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CHAPTER XIV.

PUBLIC HEALTH AND RELATED INSTITUTIONS.

A. PUBLIC HEALTH—STATE GOVERNMENT ACTIVITIES.

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

§ 1. Public Health Legislation and Administration.

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

There is also a Director-General of Public Health and Chief Medical Adviser to the Government, who is *ex officio* President of the Board of Health and Chairman of the Nurses' Registration Board. He is assisted by a Deputy Director-General.

The Inspector-General of Mental Hospitals is responsible for the administration of that part of the Lunacy Act relating to the care and treatment of mental patients. There is also a Deputy Inspector-General.

The following statutory authorities are constituted under Acts administered by the Minister for Health :—Board of Health (Public Health Act), Hospitals Commission of N.S.W. (Public Hospitals Act), Dental Board (Dentists Act), Pharmacy Board (Pharmacy Act), Medical Board (Medical Practitioners Act), Board of Optometrical Registration (Opticians Act), N.S.W. State Cancer Council (N.S.W. State Cancer Council Act), Ambulance Transport Service Board (Ambulance Transport Service Act), Physiotherapists Registration Board (Physiotherapists Registration Act) and Nurses Registration Board (Nurses Registration Act).

The Department's activities extend over the whole of the State and embrace all matters relating to public health and the greater part of the general medical work of the Government. These include the following :—(a) Supervision of the work of local authorities (municipal and shire councils) in relation to public health matters connected with the following Acts—Public Health Act, Noxious Trades Act and Pure Food Act ; (b) Scientific Divisions (Government Analyst, Microbiological Laboratory, and Division of Industrial Hygiene) ; (c) Tuberculosis and Social Hygiene Divisions ; (d) Medical Officers of Health at Sydney, Broken Hill, Newcastle, Wollongong, Bathurst and Lismore ; (e) State Hospitals and Homes and State Sanatoria ; (f) Mental Hospitals ; (g) Public Hospitals (Hospitals Commission) ; (h) Maternal and Baby Welfare (Baby Health Centres) ; (i) School Medical and Dental Services ; and (j) Publicity, Nutrition and Library Services.

2. **Victoria.**—The Ministry of Health Act 1943 created the position of Minister of Health and made the Minister holding that position responsible for all Acts formerly administered by the Minister of Public Health as well as all other legislation, including the Mental Hygiene Acts and the Hospitals and Charities Acts, which related to the health and well-being of the people of the State.

The original Department of Public Health became the General Health Branch of the Department of Health controlled by a Chief Health Officer. Subsequently various functions were taken from that Branch to form the Maternal and Child Hygiene Branch and the Tuberculosis Branch. With the Mental Hygiene Branch, these three make up the four branches of the Department.

(a) *The General Health Branch.* This Branch, in collaboration with local government health authorities, is actively carrying on its fight against infectious diseases. The success of this campaign may be illustrated by the fact that there were 3,254 cases of diphtheria with 93 deaths in 1927 and only 170 cases with 2 deaths in 1955.

New legislation, the Infectious Diseases Hospitals Act 1954, was introduced late in 1954. This Act repealed all previous legislation relating to infectious diseases hospitals and made the State Government, through the Hospitals and Charities Commission, responsible, from 1st October, 1954, for the whole of the cost of treating cases of infectious disease.

Work in regard to the treatment and prevention of venereal disease and improvements in methods of treatment have resulted in a very marked advance. It is now no longer necessary to maintain a special hospital unit in this State for the treatment of cases of venereal disease. Special clinics for prophylaxis and treatment are attached to several public hospitals in the State and treatment may be obtained at all public hospitals.

The Poliomyelitis Division which has been operating since 1949 provides a consultant diagnostic service and maintains an after care treatment service for the whole of the State. Three medical officers and a number of visiting physiotherapists and nurses provide such treatment for a great number of patients mainly in their own homes.

The Industrial Hygiene Division staffed by medical and scientific officers with a number of specially trained inspectors supervises the working conditions of the 350,000 persons employed in industry in Victoria.

(b) *The Maternal and Child Hygiene Branch.* This Branch has been largely responsible for the reduction of Victoria's infant mortality rate to a point where it is now one of the lowest in the English-speaking world. This Branch is also concerned with pre-natal hygiene, the development of pre-school services generally and the school medical and dental services.

(c) *The Tuberculosis Branch.* The Tuberculosis Branch under the control of a Director of Tuberculosis carries on work aimed at preventing as far as possible the spread of tuberculosis. Using improved diagnostic facilities and better methods of treatment, it has been possible to reduce greatly the incidence of this disease. No longer is there a waiting list for entry into a sanatorium; in fact, the former State sanatorium at Greenvale is in future to be used as an institution for the aged.

(d) *The Mental Hygiene Branch.* At the end of 1951, an Authority was established under the Mental Hygiene Authority Act 1950 to take charge of the Mental Hygiene Branch. The Authority consists of three members of whom one, an expert in psychiatry, is Chairman. Although the Authority is Head of the Branch, detailed administration can be carried out by its officers leaving the Authority free to deal with major problems relating to the improvement of treatment and accommodation for the mentally ill. The efforts of the Authority at the present time are principally concerned with improving existing hospitals and providing additional accommodation made necessary by the increase in population in the State and with developing preventive out-patient psychiatric services designed to reduce the need for in-patient beds.

The Cancer Institute, set up in 1949 under the provisions of the Cancer Institute Act 1948, is now operating a very active out-patients treatment centre as well as a small in-patient unit. Facilities provided at the Institute for radiation therapy are being extended by installing a 4 m.e.v. linear accelerator. It will be the first of this type of machine to operate in Australia.

Legislation which is the concern of the Minister of Health includes the following:—Anti-Cancer Council Act, Births Notification Acts, Cancer Institute Act, Cemeteries Acts, Dietitians Registration Act, Part V. of the Goods Act, Hairdressers Registration Acts, Health Acts, Hospitals and Charities Acts, Infectious Diseases Hospitals Act, Masseurs Acts, Medical Acts, Mental Deficiency Act, Mental Hygiene Acts, Midwives Act, Nurses Acts, Opticians Registration Act, Poisons Acts and Venereal Diseases Act.

3. *Queensland.*—(i) *General.* The Health Acts 1937 to 1955 are administered by the Director-General of Health and Medical Services subject to the Minister for Health and Home Affairs. A central Staff controls the following Divisions:—

(a) *Division of Public Health Supervision.* This Division is controlled by the Deputy Director-General of Health and Medical Services and comprises separate sections of environmental sanitation, food and drug control, enthetic (venereal) diseases, hookworm control and Hansen's disease control. Qualified full-time officers are in charge of each section. Free treatment of venereal diseases is offered at the Department's male and female clinics in Brisbane, and at any public hospital. Two institutions (one at Peel Island in Moreton Bay for white patients and one at Fantome Island near Townsville for aboriginal patients) are maintained for the treatment of Hansen's disease. Modern therapy with sulphone drugs has caused a dramatic decline in numbers of patients at these institutions. Free immunization against diphtheria, whooping cough and tetanus is offered by most of the local authorities. A recent survey showed that 94 per cent. of school children in the Greater Brisbane area and 90 per cent. in the rest of the State had been immunized against diphtheria.

(b) *Division of Tuberculosis.* The Director, assisted by medical officers and nurses, exercises control of patients with tuberculosis. A central chest clinic in Brisbane offers Mantoux tests, X-ray examinations, and inoculations of Mantoux negative reactors free of charge and this service is extensively used. A mobile X-ray unit visits country districts. Children in the final grade of primary schools are now being Mantoux-tested and given B.C.G. vaccine.

(c) *Division of Industrial Medicine.* This Division exercises supervision over the health of workers in both primary and secondary industries, including control of leptospirosis (Weil's disease), scrub typhus and other fevers of occupational origin in the sugar-cane growing districts north of Ingham.

(d) *Division of Maternal and Child Welfare.* The Director, assisted by full-time and part-time health officers and a staff of qualified nurses, offers supervision and advice on the rearing and health of infants and pre-school children at 228 baby health centres throughout the State. Outlying centres are visited by air or by special rail car. Homes for in-patient treatment of infants with feeding problems have been established at Brisbane, Toowoomba, Ipswich and Rockhampton.

(e) *Division of School Health Service.* This Division comprises the Chief Medical Officer, School Health Services, and a staff of medical officers, dentists and visiting school nurses. Every child has a medical examination at least once in three years.

(f) *Division of Mental Hygiene.* The Director is responsible for the care and treatment of mentally sick patients in the State's four mental hospitals at Brisbane, Toowoomba, Ipswich and Charters Towers.

(g) *Division of Laboratory Services.* Two laboratories—the Laboratory of Microbiology and Pathology and the Government Chemical Laboratory—are maintained to ensure the purity of a wide range of foodstuffs and materials. The former also offers a service in clinical pathology to country hospitals and private medical practitioners.

(ii) *Hospitals.* All public hospitals operate under the district system, which provides for the constitution of Hospitals Districts and Hospitals Regions and a Hospitals Board for each district. The State is divided into 11 Hospitals Regions with a base hospital for each region which comprises a number of Hospitals Districts. The purpose of the regional scheme is to co-ordinate the public hospitals in the region with the base hospital. The administration of the hospitals services, including public dental services, in each Hospitals District is vested in the Hospitals Board which comprises not less than four members nor more than eight members appointed by the Governor-in-Council and one member elected by the component Local Authorities. There are 54 Hospitals Boards controlling 140 public hospitals.

Private hospitals in Queensland are controlled under the provisions of the "Health Acts 1937 to 1955" and the "Private Hospital Regulations 1937". There are 59 of these institutions licensed in the state, containing 1,459 beds, of which 20, containing 656 beds, are in Brisbane.

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

The Central Board of Health consists of five members, three of whom (including the chairman) are appointed by the Governor while one each is elected by metropolitan local boards and by all other local boards. The Central Board of Health administers the Health, Food and Drugs, Dangerous Drugs, Noxious Trades, Bakehouses Registrations and Early Notification of Birth Acts. The Board is also concerned to some degree with Acts relating to local government, abattoirs and cremation. Other legislation administered by the Department of Public Health relates to venereal diseases and vaccination.

The Health Act, 1935-1955 constitutes every municipal council and every district council a local board of health for its municipality or district. There are 142 of these local boards under the general control and supervision of the Central Board. Under the Food and Drugs Act, each local board is constituted the local authority for its respective district, except in the metropolitan area, for which the Metropolitan County Board is the local authority.

The medical staff of the Department includes the Director of Tuberculosis, a Senior Medical Officer, the Principal Medical Officer for Schools and the Poliomyelitis Medical Officer, four full-time medical officers, nine temporary medical officers and six part-time

medical officers. Five dentists, five dental assistants and seven nurses are engaged in connexion with the School Medical Services. There are nine full-time and fourteen part-time inspectors directly responsible to the Board. There is also a nurse inspector employed to advise and assist local boards in connexion with infectious diseases. A consulting radiologist, five radiographers and four nurses are engaged in the State X-ray Health Survey and one nurse in B.C.G. vaccination. A physiotherapist and a social worker are engaged in the poliomyelitis services. The inspectors appointed under the Health and Food and Drugs Acts periodically visit the local districts and see, generally, that the local boards are performing their duties.

5. **Western Australia.**—The legislation in this State is the Health Act 1911–1955. This was consolidated and reprinted in 1948 and amended in 1950, 1952, 1954 and 1955. The central authority is the Department of Public Health, controlled by a Commissioner, who must be a qualified medical practitioner. The State is covered by local authorities which are constituted as Municipalities or Road Boards.

A Local Board of Health may be set up in lieu of a Road Board, but this method of control is no longer used. In any emergency, the Commissioner may exercise all the powers of a Local Health Authority in any part of the State.

Interesting features of recent legislation are as follows :—(a) Act No. 70 of 1948 gave power to control sufferers from tuberculosis and established a Tuberculosis Control Branch; (b) Act No. 11 of 1952 gave wide powers to regulate the sale and use of pesticides; (c) Act No. 34 of 1954 provides for the licensing of manufacturers of therapeutic substances. The Act has not yet been proclaimed; and (d) Act No. 45 of 1954 requires every medical practitioner who attends a child which dies within 28 days of birth to notify the Commissioner.

6. **Tasmania.**—The Department of Health Services is under the jurisdiction of the Minister for Health, and the administration of the various divisions is controlled by the permanent head of the department, the Director-General of Medical Services, who is also directly responsible for the Division of Hospital and Medical Services. Associated with the Director-General are the Directors of Orthopaedics, Pathology and Anaesthetics, who give their services part-time.

The Division of Hospital and Medical Services is responsible for the establishment and administration of public hospitals, the provision of specialist services under the supervision of the Directors of Orthopaedics, Pathology and Anaesthetics, the licensing and inspection of private hospitals, the provision of Bush Nursing hospitals and services in country districts, the administration of the Bush and Tourist Nursing services, the conduct of Homes for the Aged and the Government Medical Service, which comprises 19 practices in country districts where there are no private medical practitioners.

The Division of Public Health is responsible for the administration of laws relating to environmental sanitation, food and drugs, places of public entertainment, cremation, and notifications of infectious diseases. The Division also controls the School Medical and Dental Services, Maternal and Child Health Centres, the Analytical Laboratory, and Mothercraft Homes.

The Tuberculosis section is responsible for conducting comprehensive state-wide X-ray surveys and for the maintenance of diagnostic clinics and chest hospitals.

The Division of Mental Hygiene is responsible for the building of mental hospitals, the consultative diagnosis and treatment of psychiatric cases, the treatment and care of the mentally ill, the treatment and care of inebriates, the treatment and custody of sexual offenders, the treatment of psychopathic cases, and the care and treatment of retarded children.

7. **Northern Territory.**—The Commonwealth Department of Health is responsible for the administration of hospital, health and medical services in the Northern Territory.

Four general hospitals have been established. The Darwin Hospital has accommodation for 190 in-patients, Alice Springs Hospital, 117, Katherine Hospital, 27, and Tennant Creek Hospital, 34. A modern institution, known as the East Arm Settlement, for the treatment of Hansen's disease was opened in August, 1955. A full range of ancillary services is available at the Darwin Hospital which serves as a base hospital for the Territory.

Dental clinics have been set up at Darwin and Alice Springs. Medical and dental services to outback areas are fully developed and are provided either by road or air.

Two Drovcr aircraft are stationed at Darwin and one is stationed at Alice Springs. These are staffed and serviced by Trans-Australia Airlines and are extensively used in ambulance and survey medical work. At Alice Springs, medical officers of the Northern Territory provide the medical services to the Flying Doctor Service (South Australian) Base.

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

School Medical and Dental Officers move throughout the area providing diagnostic and treatment facilities. Public health services are provided and health inspectors periodically visit all settlements.

Darwin, as a first port of entry for overseas aircraft and shipping, is provided with a quarantine station.

8. Australian Capital Territory.—The Public Health Ordinance 1928-30 placed under the control of the Minister for Health all matters relating to public health and hygiene in the A.C.T. The Minister has appointed a Medical Officer of Health and a number of Health Inspectors to administer and police this ordinance. The Canberra Community Hospital is administered subject to the Minister for Health by a board consisting of five elected members and three members appointed by the Minister. The hospital has accommodation for 253 in-patients, an adequate out-patients department, and a modern 16 bed tuberculosis chalet. A District Nursing Service administered by the Commonwealth Department of Health was established in 1950 to provide a home nursing service for the sick and aged. The service is available to patients on the request of a registered medical practitioner.

§ 2. Supervision and Care of Infant Life.

1. General.—The number of infant deaths and the rate of infant mortality for the five years 1951 to 1955 are given in the following table, which shows that during this period 23,350 children died in Australia (excluding Territories) before reaching their first birthday. Further information regarding infant mortality will be found in Chapter XVII.—Vital Statistics.

INFANT DEATHS AND DEATH RATES.

State.	Metropolitan.					Remainder of State.				
	1951.	1952.	1953.	1954.	1955.	1951.	1952.	1953.	1954.	1955.

NUMBER OF INFANT DEATHS.

New South Wales	661	604	620	787	814	1,234	1,214	1,226	1,063	1,036
Victoria ..	549	610	544	576	549	594	588	589	479	486
Queensland ..	277	259	228	206	210	484	513	541	489	446
South Australia ..	218	210	196	199	207	210	203	179	189	224
Western Australia	185	179	180	153	187	240	205	198	206	186
Tasmania ..	56	50	51	58	55	140	122	126	128	134
Australia(a) ..	1,946	1,912	1,819	1,979	2,022	2,902	2,845	2,859	2,554	2,512

RATE OF INFANT MORTALITY.(b)

New South Wales	22.89	20.71	21.45	22.51	22.76	28.57	26.96	26.66	27.85	26.81
Victoria ..	20.66	21.69	19.56	18.26	16.68	24.78	22.96	22.88	20.72	20.75
Queensland ..	26.83	23.73	21.02	18.95	18.60	25.04	25.60	27.14	24.08	21.17
South Australia ..	22.45	21.29	19.71	19.82	20.13	27.09	25.31	21.79	23.08	27.27
Western Australia	26.38	23.52	23.28	19.59	22.50	30.84	26.27	24.36	25.37	22.37
Tasmania ..	26.37	21.62	22.16	25.45	23.10	26.75	21.77	23.18	23.31	23.48
Australia(a) ..	23.00	21.73	20.78	20.30	20.03	27.06	25.38	25.23	24.70	23.84

(a) Excludes Territories.
registered.

(b) Number of deaths under one year of age per 1,000 live births

During recent years greater attention has been paid to the fact that the health of mothers and infants depends largely on pre-natal attention as well as after-care. Government and private organizations, therefore, 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, visits by qualified midwives, and special attention to the milk supply.

2. **Government Activities.**—In all States, Acts have been passed with the object of supervising and ameliorating the conditions of infant life and reducing the rate of mortality. 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 XV.—Welfare Services.)

Under the provisions of Part V. of the Social Services Act 1947–1956, a sum of £15 is payable to the mother in respect of each confinement at which a living or viable child is born if the mother has no other children under 16 years of age. Where there are one or two other children under 16 the amount payable is £16, and where there are three or more other children under 16 the amount payable is £17 10s. Where more than one child is born at a birth the amount of the allowance is increased by £5 in respect of each additional child born at that birth. Detailed particulars regarding maternity allowances are given in Chapter XV.—Welfare Services.

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

(ii) *Details by States.* In earlier issues of the Official Year Book (*see* No. 22, pp. 515–6) information may be found concerning the activities of institutions in each State.

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

BABY HEALTH CENTRES AND BUSH NURSING ASSOCIATIONS, 1955.

Heading.	N.S.W.	Vic.	Qld.(a)	S. Aust.	W.Aust.	Tas.	A.C.T. (a)	Total.
Baby Health Centres—								
Metropolitan .. No.	97	151	55	79	26	26	7	441
Urban-Provincial and Rural .. No.	226 (b)	376	169	146	27	67	..	1,011
Total .. No.	323	527	224	225	53	93	7	1,452
Attendances at Centres								
No.	1,032,852	1,128,292	370,680	221,633	191,677	128,889	25,210	3,099,233
Visits paid by Nurses								
No.	26,945	103,649	26,348	25,694	20,514	79,858	2,721	285,729
Bush Nursing Associations								
—Number of Centres ..	31	58	7	33	9	29	..	167

(a) Year ended 30th June, 1955.

(b) Includes eight mobile units which served 26 centres.

In the last twenty-five years, the number of attendances at the Baby Health Centres has more than trebled. The numbers of attendances, at five-yearly intervals, since 1930 were as follows :—1930, 919,893 ; 1935, 1,355,306 ; 1940, 2,035,299 ; 1945, 2,927,764 ; 1950, 3,049,375. During the year 1954, the number of attendances was 3,062,966.

§ 3. Medical Inspection of School Children.

1. **General.**—Medical inspection of school children is carried out in all the States and the Australian Capital Territory. 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.**—(i) *School Medical Service.* The primary object of the School Medical Service is the medical examination of children attending all schools administered by the Department of Education and also children attending the majority of other schools in the State to discover any departure from normal in the health of a child, either physical or mental, and to notify the parent or guardian, in order that the child may be further investigated to determine the need for treatment. Treatment is accepted as the responsibility of the practising medical profession.

Medical officers make an annual visit to schools in the metropolitan, Newcastle and Wollongong areas, and in five country towns (Armidale, Tamworth, Bathurst, Orange and Wagga), and examine children in kindergarten or 1st grade in primary schools and 1st and 4th years in secondary schools. Children in other classes are examined or reviewed, as necessary. The vision and hearing of pupils are re-tested in 4th grade.

In country areas, the object is for medical officers to visit schools every three years, and for all children attending to be examined. Owing to insufficient staff, the country portion of the programme cannot be completed each year.

When an abnormal condition, not under effective treatment, is found, the parent is informed in writing and, if possible, is called in for interview with the examining medical officer. In the metropolitan, Newcastle and Wollongong areas, school nurses follow up these cases with the object of persuading parents to seek medical advice.

As well as examining school children, the medical officer examines the sanitary arrangements at each school.

During 1955, medical officers of this service examined 161,581 children, compared with 152,138 examinations carried out in 1954. Of the total number, 95,338 children were fully examined, equalling 14.5 per cent. of the school population for the State. In addition, the cases of 66,243 children were reviewed during the year.

Defects of notifiable standard, including unhealthy mouths, were found in 22.5 per cent. of the children fully examined. It was found necessary to notify 71 per cent. of the total 21,373 defects recorded to parents or guardians, in order that further investigation and/or treatment could be effected.

The establishment of the service consists of 32 permanent and 2 part-time medical officers; 5 psychiatrists; 2 part-time ear, nose, and throat surgeons; 5 psychologists; 29 nurses; 9 social workers; 10 speech therapists; 8 trainees in speech therapy; 13 clerical officers; and a telephonist.

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

Hearing Surveys. In addition to the hearing tests carried out by the school nurses and medical officers in the course of the routine medical examination, audiometric surveys and follow-up tests are undertaken. Part-time ear, nose and throat specialists review the condition of children found to have any significant degree of deafness, give advice with regard to treatment, and advise whether the use of a hearing aid is desirable. Their suitability for admission to an opportunity deaf class or school for deaf children is also considered.

Teachers' Colleges. Medical officers of the service attached to teachers' colleges lecture in school health and other subjects to students in the colleges and are responsible for the health supervision of college students.

Child Guidance Clinics. Starting with the appointments of a psychiatrist and a psychologist in 1936, five child guidance clinics have now been established under the administration of the school medical service. They are all located in the metropolitan area. One clinic functions at the Yasmarr Boys' Shelter and deals exclusively with cases before the Children's Courts. Each clinic is now staffed by a psychiatrist, a psychologist and social workers.

Bush Nursing Association. An arrangement exists whereby bush nurses act as school nurses in schools at or near the Bush Nursing Centres and carry out a limited inspection for the detection of defects or unhygienic conditions.

In addition to having the abovementioned functions, the service carries out the medical administrative work of the Department of Education. It is also the advisory authority for the control of infectious diseases among school children.

(ii) *School Dental Service.* There are 21 travelling School Dental Clinics. The aim of the School Dental Service is not only to provide dental treatment for children on school premises, but also to train them in the care of their teeth, and teach them the principles of dental health.

Of 46,044 children examined in both city and country schools, 38,425 were included in a Dental Health Survey. Of these, 6.7 per cent. were found to have naturally sound mouths, whilst an additional 18 per cent. were found to have sound mouths as a result of treatment. 75.3 per cent. were in need of treatment.

In 1955, the clinics treated 22,684 children in 58,748 visits; 42,717 teeth were extracted; 40,530 permanent fillings and 52,958 other treatments, including prophylaxis, were provided. There was a general increase in the work compared with 1954.

The number of clinics has never been sufficient to provide more than a limited service. It has been found necessary to restrict treatment to the ages 6-8 years in the metropolitan area, and 6-9 years in large country centres. In small outlying rural schools, children of all ages are included.

In addition to the normal dental services in schools, treatment was carried out for the children at the Glenfield Special School.

3. **Victoria.**—The School Medical and Dental Services are gradually being extended throughout the State. The objective of the medical services is to ensure that each child is examined to ascertain any physical defects at least once in every three years of school life. Parents are informed concerning such defects and advised how treatment may best be obtained. In 1955, approximately 112,000 children were examined, 65 per cent. of them being in the metropolitan area.

Nurses employed for the purpose perform valuable follow-up work in interviewing parents to ensure that as far as possible treatment recommended is carried out. There are at present 25 medical officers and 36 nurses employed in this service.

The School Dental Service affords dental treatment to children attending primary schools and resident in institutions in certain parts of the State. The districts included are progressively extending as facilities and staff increase.

Children from metropolitan schools in industrial suburbs are transported to the School Dental Centres by contract bus service. Country schools are visited by mobile dental units.

Six dental vans and five semi-trailer (two-surgery) units are operating in the mobile service. Three additional vans will shortly be put into operation.

The Dental Service has a staff of 35 dentists, 38 dental attendants and 9 others. During 1955, 33,000 children attending 378 schools were examined and all necessary dental treatment carried out. This treatment included approximately 35,000 extractions and 59,000 fillings.

4. **Queensland.**—During 1954–55, the School Health Services Branch employed 3 full-time and 1 part-time medical officers, 23 nurses, 16 dentists and 1 part-time dentist.

The medical officers and nurses examined school children regularly, referring children with defects to their own medical advisers. During 1954–55, 86,818 medical examinations were conducted.

Advice is given on school sanitation, infectious diseases in schools and health education.

During 1954–55, school dentists gave treatment to 11,003 school children whose parents could not afford private treatment. The treatment was carried out at four rail dental clinics and at schools with portable equipment. In addition, school children are treated at hospital dental clinics in the larger towns.

In Western Queensland, local practitioners act as part-time ophthalmic officers.

In North Queensland, two school sisters assist in the control of hookworm.

During 1954–55, the cost of the service was £77,875.

5. **South Australia.**—Children in State schools are examined while in Grades 1, 4 and 7 in the primary schools, and in their second and fourth years in secondary schools. Efforts are made to visit country schools every three or four years and all the children are examined. Students who wish to become teachers are examined on appointment as preliminary probationary students while still attending secondary schools, again immediately prior to entering the Teachers' College and finally when they leave the college to take up teaching duties. Courses of lectures in hygiene and in first aid are given to all college students and, in addition, domestic arts students are lectured on home nursing.

The medical staff consists of a principal medical officer, 4 medical officers and 7 trained nurses. Three dentists and two assistants are attached to the branch.

During 1955, 35,359 children were examined by medical officers and of these 2,145 required notices for defective vision, 884 for defective hearing, and 896 for their tonsils and adenoids.

The Psychology Branch consists of a senior psychologist, 2 psychologists, a senior guidance officer, 2 guidance officers, 2 social workers, an advisory teacher of opportunity classes, an advisory teacher of hard-of-hearing children, a part-time speech therapist, a part-time consultant psychiatrist and a part-time consultant neurologist. The work of the Branch may be divided into three sections—clinical, educational and vocational.

Clinical. The clinical work involves examining difficult children of many types, including those with such problems as backwardness, truancy, delinquency, etc. In addition, the parents of all children examined are interviewed and their co-operation is sought.

Educational. In addition to supervising opportunity and special classes for children backward in school work, the Branch advises on questions of placement and types of education for ordinary children in schools.

Vocational. The guidance officers are responsible for the supervision of record cards where used in primary schools. They also test and advise all children about to leave school.

The Branch also lectures to students of the Teachers' College as well as to other interested organizations such as mothers' clubs.

Expenditure of the Medical and Psychology branches was £17,752 during 1955.

6. **Western Australia.**—Under the Health Act 1911–1955, the medical officers appointed by the local authorities became medical officers of schools and of school children.

In the Health Department, there are five full-time medical officers for schools. During 1955, 35,868 children were examined (metropolitan 18,651, country 17,217), of whom 19,303 were boys and 16,565 girls. There were 230 schools visited, comprising metropolitan, 57 State schools, 33 convents and 10 kindergartens, and country, 100 State schools, 26 convents and 4 kindergartens. The principle aimed at is to examine every school child once every two years.

During 1955, the 7 full-time dental officers employed visited 13 metropolitan schools, 120 country schools, and 5 metropolitan and 4 country orphanages. The number of children examined was 8,585 of whom 5,228 were treated with their parents' consent. The cost of this service for 1954–55 was £42,416.

7. **Tasmania.**—During the year 1955, 4 full-time and 2 part-time medical officers examined school children in State and private schools. Some Government medical officers assisted in the examination of school children in isolated areas. 13 full-time and 2 part-time sisters visited homes and schools regularly. Of the 22,140 children examined by medical officers 9,620 were found to have defects, 3,942 requiring dental treatment.

There are 17 school dental clinics in Tasmania. Surgeries are located at Hobart (2), Launceston (2), Burnie and Devonport, mobile clinics being operated in other districts. A full-time dental surgeon is in charge of each surgery or clinic. During the year there were 17,320 new visits to the school dentists and 29,167 repeat visits.

The cost of the school medical and school dental services for the year ended June, 1955 was £66,635.

8. **Australian Capital Territory.**—The Commonwealth Department of Health is responsible for the medical inspection of school children in the Australian Capital Territory.

During 1951, with the appointment of an Infant Welfare and Schools Medical Officer, a plan was introduced for triennial examinations of children in primary and secondary schools, attention also being paid to those children with defects, many of whom were marked for review. At pre-school centres and nursery schools, all children were to be examined on entrance and reviewed in their second year of attendance.

It was apparent at the commencement of 1955 that, owing to a great increase in the child population of the Australian Capital Territory, some modification of the School Medical Officer's programme would be necessary if all schools and play centres were to receive their share of attention. Accordingly, initial examinations were carried out on school children who were members of 1st class (mostly six year olds) instead of five year olds in Kindergarten. Examination of this age group was found to be less time-consuming and results were found to be more reliable than that of the earlier age groups. Children in 3rd class (mostly eight year olds) received full examination whilst those in 6th class (mostly eleven year olds) received tests for sight and hearing only. Third year classes in High School had full examination whilst pre-school children were examined once only before entering Primary School.

In 1955, 1,365 school children and 621 pre-school children were fully examined. In addition, 430 school children received tests for eyesight and hearing only.

§ 4. Inspection and Sale of Food and Drugs.

Public health legislation in force in all States provides for the inspection of foods and drugs with the object of ensuring that all goods sold shall be wholesome, clean and free from contamination or adulteration, and that all receptacles, places and vehicles used for their manufacture, storage or carriage shall be clean. For further particulars in this connexion, *see* § 1. Public Health Legislation and Administration, p. 489.

§ 5. Supervision of Dairies, Milk Supply, Etc.

In earlier issues of the Official Year Book (*see* No. 22, p. 498), reference was made to the legislation in force in the various States to ensure the purity of the milk supply and of dairy produce generally.

§ 6. Disposal of the Dead by Cremation.

Disposal of the dead by cremation has been carried out in Australia for many years, the first crematorium having been opened in South Australia in 1903. The number of crematoria in New South Wales is six ; the first was opened in 1925. There are two crematoria in Victoria ; the first, opened in 1905, was closed in 1926, but was re-opened in 1936, while the other one was opened in 1927. There are two crematoria in Queensland, the first being opened in 1934. In South Australia, one crematorium opened in 1903 and a second opened in December, 1955. In Western Australia, there is one crematorium which opened in 1939. In Tasmania there are two crematoria ; the first was opened in 1936.

The following table shows the number of cremations in each State for the five years 1952 to 1956 :—

CREMATIONS.

Year.	N.S.W.	Vic.	Q'land.	S. Aust.	W. Aust.	Tas.	Aust.
1952	10,165	5,338	2,569	(a) 347	929	532	19,880
1953	10,556	5,513	2,723	(a) 348	924	538	20,602
1954	10,962	5,593	2,879	(a) 309	1,007	573	21,323
1955	11,128	6,119	2,993	431	1,169	549	22,389
1956	12,358	6,733	3,341	514	1,201	551	24,698

(a) Year ended 30th June of year shown.

B. PUBLIC HEALTH—COMMONWEALTH GOVERNMENT ACTIVITIES.

§ 1. General.

At the time of federation, the Commonwealth Constitution gave the Commonwealth Government the power to make laws with respect to quarantine. All residual health powers remained with the State Governments.

The Commonwealth Department of Health was created by an Order in Council of 3rd March, 1921. This Order specified the functions to be performed by the Department in addition to quarantine. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. In addition, the Commonwealth Government has used its powers under Section 96 of the Constitution to make grants to the States for health purposes.

§ 2. National Health Benefits.

1. Pharmaceutical Benefits.—Since September, 1950, under the provisions of the Pharmaceutical Benefits Act 1947–1952 and the National Health Act 1953–1956, certain life-saving and disease-preventing drugs have been provided free of charge to the general community. Such drugs are supplied free if they have been duly prescribed by a medical practitioner registered within Australia.

The number of drugs listed as available as general pharmaceutical benefits has steadily increased and at 30th June, 1956, 246 separate preparations were supplied. Before a drug is listed as being available, it must first be approved by the Pharmaceutical Benefits Advisory Committee, a body appointed by the Minister for Health.

All drugs listed in the British Pharmacopoeia and other drugs as specified, are supplied free to persons receiving an age, invalid, widow's or service pension or a tuberculosis allowance and their dependants.

Total expenditure on pharmaceutical benefits in the year 1955–56 was £11,887,434.

2. Hospital Benefits.—The payment of hospital benefits to the States is authorized under Part V. of the National Health Act 1953–1956. This Act continues the agreements entered into with the various States under the Hospital Benefits Act 1951. Under these agreements, the Commonwealth pays the States certain sums of money which vary according to the number of occupied beds in public hospitals.

The rates of payment for occupied beds in public hospitals are determined by the category into which patients are grouped. Payment of 12s. per day is made for a patient who is a pensioner or a dependant of a pensioner. The rate of 8s. per day is paid for all other qualified patients.

A payment of 8s. per day is made also for patients in approved private hospitals. This payment is made to the proprietor of the private hospital. A condition of the benefit is that an equivalent amount has been allowed against the patient's account.

An additional benefit of 4s. per day is paid in the case of patients who are members of a registered hospital benefit fund. This payment is made through the benefit organization and is normally paid to the patient with the amount payable by the organization.

Australian residents who are temporarily living overseas and their dependants who receive hospital treatment are eligible to receive the benefit of 8s. a day and the additional benefit of 4s. a day.

Total payments made for all types of hospital benefits (excluding patients in mental hospitals) in 1955-56 were £9,552,944.

The following tables show the number of registered organizations, the membership thereof, and payments of Commonwealth benefits and hospital fund benefits on account of occupied beds in public and approved private hospitals. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by hospital benefits schemes is considerably higher than the number of members. Reliable figures for coverage are not available.

HOSPITAL BENEFITS : SUMMARY 1953-54 to 1955-56.

1. Ordinary Benefits (a). Payable to Hospitals in respect of all occupied beds.

Year Ended.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.	Territories and Overseas	Total.
	£	£	£	£	£	£	£	£
30th June, 1954..	2,768,923	1,760,000	1,251,000	608,000	527,000	232,916	50,928	7,138,667
30th June, 1955..	3,160,551	1,835,000	1,278,000	643,000	591,992	246,020	52,945	7,807,509
30th June, 1956..	3,112,037	1,896,789	1,308,000	665,000	617,979	255,668	58,757	7,914,230

(a) Ordinary benefits are payable in respect of :—(i) Beds occupied by pensioners in public hospitals (12/- a day); (ii) Beds occupied in certain South Australian hospitals (12/- a day); and (iii) Other occupied beds in public hospitals and approved private hospitals (8/- a day).

2. Additional Benefits. Payable through Benefit Organizations.

Particulars.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.	Aust.
YEAR ENDED 30TH JUNE, 1954.							
Registered Organizations	No. 28	56	3	16	13	11	127
Members ..	No. 848,000	574,000	114,000	120,000	164,000	45,000	1,865,000
Commonwealth Benefit	£ 674,833	214,007	33,292	41,143	129,803	38,208	1,131,286
Fund Benefit ..	£ 1,706,910	432,630	134,316	123,773	227,473	98,726	2,723,828
YEAR ENDED 30TH JUNE, 1955.							
Registered Organizations	No. 28	56	3	16	14	11	128
Members ..	No. 942,800	618,865	152,474	161,944	174,040	61,192	2,111,315
Commonwealth Benefit	£ 839,108	344,422	63,412	68,067	153,267	44,819	1,513,095
Fund Benefit ..	£ 2,404,398	670,025	324,618	250,226	339,402	155,049	4,143,718
YEAR ENDED 30TH JUNE, 1956.							
Registered Organizations	No. 28	55	2	16	13	10	124
Members ..	No. 985,666	641,143	177,110	181,944	182,927	78,423	2,247,213
Commonwealth Benefit	£ 866,654	396,254	76,111	82,307	161,314	56,074	1,638,714
Fund Benefit ..	£ 2,743,953	701,713	455,359	353,742	386,412	217,599	4,858,778

3. **Medical Benefits.**—A Medical Benefits scheme commenced to operate from July, 1953, being authorized under the National Health (Medical Benefits) Regulations. These regulations were superseded by the National Health Act 1953.

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

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

An organization wishing to be registered by the Commonwealth for the purposes of the medical benefits scheme is required to provide to its contributors, subject to its rules, all benefits specified in the first schedule, at rates not less than those provided by the Commonwealth. The organization must be non-profit-making.

In 1955-56, Commonwealth expenditure on medical benefits was £5,413,319.

The following tables show the number of registered medical benefit organizations, the membership thereof, and payments of Commonwealth benefits and medical fund benefits to members of registered organizations. As many persons contribute on behalf of both themselves and their dependents, the total number of persons covered by medical benefit schemes is considerably higher than the number of contributors. Reliable figures for coverage are not available.

MEDICAL BENEFITS : SUMMARY, 1953-54 to 1955-56.

Particulars.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.	Aust.
YEAR ENDED 30TH JUNE, 1954.							
Registered Organizations							
Members .. No.	24	21	6	9	9	10	79
Medical Services .. No.	561,964	370,674	126,974	131,501	130,745	36,479	1,358,337
Commonwealth Benefit £	1,408,441	721,362	339,331	379,613	356,533	78,454	3,283,734
Fund Benefit .. £	645,311	291,255	147,060	161,749	158,308	30,483	1,434,166
	685,151	239,436	143,872	158,272	203,705	33,977	1,464,413
YEAR ENDED 30TH JUNE, 1955.							
Registered Organizations							
Members .. No.	24	21	7	9	9	10	82
Medical Services .. No.	733,934	413,651	163,498	152,385	156,231	45,825	1,665,504
Commonwealth Benefit £	4,160,011	2,405,062	890,907	933,224	897,557	166,219	9,452,980
Fund Benefit .. £	1,855,211	1,071,664	396,368	398,518	413,165	74,569	4,209,495
	2,217,657	968,334	430,716	410,628	534,057	86,787	4,648,179
YEAR ENDED 30TH JUNE, 1956.							
Registered Organizations							
Members .. No.	25	22	7	9	9	10	82
Medical Services .. No.	855,772	447,145	192,356	170,058	171,654	63,700	1,900,685
Commonwealth Benefit £	5,543,465	2,944,861	1,194,971	1,119,653	1,206,135	249,705	12,258,790
Fund Benefit .. £	2,449,426	1,298,613	528,141	491,083	532,501	113,555	5,413,319
	3,009,192	1,245,286	602,276	525,819	677,619	143,584	6,203,776

4. **Pensioner Medical Service.**—The Pensioner Medical Service, which commenced on 21st February, 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the National Health Service Act 1948–1949. The service has been continued under the provisions of the National Health Act 1953–1956.

Under this scheme, pensioners and their dependants, as defined in the section above describing pharmaceutical benefits, are provided with a free general practitioner service. Specialist services are not provided. A small fee may be charged by practitioners who attend qualified patients outside normal surgery or visiting hours. Practitioners in the scheme are remunerated on a fee-for-service basis by the Commonwealth.

At the 30th June, 1956, there were 4,730 medical practitioners enrolled in the Pensioner Medical Service to provide medical services to approximately 668,200 eligible persons. More than 80 per cent. of general practitioners are participating.

In the year ended 30th June, 1956, medical practitioners in the scheme made 5,183,245 visits or surgery consultations to persons enrolled in the scheme. For these services, they were paid a sum of £2,837,406. The average number of medical services rendered by practitioners to eligible persons in this period was 7.9.

5. **Anti-Tuberculosis Campaign.**—The main provisions of the Tuberculosis Act, which was assented to on 25th November, 1948, are as follows :—(a) Section 5, which authorizes the Commonwealth to enter into an arrangement with the States for an effectual national campaign against tuberculosis ; (b) Section 6, which empowers the Commonwealth to take over or provide specified facilities for the diagnosis, treatment and control of tuberculosis ; (c) Section 8, which provides for the setting up of an Advisory Council to advise the Commonwealth Minister for Health on matters relating to the national campaign; and (d) Section 9, which authorizes the Commonwealth to pay allowances to sufferers from tuberculosis and their dependants to enable sufferers to give up work and undergo treatment, and thus minimize the spread of infection.

The Commonwealth has completed an arrangement with each State, whereby each State is required to conduct an effectual campaign against tuberculosis and to provide adequate facilities for that purpose. In consideration of this, the Commonwealth undertakes to reimburse the State for all approved capital expenditure in relation to tuberculosis on and after 1st July, 1948, and for net maintenance expenditure to the extent that it is in excess of net maintenance expenditure for the year 1947–48. Thus the States are required to carry out the actual physical or field work of the national campaign with the Commonwealth acting in an advisory, co-ordinating and financial capacity. For this reason, the Commonwealth has not found it necessary to use its powers under Section 6 other than in its own Territories.

An Advisory Council, known as the National Tuberculosis Advisory Council, has been set up and has held seven meetings. There are eleven members under the chairmanship of the Commonwealth Director-General of Health. The members are the Commonwealth Director of Tuberculosis, the six State Directors of Tuberculosis, the Consultant (Chest Diseases) of the Department of Repatriation, two specialist private practitioners, and the Chief Administrative Officer of the Commonwealth Department of Health.

A system of tuberculosis allowances has been drawn up and is an important factor in the campaign against the disease. Payments under the scheme were commenced on 13th July, 1950. The rates of allowance from 27th October, 1955, were £9 12s. 6d. a week for a married sufferer with a dependent wife, £6 2s. 6d. a week for a sufferer without dependants (reducible to £4 when maintained free of charge in an institution), and 10s. a week for each dependent child under the age of sixteen (which is additional to child endowment). There is a means test, generous to the sufferer, which has regard only to income and not to property.

The following tables give particulars of the number of new cases of tuberculosis notified in Australia for the years 1953-54, 1954-55 and 1955-56 :—

TUBERCULOSIS : NEW CASES NOTIFIED.

State.	Age Group.					Total.
	0-14.	15-34.	35-54.	55 and over.	Not Stated.	
YEAR ENDED 30TH JUNE, 1954.						
New South Wales ..	67	609	779	640	8	2,103
Victoria	88	387	353	194	..	1,022
Queensland	33	245	285	233	10	806
South Australia ..	26	133	128	80	..	367
Western Australia ..	14	109	146	83	10	362
Tasmania	25	81	62	34	2	204
Northern Territory ..	4	28	13	3	2	50
Australian Capital Territory .. ..	..	2	3	..	..	5
Australia ..	257	1,594	1,769	1,267	32	4,919
YEAR ENDED 30TH JUNE, 1955.						
New South Wales ..	57	564	792	662	12	2,087
Victoria	83	406	341	231	6	1,067
Queensland	33	189	233	223	47	725
South Australia ..	23	123	113	61	..	320
Western Australia ..	26	132	189	118	5	470
Tasmania	14	80	61	38	..	193
Northern Territory ..	4	15	12	8	..	39
Australian Capital Territory .. ..	..	2	1	1	..	4
Australia ..	240	1,511	1,742	1,342	70	4,905
YEAR ENDED 30TH JUNE, 1956.						
New South Wales ..	72	460	692	558	1	1,783
Victoria	67	322	344	201	..	934
Queensland	21	166	231	237	30	685
South Australia ..	41	107	105	69	..	322
Western Australia ..	20	114	173	127	2	436
Tasmania	10	93	57	46	..	206
Northern Territory ..	5	12	9	9	..	35
Australian Capital Territory .. ..	..	2	3	2	..	7
Australia ..	236	1,276	1,614	1,249	33	4,408

6. Anti-Poliomyelitis Campaign.—The success of the 1954 United States field trials of the poliomyelitis vaccine developed by Dr. Jonas Salk and his associates at the University of Pittsburg was announced in April 1955. The Commonwealth Government immediately decided to produce the anti-polio vaccine in Australia.

With the advantage of the experiences of the campaigns in the United States and Canada, Australia has adopted a vaccine which has already been proved to possess safety and effectiveness in building up immunity against poliomyelitis.

The vaccine was being produced in Australia by the end of 1955 under the most rigid safety conditions. Plans were made for comprehensive testing procedures to be carried out at many stages both during the production process and with the finished product. These tests assured the maintenance of safety standards no less rigid than those laid down in other countries where vaccination campaigns were in progress. The Research Laboratory at the Fairfield Hospital, Melbourne, agreed to act as an independent testing authority under an arrangement with the Commonwealth Government, whilst the pathology department of the University of Melbourne also agreed to conduct tests. No vaccine was released for use unless the searching requirements of the Commonwealth Serum Laboratories, the Fairfield Hospital, and the University of Melbourne were met.

The vaccine was supplied to the States free of charge and the States accepted responsibility for the cost of their particular vaccination programmes. No child can be vaccinated without the consent of his parents or guardian.

Distribution of the Salk poliomyelitis vaccine to the States began in July, 1956. The States are responsible for the organization and running of their own campaigns and for the distribution of the vaccine in accordance with priority groups established by the National Health and Medical Research Council. The first priority group consisted of children in the 0-14 age group, expectant mothers and persons subjected to special risk. These persons have been found to be the most vulnerable. Later when supplies become adequate the vaccine will be more widely available.

Vaccination against poliomyelitis takes the form of three injections of the vaccine. The second injection is given approximately four weeks after the first, whilst the third injection is given not less than 32 weeks after the first.

From the commencement of the campaign in each State in July, 1956, up to 31st December, 1956, 1,372,351 persons had received their first injection. Of these, 1,133,769 had received their second injection.

It is expected that all children in the 0-14 age group will have received their complete course of injections by August, 1957. Where the incidence of the disease in certain areas approaches epidemic proportions, special efforts are made to vaccinate all persons giving their consent in the area as soon as possible.

There has been excellent response by the public to the poliomyelitis campaign, notwithstanding the widespread doubts which arose from mishaps overseas.

POLIOMYELITIS : NEW CASES NOTIFIED.

Year.	N.S.W.	Victoria.	Q'land.	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
MALES.									
1951	909	239	610	752	57	90	5	7	2669
1952	239	183	85	385	21	66	..	1	980
1953	384	147	105	191	25	62	1	1	916
1954	343	317	81	88	244	8	..	17	1098
1955	143	145	95	91	15	4	4	1	498
FEMALES.									
1951	617	194	420	704	37	81	3	10	2066
1952	176	152	74	324	16	34	..	..	776
1953	251	104	93	201	20	49	..	..	718
1954	219	255	59	86	190	2	..	9	820
1955	75	90	80	81	18	4	..	..	348
PERSONS.									
1951	1,526	433	1,030	1,456	94	171	8	17	4,735
1952	415	335	159	709	37	100	..	1	1,756
1953	635	251	198	392	45	111	1	1	1,634
1954	562	572	140	174	434	10	..	26	1,918
1955	218	235	175	172	33	8	4	1	846

7. **Free Milk for School Children Scheme.**—In 1950, the States Grants (Milk for School Children) Act was passed. The object of this Act was to improve the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending public or private primary schools, including nursery schools, kindergartens, crèches and aboriginal missions, are eligible to receive this issue. Wherever practicable, the milk is given to the children in one-third of a pint bottles. The cost of the milk plus half the capital or incidental costs, including administrative expenses of the scheme, is reimbursed by the Commonwealth to the States. All States are now participants in the scheme, and at 30th June, 1956 approximately 1,100,000 children were receiving free milk.

In the years 1954–55 and 1955–56 the following amounts were reimbursed to the various States and Territories :—1954–55, New South Wales £980,589, Victoria £498,000, Queensland £323,340, South Australia £156,000, Western Australia £127,015, Tasmania £145,695, Northern Territory £921, Australian Capital Territory £10,760, Australia £2,242,320 ; 1955–56, New South Wales £1,042,173, Victoria £540,000, Queensland £308,000, South Australia £184,000, Western Australia £137,211, Tasmania £185,000, Northern Territory £1,016, Australian Capital Territory £14,048, Australia £2,411,448.

§ 3. Commonwealth Laboratories and Research Institutions.

1. **National Health and Medical Research Council.**—In 1926, the Commonwealth Government established a Federal Health Council, in accordance with a recommendation of the Royal Commission on Health (1925), "for the purpose of securing closer co-operation between the Commonwealth and State Health Authorities". This council held sessions each year except in 1932. In 1936, the Commonwealth Government decided to create a body with wider functions and representation, and the National Health and Medical Research Council was established with the following functions :—

- To advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public and on medical research.
- To advise the Commonwealth Government on the expenditure of money specifically appropriated to be spent on the advice of this Council.
- To advise the Commonwealth Government on the expenditure of money upon medical research and on projects of medical research generally.
- To advise Commonwealth and State Governments upon the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition.

The council consists of the Commonwealth Director-General of Health (as chairman), two officers of his department, the official head of the Health Department in each State, together with representatives of the Federal Council of the British Medical Association, the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians, the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists, the Australian Dental Association, the Australian Council of the College of General Practitioners and (jointly) the four Australian universities having medical schools. A prominent layman and laywoman, appointed by the Commonwealth Government, also serve on the council.

The first session of the National Health and Medical Research Council met at Hobart in February, 1937. The forty-first session met at Sydney in May, 1956.

Under the Medical Research Endowment Act 1937, the Commonwealth Government has made an annual appropriation of funds to provide assistance :—(a) to departments of the Commonwealth or of a State engaged in medical research ; (b) to universities for the purpose of medical research ; (c) to institutions and persons engaged in medical research ; and (d) in the training of persons in medical research.

Approved research institutions under this system now number 51. During 1955, grants for projects numbered 50 in the following fields :—bacteriology, biochemistry, biophysics, clinical research, dental research, epidemiology, haematology, medical chemistry, neurology, neuro-physiology, obstetrics, pathology, physiology and pharmacology, tuberculosis and virus diseases. In certain instances, equipment and apparatus have been made available by the council ; this has greatly facilitated some specialized lines of research. The wide scope of work being carried out is greatly assisted by the formation of committees which meet regularly and advise the council on such subjects as industrial hygiene, public health, epidemiology, maternal and child welfare, radio-active isotopes, antibiotic distribution, tropical physiology and hygiene, tuberculosis, staphylococcus infections, dental research and the latest developments in X-ray technology and application.

The research work being done under these grants is of a high standard, many of the individual investigators enjoying international reputations. Beyond this practical achievement, the original objectives of the council are being attained in encouraging young graduates to take up research work and in securing a continuity and permanence of medical research in Australia.

Four scholarships are available each year to allow overseas study for one year; in addition, assistance is often given to scholarship holders to cover part of their travel expenses.

An insurance benefit scheme for these medical workers on the lines of the Federated Superannuation System for Universities is now in operation.

2. Commonwealth Serum Laboratories. The laboratories were established in 1916 under the administration of the Quarantine Branch, Department of Trade and Customs. Work began in temporary quarters, but new buildings were erected and occupied in 1918 at Royal Park, Melbourne, where the Commonwealth had acquired 23 acres. Administrative control was transferred to the Commonwealth Department of Health, by Order in Council, in March, 1921. In 1936, a farm of 325 acres was purchased for experimental and other purposes at Broadmeadows, 9 miles from Melbourne.

The laboratories function as a Public Health Institute and are part of the Commonwealth Department of Health, conducting research and training of laboratory personnel. In addition, biological products are prepared on a large scale for use in the diagnosis, prevention and treatment of human and animal diseases. These products consist of a full range of human bacterial vaccines, human virus vaccines, veterinary bacterial and virus vaccines, various serum products such as blood fractions, a wide range of anti-bacterial and anti-toxic sera and antivenenes. Antibiotics including penicillin, endocrines such as insulin, A.C.T.H., pituitrin and thyroid, allergy test materials and desensitising vaccines, medical and veterinary clinical and laboratory diagnostic agents, culture media of wide range and numerous related products are fully prepared.

Since their foundation, the laboratories have been greatly extended in size and scope. The number and variety of biologicals available for issue have thus been increased to the extent that Australia is practically independent of oversea supplies.

Continuous research is being conducted into all relevant aspects of bacteriology and immunology and related fields of work. New kinds of biological agents are prepared and tested as the growth of medical or scientific knowledge provides fresh means of diagnosis, prevention and treatment. Investigations are also made into other aspects of public health work. For the past 30 years, the production of veterinary biologicals has been a feature of the work, and in recent years extensive development has occurred in this direction.

The result of the increasing employment of veterinary products in the prevention of diseases of domestic animals and stock is reflected in the diminution of incidence of certain infectious diseases amongst stock with economic benefit to the community.

The laboratories also serve as a national centre for the maintenance in Australia of the International Standards of the Permanent Commission on Biological Standards (World Health Organization), and act as the regional reference centre for the World Health Organization in collating reports of the prevalence of certain infectious diseases in Australia, and at the same time conduct laboratory investigations for the identification of diseases thus reported.

3. The Commonwealth Health Laboratories. The fourteen health laboratories of the Department are situated at various points throughout Australia. They are located at Canberra, Darwin, Cairns, Townsville, Rockhampton, Toowoomba, Bendigo, Launceston, Hobart, Port Pirie, Kalgoorlie, Lismore, Tamworth and Albury. These laboratories were established as an essential part of the quarantine system but were also to undertake research into local health problems and to provide medical practitioners of each district with up-to-date facilities for laboratory investigation and diagnosis. It was realized that co-operation between the general practitioner with his clinical observations and knowledge of the environment of disease on the one hand, and the staff of a well-equipped laboratory on the other hand, is essential to the efficient investigation of disease and the effective operation of control measures.

From this standpoint, the laboratories have already proved their value in the determination of leptospirosis and endemic typhus in North Queensland, in the investigation of special local problems in Darwin, of undulant fever throughout Australia, of silicosis and tuberculosis in Kalgoorlie and of plumbism in Port Pirie. In these investigations, close co-operation has existed with State and local health and hospital services; especially is this

so in Queensland where collaboration has yielded exceptionally valuable results in differentiating the groups of fevers previously unclassified in that State. In this investigational work, as well as in more routine activities, the laboratories have at their disposal the full resources and technical and specialist facilities available at the Commonwealth Serum Laboratories and the School of Public Health and Tropical Medicine, Sydney.

4. Commonwealth Acoustic Laboratories. In January, 1947, the Department of Health established the first of the series of Acoustic Laboratories in Sydney. The laboratory continued and expanded the work of the Acoustic Research Laboratory which was sponsored by the National Health and Medical Research Council during the years 1942-46 for the purpose of investigating problems of noise and difficulties of intercommunication in aircraft and tanks. After the 1939-45 War, the Acoustic Research Laboratory directed its attention to the problem of deafness in children, particularly the group whose affliction was caused by the mothers contracting rubella in the early months of pregnancy.

The taking over of the Acoustic Research Laboratory by the Department of Health was influenced by a request from the Repatriation Commission for technical assistance in the matter of providing hearing aids for deafened ex-servicemen. Arrangements for this purpose were completed and branch laboratories were established in all other State capital cities.

During 1948, the Acoustic Laboratories Act was passed to allow the expansion of activities on the following lines:—(1) To carry out the requirements of the Repatriation Commission for deafened ex-Service personnel and to provide a similar service for the Commonwealth Department of Social Services in respect of deafened ex-Service personnel whose disability was not caused by war service; (2) to assist the Education Departments of the States in measuring deafness, by providing and maintaining portable audiometric equipment; (3) to act on behalf of various State and other authorities who desire to have independent tests made before assisting financially in the purchase of hearing aids for people under their care; (4) to investigate problems associated with noise in industry; (5) to make hearing tests of Civil Aviation aircrew as required by international agreement; (6) to give advice to the armed services on noise problems as required; and (7) to provide hearing aids to school children.

The laboratory in Sydney is responsible for the training of personnel for the whole Acoustic Service, the production of equipment, the calibration of hearing aids and audiometers and the technical administration of the branch laboratories.

5. Commonwealth X-ray and Radium Laboratory. The persistent increase in cancer mortality has led to the development in Australia of a national organization directed towards the control of this disease. The Commonwealth Department of Health has actively participated in this movement. Annual cancer conferences, convened by the Department from 1928 up to the beginning of the 1939-45 War, provided an opportunity each year for those actively engaged in the campaign against the disease to meet for the discussion of problems and the determination of lines of action for further development.

Cancer conferences were not held during the war and have not been revived, primarily because facilities for the discussion of the various aspects of the treatment of cancer have been provided by the regular congresses of the British Medical Association and of the different specialist colleges and associations. The department has, however, continued to maintain liaison in the general programme against cancer and in March, 1955, convened a conference in Canberra of representatives of the Commonwealth and States to discuss the co-ordination of anti-cancer activities. This conference recommended that an annual conference of State-sponsored anti-cancer organizations should be convened by the Commonwealth Government and that consideration should be given to the formation of a nationwide Anti-Cancer Organization comprising representatives of the statutory Anti-Cancer Organizations.

A total of 10 grams of radium, purchased in 1928 by the Commonwealth Government for use in treatment and research, has been distributed on loan to treatment centres throughout Australia. Under the terms of this loan, treatment at well-equipped clinics is available to all requiring it, irrespective of ability to pay. This work is co-ordinated by the department. From time to time, portions of the original radium holding have been remounted by the department in forms more suitable for the more modern techniques which have been developed.

Realizing the essential importance of accuracy in determining the quality of radiation used in the treatment of cancer and in measuring the dosage of this radiation actually delivered to the tumour, and the need for the investigation of physical problems in connexion with the utilization of X-rays and radium in the treatment of disease, the Commonwealth Department of Health, in 1935, extended the work of the Commonwealth Radium Laboratory, established in 1929, to include the investigation of the physical problems of radiation therapy generally. This laboratory, known as the Commonwealth X-ray and Radium Laboratory, is situated, by agreement with the University of Melbourne, within the University grounds, and is maintained, controlled, and staffed by the Commonwealth Department of Health. It is accommodated in a building specially designed for work with X-ray and radium, and is amply provided with all necessary equipment for research work, including a 500,000 volt high tension generator. The free air chamber which acts as the Australian standard X-ray dosimeter is maintained in the laboratory.

The laboratory co-operates closely with the local physical services which have been developed in the other capital cities of Australia to provide local facilities for the production of radon, for the calibration of X-ray therapy equipment, and for the measurement of radiation exposure of X-ray and radium workers. It also undertakes investigations into physical problems arising in the use of X-rays and radium in treatment. In recent years, the laboratory has widened its functions to include investigations of the physical aspects of the diagnostic use of X-rays with particular emphasis on miniature radiography.

During the year 1955-56, a total of 91,353 millicuries of radon was prepared and issued from the laboratory in the form of implants, needles and tubes for use in Victoria, Tasmania, South Australia and Western Australia. A further 28,777 millicuries were issued by the associated centres in Sydney and Brisbane. The corresponding figures for 1954-55 were 94,774 and 30,663 millicuries respectively. The issue of radon from a few centres to serve hospitals all over the continent is a unique Australian development and enables a very efficient use to be made of the radium available.

The development of atomic energy programmes overseas has made available supplies of artificial radio-isotopes which can be used either as an alternative to natural isotopes such as radium and radon, or may be applied internally when they are selectively secreted in a particular organ. All radio-isotopes in use in Australia in medicine, research and industry are subject to the approval of the laboratory and are imported by the laboratory. Regular supplies of radio-phosphorus and radio-iodine are obtained and are distributed free of charge for the treatment of patients throughout Australia according to a policy developed by the Committee on Radio-isotopes of the National Health and Medical Research Council. The laboratory has been responsible for the development of a scheme of physical measurements required in the use of radio-iodine which can be readily carried out in individual hospitals.

Supplies of radio-gold and radio-chromium have also been obtained when required, while applicators for special purposes, containing radio-strontium and radio-cobalt have been purchased and issued to some hospitals. During 1955-56, 29 different radio isotopes were imported for all purposes.

The laboratory provides an advisory service on aspects of protection arising in the use of X-rays and radio-active materials.

Close co-operation is maintained between the medical men engaged in the clinical investigation and treatment of cancer and research workers, physicists, and biochemists, so that problems are mutually investigated and treatment applied with the highest obtainable degree of scientific accuracy.

6. **The School of Public Health and Tropical Medicine.**—On the 4th March, 1930, the Commonwealth Government, under an agreement with the University of Sydney, established a School of Public Health and Tropical Medicine at the University of Sydney for the purpose of training medical graduates and students in the subjects of public health and tropical medicine. The organization of the Australian Institute of Tropical Medicine at Townsville was merged in the new school, and the staff, equipment and material were transferred to Sydney.

The work of the school comprises both teaching and investigation. Courses are held for the University post-graduate diploma of public health and the diploma of tropical medicine and hygiene. Lectures are given in public health and preventive medicine as prescribed for the fifth year of the medical curriculum. Other classes include students, in architectural, social, and school hygiene, lay officers and nurses in the tropical services, and missionaries, while training is also provided for certain personnel of the Armed Services, for sister tutors, and for laboratory workers from various services and institutions.

Investigational work covers a wide field of public health and medical subjects, both in the laboratory and in the field. Field work has been carried out not only in Australia but in co-operation with the local administrations in Papua, New Guinea, Norfolk Island and Nauru and with the South Pacific Commission. Sections of Child Health, Occupational Health and Medical statistics have been recently added.

7. Commonwealth Bureau of Dental Standards.—The National Health and Medical Research Council sponsored the Dental Materials Research Laboratory during the years 1939–46, for the purpose of assisting the Defence Services, the Medical Equipment Control Committee and other Government Departments in the selection and purchase of suitable dental equipment and materials. Valuable assistance was also given to Australian manufacturers of dental materials in relation to improvement of their products and the development of new materials.

Much of the work was of a routine nature and after the 1939–45 War the National Health and Medical Research Council decided to cease its sponsorship, but recommended that the Department of Health should take over the laboratory as it was serving a good purpose. This was done in January, 1947, and the laboratory was renamed the Commonwealth Bureau of Dental Standards. It is at present situated in the grounds of the University of Melbourne.

The functions of the Bureau are as follows:—(1) Original research into dental equipment, materials, techniques and processes; (2) the development, through the Standards Association of Australia, in consultation with a committee representative of the Commonwealth Department of Health, of the Australian Dental Association and of manufacturers and distributors, of specifications for dental materials and equipment; (3) regular systematic surveys of dental materials on sale to the profession in Australia, and the reporting of the results of such investigations in recognized Australian scientific journals; and (4) the provision of a consultative service and testing facilities for local manufacturers and distributors of dental materials with a view to assisting them in the improvement of existing products and the development of new materials.

8. The Australian Institute of Anatomy. The Australian Institute of Anatomy, situated in Canberra, occupies a monumental building erected by the Commonwealth Government under the Zoological Museum Agreement Act of 1924 on a site which adjoins that of the Australian National University. Prior to the passing of this Act, the Commonwealth Government had expressed regret that the Australian nation possessed neither a collection of specimens of the unique and fast disappearing fauna of Australia, nor a museum in which such specimens could be preserved for future generations. Comparative anatomy is the basis of medical science, and while the importance of a study of Australian animals in the solution of various medical problems had for years been recognized by other countries and steps taken by them to procure specimens for their museums, national effort in this direction was neglected in Australia. The late Sir Colin MacKenzie, the first Director of the Institute of Anatomy, however, very kindly presented to the Commonwealth Government his entire private collection, and this magnificent gift was acquired and provision was made for its proper housing under special legislation by the Commonwealth Government. In 1931, the Institute became an integral part of the Commonwealth Department of Health.

The original collection has been greatly augmented. A list of gifts to the Australian nation may be found in Official Year Book No. 39, p. 1277. In addition to these donations of material, there have been several endowments for orations and lectures, particulars of which are shown in previous issues of the Official Year Book.

The Institute consists of two separate and distinct entities, a museum section and a laboratory section. In the museum section, there is displayed a portion of the original collection of anatomical specimens assembled by the late Sir Colin MacKenzie, together with ethnological collections which have been added since the foundation of the Institute. The materials in the museums, which are open to the general public, have been arranged so as to present simple lessons in human hygiene, to display the anatomical features and peculiarities of the Australian fauna, and to display interesting aspects of the character of Australian Aborigines and Natives of Papua and New Guinea.

A number of Health Department units are now concentrated within the Institute. These include the Museum and Medical Artistry Section; the Nutrition Section; the Diabetes and Enzyme Research Section; the Commonwealth Health Laboratory for the Australian Capital Territory; the Veterinary Laboratory; and the office of the Australian Pre-school Association.

The scientific research work of the Institute has now been concentrated on problems of nutrition. These take the form of field surveys of the dietary status of the Australian population and laboratory investigations into the biochemistry of nutrition and metabolism. For further information concerning the Institute see Year Book No. 32 pp. 919-21.

§ 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 of quarantine and notifiable diseases, including venereal diseases.

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

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

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

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

The increasing use of air travel has created particular quarantine problems. Before the use of air transport, persons suffering from an infectious or quarantinable disease would show the rash or other signs on arrival and before disembarkation. Passengers travelling by air, however, can arrive well within the incubation period, even from as far as England, which is only four days away by air.

It is for this reason that all intending passengers are required to be vaccinated against smallpox before departure and those from an area infected with cholera or yellow fever are in addition required to be inoculated against the particular disease prevalent in that area. Passengers arriving by air are required to report any sickness which they might suffer within the fourteen days after arrival. All passengers are required to give their intended place of residence so that they may be traced if a case of disease occurs among the passengers on the aircraft or ship. It will be seen that the security given to Australia for many years by its isolated geographic position is no longer complete and increasing reliance needs to be placed on a vigilant and flexible quarantine organization.

The number of cases of infectious (non-quarantinable) diseases which have been discovered among the passengers and crew of overseas vessels calling at Australian ports during the year ended 30th June, 1956, and during the preceding five years, are shown in the following tables.

HUMAN QUARANTINE: CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASES ON OVERSEA VESSELS AND AIRCRAFT CALLING AT AUSTRALIAN PORTS, YEAR ENDED 30th JUNE, 1956.

Disease.	Number of Oversea Vessels and Aircraft on which Cases were Found.	Number of Cases of Infectious Disease.	
		Passengers.	Crew.
Chicken Pox	16	39	2
Infective Hepatitis	2	2	..
Leprosy	1	..	1
Measles	10	30	..
Mumps	6	12	..
Rubella	2	20	1
Whooping Cough	1	1	..
Total	26	104	4

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

Year ended 30th June.	Number of Overseas Vessels and Aircraft Cleared.		Number of Oversea Vessels and Aircraft on which Cases were Found.	Number of Cases of Infectious Disease.	
	Ships.	Aircraft.		Passengers.	Crew.
1951	1,649	1,030	46	658	8
1952	2,100	1,057	47	252	9
1953	2,231	1,173	54	365	7
1954	2,254	1,221	44	319	5
1955	2,319	1,310	48	267	3
1956	2,592	1,417	26	104	4

(ii) *Animal Quarantine.* Animal quarantine is authorized by the provisions of the Quarantine Act 1908-1950 and has as its objective the prevention of the introduction or spread of diseases of animals. This legislation covers the importation of all animals, raw animal products, biological cultures, etc., associated with animal diseases and goods associated with animals.

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

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

The Division of Veterinary Hygiene was created in 1926 to deal with the administration of animal quarantine; formerly the full responsibility for this administration fell on the Director of Quarantine; The organization of the Division provides an excellent example of Commonwealth and State co-operation. The central administration is situated within the Health Department at Canberra, with a Director, an Assistant Director and Veterinary Officers. By provision in the Quarantine Act and by arrangement with the States, the Principal Veterinary Officer of the Department of Agriculture in each State is appointed

Chief Quarantine Officer (Animals) of the State, and members of his staff Quarantine Officers (Animals). These State officers, acting in their Commonwealth capacity, carry out the quarantine policy formulated by the central administration. Quarantine accommodation is provided in permanent animal quarantine stations at each capital city.

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

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

In each alternate year, the Director of the division convenes the Biennial Conference of Principal Commonwealth and State Veterinarians which meets under the aegis of the Australian Agricultural Council. At this conference, problems of animal health and disease control are discussed from a national point of view and consideration is given to animal quarantine matters. A report is made to the Agricultural Council.

In the Australian Capital Territory, the control of animal disease, dairy and piggy hygiene, advice to stockowners and management of the Canberra abattoir are carried out by veterinary officers of the division.

(iii) *Plant Quarantine.* Since 1st July, 1909, the importation into Australia of all plants or parts of plants, cuttings, seeds and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the Quarantine Act 1908-1950, general powers are held by which the quarantine inspectors are required to examine all plant material at the first port of entry and to release only such material as is free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found deliberately evading the regulations. All plant material entering as cargo must also be declared.

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

Any plant material found carrying diseases or pests or suspected of doing so may be ordered into quarantine for remedial treatment, or if the treatment be impracticable may be destroyed. Such treatments are paid for by the importer. Air transport has created many new problems in maintaining effective control. It is impossible in this summary to give details of regulations governing the different types of plants, but the following will indicate certain broad principles in them:—(a) The importation of plants likely to be infected with plant diseases, noxious fungi or poison plants is prohibited; (b) Agricultural seed must conform to standards of purity, insect pest and disease freedom; (c) Many commodities such as hops, cotton, peanuts in shell, nursery stock, potatoes, certain crop seeds, vines and specified plants may only be imported by approved importers under special conditions; (d) Certain plant products such as bulbs and timber (in logs or sawn) from specified areas may be imported only if accompanied by certificates showing that prescribed treatment has been given in the country of origin.

3. *Notifiable Diseases.*—(i) *General.* (a) *Methods of Prevention and Control.* Provision exists in the Health Acts of all the States for the observance of precautions against the spread and of, the compulsory notification of, infectious disease. When any such disease occurs, the local authority must at once be notified, and in some States notification must be made also to the Health Department. The duty of making this notification is generally imposed, first, on the head of the house to which the patient belongs, failing whom on the nearest relative present, and, on his default, on the person in charge of or in attendance on the patient, and, on his default, on the occupier of the building. Any medical practitioner visiting the patient is also bound to give notice.

As a rule, the local authorities are required to report from time to time to the Central Board of Health in each State as to the health, cleanliness and general sanitary state of their several districts, and must report the appearance of certain diseases. Regulations

are prescribed for the disinfection and cleansing of premises, and for the disinfection or destruction of bedding, clothing, or other articles which have been exposed to infection. Bacteriological examinations for the detection of plague, diphtheria, tuberculosis, typhoid and other infectious diseases within the meaning of the Health Acts are continually being carried out. Regulations are provided in most of the States for the treatment and custody of persons suffering from certain dangerous infectious diseases, such as smallpox and leprosy.

(b) *Diseases Notifiable and Cases Notified in each State and Territory.* The following table, which has been compiled by the Commonwealth Department of Health, shows for each State and Territory the diseases notifiable in 1955 and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.

DISEASES NOTIFIABLE IN EACH STATE AND TERRITORY OF AUSTRALIA AND NUMBER OF CASES REPORTED DURING THE YEAR ENDED 31st DECEMBER, 1955.

Disease.	N.S.W.	Vic.	Q'ld.	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Acute rheumatism	202	127	178	16	39	*	5	..	567
Amoebiasis	*	3	5	1	9	1	2	..	21
Ankylostomiasis	18	3	265	1	1	..	25	..	313
Anthrax .. .. .	*	..	..	..	..	..	..	..	..
Bilharziasis .. .. .	*	..	..	..	..	..	..	..	..
Brucellosis	5	23	4	3	5	1	..	..	41
Chorea	24	16	1	1	4	*	..	..	46
Dengue .. .. .	..	..	*	..	..	..	..	..	..
Diarrhoea, infantile	277	690	222	7	30	3	8	31	1,268
Diphtheria	140	167	68	26	480	3	8	..	892
Dysentery, bacillary	*	137	206	63	127	12	2	3	550
Encephalitis	30	49	4	29	..	2	..	1	115
Erythema Nodosum	*	21	2	6	..	..	..	..	29
Filariasis .. .. .	*	..	..	..	..	..	..	..	..
Homologous serum jaundice .. .. .	*	..	..	..	..	..	..	..	..
Hydatid .. .. .	..	11	*	..	1	16	..	..	28
Infective hepatitis	2,489	3,770	*	502	254	27	17	17	7,076
Lead poisoning	*	..	24	3	3	*	..	..	30
Leprosy .. .. .	..	2	6	..	29	..	2	..	39
Leptospirosis	2	..	191	..	..	..	..	..	193
Malaria .. .. .	..	12	*	..	5	..	56	..	73
Meningococcal infection	128	105	53	10	13	18	1	..	328
Ophthalmia	*	*	*	..	35	..	..	..	35
Ornithosis	1	2	*	..	..	*	..	..	3
Paratyphoid fever	5	2	..	..	4	..	..	..	11
Poliomyelitis	222	235	190	182	33	7	4	1	874
Puerperal fever	43	4	48	1	5	1	..	..	102
Rubella	*	2,345	14	179	227	..	..	2	2,767
Salmonella infection	*	*	*	4	58	*	6	..	68
Scarlet fever	619	1,003	716	289	68	14	..	..	2,709
Tetanus	*	20	25	5	9	*	2	..	61
Trachoma	*	2	*	..	1,470	*	..	..	1,472
Trichinosis .. .. .	*	*	*	..	..	*	..	..	..
Tuberculosis	1,909	967	748	327	440	163	46	2	4,602
Typhoid fever	12	14	10	1	13	2	5	..	57
Typhus—flea, mite or tick borne	7	..	55	1	22	..	..	..	85

* Not notifiable.

NOTE.—No cases of cholera, plague, smallpox, epidemic typhus or yellow fever were notified.

(ii) *Veneral Diseases.* The prevention and control of venereal diseases are undertaken by the States. Each State has a Veneral Diseases Act, or provisions in the Health Act govern the control of these diseases. Under these Acts, treatment has been made compulsory in every State. Consequent steps have been taken to ensure free treatment by medical practitioners or in subsidized hospitals and clinics. Registered pharmaceutical chemists are allowed to dispense only prescriptions 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 infected person and the employment of an infected person in the manufacture or distribution of foodstuffs.

§ 5. Commonwealth Grants to Organizations Associated with Public Health.

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

2. **Lady Gowrie Child Centres.**—Sessions of the National Health and Medical Research Council and the reports of the Commonwealth Advisory Council on Nutrition have called attention to the need for greater effort throughout Australia directed towards the care of the growing child, especially during the pre-school period. Movements for the welfare of the school child and the care of the infant are already developed by State authorities as recorded in sections 2 and 3 of division A of this chapter (see pp. 493–497). The Commonwealth Government felt that more could be done for the child of pre-school age, and it was decided to give a lead by assisting in the provision of facilities to demonstrate what could be done and the practical methods which could be applied.

The Commonwealth Government therefore decided to establish in each capital city a pre-school demonstration centre, known as the Lady Gowrie Child Centre, and in order to achieve the best results in association with those who have had experience in this field, it secured the co-operation of the Federal Organization of Kindergarten Unions which operated under the title of "The Australian Association for Pre-school Child Development". A suitable site was secured in each capital city and the necessary school structure was built. This organization has since been extended to include all pre-school organizations and its title has been changed to "The Australian Pre-school Association".

This body administers the Lady Gowrie Child Centres for the Commonwealth Department of Health. An annual grant of £33,500 is received of which £29,850 is divided equally among six centres; £2,000 is allocated for the payment of salary and travelling for the Federal Pre-school Officer of the association and £150 is a contribution to office expenses of the A.P.A. The Commonwealth Department of Health retains £1,500 per annum for the maintenance of buildings.

The specialized function of the centres is that of demonstration and research and the programmes are carried out under the supervision of the Federal Officer.

Each centre has a committee of management responsible for the disbursement of funds.

Each centre is concerned with a study of the factors promoting and retarding physical and mental health in young children, and in demonstrating an educational health programme based on the developing needs of children aged 3 to 6 years. Detailed case history records are kept for each child and these are discussed at weekly staff meetings of teachers, the sister, and social worker, and form the basis for the guidance of child and parents. (These records are available for approved research students).

The centres are used for observation by university students of Medicine, Psychology, Education, Social Studies, Architecture, Physical Education, Teacher Training Colleges, Nursing Colleges, and Domestic Science. A number of research projects have been carried out into problems relating to the pre-school child.

In Sydney and Brisbane, the centres are used as a laboratory for a Social Paediatrics Course for advanced medical students.

A research project at the Perth Centre is now in progress on "The Development of Concepts of Social Relations in Pre-school Children", under the direction of the University of Western Australia. All centres are gathering material on possible stress in children—when (1) mothers are working outside the home, (2) mothers are hospitalized, or (3) families are migrants.

In June, 1956, the Commonwealth Government allocated a grant of £3,000 to cover a two-year research study at the Sydney centre, under the supervision of the Institute of Child Health.

3. **National Fitness.**—A national fitness movement was launched in Australia in 1939 following the world-wide movement for the advancement of physical fitness which preceded the last world war. In 1938, arising from a recommendation of the National Health and Medical Research Council, the Commonwealth Government agreed to appoint a Commonwealth Council for National Fitness, under the Commonwealth Minister for Health, to effect collaboration of Commonwealth, State and Local Government authorities in the movement. Meetings of this Council are held at regular intervals, and an annual report submitted to Parliament. Autonomous State National Fitness Councils operate in all States, each sending one representative to the Commonwealth Council meetings. Following the recommendations of the first Commonwealth Council meeting in 1939, the Commonwealth Government agreed to make available an annual sum of £20,000 for five years and grants were allocated to each State for purposes of organization and to each of the six Australian universities to establish lectureships in physical education. In July, 1941, a National Fitness Act was passed by the Commonwealth Parliament to ensure greater continuity in the movement, and in June, 1942, the Commonwealth grant was increased to £72,500 to include grants to State Education Departments and for the work in the Australian Capital Territory. In 1955, the Commonwealth decided to allocate its grant on an annual basis instead of for fixed periods as formerly. The movement continues to develop and to gain public interest and support throughout Australia, particularly through its physical and recreational activities with voluntary youth organizations and amateur sports organizations.

4. **Royal Flying Doctor Service of Australia.**—The purpose of the Royal Flying Doctor Service of Australia is to provide medical and dental services to the white and aboriginal populations in isolated areas. By means of wireless transceiver sets installed in most homesteads, persons in remote localities may seek medical advice. Standard medicine chests are made available by the service. Each chest contains a first-aid book and instructions on the use of the various drugs and medical supplies in it. Further instructions are given by doctors over the air. In cases of major illnesses and injuries, persons in remote localities may use wireless transceiver sets to summon medical aid. A doctor holding an aeroplane pilot's licence flies to the homestead and, if necessary, flies the patient to the nearest hospital.

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

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

The Commonwealth has made an annual grant to this organization for operational expenses since 1936. Prior to that, from 1928 to 1931, the Commonwealth subsidized the Australian Inland Mission Aerial Medical Service. On 21st July, 1954, the Commonwealth annual grant to the Royal Flying Doctor Service of Australia towards maintenance was increased from £12,500 to £20,000 per annum. The Commonwealth grant towards capital expenditure was increased from £10,000 to £15,000 per annum for three years. This capital expenditure grant is made on a pound for pound basis, in respect of approved projects.

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

5. **The Red Cross Blood Transfusion Service.**—The Australian Red Cross Society conducts a Blood Transfusion Service in all States.

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

The Commonwealth recognized that the proper maintenance of a blood transfusion service was of the utmost importance to the welfare of the community and that the service was one eminently suited for operation by the Australian Red Cross Society. Hence, in March, 1954, the Commonwealth offered each State Government a grant equal to 30 per cent. of the certifiable operating expenses incurred by the society in the conduct of the blood transfusion service in that State. The grant was to be made subject to the conditions that the government of the State concerned agreed to meet 60 per cent. of the cost of operating the service in that State, leaving the society to meet the remaining 10 per cent. of the cost. All States accepted this proposal.

C. INSTITUTIONS.

§ 1. General.

In Australia, institutions related to public health may be classified to three groups: (a) State, (b) public, and (c) private. To the first group belong those institutions wholly provided for by the State, such as the principal mental hospitals in the various States and the Government and leased hospitals in Western Australia. To the second group belong public institutions of two kinds, namely:—(i) those partially subsidized by the State or by State endowments for maintenance, but receiving also private aid, and (ii) those wholly dependent upon private aid. To the first of these two kinds belong such institutions as the principal metropolitan hospitals; in the second are included institutions established and endowed by individuals for the benefit of the needy generally. All institutions of a private character are included in the third group. A more or less accurate statistical account is possible in classes (a) and (b), but in regard to (c) general tabulation is impossible. Owing to differences in the dates of collection and tabulation, it is impossible to bring statistics of some charitable institutions to a common year.

§ 2. Public Hospitals (other than Mental Hospitals).

1. General.—All the State capitals have several large and well-equipped hospitals, and there is at least one in every important town. In large centres, there are hospitals for infectious diseases, tubercular patients, women, children and chronic diseases.

The particulars given herein refer to public hospitals at the latest available date and include all institutions affording hospital relief, whether general or special, with the exception of mental hospitals, repatriation hospitals and private hospitals conducted commercially. The particulars for New South Wales in the following tables relate to public hospitals operating under the control of the Hospitals Commission.

2. Number, Staff and Accommodation, 1954-55.—Details regarding the number of hospitals, staff and accommodation for the year 1954-55 are given in the following table:—

PUBLIC HOSPITALS: NUMBER, STAFF AND ACCOMMODATION, 1954-55.

Particulars.	N.S.W.	Vic.(a)	Q'land.	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Total.
Number of Hospitals	262	117	140	63	96	26	4	1	709
Medical Staff—									
Honorary ..	3,256	1,261	179	402	264	86	..	27	5,475
Salaried ..	724	632	575	125	88	102	13	4	2,263
Total ..	3,980	1,893	754	527	352	188	13	31	7,738
Nursing Staff ..	10,450	7,108	4,469	1,960	2,257	1,118	99	105	27,566
Accommodation—									
Number of beds and cots ..	19,764	11,810	10,657	3,586	4,258	2,289	365	250	52,979

(a) Fifteen months ended 30th June, 1955.

The figures for accommodation shown in the table above include particulars, where available, of a considerable number of beds and cots for certain classes of cases in outdoor or verandah sleeping places.

3. In-Patients (Cases) Treated.—The following table furnishes particulars of in-patients treated (newborn are excluded).

PUBLIC HOSPITALS: IN-PATIENTS (CASES) TREATED, 1954-55.

Particulars.	N.S.W.	Vic.(a)	Q'land.	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Total.
In-patients at beginning of year—									
Males ..	6,313	3,318	3,566	1,218	1,309	791	97	72	16,684
Females ..	8,542	4,658	3,686	1,243	1,287	904	131	81	20,532
Total ..	14,855	7,976	7,252	2,461	2,596	1,695	228	153	37,216
Admission and re-admissions during year—									
Males ..	153,116	94,360	83,008	26,628	34,393	12,186	3,190	1,678	408,559
Females ..	238,930	157,498	102,251	35,221	41,145	19,669	2,947	2,735	600,396
Total ..	392,046	251,858	185,259	61,849	75,538	31,855	6,137	4,413	1,008,955
Total in-patients (cases) treated—									
Males ..	159,429	97,678	86,574	27,846	35,702	12,977	3,287	1,750	425,243
Females ..	247,472	162,156	105,937	36,464	42,432	20,573	3,078	2,816	620,928
Total ..	406,901	259,834	192,511	64,310	78,134	33,550	6,365	4,566	1,046,171
Discharges—									
Males ..	146,464	88,993	79,668	25,237	33,018	11,552	3,006	1,634	389,572
Females ..	233,635	153,253	99,994	34,074	40,199	19,150	2,915	2,688	585,908
Total ..	380,099	242,246	179,662	59,311	73,217	30,702	5,921	4,322	975,480
Deaths—									
Males ..	6,663	5,163	3,762	1,503	1,334	643	130	54	19,252
Females ..	5,137	3,935	1,671	1,040	859	492	63	40	13,237
Total ..	11,800	9,098	5,433	2,543	2,193	1,135	193	94	32,489
In-patients at end of year—									
Males ..	6,302	3,522	3,144	1,106	1,350	782	151	62	16,419
Females ..	8,700	4,968	4,272	1,350	1,374	931	100	88	21,783
Total ..	15,002	8,490	7,416	2,456	2,724	1,713	251	150	38,202
Average daily number resident ..	15,819	8,201	7,071	2,397	2,626	1,672	253	140	38,179

(a) Fifteen months ended 30th June, 1955.

In addition to those admitted to the hospitals, there are large numbers of out-patients. During 1954-55, there were 1,090,879 out-patients (cases) treated in New South Wales, 598,647 in Victoria, 561,088 in Queensland, 110,879 in South Australia, 117,000 (estimated) in Western Australia, 109,279 in Tasmania, 57,473 in the Northern Territory and 5,383 in the Australian Capital Territory, making an estimated total for Australia of 2,651,000.

4. Revenue and Expenditure.—Details of the revenue and expenditure for the year 1954-55 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme which operated in Victoria, Queensland, Western Australia and Tasmania from 1st January, 1946, in South Australia from 1st February, 1946, and in New South Wales and the Australian Capital Territory from 1st July, 1946.

PUBLIC HOSPITALS: REVENUE AND EXPENDITURE. 1954-55.

(£'000.)

Particulars.	N.S.W. (a)	Vic.(b)	Qld.	S.A.	W.A.	Tas.	N.T.	A.C.T.	Total.
Revenue—									
Government aid ..	14,523	13,089	7,889	2,762	3,209	1,413	396	228	49,928
Commonwealth Hospital Benefits, etc.		2,665	2,342	637	484	235	33	23	
Municipal aid ..	(c)	63	..	110	1	..	..	..	174
Public subscriptions, legacies, etc. ..	128	1,416	3	147	78	..	..	..	1,772
Fees	5,142	3,629	583	513	869	310	..	37	11,083
Other	286	277	92	240	84	7	..	..	986
Total	20,079	21,139	10,909	4,409	4,725	1,965	429	288	63,943
Expenditure—									
Salaries and wages	13,043	8,769	4,936	2,176	2,404	1,262	270	119	32,979
Upkeep and repair of buildings and grounds ..	836	499	239	269	229	48	98	9	2,227
All other ordinary ..	6,437	6,729	3,710	1,237	1,462	702	48	75	20,400
Capital(d)	(e)	5,047	1,788	742	549	362	14	85	8,587
Total	20,316	21,044	10,673	4,424	4,644	2,374	430	288	64,193

(a) Excludes loan receipts and expenditure. (b) Fifteen months ended 30th June, 1955.
 (c) Included in "Other". (d) Includes such items as purchases of land, cost of new buildings and additions to buildings. (e) Not available. (f) Incomplete.

5. Summary, 1938-39 and 1951-52 to 1954-55.—A summary, for the years 1938-39 and 1951-52 to 1954-55, of the number of public hospitals in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, deaths, average daily number resident, revenue, and expenditure is given in the following table. The figures relate to both general and special hospitals.

PUBLIC HOSPITALS: AUSTRALIA.

Particulars.	1938-39.	1951-52.	1952-53.	1953-54.	1954-55.
Hospitals	563	675	694	699	709
Medical Staff	4,059	6,889	7,246	7,487	7,738
Nursing Staff	13,582	24,556	25,940	26,116	27,566
Beds and cots	35,711	47,328	50,076	50,812	52,979
Admissions during year ..	527,055	863,058	905,492	925,571	1,008,955
Total in-patients (cases) treated	552,051	896,020	939,856	961,288	1,046,171
Out-patients (cases) (a) ..	1,272,147	2,286,183	2,422,302	2,458,631	2,651,000
Deaths	23,372	28,746	28,604	29,403	32,489
Average daily no. resident ..	25,608	33,552	34,552	34,587	38,179
Revenue £	7,106,642	41,216,677	51,141,059	54,814,436	63,943,446
Expenditure £	6,351,055	43,327,700	50,541,100	53,884,574	64,192,550

(a) Partly estimated.

§ 3. Leper Hospitals.

Isolation hospitals for the care and treatment of persons suffering from Hansen's disease (leprosy) have been established in New South Wales (Little Bay), Queensland (Peel Island, near Brisbane, and Fantome Island, North Queensland), Western Australia (Derby), and the Northern Territory (East Arm Settlement, near Darwin). At the end of 1956 there were 6 cases in residence at Little Bay, 20 at Peel Island, 29 at Fantome Island, 198 at Derby, 201 at East Arm Settlement, 5 in Victoria and 5 cases at Woorlooloo, Western Australia. Of the 464 cases, 382 were full-blood aborigines, 44 half-caste aborigines, 2 Asians and 36 Europeans.

§ 4. Mental Hospitals.

1. General.—The methods of compiling statistics of mental diseases are fairly uniform throughout the States, but there is an element of uncertainty about possible differences in diagnosis in the early stages of the disease. The figures for the States cannot be brought to a common year; consequently the following particulars relate to a combination of calendar and financial years. Licensed houses are included in all particulars excepting revenue and expenditure for New South Wales. The figures exclude those of reception-houses and observation wards in gaols. In New South Wales, the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals:

2. Hospitals, Staff, etc., 1954-55.—Particulars regarding the number of hospitals, the medical and nursing staffs, and accommodation are given in the following table for the year 1954-55 :—

MENTAL HOSPITALS : NUMBER, STAFF, ACCOMMODATION, 1954-55.

Particulars.	N.S.W.	Vic. (a)	Q'land. (b)	S. Aust.	W. Aust. (a)	Tas.	Total.
Number of Hospitals	13	10	5	2	4	1	35
Medical Staff—							
Males	30	63	12 1	13	6	4	135
Females	6						
Total	(c) 36	63	13	13	6	4	135
Nursing Staff and Attendants—							
Males	994	888	526	207	197	94	2,906
Females	1,012	922	424	205	104	83	2,750
Total	2,006	1,810	950	412	301	177	5,656
Accommodation—							
Number of beds and cots ..	12,589	7,219	4,753	2,615	1,670	810	29,656

(a) Year 1954. (b) Includes the Epileptic Home. (c) In addition there are 59 visiting specialists who are paid for their services.

3. Patients, 1954-55.—Information regarding patients treated, deaths, etc., for 1954-55 is given in the following table :—

MENTAL HOSPITALS : PATIENTS, DEATHS, ETC., 1954-55.

Particulars.	N.S.W.	Vic. (a)	Q'land. (b)	S. Aust.	W. Aust. (a)	Tas.	Total.
Number of distinct persons treated during year(c)—							
Males	7,470	4,236	3,017	1,579	1,144	547	17,993
Females	7,991	4,853	2,745	1,581	835	586	18,591
Total	15,461	9,089	5,762	3,160	1,979	1,133	36,584

(a) Year 1954. (b) Includes the Epileptic Home. (c) Excludes transfers to other institutions.

MENTAL HOSPITALS : PATIENTS, DEATHS, ETC., 1954-55—*continued.*

Particulars.	N.S.W.	Vic. (a)	Q'land. (b)	S. Aust.	W. Aust. (a)	Tas.	Total.
Number of patients at beginning of year—							
Males	6,402	3,652	2,410	1,329	1,006	363	15,162
Females	6,767	4,284	2,211	1,315	715	408	15,700
<i>Total</i>	<i>13,169</i>	<i>7,936</i>	<i>4,621</i>	<i>2,644</i>	<i>1,721</i>	<i>771</i>	<i>30,862</i>
Admissions and re-admissions (excluding absconders retaken and transfers from other hospitals)—							
Males	1,068	584	607	250	138	184	2,831
Females	1,224	569	534	266	120	178	2,891
<i>Total</i>	<i>2,292</i>	<i>1,153</i>	<i>1,141</i>	<i>516</i>	<i>258</i>	<i>362</i>	<i>5,722</i>
Discharges (including absconders not retaken)—							
Males	489	372	346	149	49	165	1,570
Females	620	389	331	173	28	140	1,681
<i>Total</i>	<i>1,109</i>	<i>761</i>	<i>677</i>	<i>322</i>	<i>77</i>	<i>305</i>	<i>3,251</i>
Deaths—							
Males	448	254	192	106	52	29	1,081
Females	482	279	189	119	52	39	1,160
<i>Total</i>	<i>930</i>	<i>533</i>	<i>381</i>	<i>225</i>	<i>104</i>	<i>68</i>	<i>2,241</i>
Number of patients at end of year—							
Males	6,533	3,610	2,479	1,324	1,043	353	15,342
Females	6,889	4,185	2,225	1,289	755	407	15,750
<i>Total</i>	<i>13,422</i>	<i>7,795</i>	<i>4,704</i>	<i>2,613</i>	<i>1,798</i>	<i>760</i>	<i>31,092</i>
Average daily number resident—							
Males	5,479	3,227	2,332	1,319	972	359	13,688
Females	6,287	3,823	2,101	1,230	662	408	14,511
<i>Total</i>	<i>11,766</i>	<i>7,050</i>	<i>4,433</i>	<i>2,549</i>	<i>1,634</i>	<i>767</i>	<i>28,199</i>
Number of patients at end of year per 1,000 of population—							
Males	3.73	2.90	3.59	3.19	3.11	2.19	3.31
Females	3.97	3.39	3.40	3.19	2.40	2.66	3.48
<i>Total</i>	<i>3.85</i>	<i>3.14</i>	<i>3.50</i>	<i>3.19</i>	<i>2.77</i>	<i>2.42</i>	<i>3.40</i>
Average number of patients resident in mental hospitals per 1,000 of population—							
Males	3.15	2.62	3.43	3.22	2.94	2.25	2.99
Females	3.65	3.13	3.26	3.09	2.14	2.66	3.25
<i>Total</i>	<i>3.40</i>	<i>2.87</i>	<i>3.34</i>	<i>3.16</i>	<i>2.55</i>	<i>2.45</i>	<i>3.12</i>

(a) Year 1954.

(b) Includes the Epileptic Home.

Persons who are well advanced towards recovery are allowed to leave the hospitals and live with their relatives or friends, but they are under supervision and their names are kept in the records. They are included in the figures shown in the above table.

4. Revenue and Expenditure, 1954-55.—The revenue of Government mental hospitals is small in comparison with their cost, and consists chiefly of patients' fees, and mental

institution benefits. The agreements made between the Commonwealth and the States under the 1948 Mental Institution Benefits Act lapsed in the latter half of 1954.

Under the State Grants (Mental Institutions) Act 1955, the Commonwealth is authorised to make payments to the States of amounts equal to one-third of the amounts expended by the States for or in connexion with the buildings or equipment of mental institutions on or after 1st July, 1955. The Commonwealth grants are limited to the following maximum amounts—

New South Wales, £3,830,000; Victoria, £2,740,000; Queensland, £1,460,000; South Australia, £895,000; Western Australia, £720,000; Tasmania, £355,000; Total, £10,000,000.

The proportion of expenditure borne by the State amounts to about 95 per cent. In New South Wales, the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals :—

MENTAL HOSPITALS : FINANCES, 1954-55.
(£.)

Particulars.	N.S.W.	Vic.	Q'land. (a)	S. Aust.	W. Aust.	Tas.	Total.
<i>Revenue (excluding Government Grants)—</i>							
Fees of patients	220,388	..	12,554	38,553	31,276	18,397	321,168
Mental Institution Benefits	106,524	53,819	..	15,420	9,453	..	185,216
Other ..	(b) 76,922	16,971	4,982	40,360	8,247	620	148,102
Total ..	403,834	70,790	17,536	94,333	48,976	19,017	654,486
<i>Expenditure—</i>							
Salaries and wages	2,056,966	1,885,798	828,453	440,867	371,377	201,512	5,784,973
Upkeep and repair of buildings, etc.	214,291	331,705	15,024	64,548	37,817	7,276	671,561
All other ..	1,489,455	1,797,275	631,072	314,900	227,779	105,204	4,565,685
Capital(c) ..	462,664	999,570	282,894	177,739	67,156	177,027	2,167,050
Total ..	4,223,376	5,014,348	1,758,343	998,054	704,129	491,019	13,189,269
Expenditure per average daily resident ..	£358/18/11	£711/5/11	£396/13/0	£391/10/11	£430/4/8	£640/3/8	£467/14/5

(a) Includes the Epileptic Home. (b) Includes £30,171 Commonwealth Hospital Benefits.
(c) Capital expenditure includes purchases of land, cost of new buildings, and additions to buildings.

5. Summary for Australia, 1938-39 and 1951-52 to 1954-55.—The following table gives a summary relating to mental hospitals in Australia during 1938-39 and for each of the years 1951-52 to 1954-55 :—

MENTAL HOSPITALS : SUMMARY, AUSTRALIA.

Particulars.	1938-39.	1951-52.	1952-53.	1953-54.	1954-55.
Hospitals	35	33	33	34	35
Medical Staff	92	167	149	140	135
Nursing Staff and Attendants	4,922	4,985	5,132	5,415	5,656
Beds	25,654	27,573	28,546	29,089	29,656
Admissions	3,757	5,508	5,753	5,864	5,722
Discharged as recovered, relieved, etc.	1,800	2,711	2,823	3,028	3,251
Deaths	1,632	2,166	2,303	2,164	2,241
Patients at end of year	26,509	29,563	30,190	30,862	31,092
Average daily resident	24,063	26,489	27,259	27,788	28,199
Revenue (excluding Government Grants)	£ 262,817	861,083	866,561	888,681	654,486
Expenditure—Total	£ 1,903,817	8,749,187	10,713,747	11,680,996	13,189,269
„ —Per average daily resident	£79/2/4	£330/5/11	£393/0/7	£420/7/3	£467/14/5

6. Number of Mental Patients, 1938-39 and 1951-52 to 1954-55.—The total number returned as under treatment at the end of each year shows a slight increase during the period but the proportion to total population shows a slight decline. A more rational attitude towards the treatment of mental cases has resulted in a greater willingness in recent years to submit afflicted persons to treatment at an early stage, and an increase in the number of recorded cases, therefore, does not necessarily imply an increase in mental diseases.

PATIENTS IN MENTAL HOSPITALS.

State.	1938-39.	1951-52.	1952-53.	1953-54.	1954-55.
NUMBER.					
New South Wales	11,678	12,873	12,979	13,169	13,422
Victoria	7,326	7,568	7,707	7,936	7,795
Queensland(a)	3,650	4,388	4,554	4,621	4,704
South Australia	1,747	2,425	2,534	2,644	2,613
Western Australia	1,477	1,599	1,666	1,721	1,798
Tasmania	631	710	750	771	760
Australia	26,509	29,563	30,190	30,862	31,092
PER 1,000 OF POPULATION.					
New South Wales	4.25	3.85	3.84	3.85	3.85
Victoria	3.92	3.29	3.26	3.28	3.14
Queensland(a)	3.59	3.48	3.53	3.51	3.50
South Australia	2.93	3.21	3.27	3.32	3.19
Western Australia	3.16	2.71	2.72	2.72	2.77
Tasmania	2.66	2.40	2.47	2.50	2.42
Australia	3.81	3.46	3.46	3.47	3.40

(a) Includes the Epileptic Home.

The difference between States in the number of patients in mental hospitals per 1,000 of population may also to some extent be the result of differences in classification.