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CHAPTER XVIII

PUBLIC HEALTH

STATE GOVERNMENT ACTIVITIES

(Including activities of the Commonwealth Government in the Northern Territory and the Australian Capital Territory)

§ 1. Public Health Legislation and Administration

1. **New South Wales.**—The Department of Public Health comes under the jurisdiction of the Minister for Health, with an Under-Secretary as Permanent Head of the Department.

There is a Director-General of Public Health and Psychiatric Services who is Chief Medical Adviser to the Government, *ex officio* President of the Board of Health and Chairman of the Nurses Registration Board. He is responsible for the administration of the part of the *Mental Health Act* 1958–1962 relating to the care and treatment of mental patients.

The Department's activities embrace all matters relating to public health and the greater part of the general medical work of the Government. These include:—(a) Supervision of the work of local authorities (municipal and shire councils) in relation to public health matters connected with the following Acts—*Public Health Act* 1902–1961, *Noxious Trades Act* 1902–1957 and *Pure Foods Act* 1908–1958; (b) Scientific divisions (Government Analyst, Microbiological Laboratory, Institute of Clinical Pathology and Medical Research, Division of Occupational Health), and Division of Forensic Medicine; (c) Tuberculosis and Epidemiological Divisions; (d) Medical Officers of Health at Sydney, Broken Hill, Newcastle, Wollongong, Bathurst, Tamworth and Lismore; (e) State hospitals and homes and State sanatoria; (f) Mental hospitals; (g) Maternal and baby welfare (baby health centres); (h) School medical and dental services; and (i) Publicity, nutrition and library services.

Public hospitals, other than State hospitals, are administered by the Hospitals Commission of New South Wales in terms of the *Public Hospitals Act* 1929–1959. The Hospitals Commission of New South Wales is a statutory corporation under the jurisdiction of the Minister for Health.

2. **Victoria.**—(i) *General.* The Ministry of Health combines under the control of one Minister all the health, hospital and associated services either administered directly or supported financially by the Government. The central administration of the Department of Health assists the Minister with the task of co-ordinating the work of a variety of associated bodies as well as carrying out the functions of a headquarters of a Department consisting of four branches—the General Health Branch, the Maternal and Child Welfare Branch, the Tuberculosis Branch and the Mental Hygiene Branch. The functions of these branches are described below.

(ii) *The General Health Branch.* This branch, which, *inter alia*, is the administrative branch for the Commission of Public Health, protects or promotes the health of the community in the following ways.

The Engineering Division scrutinizes from a public health point of view the plans of all public buildings and provincial sewerage installations and makes periodical inspections. Other activities include prevention of air pollution from industrial sources, prevention of stream pollution and supervision of abattoirs and cattle sale yards.

The Poliomyelitis Division provides a comprehensive orthopaedic, physiotherapy, and respirator service for all eligible patients and carries out rehabilitation in conjunction with the Commonwealth Government. Facilities developed for poliomyelitis are now being used for other neurological disorders. The Division is also concerned with the Salk immunization campaign being undertaken in Victoria. Through the municipalities, immunization against poliomyelitis, diphtheria, smallpox, whooping cough, and tetanus is encouraged and supervised.

Prevention and control of infectious diseases are functions of this Branch, which also sponsors original research into virus diseases and epidemiological investigations throughout Victoria.

The Venereal Diseases Division provides a centrally situated headquarters where the use of modern remedies is effecting a general improvement in the standard of treatment.

Standards of quality and purity of foods and drugs are fixed by the Food Standards Committee and are administered and enforced by both departmental and municipal health inspectors.

Investigations into occupational hazards to the health of workers, the treatment and incidence of occupational diseases, and research into the effects of toxic substances used in industry are conducted by the Industrial Hygiene Division.

Subsidies are granted to municipalities to provide meals for pensioners, to clubs for elderly citizens, and to emergency housekeeper services.

Other services operated by the Branch are:—registering plumbers and gasfitters; providing free travel to hospital for people with limited incomes; analysing food, drink, water and sewerage effluents; registering cinematograph operators; administering the Cemeteries Acts; and advising industry on health hazards associated with handling radioactive substances.

(iii) *The Maternal and Child Welfare Branch.* This branch is concerned with pre-natal hygiene, the development of pre-school services, and the school medical and dental services.

(iv) *The Tuberculosis Branch.* The Tuberculosis Branch is concerned with the prevention of tuberculosis and the treatment and rehabilitation of tubercular patients.

(v) *The Mental Hygiene Branch.* This Branch is controlled by the Mental Health Authority and consists of institutions for in-patient care and out-patients' clinics and other services necessary for a comprehensive community mental health programme. Since the appointment of the Authority in 1951, existing buildings have been remodelled and new ones provided. Services have been re-organized to conform with modern requirements.

3. Queensland.—(i) *General.* The *Health Acts 1937 to 1962* are administered by the Director-General of Health and Medical Services subject to the Minister for Health. A central staff controls the following divisions.

(a) *Division of Public Health Supervision.* This Division is controlled by the Deputy Director-General of Health and Medical Services, and comprises separate sections of communicable disease control, environmental sanitation, food and drug control, enthetic (venereal) diseases, hookworm control and Hansen's disease (leprosy) control. Free treatment of venereal diseases is offered at the Department's clinics in Brisbane and at any public hospital. Free immunization against poliomyelitis, diphtheria, whooping cough and tetanus is offered by most of the local authorities. The majority of school children have been immunized against diphtheria, whooping cough, tetanus and poliomyelitis.

(b) *Division of Tuberculosis.* A central chest clinic in Brisbane offers Mantoux tests, X-ray examinations, and inoculations of Mantoux negative reactors free of charge. Similar clinics are situated at the Cairns, Rockhampton, Thursday Island, Toowoomba, and Townsville district hospitals. Children in the final grade of primary schools are Mantoux tested and given B.C.G. vaccine. The compulsory X-ray examination of all persons over the age of 14 years is proceeding. The survey of residents of the metropolitan area is one-third completed, and a survey of country areas has commenced again in the north.

(c) *Division of Industrial Medicine.* The services of this Division are available for the prevention of industrial hazards both to industry and to the trade union movement. The Division is particularly interested in occupational diseases, such as silicosis and lead and other poisoning, and advises on industrial problems such as lighting, ventilation, fatigue, air pollution and the use of radio-active isotopes.

(d) *Division of Maternal and Child Welfare.* This Division offers supervision and advice on the rearing and health of infants and pre-school children at 258 infant welfare centres throughout the State. Outlying centres are visited by air or by special rail car. Homes for in-patient treatment of infants with feeding problems have been established at Brisbane, Toowoomba, Ipswich and Rockhampton.

(e) *Division of School Health Services.* This Division comprises the Chief Medical Officer, School Health Services, and a staff of doctors, dentists and visiting school nurses. The dental officers inspect school children and carry out essential treatment at schools or in the rail dental clinics. The medical examinations are made every one to two years.

(f) *Division of Mental Health.* The Director of Psychiatric Services is responsible for the care and treatment of mentally ill patients in the State's four special hospitals at Brisbane, Toowoomba, Ipswich and Charters Towers. In addition to a separate clinic at Brisbane, psychiatric services are available at Brisbane, Townsville, Rockhampton and Toowoomba Public Hospitals. There is also an epileptic home at Toowoomba.

(g) *Division of Welfare and Guidance.* Clinics for the diagnosis and management of behaviour disorders in children have been set up in the Greater Brisbane Area, and further clinics are planned for Townsville and Toowoomba. This service is extensively used. The Wilson Youth Hospital has been opened for the social and psychiatric rehabilitation of boys convicted in the Children's Court. About 40 boys can be accommodated.

A Child Guidance Unit for out-patients, day-hospital patients, and 30 in-patients is about to be constructed in the grounds of the Brisbane Children's Hospital. A similar unit is planned for Townsville.

(h) *Division of Social Work.* A Division of Social Services has been established to study and advise on social problems and the extension of social work services, and to co-ordinate social work developments in the health and medical services.

(i) *Division of Geriatrics.* A geriatric unit is established at Princess Alexandra Hospital. The unit consists of two wards with accommodation for 102 in-patients, administration section, day hospital, physio-therapy and occupational therapy departments.

(j) *Division of Laboratory Services.* Two laboratories—the Laboratory of Microbiology and Pathology and the Government Chemical Laboratory—are maintained to ensure the purity of a wide range of foodstuffs and materials. The former also offers a service in clinical pathology to institutions, country hospitals and private doctors, and provides a medico-legal service for the whole State. The Institute of Forensic Pathology is controlled by the medical staff of the Laboratory of Microbiology and Pathology, and coroners' autopsies are conducted there.

(ii) *Hospitals.* All public hospitals operate under the district system, which provides for the constitution of hospitals regions and hospitals districts, and a hospitals board for each district. The State is divided into 12 hospitals regions with a base hospital for each region. Each region comprises a number of hospitals districts, the purpose of the regional scheme being to co-ordinate the public hospitals in the region with the base hospital. The administration of the hospital services, including public dental services, in each hospitals district is vested in the hospitals board, which comprises not less than four members or more than eight members appointed by the Governor-in-Council, and one member elected by the component local authorities. During the year 1961–62, there were 60 hospitals boards controlling 137 public hospitals, 13 of which treated out-patients only. In addition, 22 other hospitals, six of which are treated as public hospitals, received aid from the Government, and an institution for the treatment of Hansen's disease in Aborigines was maintained at Fantome Island near Townsville. Other persons suffering from this disease are treated at an annexe of the Princess Alexandra Hospital, South Brisbane.

4. *South Australia.*—The Department of Public Health embraces the activities of the Central Board of Health, the Food Drugs Advisory Committee, the Radiological Advisory Committee, the School Health Services (comprising School Medical and Dental Services and Deafness Guidance Clinic), Poliomyelitis Services and the public health aspects of the control of tuberculosis, including the State X-ray Health Survey and the Chest Clinic.

The Central Board of Health consists of five members, three of whom (including the chairman) are appointed by the Governor, while one is elected by metropolitan local boards and one by all other local boards. The Central Board of Health administers the *Health Act 1935–1963*, *Food and Drugs Act 1908–1962*, *Dangerous Drugs Act 1934–1955*, *Noxious Trades Act 1943–1955*, *Bakehouses Registrations Act 1945–1947* and *Notification of Birth Act 1926–1936*. The Board is also concerned to some degree with Acts relating to local government, abattoirs and cremation. Other legislation administered by the Department of Public Health relates to venereal diseases and vaccination.

The *Health Act 1935–1963* constitutes every municipal council and every district council a local board of health for its municipality or district. There are 142 local boards under the general control and supervision of the Central Board. Under the Food and Drugs Act each local board is constituted the local authority for its respective district except in the metropolitan area, for which the Metropolitan County Board is the local authority.

5. *Western Australia.*—Health services are provided under the *Health Act 1911–1962*. The central authority is the Department of Public Health, controlled by a Commissioner, who must be a qualified medical practitioner. The State is divided into local government areas, each administered by a municipal council. All local government authorities have health administration powers.

In any emergency, the Commissioner may exercise all the powers of a health authority in any part of the State.

Features of legislation since 1957 are as follows:—(a) Act No. 30 of 1958 provides for the establishment of the Health Education Council with the object of promoting and improving the health of the people of Western Australia; (b) Act No. 43 of 1958 provides for the establishment of the Cancer Council of Western Australia with the objects of co-ordinating, promoting and subsidizing cancer research; (c) Act No. 23 of 1960 established a Maternal Mortality Committee to investigate each maternal death and to recommend preventive measures; and (d) Act No. 33 of 1962 empowers medical practitioners to give blood transfusions to minors despite parental objections, where life is endangered.

6. *Tasmania.*—The Department of Health Services is under the jurisdiction of the Minister for Health. The Department consists of a Headquarters and three Divisions. The Director-General of Health Services is the permanent head of the Department, and he administers the Department through Directors of each of the three divisions (Division of Public Health, Division of Psychiatric Services, and Division of Tuberculosis) and through several other clinical directors and other senior officers attached to the headquarters of the Department, including the Directors of Orthopaedics, Pathology and Anaesthetics, and the Government Analyst and Chemist.

In addition to his responsibility for the functioning of the Department as a whole, the Director-General of Health Services administers directly the various branches of the work performed by headquarters. They are concerned particularly with the following:—(a) the administration of the hospital services throughout the State, (b) the District Medical Service, (c) the Hospital and Government Nursing Service, which includes the administration of 24 district nursing centres throughout the State, (d) legislation concerned with health and allied matters, the Nurses' Registration Board and the Dental Mechanics' Registration Board, (e) the National Fitness Council and Handicapped Children's Advisory Council, (f) specialist medical services, (g) statistical classification of diseases and injuries, (h) liaison with other States and the Commonwealth Health Department; and (i) all matters dealing with the maintenance of departmental property and the appointments and salaries of departmental staff.

The Division of Public Health is responsible for the oversight of those services (except those specifically related to tuberculosis) which aim at the attainment and maintenance of good physical health in the community. It controls the school health services (both medical and dental) and the child health service. It supervises the immunization campaigns conducted by local health authorities and is responsible for custody of poliomyelitis vaccine and maintenance of records of its use. The Division also sets standards of food quality and of environmental sanitation, which are policed in detail by local health authorities. The Division administers laws relating to standards of food, drugs, and food premises, and to environmental sanitation, public buildings, infectious disease (other than tuberculosis), and cremation.

The Division of Psychiatric Services provides a community psychiatric service. This includes a mental hospital and a neurosis hospital; institutional care for mental defectives, alcoholics, and sexual offenders; and a community psychiatric service on a regional basis covering the whole State. In addition, the Division administers the *Mental Hospitals Act 1885–1960*, and the *Mental Deficiency Act 1920–1956* and provides a State-wide service for the supervision of mental defectives in the community.

The Tuberculosis Division is concerned with the prevention (including B.C.G. vaccination), detection, notification, examination and treatment of all forms of tuberculosis and the maintenance of chest hospitals and diagnostic clinics.

7. *Northern Territory.*—The Commonwealth Department of Health provides health services in the Northern Territory which include hospital, medical and dental services.

Four general hospitals have been established and at 31st December, 1963, the available accommodation for in-patients was as follows:—Darwin Hospital, 309; Alice Springs Hospital, 134; Katherine Hospital, 36 and Tennant Creek Hospital, 34. The treatment of

Hansen's disease (leprosy) is carried out at East Arm Settlement. A full range of ancillary services is available at the Darwin hospital, which serves as a base hospital for the Territory. Dental clinics have been set up at Darwin and Alice Springs.

Medical and dental services to outback areas are provided by road and air. The Department of Health has two De Havilland Dove aircraft stationed at Darwin, and one at Alice Springs. They are staffed and serviced by Trans-Australia Airlines and are extensively used in ambulance and survey medical work. At Alice Springs, medical officers of the Department of Health provide the medical services to the Royal Flying Doctor Service (South Australian) base.

Public health services are provided, and health inspectors visit all settlements periodically.

A section of the Department of Health undertakes continuous investigation into native health.

8. Australian Capital Territory.—The *Public Health Ordinance* 1928–1951 places under the control of the Minister for Health matters relating to public health and hygiene in the Australian Capital Territory. In addition to the public health activities normally undertaken by the State Governments, the Commonwealth Department of Health undertakes certain duties which in the States would be the responsibility of local government instrumentalities.

A medical officer of health and a staff of four health inspectors have been appointed to administer the Public Health Ordinance and ancillary regulations. During 1963, 754 licences were issued under various public health regulations, while legal action was taken in 25 cases for offences against these regulations. The inspection staff is also responsible for the quarantine inspection of parcels arriving under bond at the Canberra Post Office.

In the campaign to control the incidence of poliomyelitis the Department of Health gave 3,100 anti-poliomyelitis injections of Salk vaccine to adult residents of the Australian Capital Territory in 1963.

The Commonwealth Health Laboratory in Canberra provides full clinical laboratory services to the Canberra Community Hospital and to private medical practitioners in the Australian Capital Territory. In 1963, 258,797 pathological services were carried out, including more than 3,000 chemical and bacterial analyses of water, milk, other foods, and sewage.

The Canberra Community Hospital is administered, subject to the Minister for Health, by a board consisting of five elected members and three members appointed by the Minister. At 31st December, 1963, the hospital had accommodation for 380 in-patients.

The Director of the Tuberculosis Division of the Commonwealth Department of Health, in addition to the responsibility of co-ordinating the activities of the States in the national campaign against tuberculosis, is concerned with the prevention, detection, examination and treatment of tuberculosis in the Australian Capital Territory. In 1963, 14 cases of tuberculosis were notified in the Australian Capital Territory.

The supervision of the hygiene of dairies and piggeries and the control of the Canberra Abattoir is the responsibility of the veterinary service of the Department of Health. The duties of this service also include the prevention and control of disease in stock and advice to district stock owners with field diagnosis on a herd or flock basis supported by laboratory confirmation.

A district nursing service, administered by the Commonwealth Department of Health, was established in 1950 to provide a home-nursing service for the sick and aged. This service, available at the request of a registered medical practitioner, is provided by six sisters, who, in 1963, made 19,554 visits. Throughout the year liaison was maintained by the sisters with agencies engaged in social welfare work.

§ 2. Supervision and Care of Infant Life

1. General.—Because the health of mothers and infants depends largely on pre-natal attention as well as after-care, government, local government, and private organizations provide instruction and treatment for mothers before and after confinement. The health and well-being of mother and child are looked after by infant welfare centres, baby clinics, crèches, etc.

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. Departments control the boarding-out of

the wards of the State to suitable persons. Wherever possible, the child is boarded out to its mother or to a near female relative. Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons, while special attention is devoted to the welfare of ex-nuptial children.

Under the provisions of the *Social Services Act 1947-1963* maternity allowances are paid to provide financial assistance towards the expenses associated with the birth of children. A sum of £15 is payable to the mother in respect of each confinement at which a living or viable child is born if the mother has no other children under 16 years of age. Where there are one or two other children under 16, the amount payable is £16, and where there are three or more other children under 16, the amount payable is £17 10s. Where more than one child is born at a birth, the amount of the allowance is increased by £5 in respect of each additional child born at that birth. More detailed information concerning maternity allowances is given in Chapter XVI. Welfare Services.

Information regarding infant mortality will be found in Chapter X. Vital Statistics (see pages 336-40).

2. *Nursing Activities.*—Several State Governments maintain institutions which provide treatment for mothers and children, and, in addition, subsidies are granted to various associations engaged in welfare work.

(i) *Infant Welfare Centres.* The following table gives particulars of the activities of infant welfare centres for the year 1963. The figures relate to all centres, whether permanently staffed or on a temporary or part-time basis. Centres may be located at accommodation specially provided for this purpose or at halls, schools, etc.

INFANT WELFARE CENTRES, 1963

Particulars	N.S.W.	Vic.	Q'land (a)	S. Aust. (a)	W. Aust.	Tas.	N.T.	A.C.T.	Aus- tralia
Number of centres	402	663	259	257	71	102	15	27	1,796
Attendances at centres ..	1,136,655	1,387,306	432,793	255,452	244,956	134,431	17,193	35,845	3,644,631
Visits by nurses to homes ..	n.a.	169,882	n.a.	33,567	23,381	75,551	6,638	6,800	n.a.

(a) Year ended 30th June, 1963.

Mobile units are used as centres in some States. The numbers of these in 1963, included in the above table, were as follows:—Victoria, 5; Queensland, 1; South Australia, 3; Western Australia, 4; and Tasmania, 10.

In the last thirty years, the number of attendances at the infant welfare centres has quadrupled. The numbers of attendances, at five-year intervals, since 1930 were as follows:—1930, 919,893; 1935, 1,355,306; 1940, 2,035,299; 1945, 2,927,764; 1950, 3,049,375; 1955, 3,099,233; and 1960, 3,480,203. During the year 1963, the number of attendances was 3,644,631.

(ii) *Bush Nursing Associations.* Treatment for mothers and children is also provided by the Bush Nursing Associations.

The number of centres maintained by the Associations in 1963 were:—New South Wales, 21; Victoria, 56; Queensland, 6; South Australia, 32; Western Australia, 12; and Tasmania, 24.

(iii) *Canberra Mothercraft Society.* This society, which is subsidized by the Commonwealth Department of Health, administers the Infant Welfare Service in Canberra with a staff of nine certificated nurses.

(iv) *Queen Elizabeth II. Coronation Home for Mothers and Babies.* This home, which is under the management of the Canberra Mothercraft Society, was opened on 7th January, 1963. It is staffed by qualified nursing staff and provides post-natal care for mothers and problem babies. The Home, which is an approved public hospital for Hospital Benefits purposes, has accommodation for two mothers and nine babies. The daily occupied bed average for 1963 was 5.2.

§ 3. Medical Inspection of School Children

1. **General.**—Medical and dental inspection of school children is carried out in all States, in the Northern Territory, and in the Australian Capital Territory. In some States, travelling clinics have been established to deal with dental defects.

2. **New South Wales.**—(i) *School Medical Service.* Doctors of the School Medical Service examine children attending all schools administered by the Department of Education and the majority of other schools in the State. They make annual visits to schools in the metropolitan, Newcastle and Wollongong areas, and in Armidale, Bathurst, Lismore and district, Grafton and district, and Cootamundra, and examine children in kindergarten or 1st grade in primary schools and 2nd year in secondary schools. Children in 4th grade in primary schools and 4th year in secondary schools are reviewed. Children in other classes are examined or reviewed as necessary.

In country areas, school children are examined by local medical practitioners according to the normal practice of the School Medical Service and under the supervision of local municipal and shire councils. During the first examination, all children at these schools are examined, and following that, the same procedure is adopted as in the metropolitan area. This scheme is growing and the majority of Councils in New South Wales have expressed interest and are endeavouring to arrange with local medical practitioners to have the scheme introduced. If treatment is necessary, the parent is informed and, if possible, is called in for interview. In the metropolitan, Newcastle, Wollongong, Lismore and Grafton areas, school nurses follow up these cases with the object of persuading parents to seek medical advice for the children.

In each of four circumscribed areas in the Sydney metropolitan area a Child Health Centre has been established. Each centre offers full-time diagnostic and advisory service to approximately 45,000 children in 100 schools, and provides treatment for emotional problems and speech defects. Additional centres are in process of construction. Eleven centres are planned for the Sydney area, one in Newcastle and one in Wollongong.

As well as examining school children, the medical officer examines the sanitary arrangements at each school. Bush nurses act as school nurses in schools at or near the bush nursing centres. Medical officers of this service examined 276,385 children in 1962. Notifiable defects in the children examined were found in 33.0 per cent.

Various surveys of school children are undertaken from time to time, e.g. hearing surveys, hookworm surveys, height-weight surveys, nutrition surveys, and investigations to determine the incidence of enlargement of the thyroid gland, defective vision, and postural defects.

Six child guidance clinics in the metropolitan area and one at Newcastle operate under the administration of the School Medical Service. One clinic functions at the Yasmars Boys' Shelter and deals exclusively with cases which come before the Children's Courts. Each clinic is staffed by a psychiatrist, a psychologist and social workers.

(ii) *School Dental Service.* There are 33 dental officers and 28 dental assistants on the staff of the School Dental Service, Division of Dental Services, Department of Public Health, providing a dental service for New South Wales school children. At the beginning of the 1963 school year, fourteen fully-equipped mobile dental clinics were in service in country areas. The clinics are staffed by a dentist and assistant. They visit country schools and provide treatment free of charge.

There are five fixed clinics, each of two surgeries, a waiting room, office and separate washrooms for patients and staff. These are located at Newcastle and Wollongong, and at Hurstville, Parramatta and Naremburn in the Sydney metropolitan area. Free treatment may be obtained for those school children whose parents desire it. It is necessary to restrict the treatment to children of 6, 7 and 8 years of age in the metropolitan area and 6 to 9 years in the country, although children of any age may obtain free treatment of an emergency nature. A system involving examination only was commenced in September, 1960, whereby as many primary school children as possible are encouraged to seek private treatment by means of notification charts, or children within the age groups are referred to the fixed clinics.

A well-equipped dental surgery is in continuous operation at the Stewart House Preventorium, staffed by officers of the Division, and there is a modern dental clinic at Glenfield Park school which receives regular visits from a school dental officer. A free dental service is provided, in co-operation with the Royal Flying Doctor Service, for children living in far western areas. In country areas where no adequate dental facilities exist, school children of all ages are eligible for treatment in the mobile clinics.

In 1963, 107,595 school children were examined and 14,202 were treated in 55,423 visits; 21,715 extractions, 59,429 fillings and 58,317 other treatments were completed. The parents of a further 62,484 children were notified of dental defects requiring treatment.

3. **Victoria.**—School medical services are conducted in close association with the Education Department. All children between the ages of 5 and 14 years attending State and registered schools are examined regularly, and any disabilities found in the children are brought to the notice of their parents. School nurses, under medical direction, visit the homes and schools. Children suffering from physical and mental disabilities are recommended to attend appropriate schools or classes by the medical officers. Some special training for the handicapped is given.

The School Dental Service has an establishment of 40 dental officers and provides dental attention for children in parts of the metropolitan area at one of three dental centres, and for a number of country districts by means of 15 mobile units, including 6 twin-surgery units. It also provides dental services for children's institutions in and around Melbourne and certain provincial centres. The service is now providing dental attention for some 60,000 primary school children.

4. **Queensland.**—During 1962–63, medical officers and nurses examined 112,483 school children, and of these, 5,002 children had disabilities of which parents were notified and advised to seek attention. In western Queensland, local doctors act as part-time ophthalmic surgeons. Advice is given on school sanitation, infectious diseases in schools, and health education.

During 1962, school dentists gave treatment to 11,358 school children who reside in areas beyond easy reach of hospital dental clinics. The treatment was carried out at four rail dental clinics and with portable equipment at schools. In addition, school children are treated at hospital dental clinics in the larger towns.

5. **South Australia.**—The metropolitan State schools are visited annually and the children are examined while in Grades 1, 4 and 7 in the primary schools and in their second and fourth years in secondary schools. Efforts are made to visit country schools every three years, when all the children are examined. Students who wish to become teachers are examined on appointment as Leaving Teaching Scholars while still attending secondary schools, again immediately prior to entering the Teachers' College and finally when they leave the College to take up teaching. Courses of lectures in health education are given to all College students and, in addition, domestic art students are lectured on home nursing.

During 1963, 77,443 children were examined by medical officers in 205 country and 128 metropolitan schools. Of these, 5,696 required treatment for defective vision, 2,387 for defective hearing, and 11,707 for dental disorders.

Dentists using mobile vans examined 9,685 school children in country areas where a private dental service was not readily available; 5,325 children were offered treatment; 4,157 accepted and were treated free of charge.

There were 1,904 children examined at the Deafness Guidance Clinic during 1963. Of the 1,168 new patients, 593 were referred to doctors or hospitals for treatment.

Educational work was assisted by talks to mothers' clubs and interviews with parents by doctors and dentists, and by home visits and interviews by nurses.

6. **Western Australia.**—The School Medical Service of the State Health Department employs seven full-time medical officers for schools. During 1962, these officers examined 56,519 children (metropolitan 32,882, country 23,637). The 416 schools visited comprised metropolitan, 258 (State schools 186, non-government schools 72), and country, 158 (State schools 128, non-government schools 30). The aim is to examine each school child three times in his school career.

During 1962, the twelve full-time dentists employed by the School Dental Service visited 11 metropolitan schools, 99 country schools, 8 orphanages and 11 native missions. The number of children examined was 8,911. With the consent of their parents, 5,359 of these were treated. The number of dental vans operating was 12. The cost of the School Medical Service and the School Dental Service for 1961-62 was £87,310.

7. *Tasmania*.—During 1963, two full-time and three part-time medical officers examined school children in State and non-government schools. In addition, four specialist medical officers also examined school children. Seventeen full-time and six part-time sisters visited homes and schools. Of the 22,689 children examined by medical officers, 6,781 were found to have defects.

Eleven school dental officers were employed during 1962-63, operating from surgeries at Hobart, Launceston, Burnie, Devonport, Ulverstone, Currie and Flinders Island, and from mobile clinics in other districts. A full-time dental surgeon is in charge of each surgery or clinic. During the year, there were 18,293 new visits to the school dentists and 21,762 repeat visits.

The cost of school medical and school dental services for the year ended 30th June, 1963, was £85,804.

8. *Northern Territory*.—The Schools Medical Officer makes routine physical examinations of all children attending both pre-school centres and the schools which come under the supervision of the Assistant Supervisor of Education in the Northern Territory. The only children not so examined by him are those at the Native Welfare Settlement School, i.e. full-blood Aboriginals, who are examined during native health surveys.

An immunization clinic and a paediatric clinic are held each week at the Darwin Hospital.

A special dental service for school and pre-school children is available in Darwin and Alice Springs. School doctors and dentists travel throughout the Territory to carry out diagnosis and treatment.

9. *Australian Capital Territory*.—The Commonwealth Department of Health is responsible for health aspects of child welfare in the Australian Capital Territory. These include a school medical service carried out by three medical officers and two trained nurses and a school dental service, staffed by 11 dentists and 11 dental nurses.

Medical examinations are carried out at all schools, public and private, within the Territory. During 1963, the total number of children examined was 6,873. The majority of the examinations were of children in the six, eight, 12 and 15 year age groups, but another large group of children were referred for examination of special conditions. In addition, examination of children attending Pre-School Centres was made according to the time available, 487 pre-school children being examined.

Defects notified during the year were:—460 eyesight, 179 ear, nose and throat, and 497 miscellaneous; while 300 cases of hearing loss not requiring further treatment were also found. Triple antigen injections, totalling 8,233 in 1963, were given at regular sessions held throughout the year, while 1,354 anti-poliomyelitis injections were given to school children, and 7,748 at Baby Health Clinics.

Free dental treatment from the School Dental Service is available to infants' and primary schools. During 1963, 7,058 children were examined and treated. Emphasis is placed on preventive dentistry and an extensive campaign of applying stannous fluoride to children's teeth was pursued in 1963, when approximately 2,000 treatments were given.

§ 4. Disposal of Dead by Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31st December, 1963, there were eighteen crematoria in Australia, situated as follows:—New South Wales, 7; Victoria, 4; Queensland, 2; South Australia, 1; Western Australia, 2; Tasmania, 2.

There is no crematorium in the Northern Territory or in the Australian Capital Territory at present, but a site has been allocated for one in the Australian Capital Territory and it is expected that construction will begin during 1964.

The following table shows the number of cremations and total deaths in each State for each of the years 1959 to 1963.

CREMATIONS AND TOTAL DEATHS

State or Territory	1959		1960		1961		1962		1963	
	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths
New South Wales	13,352	35,249	13,809	35,030	13,991	35,048	15,198	36,861	15,664	37,226
Victoria ..	7,549	25,078	7,839	24,547	7,923	24,500	8,425	25,847	8,782	26,920
Queensland ..	3,678	12,349	3,709	12,370	3,998	12,756	4,220	13,182	4,432	13,275
South Australia ..	779	7,943	915	7,804	908	7,815	1,122	8,232	1,304	8,201
Western Australia ..	1,433	5,497	1,526	5,697	1,576	5,729	1,640	5,810	1,502	5,976
Tasmania ..	666	2,780	692	2,670	731	2,789	792	2,870	786	2,818
Northern Territory ..	..	124	..	134	..	128	..	144	..	161
Australian Capital Territory ..	..	192	..	212	..	196	..	217	..	317
Australia ..	27,457	89,212	28,490	88,464	29,127	88,961	31,397	93,163	32,470	94,894

COMMONWEALTH GOVERNMENT ACTIVITIES

NOTE.—The Commonwealth services outlined in this chapter are those provided under the National Health Services or otherwise administered by the Commonwealth Department of Health. For particulars of services administered by the Commonwealth Department of Social Services and of Commonwealth expenditure from the National Welfare Fund on all forms of social and health services see Chapter XVI. Welfare Services.

§ 1. General

At the time of federation, the only health function given to the Commonwealth Government under the Constitution was the power to make laws with respect to quarantine. Following on the passing of the *Quarantine Act* 1908, a branch of the Department of Trade and Customs under the control of a Director of Quarantine was created on 1st July, 1909. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. In addition, the Commonwealth Government has used its powers under Section 96 of the Constitution to make grants to the States for health purposes.

The Commonwealth Department of Health was formed in 1921 by the extension and development of the quarantine service, the Director of Quarantine becoming the Director-General of Health.

§ 2. National Health Benefits

1. **Pharmaceutical Benefits.**—A comprehensive range of drugs and medicines is made available to all persons receiving treatment from a medical practitioner registered in Australia. The benefits are supplied by an approved pharmacist upon presentation of a prescription, or by an approved hospital to patients receiving treatment at the hospital.

The patient pays the first 5s. of the cost of the prescription, but pensioners who are eligible for treatment under the Pensioner Medical Service (see para. 5, p. 683) receive all benefits without any contribution being made.

Total Commonwealth expenditure on pharmaceutical benefits in the year 1962–63 was £38,455,079.

2. **Hospital and Nursing Home Benefits.**—(i) *General.* Part V. of the *National Health Act* 1953–1963 which provides for the payment of Commonwealth hospital and nursing home benefits was amended by Act No. 82 of 1962 which received Royal Assent on 12th December, 1962 and came into effect on 1st January, 1963.

Commonwealth benefits are only payable in respect of treatment received in approved hospitals and approved nursing homes. For the purposes of the National Health Act, premises which provide medical treatment, care and accommodation for sick persons are

approved either as hospitals or as nursing homes depending mainly on their clinical standards and the type of patients accommodated. Usually premises are approved as hospitals if their general standards are substantially equivalent to those of a public hospital, and hospital treatment as defined in the National Health Act is provided. Premises are approved as nursing homes where their general standards are similar to those prevailing in benevolent homes, convalescent homes, rest homes or homes for the aged, and nursing home treatment as defined in the Act is provided.

(ii) *Patients in Approved Hospitals.* A basic principle of the provision of benefits for patients in approved hospitals is the Commonwealth support of voluntary insurance against the costs involved. Insured patients in approved hospitals receive a Commonwealth hospital benefit of 20s. a day which is paid through the contributors' registered hospital benefits organizations. Total payments by contributors to organizations range from 1s. to 4s. a week for single persons and from 2s. to 8s. a week for families. Examples of contributions and benefits payable, including Commonwealth benefits of £1 a day, are:—

Weekly contribution		Total benefits	
Single person	Family	Daily	Weekly
<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	£ <i>s. d.</i>
1 0	2 0	44 0	15 8 0
1 6	3 0	56 0	19 12 0
2 0	4 0	68 0	23 16 0
2 6	5 0	80 0	28 0 0
4 0	8 0	116 0	40 12 0

A contribution of 4s. a week covers a family for benefits greater than the public ward charge in any State.

Contributions are allowable deductions for income tax purposes.

During the waiting period of two months after joining an organization, the Commonwealth benefit is payable at the rate of 8s. a day, unless the organization pays fund benefits, in which case Commonwealth benefit is payable at the higher rate of 20s. a day. While a member is in arrears with his contributions and fund benefits are not payable, the Commonwealth benefit is payable at the rate of 8s. a day unless the member was in receipt of unemployment or sickness benefits under the *Social Services Act 1947-1963*.

Contributors who would have been excluded from fund benefits because of organizations' rules covering pre-existing ailments, chronic illnesses or maximum benefits are assured of hospital fund benefits by the provisions of the special account plan. The hospital fund benefit usually payable in such cases is 16s. a day and is paid either from special accounts, guaranteed by the Commonwealth, or from the ordinary accounts of the organization. One condition of payment is that the treatment in respect of which the fund benefit was paid was given in an approved hospital, although fund benefit is paid in certain circumstances in respect of treatment given in approved nursing homes. If the payments from the special accounts exceed contributions credited to the account, the amount of deficit is reimbursed by the Commonwealth.

A person who joins a registered hospital benefits organization within two months of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of 20s. per day and to fund benefits without having to serve a waiting period.

If a qualified patient in an approved hospital is not insured (i.e., not a member of a hospital benefits organization), a Commonwealth benefit of 8s. a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital.

Under arrangements made with the States, pensioners who are enrolled in the Pensioner Medical Service and are treated in public wards of public hospitals are entitled (with a few exceptions) to free public ward treatment. For this the Commonwealth pays the hospitals a benefit of 36s. a day for each pensioner.

(iii) *Patients in Approved Nursing Homes.* The Commonwealth nursing home benefit of 20s. a day is payable to all qualified patients in approved nursing homes whether the

patients are insured or not. This benefit is deducted from the patient's account and subsequently paid by the Commonwealth to the nursing home. If no charge is made by the nursing home, the Commonwealth nursing home benefit of 20s. a day is still payable to the nursing home in respect of qualified patients.

There is no need for patients in approved nursing homes to be insured with a registered hospital benefits organization. Fund benefits are generally not payable. However, section 82E (2) of the National Health Act provides that where an insured special account patient is treated in an approved nursing home for an acute illness or condition, and is given treatment equivalent to that which he would have received in an approved hospital, approval may be given to the payment of special account fund benefits.

(iv) *Australians Overseas.* Australian residents who receive hospital treatment in recognized hospitals in overseas countries, while temporarily absent from Australia, are eligible to receive the Commonwealth and fund benefits to which they are entitled.

(v) *Expenditure on Hospital and Nursing Home Benefits.* Expenditure on hospital and nursing home benefits for 1962-63 was £21,540,213. In addition, Commonwealth payments towards special account deficits totalled £2,122,836. This does not include expenditure on mental hospitals (see p.p. 681-2).

The following table shows the amount of Commonwealth hospital benefits paid during the year 1962-63 giving the payments under the old arrangements for the six months ended 31st December, 1962, and under the new arrangements for the six months ended 30th June, 1963.

COMMONWEALTH HOSPITAL BENEFITS PAID, 1962-63
(£'000)

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Arrangements applying until 31st Dec., 1962—									
Ordinary Benefits (8s.)	2,159	1,307	908	457	428	167	30	21	5,477
Additional benefits (12s.) ^a	2,765	1,447	789	673	673	196	(b)	(b)	6,543
Arrangements applying from 1st Jan., 1963—									
Uninsured patients (8s.)	146	96	189	29	28	11	14	1	514
Insured patients (20s.)	1,310	981	371	307	250	99	(b)	(b)	3,318
Pensioner Patients (36s.)	881	533	494	179	199	70	4	6	2,366
Nursing home patients (20s.)	1,310	799	497	308	300	108	..	..	3,322

(a) Does not include payments of £2,122,836 towards Special Accounts Deficits in 1962-63. (b) No hospital benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of these Territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States and payments to them are included in the respective States.

(vi) *Registered Hospital Benefit Organizations.* The following table shows the number of registered hospital benefit organizations, the membership at 30th June, 1963, and fund benefit paid during the year 1962-63. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by hospital benefit schemes is considerably higher than the number of members.

HOSPITAL BENEFITS: ORGANIZATIONS AND FUND BENEFITS, 1962-63

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organizations at 30th June, 1963(b)	30	(c) 44	3	13	10	10	110
Membership at 30th June, 1963	1,232,467	923,469	296,353	349,831	265,765	108,284	3,176,169
Fund benefit paid, £'000	7,980	4,124	1,750	2,197	1,628	68	18,364

(a) No hospital benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of these Territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States and payments to them are included in the respective States. (b) Interstate branches are not included. (c) Includes 18 Bush Nursing Hospitals.

The following table shows the ordinary benefits paid for the years 1958-59 to 1962-63 under the arrangements which existed until 31st December, 1962.

HOSPITAL BENEFITS: ORDINARY BENEFITS(a) PAID

(£)

Year	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	Territories and abroad	Australia
1958-59 ..	3,260,416	2,077,329	1,493,257	746,282	720,164	284,522	65,313	8,647,283
1959-60 ..	3,788,086	2,144,317	1,577,241	820,126	740,266	305,693	71,176	9,446,905
1960-61 ..	3,760,701	2,269,308	1,599,194	824,749	757,225	307,561	74,246	9,592,984
1961-62 ..	3,661,358	2,446,685	1,703,094	807,291	780,274	384,253	62,244	9,845,199
1962-63(b) ..	2,159,258	1,306,688	907,771	456,803	428,483	166,921	50,492	5,476,416

(a) Ordinary benefits were payable in respect of:—(i) beds occupied by pensioners in public hospitals (12s. a day); (ii) beds occupied in certain South Australian hospitals (12s. a day); and (iii) other occupied beds in public hospitals and approved private hospitals (8s. a day). (b) Arrangements under which payment of ordinary benefit at 8s. per day were made ceased on 31st December, 1962. Payments shown for 1962-63 relate only to hospital bed days prior to 1st January, 1963.

3. **Mental Hospitals.**—In 1946, when Commonwealth hospital benefits were introduced for patients in public hospitals, no provision was made for patients in mental hospitals. To help meet the cost of maintaining patients in mental hospitals, the Commonwealth Parliament passed the *Mental Institutions Benefits Act* 1948. This Act ratified agreements with the States, whereunder it was provided that the States would cease making charges for the maintenance of mental patients and that the Commonwealth would pay the States a benefit based on the amount which had been collected by the States from the relatives of patients in mental hospitals by way of charges for maintenance.

These agreements operated for five years, and terminated in the latter half of 1954. The amount contributed by the Commonwealth during the operation of the agreements was approximately one shilling a day for each patient. When the agreements terminated, Dr. Alan Stoller, of the Victorian Mental Hygiene Authority, was commissioned to undertake a survey of mental health facilities and needs in Australia. His report, released in May, 1955, stated that serious overcrowding existed in the majority of mental hospitals in Australia. The provision of more beds was the most urgent need, but other accommodation and rehabilitation facilities were also required.

Following the report, the Commonwealth made an offer of £10 million to the States as part of a capital expenditure programme of £30 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer.

The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1955-56 to 1962-63.

EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH GOVERNMENT

(£)

Year	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	Australia
1955-56 ..	208,763	445,746	66,588	12,245	9,985	29,822	773,149
1956-57 ..	383,555	527,213	88,068	128,467	51,855	68,974	1,248,132
1957-58 ..	324,152	545,365	114,103	152,159	29,236	91,384	1,256,399
1958-59 ..	196,831	619,621	118,512	122,328	17,210	45,892	1,120,394
1959-60 ..	359,060	518,235	74,613	91,770	36,799	66,995	1,147,472
1960-61 ..	432,881	83,820	97,642	45,691	15,276	51,933	727,243
1961-62 ..	648,637	..	70,718	27,839	77,022	..	824,216
1962-63 ..	647,562	..	37,593	52,112	57,894	..	795,161
Total, 1955-56 to 1962-63	3,201,441	2,740,000	667,837	632,611	295,277	355,000	7,892,166

Amounts shown in the foregoing table represent payments made during the years shown under the *States Grants (Mental Institutions) Act 1955*. The total amounts payable to each State under this Act are in aggregate £10,000,000, to be distributed as follows:—New South Wales, £3,830,000; Victoria, £2,740,000; Queensland, £1,460,000; South Australia, £895,000; Western Australia, £720,000; and Tasmania, £355,000. Victoria and Tasmania have received their full entitlement under the Act.

There are no mental hospitals in the Northern Territory or the Australian Capital Territory.

4. **Medical Benefits.**—(i) *General.* A medical benefits scheme has operated since July, 1953, being authorized firstly by the National Health (Medical Benefits) Regulations and then by the *National Health Act 1953–1963*.

The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits provided by the Commonwealth are paid either on a fee for service basis in respect of the items set out in the first and second schedules to the National Health Act or in the form of a subsidy not exceeding half of the payments made to doctors by registered organizations under contract arrangements.

In order to qualify for the Commonwealth benefit, a person is required to be insured with a registered medical benefits organization. The organization pays the Commonwealth benefit to the contributor, usually at the time it pays its own benefit. Reimbursement of the Commonwealth benefit is subsequently made to the organization by the Commonwealth.

Commonwealth benefit ranging from 6s. for ordinary general practitioner visits to £22 10s. for major operations is payable to members of registered medical benefits organizations. The fund benefit payable varies according to the weekly contributions paid by the member and the particular medical service.

Examples of the range of benefits are as follows.

Type of service	Combined Commonwealth and fund benefits ^(a)
	£ s. d.
Certain major operations	60 0 0
Appendix operation	20 0 0
Midwifery	12 0 0
Tonsils—	
Under 12 years	5 0 0
12 years and over	8 0 0
Surgery consultation—general practitioner	0 16 0
	(13s. 6d. in some States)

(a) The total benefit varies according to the weekly contribution rate. The most common contribution rates are 2s. a week for single persons and 4s. a week for a family.

Provision is made for the payment of fund benefit from special accounts for claims lodged by contributors who have reached maximum benefits or who make claims in respect of pre-existing ailments. The medical special accounts are operated along the same principles as the hospital special accounts (see p. 679) and the special account fund benefit paid usually matches the Commonwealth benefit for the particular service.

(ii) *Australians Overseas.* Australian residents temporarily absent from Australia, who receive medical attention by registered medical practitioners in the country they are visiting, are entitled, if insured, to the Commonwealth benefit and the medical fund benefit to which they would be entitled if the service were rendered in Australia.

(iii) *Expenditure on Medical Benefits.* In 1962–63, Commonwealth expenditure on medical benefits was £11,490,936. In addition, Commonwealth payments towards special account deficits totalled £246,225.

The following table shows the number of registered medical benefit organizations, their membership, the number of medical services rendered to members and their dependants, and payments of Commonwealth benefits and medical fund benefits to members of registered organizations. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by medical benefit schemes is considerably higher than the number of contributors.

MEDICAL BENEFITS: SUMMARY, 1962-63.

Particulars		N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	Australia (a)
Registered organizations								
	No.	25	21	6	8	8	10	78
Members	No.	1,184,282	830,278	292,065	308,892	237,029	99,873	2,952,419
Medical services	No.	9,523,313	6,059,989	2,618,677	2,591,400	1,975,334	661,925	23,430,638
Commonwealth benefit	£	4,703,182	2,966,767	1,209,257	1,303,591	992,203	315,936	11,490,936
Fund benefit	£	7,096,745	3,599,713	1,830,835	1,696,760	1,298,280	498,754	16,021,087

(a) No medical benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of those territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States.

5. Pensioner Medical Service.—The Pensioner Medical Service, which commenced on 21st February, 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948-1949*. The service has been continued under the provisions of the *National Health Act 1953-1963*.

The service provided to eligible pensioners consists of medicine provided free of charge and a medical service of a general practitioner nature such as that ordinarily rendered by a general medical practitioner in his surgery or at the patient's home. Specialist services are not provided. Patients may be charged a small fee by doctors for travelling and attendance outside normal surgery or visiting hours. Doctors participating in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

Persons eligible to receive the benefits of the service are those who satisfy a means test and are receiving an age, invalid or widow's pension under the *Social Services Act 1947-1963* or a service pension under the *Repatriation Act 1920-1963*, persons receiving a tuberculosis allowance under the *Tuberculosis Act 1948*, and dependants of persons eligible for the service.

Since 1st November, 1955, the means test which has applied to new enrolments in the service is the income test that had to be satisfied in order to qualify for a full rate pension as at 31st December, 1953.

The means test does not apply to persons who had applied for and were eligible to receive a pension prior to 1st November, 1955, or to persons receiving a tuberculosis allowance.

At 30th June, 1963, the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 830,950, while the number of doctors participating in the scheme at that date was 6,025.

During the year ended 30th June, 1963, doctors in the scheme performed 7,389,117 services—visits and surgery consultations—for persons enrolled in the scheme. For these services, they were paid £4,572,898. The average number of services rendered by doctors to each person was 9.0.

6. Anti-Tuberculosis Campaign.—(i) *General*. The main provisions of the *Tuberculosis Act 1948* are as follows:—(a) Section 5 authorizes the Commonwealth to enter into an arrangement with the States for a national campaign against tuberculosis; (b) Section 6 empowers the Commonwealth to take over or provide specified facilities for the diagnosis, treatment

and control of tuberculosis; (c) Section 8 provides for the setting up of an advisory council to advise the Commonwealth Minister for Health on matters relating to the national campaign; and (d) Section 9 authorizes the Commonwealth to pay allowances to sufferers from tuberculosis and to their dependants.

Under an arrangement with the Commonwealth Government, each State conducts a campaign against tuberculosis. The Commonwealth Government reimburses the State for all approved capital expenditure in relation to tuberculosis, and for net maintenance expenditure to the extent that it exceeds net maintenance expenditure for the year 1947-48. Thus the States carry out the physical or field work of the national campaign and the Commonwealth acts in an advisory, co-ordinating and financial capacity. For this reason, the Commonwealth has not found it necessary to make much use of its powers under Section 6.

An advisory council, known as the National Tuberculosis Advisory Council, has been set up. There are twelve members, the chairman being the Commonwealth Director-General of Health. Other members are the Commonwealth Director of Tuberculosis, the six State Directors of Tuberculosis, the Consultant (Chest Diseases) of the Department of Repatriation, two specialist private practitioners, and an Administrative Officer of the Commonwealth Department of Health.

To help reduce the spread of infection, the Commonwealth Government pays living allowances to persons suffering from tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13th July, 1950. The rates now payable are:—married sufferer with a dependent wife, £12 2s. 6d. a week; dependent child or children under sixteen years of age, 15s. a week for each dependent child (additional to child endowment); sufferer without dependants, £7 7s. 6d. a week (reducible to £5 15s. a week if a person is maintained free of charge in an institution).

There is a means test on income but not on property. The allowance is reduced by the amount by which a person's income from sources other than his allowance exceeds, in the case of a married person, £7 a week, and in the case of a person without a dependent wife, £3 10s. a week.

(ii) *New Tuberculosis Cases Notified.* The following table gives particulars of the number of new cases of tuberculosis notified in Australia for the year 1963.

TUBERCULOSIS: NEW CASES NOTIFIED(a), 1963

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales ..	41	225	508	588	2	1,364
Victoria	116	205	341	276	1	939
Queensland	21	135	337	424	12	929
South Australia ..	25	64	74	65	..	228
Western Australia ..	13	42	82	99	..	236
Tasmania	9	24	51	26	..	110
Northern Territory ..	6	22	22	13	..	63
Australian Capital Territory	1	4	8	1	..	14
Australia ..	232	721	1,423	1,492	15	3,883

(a) Figures supplied by the Directors of Tuberculosis in each State.

(iii) *Commonwealth Expenditure.* Expenditure by the Commonwealth Government during 1962-63 on its anti-tuberculosis campaign is set out in the following table. The figures for maintenance differ from those in the table shown in Chapter XVI. Welfare Services, because they include administrative costs which are not a charge on the National Welfare Fund.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN,
1962-63**

(£)

State or Territory	Allowances	Maintenance (a)	Capital	Total
New South Wales	265,915	1,771,098	70,020	2,107,033
Victoria	194,201	1,307,000	55,015	1,556,216
Queensland	191,257	897,393	315,232	1,403,882
South Australia	69,837	389,070	13,333	472,240
Western Australia	42,511	411,349	33,494	487,354
Tasmania	39,795	190,000	4,899	234,694
Northern Territory .. ..	..	..	..	..
Australian Capital Territory .. ..	..	4,955	..	4,955
Australia	803,516	4,970,865	491,993	6,266,374

(a) Includes £96,958 for administrative costs.

The following table sets out expenditure by the Commonwealth Government on its anti-tuberculosis campaign since the start of the campaign.

COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN

(£)

Year	Allowances	Maintenance (a)	Capital	Total
1958-59	1,062,609	4,864,186	1,411,062	7,337,857
1959-60	1,025,472	4,414,620	729,236	6,169,328
1960-61	946,445	4,259,012	410,370	5,615,827
1961-62	872,853	4,420,633	386,579	5,680,065
1962-63	803,516	4,970,865	491,993	6,266,374
Total, 1947-48 to 1962-63 ..	18,640,736	49,731,915	15,455,499	83,828,150

(a) Includes administrative costs.

7. Anti-poliomyelitis Campaign.—(i) General. Information concerning the initial production by the Commonwealth Government of anti-polio vaccine in Australia in 1955, and of the testing procedures which were carried out, is contained in Year Book No. 49 and earlier issues.

Distribution of the Salk poliomyelitis vaccine, which was supplied free of charge to the States, began in July, 1956. The States were responsible for the organization and running of their own campaigns and for the distribution of the vaccine in accordance with priority groups established by the National Health and Medical Research Council. Up to 1958, priority was given to children in the 0-14 age group, expectant mothers, and persons subjected to special risk. During 1958, this priority was extended to persons in the 15-44 age group. No child can be vaccinated without the consent of parents or guardian.

Vaccination against poliomyelitis takes the form of four injections of the vaccine. The second injection is given approximately four weeks after the first, the third injection is given not less than 32 weeks after the first and the fourth injection a minimum of one year after the third dose. Where the incidence of the disease in certain areas approaches epidemic proportions, special efforts have been made to vaccinate as soon as possible all persons in the area who give their consent.

One million doses of each of the three types of monovalent Sabin vaccine were imported by the Commonwealth in October, 1962, for use in a possible emergency. The decision whether to use the Sabin vaccine rests with the individual State Health Authorities.

It is difficult to give a completely accurate estimate of the vaccination coverage for the whole of Australia because methods of recording vaccination data differ from State to State. The proportion of children who had received three injections by 12 months of age is considered to be very small; by the recommended dosage schedule the third injection is given at 14 months or later. More than 60 per cent. of children from 15 months to 4 years have received 3 injections. In the age group 5 to 14 years, 90 per cent. have had 3 injections, as also have the 15 to 19 years group. Only 40 per cent. of persons 20 to 45 years old have received 3 or more injections.

Australia-wide information is not available regarding the proportion of the population which has now received a fourth injection, but if information from South Australia can be taken as a guide, it would appear that approximately 16 per cent. of those persons who have already received 3 injections have also received a fourth dose.

(ii) *New Cases of Poliomyelitis Notified.* The numbers of new cases of poliomyelitis notified in each State are shown for each year from 1956 to 1963 in the following table.

POLIOMYELITIS: NEW CASES NOTIFIED

Year	N.S.W.	Victoria	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
1956	240	251	112	122	401	55	..	13	1,194
1957	58	13	24	16	8	6	..	..	125
1958	23	60	5	10	2	..	..	..	100
1959	16	30	4	1	3	..	..	..	54
1960	9	23	6	10	4	36	17	..	105
1961	201	50	141	44	2	11	1	..	450
1962p.. ..	177	20	38	17	4	..	1	..	259
1963p.. ..	2	19	1	7	4	..	..	..	33

8. *Free Milk for School Children Scheme.*—The *States Grants (Milk for School Children) Act* 1950 was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, crèches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States now participate in the scheme. At 30th June, 1963, approximately 1,663,000 children were entitled to receive free milk under this scheme.

Expenditure by the Commonwealth Government under the scheme since its inception has been as follows.

**COMMONWEALTH EXPENDITURE ON MILK FOR
SCHOOL CHILDREN SCHEME**

(£)

Year	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Australia
1958-59 ..	1,190,048	782,623	474,909	235,879	182,249	181,025	2,799	19,104	3,068,636
1959-60 ..	1,286,672	910,000	480,246	275,000	229,872	156,358	10,493	22,874	3,371,515
1960-61 ..	1,279,460	1,020,000	518,244	282,000	225,377	200,075	21,994	24,064	3,571,214
1961-62 ..	1,329,363	1,036,165	565,000	332,258	264,392	175,256	23,271	27,734	3,753,439
1962-63 ..	1,317,903	950,407	572,762	356,910	293,069	192,093	26,595	30,014	3,739,753
Total, 1950-51 to 1962-63..	12,719,236	8,017,862	4,290,100	2,640,089	2,039,058	1,922,180	90,215	199,163	31,917,903

The figures in the foregoing table differ slightly from those in the table shown in Chapter XVI. Welfare Services, as they include capital and administrative costs. Figures in the latter table represent only expenditure which is a charge on the National Welfare Fund (i.e., the cost of the milk).

§ 3. Commonwealth Organizations concerned with Health

1. National Health and Medical Research Council.—In 1926, the Commonwealth Government established a Federal Health Council, in accordance with a recommendation of the Royal Commission on Health (1925), "for the purpose of securing closer co-operation between the Commonwealth and State Health Authorities". In 1936, the Commonwealth Government decided to create a body with wider functions and representation, and the National Health and Medical Research Council was established with the following functions:—to advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public and on medical research; to advise the Commonwealth Government on the expenditure of money specifically appropriated to be spent on the advice of this Council; to advise the Commonwealth Government on the expenditure of money on medical research and on projects of medical research generally; and to advise Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition.

The council consists of the Commonwealth Director-General of Health (as chairman), two other officers of the Commonwealth Department of Health, the official head of each State Health Department, the Director of Public Health for Papua and New Guinea, a representative of the Commonwealth Serum Laboratories Commission, and ten other members, one each being nominated by the Australian Medical Association, the Australian Dental Association, the Australian Paediatric Association, the Australian College of General Practitioners, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists, the College of Pathologists of Australia, the College of Radiologists of Australasia, and the Australian universities having medical schools. An eminent layman and laywoman, appointed by the Commonwealth Minister for Health, also serve on the council.

The first session of the National Health and Medical Research Council was held at Hobart in February, 1937. The fifty-sixth session was held at Canberra in October, 1963.

Under the *Medical Research Endowment Act 1937*, the Commonwealth Government has made an annual appropriation of funds to assist:—(a) departments of the Commonwealth or of a State engaged in medical research; (b) universities for the purpose of medical research; (c) institutions and persons engaged in medical research; and (d) in the training of persons in medical research. In 1962-63, this appropriation was £298,500

Most of the detailed work of the Council is delegated to a number of specialized standing committees, on such subjects as medical research, public health, veterinary public health, occupational health, tropical health, dental health, epidemiology, maternal and child welfare, nutrition, nursing, food standards, food additives, radio-therapy and radio-isotopes. Applications for research grants are considered by the Medical Research Advisory Committee before being submitted to the Council, which then advises the Minister for Health.

2. The National Biological Standards Laboratory.—The *Therapeutic Substances Act* 1953–1959 provides the Commonwealth with powers to ensure that therapeutic substances used for the prevention, diagnosis and treatment of disease in man and animals are safe, pure and potent.

The Director-General of Health is authorized under this Act to set up laboratories to test such substances. In 1958, the first steps were taken to establish an Australian National Biological Standards Laboratory in Canberra.

The laboratory is divided into two main divisions, a Biological Division and a Pharmaceutical Division. The Biological Division consists of the Bacterial Products Laboratory, the Viral Products Laboratory, an Endocrine Products Laboratory and an Antibiotic Products Laboratory. The Pharmaceutical Division consists of an Analytical Chemistry Laboratory and a Pharmacology Laboratory.

All these laboratories have now been established and have commenced work.

Samples of therapeutic agents available in Australia are taken and tested for compliance with legal standards. A major function of the laboratories is the establishment of such standards where none at present exist or present standards are unsatisfactory.

The laboratories receive international reference standards of biological substances from stocks maintained by the World Health Organization, and will on request issue Australian reference standards which have been assayed against international standards.

3. Commonwealth Serum Laboratories.—The laboratories were established in 1916 under the administration of the Department of Trade and Customs and from 1921 to 1961 were operated under the Department of Health. By Act No. 38 of 1961, control of the laboratories passed to the Commonwealth Serum Laboratories Commission on 2nd November, 1961.

The laboratories' basic function is to ensure the supply of essential biological products in accordance with national health needs. This includes:—production and supply of essential biological products; research and development relating to biological products and allied fields; and the maintenance of potential production capacity for use in emergencies.

Since their foundation, the laboratories have greatly extended in size and scope. They now produce some 450 regular products and many special products for use in the diagnosis, prevention and treatment of human and animal diseases. Professional, technical and other staff total over 900.

Products comprise a full range of human bacterial and virus vaccines, veterinary bacterial and virus vaccines, serum products such as blood fractions, a wide variety of antibacterial and antitoxic sera, antivenenes, penicillin, endocrines, including insulin, A.C.T.H., pituitary and thyroid extracts, allergy testing materials and desensitizing preparations, culture media and diagnostic agents for clinical and laboratory work. More recently, tissue culture materials have been prepared and supplied to virus research workers throughout Australia.

Continuous research is conducted into the relevant aspects of microbiology and immunology, and related fields. As the growth of medical and scientific knowledge in Australia and overseas reveals new methods of diagnosis, prevention and treatment of diseases, this information is applied to the preparation of new biological products at the laboratories.

Facilities are maintained for investigations into public health matters which are inconvenient or impracticable to handle at the Commonwealth Health Laboratories or the School of Public Health and Tropical Medicine.

The laboratories serve as a national centre for the maintenance in Australia of the international standards of the Permanent Commission on Biological Standards (World Health Organization). They act as a regional reference centre for W.H.O. in collating reports of the prevalence of certain infectious diseases, and provide facilities for the identification of these diseases.

Veterinary biological products produced at the laboratories have given the lead to other producers in Australia, resulting in the diminution of incidence of a number of serious infectious stock diseases.

4. *The Commonwealth Health Laboratories.*—Health laboratories, of which there are fifteen, are situated in the following towns: Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. They were established as an essential part of the quarantine system but were also to undertake research into local health problems and to provide doctors of each district with up-to-date facilities for laboratory investigation and diagnosis. It was realized that co-operation between the general practitioner, with his clinical observations and knowledge of the environment of disease on the one hand, and the staff of a well-equipped laboratory on the other, is essential to the investigation and control of disease.

From this standpoint, the laboratories have proved their value in the determination of leptospirosis and endemic typhus in North Queensland, in the investigation of special local problems in Darwin, of undulant fever throughout Australia, of silicosis and tuberculosis at Kalgoorlie and of plumbism at Port Pirie. In these investigations, close co-operation exists with State and local health and hospital services, especially in Queensland, where collaboration has yielded exceptionally valuable results in differentiating the groups of fevers previously unclassified in that State. In this investigational work, as well as in more routine activities, the laboratories have at their disposal the full resources and technical and specialist facilities available at the Commonwealth Serum Laboratories and the School of Public Health and Tropical Medicine, Sydney.

The laboratories are unique in that, with the exception of the use of X-rays, they cover all the fields of diagnostic requirements, namely, pathology, public health, haematology, parasitology, mycology, bacteriology, biochemistry and blood group serology.

5. *Commonwealth Acoustic Laboratories.*—Sponsored by the National Health and Medical Research Council, the Acoustic Research Laboratory, Sydney, investigated inter-communication difficulties and noise problems in aircraft and tanks (1942–46). It then investigated the problem of congenital deafness in children resulting from maternal rubella. The Department of Health took over the laboratory in January, 1947, and subsequently established branch laboratories in all other State capitals.

The *Acoustic Laboratories Act* 1948 gave the Minister for Health the right to establish, maintain and operate, within the Commonwealth, acoustic laboratories for scientific investigations, including tests in respect of hearing aids and their application to the needs of individuals, and in respect of problems associated with noise as it affects individuals. Scientific investigations are carried out in the Central Laboratories in Sydney by specialized scientific groups in psychology and audiology, acoustics and electroacoustics, medical ultrasonics, and psychoacoustics. The results of this research are published in scientific literature and Commonwealth Acoustic Laboratories reports. In 1949, the Government approved the provision and maintenance of hearing aids, without charge, to deaf school and pre-school children. This service has since been extended to those whose hearing loss is discovered after leaving school, but who are still under 21 years of age. The laboratories' functions also include:—provision and maintenance of hearing aids on behalf of Repatriation and other Commonwealth Departments; assistance to the State Education Departments in measuring deafness by providing and maintaining portable audiometers; the making of hearing tests of Civil Aviation aircrew as required by international agreement; and the making of independent tests on behalf of State and other authorities.

The Central Laboratories located in Sydney are responsible for staff training, production of equipment, calibration of hearing-aids and audiometers, and the technical administration of branch laboratories.

6. Commonwealth X-ray and Radium Laboratory.—In 1928, the Commonwealth Government purchased ten grammes of radium for use in medical treatment and research in Australia. The use of this radium was to be co-ordinated by the Department of Health, and in 1929 the Department established the Commonwealth Radium Laboratory to act as custodian of the radium and to ensure its equitable distribution and efficient use.

The radium is distributed on loan to treatment centres throughout Australia. Under the terms of these loans, treatment at well-equipped clinics is available to all persons requiring it, irrespective of their ability to pay. Portions of the original stock of radium have been remounted from time to time, reflecting changes in techniques of treatment.

In 1935, the work of the laboratory was extended to include physical aspects of X-ray therapy and the name of the laboratory was changed at this time to its present form.

Since 1939, the functions of the laboratory have included investigations of the physical aspects of the diagnostic use of X-rays with particular emphasis on miniature radiography and high-kilovoltage techniques.

In 1946, the laboratory imported the first artificially-produced radioactive isotopes used in Australia and established a system for the procurement and distribution of these substances.

A radiochemical laboratory and associated facilities were set up in the laboratory to permit the assay of radioactive materials present in minute amounts in the environment—in air, water, soil, and foods such as milk, grain and vegetables. A programme of monitoring the fall-out in Australia arising from the testing of nuclear weapons is continuing.

The laboratory co-operates with the physical services which have been developed in the other capital cities of Australia to provide local facilities for the production of radon, for the calibration of X-ray therapy equipment, and for the measurement of the exposure to radiation of those who work with X-rays and radioactive materials. The services of the laboratory are available to all who work with ionizing radiations.

A radon service has been operated by the laboratory since its inception. During the year ended 30th June, 1963, 33,701 millicuries of radon were issued by the laboratory in the form of implants, needles and tubes for use in Victoria, Tasmania, South Australia and Western Australia. A further 20,483 millicuries were issued by the associated centres in Sydney and Brisbane. The corresponding figures for 1961–62 were 32,724 millicuries and 24,825 millicuries, respectively. The issue of radon from a few centres to serve hospitals all over the continent is an Australian development which enables very efficient use to be made of the radium available.

Since 1935, the laboratory has maintained the Australian (free-air) standard for the precise measurement of X-ray dose. Sub-standard clinical dosimeters used by the laboratory and by centres in other States are calibrated in terms of this standard.

Through the development of atomic energy programmes overseas, supplies of radio-isotopes have been available for use in Australia since 1946. Some of the radio-isotopes required in Australia are prepared by the Australian Atomic Energy Commission in its reactor at Lucas Heights. At the present time, the procurement and distribution of radio-isotopes to be used in medicine and medical research are the responsibility of the Department of Health, and these isotopes are procured by the laboratory, as a central procurement agency, principally from Great Britain, Canada and the United States of America. The procurement and distribution of radio-isotopes for industrial and non-medical uses are the responsibility of the Australian Atomic Energy Commission.

The importation of radio-isotopes is restricted under the Customs (Prohibited Imports) Regulations. Approval for importation is given either by the Director-General of Health or by the Australian Atomic Energy Commission, depending on the category of use, after it has been established that the isotope will be used safely and usefully.

During 1962-63, 28 different isotopes were procured for use in medicine and medical research. They represented 1,329 separate deliveries, of which 68 (including five different isotopes) were from the Australian Atomic Energy Commission. Of the 28 isotopes, sixteen were for use in medical diagnosis or treatment, as distinct from medical research. Bulk supplies of radio-isotopes used for diagnosis or treatment are obtained regularly, and these are distributed by the laboratory as individual doses for use on patients throughout Australia in accordance with a policy developed by the Committee on Radio-isotopes of the National Health and Medical Research Council. These radio-isotopes are issued free of charge. In the year ended 30th June, 1963, 14,327 individual doses of these materials were issued for use on patients.

Investigations of the degree of protection necessary in particular applications of X-rays and radioactive materials continue to be an important activity of the laboratory. It prepares specifications of the protection facilities necessary in departments and laboratories employing ionizing radiations in medicine, research, and industry, and carries out measurements of radiation levels in existing departments and laboratories. A film-badge service to measure the radiation dose received by those exposed to ionizing radiations is maintained. In 1962-63, 46,370 film-badges were processed, assessed and reported on; the corresponding figure for the previous year was 31,118.

The laboratory maintains a library of radiological literature and issues library bulletins at appropriate intervals. Technical communications on topics related to its functions are issued from time to time.

7. **The School of Public Health and Tropical Medicine.**—In March, 1930, the Commonwealth Government, under an agreement with the University of Sydney, established a School of Public Health and Tropical Medicine at the University of Sydney for the purpose of training medical graduates and students in the subjects of public health and tropical medicine. The organization of the Australian Institute of Tropical Medicine at Townsville was merged in the new school, and the staff, equipment and material were transferred to Sydney.

The School comprises sections of Preventive Medicine, Tropical Medicine, Occupational Health, Environmental Health, Biochemistry, Bacteriology and Pathology, Parasitology, Medical Entomology, and Medical Statistics. The Child Welfare section of the Institute of Child Health is located at the School, with which it is closely associated. The Occupational Health Section undertakes surveillance of the health of persons employed at the Small Arms Factory, Lithgow, and at the Munitions Filling Factory, St. Mary's. The Library, which includes approximately 17,000 bound volumes and a large collection of official and institutional papers and reports, forms an important information centre in the subjects of public health and tropical medicine.

The work of the school comprises both teaching and investigation. Courses are held for the university post-graduate diploma in public health and the diploma in tropical medicine and hygiene. Lectures are given in public health and preventive medicine as prescribed for the fifth year of the medical curriculum. Courses are provided also in hygiene and social medicine for students of architecture and social studies; in tropical medicine for lay officers, nurses in tropical service, and missionaries; and in industrial health for engineering students. Training is also provided for certain personnel of the armed services, for laboratory workers from various services and institutions, and for post-graduate nursing diploma students.

Investigations cover a wide range of public health and medical subjects, both in the laboratory and in the field. Field work has been carried out in Australia and in Papua, New Guinea, Norfolk Island, and Nauru in co-operation with the local administrations and the South Pacific Commission. Limited accommodation and other facilities for investigation can be made available at the school for independent research workers.

8. **Institute of Child Health.**—Associated with the School of Public Health is the Institute of Child Health, part of which is located in the School of Public Health and Tropical Medicine in the grounds of the University of Sydney, and part at the Royal Alexandra Hospital for Children, Camperdown. The activities of the Institute are concerned with research into medical and social problems of childhood, undergraduate teaching of students

of the Faculty of Medicine in the University of Sydney, post-graduate teaching of doctors and members of associated professions, and collaboration with other bodies concerned with the general field of child health.

The establishment of the Institute at present consists of the director, two senior medical officers, one child psychiatrist, five other medical officers, a psychologist, two social workers, and clerical staff.

The director of the Institute is the Professor of Child Health in the University of Sydney. He is also a senior honorary paediatrician on the staff of the Children's Hospital. The child psychiatrist is also Associate Professor of Child Psychiatry in the University of Sydney.

The director is required to co-ordinate and control undergraduate and post-graduate teaching in paediatrics and child health. Each group of medical students attends the Children's Hospital for 10 weeks tuition in paediatrics and child health.

The particular research activities of the Institute vary with the immediate and long-term problems which present themselves. Fields of study have included rheumatic fever, scurvy, accidents, prematurity, hypothyroidism and mental deficiency. Studies are undertaken into the problems of infants and children deprived of a normal home life.

Members of the Institute staff are available for consultation by Commonwealth and State authorities and voluntary agencies.

9. Commonwealth Bureau of Dental Standards.—This Bureau is concerned with research, standards, and testing related to dental and allied materials and processes. It became part of the Department of Health in January, 1947, but for the preceding eight years it was sponsored by the National Health and Medical Research Council. During that time, the then Dental Materials Research Laboratory established itself as a recognized authority in its special field and proved to be of value to the defence services, government departments, the dental profession and manufacturers of dental products. By maintaining the quality of dental materials and improving techniques for their use, the Bureau continues to assist the dentist in his service to the community—a service that calls for restorations and appliances of a high degree of precision and permanence under very exacting conditions.

The functions of the Bureau are:—original research into dental equipment, materials, techniques and processes; regular reporting of the results of these investigations in recognized Australian scientific journals; the development of specifications for dental materials and equipment, through the Standards Association of Australia, in consultation with a committee representing the Commonwealth Department of Health, the Australian Dental Association, and manufacturers and distributors; and the provision of a consultative service and testing facilities for manufacturers and distributors of dental materials with a view to assisting them in the improvement of existing products and the development of new materials.

10. The Australian Institute of Anatomy.—The Australian Institute of Anatomy is situated in a building erected in Canberra by the Commonwealth Government under the *Zoological Museum Agreement Act 1924*. Prior to the passing of this Act, the Commonwealth Government had expressed regret that the Australian nation possessed neither a collection of specimens of the unique and fast disappearing fauna of Australia, nor a museum in which such specimens could be preserved for future generations. Sir Colin MacKenzie, the first Director of the Institute of Anatomy, presented his entire private collection of Australian fauna to the Commonwealth Government. This gift was housed in the Institute. The Institute became part of the Commonwealth Department of Health in 1931.

The original collection has been greatly augmented. In addition to donations of material, there have been several endowments for orations and lectures.

The Institute consists of a museum section and a laboratory section. In the museum section, which is open to the public, a portion of the original collection of anatomical specimens assembled by Sir Colin MacKenzie is displayed, together with ethnological collections

which have been added since the foundation of the Institute. The material has been arranged to present simple lessons in human hygiene, to display the anatomical features and peculiarities of Australian fauna, and to display aspects of the character of Australian Aborigines and indigenes of Papua and New Guinea.

A number of Health Department sections are now situated in the Institute. These include the Museum and Medical Artistry Section, the Nutrition Section, the Commonwealth Health Laboratory for the Australian Capital Territory, and a Veterinary Laboratory.

The scientific research work of the Institute is now concentrated on problems of nutrition. It takes the form of field surveys of the dietary status of the Australian population and laboratory investigations into the biochemistry of nutrition and metabolism.

§ 4. Control of Infectious and Contagious Diseases

1. **General.**—The provisions of the various Acts with regard to the compulsory notification of infectious diseases and the precautions to be taken against their spread are dealt with under the headings of quarantine and notifiable diseases (including venereal diseases).

2. **Quarantine.**—The *Quarantine Act* 1908–1961 is administered by the Commonwealth Department of Health, and has three sections of disease control, as follows:—(i) human quarantine, which controls the movements of persons arriving from overseas until it is apparent that they are free of quarantinable disease; (ii) animal quarantine, which controls the importation of animals and animal products from overseas and the security of other animals present on vessels in Australian ports; and (iii) plant quarantine, which regulates the conditions of importation of all plants and plant products with the object of excluding plant diseases, insect pests and weeds.

In respect of interstate movements of animals and plants, the Act becomes operative only if the Governor-General considers that Commonwealth action is necessary for the protection of any State or States, and in general the administration of interstate movements of animals and plants is left in the hands of the States.

(i) *Human Quarantine.* All passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to a medical inspection for the purpose of preventing the introduction of disease into Australia. At the major ports, full-time quarantine officers carry out the work, but in the minor ports local doctors act as part-time quarantine officers. In each State, quarantine activities are controlled by the Commonwealth Director of Health, who is a medical officer of the Commonwealth Department of Health.

The main concern of the examining officers is to detect cases of the quarantinable diseases smallpox, cholera, yellow fever, plague and typhus fever. These diseases are not endemic to Australia, and it is of great importance to prevent their entry. Quarantine stations at the major ports and at Darwin and Townsville are kept ready for occupation at all times. In addition, persons arriving in Australia and suffering from infectious diseases such as chicken pox, mumps, scarlet fever and measles are directed to appropriate care and placed in isolation where necessary.

The increasing use of air travel has created particular quarantine problems. Before the use of air transport, persons suffering from an infectious disease would show symptoms on arrival and before disembarkation. Passengers travelling by air, however, can arrive well within the incubation period, and they are, therefore, required to be vaccinated against smallpox before departure. Those from an area infected with cholera or yellow fever are required to be inoculated, in addition, against the particular disease prevalent in that area. Children under one year of age are exempt from inoculation against smallpox and cholera but there is no age exemption from yellow fever inoculation. Passengers are also required to report any sickness which they might suffer within fourteen days after arrival.

Passengers arriving in Australia by sea are also required to be vaccinated against smallpox, but exemption is granted to infants under twelve months of age, and to those who hold religious convictions against vaccination or who are suffering from a medical condition

which makes vaccination undesirable. All passengers, whether they arrive by sea or air, are required to give their intended place of residence, so that they may be traced if a case of disease occurs among the passengers on the aircraft or ship by which they travelled to Australia.

The number of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during the year ended 30th June, 1963, and during the preceding four years, are shown in the following tables.

HUMAN QUARANTINE: CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASES ON OVERSEA VESSELS AND AIRCRAFT CALLING AT AUSTRALIAN PORTS, 1962-63

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox	35	74	6
Gastro enteritis	1	1	..
Gonorrhoea	9	..	20
Infectious diarrhoea	1	2	..
Infectious hepatitis	3	1	2
Influenza	2	18	2
Measles	45	323	1
Mumps	9	12	..
Pulmonary tuberculosis	4	2	2
Rubella	4	5	..
Syphilis	2	..	2
Total	(a) 91	438	35

(a) On some vessels there were cases of more than one disease.

HUMAN QUARANTINE: OVERSEA VESSELS AND AIRCRAFT ARRIVING IN AUSTRALIA AND CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASE FOUND

Year	Number of overseas vessels and aircraft cleared		Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
	Ships	Aircraft		Passengers	Crew
1958-59	2,826	1,938	63	344	9
1959-60	3,046	2,063	61	234	12
1960-61	3,481	2,354	55	296	4
1961-62	3,761	2,417	67	221	15
1962-63	2,943	3,414	91	438	35

(ii) *Animal Quarantine.* Animal quarantine, authorized by the provisions of the *Quarantine Act 1908-1961*, aims at preventing the introduction or spread of animal diseases. It covers the importation of all animals, raw animal products and biological cultures associated with animal diseases, and goods associated with animals.

Of the domesticated animals, only horses, dogs, cats and poultry are admitted from a limited number of countries depending on diseases present in the country of origin. All must be accompanied by health certificates which include prescribed tests. On arrival in Australia, they are subject to quarantine detention.

Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a similar manner, animals for scientific purposes are imported to approved laboratories. All these premises are kept under constant surveillance. Raw animal products such as hair, types of wool, skins and hides, are specially treated under quarantine control. Such items as raw meat, sausage casings and eggs, which cannot be sterilized, are admitted from very few countries. Other items, such as harness fittings, fodder, and ship's refuse, are treated to destroy any possible infection.

The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with requirements of the various countries.

The Division of Veterinary Hygiene was created in 1926 to deal with the administration of animal quarantine. The central administration is situated within the Health Department at Canberra, with a director, an assistant director, and veterinary officers. The Principal Veterinary Officer of the Department of Agriculture in each State is appointed Chief Quarantine Officer (Animals) of that State, and members of his staff Quarantine Officers (Animals). These State officers carry out the quarantine policy formulated by the central administration. Quarantine accommodation is provided in permanent animal quarantine stations at each capital city.

The Division participates in world-wide international notification of the more serious contagious diseases of animals and maintains a census of such diseases throughout the world. Information regarding animal diseases and parasites in Australia is also collected and disseminated by means of service publications. Consultation on technical matters is maintained with various scientific institutions, notably the Commonwealth Scientific and Industrial Research Organization. In matters of policy and the quarantine control of imports, there is a close liaison with the Department of Customs and Excise.

The Division collaborates with the General and Plant divisions of the quarantine service. Many diseases of animals are communicable to man, and for this reason animal and general quarantine administration are in some respects inseparable. Similarly the interests of animal and plant divisions overlap, many items such as insects, fodder and straw being the subject of combined control.

Every two years the director of the Division convenes the Biennial Conference of Principal Commonwealth and State Veterinarians, which meets under the auspices of the Australian Agricultural Council to discuss problems of animal health and disease control and animal quarantine.

(iii) *Plant Quarantine.* Since 1st July, 1909, the importation into Australia of all plants or parts of plants, cuttings, seeds and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the *Quarantine Act 1908-1961*, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

When the Commonwealth became responsible for all plant quarantine, the State Governments agreed to co-operate by providing and maintaining inspection facilities and personnel, for which they are reimbursed by the Commonwealth. In 1921, the administration of the regulations came under the newly-formed Department of Health, and in 1927 the Division of Plant Quarantine was created, under a director who is responsible for policy and legislation and for co-ordinating the work of the State officers, who carry out the detailed administration in their capacity as Commonwealth officers.

Any plant material found carrying diseases or pests, or suspected of doing so, may be ordered into quarantine for remedial treatment, or, if treatment is impracticable, may be destroyed. The cost of treatment is met by the importer. Regulations governing the different types of plants are based on the following broad principles. (a) The importation

of plants likely to be infected with plant diseases, noxious fungi or poison plants is prohibited. (b) Agricultural seed must conform to standards of purity, insect pest and disease freedom. Some seeds are prohibited except with special permission of the Director of Quarantine, who specifies conditions of importation. (c) Many commodities such as hops, cotton, peanuts in shell, potatoes, certain crop seeds, vines and specified plants may be imported only by approved importers under special conditions. (d) Certain plant products such as bulbs and timber (in logs or sawn) from specified areas may be imported only if accompanied by certificates showing that prescribed treatment has been given in the country of origin. (e) All nursery stock, including bulbs, must be grown in post-entry quarantine. Propagating material for commercial fruits, vines and berries is permitted importation only after being specially screened for virus diseases. Such material may be imported only by approved importers who are registered for this purpose. The numbers of plants which may be imported in any one year are limited.

3. Notifiable Diseases.—(i) *General.* (a) *Methods of Prevention and Control.* Provision exists in the Health Acts of all States for the compulsory notification of certain infectious and other diseases and for the application of preventive measures. When any such disease occurs, the local authority must be notified at once, and in some States notification must be made also to the Health Department.

As a rule, the local authorities are required to report from time to time to the Central Board of Health in each State on the health, cleanliness and general sanitary state of their several districts, and on the appearance of certain diseases. Regulations provide for the disinfection and cleansing of premises, and for the disinfection or destruction of bedding, clothing or other articles which have been exposed to infection. Regulations also provide that persons suspected to be suffering from, or to be carriers of, infectious disease must submit to clinical and laboratory examination. Persons suffering from certain communicable diseases, for example, smallpox and leprosy, are detained in isolation.

(b) *Diseases Notifiable and Cases Notified in each State and Territory.* The following tables show, for each State and Territory, the diseases notifiable in 1963, and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.

Factors such as the following affect both the completeness of the figures and the comparability from State to State and from year to year:—availability of medical aid; diagnostic practices of doctors—e.g., infectious hepatitis may not be diagnosed as such unless jaundice is also present; enforcement and follow-up of notifications by Health Departments; differences in sources of notifications; differences in definitions of notifiable diseases in Health Acts—e.g., puerperal fever and encephalitis; and varying degrees of attention to notification of diseases of minor importance.

DISEASES NOTIFIABLE^(a) IN EACH STATE AND TERRITORY OF AUSTRALIA AND NUMBER OF CASES REPORTED, 1963

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
DISEASES NOTIFIABLE IN ALL STATES AND TERRITORIES^(b)									
Acute rheumatism (rheumatic fever) ..	29	37	(c) 89	5	16	26	4	1	207
Ankylostomiasis	34	2	21	..	..	..	223	..	280
Brucellosis	13	39	7	..	7	1	..	2	69
Diarrhoea, infantile	326	414	211	34	24	..	135	8	1,152
Diphtheria	34	181	3	..	5	..	..	..	223
Encephalitis	44	45	11	10	..	..	..	1	111
Infectious hepatitis	2,822	3,840	1,433	293	145	856	104	20	9,513
Leprosy (Hansen's disease) ..	..	1	10	..	10	..	64	..	85
Meningococcal infection	40	44	97	6	4	21	..	2	214
Paratyphoid fever	6	20	(d)	11	3	3	1	..	44
Poliomyelitis	2	19	1	7	4	..	..	..	33
Puerperal fever	39	13	31	1	4	..	2	..	90
Scarlet fever	371	585	55	198	31	57	1	7	1,305
Tuberculosis(e)	1,364	939	(f)929	228	236	110	63	14	3,883
Typhoid fever	9	4	2	3	7	..	1	..	26
Typhus (flea, mite or tick borne) ..	..	..	9	..	2	1	..	..	12

NOTE.—For footnotes see next page.

DISEASES NOTIFIABLE(a) IN EACH STATE AND TERRITORY OF AUSTRALIA AND NUMBER OF CASES REPORTED, 1963—continued

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
DISEASES NOTIFIABLE IN SOME STATES AND TERRITORIES(b)									
									Total for the States, etc., in which the disease is notifiable
Acute nephritis	•	24	•	•	•	•	•	•	24
Amoebiasis	•	11	29	•	4	•	•	•	44
Anthrax	•	•	•	•	•	•	•	•	•
Ascariasis	71	•	•	•	•	•	•	•	71
Bilharziasis	•	1	•	•	•	•	•	•	1
Breast abscess	6	31	•	•	•	•	3	•	67
Chorea	1	1	(c)	•	1	•	•	•	3
Dengue	1	•	•	•	•	•	•	•	1
Dysentery, bacillary	•	48	39	196	104	15	177	•	579
Eclampsia	•	5	•	•	•	•	•	•	5
Erythema nodosum	•	18	(f)	1	1	•	•	2	22
Filariasis	•	•	•	•	•	1	•	•	1
Glandular fever	•	•	•	•	•	23	•	•	23
Helminthiasis	•	2	•	•	•	•	•	•	2
Homologous serum jaundice	•	•	(g)	•	•	•	•	•	•
Hydatid	•	17	1	•	•	17	1	5	41
Lead poisoning	•	•	3	1	1	•	•	•	5
Leptospirosis	13	•	94	1	16	•	•	•	124
Leukaemia	•	74	94	•	•	•	4	•	78
Malaria	•	19	46	•	30	1	2	1	99
Melioidosis	•	•	•	•	•	•	•	•	•
Ophthalmia	•	•	•	2	36	•	•	•	38
Ornithosis	•	3	1	8	1	•	•	•	13
Pleural effusion	•	22	(f)	•	•	•	1	•	23
Q-fever	•	•	236	•	•	•	•	•	236
Relapsing fever	•	•	•	•	•	•	•	•	•
Rubella	•	1,768	810	621	102	13	4	12	3,330
Salmonella infection	•	•	•	50	36	•	5	•	95
Staphylococcal infection (infancy)	400	29	4	•	•	•	•	4	433
Staphylococcal pneumonia	16	•	•	•	•	•	•	•	16
Taeniasis	•	•	7	•	•	•	•	•	7
Tetanus	•	5	27	•	9	•	•	•	41
Trachoma	•	1	•	54	240	•	100	•	395
Trichinosis	•	•	•	•	•	•	•	•	•
Veneral diseases—									
Syphilis	493	73	60	•	26	7	4	31	694
Gonorrhoea	3,625	1,214	1,232	•	364	221	82	52	6,790
Other	187	•	71	•	•	•	9	•	267

(a) No cases of cholera, plague, smallpox, epidemic typhus or yellow fever were notified. (b) There are popular names for various diseases mentioned in the table above. While these names may not be clearly defined or acceptable for diagnostic purposes, the most common ones are listed here for the information of the lay reader:—hookworm (ankylostomiasis); undulant fever (brucellosis); St. Vitus dance (chorea); Weil's disease or seven-day fever or swamp fever (leptospirosis); parrot fever (ornithosis); childbed fever (puerperal fever); German measles (rubella). (c) Chorea is included with acute rheumatism (rheumatic fever). (d) Included with typhoid fever. (e) These are figures supplied by the Directors of Tuberculosis in each State. (f) Under the Queensland Health Acts notifications of tuberculosis include erythema nodosum and pleural effusion. (g) Included with infectious hepatitis. * Not notifiable.

(ii) *Specific Diseases.* (a) *Tuberculosis and Poliomyelitis.* The number of new cases of tuberculosis notified in each State and Territory by age groups for the year 1963 is shown on page 684. Some data regarding deaths from tuberculosis are shown on page 347 of Chapter X. Vital Statistics.

Cases of poliomyelitis notified in each State and Territory for the years 1956 to 1963 are shown on page 686.

(b) *Infectious Hepatitis.* The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1959 to 1963.

INFECTIOUS HEPATITIS: CASES NOTIFIED.

State or Territory	1959	1960	1961	1962 p	1963 p
New South Wales	3,183	4,925	6,050	3,358	2,822
Victoria	1,452	2,385	3,515	3,533	3,840
Queensland	762	713	1,022	884	1,433
South Australia	749	1,121	1,406	504	293
Western Australia	142	256	262	117	145
Tasmania	21	44	304	630	856
Northern Territory	53	23	61	101	104
Australian Capital Territory	16	88	281	88	20
Australia	6,378	9,555	12,901	9,215	9,513

(c) *Venereal Diseases.* The prevention and control of venereal diseases are the responsibility of State Health Departments. The necessary powers for the purpose are provided either by a special Venereal Diseases Act or by a special section of the Health Act. Venereal diseases are notifiable in all States except in South Australia, where however, the Director-General of Public Health is empowered to compel a venereal disease suspect to submit to medical examination and, if found infected, to medical treatment. While the provisions of the legislation differ from State to State, the Acts usually make it obligatory upon the patient to report for and continue under treatment until certified as cured. Treatment of venereal disease must be by a registered medical practitioner. Facilities for treatment of venereal disease free of charge may be arranged at subsidized hospitals or at special clinics. Penalties may be imposed on a patient who fails to continue under treatment. Clauses are inserted in the Acts which aim at preventing the marriage of any infected person, or the employment of an infected person in the manufacture or distribution of foodstuffs.

§ 5. Commonwealth Grants to Organizations Associated with Public Health

1. *General.*—In addition to providing the services mentioned in §§ 2-4 above, the Commonwealth Government gives financial assistance to certain organizations associated with public health. Examples of organizations included in this category are the National Fitness Organizations, the Royal Flying Doctor Service of Australia, the Red Cross Blood Transfusion Service, the Lady Gowrie Child Centres, and the National Heart Foundation of Australia.

2. *National Fitness.*—In 1938, arising from a recommendation of the National Health and Medical Research Council, the Commonwealth Government appointed a National Co-ordinating Council for National Fitness, under the Commonwealth Minister for Health, to effect collaboration of Commonwealth, State and local government authorities in the National Fitness Movement. Following the recommendations of the first Co-ordinating Council meeting in 1939, the Commonwealth Government agreed to make available an annual sum of £20,000 for five years, and grants were allocated to each State for purposes of organization and to each of the six Australian universities to establish lectureships in physical education.

The movement was placed on a statutory basis with the passing of the *National Fitness Act* 1941. The Act provides for a Commonwealth Council for National Fitness to advise the Minister for Health concerning the promotion of national fitness. It provides also for the establishment of a Trust Account, known as the *National Fitness Fund*, to assist in financing the movement. In June, 1942, the annual appropriation from revenue to the National Fitness Fund was increased to £72,500 to include grants to the State Education Departments and for the work in the Australian Capital Territory. The annual appropriation was increased to £100,000 in 1962, the increase of £27,500 being made available to the National Fitness Councils in the States. The £100,000 is disbursed as follows:—State National Fitness Councils, £64,454; Universities, £12,400; State Education Departments, £17,000; central administration, £3,396; and Australian Capital Territory, £2,750.

The annual grant of £2,750 allocated in the Australian Capital Territory is distributed mainly on a £1 for £1 basis to youth and sports organizations for the purchase of equipment, the development of coaching schemes, and the extension of club and camp facilities.

3. **Royal Flying Doctor Service of Australia.**—The purpose of the Royal Flying Doctor Service of Australia is to provide medical and dental services to persons in isolated areas. Most remote homesteads are equipped with two-way radio sets which they use for receiving ordinary radio programmes, participating in the School of the Air, and for contacting each other. In cases of minor illness or injury, they also use these sets to seek medical advice. If the illness or injury is serious, a doctor flies to the homestead and, if necessary, flies the patient to the nearest hospital. Standard medicine chests are supplied by the service. Each chest contains a first-aid book and instructions on the use of the various drugs and medical supplies. Further instructions are given by doctors over the air.

From time to time, special purpose work is undertaken in connexion with flood relief, searching for lost parties and co-ordinating cattle movements.

The service is not conducted for profit. In some sections, small charges are made for particular services or a fixed annual charge is levied on graziers. Other sections rely on voluntary contributions from those who use their services. Donations and government contributions help to provide much of the overhead and capital expenditure incurred each year.

The Commonwealth has made an annual grant to the service for operational expenses since 1936. The Commonwealth annual grant to the Royal Flying Doctor Service of Australia towards maintenance was increased from £40,000 to £55,000 per annum for three years from 1st July, 1962. The Commonwealth grant towards capital expenditure was increased from £27,500 to £40,000 per annum for the same period. This capital expenditure grant is made on a £1 for £1 basis, in respect of approved projects.

The Royal Flying Doctor Service of Australia is conducted by a federal council comprising representatives of six sections, namely Queensland, New South Wales, Victoria, South Australia, Western Australia and the Eastern Goldfields of Western Australia. The Queensland, New South Wales and South Australian sections are centred in their own States, but in Western Australia there are three centres, that in the far north being under the control of the Victorian section, and that in the south-east under the control of the Eastern Goldfields section. The third, which has bases at Port Hedland and Meekatharra, is sponsored by the Western Australian section.

4. **Red Cross Blood Transfusion Service.**—The Australian Red Cross Society conducts a blood transfusion service in all States.

Before 1952–53, the cost of the Red Cross Blood Transfusion Service was borne by the Red Cross Society with assistance from the State Governments. In 1952, the Commonwealth made an amount of £50,000 available to the Red Cross Society through the State Governments. The States were to continue to assist the society at the same level as previously and make arrangements with the society to share any deficit still remaining.

The Commonwealth recognized that the proper maintenance of a blood transfusion service was of the utmost importance to the welfare of the community and that the service was one eminently suited for operation by the Australian Red Cross Society. In March, 1954, therefore, the Commonwealth offered each State Government a grant equal to 30 per cent. of the certifiable operating expenses incurred by the Society in the conduct of the blood transfusion service in that State. The grant was to be made subject to the condition that the Government of the State concerned agreed to meet 60 per cent. of the cost of operating the service in that State, leaving the society to meet the remaining 10 per cent. of the cost. All States accepted this proposal. The payments made by the Commonwealth government to the State governments in 1962–63 were as follows:—New South Wales, £47,996; Victoria, £55,846; Queensland, £36,953; South Australia, £21,008; Western Australia, £17,427; Tasmania, £5,385; total, £184,615.

5. **Lady Gowrie Child Centres.**—In 1940, the Commonwealth Government established a pre-school demonstration centre in each of the six capital cities. These centres are known as the Lady Gowrie Child Centres and are administered by the Australian Pre-school Association. A grant of £50,000 per annum is made available by the Commonwealth towards the operation of the centres.

The specialized function of the centres is that of demonstration and research, and the programmes are carried out under the supervision of the Federal Pre-school Officer. Each centre is concerned with a study of the factors promoting and retarding physical and mental health in young children, and in demonstrating an educational health programme based on the developing needs of children aged 3 to 6 years.

The centres are used for observation by students of medicine, psychology, education, social studies, architecture, nursing, domestic science, and by student teachers.

6. **Home Nursing Subsidy Scheme.**—The Home Nursing subsidy scheme provides payments to assist the expansion of home nursing activities. To be eligible for a subsidy, an organization must be non-profit making and must receive assistance from a State Government, local government body, or other authority established by or under a State Act. It must employ registered nurses. It is provided that Commonwealth subsidy must not exceed the amount of State assistance received by the organization concerned. Eligible organizations established prior to November, 1956, now receive £1,000 a year in respect of each additional qualified nurse employed, and new organizations established since November, 1956, receive £500 a year in respect of each qualified nurse employed.

Expenditure during the year on the promotion of the Home Nursing Service was £144,388. The Commonwealth subsidy paid to various district nursing organizations has led to the employment of 192 trained nurses.

7. **National Heart Foundation of Australia.**—The National Heart Foundation of Australia is a national organization established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases.

Formed in 1960, as a result of a public appeal yielding £2,500,000 to which the Commonwealth Government contributed £10,000, the Foundation has its headquarters in Canberra.

The organization is controlled by a Board of Directors assisted by various Committees. State Divisions with their own administrations deal especially with rehabilitation and education.

From its inception to the end of 1963, the Foundation has allocated over £640,000 for grants-in-aid towards research in university departments, hospitals and research institutes, research fellowships tenable in Australia and overseas, and oversea travel grants. Most of the annual expenditure of about £300,000 is devoted to supporting research in cardiovascular disease.

INSTITUTIONS

NOTE.—Institutions referred to under this heading are classified into the following groups:—(i) Public (other than mental); (ii) Mental; (iii) Private; (iv) Repatriation; (v) Isolation (leper).

§ 1. Public Hospitals (other than Mental Hospitals)

1. **General.**—The statistics shown in this section refer to all institutions affording hospital relief, whether general or special, with the exception of mental hospitals, repatriation hospitals, leper hospitals, and private hospitals conducted commercially. They include hospitals wholly provided for by the State, hospitals partially subsidized by the State or by State endowments but receiving also private aid, and hospitals established and endowed by individuals for the benefit of the needy generally. All the State capitals have several large and well-equipped hospitals, and there is at least one in every important town. In large centres there are special hospitals for infectious diseases, tubercular patients, women, children, and patients suffering from chronic diseases.

2. **Number, Staff and Accommodation.**—Details regarding the number of public hospitals, staff, and accommodation for the year 1961–62 are given in the following table.

PUBLIC HOSPITALS: NUMBER, STAFF AND ACCOMMODATION, 1961-62

Particulars	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals	269	142	143	65	91	28	4	1	743
Medical staff—									
Honorary ..	4,656	1,507	9	607	350	122	..	80	7,331
Salaried ..	921	914	872	220	143	111	17	6	3,204
Total ..	5,577	2,421	881	827	493	233	17	86	10,535
Nursing staff(a) ..	14,543	10,237	5,947	3,121	3,307	1,442	198	287	39,082
Accommodation—									
Number of beds and cots ..	23,193	13,193	12,450	4,403	4,922	2,683	480	318	61,642

(a) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides and nursing aide trainees.

3. **In-patients Treated.**—The following table gives particulars of in-patients treated. The figures shown refer to cases, that is to say, a person who is admitted to hospital twice during a year is counted twice. Newborn babies are excluded unless they remain in hospital after their mothers' discharge.

PUBLIC HOSPITALS: IN-PATIENTS TREATED, 1961-62

Particulars	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
In-patients at beginning of year—									
Males ..	7,289	3,827	3,910	1,186	1,315	885	172	82	18,666
Females ..	9,740	5,442	4,468	1,540	1,667	945	151	133	24,086
Persons ..	17,029	9,269	8,378	2,726	2,982	1,830	323	215	42,752
Admissions and re-admissions during year—									
Males ..	192,707	104,378	99,305	37,357	44,103	14,400	4,097	3,223	499,570
Females ..	302,048	173,480	125,668	49,326	53,058	21,689	4,528	6,298	736,095
Persons ..	494,755	277,858	224,973	86,683	97,161	36,089	8,625	9,521	1,235,665
Total in-patients (cases) treated—									
Males ..	199,996	108,205	103,215	38,543	45,418	15,285	4,269	3,305	518,236
Females ..	311,788	178,922	130,136	50,866	54,725	22,634	4,679	6,431	760,181
Persons ..	511,784	287,127	233,351	89,409	100,143	37,919	8,948	9,736	1,278,417
Discharges—									
Males ..	184,565	99,149	95,901	35,661	42,841	13,703	3,995	3,123	478,938
Females ..	295,494	169,504	122,911	47,990	52,070	21,059	4,450	6,199	719,677
Persons ..	480,059	268,653	218,812	83,651	94,911	34,762	8,445	9,322	1,198,615
Deaths—									
Males ..	8,150	5,288	3,622	1,619	1,289	701	111	90	20,870
Females ..	6,556	4,255	2,765	1,337	1,062	566	82	76	16,699
Persons ..	14,706	9,543	6,387	2,956	2,351	1,267	193	166	37,569
In-patients at end of year—									
Males ..	7,281	3,768	3,692	1,263	1,288	881	163	92	18,428
Females ..	9,738	5,163	4,460	1,539	1,593	1,009	147	156	23,805
Persons ..	17,019	8,931	8,152	2,802	2,881	1,890	310	248	42,233
Average daily number resident ..	16,695	9,004	8,166	2,769	3,059	1,845	330	237	42,105

In addition to those admitted to the hospitals, there are large numbers of out-patients treated. During 1961-62, there were 1,233,225 out-patients treated in New South Wales, 626,397 in Victoria, 655,463 in Queensland, 112,445 in South Australia, 132,000 (estimated) in Western Australia, 92,929 in Tasmania, 78,210 in the Northern Territory and 16,120 in the Australian Capital Territory, making an estimated total for Australia of 2,946,800. The figures quoted refer to cases, as distinct from persons and attendances.

4. Revenue and Expenditure.—Details of the revenue and expenditure for the year 1961-62 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme.

PUBLIC HOSPITALS: REVENUE AND EXPENDITURE, 1961-62

(£'000)

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Revenue—									
Government aid ..	29,619	18,378	13,464	5,183	8,181	3,406	1,120	819	84,094
Commonwealth Hospital Benefits, etc.									
Municipal aid ..		3,076		806	1		42		247
Public subscriptions, legacies, etc. ..	155	2,571	63	145	51				2,985
Fees ..	12,984	7,594	2,082	2,290	2,757	704	72	185	28,668
Other ..	593	497	1,771	526	62	10		3	3,462
Total ..	43,351	32,137	17,380	9,175	11,052	4,120	1,234	1,007	119,456
Expenditure—									
Salaries and wages ..	25,391	14,126	8,803	4,816	5,455	1,927	560	450	61,528
Upkeep and repair of buildings and grounds ..	1,216	674	615	463	489	70	78	34	3,639
All other ordinary ..	11,657	10,144	6,340	2,378	2,943	915	313	179	34,869
Capital ..	5,461	6,177	1,996	1,455	2,392	1,205	283	331	19,300
Total ..	43,725	31,121	17,754	9,112	11,279	4,117	1,234	994	119,336

5. **Summary.**—A summary, for the years 1957–58 to 1961–62, of the number of public hospitals in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, deaths, average daily number resident, revenue and expenditure is given in the following table.

PUBLIC HOSPITALS: AUSTRALIA

Particulars	1957-58	1958-59	1959-60	1960-61	1961-62
Hospitals	735	733	736	736	743
Medical staff(a)	9,098	9,354	9,954	10,386	10,535
Nursing staff(b)	32,436	34,372	36,023	37,607	39,082
Beds and cots	56,618	58,544	60,203	61,039	61,642
Admissions during year	1,085,503	1,133,172	1,153,690	1,182,198	1,235,665
Total in-patients (cases) treated	1,123,799	1,172,861	1,196,111	1,225,060	1,278,417
Out-patients (cases)(c)	2,641,000	2,665,700	2,754,400	2,794,400	2,946,800
Deaths	33,689	35,848	35,407	36,619	37,569
Average daily number resident	38,470	40,021	40,672	41,009	42,105
Revenue £'000	87,692	90,512	98,976	109,399	119,456
Expenditure £'000	86,817	90,157	97,987	108,556	119,336

(a) Honorary and salaried. (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides and nursing aide trainees. (c) Partly estimated.

§ 2. Mental Hospitals

1. **General.**—Statistics of mental hospitals presented in the following tables, with the exception of those relating to revenue and expenditure, include particulars of the two authorized hospitals conducted by religious organizations in New South Wales. The figures exclude reception houses and observation wards in gaols. There are no mental hospitals in the Northern Territory or the Australian Capital Territory.

2. **Hospitals, Staff and Accommodation.**—Particulars regarding the number of hospitals, the medical and nursing staff, and accommodation are given in the following table for the year 1962. Figures for Victoria and Western Australia relate to 31st December, 1962. Figures for the other States relate to 30th June, 1962.

MENTAL HOSPITALS: NUMBER, STAFF, ACCOMMODATION, 1962

Particulars	N.S.W.	Vic.(a)	Q'land (b)	S. Aust.	W. Aust. (a)	Tas.	Aust.
Number of Hospitals	15	(c) 9	5	2	(d) 6	1	38
Medical Staff—							
Males	93	107	17	13	16	5	251
Females	14	18	3	3	..	..	38
Persons	(e) 107	125	20	16	16	5	289
Nursing Staff and Attendants—							
Males	1,288	1,196	639	247	242	114	3,726
Females	1,378	1,403	489	290	201	100	3,861
Persons	2,666	2,599	1,128	537	443	214	7,587
Accommodation—							
Number of beds and cots	13,494	8,891	4,267	2,696	1,915	850	32,113

(a) 31st December, 1962. (b) Includes the Epileptic Home. (c) Excludes two institutions previously listed as mental hospitals which were re-classified in 1962 as Intellectual Deficiency Training Centres. (d) Includes two mental institutions not included in years previous to 1962. (e) In addition, there are in New South Wales 57 visiting specialists who are paid for their services.

3. **Patients.**—Information regarding patients treated during 1961–62 is given in the following table. The figures include voluntary patients in all States with the exception of South Australia, but they are included in the average daily resident shown for that State. They were excluded from figures for New South Wales published for years previous to 1962.

Persons who are well advanced towards recovery are allowed to leave the hospitals and live with their relatives or friends, but they are under supervision and their names are kept in the records. These persons have been included in the table below as patients at the end of the year.

MENTAL HOSPITALS: PATIENTS, DEATHS, ETC., 1961-62

Particulars	N.S.W.	Vic. (a)(b)	Q'land (c)	S. Aust. (d)	W. Aust. (a)(e)	Tas.	Aust.
Number of patients at beginning of year—							
Males	7,174	4,382	2,424	1,371	1,263	340	16,954
Females	7,312	4,505	1,887	1,135	1,016	415	16,270
Persons	14,486	8,887	4,311	2,506	2,279	755	33,224
Admissions and re-admissions (excluding absconders retaken and transfers from other mental hospitals)—							
Males	2,942	2,054	786	330	858	297	7,267
Females	3,419	1,795	830	279	744	303	7,370
Persons	6,361	3,849	1,616	609	1,602	600	14,637
Number of persons treated during year—							
Males	10,116	6,436	3,210	1,701	2,121	637	24,221
Females	10,731	6,300	2,717	1,414	1,760	718	23,640
Persons	20,847	12,736	5,927	3,115	3,881	1,355	47,861
Discharges (including absconders not retaken)—							
Males	2,510	1,918	645	287	849	268	6,477
Females	3,109	1,607	757	259	796	273	6,801
Persons	5,619	3,525	1,402	546	1,645	541	13,278
Deaths—							
Males	470	364	138	72	54	22	1,120
Females	525	407	115	88	48	24	1,207
Persons	995	771	253	160	102	46	2,327
Number of patients at end of year—							
Males	7,136	4,154	2,427	1,342	1,218	347	16,624
Females	7,097	4,286	1,845	1,067	916	421	15,632
Persons	14,233	8,440	4,272	2,409	2,134	768	32,256
Average daily number of patients resident—							
Males	6,252	3,745	2,261	1,340	1,057	349	15,004
Females	5,912	3,862	1,689	1,052	773	414	13,702
Persons	12,164	7,607	3,950	2,392	1,830	763	28,706
Average number of patients resident in mental hospitals per 1,000 of population—							
Males	2.68	2.49	2.90	2.71	2.75	1.93	2.61
Females	2.59	2.60	2.26	2.17	2.08	2.35	2.44
Persons	2.64	2.54	2.59	2.44	2.42	2.14	2.53

(a) Year ended 31st December, 1962. (b) Excludes patients at two institutions listed as mental hospitals in previous years which were re-classified in 1962 as Intellectual Deficiency Training Centres. (c) Includes persons treated at the Epileptic Home. (d) Includes voluntary patients average daily resident only. (e) Includes patients at two mental institutions excluded in years previous to 1962.

4. Revenue and Expenditure, 1961-62.—Mental hospitals are maintained by the State governments. They derive a small proportion of their revenue from other sources (chiefly patients' fees, pharmaceutical benefits and sale of farm produce), but in 1961-62 these sources provided less than six per cent. of all their revenue. For a statement on the funds provided by the Commonwealth Government for mental hospitals, see para. 3, Mental Hospitals, pages 681-2.

In New South Wales, the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals.

MENTAL HOSPITALS: FINANCES, 1961-62

(£'000)

Particulars	N.S.W. (a)	Vic. (b)	Q'land (c)	S. Aust.	W. Aust.	Tas.	Australia
Revenue (excluding Government Grants)—							
Fees of patients	569	288	107	75	71	20	1,130
Other ..	59	338	10	30	31	4	472
Total ..	628	626	117	105	102	24	1,602
Expenditure—							
Salaries and wages	4,142	4,896	1,538	727	869	343	12,515
Upkeep and repair of buildings, etc.	409	310	7	98	57	14	895
All other ..	2,854	2,398	844	452	383	190	7,121
Capital(d) ..	2,080	1,051	382	19	168	116	3,816
Total ..	9,485	8,655	2,771	1,296	1,477	663	24,347

(a) Excludes the two authorized hospitals conducted by religious organizations. (b) Includes institutions in addition to the nine hospitals. (c) Includes the Epileptic Home. (d) Capital expenditure includes purchases of land, cost of new buildings and additions to buildings.

5. Summary for Australia.—The following table gives a summary relating to mental hospitals in Australia for each of the years 1957-58 to 1961-62.

MENTAL HOSPITALS: SUMMARY, AUSTRALIA

Particulars	1957-58	1958-59	1959-60	1960-61	1961-62
Hospitals	37	38	38	38	38
Medical staff	206	219	232	250	289
Nursing staff and attendants ..	6,761	6,895	7,027	7,335	7,587
Beds	31,587	32,025	32,068	31,996	32,113
Admissions	9,244	9,477	8,854	9,001 (a)	14,637
Discharged as recovered, relieved, etc.	6,288	6,797	8,052	7,320 (a)	13,278
Deaths	2,468	2,658	2,394	2,139 (a)	2,327
Patients at end of year	33,521	33,543	31,951	31,493 (a)	32,256
Average daily number of patients resident	29,323	29,553	29,209	28,204 (a)	28,706
Revenue (excluding Government grants) £'000	1,027	1,071	1,139	1,505	1,602
Total expenditure £'000	18,236	18,196	20,073	21,786	24,347

(a) Voluntary patients for New South Wales were excluded for earlier years (see para. 3, p. 702).

6. Patients in Mental Hospitals.—The total number of inmates of mental hospitals and patients on trial leave at the end of each year from 1958 to 1962 is shown in the following table. A more rational attitude towards the treatment of mental cases has resulted in a greater willingness in recent years to submit afflicted persons to treatment at an early stage, and an increase in the number of recorded cases, therefore, would not necessarily imply an increase in mental diseases. The numbers of patients in mental hospitals in the several States is affected to some extent by differences in practice. For instance, in some States there is a greater tendency to treat certain mental diseases in clinics attached to general hospitals. Figures for Victoria and Western Australia relate to 31st December of the year shown; figures for the other States relate to 30th June of the year shown.

PATIENTS IN MENTAL HOSPITALS

State	1958	1959	1960	1961	1962
New South Wales	13,761	13,792	12,665	12,213	(a) 14,233
Victoria	9,800	9,739	9,600	9,773	(b) 8,440
Queensland(c)	4,610	4,624	4,364	4,311	4,272
South Australia	2,667	2,643	2,564	2,506	2,409
Western Australia	1,926	1,966	1,971	1,935	(d) 2,134
Tasmania	757	779	787	755	768
Australia	33,521	33,543	31,951	31,493	32,256

(a) Includes voluntary patients excluded in years previous to 1962. (b) Excludes patients in two institutions listed as mental hospitals in previous years but re-classified in 1962 as mental deficiency training centres. (c) Includes persons treated at the Epileptic Home. (d) Includes patients in two institutions excluded in years previous to 1962.

§ 3. Private Hospitals

In addition to the other hospitals referred to in previous sections, there are private hospitals in each State. The figures shown in the following table refer to those private hospitals which have been approved for the payment of hospital benefits under the Commonwealth *National Health Act* 1953-1963.

PRIVATE HOSPITALS: AUSTRALIA

State or Territory	1958	1959	1960	1961	1962
NUMBER OF HOSPITALS					
New South Wales	410	429	444	461	474
Victoria	240	239	256	254	260
Queensland	69	74	79	92	116
South Australia	125	140	144	143	156
Western Australia	60	63	74	79	85
Tasmania	21	28	33	32	34
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
Australia	925	973	1,030	1,061	1,125

NUMBER OF HOSPITAL BEDS

New South Wales	7,438	8,172	8,864	9,678	10,563
Victoria	4,827	4,830	5,013	4,998	5,556
Queensland	1,877	1,949	2,162	2,445	2,943
South Australia	2,382	2,742	2,796	2,866	3,440
Western Australia	1,554	1,605	1,799	1,945	2,381
Tasmania	478	607	665	687	763
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
Australia	18,556	19,905	21,299	22,619	25,646

PRIVATE HOSPITALS: AUSTRALIA—*continued*

State or Territory	1958	1959	1960	1961	1962
NUMBER OF HOSPITAL PATIENTS (AVERAGE DAILY NUMBER RESIDENT)					
New South Wales	6,044	6,398	7,129	7,955	8,644
Victoria	3,354	3,494	3,620	4,014	4,410
Queensland	1,305	1,476	1,708	1,905	2,219
South Australia	1,725	1,956	2,049	2,255	2,477
Western Australia	1,186	1,362	1,524	1,707	1,839
Tasmania	345	400	510	573	598
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
<i>Australia</i>	<i>13,959</i>	<i>15,086</i>	<i>16,540</i>	<i>18,409</i>	<i>20,187</i>

§ 4. Repatriation Hospitals

The medical care of eligible ex-servicemen and dependants of deceased ex-servicemen is a major function of the Commonwealth Repatriation Department (*see* Chapter XXVIII. Repatriation), which provides a comprehensive service.

In-patient treatment is provided at Repatriation General Hospitals in each capital city and at auxiliary hospitals in all States except Tasmania. "Anzac Hostels" are maintained in Queensland and Victoria for long-term patients. In-patient treatment may also be provided in country hospitals at the Department's expense in certain circumstances. Mental patients requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by the State authorities.

The average daily number of patients resident in Repatriation General Hospitals during the year ended 30th June, 1963, was 3,334.

§ 5. Isolation (Leper) Hospitals

Isolation hospitals for the care and treatment of persons suffering from Hansen's disease (leprosy) are located at Little Bay, New South Wales; Fantome Island, North Queensland; Derby, Western Australia; and East Arm Settlement, Northern Territory. Special wards for the isolation of leprosy patients have been provided at Fairfield (Victoria) and Wooroloo (Western Australia). At the end of 1963, there were 11 cases at Little Bay, 18 at Fantome Island, five at South Brisbane Hospital, 166 at Derby, two at Wooroloo, 118 at East Arm Settlement and nine at Fairfield. Of the 329 cases, 259 were full-blood Aborigines, 41 were half-caste Aborigines, two were Pacific Islanders, two were Asians and 25 were Europeans.