CHAPTER 10

HEALTH

This chapter is concerned with activities of the Commonwealth Department of Health including quarantine, national health benefits programs and Federal grants for health purposes; activities of the State Health Departments; statistics of hansenide hospitals and mental health institutions; and statistics of notifiable diseases, causes of death, and cremations.

Further information about the administration of public health services is contained in the annual reports of the Director-General of Health; the annual reports of the State health authorities; and in the Year Books and annual bulletins published by the State offices of the Australian Bureau of Statistics.

NATIONAL HEALTH SERVICES

Prior to an amendment to the Constitution in 1946, the only health function of the Commonwealth Department of Health was in relation to quarantine. Consequent upon this amendment, the Commonwealth Government was given powers to make laws about pharmaceutical, hospital and sickness benefits and medical and dental services. The Commonwealth Government also has used its powers under Section 96 of the Constitution to make grants to the States for health purposes. In addition, the Commonwealth Government gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth Government health organisations have been established; detailed information on the functions and operations of these organisations is given in this and previous Year Books and in the annual reports of the Commonwealth Director-General of Health.

Quarantine

The *Quarantine Act* 1908 is administered by the Commonwealth Department of Health and provides for the taking of measures to prevent the introduction or spread of diseases affecting humans, animals and plants.

Human quarantine

Passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to 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 minor ports local doctors may act as part-time quarantine officers. In each State and in the Northern Territory, quarantine activities are controlled by the Directors of Health, each of whom is a senior medical officer of the Commonwealth Department of Health.

The main concern of examining officers is the detection of quarantinable diseases including smallpox, cholera, yellow fever, plague, typhus fever, Marburg virus disease and Lassa fever. These diseases are not endemic to Australia and it is of great importance to prevent their entry. Sufferers or suspected sufferers are isolated in quarantine.

Valid International Certificates of Vaccination are required of travellers to Australia as follows:

Smallpox. From travellers over the age of 12 months who, within the last 14 days, have been in a country of which any part is infected with smallpox.

Yellow fever. From travellers who have been in yellow fever endemic zones within the past 6 days.

All passengers, whether they arrive by sea or air, are required to give their intended place of residence in Australia 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.

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark either (i) having been in an endemic zone within 6 days of arrival and not possessing a yellow fever vaccination certificate; or (ii) having arrived by air without a smallpox vaccination certificate and refusing to be vaccinated on arrival.

Animal quarantine

Policy decisions are developed by the Department and, in general, are executed by State officers acting as agents for the Commonwealth.

Movement of animals between New Zealand and Australia is relatively free but importation of horses, dogs, cats, zoo and laboratory animals may be permitted from certain other countries only if strict health conditions are met.

Animal quarantine stations are located at Brisbane, Sydney, Melbourne, Adelaide, and Perth. A maximum security animal quarantine station is being constructed at the Cocos Islands and, when completed, will permit the safe importation of a wider range of animals than is currently possible. Other major works are underway to increase the capacity of mainland animal quarantine stations. Funds have been allocated to enhance considerably the extent of northern surveillance through the use of chartered aircraft in daily searches of the coastline for possible illegal introductions of quarantinable products.

Plant quarantine

Arising from both its dependence upon exotic plant species for agriculture, horticulture and forestry and its island continental isolation, Australia is free of numerous plant pests and diseases that occur elsewhere in the world. Since 1 July 1909 the importation into Australia of plant materials has been subject to an increasingly stringent quarantine; some materials are admitted only under certain conditions while others are prohibited altogether. The quarantines are designed to exclude from the country unwanted pests and plant diseases. It is not possible to predict how a new plant pest or disease will perform when introduced to a new environment free of its natural enemies. Hence the general objective is to keep any pest or disease out of the country which could cause serious economic losses to Australia's agriculture, horticulture or forests.

For further details *see* Year Book No. 61, page 449.

Personal health services and subsidies

National Health Benefits

In May 1978, the Minister for Health announced in the House of Representatives that coverage for the whole Medical Benefits Schedule was to be changed to 75 percent with a maximum patient payment of $10 when the Schedule fee was charged, except for pensioners with Pensioner Health Benefit entitlement and their dependants, which would remain at 85 percent or the Schedule fee less $5 whichever is the greater.

This change came into effect on 1 July 1978 and was applicable to both Standard Medibank and privately insured persons.

The Treasurer announced in the 1978-79 Budget speech new health insurance arrangements, which were introduced on 1 November 1978.

These arrangements are designed to provide all residents with a basic level of coverage against the costs of medical and hospital treatment. Individuals are free to choose additional coverage from private insurers.

Medical

From 1 November 1978 all Australian residents are eligible to receive a new Commonwealth medical benefit to cover 40 per cent of Schedule medical fees, with a maximum patient contribution of $20 for any one service where the Schedule fee is charged.

For pensioners with Pensioner Health Benefit cards, and their dependants, there has been no change to the level of medical benefits. Doctors are able to bulk-bill the Department of Health for these patients and receive 85 percent of the Schedule fee or the Schedule fee less $5 whichever is the greater.

A new concept of bulk-billing for disadvantaged patients was introduced whereby the doctors receive from the Government 75 percent of the Schedule fee as payment in full for the service rendered (provided the patient is not privately insured). Bulk billing is not available for other persons.

Hospital

The system of standard hospital coverage, by which everyone without private insurance for hospital benefits is entitled to free standard ward accommodation in recognised hospitals with treatment by doctors engaged by the hospital, continued without alteration (except that in Queensland those with private insurance for hospital benefits are also eligible for free standard ward coverage if they so choose).

Private Insurance

Registered medical benefits organisations including Medibank Private are required as a condition of their registration, to offer a basic medical benefits table which, when added to the Commonwealth medical benefit, provides coverage for 75 percent of the Schedule fee with a maximum patient contribution of $10 for any one service where the Schedule fee is charged.

Those who elect to insure for the 75 percent level which comprises both the Commonwealth and fund benefit are eligible for refunds from their organisations.

Those who elect not to insure for fund benefits need to register with a registered medical benefits organisation that has agreed to pay the new Commonwealth medical benefit to uninsured persons on behalf of the Commonwealth.

Registered medical benefits organisations claim reimbursement of the Commonwealth medical benefits paid for both insured and uninsured people from the Department of Health.

In addition to providing a basic medical benefits table, registered medical benefits organisations are able to offer a variety of medical benefits packages up to a maximum of the Schedule fee level, ancillary benefits tables and introduce deductibles if they so choose.

Registered hospital benefits organisations are also obliged to continue providing a basic table covering the hospital charges raised for shared ward accommodation in recognised hospitals, currently $40 a day, for patients who choose to be treated by the private doctor of their choice. Organisations may also provide optional tables which can include deductibles if they so choose. The basic and optional tables provide contributors with nursing home benefits. Since 1 October 1977, all payments by registered hospital benefits organisations in respect to nursing home patients, have been made under the re-insurance arrangements.

Registered hospital benefits organisations are also able to continue offering supplementary benefits covering charges raised for single bed wards in recognised hospitals and benefits to wholly or substantially cover private hospital charges. In addition these organisations are free to devise attractive and competitive tables of ancillary benefits.

The introduction of deductibles for both medical and hospital benefits tables are subject to guidelines approved by the Minister.

Financing

The health insurance levy has been abolished and the Commonwealth Government pays the new universal medical benefit from consolidated revenue.

The compulsion on every Australian to pay for one type of health insurance or another has been removed, and the subsidies for 'hospital only' insurance have been discontinued.

The subsidy of $16 per occupied bed day paid to private hospitals, the reinsurance arrangements, health program grant payments and Commonwealth payments under the hospital cost sharing agreements all remain.

Administration

With the ending of the Standard Medibank benefits system the Health Insurance Commission's activities are confined to the operation of Medibank Private.

The Department of Health is responsible for administering the Commonwealth medical benefit payments to the registered medical benefits organisations, bulk-billing arrangements, hospital payments and subsidies, nursing home benefits for persons without hospital insurance and health program grants.

Nursing Home Benefits

There are two forms of Commonwealth benefit payable in respect of patients accommodated in premises approved as nursing homes under the National Health Act. These benefits are as follows:

(i) *Basic Nursing Home Benefit.*

Basic nursing home benefit is payable in respect of all qualified nursing home patients other than those patients who are eligible to receive benefits from a registered hospital benefits organisation or from some other source such as compensation, third party insurance, etc. The amount of basic benefit payable varies between States on the basis of an amount which, when combined with the minimum patient contribution (as explained below) will fully cover the costs of 70% of patients in non-Government nursing homes in each State. The benefit is reviewed and adjusted annually on this basis, the last such adjustment taking effect on 9 November 1978.

As at 9 November 1978 the maximum amount of basic nursing home benefit payable per day, in each State was: New South Wales $13.65; Victoria $20.40; Queensland $11.80; South Australia $18.90; Western Australia $11.75 and Tasmania $14.85.

(ii) *Commonwealth Extensive Care Benefit.*
The Commonwealth extensive care benefit is payable at the rate of $6 a day, in addition to the Commonwealth basic benefit, in respect of patients who need and receive 'extensive care' as defined in the National Health Act. As in the case of the Commonwealth basic benefit, the extensive care benefit is payable in respect only of qualified patients who are not entitled to receive such benefits from a registered hospital benefits organisation, workers' compensation or third party insurance.

Patients who are insured with a registered hospital benefits organisation receive all of their benefit entitlement, whether at the basic benefit or extensive care benefit levels, from that organisation and not from the Commonwealth. In all circumstances the amount of benefit payable by a hospital benefits organisation will be equivalent to the amount otherwise payable by the Commonwealth in respect of uninsured patients in nursing homes.

Generally speaking all nursing home patients are required to make a minimum contribution towards the approved nursing home fee charged (while an exception to this rule is provided for, that exception relates basically to certain circumstances involving handicapped children in nursing homes).

As at 9 November 1978, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was $7.25 a day.

Where the fees charged by a nursing home are in excess of the combined total of nursing home benefits plus the patient contribution, the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the basic benefit (whether private health insurance benefit or Government benefit) is reduced by that amount.

Deficit Financing Arrangements

As an alternative to the provision of patient benefits under the National Health Act (as outlined above), the *Nursing Homes Assistance Act* 1974 provides for an arrangement whereby the Commonwealth Government may meet the net operating deficits of religious and charitable nursing homes.

All organisations wishing to participate in the deficit financing arrangements must enter into a formal agreement with the Commonwealth Government for that purpose.

Commonwealth nursing home benefits as provided under the National Health Act are not payable to a nursing home during any period in respect of which that nursing home participates under the deficit financing arrangements and uninsured patients are charged only a prescribed fee equivalent to the minimum patient contribution. However, the usual arrangements, as for nursing homes approved under the National Health Act, apply to insured patients and registered hospital benefits organisations pay the full normal benefit rate.

Domiciliary Nursing Care Benefit

A domiciliary nursing care benefit is payable at the rate of $14 a week ($2 daily) to persons who are willing and able to care, in their own homes, for aged parents or immediate relatives who would otherwise qualify for nursing home benefits. The basic criteria for the payment of the benefit are that the patient must be aged 65 years or over and be in need of continuing nursing care and receiving regular visits by a registered nurse.

This benefit is not subject to a means test and is payable, under the National Health Act, in addition to any entitlements that persons may have under the Social Services Act or the Repatriation Act for pensions or other supplementary allowances.

Health Program Grants

Health Program Grants, authorised under the *Health Insurance Act* 1973, are payable to eligible organisations to meet the cost, or such proportion of the cost as the Minister may determine, of approved health services, provided outside of hospitals by medical practitioners employed on a salaried or sessional basis. Eligible organisations impose charges, where appropriate, for services involving privately insured patients. From 1 November 1978 the grant covers the cost of scheduled medical services provided to patients in respect of whom a doctor in private practice would bulk-bill i.e. Pensioner Health Benefits cardholders and their dependants, and uninsured patients classified by the doctor as disadvantaged.

Health Program Grants are also available for research projects that develop and test new forms of health care delivery systems (e.g. Health Maintenance Organisations). The total amount paid to approved organisations during 1977–78 was $4.4 million.

Federal Authorities Expenditure

Pharmaceutical benefits

A person receiving treatment from a medical practitioner registered in Australia is eligible for benefits on a comprehensive range of drugs and medicines when they are supplied by an approved pharmacist upon presentation of a prescription or by an approved private hospital when that person is receiving treatment at the hospital. Special arrangements exist to cover prescriptions dispensed at locations outside the normal conditions of supply, e.g. in remote areas.

Following the introduction of the Commonwealth/State cost sharing arrangements, patients in recognised hospitals are supplied with drugs and medical preparations in accordance with those agreements.

Patients other than eligible pensioners and their dependants now pay a contribution of $2.50 for each benefit prescribed. The total cost of prescriptions for eligible pensioners and their dependants is met by the Commonwealth Government.

Under the Pharmaceutical Benefit Scheme the total cost, including patient contributions, for prescription drugs was $338.0 million in 1976–77 and $361.2 million in 1977–78. These figures do not include benefits supplied by certain hospitals and miscellaneous services or retrospective adjustments of chemists' remunerations.

Summary of cash benefits to persons

For an analysis by function and economic type of expenditure by all Commonwealth Government authorities *see* Chapter 22, Public Finance.

Most Commonwealth Government health benefits are financed through the National Welfare Fund and the Health Insurance Commission. The following table shows cash benefits to persons by Federal Authorities for 1976–77.

FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS 1976-77

($'000)

	N.S.W. (*a*)	*Vic.*	*Qld*	*S.A.* (*a*)	*W.A.*	*Tas.*	*N.T.* (*a*)	*A.C.T.* (*a*)	*Total*
Hospital and clinical services–									
Hospital benefits for pensioners	14	1	2	-	-	2	-	3	21
Medibank–Private hospital daily bed payments	22,936	21,178	12,860	8,181	5,993	1,914	-	176	73,238
Hospital benefits, n.e.c.	14,866	8,469	3,337	2,787	1,225	410	-	8	31,102
Nursing home benefits	91,820	52,553	33,266	26,460	22,228	7,795	-	-	234,122
Tuberculosis campaign allowances	419	300	221	81	62	45	-	-	1,127
Rehabilitation of ex-servicemen	86	98	39	24	30	10	-	16	303
Total	*130,141*	*82,599*	*49,725*	*37,533*	*29,538*	*10,176*	-	*203*	*339,913*
Other health services–									
Medibank–Medical benefits	234,717	140,950	69,397	46,551	35,702	10,634	-	2,305	540,258
Medical benefits, n.e.c.	823	650	64	66	74	65	-	-	1,741
Pharmaceutical benefits for pensioners	49,013	26,765	17,995	10,047	7,609	3,248	39	486	115,202
Pharmaceutical benefits, n.e.c.	45,265	30,528	18,854	9,842	8,185	2,788	279	3,961	119,701
Domiciliary care	2,410	1,830	1,521	913	912	503	-	-	8,089
Total	*332,228*	*200,723*	*107,831*	*67,419*	*52,482*	*17,238*	*318*	*6,752*	*784,991*
Total health	**462,369**	**283,322**	**157,556**	**104,952**	**82,020**	**27,414**	**318**	**6,955**	**1,124,903**

(*a*) State totals for New South Wales and South Australia also include most of the unallocable expenditure on cash benefits to persons resident in the Australian Capital Territory and the Northern Territory respectively.

Tuberculosis

An arrangement between the Commonwealth and the States under which the Commonwealth reim- bursed the States for all approved capital expenditure on tuberculosis and for net maintenance expenditure to the extent that it exceeded that for 1947-48 was discontinued from 31 December 1976. The National Tuberculosis Advisory Council, however, has been retained to keep abreast of advances and to advise the Minister for Health and, through him, the State Ministers for Health on the best means of prevention, diagnosis and control of tuberculosis. There are eleven members of the Council, the chairman being the Director-General of the Commonwealth Department of Health.

Final payments of $1,626,000, $668,000 and $39,000 were made in 1977–78 to New South Wales, Queensland and South Australia, respectively for maintenance expenditure incurred prior to 31 December 1976.

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis so that they may give up work and undergo treatment. Commonwealth Government Expenditure on Tuberculosis Allowances over the last three years has been $898,000 in 1975–76; $861,000 in 1976–77 and $762,000 in 1977–78.

Immunisation campaigns

Continuing immunisation programs against poliomyelitis, measles, rubella, diphtheria, tetanus, and whooping cough are maintained in all States and Territories.

Rubella immunisation is limited to females during their reproductive years; mass campaigns are routinely undertaken only on girls aged between 10 and 14 years. Whooping cough immunisation is given only to infants less than 2 years of age.

National health services organisations

The Commonwealth Department of Health Pathology Laboratory Services provides diagnostic and investigational facilities at laboratories situated in Albury, Alice Springs, Bendigo, Cairns, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1977–78, the laboratories carried out approximately 4.3 million pathology tests and investigations in respect of 1.2 million patient requests.

The Commonwealth Serum Laboratories (*CSL*) are both Australia's leading centre for the production and supply of biological products for human and veterinary use, and one of Australia's foremost scientific institutes. Their main functions are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. The functions include biological research and development relating to many kinds of human and veterinary diseases covering the fields of bacteriology, biochemistry, immunology and virology. The laboratories and central administration are located at Parkville, Victoria, with storage and distribution facilities in each capital city.

For several decades, CSL has been Australia's chief supplier of biological medicines, insulins, vaccines, penicillins, human blood fractions, BCG and an increasing range of veterinary biological products needed by Australia's sheep, cattle, pig and poultry industries. It is also well known and respected overseas, and export income forms a significant part of total revenue.

The Laboratories employ more than 1,000 people, including medical officers, veterinarians, bacteriologists, biochemists, physicists, engineers, accountants, laboratory assistants, skilled tradesmen and experienced marketing staff to promote the sale of its products.

The Australian Radiation Laboratory is concerned with:

(*a*) The formulation of policy, development of codes of practice, national surveillance and provision of scientific services relating to the public and occupational health implications of ionising and non-ionising radiation; and

(*b*) The maintenance of national radiation measurement standards and quality evaluation and assurance of radioactive materials used for medicine diagnosis and treatment.

The National Acoustic Laboratories undertake scientific investigations into hearing and problems associated with noise as it affects individuals, and advise Commonwealth Government Departments and instrumentalities on hearing conservation and the reduction of noise. A free audiological service is provided for pensioners with medical benefit entitlements and their dependants, persons under 21, war widows, Social Security rehabilitees and Veterans Affairs patients. During 1977–78 the number of new cases examined was 43,022 and the number of hearing aids fitted was 31,014.

The Ultrasonic Institute conducts research and provides advisory services on the use of ultrasonic radiation in the diagnosis and treatment of disease. The Institute is recognised as a world leader in its field.

Commonwealth Government health advisory organisations

The National Health and Medical Research Council advises the Commonwealth Government and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public, and on medical research. It also advises the Commonwealth Government 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 advises the Commonwealth Minister for Health on the application of funds from the Medical Research Endowment Fund which provides assistance to Commonwealth Government Departments or to a State Department engaged in medical research; to universities for the purpose of medical research; and to institutions and persons

engaged in medical research and in the training of persons in medical research. The Commonwealth Government makes annual appropriations to the fund on the basis of a three year rolling program. The allocation for 1978–79 is $12.8 million. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The School of Public Health and Tropical Medicine located at the University of Sydney provides training in public health, tropical medicine and occupational health for medical graduates and certain undergraduates, in addition to carrying out research and consultative activities in these and allied fields. Costs for the School in 1977–78 were $1,602,406 for administration, and $189,655 for plant and equipment.

The Institute of Child Health is associated with the School of Public Health and Tropical Medicine at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and postgraduate teaching at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth Government during 1977–78 were $561,869 for administration and $57,386 for plant and equipment.

The Australian Dental Standard Laboratory is concerned with the quality, standards, and research related to dental and other biomedical materials. The number of samples tested in 1977–78 was 89.

The National Biological Standards Laboratory is responsible for the development of standards for therapeutic goods and for testing such products for compliance with standards to ensure that they are safe, pure, potent and efficacious. Other responsibilities, including the inspection of manufacturing premises, the evaluation of new and modified products and the investigation of complaints, make it the linchpin of a uniform national system of control over therapeutic goods.

The British Pharmacopoeia, the British Pharmaceutical Codex and the British Veterinary Codex are specified as primary standards. In addition, the Minister has powers to make orders setting standards for specific types of goods and general classes of goods which are imported, or the subject of interstate trade, or supplied to the Commonwealth Government. Standards developed by the National Biological Standards Laboratory are submitted to a statutory committee, the Therapeutic Goods Standards Committee, which advises the Minister on their suitability.

The Laboratory, jointly with State officials and the pharmaceutical industry, prepares and revises an Australian Code of Good Manufacturing Practice which is the criterion employed by inspectors for the licensing of pharmaceutical manufacturers.

The Laboratory has sections which deal with viral products, bacterial products, pharmaceutical products, antibiotics and pharmacology. Administrative costs for 1977–78 were $2,966,356 and a further $133,486 was expended on plant and equipment.

The Australian Drug Evaluation Committee makes medical and scientific evaluations both of such goods for therapeutic use as the Minister for Health refers to it for evaluation and of other goods for therapeutic use which, in the opinion of the Committee, should be so evaluated, and advises the Minister for Health as it considers necessary relating to the importation into and the distribution within Australia of goods for therapeutic use that have been the subject of evaluation by the Committee. It has the powers to co-opt and seek advice from specialist medical colleges and associations and from the medical and allied professions, drug manufacturers and other sources. During 1977–78 eighty-eight applications for approval to market new drugs and twenty-six applications to extend the indications or amend dosage regimes for currently marketed drugs were considered by the Committee. Eighty-six applications were approved, twenty-two rejected and six deferred pending production of further information on safety and efficacy. Under the Committee's control are the Australian Registry of Adverse Reactions to Drugs, which provides an early warning system based on reports of reactions to drugs forwarded voluntarily by medical practitioners; the Adverse Drug Reaction Advisory Committee, which prepares more detailed evaluations of reports and increased feedback to the medical profession; the Vaccines Sub-Committee; the Endocrinology Sub-Committee; the Congenital Abnormalities Sub-Committee; the Parenteral Nutrition Sub-Committee; the Anti-Cancer Drugs Sub-Committee; the Radiopharmaceuticals Sub-Committee; and the National Drug Information Advisory Sub-Committee, formed to oversight administrative aspects of the technical input to the National Drug Information Service.

The Therapeutic Goods Advisory Committee considers, and advises the Minister for Health on, any matters relating to standards applicable to goods for therapeutic use and the administration of the Therapeutic Goods Act. *The Therapeutic Goods Standards Committee,* under the same Act, advises the Minister for Health on standards and requirements relating to the labelling and packaging of any such goods.

The National Therapeutic Goods Committee comprises Federal and State representatives. Its function is to make recommendations to the Commonwealth and State Governments on action necessary to bring about co-ordination of legislation and administrative controls on therapeutic goods. Sub-committees have been formed to consider specific matters, notably advertising, establishment of a National Product Register, a Code of Good Manufacturing Practice, electro-medical devices and standards for disinfectants.

The Hospital and Allied Services Advisory Council was established by the 1970 Australian Health Ministers Conference to provide advice on the co-ordination of matters connected with hospitals and allied services. The Council now consists of representatives of each State Health Department or Commission, the Commonwealth Departments of Health and Veterans' Affairs, the Social Welfare Policy Secretariat, the Northern Territory Department of Health and the Capital Territory Health Commission. The Council is assisted in carrying out its work by several committees, sub-committees and working parties.

In 1978 the Social Welfare Policy Secretariat was established, having responsibility ranging over the whole field of health and welfare. The Hospital and Health Services Commission was consequently wound-up; a number of its ongoing activities were absorbed by the Policy Secretariat, while others were transferred to the Department of Health.

Other Commonwealth Government subsidies and grants to States

Home nursing subsidy scheme

The Home Nursing Subsidy Scheme provides for an annual Commonwealth subsidy to approved home nursing services. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government or from local government bodies. During 1977–78 subsidies totalling $10.7m were paid to 193 organisations providing home nursing services in the States. Home nursing services in the Northern Territory were provided by the Commonwealth Department of Health until 1 January 1979, when responsibility was transferred to the Northern Territory Government. In the Australian Capital Territory, these services have been provided by the Capital Territory Health Commission.

Paramedical services

The States Grants (Paramedical Services) Act 1969 provides for the Commonwealth Government to share on $1 for $1 basis with participating States the cost of approved paramedical services such as chiropody, occupational therapy, physiotherapy and speech therapy provided wholly or mainly for aged persons in their homes. Matching grant payments during 1977–78 amounted to $582,000.

Community health program

The Commonwealth Government's Community Health Program provides grants for both capital and operating costs in the establishment or improvement of a wide range of community-based health and health-related welfare services in areas of health service scarcity. The Program is also intended to promote particular aspects of health care such as prevention, health education, health maintenance and rehabilitation.

Commonwealth grants are made to the State governments for projects conducted within the States. These are in the form of annual block grants for total programs of approved projects.

The Commonwealth also provides grants to the States under the Community Health Program for women's refuges, which provide short-term accommodation and support for women and children in crisis situations.

In 1978–79, an amount of $48.3m was allocated by the Commonwealth in the form of block grants to the States for general community health projects, on the basis of a Commonwealth contribution of 50 per cent for both capital and operating costs. An additional $3m was made available to the States for women's refuges, on the basis of Commonwealth contributions of 75 per cent for operating costs and 50 per cent for capital costs.

In addition to these grants to the States for projects operating at State or local levels, the Commonwealth provides funds—generally on a 100 per cent basis—direct to national projects conducted by non-government organisations. An amount of $6.4m was made available for this purpose in 1978–79.

School Dental Scheme

The School Dental Scheme was established in 1973 by co-operation between the Commonwealth and State Governments. The aim of the Scheme is to offer free dental care including dental health education to all school children under fifteen years of age, with initial emphasis on primary school children thereby, in the longer term, improving the dental health of the community.

The Scheme is based on the training and employment of dental therapists working under the general direction and control of dentists. Some 25 per cent of the nation's primary school population is presently covered by the School Dental Scheme.

A total of 10 dental therapy schools, located in all States, are presently operating. These schools have an annual graduate capacity of 370. In addition, some 540 school dental clinics, including mobile clinics, are also in operation throughout Australia.

The overall costs of the Scheme are being shared by the Commonwealth and the States on a 50:50 basis. Details of Commonwealth expenditure on the Scheme to date, together with the number of primary school children examined during the 1977-78 financial year appear below:

COMMONWEALTH EXPENDITURE–SCHOOL DENTAL SCHEME

($ million)

Year	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*Aust.*
1973-74	1.34	1.35	.47	1.96	1.05	1.37	7.54
1974-75	4.19	4.10	2.98	3.94	2.07	1.31	18.59
1975-76	3.96	3.40	6.30	3.37	5.13	1.86	24.02
1976-77	5.78	3.60	3.92	3.93	3.59	1.61	22.43
1977-78	3.98	3.86	4.87	5.34	3.85	1.81	23.71

The number of children examined under the various school dental services in 1977-78 were:– New South Wales, 88,368; Victoria, 26,670; Queensland, 63,932; South Australia, 93,803; Western Australia, 64,692; Tasmania, 59,869; Australian Capital Territory, 28,706; Northern Territory, 7,084; Australia, 433,124.

Commonwealth Government grants to organisations associated with public health

In addition to providing the services mentioned on pages 193-200 the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text.

The Royal Flying Doctor Service is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services that was commenced on 1 January 1979 by the Northern Territory Government. The Royal Flying Doctor Service is financed mostly from donations and government contributions. For the year ended 30 June 1978, the Commonwealth Government paid grants totalling $1,700,000 towards operational costs, and matching assistance of $699,500 towards an approved program of capital expenditure. The Service made flights during 1977-78 totalling 4.5 million kilometres and transported 7,629 patients. In the same period medical staff conducted a total of 86,670 consultations and dental treatment was given to 4,462 patients.

The Red Cross Blood Transfusion Service is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the Service in the States are met by the State Governments paying 60 per cent, the Society 5 per cent of net operating costs or 10 per cent of donations, whichever is the less, and the Commonwealth Government meeting the balance. In the Northern Territory the Society contributes to operating costs as it does in the States, and the Commonwealth met the balance prior to 1 January 1979. After this date the Northern Territory is in the same position as the States. Approved capital expenditure by the Service in the States is shared on a $1 per $1 basis with the States and after 1 January 1979, with the Northern Territory Government. Commonwealth Government expenditure for each State and the Northern Territory during 1977-78 was $5,833,479, made up as follows: New South Wales, $1,597,205; Victoria, $1,888,500; Queensland, $773,315; South Australia, $637,676; Western Australia, $630,326; Tasmania, $126,500; and Northern Territory, $179,957.

The National Heart Foundation of Australia is a private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. The Foundation now has an annual income from public donations and bequests of over $2,400,000. Expenditure in 1977 came to $2,463,443, of which almost half was devoted to supporting research into cardiovascular disease. Such research is the single most important function of the Foundation, and from its inception to the end of 1977, it had allocated well over $8.5 million for: grants-in-aid towards research in university departments, hospitals and research institutes; research fellowships tenable in Australia and overseas; and overseas travel grants

for study purposes. The Foundation's education program receives support from the Commonwealth Government under the Community Health Program. For 1977–78 the Commonwealth made available $58,600 to the Foundation for these purposes.

The World Health Organization (WHO) is a specialised agency of the United Nations having as the objective the attainment by all peoples of the highest level of health. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila and is represented annually at both the World Health Assembly in Geneva and the Regional Committee Meeting in Manila. Australia's contribution to WHO for 1977–78 was $A2,096,521.

The International Agency for Research on Cancer was established in 1965 within the framework of the World Health Organisation. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are to provide for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer. Australia's contribution to the IARC for 1977–78 was $A325,568.

STATE GOVERNMENT ACTIVITIES

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

Public health legislation and administration

For a comprehensive account of the administration of health services in each State, the Northern Territory and the Australian Capital Territory, *see* the annual reports of the respective Departments of Health. For details of legislation and administrative changes in previous years *see* earlier issues of the Year Book. The following paragraphs refer briefly to recent developments.

In New South Wales:

The *Anatomy Act* 1977, amends and re-enacts the law relating to anatomy and repeals the *Anatomy Act*, 1901.

The *Health Commission (Amendment) Act* 1977, amends the *Health Commission Act* 1972, so that certain offices under that Act are deemed not to be offices or places of profit under the Crown.

The *Public Hospitals (Amendment) Act* 1978, amends the *Public Hospitals Act* 1929, to make provision for the appointment of an arbitrator to determine the terms and conditions of work and the remuneration of medical practitioners performing sessional work at incorporated hospitals or separate institutions.

In Victoria:

The *Health Commission Act* 1977 establishes the Health Commission of Victoria and provides for the subsumation by that Commission of the functions of the Health Department, the Commission of Public Health, the Hospitals and Charities Commission, and the Mental Health Authority.

The *Poisons (Drugs of Addiction) Act* 1977 amends the *Poisons Act* 1962. It increases the penalty for trafficking in drugs of addiction other than fresh or dried cannabis from $10,000 or four years gaol or both to $100,000 or 15 years or both: provides that the possession of a specified quantity of a drug of addiction shall be *prima facie* evidence of trafficking in that drug of addiction: empowers courts to order the forfeiture of any money or valuable thing following conviction for trafficking in a drug of addiction: expands the powers of members of the police force to stop and search and if necessary seize persons and vehicles, etc.

The *Health (Amendment) Act* 1977 provides for a scheme for the re-use of waste water for the purpose of irrigation for foodstuffs, orchards, plants, and public gardens.

In Queensland:

The *Hospitals Act Amendment Act* 1978 contains among others, amendments to provide for the appointment of an Administrator or the constitution of a Board on the creation of a new Hospitals District, revised procedures in relation to emergent expenditure by Hospitals Boards and power for Hospitals Boards to retire employees on the grounds of ill-health.

The *Pharmacy Act Amendment Act* 1978 provides that a pharmacist with a pecuniary interest in more than four pharmacies did not have to dispose of his pecuniary interest in a pharmacy if there was a change of ownership in that pharmacy.

The *Radioactive Substances Act Amendment Act* 1978—This Act received Royal Assent on 22 August, 1978 but has not yet been proclaimed. The amendment will provide that, subject to such exemptions as may be prescribed, all persons will have to possess a licence to have possession of or to use or to sell any irradiating apparatus.

The *Health Act Amendment Act* 1978 provides for the repeal of the provisions relating to leprosy, the cancellation and suspension of private hospital licences, mandatory reporting by medical practitioners of cases of suspected child abuse to the Director-General of Health and Medical Services, power to make regulations with respect to tattooing and ear-piercing, variations to the provisions relating to licensing of pest control operators and the storage, labelling and disposal of containers used for holding pesticides, the divesting of the powers of the former X-Ray and Other Electro-Medical Equipment Advisory Board from the Queensland Radium Institute.

In South Australia:

The *Mental Health Act* 1976-77 amended the *Mental Health Act* 1935-74 and provides among other things for the establishment of a Guardianship Board and the establishment of a Mental Health Review Tribunal to periodically review the circumstances involving the detention or custody of a mentally handicapped person.

The *Criminal Law Consolidation Act Amendment Act* 1978 provides that it is mandatory for the superintendent or Manager of a hospital to notify abortions and complications.

In Western Australia:

The *Physiotherapists Act* 1977—minor amendment to the composition of the Board.

The *Clean Air Act* 1977—the schedule under the *Clean Air Act* is extended to include stockyards and certain construction sites.

The *Health Act* 1978—amends the act to include the establishment of a Perinatal and Infant Mortality Committee and also the Anaesthetic Mortality Committee.

The *Poisons Act* 1978—amended the schedules under the *Poisons Act* relating to the labelling of poisonous substances.

In Tasmania:

The *Hospitals Act* 1977 amends procedures relating to appointment of officers to, and constitution of, various hospital boards.

The *Public Health Act* 1977 lays down regulations controlling establishments where tattooing, ear piercing, acupuncture or any other cutting or piercing of human skin is performed.

The *Alcohol and Drug Dependancy Act* 1977 revises details of the constitution of the Board.

The *Road Safety (Alcohol and Drugs) Act* 1977 made minor changes to laws relating to drivers with excessive blood alcohol levels.

The *Radiation Control Act* 1977 made provisions for regulating the use of radioactive materials and electronic products producing radiation.

The *Sale of Hazardous Goods Act* 1977 provides for the prohibition or regulation of the sale of dangerous goods and established a Products Safety Committee to investigate any product which may be covered by the Act.

The *Nurses Registration Act* 1977 revised qualifications and registration requirements of nurses in Tasmania.

The *Medical Act* 1977 amended the powers of the Medical Council of Tasmania in relation to registrations and disqualifications.

The *Mental Health Act* 1977 provides for the establishment of an institution for accommodation and treatment of patients who, having been subject to criminal proceedings, need to be detained under conditions of special security.

In the Northern Territory:

The *Hospitals and Medical Services (Charges) Regulations* 1977 provides for increases in charges for dental treatment.

The *Prohibited Drugs Bill* 1977, *Dangerous Drugs Bill* 1977 and *Poisons Bill* 1977 provide new improved legislation to replace existing legislation required to comply with UN Convention on Psychotropic Substances.

The *Pharmacy Ordinance* 1977 provides for pharmacies to remain open during temporary absences of pharmacists.

In the Australian Capital Territory:

The *Poisons and Dangerous Drugs (Amendment) Ordinance* 1978 introduces the prescribing of restricted substances by dentists.

The *Termination of Pregnancy Ordinance* 1978 provides for a permanent prohibition on the termination of a pregnancy other than at a public hospital.

The *Public Health (Prohibited Drugs) (Amendment) Ordinance* 1978 provides for review by the Administrative Appeals Tribunal of decisions of the Commissioner relating to the possession of prohibited drugs for research purposes.

The *Health Commission (Amendment) Ordinance* 1978 provides for a nurse commissioner and a simplification of the prescribed functions of the Commission.

Supervision and care of infant life

Because the health of mothers and infants depends largely on pre-natal care as well as after-care, government, local government and private organisations 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. Stringent conditions regulate the adopting, nursing and maintaining of children placed in foster-homes by private persons.

Nursing activities

Several State Governments maintain centres which provide advice and treatment for mothers and children. In addition, subsidies are granted to various associations engaged in welfare work.

The following table shows particulars of infant welfare centres in States where they can be separately identified. In other areas, infant welfare services have been largely absorbed into the more general Community Health Services.

INFANT WELFARE CENTRES

	Qld	*S.A.*	*W.A.*	*Tas.*	*A.C.T.*
	1976-77	1976-77	1977	1977-78	1977-78
Number of centres(*a*)	303	302	207(*b*)	103	62
Attendance at centres–					
Pre-natal	8,365	6,174	19,876(*b*)	3,157	n.a.
Post-natal–Number of children	519,429	285,726	276,787	151,809	89,678
Nurses' home-visits(*c*)	5,246	36,886	40,636	56,462	21,731
Nurses hospital visits(*d*)	38,173	n.a.	n.a.	9,422	208

(*a*) At end of year shown. (*b*) Part-time centres now included. (*c*) Pre- and post-natal. (*d*) Post-natal.

HOSPITALS AND NOTIFIABLE DISEASES

Public and Private Hospitals and Nursing Homes

The ABS no longer publishes Australia-wide details of these institutions although some limited State information is published by State offices of the ABS. Information is also published in the Annual Reports of the Commonwealth Department of Health.

Repatriation hospitals

A full range of services for the medical care and treatment of eligible veterans and certain dependants is available from the Department of Veterans' Affairs hospital system. Patients from the general community may also receive treatment at Repatriation hospitals provided bed capacity is available above the needs of the entitled veteran and the hospital facilities are appropriate to the treatment required.

In-patient treatment is provided at the six acute-care Repatriation General Hospitals (one in each State) and five auxiliary hospitals. In-patient treatment may also be provided in non-departmental public and private 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.

Details of patients, staff and expenditure on Repatriation institutions and other medical services are given in Chapter 9 Social Security and Welfare.

Hansenide hospitals

There are three isolation hospitals in Australia for the care and treatment of persons suffering from Hansens' disease (leprosy). The numbers of isolation patients at these hospitals in the year ended 31 December 1977 were: Little Bay, New South Wales, 3; Fairfield, Victoria, 9; and Derby, Western Australia, 36.

In Queensland, leprosy sufferers are treated at the leprosy annex of the Palm Island Hospital and at a number of other hospitals which do not have facilities set aside specifically for leprosy patients.

In the Northern Territory at 31 December 1977 there were approximately 10 in-patients for the care and repair of deformity at the East Arm Hospital.

Mental health institutions

The presentation of meaningful statistics of mental health services has become increasingly difficult because of changes in recent years in the institutions and services for the care of mental patients. The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and out-patients at psychiatric hospitals, admission and reception centres, day hospitals, out-patient clinics, training centres, homes for the mentally retarded and geriatric patients, psychiatric units in general hospitals, and the like. Numbers of institutions, beds available, staff and patients treated at locations catering only for the mentally ill in 1973–74 were published in Year Book No. 61, page 465. More recent figures indicate that fewer patients were treated as in-patients in nearly every State, but this should not be considered as an indication of improved mental health; it is rather a more advanced method of treatment, allowing patients greater contact with the outside world.

In recent years, in-patient treatment facilities have been opened in the Australian Capital Territory, particularly for mentally retarded children. In the past, such cases were mostly treated in State institutions elsewhere, and the new development allows much greater contact between patients and other members of the family.

Hospital morbidity statistics

A major factor in the cost of health care in Australia is hospital treatment of patients. Attempts to measure the number of in-patients treated and bed-days involved for each disease or injury have been going on for some years, but as coverage is incomplete it is not yet possible to present national statistics. Figures for Queensland, Western Australia and Tasmania, however, are published in *Patients Treated in Hospitals, 1976* (4303.3), *Hospital In-patient Statistics, 1976* (4301.5) and *Hospital Morbidity, 1976* (4301.6) respectively.

An examination of Western Australian figures for 1976 indicates that the largest numbers of patients were treated for injury (11.8 per cent), respiratory diseases (10.9 per cent) and maternity (10.6 per cent), but, in terms of hospital bed-days, the greatest occupancy rate was caused by diseases of the circulatory system (11.9 per cent) followed by injury (10.8 per cent) and maternity (10.0 per cent).

Notifiable diseases

Although State and Territory Health Authorities are responsible for the prevention and control of infectious diseases within their areas of jurisdiction, certain powers and responsibility may be delegated to local authorities within each State. These usually involve such activities as personal health services, environmental sanitation and local communicable disease control.

The Commonwealth Department of Health receives notification figures from the States and Territories on a monthly basis and the national totals for the year are published in the annual report of the Director-General of Health.

The following table shows, by State and Territory, the number of cases notified in 1977 for those diseases which are notifiable in all States and Territories. The table does not include diseases which are notifiable only in certain States or Territories. 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 and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow up of notifications by health authorities.

NOTIFIABLE DISEASES(*a*) NUMBER OF CASES NOTIFIED 1977

Disease	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*A.C.T.*	*N.T.*	*Aust.*
Anthrax	1	–	–	–	–	–	–	–	1
Brucellosis	26	21	19	7	1	1	–	–	75
Cholera	–	–	2	–	–	–	–	–	2
Diphtheria	1	–	2	–	–	–	–	4	7
Gonorrhoea	3,807	2,138	1,678	1,921	1,373	157	145	560	11,779
Hepatitis, infective	1,024	699	294	262	211	204	44	161	2,899
Hepatitis, serum	222	188	43	107	9	–	40	28	637
Hydatid	9	3	1	3	1	–	2	–	19
Leprosy	7	6	6	1	17	–	–	16	53
Leptospirosis	4	8	23	2	–	–	–	–	37
Malaria	99	47	61	16	26	1	15	12	277
Ornithosis	–	1	–	–	1	–	1	–	3
Poliomyelitis	1	1	–	–	–	–	–	–	2
Salmonella	872	185	70	230	277	54	50	55	1,763
Syphilis	597	100	836	360	280	3	2	867	3,045
Tetanus	2	3	4	1	1	2	–	–	13
Tuberculosis	518	269	228	105	155	29	18	20	1,342
Typhoid fever	12	41	3	–	–	–	2	1	59
Typhus (all forms)	1	–	2	–	–	–	–	–	3

(*a*) There were no cases of plague, smallpox or yellow fever.

Health-related surveys conducted by the ABS

Alcohol and Tobacco Consumption Survey

A survey conducted by ABS in February 1977 into alcohol and tobacco consumption patterns of the Australian population aged 18 years and over showed that 2.2 per cent of them drank over 80 grams of alcohol per day (considered by health authorities to be heavy drinking) and 35.9 per cent currently smoked cigarettes.

Consumption patterns by State and by such personal characteristics as sex, age, marital status and occupation are published in the bulletins *Alcohol and Tobacco Consumption Patterns, February 1977* (4308.0 and 4312.0).

Australian Health Survey

A survey was conducted by ABS during the period July 1977-June 1978 to obtain information on the health of Australians and the use of and need for various health services and facilities. Topics covered by the survey included recent and chronic illness, accidents, use of medicines, and use of doctors, dentists, and other health workers and facilities, as well as a range of personal and family characteristics. The items are described more fully in *Australian Health Survey Information Paper* (4340.0). Some preliminary results of the survey have been published in *Australian Health Survey Bulletins Nos 1, 2 and 3* (4309.0, 4310.0 and 4311.0), and work is continuing on the production of more detailed information.

The main features of the survey results so far published are:

- 65.3 per cent of the total population reported having had one or more conditions of illness in the two weeks before interview.
- 9.6 per cent of all persons working had at least one day off work due to sickness or injury in the two weeks before interview.
- 17.7 per cent of the total population had consulted a doctor in the two weeks before interview.
- 54.6 per cent of all persons aged 15 years and over reported having taken some form of medication in the two days before interview.

DEATHS

Causes of Death and Perinatal Deaths

Causes of death in Australia are currently classified according to the Eighth Revision of the International Classification of Diseases (ICD) produced by the World Health Organisation. Detailed statistics are published in the bulletin *Causes of Death* (3303.0), and only broad groupings of causes of death are reproduced in this Year Book. Figures shown relate to the year 1976.

The major causes of death in the community are heart disease (accounting for 35.8 per cent), malignant neoplasms (cancers) (17.0 per cent), cerebrovascular disease (strokes) (13.6 per cent) and external injuries (7.5 per cent). Infectious diseases have caused few deaths in Australia in recent years, largely as a result of quarantine activities, immunisation campaigns and similar measures. In 1976, only 0.6 per cent of all deaths were due to such diseases.

As can be seen from the following table, the relative importance of groups of causes of death varies with age. Heart disease, cancer and strokes are predominant in middle and old age. Accidents, particularly those involving motor vehicles, are the primary cause of death in childhood and early adulthood. Most deaths (71 per cent) of infants occur within 28 days after birth and are due to congenital anomalies, birth injury or other conditions present from birth.

PRINCIPAL CAUSES OF DEATH IN VARIOUS AGE GROUPS, 1976

	Number			*Rate(a)*			Percentage(*b*)		
Age group and causes of death	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*
Under 1 year–									
Other causes of perinatal mortality	604	485	1,089	517	437	478	34.1	35.1	34.6
Congenital anomalies	448	362	810	383	326	356	25.3	26.2	25.7
Birth injury, difficult labour and other anoxic and hypoxic conditions	263	174	437	225	157	192	14.9	12.6	13.9
Symptoms and ill-defined conditions	195	117	312	167	105	137	11.0	8.5	9.9
1–4 years–									
All other accidents	102	57	159	20	12	16	26.0	21.3	24.1
Motor vehicle accidents	82	35	117	16	7	12	20.9	13.1	17.7
Congenital anomalies	54	51	105	10	10	10	13.7	19.1	15.9
All other diseases	38	38	76	7	8	8	9.7	14.2	11.5
5–14 years–									
Motor vehicle accidents	150	92	242	12	7	10	30.2	28.9	29.7
All other accidents	127	46	173	10	4	7	25.6	14.5	21.3
Malignant neoplasms	67	62	129	5	5	5	13.5	19.5	15.8
All other diseases	49	38	87	4	3	3	9.9	11.9	10.7
15–24 years–									
Motor vehicle accidents	1,112	235	1,347	91	20	56	57.2	40.7	53.4
All other accidents	238	42	280	19	4	12	12.2	7.3	11.1
Suicide and self-inflicted injuries	184	48	232	15	4	10	9.5	8.3	9.2
Malignant neoplasms	120	63	183	10	5	8	6.2	10.9	7.3
25–34 years–									
Motor vehicle accidents	377	110	487	34	10	23	26.7	16.8	23.5
Malignant neoplasms	163	162	325	15	15	15	11.5	24.7	15.7
Suicide and self-inflicted injuries	226	62	288	21	6	13	16.0	9.5	13.9
All other accidents	219	32	251	20	3	12	15.5	4.9	12.1
35–44 years–									
Malignant neoplasms	361	386	747	44	50	47	17.0	32.7	22.6
Ischaemic heart disease	462	121	583	57	16	37	21.7	10.3	17.6
Motor vehicle accidents	224	86	310	28	11	20	10.5	7.3	9.4
All other diseases	165	142	307	20	19	19	7.8	12.0	9.3
45–54 years–									
Ischaemic heart disease	2,146	474	2,620	269	63	169	36.7	15.5	29.5
Malignant neoplasms	1,281	1,168	2,449	161	154	158	21.9	38.3	27.5
Cerebrovascular disease	367	302	669	46	40	43	6.3	9.9	7.5
All other diseases	393	252	645	49	33	42	6.7	8.3	7.3
55–64 years–									
Ischaemic heart disease	4,600	1,503	6,103	769	240	499	39.8	25.5	35.0
Malignant neoplasms	2,838	1,919	4,757	475	307	389	24.6	32.5	27.3
Cerebrovascular disease	834	713	1,547	139	114	126	7.2	12.1	8.9
All other diseases	742	445	1,187	124	71	97	6.4	7.5	6.8
65–74 years–									
Ischaemic heart disease	6,450	3,375	9,825	1,776	779	1,233	38.1	32.9	36.2
Malignant neoplasms	3,855	2,335	6,190	1,061	539	777	22.8	22.8	22.8
Cerebrovascular disease	1,803	1,698	3,501	496	392	440	10.7	16.6	12.9
All other diseases	1,158	822	1,980	319	190	249	6.8	8.0	7.3
75 years and over–									
Ischaemic heart disease	6,609	8,015	14,624	4,260	2,816	3,325	33.0	30.2	31.4
Cerebrovascular disease	3,091	6,154	9,245	1,992	2,162	2,102	15.4	23.2	19.8
Malignant neoplasms	3,064	3,100	6,164	1,975	1,089	1,402	15.3	11.7	13.2
All other diseases	1,898	2,909	4,807	1,223	1,022	1,093	9.5	11.0	10.3

(*a*) Rates are per 100,000 of population at risk, except for children under one year of age which are per 1,000 live births registered.
(*b*) Percentage of all deaths within each age group.

Perinatal deaths

Since deaths within the first four weeks of life (neonatal deaths) are mainly due to conditions originating before or during birth, and the same conditions can cause foetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths' and include all children born dead after the twentieth week of gestation or weighing 400 grams or more at delivery and all live-born children who die within 28 days after birth. The following table shows the number of foetal, neonatal and perinatal deaths from the major groups of causes in 1976; further details are published in *Perinatal Deaths* (3304.0).

Within the largest group, 'Other complications of pregnancy and childbirth', the main individual causes were maternal incompetent cervix (5.2 per cent of all perinatal deaths) and multiple births (5.4 per cent). Placental conditions were responsible for 17.0 per cent, and congenital anomalies for 19.6 per cent.

PERINATAL DEATHS BY CAUSE, 1976

	Number of deaths			*Rate*		
Cause of death	*Foetal*	*Neonatal*	*Perinatal*	*Foetal(a)*	*Neonatal (b)*	*Perinatal (a)*
Chronic circulatory and genito-urinary disease in mother	37	11	48	0.2	–	0.2
Other maternal conditions unrelated to pregnancy	130	58	188	0.6	0.3	0.8
Toxaemias of pregnancy	192	76	268	0.8	0.3	1.2
Maternal ante- and intrapartum infection	23	17	40	0.1	0.1	0.2
Difficult labour	55	71	126	0.2	0.3	0.5
Other complications of pregnancy and childbirth	348	495	843	1.5	2.2	3.7
Conditions of placenta	584	205	789	2.5	0.9	3.4
Conditions of umbilical cord	223	25	248	1.0	0.1	1.1
Birth injury without mention of cause	7	27	34	–	0.1	0.1
Haemolytic disease of newborn	46	22	68	0.2	0.1	0.3
Anoxic and hypoxic conditions not elsewhere classified	163	324	487	0.7	1.4	2.1
Other conditions of foetus and newborn	273	171	444	1.2	0.8	1.9
Congenital anomalies	309	601	910	1.3	2.6	4.0
Infections of foetus and newborn	3	49	52	–	0.2	0.2
Other diseases of foetus and newborn	10	90	100	–	0.4	0.4
External causes of injury to newborn	–	9	9	–	–	–
All causes	**2,403**	**2,251**	**4,654**	**10.4**	**9.9**	**20.2**

(*a*) Per 1,000 total births (live and dead). (*b*) Per 1,000 live births.

The perinatal death rate in 1976 was 20.22 per 1,000 total births, compared with 23.37 per 1,000 births in 1972 when the present definition was first adopted. Prior to 1972, stillbirths comprised only those of at least 28 weeks gestation but, even on this limited basis, the perinatal death rate was 24.8 per 1,000 births in 1965; so it is obvious there has been considerable improvement over the last ten years.

Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1977 there were thirty-four crematoria in Australia, situated as follows: New South Wales, 16; Victoria, 4; Queensland, 6; South Australia, 2; Western Australia, 3; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The number of cremations carried out in 1976 was 50,587 (44.9 per cent of all deaths); in 1977 it was 49,265 (43.7 per cent of all deaths).