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## CHAPTER XI.

### PUBLIC HYGIENE.

#### § 1. Public Health Legislation and Administration.

Reference to the various public health authorities, Commonwealth and State, their functions, and the legislation administered, may be found in earlier issues of the Official Year Book (see No. 22, pp. 493 to 495).

#### § 2. Inspection and Sale of Food and Drugs.

Legislation is in force in each State concerning the inspection and sale of food and drugs, the general objects being to secure the wholesomeness, cleanliness, and freedom from contamination or adulteration of any food, drug or article; and the cleanliness of receptacles, places, and vehicles used for their manufacture, storage or carriage. For further particulars in this connexion, and with respect also to the sale and custody of poisons, reference should be made to Official Year Book, No. 22, pp. 495-497.

#### § 3. Supervision of Dairies, Milk Supply, etc.

1. **General.**—In earlier issues (see No. 22, pp. 497 to 499), allusion is made to the legislation in force in the various States to ensure the purity of the milk supply and of dairy produce generally.

2. **Number of Dairy Premises Registered.**—The following table shows, so far as the particulars are available, the number of dairy premises registered and the number of cattle thereon. Compulsory registration is not in force throughout the whole area of the various States.

**DAIRY PREMISES REGISTERED, AND CATTLE THEREON, 1932.**

Particulars.	N.S.W.	Victoria.	Q'land.	S. Aust.	W. Aust.	Tasmania.
Premises registered ..	22,094	28,432	28,815	10,500	<i>(b)</i>	<i>(b)</i>
Cattle thereon ..	1,055,729	386,261	775,301	<i>(a)</i> 68,533	<i>(b)</i>	<i>(b)</i>

*(a)* Estimated.

*(b)* Not available.

#### § 4. Control of Infectious and Contagious Diseases.

1. **General.**—The provisions of the various Acts in regard to the compulsory notification of infectious diseases and the precautions to be taken against the spread thereof may be conveniently dealt with under the headings—Quarantine; Notifiable Diseases, including Venereal Diseases; and Vaccination.

2. **Quarantine.**—The Quarantine Act is administered by the Commonwealth Department of Health, and uniformity of procedure has been established in respect of all vessels, persons, and goods arriving from overseas ports or proceeding from one State to another, and in respect of all animals and plants brought from any place outside Australia. In regard to interstate movements of animals and plants, the Act becomes operative only if the Governor-General be of opinion that Federal action is necessary for the protection of any State or States; in the meantime the administration of inter-state quarantine of animals and plants is left in the hands of the States. The Commonwealth possesses stations in each State for the purposes of human and of animal quarantine.

Further information concerning the chief provisions of the Act and its administration is given in some detail in earlier issues (see No. 22, p. 500).



DISEASES NOTIFIABLE IN EACH STATE AND TERRITORY AND NOTIFICATIONS FOR THE YEAR ENDED 31ST DECEMBER, 1932—*continued.*

Disease.	N.S.W.	Vic.	Q'land.	S.A.	W.A.	Tas.	Fed. Cap. Ter.	N.T.
Tetanus .. .. .	*	15	*	*	*	*	*	*
Trichinosis .. .. .	*	*	*	Nil	*	*	*	*
Tuberculosis (h) .. .. .	1,469	1,119	248	342	363	167	6	5
Tuberculosis in Animals .. .. .	*	*	*	Nil	*	*	*	*
Typhoid (i) .. .. .	233	95	106	46	41	25	Nil	Nil
Typhus (j) .. .. .	Nil	Nil	(k)3	(k)4	(k)36	Nil	Nil	Nil
Undulant Fever .. .. .	*	*	*	*	*	*	*	Nil
Whooping Cough .. .. .	*	*	*	1,542	*	*	*	Nil
Yellow Fever .. .. .	Nil	Nil	Nil	Nil	Nil	Nil	Nil <sup>3</sup>	Nil

(a) Includes Cerebro-Spinal fever. (b) Includes Membranous Croup. (c) Bacillary and Amœbic. (d) Since 26th May, 1932. (e) Includes Poliomyelitis Anterior Acute, Infantile Paralysis and Polioencephalitis. (f) Includes Puerperal Pyrexia. (g) Includes Scarlatina. (h) Includes all forms except in New South Wales, Western Australia and Northern Territory where only pulmonary tuberculosis is notifiable. (i) Includes Enteric Fever and Paratyphoid. (j) Includes Brill's disease, Endemic Typhus and Tropical Typhus. (k) Cases recorded are all of the mild form known as Brill's disease or Endemic Typhus.

**B. Venereal Diseases.**—(i) *General.* The prevention and control of venereal diseases are undertaken by the States. Each State has a Venereal Diseases Act, or provisions in the Health Act govern the working of the measures taken to combat these diseases. Under these Acts notification has been made compulsory in every State except South Australia, where the Venereal Diseases Act has not yet been proclaimed. Steps have been taken to ensure free treatment by medical practitioners or in subsidized hospitals and clinics. Registered pharmaceutical chemists are allowed to dispense prescriptions only when signed by medical practitioners. Clinics have been established, and, in some cases, beds in public hospitals have been set aside for patients suffering from these diseases.

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 patient or the employment of an infected person in the manufacture or distribution of foodstuffs.

For several years the Commonwealth Government granted a subsidy to each of the States to assist in providing hospital treatment and administrative control of venereal diseases, but this subsidy has been discontinued.

In 1927 a Division of Tuberculosis and Venereal Disease was established in the Commonwealth Department of Health, with a medical officer as Director. This Division ceased to exist in April, 1932.

(ii) *Details by States.* A statement of the preventive provisions in each State, together with certain statistical data, appeared in earlier Year Books (see No. 22, pp. 503 and 504).

**4. Vaccination.**—(i) *Demand for Vaccine.* In New South Wales there is no statutory provision for compulsory vaccination, though in all the other States such provision has been made. Jennerian vaccine for vaccination against small-pox is prepared at the Commonwealth serum laboratories in Melbourne. A moderate demand exists for the vaccine in Victoria, but in the other States the normal requirements are small.

(ii) *Details by States.* In earlier issues of the Year Book (see No. 22, pp. 504 and 505) information was given concerning the provisions regarding vaccination in each State.

**5. Commonwealth Serum Laboratories.**—The establishment for the preparation of Jennerian vaccine situated at Royal Park, near Melbourne, formerly known as the "Calf Lymph Depot," was in 1918 greatly enlarged by the Commonwealth. The remodelled

institution is designated the "Commonwealth Serum Laboratories," and forms an activity of the Commonwealth Department of Health. The list of biological preparations produced by the laboratories has been extended to cover a wide range, thus forming a valuable national provision for the protection of public health.

**6. Health Laboratories.**—The Commonwealth Department of Health has established health laboratories at Rabaul in New Guinea, at Lismore in New South Wales, at Bendigo in Victoria, at Townsville, Toowoomba, Rockhampton and Cairns in Queensland, at Port Pirie in South Australia, at Kalgoorlie in Western Australia, and at Launceston in Tasmania.

The laboratory at Rabaul which until 1930 was carried on in conjunction with the hookworm campaign, and was working in close co-operation with the health organization of the New Guinea Administration, was transferred to the Administration at the beginning of 1930.

The Bendigo Laboratory, which was the first of these laboratories to be established, was opened in 1922. Besides carrying on the ordinary diagnostic and educational work of a health laboratory, it possesses an X-ray equipment, and undertakes the examination, diagnosis, and treatment of persons suffering from miner's disease and tuberculosis.

By arrangements between the Commonwealth and Western Australian Governments a special medical survey of persons engaged in the mining industry in Western Australia was carried out in 1925-26 by the Commonwealth Health Laboratory at Kalgoorlie. A further arrangement provided for the re-examination annually of mine employees in the Kalgoorlie district and by means of a mobile X-ray unit in outlying districts. This work is still being carried out.

**7. Industrial Hygiene.**—The Industrial Hygiene Division of the Commonwealth Department of Health was established in December, 1921. Its objects were the collection of reliable data, the investigation of industrial conditions affecting health, and the issue of advice to employers and employees for the improvement of conditions of work and for the safeguarding of health. Publications were issued dealing with the scope of industrial hygiene, and with health hazards in industry. With a view to the adoption of a concerted scheme of action and a uniform basis for standards and records throughout Australia, conferences of delegates from the State Health and Labour Departments and the Commonwealth Department of Health were held in 1922, 1924, and in 1927. This Division ceased to exist with the re-organization of the Department in April, 1932.

A special article entitled "Industrial Hygiene in Australia" will be found in Official Year Book No. 18, pp. 522 to 555.

**8. Veterinary Hygiene and Plant Quarantine.**—In 1927 Directors were appointed to control divisions of the Commonwealth Department of Health, which have been created to deal with veterinary hygiene and plant quarantine.

## § 5. Tropical Diseases.

**1. General.**—The remarkable development of parasitology in recent years, and the increase in knowledge of the part played by parasites in human and animal diseases, have shown that the difficulties in the way of tropical colonization, in so far as these arise from the prevalence of diseases characteristic of tropical countries, are largely removable by preventive and remedial measures. Malaria and other tropical diseases are coming more and more under control, and the improvements in hygiene and the production of new synthetic drugs for treatment which science has accomplished, have resulted in a new outlook on the question of white settlement in countries formerly regarded as unsuitable for colonization by European races. In Australia, the most important aspect of this matter is at present in relation to such diseases as hookworm, filariasis, dengue fever, and to a lesser extent, malaria, which, although practically unknown in southern Australia, occur in many of the tropical and sub-tropical parts.

A Division of Tropical Hygiene of the Commonwealth Department of Health was established to deal with these diseases and other aspects of tropical hygiene. This Division ceased to exist as such with the re-organization of the Department in April, 1932.

2. **Transmission of Disease by Mosquitoes.**—Information under this heading has appeared in earlier issues (see No. 22, pp. 506 and 507).

3. **Control of Introduced Malaria and Bilharziasis.**—Reference to this subject may be found in earlier Year Books (see No. 22, p. 507).

4. **Hookworm.**—Reference to this subject may be found in earlier Year Books (see No. 25, pp. 416 and 417).

5. **Australian Institute of Tropical Medicine.**—The Australian Institute of Tropical Medicine was founded at Townsville in January, 1910. From 7th March, 1921, to 3rd March, 1930, when it was merged in the School of Public Health and Tropical Medicine, Sydney University, the Institute was administered by the Commonwealth Department of Health, and a full account of its activities from its foundation up to 1922 will be found in Official Year Book No. 15, pp. 1010-1012.

6. **School of Public Health and Tropical Medicine, Sydney University.**—The Commonwealth Government, under an agreement with the Sydney University, established a School of Public Health and Tropical Medicine at the Sydney University as from 4th March, 1930, 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 have been transferred to Sydney.

Since 1922 a number of investigations has been carried out, including the physiology of white population in the tropics, causes of obscure tropical fevers, sociological survey of certain tropical areas of Queensland, the destruction of mosquito larvae and the control of mosquitoes in the larger centres of population, tropical diseases among the aboriginals on Palm Island, leprosy among aboriginals in the Northern Territory, prevalence of filariasis in Cairns, Yarrabah Mission Station, Port Douglas, Mossman and Innisfail, and reputed foci of malaria in tropical Queensland. Courses of instruction in tropical medicine and hygiene commence in May of each year, and continue for four months. Ten publications dealing with various aspects of tropical medicine, etc., have been issued.

7. **Royal Commission on National Health, etc.**—Information concerning the following subjects may be found in previous Year Books (see No. 22, pp. 509 and 510):—(a) Royal Commission on National Health appointed by the Commonwealth Government in 1924; (b) Travelling Study Tours under the League of Nations; (c) International Sanitary Convention; (d) Far Eastern Epidemiological Bureau, Singapore; and (e) International Pacific Health Conference.

## § 6. Organization for the Control of Cancer.

The persistent increase in cancer mortality has led to the development in Australia of a national organization directed towards the control of this disease. Treatment centres, fully equipped to carry out investigation and treatment by all modern methods, have been formed at the principal hospitals. A large amount of radium, purchased in 1928 by the Commonwealth Government for use in treatment and research, has been distributed on loan to the treatment centres. Treatment is available to all requiring it irrespective of ability to pay. The work is co-ordinated by the Commonwealth Department of Health. Records of treatment and the results obtained are kept by all treatment centres on uniform lines and are collected and analysed. Close co-operation is maintained between research workers, physicists and bio-chemists and the medical men engaged in the clinical investigation and treatment of the disease so that problems

are mutually investigated. An annual conference is held at which those actively engaged in the campaign against the disease meet for the discussion of problems and the determination of lines of action. The report of this conference is published by the Commonwealth Department of Health and is widely distributed.

At the Melbourne University the Commonwealth Government maintains a radium laboratory for the purposes of the production of radon for use in treatment, the construction and repair of radium apparatus and for research into problems of treatment and protection. During the year 1932 a total of 13,584 millicuries of radon were issued by this laboratory and used in the treatment of cancer.

Realizing the essential importance of accuracy in determining the quality of X-rays used in the treatment of cancer and in measuring the dosage of the radiations delivered to a patient under treatment, the Commonwealth Government provided the apparatus necessary for the calibration of dosage meters and voltage meters throughout Australia. This apparatus was constructed at the Commonwealth Radium Laboratory at the University of Melbourne, and is now available for use. Meantime the cancer treatment centres are equipping themselves with the necessary measuring instruments. Treatment by means of X-rays has thus been placed on a more scientific footing.

### § 7. Medical Inspection of School Children.

1. **General.**—Medical inspection of school children is carried out in all the States. Medical staffs have been organized, and in some States travelling clinics have been established to deal with dental and ocular defects.

2. **New South Wales.**—A complete system of medical inspection of school children came into operation in this State in 1913. The scheme includes, in country districts, the medical examination of every child at least twice during the compulsory period of school attendance (7–14 years), but, owing to the present need for economy, only one School Medical Officer (Oculist) was working in country districts in 1932. (However, the country work has been extended since the beginning of 1933 on similar lines to those formerly operating, but on a modified basis, 4 officers being detailed for duty in country districts.) In the metropolitan area, the scheme provides for the full medical examination of all “entrants” and “leavers” (1st class in Infants’ Departments and children 13 years of age respectively), and the review of all cases found defective between those ages. Parents are notified of the defects found in children, and urged to have them treated. In the metropolitan area, these notices are reinforced by “follow up” work of school nurses, who also arrange hospital and clinic treatment in many cases.

In 1932 the staff comprised 11 medical officers (including one oculist), 9 dental officers, 8 dental assistants, 9 school nurses, and 9 clerical officers. With the exception of the one school oculist working in country areas, the whole of the school medical work was concentrated in metropolitan schools.

Of the 9 Travelling Dental Clinics (8 of which were each staffed by a dental officer and dental assistant), 6 work in metropolitan schools and 3 in country districts. One of the metropolitan officers was also engaged half-time at the clinic attached to the Out-patient Department of the Royal Alexandra Hospital for Children.

Special attention is paid to the supervision of the health of High School pupils, both girls and boys, and these schools in the metropolitan, Newcastle, and Wollongong districts are visited by school medical officers once a year for this purpose.

The same health supervision is maintained by a woman medical officer attached whole-time to the Sydney Teachers’ College, and part-time by a woman officer at Armidale Teachers’ College. Every student, on entering the colleges, is medically examined, and any defects found must be remedied before final acceptance. A course of lectures on hygiene, which every student attends, is given by the medical officers.

The medical and psychological examination of delinquent boys brought before the Children's Court is carried out by a male medical officer, and 1,555 boys were examined in 1931 and 1,171 in 1932. The examination of certain girl delinquents is undertaken by a woman medical officer, who also carries out the examination and health supervision of children in residence at the Glenfield Special School for backward children.

From time to time, mass investigations are made into the prevalence and distribution of certain abnormal conditions affecting the health of school children, such as goitre, acute rheumatism, trachoma, feeble-mindedness, crippling, left-handedness, stammering, etc.

During 1931, 52,340 children were fully examined, 19,976 (38.2 %) were notified for treatment of physical defects, including 8,790 (16.8 %) for defects other than dental. In addition, 38,513 children were "reviewed", of whom 15,076 (39.2 %) were notified for medical and dental defects.

During 1932, 44,918 children were fully examined, 16,572 (36.9%) were notified for treatment of physical defects, including 7,517 (16.7%) for defects other than dental. In addition, 36,843 children were "reviewed," of whom 12,690 (34.4%) were notified for medical and dental defects. Further, during 1932, 190 children were medically examined at Stewart House Preventorium and the Christmas Camp organized under the Far West Children's Health Scheme.

3. *Victoria*.—The system adopted provides for the medical examination of each child once every three years during its school life. With the doubling of the medical staff in 1925 the Department concentrated on country work, and medical inspection has been undertaken since that date in country and rural districts, reaching the most remote corners of the State. Medical inspection is now undertaken in all High schools, in practically all country State schools, and in about half of the metropolitan State schools, but in only a few of the registered and institutional schools.

Each school is visited once in every three years, and each child examined. In schools with an attendance of 70 or more, the older boys are examined by a medical man and the older girls by a medical woman. At this inspection every child is first weighed and measured, vision and hearing tested, then undressed to the waist and medically examined as for life assurance, but with a fuller investigation of many hygienic factors, which, at that age, greatly influence the health and growth of the child. Opportunity is also taken to teach the child healthy habits, how to correct faults, and also to get its co-operation for the remedying of defects found.

A school nurse employed by the Department is devoted to "follow-up" work, i.e., visiting the homes and getting treatment for children found defective by the school medical officers. Owing to the smallness of the staff her work is confined to the metropolitan area. The result of this work is that the treatment received is much greater than that which is obtained without such visits.

In addition to the medical examination, each child in those schools visited by the school dentist receives dental treatment on entrance to school (if under 8 years of age), and each year thereafter, until it is 12 years of age, when it is left dentally fit.

The present staff is arranged so that 3 dentists and 4 dental attendants are always on duty at the Melbourne Dental Centre, where children from the infant classes in the inner metropolitan schools are brought by the teacher for dental treatment.

A dentist with a dental attendant and equipment travels along the railway line far enough to give one year's work, using practically every town large enough to provide a day's work as a base. The school committees of the outlying schools are notified of the visit, and the parents are invited to bring to the base all children eligible for treatment, i.e., all children under 8 years of age, and all other children treated by the school dentists on previous visits. This method gives all schools in the district the opportunity for dental treatment.

The time of another dentist is fully occupied treating the children in the three largest country centres, Bendigo, Ballarat, and Geelong. In each of these cities a centre with a dentist, dental attendant, and equipment is established for about four months of the year, where children from the infant classes of the neighbouring schools are brought by the teacher or parents.

Three dentists with dental attendants are in charge of three fully-equipped dental vans, each of which has an itinerary which it completes each year. The advantage in the use of a dental motor van is that it is furnished as a dental surgery. It can be driven into the school yard and, immediately on its arrival, work can be commenced without any delay incidental to unpacking equipment, etc., and to the preparation of a room.

In no case is the same dental officer on the same trip for the whole year; work is distributed so that there is a change over at every school vacation—Christmas, May, and September. Those who have been in the country take a period of duty in the city and vice versa, while those who have been in the van on one trip will probably travel by train the next time, likewise there is constant change between dentist and dental attendants. By doing this it is felt that monotony is relieved, and that the standard of work is maintained at a higher level by the stimulus of change.

The staff of the medical branch consists of 7 full-time medical officers, 8 dentists, 10 dental attendants, and 1 school nurse.

During the year ended 30th June, 1932, 48,523 children and 1,523 teachers were medically examined, and 38,109 children received dental treatment. In addition, 5,509 homes were visited by the school nurse.

4. **Queensland.**—In matters affecting the general administration of the medical branch of the Department of Public Instruction, the Department acts on the advice of its Chief Medical Officer, who, while acting independently in all matters affecting individual schools, is in close touch with the Department of Public Health, and observes the policy of that Department in all matters connected with schools which may have direct bearing upon the health of the State.

Lack of funds has necessitated a reduction in Medical Staff. Medical inspection of schools and school children is at present carried out by two part-time medical officers. These officers, as far as possible, examine children for cardiac and pulmonary conditions, and in addition, make a thorough examination of all children referred to them by the school nurses; 10,261 were thus medically examined in 1932, and of these 1,884 were notified as suffering from some condition requiring correction.

Owing to financial stringency the number of nurses in the employ of the Department has been reduced to six. To each nurse is assigned a group of schools, and she is instructed to make a list at each school of those children whom she considers should be seen by the medical inspector at his next visit. She supervises the sanitation, cleanliness and ventilation of the school and notifies the head teacher of all infectious or verminous children or those suffering from impetigo, scabies, etc., who are then excluded. During the year 1932, school nurses examined 21,573 children. In the metropolitan area, the nurses examine the teeth and report all eligible carious cases to the Dental Hospital for treatment. The work of the school nurse is proving more and more valuable in keeping the standard of sanitation high and in controlling the general health of the children.

The Department has in its employ a staff of fourteen dentists. These officers are each assigned a district, and such district is not changed for three years unless for reasons which the Chief Medical Officer, on the recommendation of the Chief Dental Inspector, considers advisable. During the year 1932, 29,653 children were examined; 39,018 extractions were performed; and there were 34,668 fillings and 16,782 other treatments. Children and parents alike are beginning to realize the very great value of early dental treatment. The former appreciate the fact that, in the early stages of decay, they are not called upon to suffer pain during dental manipulations, and the latter see in the increased health and vigour of their children the practical value of such treatment.

The Medical Branch, under the direction of the Chief Medical Officer, consists of three sections known respectively as the Medical, Dental and Nursing Sections. These combined constitute the School Medical Service of the State.

At the Wilson Ophthalmic School Hostel children suffering from trachoma are treated and educated. They are admitted from time to time on the recommendation of the Chief Medical Officer. Beneficial results have already been obtained. The Institution is situated at Eildon Hill, Windsor, and is fully equipped to treat all types of eye case.

A Committee of Hookworm Control to deal with anchylostomiasis duodenale and Necator Americanus infestation throughout the State has now been established, the personnel being as follows:—Chairman—The Chief Quarantine Officer of the Commonwealth Department of Health at Brisbane; Members—The Public Health Commissioner for Queensland, the Chief Medical Officer, Department of Public Instruction, and the Chief Protector of Aborigines for Queensland.

The work of the Committee has resulted in a large reduction of this dangerous menace in the Northern Coastal Belt.

Following the policy of the Government to give the same medical and dental facilities to the children of the back country as are obtainable by city dwellers, a Rail Dental Clinic has been constructed. This consists of a carriage 21 feet long, divided into—

- (a) Lavatory and shower accommodation.
- (b) Sleeping and living room, fitted with all conveniences, including ice chest and two-burner Gloria cooking-stove. Ample drawer space is provided in dressing table, and under the sleeping berth.
- (c) Dental surgery fitted with all the latest appliances for dental treatment, including Gloria sterilizer and pressure filtered water. The dental engine is electrically driven and foot controlled. Perfect illumination is obtained by a dental spot light which is part of the chair equipment.
- (d) A compartment for waiting patients which also contains the engine and generator and batteries for lighting the car throughout.

A motor car is carried on a railway waggon at the rear, and can be used at each stopping place to visit the surrounding villages served by the rail centre. This unit operates in the distant and roadless parts of the State where there is difficulty in taking the present Road Motor Clinic.

5. **South Australia.**—Medical inspection embraces the examination of all children attending primary, central, high and technical high schools. Each child is examined approximately once in three years. Reports are furnished to parents of defects likely to interfere with educational progress. The staff consists of 1 principal medical officer, 2 medical inspectors, 1 psychologist, 1 dentist, 1 trained nurse and 1 dental assistant. City children can now receive dental treatment at the Dental Hospital or at the Children's Hospital, North Adelaide. The medical inspectors meet the parents after the examination of the children, report any defects, and recommend treatment. It has been found that a personal talk is of greater value than a written notice. The psychologist examines retarded children and supervises their work in the opportunity classes which have been established for their benefit.

During the year 1932, 22,272 children were examined by the medical inspectors; of these 562 required notices for defective vision, 108 for defective hearing, and 1,238 for adenoids and tonsils. Six hundred and thirty-six children were individually examined by the psychologist. Research work in left-handedness and colour blindness is being undertaken.

6. **Western Australia.**—Under the Public Health Act 1911-1922, the medical officers of health appointed by the local authorities became medical officers of schools and school children. In the Health Department there are two full-time medical officers for schools, whose duty is to conduct medical examinations, and two school nurses are employed. During 1932, 12,228 (6,047 country and 6,181 metropolitan) children were examined. These figures do not include recalls or specials.

7. **Tasmania.**—Tasmania was the first State in Australia to provide for the medical inspection of State school children, its system of inspection having been initiated in 1906. During the year 1931, however, for financial reasons, medical inspection ceased,

dental clinics were closed and the services of all doctors and dentists were terminated, although the Department still retained the services of four nurses, whose chief duty is to visit the homes to advise the parents as to the treatment of defects disclosed by the medical examination. Prior to this date the various municipal health officers were employed as medical inspectors visiting country schools, and, in the case of epidemics, these officers paid special visits when required, while two part-time medical officers conducted examinations of school children in Hobart and Launceston. Country schools were visited by medical officers about once a year. There were four full-time dental officers—two working at dental clinics in Hobart and Launceston, and two visiting the smaller country schools.

8. **Federal Capital Territory.**—By arrangement education facilities are provided by the Education Department of New South Wales. The Commonwealth Department of Health, however, took over from the State in 1930 the medical inspection of school children and carried out examinations of entrants and leavers during 1930. No statistical information is available for that year, but a complete examination of school children was made in 1931. The number of children examined was 1,234, and some evidence of a pathological condition was found in 69.7 per cent. In 47.6 per cent. some pathological condition of the nose or naso-pharynx was found; 38.2 per cent. had defective teeth; in 4.4 per cent. the eye required attention, and in 1.4 per cent. the ear; and in 2 per cent. the heart showed evidence of a departure from normal.

### § 8. Supervision and Care of Infant Life.

1. **General.**—The number of infantile deaths and the rate of infantile mortality for the last five years are given in the following table, which shows that during the period 1928 to 1932 no less than 29,299 children died in Australia (excluding Territories) before reaching their first birthday. With few exceptions, the rate of mortality in the metropolitan area is consistently greater than that for the remainder of the State. Further information regarding infantile mortality will be found in Chapter "Vital Statistics":—

#### INFANTILE DEATHS AND DEATH RATES.

State.	Metropolitan.					Remainder of State.				
	1928.	1929.	1930.	1931.	1932.	1928.	1929.	1930.	1931.	1932.
<b>NUMBER OF INFANTILE DEATHS.</b>										
New South Wales	1,047	1,267	1,099	850	686	1,954	1,706	1,499	1,225	1,154
Victoria ..	1,016	855	853	713	630	903	732	691	636	551
Queensland ..	298	289	227	210	215	603	562	530	444	483
South Australia ..	292	221	256	167	149	250	215	227	163	163
Western Australia	233	269	218	176	161	186	239	212	179	191
Tasmania ..	81	59	66	59	48	219	196	176	160	137
Australia (b) ..	2,967	2,960	2,719	2,175	1,892	4,115	3,650	3,335	2,807	2,679
<b>RATE OF INFANTILE MORTALITY.(a)</b>										
New South Wales	49.50	56.68	50.03	44.33	39.01	58.09	56.27	49.70	42.78	42.26
Victoria ..	56.82	50.69	50.80	47.88	47.67	54.35	43.74	42.30	41.19	38.67
Queensland ..	48.26	49.58	39.23	40.84	50.00	44.31	44.40	40.30	34.99	36.96
South Australia ..	49.09	43.81	54.72	40.46	38.70	45.79	38.25	42.78	32.92	34.90
Western Australia	60.74	63.99	51.40	46.10	47.54	38.21	49.31	42.75	37.84	42.30
Tasmania ..	80.92	56.73	60.61	58.76	48.83	59.35	52.17	47.61	42.58	39.05
Australia (b) ..	52.99	53.49	49.84	45.25	43.61	52.84	49.37	45.31	39.98	39.80

(a) Number of deaths under one year per 1,000 births registered.

(b) Exclusive of Territories.

During recent years greater attention has been paid to the fact that the health of the community depends largely on pre-natal as well as after care in the case of mothers and children. Government and private organizations are, therefore, taking steps to provide instruction and treatment for mothers before and after confinement, while the health and well-being of mother and child are looked after by the institution of baby health-centres, baby clinics, crèches, visitation by qualified midwifery nurses, supervision of milk supply, etc.

2. **Government Activities.**—In all the States Acts have been passed with the object of supervising and ameliorating the conditions of infant life and reducing the rate of mortality. Government Departments control the boarding-out to suitable persons of the wards of the State, and wherever possible the child is boarded-out to its mother or 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. (See also in this connexion Chapter X.—Public Benevolence.) Under the provisions of the Maternity Allowance Act 1912–1932, a sum of four pounds is payable to the mother in respect of each confinement at which a living or viable child is born, provided the total income of the claimant and her husband for the period of twelve months preceding the date of the birth did not exceed £208. Further particulars regarding Maternity Allowance are given in Chapter XIV.—Public Finance.

3. **Nursing Activities.**—(i) *General.* In several of the States, the Government maintains institutions which provide treatment for mothers and children, while, in addition, subsidies are granted to various associations engaged in welfare work.

(ii) *Details by States.* In earlier issues of the Year Book (see No. 22, pp. 515 and 516) information, with certain statistical data, concerning the activities of institutions in each State may be found.

(iii) *Summary.* The following table gives particulars of the activities of the Baby Health Centres and the Bush Nursing Associations :—

**BABY HEALTH CENTRES AND BUSH NURSING ASSOCIATIONS, 1932.**

Heading.	New South Wales.	Victoria.	Queensland.	South Australia.	Western Australia.	Tasmania.	Federal Capital Territory.	Total.
Baby Health Centres—								
Metropolitan No.	41	74	5	38	10	2	1	171
Urban-Provincial and Rural No.	62	65	11	7	8	8	..	161
Total . No.	103	139	16	45	18	10	1	332
Attendances at Centres .. No.	490,123	386,336	128,923	94,791	66,719	29,995	3,493	1,200,380
Visits paid by Nurses .. No.	65,737	72,219	12,361	33,780	11,786	11,827	599	208,309
Bush Nursing Association, Number of Centres ..	39	63	11	(a) 29	(b) 5	17	..	164

(a) District Trained Nursing Society.

(b) Pre-natal auxiliary hostels.

The number of attendances at the Baby Health Centres has increased very considerably in recent years, having more than doubled since 1927. The following are the attendances for the years 1927 to 1931 :—1927, 591,240; 1928, 724,801; 1929, 822,312; 1930, 919,893; and 1931, 1,150,619.