to that further when dealing with the clauses of the Bill.

Turning to the Bill itself, I shall just run through the clauses in order. Clause 1 : I wish to point out that there is one amending Ordinance to this Bill, and that is the Medical (Dental and Midwifery Practice) Ordinance of 1930. This Ordinance for the purpose of reference has been repealed and is being re-enacted in this Bill, and clauses 4 and 8 of the Bill are merely the repealing and re-enacting of that amendment, so they really do not arise for discussion as new clauses.

Clause 2 is a new clause and is inserted to provide a definition for the practice of dentistry. There is no definition for the practice of dentistry in the Ordinance as it stands at the moment, and in cases before the Court it has been found very difficult in many instances to be able to define exactly what the practice of dentistry means. I am not particularly fond of this definition in the Bill, but it is the definition given in the English Act and I cannot find a better one.

Clause 3 is merely intended to increase the penalty for the illegal practice of dentistry and, I think, it is very desirable to have that penalty increased. The penalty in England is £100. This is merely increasing the local penalty to $500. When all is said and done, we have to protect the dental profession in this Colony, and if people are practising illegally they must be punished for it.

Clause 4 is the re-enactment of the repealed section of the Ordinance, and requires no further comment.

Clause 5 is an important clause. You will see here that there are two different conditions. In the first place there are certain people who will have the opportunity of applying for registration under certain conditions without examination, and there are certain people who will have the opportunity of applying for registration after a local examination. That examination will be held locally by an Examining Board. Nowadays to be enabled to obtain a diploma as a dentist, one has to go to England or the United States of America and there spend at least four years pursuing studies. In many cases persons qualify in medicine before actually taking up dentistry, and in such instances the course takes about nine or ten years. The examination referred to in the Bill is provided on the assumption that those people have some knowledge of dental work and have been overlooked when this Ordinance was passed. You will therefore see that in the first place under Section 39A the Board shall admit to the Dentists' Register kept under the provisions of the Ordinance persons who make application in that behalf under certain conditions. I must point out that certain amendments will be put forward in the Committee stage as regards the dates in this clause. The date given in the Bill is 1st October, 1939, and it is proposed to alter it to 1st January, 1940, wherever it is mentioned in the clause. The next point is the question of the dental mechanic who is not a dentist, as you know, but is one concerned in assisting the dentist in certain work which is done outside the mouth—the mechanical side of dental work. It has been shown that these people who have been doing dental mechanic practice see a certain amount of dentistry and might probably be allowed to be registered to practise if they pass an examination in dentistry, provided they were for any five of the seven years immediately preceding the 5th July, 1924, engaged in the occupation of a dental mechanic as their principle means of livelihood. Sub-clause (2) states :—

> Any person who satisfies the Board that he was on the fifth day of July, nineteen hundred and twenty-four, engaged as his principal means of livelihood in the practice of dentistry in this Colony, and within two years from the first day of October, nineteen hundred and thirty-nine, passes the prescribed examination in dentistry shall, for the purposes of this section be treated as having been engaged for five of the seven years immediately preceding the fifth day of July, nineteen hundred and twenty-four, in the practice of dentistry in this Colony as his principal means of livelihood.

Sub-clause 3 reads :—

Any person who is a duly registered chemist and druggist or duly registered sicknurse and dispenser shall, if he proves to the satisfaction of the Board that he had immediately before the fifth day of July, nineteen hundred and twenty-four, a substantial practice as a dentist and that his practice included all usual dental operations, be treated for the purposes of this section as having been engaged for any five of the seven years immediately before the date aforesaid in the practice of dentistry in this Colony as his principal means of livelihood.

Sub-clause 4 merely gives some special benefit to those who had been engaged in War Service. That, I think, is not likely to arise in this Colony at the moment, but it has been inserted in the Bill since it is in the English Act.

Sub-clause 5 is important. I shall read it. It states :—

The Governor in Council may make regulations for prescribing the manner in which applications under this section are to be made, the fees payable in connection with applications for registration and for sitting for the prescribed examination; the registration of the description of persons entitled to be registered as dentists and generally for carrying this Part of this Ordinance into effect.

It must be realized, as I have said, that we have to protect the public and also the practice of dentistry in this Colony. A great many young men from this country have gone abroad in the past and probably are going now and will go in the future to study dentistry and return with a diploma in dentistry. They have to be protected also and, therefore, it must be made perfectly clear that when we come to make regulations for the registration of unqualified persons as dentists they are going to be strictly carried out. We are not going to have people brought into the Dentists' Register unless they can prove that they have carried out the provisions of this Ordinance as laid down. I consider that this Bill is giving a great concession at the moment, but I do feel that if anybody is able to prove that according to the provisions of this section he is entitled to practise he will get fair treatment but we must protect the public and also the dental profession. Under this section the Governor in Council is asked to make the regulations and not the Medical Board, so that the Governor in Council will have an opportunity of seeing that the regulations are fair and just, and there can be no question of the Medical Board being biassed or unfair in any way.

We now come to clause 6. This merely deals with the use of titles and descriptions. I think hon. members will realize that anyone admitted to the Dentists' Register should be entitled to use the title "dentist" or "dental practitioner," but is not entitled to use the title "Surgeon Dentist" as this is a special qualification and is only obtained by taking a certain diploma.

Clause 7 has nothing to do with dentists nor with midwives, but it is inserted in the Bill for one reason. Sicknurses and dispensers are allowed to use a certain schedule of drugs outside of Georgetown, but they were only allowed to use those scheduled drugs if qualified before the year 1926. It was anticipated at the time that there would be no further examination for sicknurses and dispensers, and the necessity would not arise for the use of those scheduled drugs after 1926. Since then it has been found that the examination of sicknurses and dispensers had to continue, since we require them in Government Service and Estate Hospitals. This clause merely entitles them to use those drugs. No question, I think, need arise on that particular point.

We now come to the clauses dealing with the practice of midwifery. As I have already pointed out, there is necessity for stricter control. Clause 8 is a re-enactment and does not require further explanation. Clause 9 is an amendment of Section 55 of the Principal Ordinance, and I would like to quote that section in order to explain what this clause means. Section 55 states :—

The Board may remove from the register of midwives for a fixed period or permanently, the name of any midwife who is shown to its satisfaction to be incompetent, addicted to intemperance, or negligent in her midwifery duties, or guilty of any misconduct in connection therewith, and the removal shall be published in the *Gazette*.

The purpose of this clause is to delete the words "in connection therewith." The point is that if a midwife is guilty of misconduct or assault or any misdemeanour and has been prosecuted in a Court of Law, at the present moment if the offence was not committed in the performance of her duties the Medical Board can take no disciplinary action. I believe that quite recently a midwife committed a serious assault, not in the performance of her

duties, and was fined in a Court of Law. If a doctor in England is accused of being drunk while driving a car and fined in Court, he would be summoned before the Medical Council and struck off the register. I think the same thing applies in the legal profession—any practitioner guilty of a misdemeanour may be struck off the register. We feel that some disciplinary action should be taken in the case of midwives, and it is proposed to delete the words " in connection therewith."

Clause 10 is a new provision. A new Section 58A is inserted to provide for the annual registration of midwives. The position at the present moment is this: There are midwives operating in various parts of the country whom we cannot find. We do not know whether they are still practising or carrying out their duties satisfactorily. This provision is merely to ensure that each midwife re-registers on the 1st of January of each year, so as to enable the Inspectors of Midwives to know where they are and to inspect their work. There is going to be no hardship in the matter. I firmly believe the midwives themselves will welcome this provision since it brings them into more contact with the work of the Medical Board and gives them more professional standing. It will be noticed that on summary conviction for failure to register a fine is to be imposed. In ordinary practice we will not impose the fine unless there has been persistent refusal to register. What will happen in the ordinary way is that the defaulting midwife will be asked to appear before the Medical Board and there warned and given a chance to comply with the requirement. The question of the fine does not, therefore, arise unless there is persistent refusal to comply. I think it would be of great help to the work here, if we know where all registered midwives are and what they are doing.

Section 58B is a very important provision, and a new one too. It provides for the calling in of a registered medical practitioner by midwives in certain cases of emergency. At the present moment the calling in of a registered practitioner in such cases may or may not be done; hon. members will realize that midwives do not know all there is to be known about confinements and some times they come up against very grave emergency cases and do not realize how grave they are. With this provision behind us we will have all the emergencies scheduled, and every midwife will have a copy and know in what cases it is obligatory to call in to her assistance a registered medical practitioner. That is very important indeed. In Georgetown many of these cases can be sent to hospital if discovered in time, but in certain instances there may arise serious or grave emergencies in which the patients cannot be moved and here the onus is placed on the midwife in attendance to call in a doctor as she is not competent to deal with the case herself. This revision is going to be very useful in this Colony in our efforts to reduce the maternal mortality rate.

With regard to the question of a scale of fees, I would like to point out that it is to be fixed. Certain members of the medical profession have approached us and asked that a scale of fees be inserted in the Ordinance. It is not usual to insert a scale of fees in an Ordinance of this kind. It has not been done in the English Acts, and I do not think fees are inserted in the local Ordinances. We propose, however, that a scale of fees should be set out in the regulations to be made under the Ordinance, and that scale of fees will be fixed by the Governor. The clause goes on to point out how the fees are to be recovered. I do not think there is anything very much in this clause 10, except in regard to paragraph (5) which, I would like to point out, states that the provision in regard to the calling in of a registered medical practitioner by a midwife " shall come into operation on such day as the Governor may fix by proclamation in the *Gazette* and shall apply only to such areas as may from time to time be specified in any order made by the Board with the approval of the Governor and published in the *Gazette*." It is quite obvious that this provision cannot apply in certain areas of the country where there are no doctors available, and in any event one would prefer to delay the enactment of this particular clause for some time in order to enable the regulations to be made and the scale of fees to be fixed. If the Bill comes into force on the 1st of January, 1940, this particular section will only come into force when proclaimed by the Governor.

There is another new prov ision—Section

58C. It is sometimes necessary for a midwife to be suspended from practice if it is thought she is carrying infection. She may be carrying typhoid or some infection of her hands, and in such cases she is suspended temporarily until she is better. In that event it is felt that as the midwife is poor as a rule and her fee small, she should be given some compensation during the time she is unwell. I think that is a reasonable thing to do. It may be considered too sympathetic, but I feel that there can be no quibble against that for obvious reasons.

Clause 11 provides for the insertion of new sections in the Principal Ordinance. I do not think I should go into any details about them as they are merely concerned with the keeping of a register, prescribing fees and the erasing of names from the register. They include the usual provisions found in certain Ordinances, but I would like to refer particularly to Section 65C, which I shall read. It states :—

(1) The Board shall, for the purpose of the exercise of their functions under the provisions of this Ordinance in so far as they relate to dentists, consist of the ordinary members of the Board and two additional members to be appointed by the Governor in accordance with the provisions of this section.

(2) No person shall be qualified for appointment as an additional member of the Board unless he is registered in the dentists register as a graduate or licentiate in dental surgery or dentistry.

(3) An additional member of the Board shall, unless he previously ceases to be a person qualified for appointment as such, hold office for such period as the Governor may determine.

That provision means that the Dental Association will be represented on the Medical Board when matters relating to dentists and dentistry are being discussed.

Clause 12 merely repeals the amending Ordinance, No. 32 of 1930, and clause 13 which provides for the coming into force of the Ordinance will be amended to read "1st January, 1940," instead of "1st October, 1939." These amendments will be introduced in the Committee stage. I think those are the main points I wish to refer to.

Dr. SINGH: In dealing with the first part of the Bill relating to dentists—

THE PRESIDENT: Is the hon. member seconding the motion?

Dr. SINGH: No, sir,

Mr. CREASE (Director of Education) seconded the motion.

Dr. SINGH: Government must realize that it has already done its duty in showering clemency on unqualified dentists some years ago. I believe it was in 1908, when there was an announcement in the *Official Gazette* calling upon all persons who were practising dentistry to register their names. At that time many people took advantage of it. There were some who did not know the essentials of dentistry but had registered their names, and that is the reason why at the present you have such a long list of unqualified dentists on the Dentists' Register. What could have been the object of Government doing that in 1908? Surely there must have been something at the back of Government's mind in making that announcement and going to expense in doing so. I firmly believe that Government's object was first to protect the citizens of this Colony and secondly, I presume, to raise the standard of dentistry in this country so that only qualified persons will be allowed to practise as dentists. What has happened since then? It is true that in the United Kingdom concessions have been made in the Act, to those unquualified but I am not aware of the fact that the Secretary of State for the Colonies has been informed that this Colony has already given the concession to unqualified dentists to get on the register. Take for instance the sicknurses and dispensers and the chemists and druggists; those men have to pass qualifying examinations for registration. They have to undergo a course of lectures and training and take a written as well as oral examination to qualify and thereby enjoy all the privileges of a qualified practitioner. In this case the unqualified dentists have been defying the law of this country, and are now asking for concession to do so. I feel that all must pass a qualifying examination, however elementary it may be, before they are registered.

With regard to the Second Part of the Bill relative to midwives and registered medical practitioners, I may state that medical practitioners are of the opinion that this Bill in its present form is still incomplete—it lacks detail. They believe that this Bill may defeat the object or objects it is intended to achieve, just in the same way as in the case of the Public Health Bill. Clause 10 of the Bill inserts

new sections 58A, B and C in the Principal Ordinance. Section 58B (1) reads :—

> In the event of any emergency as defined in Regulations made under paragraph (*e*) of section fiifty-seven of this Ordinance, and where a registered medical practitioner is not already in attendance on the case, a midwife shall call in to her assistance a registered medical practitioner, ...

I quite appreciate that this Bill will be a boon to the inhabitants of this Colony as a life-saving devise, in that it empowers a midwife to call in a registered medical practitioner in cases of emergency, but there is nothing to guide her. She may call even upon the hon. Director of Medical Services, who is a registered medical practitioner, or upon Dr. Romitti or Mr. Grierson, both of whom are practising surgeons and are on the medical register. It is true that all medical practitioners on the register must pass a qualifying examination in medicine, surgery and midwifery —the ordinary routine work—but some take up specialised courses of studies either in medicine or surgery or midwifery and, therefore, it is unfair to the expectant mother and to the object of this Bill if a surgeon is called in to attend in a midwifery case. To meet this, it will be necessary to establish a panel of registered medical practitioners who are practising midwifery and who are willing to be placed on that panel. You will then get efficiency and a useful service. The section further states :—

> and there shall be paid to such medical practitioner a sufficient fee, with due allowance for mileage according to a scale of fees and allowances to be fixed by the Governor.

In order that this section should work properly the whole Colony should be divided into medical districts or areas. That has already been done in respect of the country areas, but as regards Georgetown and New Amsterdam there is no such division. If this section is to work properly registered medical practitioners resident within or near a specified area should be placed on a panel to serve that area. That will serve two purposes—secure Expediency on the one hand, as if a medical practitioner is residing at one end of the town and the midwife's case is at the other end of the town it would take that medical practitioner some time to get there whereas the medical practitioner resident near or within that defined area would be able to get there in quick time. On the other hand it will secure Economy, as there will be less mileage to be paid for, and therefore a saving in expenditure effected thereby.

Coming to the question of fees, there are so many cases to be considered. Some of us who have seen the hon. Colonial Secretary have agreed that the fees should be fixed by Regulations, but others feel that the fees should be embodied in this Bill. Hon. members of this Council will also like to know what the fees will be. There are so many items to be considered in the attendance of a doctor in a midwifery case, operation may be involved and the assistance of another doctor is needed to administer chloroform, in such cases as retained placenta, stitching tears and many other cases. There is a local branch of the British Medical Association in which there are numbers of private practitioners as well as medical officers of the Government Service—all men of experience—which, I feel sure, can give Government invaluable assistance and advice when it comes to the question of regulating the fees. I feel that this Bill should be deferred until it is fully dressed, and then brought again before us.

Mr. HUMPHRYS : I desire to congratulate Government on having brought forward this Bill, particularly as regards the amendments in so far as the practice of dentistry is concerned. This Bill has been pending for a considerable time. I am not attributing any blame to Government in the matter, but I am glad that it has at last seen the light of day and is likely to be passed before the end of the current year. When we come to the Committee stage, there are one or two amendments I propose to ask for in Clause 5. I notice in that clause that the age of an applicant for registration as a dentist is fixed at 23 years attained before the 5th July, 1924. Speaking from memory I think that the English Act does fix the age at 23 but, I submit, that in this Colony there is no necessity to legislate for that age and that 21 should be substituted for 23 in the Bill. I really do not know the reason for the age of 23 appearing in the English Act and, perhaps, the hon. Director of Medical Services can enlighten us. There is no necessity to adhere to the age in the English Act, as 21 is the age when a male attains his majority under the

law here. If reference is made to similar Ordinances passed in Barbados and Jamaica, it would be seen that there is no mention of a minimum age of 23. I speak subject to correction, but I shall look it up so as to be definite. If a man has attained the age of 21 on the 1st July, 1924, that would be quite sufficient, provided he has the other qualifications and is able to satisfy the Board that he has been practising dentistry for five years prior to the 1st July, 1924.

There is one aspect of this matter which, I think, creates a little bit of uneasiness in the minds of Electives owing to the statement made by the hon. Director of Medical Services. I congratulate him, however, on his opening speech on the motion for the Second Reading of the Bill. He made it perfectly clear that the Regulations for the admission to the Dentists' Register of unqualified dentists who had been practising for a number of years prior to 1924 will be very strict. In the interest of the public and of humanity one can realize that those regulations should be strict, but I do respectfully suggest that when framing those regulations it should not be made impossible for people to comply with them. It will be no good the Board asking for evidence which will be impossible to obtain. I suggest that when Government is attending to that, it will at least keep before it a liberal idea of what evidence should be furnished by an applicant in order to enable him to be registered, bearing in mind that much can happen since 1924. Deaths may have occurred, and it may be very difficult indeed for some of the applicants to obtain full evidence of work performed by them in the practice of dentistry five years prior to 1924. I ask that that be not forgotten when framing the Regulations. If the Regulations are made impossible of complying with, then the passing of this amendment is just a hollow gesture, and is not good at all.

I feel sure that there are very few, who had the necessary qualification before the 1st July, 1924, and would be able to apply under this enabling Ordinance, but I do think the few who had been *bona fide* practising before 1924 and who since the prosecutions started in 1931 or 1932 for illegal practice were unable to earn a livelihood by the practice of dentistry, should be given full opportunity to comply with the requirements. It must be borne in mind that if there was an omission in the Ordinance of 1924—I am not certain there was—it is no fault of those persons that they had not applied at an earlier date for registration, because they were permitted unhindered to practise dentistry between the years 1924 and 1931, as no prosecutions took place during those years. If they were negligent in not registering, Government was also dilatory and slow in bringing prosecutions against them and thus bringing forcibly to them the fact that they were not entitled to practise. I urge that a very humane point of view be taken, and while not admitting people right and left without having fully equipped themselves and been in practice before 1924, I do ask Government not to make those Regulations impossible of compliance. At this stage I need not say more until we are in the Committee stage of the Bill.

Mr. KING: I desire to support the remarks made by the hon. member, who has just taken his seat, in connection with the registration of dentists, and I feel sure we can rely with confidence on the fairness of the Medical Board when dealing with those applications of which there are no more than about half a dozen. I desire like the hon. member to congratulate the hon. Dr. Maclennan, our able Director of Medical Services, on his very clear and concise speech when introducing the Second Reading of this Bill. He certainly gave me a clear insight into the interest which the medical profession headed by him is taking in the welfare of the inhabitants of this country, but I foresee a certain amount of difficulty as regards enforcing some of the provisions of this Bill. Representing as I do a district which runs from the mouth of the Demerara River to its upper reaches, I submit that it will be very difficult for a midwife in parts of that district to comply with the provision making it compulsory on her to obtain the attendance of a medical practitioner in certain circumstances. Take the East Bank Demerara district, the upper part as far as the public road goes up to Land of Canaan, the nurse-midwife practising there is entirely out of touch with any registered medical practitioner. The nearest one—the Government Medical Officer of the district—is resident at Eccles, and means of conveyance in that locality are

very difficult, as the buses only go as far as Pln. Diamond—though some may go up to Craig—and beyond there are no other means of conveyance than by boat. The nurse-midwife will therefore be in a very serious position should the very thing that is prescribed by Regulations take place. She must have a registered medical practitioner in attendance. What then is she to do? She cannot carry on with the confinement and is unable to obtain the help of a medical practitioner and, therefore, the patient has either got to stay and die or the nurse-midwife commit an offence in trying to help her. I think some provision should be made that unless a medical practitioner is within reasonable reach of the nurse-midwife and can be procured within a certain time, the nurse-midwife is permitted to do the best possible for the patient. What also applies to the outlying districts is that the medical practitioner may not be at home at the time he is summoned, and what is the nurse-midwife to do? I know very little about medical science, but I do know that in cases of delivery it is very often a matter of minutes and not hours. I can quite see that some of these nurse-midwives will be so ultra-cautious as to refuse to act where the Ordinance compels them to obtain the services of a medical practitioner.

I make these remarks in the hope that the hon. Director of Medical Services will give the matter some consideration, because I have read the clause very carefully and do see no provision made in any part of the Bill for a nurse-midwife to exercise her discretion in cases outside the reach of medical help. Even on the West Bank, Demerara, the nearest medical practitioner from Pln. Wales and beyond is Dr. Nedd who resides at La Grange—a matter of about six to seven miles away—and may be out of the district or up the Canals Polder, a distance of seven miles inland, at the time he is wanted. The poor nurse-midwife will have to run around looking for the doctor while the unfortunate expectant mother is, perhaps, at death's door. I ask the hon. Director of Medical Services to consider that point. Up to the present the position of the mid wives in the outlying districts of the Colony, who, we know, do their utmost to assist mothers in delivery without the help or assistance of medical men, is not a happy one.

Mr. WOOLFORD : I do not propose to say anything about the proposed legislation affecting the dentists or rather the unregistered dentists, because I was one of those who advised the Dental Association in this matter. I express the hope that the greatest care will be taken to protect those who are qualified to practice dentistry and not to allow by any possibility the introduction into that or any profession a number of persons who are unqualified. The least protected profession in this Colony is the legal profession, and it rather amuses me to hear the hon. member for Eastern Demerara (Mr. Humphrys) being rather hopeful that some of these unlicensed people will be allowed the privilege of practising Dentistry. He ought to know the suffering we lawyers have to endure as the result of the operation of a number of people, who profess to have a knowledge of law and offer free advice. I hope that the hon. Director of Medical Services after what I am about to say to him will not continue to labour under the impression that the same restrictions that apply to medical men extend to lawyers. He seems to think that if a lawyer in the course of presentation of a case is labouring under the influence of alcohol, he can be brought before the Legal Practitioners' Committee. I may tell him there is no such restriction. I have known very many eminent lawyers who were largely assisted in their advocacy by their inebriate condition. I hope this monopoly we enjoy will continue to exist. Then there is the possibility of a lady client being intrigued by a lawyer. With some kind of persuasion he may be able to appeal to her heart. Although the kind of intimacy that may exist between a medical practitioner and a patient is of the same character as when we lawyers intrigue our lady clients, those restrictions that apply to the medical practitioner do not extend to our profession because it is sometimes necessary to appeal to a woman's emotion to get the truth of her story. The legal profession must be allowed certain privileges that must be denied the medical profession.

I have risen particularly to make a plea on behalf of these midwives. If hon. members look at the provisions of the Bill they will find that if the medical practitioner, who is called in by the midwife, does attend and is unable there and then to collect his fees from the patient, there is

ample provision given to the Director of Medical Services to recover from the patient or husband or someone responsible for the expectant mother the fees payable to the medical practitioner. In other words, it is sought to protect the medical practitioner both in regard to travelling and medical service if he is called in by the midwife to attend on the expectant mother, but there is no provision, it seems to me, prescribing the source from which the medical practitioner is to be paid provided he is not paid at once and the Director of Medical Services is unable to recover. It must be made perfectly clear in the Bill that a medical practitioner, who has been called upon by a midwife to attend in these circumstances, should be in no anxiety about receiving his fees. If you do not do that, you are going to have much excuses made for attendance. I have known that in this Colony a medical practitioner, who is a retired Government Medical Officer enjoying a pension, declined to attend to an expectant mother within an arm's reach of where he was living. That has actually occurred. Unless the medical practitioner is going to be certain that his fee and mileage and other expenses will be paid, I can conceive that the intended legislation compelling a midwife to call in a medical practitioner and making it obligatory on him to attend will not meet with success.

Why are all these privileges and safeguards to be given the medical practitioner and none to the poor midwife? You are making almost certain the possibility of the medical practitioner being paid. What about the midwife? I am speaking of those midwives in private practice. There are a number of them in public pay. Supposing they are called in, are they not entitled to be paid also? Are they not entitled to be protected in the same way as the medical practitioner under Section 58B? In other words, if the expectant mother does not pay the midwife, the Director of Medical Services should be authorized to recover payment for her services in the same way as in the case of the medical practitioner. This legislation is being confined to Government Medical Officers but relates to every medical practitioner, and therefore it should be made quite certain that the midwife would be reimbursed any monies she might have to be out of pocket in order to give instant relief to the expectant mother. I consider that she should be protected too. Why should it only protect the medical practitioner who is in a better position to forego the fees than the poor midwife? There should be some scale of fees for the midwives, who should be placed in a position to be able to telegraph at the public expense and requisition the services of a medical practitioner. She may not be able to leave the patient's room, but she may be able to send a message by telegraph or telephone through the Post Office summoning the medical practitioner. If you want to obtain the best results public announcement should be made for the Telegraph or Telephone Service to be used by midwives at the public expense. I do suggest that Regulations should be made enabling a registered midwife who seeks to obtain the assistance of a medical practitioner to have the use of those services free from the Post Office. You must do something to make it possible or less difficult for these midwives to do their duty under this legislation. I make these suggestions now because I may not be here when the Bill is in the Committee stage.

The hon. member for Demerara River (Mr. King) has pointed out a real difficulty in the case of distance between medical aid and the mother in danger. Take the Berbice River districts; they present another difficult situation. It may not be possible for medical assistance to reach the patient at all in some of the upper reaches. We all know of other places in the Colony—the Islands of Leguan and Wakenaam, the upper reaches of the Pomeroon and places like those—where access is both difficult and expensive. I do think that in this case if you are going to make legislation, you cannot confine the benefit to localized areas but make it possible for any midwife without cost to herself to be able to communicate with a medical practitioner and for the medical practitioner wherever possible to reach the patient and to be remunerated for his services, and also make it possible for the patient to be able to receive relief and also drugs if she has not the means of obtaining them.

Mr. C. V. WIGHT: In supporting the remarks of the hon. member for Demerara River (Mr. King) in regard to clause 10 of the Bill, I think the hon. Director of

Medical Services is perfectly aware of an incident which I referred to him and which happened at Charity. I happened to be present there soon after the occurrence. That was a case of a very difficult delivery—what is known as a transverse delivery. Although I am not a medical man and am not familiar with such matters, I understand it is a delivery of some difficulty and danger. In that case the woman had arrived at Charity during the early hours of the morning from the upper reaches of the Pomeroon River and, I think, was in a state of delivery. There was nowhere except the Dispenser's Office where she could make delivery. She gave birth to twins. In that case the only registered medical practitioner that could be summoned would have taken a considerable time to get there. I quite appreciate the fact and words can hardly be found adequate to praise the attitude which the hon. Director of Medical Services has taken in attempting to ameliorate the condition of medical service to the poor inhabitants of this country. He has intimated the necessity for an out-patients hospital at Charity, and that is only one instance to which his attention has been called by me. I am sure he will consider the points raised by the hon. member for Demerara River.

THE COLONIAL SECRETARY: I desire to say a few words as representations have been received by Government from the local branch of the British Medical Association. The petition was only received two days ago, and I am afraid I will not have an opportunity of replying to their letter. In order that it may not be thought that no notice is being taken of it, I would like to mention that the President of the Association came to see me with another member and the hon. Dr. Singh, and the hon. Director of Medical Services. They raised three points. One was that they considered there should be a panel of doctors and that a panel should be referred to in the Bill. I think, it was made clear to them that if it is considered necessary that a panel should be prepared, provision would be made for it in the Regulations. The second point raised was in regard to fees in clause 10 of the Bill—Section 58B. Their opinion was that the fees should be included in the Bill, and they happened to mention that provision was made in an Ordinance for the payment of legal fees. I was able to inform them that it is not so. Legal fees are fixed either by Regulations or Rules of Court, and it is not usual to include fees of this nature in an Ordinance. An alternative was put up to them, but the gentlemen present preferred that Sections 58B and 58C should remain as they are. The third point was in regard to certain details which they considered should be in the Bill. I informed them that the proper place for those details would be in the Regulations.

Dr. MACLENNAN: In replying to the debate I think that the main points raised by the hon. member for Demerara-Essequebo (Dr. Singh) have been answered by the hon. Colonial Secretary. The obvious place to put the fees is in the Regulations and not in the Bill. As regards the question of a panel of doctors, it is quite obvious that in Georgetown where you have specialists in medicine and in surgery, who are out of touch with midwifery and naturally do not wish to be involved in midwifery work, they should be excluded. It is proposed that under the Regulations to be made under this proposed Ordinance possibly a voluntary panel can be arranged for in the case of Georgetown and New Amsterdam, as the point was made that in certain parts of the town certain medical practitioners should be available. I would say here definitely that if that voluntary panel is not successful—that is to say if it cannot be arranged—this provision still holds good that a medical practitioner shall go to a case of emergency when he is called in by a midwife. That must be done.

I come now to the remarks made by the hon. member for Eastern Demerara (Mr. Humphrys). I sympathised with him when he spoke about the strictness of the Regulations, but he will realize that the Regulations must be strict for obvious reasons. I may, however, inform him that the Regulations will be just and reasonable, but at the same time I do feel that any person who is dissatisfied with the reception he gets when applying for registration has the right to appeal if he cares to make use of that right. The Regulations will be strict but just and reasonable, and will be approved by the Governor in Council.

As regards the question of age raised by the hon. member, he has suggested that the age stated in clause 5 (Section 39A) should be reduced to 21. I may state that the age in the English Act is 23. You must take into account the preliminary requirements. The applicant has to be engaged in the practice of dentistry for five of the seven years immediately preceding the date of the passing of the Ordinance. If you reduce the age to 21 it is tantamount to saying that the applicant is practising dentistry at the age of 14 or 16; if that is so, then there is something wrong. Nobody is allowed to be registered as a dentist in England until he has reached the age of 21. There must be some limit. It would make the provision a farce if the age limit is reduced. I really cannot consider the suggestion, as we must draw the line somewhere.

I was very glad to hear the remarks of the hon. member for Demerara River (Mr. King). He has raised the question of the very difficult problem of medical aid in the River Districts of this Colony. It will be realized that we have not the money to place Medical Officers in those places, but as time goes on and conditions become better and transport facilities improve we may be able to do so. He also pointed out the difficulty midwives will have in calling in to their assistance medical practitioners in cases of emergency in these areas. If the hon. member looks at the clause in question he will see on page 7 of the Bill that the provision only comes into operation on the day that the Governor may fix by proclamation in the *Official Gazette* and shall apply only to such areas that may be proclaimed from time to time. It is quite obvious that areas cannot be proclaimed when the service cannot function there. I cannot offer any greater help to those areas until the financial situation is better and we can afford a better medical service. At the moment it is being seriously thought out as to which areas this provision may be applied, and the areas referred to by the hon. member, I am afraid, will have to be left out for the present, which I regret but it cannot be helped. It will be possible to apply the Ordinance to the towns and villages, and I feel a great benefit will ensue from the application of the provision.

The hon. member for New Amsterdam (Mr. Woolford) raised one or two interesting points. He has already warned me that it is not safe for me to enter into any discussion on the legal side of the matter, and I would be well advised to keep out of it. I have no intention to attempt it, but when it comes to the question of fees for midwives, I think the hon. member must realize that this is emergency legislation and it is only in definite emergency that it will apply. This is an emergency provision not for midwives but for medical practitioners to go in and assist the midwives who are already engaged by the expectant mothers. It will be impossible for Government to pay the midwives' fees. In these cases it must be realized that the midwife has already made arrangement as to her remuneration prior to the case being in a state of emergency, and if it turns out into an emergency case you cannot expect Government to step in and pay her. I am, however, very sorry that in many cases the midwives are unable to get their fees, but this is an emergency legislation affecting the medical practitioners who are thereby compelled to go and render assistance and, therefore, certain fees should be assured them. I think the hon. member will realize that.

With regard to the remarks made by the hon. member for Western Essequebo (Mr. C. V. Wight), I do sympathise with him as to the position in the Pomeroon River District, but I can only reply in the same way as I have done to the points raised by the hon. member for Demerara River. I had hoped this year to have established a Cottage Hospital at Charity to provide accommodation for people coming from the Pomeroon. Government had approved of it, but I am afraid owing to the present situation we cannot go on with it next year. It will be kept in mind, however, as we realize the need for it. As soon as the finances of the country permit the question will come up again.

Question put, and agreed to.

Bill read the second time.

The Council resolved itself into Committee and proceeded to consider the Bill clause by clause.

Clause 5—New Section 39A inserted in Principal Ordinance.

THE ATTORNEY-GENERAL (Mr. Pretheroe): I beg to move the following amendments:—In paragraph (*a*) the word "October" in the third line and the words "thirty-nine" in the fourth line be deleted and the words "January" and "forty" substituted therefor respectively; in paragraph (*b*) the word "October" in the third line and the words "thirty-nine" in the fourth line be deleted and the words "January" and "forty" substituted therefor respectively; in sub-paragraph (III) of paragraph (*b*) of sub-clause 1 the word "October" in the fifth line and the words "thirty-nine" in the sixth line thereof be deleted and the words "January" and "forty" substituted therefor respectively; sub-clause (2) the word "October" in the sixth line and the words "thirty-nine" in the seventh line thereof be deleted and the words "January" and "forty" substituted therefor respectively.

Question put, and agreed to.

Mr. HUMPHRYS: I move that the words "twenty-one" be substituted for the words "twenty-three" in the first line of sub-paragraph (iii) of paragraph (*a*) and in the first and second lines of sub-paragraph (iii) of paragraph (*b*) of clause 1. I have already given during the debate on the Second Reading my reason for requesting this amendment. I have listened to the reply made by the hon. Director of Medical Services, but I do not think there is much force in his contention, because while it is true that in order to show the applicant had five years' experience and practice he must be only sixteen at the time he started, if you take the age at 23 then he would have to be eighteen at the time he started. I cannot see there is much difference in a matter of two years. I would ask the hon. Director of Medical Services to look at the Ordinances passed both in Barbados and Jamaica, wherein I do not think there is any reference as to age. Why follow the English Act when in the neighbouring Colonies the same thing has not been done? If in the Colonies of Barbados and Jamaica it has been found unnecessary to follow the English Act, why should we here follow it? I do ask Government's consideration of the matter and that the age be made twenty-one.

Mr. C. V. WIGHT: Supporting the hon. member for Eastern Demerara, it would appear that even assuming that what the hon. Director of Medical Services has said, the person of 21 would have been practising at the age of sixteen. The clause reads "had attained the age of twenty-three years before the fifth day of July, nineteen hundred and twenty-four." Does it not appear that whatever happens whether the age is 21 or 23, whether the applicant has been practising at 15 or 18, the whole thing has already passed, and it is only a case of being satisfied as to his age in 1924? That clause and the clause in co-relation to that cannot be applied to say he will be practising at the age of 15 or 18, because he has already practised at the age of 24 and comes into line with sub-clause 3. The only question is whether he will be prepared to say at the time in 1924 that he had been practising, he had started at the age of 14 or 16. If he can satisfy the Board that in 1924 he had been practising for a certain number of years that would be sufficient for the Board. But that will be a matter for the Board.

Mr. KING: Supporting the amendment by the hon. member for Eastern Demerara (Mr. Humphrys), I desire to point out two things. The first is—if my information is correct—there is no age limit except the enforcement in England that before anyone is admitted to the practice of dentistry or can obtain a diploma in the College where he is qualifying he must have attained the age of 21. I understand that in this Colony there is a registered dental practitioner who was under 21 years of age at the time he was admitted to practise here, so that precaution is not taken here when it comes to the practice of dentistry as in other professions—the medical profession and certainly the legal profession. It does appear that so far as the practice of dentistry is concerned, the compulsion of age did not apply. Until either 1895 or 1900 a legal practitioner here or a person interested in the law could have been admitted to practise after two or three years' apprenticeship with a practising practitioner. The law has since been changed, and now to qualify for the legal profession—I am talking about the Solicitor, the less important branch of the profession, and not the exalted Counsel who only requires three years—five years' apprenticeship is required.

I am, therefore, appealing to the hon. Director of Medical Services to grant the concession which is being asked for in the amendment which has been proposed. As the hon. mover said, no age was ever mentioned in the case of the Ordinances in Jamaica and Barbados, and further apparently there was no age limit. There is probably no age limit for the admission of a dental practitioner in so far as qualifying from a University or College is concerned, except in the case of England where evidently the dental practitioner cannot now qualify until he has attained the age of 21. It may or may not affect one or more of the persons who propose to apply for registration under the amendment now before the Council, but as a matter of principle I do feel that the age of 21 is recognised by everybody as the age at which a man can be admitted to more responsible situations in life. The hon. member has pointed out that it would require the applicant in some instances to have started to practise dentistry at the age of 16 or less. We all know that some people start life very young. It does not say that because a man starts life at the age of 15 or 16 he is not qualified to take part in the practice of a particular form of profession. I certainly appeal to Government in this matter to accept the amendment despite what the hon. Director of Medical Services says in reply.

Mr. GONSALVES: There is one point that strikes me. It seems to be sufficient precaution in regard to the matter, if the suggestion of the hon. member for Eastern Demerara is accepted. This provision deals with persons who for five years before the 5th July, 1924, had been practising dentistry. Supposing you eliminate the five years prior to the 5th July, 1924, and they had been practising from July, 1924, to now—a period of 15 years? I cannot see the difference. As suggested by the hon. member the difference as stated in the Bill is quite out of the question, if it is true that in Jamaica and Barbados there is a similar provision existing. It is true that we do not always like to follow Barbados, but, I think, if we have two neighbouring Colonies with that provision without age limit it may well be accepted. It seems to me that the requirement of five years immediately preceding may be eliminated. If people had been practising since July, 1924, they had fifteen years of it and the five preceding years would not make them any more competent. Competence and improvement come after. If they had served the last fifteen years in that work, that seems to me quite sufficient. I am inclined to agree with the hon. member for Eastern Demerara, and I support the proposal that the age be fixed at 21.

Mr. WOOLFORD: I do not think there need be any question that this list cannot be added to, whether the age be 21 or 23. I remember the days when there was only one dental surgeon in this Colony; he enjoyed a wide monopoly. Nowadays you have registered dentists and unregistered dentists as thick as bugs. Those gentlemen who are only "Teeth Carpenters" imagine that because they are able to perhaps affix some gold caps to some people's teeth they are going to be able to satisfy the Authorities that they had been practising over a period of five years prior to 1924, but they will have to be disillusioned. A good many of their patients cannot be called to support their claim, as they are interested in how to recover from them the cost of the work done which had caused a great amount of decay and done much injury to the teeth. I do not know where they are going to get the evidence from. I suggest that Government accept the suggestion, as whether you fix the age at 21 or 23 there is not the slightest danger of one man being added to the existing list.

Dr. MACLENNAN: I do not think I can add anything more to what I have already said on this point. The whole question is this: The five years referred to in the Bill means five years of legal practice of dentistry, because the 1908 Ordinance was in force at that time. The point is, even if you reduce the age to 21 it is tantamount to saying the man was engaged in dentistry as his principal means of livelihood at the age of 16 years. Where did he get his training from at the age of 16? That is an unreasonable presumption and is taking it a little too far. I am not in favour of reducing the age limit. I do not see why British Guiana should be tied slavishly to Barbados or any other Colony. I have been in Trinidad only a short time, but I am of the opinion that our medical service is much better than that in Trinidad and I hope it will continue to be so in the future. I

had the Director of Medical Services over here from Trinidad, and he has admitted to me that our service is better despite the fact of that Island's wealth, and the only thing they beat us in is salaries and that is because they can afford it.

Dr. SINGH: The school-leaving age in this country is quite earlier than in England. That perhaps makes all the difference.

THE CHAIRMAN: The school-leaving age being earlier, do you mean that a person can qualify as a dentist before he is 14?

Dr. SINGH: No; but if he leaves school at the age of 15 he can qualify at the age of 21.

Mr. HUMPHRYS: When the hon. mover of this Bill speaks of five years as the period in which dentistry is the applicant's principal means of livelihood, I think, he is rather thinking of it in the light that the applicant will have to prove that he had been practising on patients and receiving fees in respect of what he had been doing. It does not mean that. While the apprentice is practising dentistry his master receives the fees. He has not got to be of age to receive fees for what he is doing, but he may receive fees by arrangement with his master. As regards following the precedent in other Colonies, I say it with every respect to Government, that whenever it is necessary to pass an Ordinance here which Government desires reference is always made to other Colonies where the same thing has been done. If that is thrown at us when something asked for is opposed by Elected members, why not follow the precedent laid down in other Colonies in this matter? I have not mentioned Trinidad, because I have a far greater regard for Barbados and Jamaica (laughter). I do ask Government to give consideration to that suggestion, and I do not think—and even the hon. member for New Amsterdam is of that opinion—that it will greatly increase the list of applicants, because how many will get through is very problematical. It may, however, be possible that one or two may be able to satisfy the Medical Board that they are qualified to practise.

Question put, and the Council divided, the voting being as follows:—

For—Messrs. C. V. Wight, King, Humphrys, Peer Bacchus, Dr. Singh, Messrs. Gonsalves, Percy C. Wight—7.

Against—Messrs. Smellie, Jackson, Macnie, Wood, Crease, Case, Dr. Maclennan, Messrs. D'Andrade, Austin, McDavid, Woolford, Professor Dash, the Attorney-General, the Colonial Secretary—14.

Motion lost.

Question "That clause 5 as amended stand part of the Bill" put, and agreed to.

Clause 8—Repeal and re-enactment of Section 52 of Principal Ordinance as amended by Ordinance No. 32 of 1930.

Mr. WOOLFORD: In reply to the remarks of the hon. Director of Medical Services, I quite agree with him as regards the distinction drawn between the case of midwives engaged previously by contract with the expectant mother and a case of emergency. It is a fact that those contracts are made beforehand as a rule, and I recognize that this legislation affects cases of emergency only. What about the case of the mother not having made a contract with the midwife? Do you expect the midwife to go to the patient and not be placed in the same position of security as the medical practitioner? It may be that her service is equally as necessitous as that of the medical practitioner. I know the effect of this provision; I know what is going to happen. Only people who are in a good position enter into contracts with midwives beforehand. The average person has not the means to do so. If a registered midwife, who is not on the panel of the Medical Board and not in Government's pay, is to be suddenly called upon to do duty, she should be in the same position of security as the medical practitioner. The Director of Medical Services should be empowered to enforce payment of her claim in the same way as in the case of the medical practitioner. I do feel that on reconsideration the hon. Director of Medical Services will be able to share that view. I appeal to him to see that the Post Office Regulations permit of the free use of the Telephone and Telegraph services by midwives in cases of emergency. It would be of great encouragement in

achieving the object of the Bill, if no difficulties are placed in the way of these registered midwives being able to communicate with the medical practitioner either by telephone or telegram. The Colony will lose nothing by it. I know the Postmaster-General is going to give a long squeal about the number of free services already given to Government. Every head of Government Departments will make that excuse. This is a case of emergency—saving the lives of the community—and I hope he will find it within his power to direct that that be done.

Dr. MACLENNAN: I am in great sympathy with the remarks made by the hon. member. He has raised a very interesting point, but I do not know if I can do what he desires in this Bill. The question of a free midwifery service is a big one and has to be considered in the future, but cannot be introduced in this Bill. I will keep the matter in mind for when there is any future development.

Mr. WOOLFORD: I do not urge for a free service. Let me read the clause I am referring to—section 58B (4):—

> The Director of Medical Services shall have power to recover the fee from the patient or from the husband or other person liable to maintain the patient either summarily or otherwise as a civil debt unless it is shown to his satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

I am urging that the same legislation should apply to the emergency call of the midwife. These midwives have not got the money and cannot in the first place always provide the money to take their claim to the Magistrates' Court, as it means a minimum expenditure of eight or ten shillings. This provision for the recovery of the medical practitioner's claim can easily be applied to the midwife as well. She should be relieved of all trouble in that respect. This clause is inserted with the view of providing against the contingency of a medical practitioner, who is called in, not being paid; it is done in order to hold out to him the hope of reward by the enforcement of his claim by the Medical Department. Why not extend the same thing to the poor midwife whose service is similarly engaged? The medical practitioner is called in by the midwife, who has to do the donkey work, and I cannot see the reason for the distinction in the treatment of the midwife and that of the medical practitioner.

Clause 10—New Sections 58A, 58B and 58C inserted in the Principal Ordinance.

THE ATTORNEY-GENERAL: I move that the words "October" and "thirty-eight" which occur in the fifth and sixth lines respectively be deleted, and the words "January" and "forty" substituted therefor.

Dr. SINGH: I move the insertion in the seventh line of 58B of the following words after the word "practitioner":—"The names of medical practitioners for the purpose of this Bill shall appear on a list for the midwife's guidance."

The Council adjourned for the luncheon interval to 2 p.m.

2 p.m.—

The Committee resumed.

THE CHAIRMAN: At the adjournment the hon. member for Demerara-Essequebo (Dr. Singh) was moving an amendment to clause 10. He is not in his seat now, but I understand he wishes to withdraw it.

Clause 10 as amended put, and agreed to.

Clause 11.—Power of Board to make certain regulations.

THE ATTORNEY-GENERAL: I move that paragraph (*c*) of clause 11 be amended by the deletion of the words "October" and "thirty-nine" which occur in the sixth and seventh lines of new clause 65A, and the substitution therefor of the words "January" and "forty" respectively.

Clause 11 as amended put, and agreed to.

Clause 13.—Commencement.

THE ATTORNEY-GENERAL: I move that clause 13 be amended by the deletion of the words "October" and "thirty-nine" in the second line and the substitution therefor of the words "January" and and "forty" respectively.

Clause 13 as amended put, and agreed to.

The Council resumed.

Notice was given that at the next or subsequent meeting of the Council it would be moved that the Bill be read a third time and passed. (*Dr. Maclennan*).

THE PRESIDENT: That completes the business on the Order Paper. I propose to adjourn the Council until Tuesday, as I have already informed hon. members, and I would like to inform hon. members that it is most likely that the Council will be prorogued immediately afterwards, and will meet about the 7th of November when I hope it will be possible to lay the Draft Estimates on the table. Council will now adjourn until Tuesday, October 31, at 11 o'clock.