

CHAPTER 14

PUBLIC HEALTH

This chapter is concerned with the activities of the Commonwealth Department of Health, including quarantine, national health benefits, and Commonwealth grants for health purposes (the administration of hospital and medical benefits was transferred to the Department of Social Security on 20 December 1972); activities of the State health departments; statistics of hospitals and nursing homes, Hansen's disease hospitals, and mental health institutions; statistics of notifiable diseases; and cremations. Statistics relating to causes of death are presented in Chapter 8, Vital Statistics (Pages 183-9).

Further information about the administration of public health services is contained in the annual reports of the Commonwealth Director-General of Health; the annual reports of the State health authorities; and in the Year Books and Statistical Registers published by the State offices of the Bureau of Census and Statistics. For more detailed statistics of in-patient institutions, see the Bureau of Census and Statistics annual bulletin *Hospitals and Nursing Homes* (Reference No. 16.1).

COMMONWEALTH GOVERNMENT ACTIVITIES

At the time of federation the only health function given to the Commonwealth Government under the Constitution was the power to make laws with respect to quarantine. Following on the passing of the *Quarantine Act 1908* a branch of the Department of Trade and Customs, under the control of a Director of Quarantine, was created on 1 July 1909. The Commonwealth Department of Health was formed in 1921 by the extension and development of the quarantine service, the Director of Quarantine becoming the Director-General of Health. 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. All of these matters were administered by the Department of Health until 20 December 1972 when the responsibility for hospital and medical benefits was transferred to the Department of Social Security. The Commonwealth Government also has used its powers under section 96 of the Constitution to make grants to the States for health purposes. In addition the Commonwealth Government gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth health organisations have been established; detailed information on the functions and operations of these organisations is given in Year Book No. 53, pages 561-6, and in the annual reports of the Commonwealth Director-General of Health.

Quarantine

The *Quarantine Act 1908-1969* is administered by the Commonwealth Department of Health and has three sections of disease control, as follows: (i) human quarantine, which ensures that persons arriving from overseas are free of quarantinable disease; (ii) animal quarantine, which controls the importation of animals and animal products from overseas and the security of other animals present on vessels in Australian ports; and (iii) plant quarantine, which regulates the conditions of importation of all plants and plant products with the object of excluding plant diseases, insect pests and weeds.

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

Human quarantine

With a few exceptions, which concern persons who have spent at least 14 days in areas adjacent to Australia (e.g. New Zealand, Papua New Guinea, Fiji and Lord Howe Island) all passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to medical inspection for the purpose of preventing the introduction of disease into Australia. At the major ports full-time quarantine officers carry out the work, but in the minor ports local doctors act as part-time quarantine officers. Quarantine activities are controlled by the Commonwealth Directors of Health in each State who are senior medical officers of the Commonwealth Department of Health.

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

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

Smallpox. All arrivals from all countries except American Samoa, Antarctic Territories, Canada, Christmas (Indian Ocean), Cocos (Keeling) and Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands Colony (including Ocean and Fanning Islands), Lord Howe Island, Nauru, New Caledonia, New Hebrides, New Zealand, Niue and Norfolk Islands, Papua New Guinea, Solomon and Tokelau Islands, Tonga, United States of America, Western Samoa, provided travellers have not been outside these areas for at least fourteen days before arrival and that these areas are free from smallpox. Australia reserves the right, in respect of arrivals from other countries, to isolate any person who arrives by air without a smallpox vaccination certificate and refuses to be vaccinated. Children under one year of age are exempt. For passengers arriving in Australia by sea, exemption is granted to infants under twelve months of age and to persons who hold religious convictions against vaccination or who are suffering from a medical condition certified by a medical practitioner to contra-indicate smallpox vaccination.

Cholera. All arrivals from countries with locally infected areas. No certificate is required in respect of children under one year of age.

Yellow fever. All arrivals from yellow fever endemic zones.

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

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark either (i) having been in a country with locally infected areas, within 5 days of arrival and not possessing a cholera vaccination certificate; or (ii) having been in an endemic zone within 6 days of arrival and not possessing a yellow fever vaccination certificate; or (iii) having arrived by air without a smallpox vaccination certificate and refusing to be vaccinated on arrival.

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during 1971-72 and during the preceding four years are shown in the following tables.

**HUMAN QUARANTINE: CASES OF INFECTIOUS
(NON-QUARANTINABLE) DISEASES ON OVERSEAS
VESSELS AND AIRCRAFT CALLING AT
AUSTRALIAN PORTS 1971-72**

<i>Disease</i>	<i>Total number of cases of infectious disease</i>
Chicken-pox	33
Gastro-enteritis	12
Glandular fever	2
Infectious dermatitis	1
Infectious hepatitis	12
Influenza	1
Measles	44
Mumps	24
Rubella	32
Scarlet fever	2
Tuberculosis	2
Venereal disease	312
Total	477

**HUMAN QUARANTINE: OVERSEAS VESSELS AND AIRCRAFT ARRIVING
IN AUSTRALIA AND CASES OF INFECTIOUS (NON-QUARANTINABLE)
DISEASES FOUND, 1967-68 TO 1971-72**

Year	Number of overseas vessels and aircraft cleared		Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
	Ships	Aircraft		Passengers	Crew
1967-68	4,440	4,968	238	312	289
1968-69	4,813	5,896	184	272	249
1969-70	5,297	6,887	n.a.	840	
1970-71	6,233	8,127	n.a.	562	
1971-72	5,872	7,895	n.a.	477	

The provisions of the State Health Acts with regard to the compulsory notification of infectious diseases and statistics of cases notified in 1972 are dealt with on pages 449-51 of this chapter.

Animal quarantine

Animal quarantine, authorised by the provisions of the *Quarantine Act* 1908-1969, aims at preventing the introduction or spread of animal diseases. It covers the importation of all animals, raw animal products and biological cultures associated with animal diseases, and goods associated with animals.

Of the domesticated animals, only horses, dogs and cats, are admitted from a limited number of countries depending on diseases being absent in the country of origin. All must be accompanied by health certificates which may include prescribed tests. Dogs and cats, except those from New Zealand, are subject to quarantine detention on arrival in Australia. Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a similar manner, animals for scientific purposes are imported to approved laboratories. All these premises are kept under constant surveillance. Raw animal products such as hair, types of wool, skins, and hides are specially treated under quarantine control. Such items as raw meat, which cannot be sterilised, are admitted only from New Zealand. Other items may be treated to destroy any possible infection. Special attention is given to the importation of biological substances of animal origin. The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with the requirements of the various countries.

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

The Division participates in world-wide international notifications of the more serious contagious diseases of animals and maintains a register 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. In matters of policy and the quarantine control of imports there is a close liaison with the Department of Customs and Excise.

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

Plant quarantine

Australia is free of many of the pests and diseases of agriculture which occur in other parts of the world. Since 1 July 1909 the importation into Australia of plant materials has been subject to an increasingly stringent quarantine; some materials are admitted only under certain conditions while others are prohibited altogether. The quarantines are designed to keep out of the country any additional pests and diseases which, while not a danger in their natural habitat, may thrive in the Australian environment and, if introduced, bring about serious economic losses to Australian agriculture.

The quarantine of plants and plant material entering Australia is the responsibility of the Federal Government; the State Governments provide co-operation in the operation of the plant quarantine service. The movement of specified fruits and other plant materials within Australia is the responsibility of the State Governments.

The Commonwealth regulations governing plant quarantine apply to all plants or parts of plants, whether living or dead, and include seeds and fruits as well as timber, soil, living insects, cultures of organisms, containers, machinery, vehicles, furniture, packing materials and some foods, toys, sporting goods or tools of trade. All such goods must be declared whether they are imported as commercial consignments or as personal effects, curios, souvenirs and unprocessed food carried in luggage or on the persons of tourists, immigrants or other travellers. Heavy penalties are laid down for evasion of the regulations.

Under the *Quarantine Act 1908-1969*, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material which is not considered to be a danger to agriculture or for which prior approval to import has been obtained. Any material found to be carrying diseases or pests, or suspected of doing so, may be ordered into quarantine for remedial treatment, the cost of which is met by the importer. All bamboo, cane and rattan articles are automatically fumigated. Destruction may be ordered where treatment or return to sender is impracticable, or no prior approval has been obtained, or the goods are prohibited imports.

Certain material, such as nursery stock and some seeds, may be imported only with special permission, and then in small quantities sufficient merely to establish a variety or strain. Arrangements must be made for this material to be grown in post-entry quarantine in Australia at a nursery registered by the Australian authorities. Application to import goods of this nature must be lodged in advance with the Chief Quarantine Officer (Plants) of the State Department of Agriculture in the capital city of the State of destination or with the Director of Quarantine in Canberra. Other restricted seeds or materials of plant origin for use as human or animal food or for manufacturing purposes, may have to be processed under quarantine supervision, and imports of this description also require prior approval.

Strict supervision by way of inspection and treatment, where necessary, is exercised over the timber components as well as the contents of containers and unit cargo; packing materials of straw, raw cotton, rice hulls or rice straw are prohibited imports which will be destroyed at the port of entry. Cases or cartons which have previously contained fruit or plant materials are prohibited imports, while dunnage and scantlings used in containers or cargo holds are subject to quarantine. All timber, including logs or sawn timber, is carefully inspected to ensure that it does not contain insects which could spread to forests or timber constructions.

Additional information concerning Australian plant quarantine regulations, treatments and lists of prohibitions and restrictions, may be obtained from Australian consular offices abroad, the Director of Plant Quarantine with the Commonwealth Department of Health in Canberra or from the Chief Quarantine Officer (Plants) with the respective State Departments of Agriculture in Sydney, Melbourne, Brisbane, Adelaide, Perth and Hobart.

National health benefits

Health, cash benefits to persons and other services

For an analysis by function and economic type of expenditure by all Commonwealth authorities see Chapter 18, Public Authority Finance.

Most Commonwealth health benefits are financed through the National Welfare Fund. The following two tables show cash benefits to persons by Commonwealth authorities on a State basis for 1971-72 and for the years 1967-68 to 1971-72.

COMMONWEALTH AUTHORITIES, HEALTH: CASH BENEFITS TO PERSONS, 1971-72
(\$'000)

	N.S.W. (a)	Vic.	Qld	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Abroad	Total
Hospital benefits	27,999	15,134	9,361	7,399	5,472	1,697	230	13	..	67,305
Hospital benefits for pensioners	9,168	5,495	3,807	1,885	2,333	1,093	86	199	..	24,065
Nursing home benefits	30,718	13,168	11,485	6,055	6,689	2,343	..	135	..	70,593
Medical benefits	54,288	34,142	13,230	15,387	11,965	3,562	..	..	..	132,574
Medical benefits for pensioners	10,268	7,218	4,517	2,968	1,835	876	11	111	..	27,804
Milk for schoolchildren	3,649	3,493	1,862	1,060	997	504	127	153	..	11,845
Pharmaceutical benefits n.e.i.	46,862	34,410	17,125	10,098	9,094	3,080	..	594	..	121,263
Pharmaceutical benefits for pensioners	21,530	12,577	8,368	4,749	3,324	1,457	..	..	..	52,005
Tuberculosis campaign	2,971	3,170	1,528	715	875	337	..	1	..	9,596
Handicapped children's benefit	167	87	37	82	41	21	3	1	..	438
Total	207,620	128,894	71,319	50,398	42,624	14,968	458	1,206	..	517,487

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

**COMMONWEALTH AUTHORITIES, HEALTH: CASH BENEFITS TO PERSONS
1967-68 TO 1971-72
(\$'000)**

	1967-68	1968-69	1969-70	1970-71	1971-72
Hospital benefits	26,598	29,779	40,258	49,812	67,305
Hospital benefits for pensioners	23,665	24,520	24,163	23,555	24,065
Nursing home benefits	24,486	31,643	46,960	49,477	70,593
Medical benefits	46,431	49,556	56,863	95,604	132,574
Medical benefits for pensioners	16,116	16,912	19,224	19,898	27,804
Milk for schoolchildren	9,831	10,053	10,051	10,160	11,845
Pharmaceutical benefits n.e.i.	73,019	81,764	95,650	115,094	121,263
Pharmaceutical benefits for pensioners	32,115	36,609	41,069	45,181	52,005
Tuberculosis campaign	11,266	11,460	10,554	10,597	9,596
Handicapped children's benefit . . . . .	..	76	485	456	438
Total	263,529	292,373	345,277	419,834	517,487

Descriptions of each of the cash benefits to persons shown in the above tables are included in the following sub-sections.

Hospital, nursing home, domiciliary nursing care and handicapped children's benefits

Patients in approved hospitals. A basic principle of the provision of benefits for patients in approved hospitals is the Commonwealth support of voluntary insurance against the costs involved. Insured patients in approved hospitals receive a Commonwealth hospital benefit of \$2 per day which is paid through the contributors' registered hospital benefits organisations.

During 1971 and 1972 the hospital benefits tables were rationalised, in conjunction with the new charges adopted by the public hospitals in each State, as shown in the table, page 430. Pensioners enrolled in the Pensioner Medical Service are generally treated free of charge and, in some States, other pensioners may also be treated without charge. In addition to the following schedule registered organisations in some States operate a table to cover the cost of private hospital accommodation.

Expenditure on hospital, nursing home, and handicapped children's benefits. The following table shows the amount of these Commonwealth benefits paid during 1971-72. This does not include expenditure on mental hospitals (see page 439) or domiciliary nursing care which did not come into effect until 1 March 1973.

**COMMONWEALTH HOSPITAL, NURSING HOME, AND HANDICAPPED CHILDREN'S
BENEFITS PAID: STATES AND TERRITORIES, 1971-72
(\$'000)**

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	401	203	84	48	108	27	18	8	897
Insured patients (\$2)(a)	10,169	6,358	2,235	2,634	2,223	738	(b)	(b)	24,357
Hospitalisation free of charge (\$2)	160	150	2,561	23	22	6	213	5	3,139
Pensioner patients (\$5)	9,168	5,495	3,807	1,885	2,333	1,093	86	199	24,065
Nursing home patients (\$2)(c)	21,792	8,543	7,363	(d)3,964	4,268	1,608	(d)	101	47,339
Intensive care nursing home patients (\$3)	8,926	4,625	4,122	(d)2,092	2,421	735	(d)	34	22,914
Handicapped children (\$1.50)	167	87	37	82	41	21	3	1	431
Total	50,783	25,460	20,208	10,728	11,416	4,227	320	348	123,489

(a) Excludes payments of \$30,986,000 towards special accounts deficits, \$518,000 towards Subsidised Health Benefits Plan management expenses and \$7,407,000 towards Subsidised Health Benefits Plan fund benefit re-imbursments. (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth hospital benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (c) Increased from \$2 to \$3.50 per day from 21 October 1971. (d) South Australia includes Northern Territory.

Public hospital fees, family contribution, and benefits. The daily rates of fees charged by public hospitals, the weekly family contribution to major hospital benefits organisations and the daily rates of combined Commonwealth and hospital fund benefits paid are shown in the following table

DAILY RATES OF FEES CHARGED BY PUBLIC HOSPITALS AND TABLES OF BENEFITS, 1973
(**\$**)

<i>State or Territory</i>	<i>Date from which fees applied</i>	<i>Ward</i>	<i>Daily rates of fees</i>	<i>Weekly family contribution to major hospital funds</i>	<i>Daily rates of combined Commonwealth and fund benefits paid(a)</i>
New South Wales	1 July 1972	public	15.00	0.82	15.00
		intermediate	22.30	1.28	22.30
		private	26.30	1.52	26.30
Victoria	1 August 1971	public	15.00	0.80	15.00
		intermediate	23.00	1.30	23.00
		private	30.00	1.75	30.00
Queensland	1 January 1973	public	(b)	..	..
		intermediate	16.00	0.80	16.00
		private	19.00	0.98	19.00
South Australia(c)	1 September 1972	standard	16.00	0.92	16.00
		intermediate	21.00	1.28	21.00
		private	26.00	1.60	26.00
Western Australia	1 September 1971	standard	20.00	1.05	20.00
		private	30.00	1.65	30.00
		intermediate	18.00	0.70	18.00
Tasmania	1 January 1973	standard	24.00	1.00	24.00
		intermediate	30.00	1.20	30.00
		private	6.80	(d)	(d)
Northern Territory	1 April 1967	general	15.00	0.82	15.00
Australian Capital Territory	1 August 1971	general	15.00	0.82	15.00
		private	26.30	1.52	26.00

(a) Fund benefits are not paid in excess of the hospital charge. (b) No charge. (c) Not applicable to 53 country hospitals to which Part IV of the South Australian Hospitals Act applies. These hospitals are controlled by the local councils and are not subject to direction by the State Government as far as fees are concerned. The fees for these hospitals vary. (d) Covered by differing public or standard ward tables in other States.

Public hospitals in all States now charge comprehensive daily rates of fees. Separate charges are not raised for miscellaneous hospital services. In Queensland where there is no charge for public ward accommodation, contributors insured in the intermediate and private ward tables receive a fund benefit of \$4 a day if they or their dependants occupy a free public ward bed.

A Commonwealth benefit of \$2 per day is payable to hospitals for patients hospitalised free of charge.

During the waiting period of two months after joining an organisation the Commonwealth benefit is payable at the rate of 80 cents per day, unless the organisation pays fund benefits, in which case Commonwealth benefit is payable at the higher rate of \$2 per day. While a member is in arrears with his contributions and fund benefits are not payable, the Commonwealth benefit is payable at the rate of 80 cents per day.

Contributors who would have been excluded from fund benefits because of organisations' rules covering pre-existing ailments, chronic illnesses or maximum benefits are assured of hospital fund benefits by the provisions of the special account plan. Since 1 January 1969 such a contributor has been entitled to receive benefit at his full insured rate, provided total benefits do not exceed the amount of the hospital charge. Benefit is paid either from the ordinary account or from a special account guaranteed by the Commonwealth. If the payments from the special account exceed contributions credited to the account, the amount of deficit is reimbursed by the Commonwealth.

A person who joins a registered hospital benefits organisation within eight weeks of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of \$2 a day and to fund benefits without having to serve a waiting period. From 26 November 1968 persons ceasing to be entitled to the benefits of the Pensioner Medical Service who join a registered organisation within two months before or within three months after ceasing to be a pensioner are not required to serve the normal waiting period before becoming eligible for fund benefits. This new provision also enables such contributions to be transferred to the special account. If a qualified patient in an approved hospital is not insured (i.e. not a member of a hospital benefits organisation), a Commonwealth benefit of 80 cents a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital. Under arrangements made under the National Health Act public hospitals generally provide free public ward treatment to pensioners enrolled in the Pensioner Medical Service who are classified as public ward patients. The Commonwealth pays the hospitals a benefit of \$5 a day for each pensioner patient. The hospital and medical insurance provisions were changed in 1969 to allow free insurance under certain circumstances and, from 1 July 1970, these provisions were extended to provide partial assistance with insurance to certain groups of persons. Details of this Subsidised Health Benefits Plan are set out on page 433.

Patients in approved nursing homes. By amendment to the National Health Act in 1972 new nursing home benefits were introduced with effect from 1 January 1973 (see (iii) and (iv) below). The benefits now available in respect of qualified nursing home patients are :

- (i) *Ordinary Care Benefit*, currently payable at the rate of \$3.50 a day, is paid in respect of all qualified nursing home patients in institutions which have been approved as nursing homes under the National Health Act.
- (ii) *Supplementary Benefit*, introduced on 1 January 1969 to provide for the payment of \$3.00 a day in respect of patients who require and receive intensive nursing home care as defined in the National Health Act. This benefit is payable in addition to the ordinary care benefit making a total of \$6.50 a day for approved patients. Both the ordinary care benefit and the supplementary benefit are paid by the Commonwealth direct to nursing home proprietors who are required to deduct such amounts from the accounts issued to patients.
- (iii) *Additional Benefit for Pensioner Patients*, introduced from 1 January 1973 in respect of patients who hold Pensioner Medical Service entitlement cards is payable direct to nursing home proprietors in the same manner as the basic Commonwealth nursing home benefits referred to above. Eligible pensioners are not required to take out health insurance coverage to receive this benefit which is payable in addition to the preceding benefits. The rates of benefit payable differ from State to State and are set out below.
- (iv) *Insurance Benefit for Non-pensioner Patients*. Patients who are not qualified pensioners for the purpose of receiving the additional pensioner benefit can receive the same rate of additional benefit but must insure with a registered hospital benefits organisation to obtain the benefit. This benefit is paid by the registered hospital benefit organisation direct to the nursing home.

The new benefits (in (iii) and (iv) above) are based on a 'patient participation' of \$2.55 a day as provided for in the National Health Act as being an amount approximating three-quarters of a single pensioner's maximum pension including the supplementary allowances payable as at 1 January 1973.

The following table shows the maximum level of new benefits which are payable in each State.

**NURSING HOME BENEFITS (NEW): MAXIMUM
PAYMENTS: STATES, 1973**

	<i>Maximum benefits payable</i>	
	<i>Weekly</i>	<i>Daily</i>
	\$	\$
New South Wales	10.50	1.50
Victoria	22.40	3.20
Queensland	10.50	1.50
South Australia	14.00	2.00
Western Australia	11.20	1.60
Tasmania	10.50	1.50

Where the fees charged by a nursing home are in excess of the combined total of basic Commonwealth benefit (either \$3.50 or \$6.50 a day) plus the patient contribution (\$2.55 a day) plus additional new benefit (to maximum shown in table above), the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the new benefit (whether fund benefit or Commonwealth benefit for pensioners) is reduced by that amount.

Aged patients at home. A new domiciliary nursing care benefit became effective from 1 March 1973. In general terms it is payable, at the rate of \$14 a week, to persons who are willing and able to care, in their own homes, for aged parents or immediate relatives who would otherwise qualify for nursing home benefits. The basic criteria for the payment of the benefit are that the patient must be aged 65 years or over and be in need of continuing nursing care and receive regular visits by a registered nurse. This benefit is not subject to a means test and is payable, under the National Health Act, in addition to any entitlements that persons may have under the Social Services Act or the Repatriation Act for pensions or other supplementary allowances.

Handicapped children in approved handicapped persons homes. Since 1 January 1969, handicapped children who are under sixteen years of age and who are accommodated overnight in an approved handicapped persons home have been entitled to a Commonwealth benefit of \$1.50 per day. The benefit is paid direct to the approved handicapped persons home and an equivalent amount is

deducted from any charge raised by the home in respect of the handicapped child. The benefit applies to both physically and mentally handicapped children and is payable to homes conducted by charitable and religious organisations. It is not payable to homes conducted by a State Government or those conducted by a person or organisation for profit. There is no necessity for handicapped children in an approved handicapped persons home to be insured with a registered benefits organisation.

Australians overseas. Australian residents who receive hospital treatment in recognised hospitals in overseas countries, while temporarily absent from Australia, are eligible to receive the Commonwealth and fund benefits to which they would be entitled if the treatment were given in Australia.

Registered hospital benefits organisations. The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1972, and fund benefits paid during 1971-72. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by hospital insurance is considerably higher than the number of members.

HOSPITAL BENEFITS: ORGANISATIONS AND FUND BENEFITS, STATES, 1971-72

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
Registered organisations at							
30 June 1972(a)	34	23	8	9	7	10	91
Membership at 30 June 1972 '000	1,625	1,213	393	433	360	131	(b)4,154
Fund benefits paid(c) \$'000	81,239	56,482	14,708	21,284	17,594	5,354	(b)196,661

(a) Excludes interstate branches. (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (c) Includes \$3,726,000 ancillary benefits, and also includes \$7,407,000 fund benefits reimbursed to the organisations under the Subsidised Health Benefits Plan.

Medical benefits

A medical benefits scheme has operated since July 1953, being authorised firstly by the National Health (Medical Benefits) Regulations and then by the *National Health Act 1953-1972*. The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits under the scheme relate primarily to medical attention on a fee-for-service basis, although provision is made for a Commonwealth subsidy to organisations arranging for medical service on a contract basis.

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

On 1 July 1970 the scale of benefits paid was considerably revised. Details of benefits are set out in the schedules to the *National Health Act 1953-1972*. There is one scale of benefits for each State. Standard weekly contributions to medical benefits organisations range from 25 cents to 42 cents for a single person and from 50 cents to 84 cents for a married contributor. The level of benefits has been set so that a contributor is required to pay 80 cents of the 'most common fee' charged for a general practitioner consultation, and up to \$5 for the more costly operations where the 'most common fee' is charged. In fixing the scale of 'most common fees', differential rates have been determined for certain medical services which are customarily performed by either a general practitioner or a specialist. To qualify for the higher (specialist) rate of benefit the patient must be formally referred to the specialist by another medical practitioner by means of a Notice of Referral. Higher benefits are also payable where the patient is referred to a specialist by a dentist for a service arising from a dental service, or by an optometrist or optician to an ophthalmologist.

In addition to the professional services normally rendered by a qualified medical practitioner, the schedules now cover certain prescribed medical services rendered in the operating theatre of an approved hospital by a legally qualified dentist or dental practitioner approved for this purpose by the Director-General of Social Security.

Contributors who would otherwise be excluded from fund benefits because of organisations' rules covering pre-existing or long-term ailments receive full fund benefits, with the Commonwealth re-implementing the organisations for any deficits incurred in providing benefits in such cases.

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

Expenditure on medical benefits. The following table shows the number of registered medical benefits organisations, their membership, the number of medical services rendered to members and their dependants, and payments of Commonwealth benefits and medical fund benefits to members of registered organisations. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by medical insurance is considerably higher than the number of contributors. At 30 June 1972 the estimated number of persons covered by contributory medical insurance was 10,134,000.

MEDICAL BENEFITS: SUMMARY, STATES, 1971-72

		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations(b)(c)	No.	29	19	8	7	8	10	81
Members(c)	'000	1,562	1,155	402	420	358	131	4,028
Medical services	'000	16,736	11,475	4,781	5,262	3,814	1,202	43,271
Commonwealth benefit(d)	\$'000	50,952	33,146	12,753	15,074	11,652	3,484	127,061
Fund benefit(e)	\$'000	46,334	28,980	9,761	9,686	7,130	2,206	104,097

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and details for these members are included in the respective States. (b) Excludes interstate branches. (c) At 30 June 1972. (d) Excludes payments of \$3,787,000 towards special accounts deficits and \$228,000 towards management expenses of the Subsidised Health Benefits Plan. (e) Includes \$2,806,000 ancillary fund benefits and also includes \$1,498,000 fund benefits reimbursed to the organisations under the Subsidised Health Benefits Plan.

Subsidised Health Benefits Plan

As from 1 January 1970 certain low income families, persons in receipt of unemployment, sickness or special benefits under Social Services legislation, and migrants during the first two months after their arrival in Australia, have been eligible for free medical benefits and hospital benefits up to the public standard ward charge. On 1 July 1970, the Plan was extended to provide certain families whose incomes were slightly in excess of the eligible limit for free insurance, with health insurance at reduced contribution rates. The income eligibility level for free insurance in these cases, effective from 5 June 1972, was \$51.50 per week, while families with incomes exceeding \$51.51 but not exceeding \$57.50 a week pay reduced contributions. From 1 November 1971 the Plan, formerly known as the Subsidised Medical Services Scheme, was renamed the Subsidised Health Benefits Plan and a pharmaceutical concession was introduced whereby all beneficiaries were entitled to purchase drugs and medicines dispensed under the Pharmaceutical Benefits Scheme for 50 cents per prescription instead of the usual \$1.00.

Pensioner Medical Service

The Pensioner Medical Service, which commenced in 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948-1949*. The service has been continued under the provisions of the *National Health Act 1953-1972*.

Persons eligible to receive the benefits of the Pensioner Medical Service are those who receive an age, invalid or widow's pension, or a sheltered employment allowance, under the *Social Services Act 1947-1972*, or a service pension under the *Repatriation Act 1920-1972*, and who are able to satisfy the means test in force immediately prior to 1 October 1969; and their dependants. Also eligible are persons in receipt of an allowance under the *Tuberculosis Act 1948*, and their dependants.

The benefits provided to eligible persons consist of free medical service of a general practitioner nature such as that ordinarily rendered in the surgery or at the patient's home, including treatment at home following an operation. Patients may be charged a small fee by doctors for travelling and for attendance outside normal surgery or visiting hours. General practitioners enrolled in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

Qualified persons are entitled to a wide range of medicines without charge at any pharmacy, on presentation of a doctor's prescription. Free hospital treatment is also provided for public, standard or general ward patients in public hospitals.

At 30 June 1972 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,254,554, while the number of doctors participating in the scheme at that date was 6,817. During 1971-72 doctors in the scheme provided 10,272,084 services (visits and surgery consultations) for persons enrolled in the scheme. For these services they were paid \$27,803,574. The average number of services rendered by doctors to each enrolled person was 8.32.

Free milk for school children scheme

The *States Grants (Milk for School Children) Act* 1950 was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, creches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States participate in the scheme. At the end of 1971 approximately 1,922,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1967-68 to 1971-72 was as follows.

COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME
STATES AND TERRITORIES, 1967-68 TO 1971-72
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
1967-68	3,357	2,628	1,376	955	853	511	75	106	9,861
1968-69	3,380	2,641	1,549	1,065	800	431	110	109	10,085
1969-70	3,458	2,650	1,570	910	800	476	95	124	10,083
1970-71	3,497	2,350	1,697	895	838	682	115	126	10,199
1971-72	3,662	3,501	1,869	1,065	1,001	516	127	153	11,894

The figures in the foregoing table represent amounts reimbursed to the States in each financial year for cash benefits to persons and other related expenditure and are not the actual State expenditures in that year.

Pharmaceutical benefits

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

Until November 1971, patients other than eligible pensioners and their dependants paid 50 cents of the cost of each benefit prescription supplied. In November 1971 the patient contribution was increased from 50 cents to \$1.00 for each benefit prescription provided to patients other than eligible pensioners and their dependants and those covered by provisions relating to the Subsidised Health Benefits Plan. Patients qualifying under the Subsidised Health Benefits Plan continue to contribute at the rate of 50 cents for each benefit prescription supplied.

Total Commonwealth expenditure on pharmaceutical benefits in the year 1971-72 was \$173,268,448.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1970-71 and 1971-72. The expenditure for both years includes patient contributions, which totalled \$35,466,642 in 1971-72. Prescriptions issued free to pensioners are included, and these amounted to \$52,005,350 in 1971-72. Benefits dispensed by hospitals and those covered by special arrangements are not included, these amounted to \$31,201,229 in 1971-72.

**PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME^(a)
1971 AND 1972**

Therapeutic category	Year ended 30 June			
	1971		1972	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	000's	\$'000	000's	\$'000
Analgesics	6,017	12,849	6,646	14,934
Antacids	2,457	3,694	2,550	3,948
Anti-cholinergics	1,098	3,592	1,213	4,147
Anti-convulsants	625	2,073	1,248	2,871
Anti-depressants	1,750	5,460	2,315	7,228
Anti-diabetics	712	2,947	740	3,408
Anti-histamines	4,554	8,357	4,517	8,580
Blood vessels—Drugs acting on	3,627	13,583	3,754	14,814
Broad spectrum antibiotics	6,678	18,954	6,803	20,721
Bronchial spasm—preparations	2,012	5,313	2,414	8,053
Diuretics	3,302	11,273	3,737	13,138
Expectorants and cough suppressants	2,081	1,761	1,294	1,119
Eye drops	1,358	2,245	1,418	2,424
Gastro-intestinal sedatives	737	1,357	789	1,484
Genito-urinary infections—Drugs acting on	1,287	4,856	1,330	4,676
Heart—Drugs acting on	1,386	2,693	1,481	3,533
Iron preparations	1,478	1,720	1,418	1,676
Penicillins	5,724	15,045	5,210	14,534
Sedatives and hypnotics	5,563	5,979	4,311	4,872
Sulphonamides	813	1,102	927	1,852
Tranquillisers	1,480	4,726	2,023	7,028
Other therapeutic substances	16,748	28,162	16,304	32,494
Total	71,487	157,741	72,442	177,534

(a) Excludes benefits dispensed by hospitals and those covered by special arrangements.

Anti-tuberculosis campaign

Under an arrangement with the Commonwealth Government, each State conducts a campaign against tuberculosis. The Commonwealth Government reimburses the State for all approved capital expenditure in relation to tuberculosis, and for net maintenance expenditure to the extent that it exceeds maintenance expenditure for the year 1947-48. Thus the States carry out the physical or field work of the national campaign and the Commonwealth acts in an advisory, co-ordinating, and financial capacity. An advisory council, known as the National Tuberculosis Advisory Council, has been set up to advise the Minister with respect to the running of the campaign. There are twelve members, the chairman being the Commonwealth Director-General of Health.

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950 and the current rates payable with effect from 14 December 1972 are shown in the following table. Persons eligible for the 'married persons' rate comprise only those with a dependent spouse; 'single persons' include widowers, divorcees and married persons without a dependant spouse.

RATES OF TUBERCULOSIS ALLOWANCE: AUSTRALIA, 1972
(**\$**)

Classification	Weekly allowance
Married person rate	43.75
Single person rate—	
Where there are dependent children	29.50
Where there are no dependent children	(a)24.75

(a) Reduced to \$21.50 where treatment is received free of charge in an institution.

In addition to the above rates there may be payable a mother's or guardian's allowance of \$2.00 a week or supplementary assistance of up to \$2.00 a week. An allowance of \$4.50 a week is payable in respect of each dependent child of a sufferer.

There is a means test on income but not on property. The allowance is reduced by the amount by which a person's income from sources other than his allowance exceeds, in the case of a person receiving the married person rate, \$34.50 a week; a person who is without a spouse or dependent female and is entitled to a 'single person' rate, \$20.00 a week; and a person with a spouse but who is not entitled to a 'married person' rate, \$17.25 a week.

Commonwealth expenditure. Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN
STATES AND TERRITORIES, 1971-72**
(\$'000)

State or Territory	Cash benefits to persons—		Grants to States— Capital	Total(c)
	Welfare(a)	Health(b)		
New South Wales	217	2,971	70	3,258
Victoria	157	3,170	119	3,446
Queensland	143	1,528	6	1,677
South Australia	48	715	155	918
Western Australia	32	875	88	995
Tasmania	33	337	..	370
Northern Territory . . . . .	..	..	..	..
Australian Capital Territory . . . . .	..	1	..	1
Australia	630	9,596	438	10,664

(a) Allowances to sufferers. (b) Tuberculosis campaign. (c) Includes administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS
CAMPAIGN: AUSTRALIA, 1967-68 TO 1971-72**
(\$'000)

Year	Cash benefits to persons—		Grants to States— Capital	Total(c)
	Welfare(a)	Health(b)		
1967-68	1,091	11,266	780	13,382
1968-69	921	11,460	847	13,511
1969-70	771	10,554	593	12,246
1970-71	659	10,597	469	12,067
1971-72	630	9,596	438	10,664

(a) Allowances to sufferers. (b) Tuberculosis campaign. (c) Includes administrative costs.

Mass immunisation campaigns

Poliomyelitis. An anti-poliomyelitis campaign, using Salk vaccine, was commenced in 1956. This campaign continued until 1967 when, following a recommendation by the National Health and Medical Research Council, a campaign using Sabin vaccine was commenced in all States, the Northern Territory and the Australian Capital Territory. The Sabin vaccine is taken orally and a course of treatment consists of three doses. These are given at intervals of eight weeks. In the five years prior to 1972 seven new cases of poliomyelitis were notified, one of them being in 1971. During 1972 seven new cases were notified, three from Victoria and four from Western Australia.

Measles. As a result of a recommendation by the National Health and Medical Research Council in May 1969, campaigns against measles commenced in early 1970 and during 1972 were in operation in all States, the Australian Capital Territory and the Northern Territory. The vaccine being used is derived from the Schwarz virus strain which is a live attenuated virus. It is administered by intramuscular injection to children in their second year of life. A course of treatment consists of one dose. A total of 190,090 doses was distributed through the Commonwealth Serum Laboratories during 1972.

Rubella. In 1969, the National Health and Medical Research Council recommended that the Cendehill rubella vaccine be used in anti-rubella (German measles) campaigns in Australia. Consequently, the Commonwealth agreed to make this vaccine available to the States on the same basis as poliomyelitis and measles vaccines. By December 1970 all States had indicated that they would accept this offer. Immunisation campaigns have been conducted in all States, the Northern Territory and the Australian Capital Territory since 1971 amongst girls in the twelve to fourteen years age group. The vaccine is available from health departments and, through them, from private practitioners to other women at risk. A course of treatment with rubella vaccine, given intramuscularly, is one dose.

Commonwealth health services organisations

The Commonwealth Health Laboratory Service was established under provisions of the *National Health Act 1953-1972*. The laboratories provide diagnostic and investigational facilities at sixteen locations, principally in country areas, throughout Australia. Health laboratories are situated in Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Gove, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1971-72, the laboratories carried out approximately 3.1 million pathology tests and investigations in respect of 994,303 patient requests. The work of the laboratory at Gove is not included in these figures as it had not commenced operations during 1971-72, specimens being referred to Darwin for investigation.

The Commonwealth Serum Laboratories (CSL) are controlled by the Commonwealth Serum Laboratories Commission, a corporate body established under the *Commonwealth Serum Laboratories Act 1961-70*. CSL is Australia's leading centre for the production and supply of biological products for human and veterinary use and one of Australia's foremost scientific institutes.

Its main functions are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. The functions include research and development relating to the range of products in its charter and allied fields and the maintenance of potential production capacity for use in emergencies. Located at Parkville, Melbourne, CSL's research laboratories and manufacturing and storage buildings now cover most of the 27-acre site of Crown Land granted in 1918.

For several decades, CSL has been Australia's chief supplier of biological medicines, insulins, vaccines, penicillins, human blood fractions, BCG and an ever-increasing range of veterinary biological products needed by Australia's sheep, cattle, pig and poultry industries.

In addition, biological research into many kinds of human and veterinary disease is carried out, covering the fields of bacteriology, biochemistry, immunology and virology.

The Laboratories employ more than 1,000 people, including medical officers, veterinarians, bacteriologists, biochemists, physicists, engineers, accountants, laboratory assistants and skilled tradesmen.

The Commonwealth Radiation Laboratory was originally established in 1929 as the Commonwealth Radium Laboratory, and has served from that time as the Commonwealth centre for radiological physics and as custodian of all Commonwealth-owned radium used for medical purposes. The laboratory's functions have expanded over the years to include the physical aspects of X-rays; the distribution of all radio-isotopes used in Australia for medical purposes; the maintenance of facilities for radio-chemical investigation; the assay of radioactive substances in the Australian environment; and the maintenance of a whole-body monitor. National standards for the measurement of X-rays and of radio-isotopes are also maintained. The laboratory provides assistance in matters relating to protection against ionising radiations and operates a film-badge service to monitor the radiation exposure of those who work with such radiation. The advisory service on protection has recently been extended to include the hazards associated with the use of microwave and laser radiations. In 1971-72 there were 12,341 deliveries of radio-isotopes, comprising 41 different isotopes, procured for use in medicine and medical research. Of these 10,922 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 246,467, the cost of \$925,097 being met from the National Welfare Fund. Film badges, numbering 74,345 were processed, assessed, and reported on. The Laboratory also supplies radon to approved hospitals and private practitioners in Australia and New Zealand. In 1971-72, 24,078 millicuries of radon were issued. Administrative costs for 1971-72 were \$401,778 and \$28,901 was expended on plant and equipment.

The *Commonwealth Acoustic Laboratories* were established under the *Acoustic Laboratories Act* 1948 to undertake scientific investigations into hearing and problems associated with noise as it affects individuals. The Laboratories' functions also include research into medical applications of ultrasound and advice to the Armed Forces and Commonwealth Departments and instrumentalities on hearing conservation and the reduction of noise. Audiological services are provided in major centres throughout Australia to assist children, ex-servicemen and pensioners with hearing problems. Hearing aids are supplied and serviced free of charge to persons under 21 years, and to pensioners and their dependants for a hiring fee of \$10. Hearing aids are also provided and maintained on behalf of the Repatriation and other Commonwealth Departments. During 1971-72 the number of new cases examined at the laboratories was 29,284 including 11,322 children, 5,586 repatriation cases, 877 members of the defence forces, 8,765 pensioners and 806 civil aviation referrals; 15,245 calaid hearing aids were fitted and 72,489 were on loan at the end of the year. The cost of supply and maintenance of hearing aids to persons under twenty-one years of age and pensioners was \$643,959. Administrative costs of the laboratories were \$1,311,024 and expenditure on plant and equipment \$83,262.

The *Home Nursing Subsidy Scheme*, under the *Home Nursing Act* 1956, provides for a Commonwealth subsidy to assist in the expansion of home nursing activities. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government, local government body or other authority established by or under State legislation. During 1971-72 subsidies totalling \$1,835,215 were paid to 115 organisations providing home nursing services in the States. Home nursing services in the Northern Territory and the Australian Capital Territory are provided by the Commonwealth Department of Health.

Other Commonwealth health organisations

The *National Health and Medical Research Council* was established in 1936 to replace the National Health Council. Its main functions are 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. It also advises the Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of expenditure from the Medical Research Endowment Fund which was established under the *Medical Research Endowment Act* 1937 to provide assistance to departments of the Commonwealth or of a State engaged in medical research; to universities for the purpose of medical research; to institutions and persons engaged in medical research and in the training of persons in medical research. The Commonwealth makes a triennial appropriation for the Fund, that for 1973 to 1975 being \$13,500,000.

The *School of Public Health and Tropical Medicine* was established in 1930 by the Commonwealth Government at the University of Sydney under an agreement with that University. It provides, for medical graduates and certain undergraduates, training in public health and tropical medicine in addition to carrying out research and consultative activities in these and allied fields. During 1972, thirteen diplomas were awarded in Public Health and seven in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1971-72 were \$764,556 for administration and \$16,060 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and postgraduate teaching at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations and Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth during 1971-72 were \$185,399 for administration and \$34,464 for plant and equipment.

The *Commonwealth Bureau of Dental Standards* operates under Section 9 of the *National Health Act* 1953-1972. It is part of the Commonwealth Department of Health and is concerned with research and testing related to dental and allied materials, instruments and processes. It assists in the preparation of recognised standards for materials and instruments through the Standards Association of Australia and co-operates with the Australian Dental Association in its programme of accreditation of products. Its functions include the provision of a consultative service and testing facilities for public instrumentalities, the dental profession, and manufacturers and distributors of dental products. The number of these products tested during 1971-72 was 404. Regular surveys are made of dental products on the market and the results are made available to the profession. Expenditure on plant and equipment for 1971-72 was \$5,070 and administrative expenses including salaries were \$71,850.

The Australian Institute of Anatomy is administered by the Australian Capital Territory Health Services Branch of the Commonwealth Department of Health. Its prime function is the maintenance of two museums which are open to the general public and contain exhibits of an educational nature. One museum contains anatomical and biological displays while the other is devoted to the display of items from the National Ethnographic Collections which are held in trust by the Institute until a museum is erected to house them. In this section particular emphasis has been placed on the life and culture of the Australian Aborigines.

The National Biological Standards Laboratory was set up under the *Therapeutic Substances Act* 1953-1959 which empowers the Commonwealth to ensure that therapeutic substances used for the prevention, diagnosis, and treatment of disease in man and animal are safe, pure, and potent. The *Therapeutic Goods Act* 1966, was proclaimed on 12 November 1970. This Act repealed the *Therapeutic Substances Act* 1953-1959 and extended the Commonwealth's power to cover therapeutic goods such as surgical dressings and containers of substances for therapeutic use. The Commonwealth Director-General of Health is authorised under the Act to set up laboratories to test such substances. Of the 2,041 samples examined by the Laboratory during 1971-72, 227 failed to meet the required standards. In addition, 1,965 safety tests were performed, 13 were failed, and 47 were indeterminable. Administrative costs for 1971-72 were \$896,640 and \$108,164 was expended on plant and equipment.

The Drug Evaluation Committee was formally set up in June 1963 to advise on the importation of new and existing drugs and toxicity of drugs already available on the Australian market. It has power to co-opt and seek advice from specialist medical colleges and associations, and from the medical and allied professions, the drug manufacturers and other sources. The Committee's reports and resolutions have resulted in the establishment of a Register of Adverse Drug Reactions and amendments to the Customs (Prohibited Imports) Regulations implemented on 1 August 1970 to provide control on importation of new drugs. During 1971-72, 138 applications for general marketing were received, an increase of 5 over the previous year. In addition, 74 applications for clinical trials were submitted.

The Hospital and Allied Services Advisory Council was created by agreement at the 1970 Australian Health Ministers Conference to provide the Ministers with advice on the co-ordination of the various matters connected with hospital and allied services through the operation of five sub-committees. The five Committees of Council are the Uniform Costing Committee, the Research Committee, the Computer Committee, the Hospital and Allied Services Construction Planning Committee and the Post-graduate Accreditation Committee.

Commonwealth grants to States

Grants for mental health institutions

Following a survey of the mental health facilities and needs in Australia made in 1955, the Commonwealth made an offer of \$20 million to the States as part of a capital expenditure programme of \$60 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer. By 1963 more than three-quarters of the total grant under the *States Grants (Mental Institutions) Act* 1955 had been distributed and the Commonwealth Government announced in November 1963 its intention of continuing assistance to the States towards capital costs on a similar basis, but without overall limit, for a period of three years. In May 1964 the *States Grants (Mental Health Institutions) Act* 1964 was passed to implement that policy. This Act provided for the continuation of Commonwealth aid of \$1 for every \$2 of capital expenditure by the States in connection with the buildings or equipment of mental health institutions for the three-year period ending 30 June 1967. With the passing of amending Acts in 1967 and 1970 this period has been extended firstly to 30 June 1970 and then to 30 June 1973. The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1967-68 to 1971-72.

EXPENDITURE ON MENTAL HEALTH INSTITUTIONS BY THE COMMONWEALTH GOVERNMENT: STATES, 1967-68 TO 1971-72 (\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
1967-68.	2,095	1,381	196	63	148	358	4,243
1968-69.	1,925	1,200	323	433	375	399	4,655
1969-70.	2,305	947	602	1,299	241	108	5,501
1970-71.	1,414	798	464	909	395	219	4,199
1971-72.	1,325	828	1,169	246	454	185	4,207

Paramedical services

The *States Grants (Paramedical Services) Act* 1969 provides for the Commonwealth to share on a \$1 for \$1 basis with participating States the cost of approved paramedical services, such as chiropody, occupational therapy, physiotherapy and speech therapy, provided wholly or mainly for aged persons in their homes. Matching grant payments during 1971-72 amounted to \$6,925.

Commonwealth grants to organisations associated with public health

In addition to providing the services mentioned on pages 425-39, the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text. More detailed information on their operations and functions is given in Year Book No. 53, pages 570-3.

The *Commonwealth Council for National Fitness* operates under the *National Fitness Act* 1941. Its main function is to advise the Minister for Health concerning the promotion of national fitness. The Act also provides for the establishment of a trust account, known as the National Fitness Fund, to assist in financing the movement. During 1971-72 the Commonwealth's contribution to the Fund was \$418,000, of which \$68,000 was for assistance towards capital expenditure. Expenditure from the Fund during 1971-72 was \$437,391, distributed as follows: State National Fitness Councils, \$270,308; State Education Departments, \$34,000; State Universities, \$24,800; Australian Recreation Leadership Course, \$6,600; capital expenditure on national fitness projects, \$87,391; grants to Australian Capital Territory organisation, \$7,500; and administration, \$6,792. With the transfer of responsibility for the *National Fitness Act* 1941 from the Department of Health to the Department of Tourism and Recreation, the National Fitness section of the Department of Health ceased to function in December 1972.

The *Royal Flying Doctor Service* is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health from Darwin and Alice Springs in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. During the triennium ended 30 June 1974 the Commonwealth Government is contributing at the rate of \$485,000 per annum—\$170,000 capital assistance and \$315,000 towards operational costs. In addition, payments of \$131,596 have been made up to 30 June 1972 towards the cost of the changeover of twelve radio base stations to single side band operation. The Service made 3,543 flights during 1971-72, travelling 1,648,333 miles and transporting 4,219 patients. In the same period medical staff conducted a total of 84,664 consultations and dental treatment was given to 1,625 patients. The radio network of the Service handled 277,469 telegrams.

The *Red Cross Blood Transfusion Service* is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the service in the States are met by the State Governments paying 60 per cent; the Commonwealth, 30 per cent; and the Society, 10 per cent. In the Northern Territory and Australian Capital Territory the Commonwealth pays 90 per cent and the Society 10 per cent. Commonwealth expenditure for each State and Territory during 1971-72 was as follows: New South Wales, \$254,500; Victoria, \$268,545; Queensland, \$191,550; South Australia, \$139,488; Western Australia, \$106,057; Tasmania, \$29,805; Northern Territory, \$36,200; and the Australian Capital Territory, \$23,000, making a total of \$1,049,145.

The *National Heart Foundation of Australia* is a private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. The foundation was formed in 1960 as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000. A further appeal in 1969 raised \$1.6 million and the Foundation now has an annual income from public donations of over \$600,000. In 1972 the Commonwealth Government made a grant to the Foundation of \$250,000. Expenditure in 1972 came to almost \$1 million of which about half was devoted to supporting research into cardiovascular disease. This is the single most important function of the Foundation and from its inception to the end of 1972 it has allocated well over \$5 million for grants-in-aid towards research in university departments, hospitals and research institutes; research fellowships tenable in Australia and overseas; and overseas travel grants for study purposes.

The *World Health Organisation (WHO)*, founded during 1948, is a specialised agency of the United Nations having as its objective the attainment by all peoples of the highest level of health. It functions as the directing and co-ordinating authority in international health work; provides consultative and technical assistance to governments and special groups; examines all aspects of health including preventive and curative medicine and research; sets international standards with respect to food, biological, pharmaceutical and similar products; and determines regulations for

the control of quarantinable diseases. The organs of WHO are the World Health Assembly and the six Regional Committees which meet annually and the Executive Board which meets twice a year. Australia is assigned to the Western Pacific Region the headquarters of which is at Manila, and was represented at both the 25th World Health Assembly in Geneva in May and the Regional Committee Meeting in Guam in September 1972. Australia's contribution to WHO for 1971-72 was \$A933,665.

The *International Agency for Research on Cancer* was established by the 18th World Health Assembly in 1965 within the framework of the World Health Organisation. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are the provision for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer; collection and dissemination of information on epidemiology and cancer research throughout the world; education and training of personnel for cancer research; and the encouragement of, and assistance at national level if necessary by the direct establishment of, research organisations. Participation in the Agency is subject to membership of the World Health Organisation and, at the determination of the Governing Council, the ability of the State to contribute effectively to the scientific and technical work of the Agency. Australia became a Participating State within a few months after the establishment of the Agency. At present there are 10 Participating States namely: Australia, Belgium, France, the Federal Republic of Germany, Italy, Japan, The Netherlands, The Union of Soviet Socialist Republics, the United Kingdom and the United States of America. Australia's contribution to the I.A.R.C. for 1971-72 was \$A148,211.

Commonwealth Parliamentary Committees concerning Public Health

Senate Select Committee on Drug Trafficking and Drug Abuse

On 25 November 1969, the Senate resolved that a Select Committee of the Senate be appointed to inquire into and report upon drug trafficking and drug abuse in Australia and, in particular, (a) the incidence, distribution and causes of drug abuse; the extent, organisation and methods of drug trafficking, including the sources of supply; the adequacy of existing Commonwealth and State legislation and administration; the adequacy of present educational programmes against drug abuse; the adequacy of existing international agreements affecting Australia; the effectiveness of existing international law enforcement agencies and methods in regard to Australia, and (b) to make such recommendations as it may think fit, on legislative and administrative measures by the Commonwealth to prevent and deal with drug trafficking and drug abuse; the desirability of further international agreements or improvements in existing international law enforcement agencies and methods so far as they affect Australia; and the treatment and rehabilitation of persons dependent on drugs. The report of this Committee was tabled on 6 May 1971. For information on drug detection and offences see Chapter 15, Law, Order and Public Safety.

House of Representatives Select Committee on Pharmaceutical Benefits

On 16 September 1970, the House of Representatives resolved that a Select Committee be appointed to inquire into and make recommendations on all aspects of the provision of, and arrangements for the supply of, pharmaceutical benefits under the *National Health Act* 1953-1970, with particular reference to the scope of the scheme; all factors contributing to the cost of the scheme; and the effects of the scheme on the health and welfare of the community. The report was tabled on 25 May 1972.

Senate Standing Committee on Health and Welfare

On 11 June 1970, the Senate created the Standing Committee on Health and Welfare. On 2 September 1970, the Senate resolved to refer to this Committee the problems of, and the provisions for assistance to, mentally and physically handicapped persons in Australia. The report of this Senate Standing Committee was tabled on 5 May 1971.

STATE GOVERNMENT ACTIVITIES

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

Public health legislation and administration

For a comprehensive account of the administration of health services prevailing in 1966 in each State, the Northern Territory and the Australian Capital Territory, see pages 543–50 of Year Book No. 53. For details of legislation and administrative changes in subsequent years see Year Book Nos. 54 to 58. The following paragraphs refer briefly to recent developments.

In *New South Wales*, as part of the planning for complete regionalisation of hospital services, all public hospitals have been tentatively allocated to seven country and three metropolitan regions. Regional offices of the Hospitals Commission have been established and are fully operational for all regions.

The Health Commission Act, 1972, was assented to on 23 November 1972 to constitute the Health Commission of New South Wales and to define its powers, authorities, duties and functions; to dissolve the Hospitals Commission of New South Wales and the Board of Health and to abolish the Department of Health; to amend the Public Health Act, 1902, the Public Hospitals Act, 1929, and certain other Acts. A date has not yet been proclaimed for the Act to commence.

The Clean Air (Amendment) Act, 1972, was introduced and empowers the Minister to prohibit, by order, burning in open fires of any matter except for certain purposes such as recreational, domestic and agricultural purposes. Also, the Clean Air (Further Amendment) Act, 1972, was introduced and prohibits the sale or use of motor vehicles that emit excessive air impurities, to enable regulations to be made requiring that motor vehicles be fitted with prescribed antipollution devices. Both these Acts amend the Clean Air Act of 1961.

The Clean Waters Act, 1970, and Regulations became effective from 3 November 1972, giving the State control over the pollution of waterways.

The Cigarettes (Labelling) Act, 1972 was introduced to prohibit the sale or use of cigarettes in New South Wales except in packages marked with the prescribed health warning.

The Medical Practitioners (Amendment) Act 1972 was introduced, to vary the constitution of the New South Wales Medical Board; to make further provisions with respect to the registration of medical practitioners and the powers, authorities, duties and functions of the Board, the investigating committee and the disciplinary tribunal; to establish a Register of Specialists for New South Wales and to provide for the registration of certain persons.

The Blacktown Health Centre situated in the grounds of Blacktown District Hospital was opened on 26 May 1972. This Centre represents the latest development in the changing attitude to community health services in its location and close association with a public hospital. The Centre provides child health, mental health and health education facilities.

The King George V and Queen Mary Maternal and Infant Welfare Research Laboratories located in the grounds of the Royal Prince Alfred Hospital were opened on 15 September 1972. The laboratories, constructed from the resources of the King George V and Queen Mary Maternal and Infant Welfare Foundation, the Royal Prince Alfred Hospital and the Government, will provide endocrine assays in respect of patients of all obstetric units in the metropolitan area.

In *Victoria* the establishment of the Alcoholics and Drug Dependent Persons Services Branch of the Health Department is nearing completion and the drug education facilities are continuing to expand under the Commonwealth-States arrangement.

A *Dental Technicians Act* 1972 has been introduced to control the training, registration and practice of dental technicians.

A general amendment of the Health Act was introduced to provide for better control of private hospitals but incorporating a number of necessary amendments relating to the control of dangerous substances, the supervision of tents and amusement structures used by the public; the supervision of food premises and the adoption from time to time of new issues of the *British Pharmacopoeia*.

An amendment of the *Medical Practitioners Act* 1970 provides for a compulsory twelve month period as an intern in a hospital for all persons registered by the Medical Board of *Victoria* after 1 October 1973.

Other amendments passed by the Parliament related to: the *Chiropodists Act 1968*—an extension of time from one to two years in which persons in practice at the commencement of the *Chiropodists Act 1968* may seek registration; the *Medical Health Act 1959*—members of the police force were authorised to take patients to a psychiatric hospital on the request of a relative or friend seeking to arrange the patient's admission; and the *Nurses Act 1958*, and *Opticians Registration Act 1958*—increased fees for registration, etc.

A Joint Select Committee of the Parliament was established by special Act to inquire into and report upon the activities of Osteopaths, Chiropractors and Naturopaths and to make recommendations for future forms of control of these practices.

In *Queensland*, the *Medical Act Amendment Act of 1971* was passed to enable medical practitioners who hold satisfactory qualifications gained in Canada to become eligible for registration in Queensland without further examination.

The *Health Act Amendment Act of 1971* increased the area and power of authority to control illicit and illegal use of dangerous drugs, prohibited plants, and implements used in connection with the drugs of addiction, with the important provision of an offence for trafficking in dangerous drugs, as distinct from possession of these drugs. Emphasis was given to this trafficking offence with the declaration of harsher penalties including imprisonment.

In *Western Australia* the *Dentists Act Amendment Act, 1972* was assented to on 6 December, 1972, making provision for the training and employment of Dental Therapists as well as establishing a committee to be known as the Dental Charges Committee with power to investigate fees or remuneration payable to a dentist for dental service.

The *Noise Abatement Act, 1972* was also assented to on 6 December, 1972 which allows for the appointment of a Noise and Vibration Council which, with the assistance of an Advisory Committee, may make regulations or model by-laws to initiate the means of preventing, abating or mitigating the nuisance arising from noise and vibration.

Supervision and care of infant life

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

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. (Information about infant mortality will be found in Chapter 8, Vital Statistics.) Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons.

Under the provisions of the *Social Services Act 1947-1972* maternity allowances provide financial assistance towards the expenses associated with the birth of children. Information about maternity allowances is given in Chapter 13, Welfare Services.

Nursing activities

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

Infant welfare centres. The following table gives particulars of the activities of infant welfare centres for the year 1972. The figures relate to all centres, whether permanently staffed or on a temporary or part-time basis. Centres may be located at accommodation specially provided for this purpose, or at halls, schools, etc.

INFANT WELFARE CENTRES: STATES AND TERRITORIES, 1972

	N.S.W.	Vic.	Qld(a)	S.A.(a)	W.A.	Tas.	N.T.(a)	A.C.T.	Aust.
Number of centres(b)	439	738	288	297	86	111	20	51	2,030
Attendances at centres	1,215,612	1,587,636	560,952	319,734	273,226	164,762	34,881	84,146	4,240,949
Nurses' home-visits(c)	52,570	157,738	3,248	37,200	33,343	67,274	7,219	18,478	377,070
Nurses' hospital-visits(d)	63,783	24,983	32,076	n.a.	18,909	n.a.	1,994	104	n.a.

(a) Year ended 30 June 1972. (b) At end of year. (c) Pre- and post-natal. (d) Post-natal.

Mobile units are used to service centres in some States. In 1972, the numbers of units and centres served, included in the above table, were as follows: Victoria, 4 and 14; Queensland, 3 and 34; South Australia, 2 and 28; Western Australia, 4 and 42. The number of centres for Tasmania includes 13 areas visited by sisters in cars. The number of centres for the Australian Capital Territory includes 5 areas covered by home visits.

Since 1930, the number of attendances at the infant welfare centres has increased more than four-fold. The numbers of attendances at ten year intervals since 1930 were as follows: 1930, 919,893; 1940, 2,035,299; 1950, 3,049,375; 1960, 3,482,383; and 1970, 4,010,906.

Bush Nursing Associations. Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations in 1972 were: New South Wales, 11; Victoria, 58; Queensland, 5; South Australia, 39; and Western Australia, 11. In Tasmania, all of the district nursing centres have been taken over by the nearest public hospital and are no longer distinct entities.

Medical and dental inspection of school children

For details of the administration of school health services in each State, the Northern Territory, and the Australian Capital Territory, see Year Book No. 55, pages 458-61. Further information about the operation of the school medical and dental services is given in State Year Books. The following paragraphs summarise features common to most States.

Medical and dental inspection of school children is carried out in all States under the control of State health departments, and in the Northern Territory and the Australian Capital Territory under the control of the Commonwealth Department of Health. The school health services are available to both government and non-government schools in metropolitan areas and larger country towns. In some States, special arrangements are made for children attending schools in more remote country areas.

The aim of the school medical services is to medically examine all children at least once during their school careers, usually on entry into primary school. Review examinations or, in some States, tests of vision and hearing by school nurses, are conducted in upper-primary and lower-secondary grades. Parents or guardians are notified of any departure from normal health and advised to seek further attention if necessary.

The aim of the school dental services is to examine and give regular dental treatment to children. Usually, acceptance for treatment is limited to children in primary schools. Some school children are treated at hospital dental clinics. Aboriginal missions and orphanages are also visited by school dentists. The consent of a parent or guardian is necessary before treatment can be given. In some States, priority is given to children who live in areas beyond the easy reach of other dental services. Treatment in remote areas is facilitated by the use of travelling dental clinics.

The following table summarises school health services in the States and Territories. Uniform concepts and definitions have not been developed, so Australian totals have not been shown.

SCHOOL HEALTH SERVICES: STATES AND TERRITORIES, 1972

	N.S.W.	Vic.	Qld(a)	S.A.	W.A.	Tas.	N.T.(a)	A. C.T.
School medical services—								
Staff (b)—								
Medical officers	70	45	5	13	8	12	4	3
School nurses	95	49	35	13	25	30	9	6
Medical examinations—								
Children examined	312,036	204,248	130,901	(c)77,659	33,901	(c)28,945	(d)12,209	24,869
Found with defects	25,922	17,762	(e)7,683	(c)13,046	8,481	5,606	896	2,407
School dental services—								
Number of dental clinics—								
Stationary	10	3	..	23	19	28	n.a.	36
Mobile	(f)19	15	(g)4	5	3	23	n.a.	1
Staff(b)—								
Dental officers	35	29	20	24	21	21	n.a.	17
Dental assistants, therapists and nurses	50	37	..	38	18	62	n.a.	45
Dental examinations—								
Children examined	79,760	31,620	(h)29,489	23,921	63,985	48,575	25,645	21,690
Number treated	20,949	27,886	(h)9,461	22,356	n.a.	n.a.	n.a.	20,904

(a) Year ended 30 June 1972. (b) Full-time and part-time. (c) Excludes some children tested for hearing and vision by school sisters. (d) Includes pre-school children. (e) Number of defects found. (f) There is also a dental team with the Royal Flying Doctor Service (based at Broken Hill). (g) In addition, portable dental equipment is possessed by 13 dental officers who function from departmental vehicles. (h) Only children who reside in more remote areas.

HOSPITALS AND OTHER STATISTICS

This section provides statistical information on hospitals and nursing homes; notifiable diseases; a survey of chronic illnesses and impairments; and cremations. The institutions referred to under this heading are classified into the following groups: public hospitals and nursing homes; private hospitals and nursing homes; repatriation hospitals; hansenide hospitals; and mental health institutions. Statistics of quarantine stations, and of hospitals maintained by the Armed Services, are not included.

Public hospitals and nursing homes

The statistics shown for public hospitals and nursing homes refer to the following institutions: *New South Wales*—all in-patient institutions under the authority of the New South Wales Hospitals Commission, and which receive a government subsidy during the year, and the six State hospitals and nursing homes under the control of the Department of Public Health; *Victoria*—all subsidised institutions under the authority of the Victorian Hospitals and Charities Commission, one tuberculosis sanatorium, and the Peter MacCallum Clinic, but not the exotic diseases block at the Fairfield Hospital; *Queensland*—all hospitals and nursing homes open to all sectors of the public and administered by the State Government or by District Hospital Boards or those which are approved by the Commonwealth Health Department as public and have all of their beds approved as public; *South Australia*—all hospitals controlled and maintained by, or which receive a regular annual grant or subsidy for maintenance purposes from, the State, local government or semi-government authorities; *Western Australia*—all departmental and subsidised board hospitals, including Perth Dental Hospital; *Tasmania*—all public hospitals designated as such by the Director-General of Health Services, together with three homes for the aged, and one chest hospital; *Northern Territory*—departmental hospitals at Darwin, Alice Springs, Tennant Creek, and Katherine; *Australian Capital Territory*—the Canberra Hospital and the Queen Elizabeth II Coronation Home for post-natal care.

A number of institutions classified by the Commonwealth Department of Health as 'public' hospitals or nursing homes are not included in the statistics of public hospitals and nursing homes: there were 86 such institutions at June 1971, with an approved bed capacity of 4,154.

Number, staff and accommodation

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, JUNE 1971

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
Number of hospitals and nursing homes	271	158	144	68	101	24	4	2	772
Medical staff—									
Salaried	1,488	1,808	1,120	402	393	186	50	36	5,483
Other(a)	5,717	2,490	172	623	401	179	23	231	9,836
Nursing staff(b)	22,390	16,732	8,181	5,801	5,622	2,218	530	717	62,191
Accommodation—									
Number of beds and cots	28,729	17,639	12,698	5,257	7,238	3,007	672	676	75,916

(a) Includes honorary and visiting medical officers who may hold appointments at more than one hospital. (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides, and nursing aide trainees.

In-patients treated

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

**PUBLIC HOSPITALS AND NURSING HOMES: IN-PATIENTS TREATED
STATES AND TERRITORIES, 1970-71**

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
In-patients at beginning of year—									
Males	9,934	n.a.	4,124	1,791	2,327	951	277	n.a.	n.a.
Females	12,814	n.a.	4,762	2,124	2,855	1,224	336	n.a.	n.a.
Persons	22,748	13,983	8,886	3,915	5,182	2,175	613	410	57,912
Admissions and re-admissions during year—									
Males	266,311	n.a.	118,571	57,367	71,752	18,768	7,729	n.a.	n.a.
Females	399,755	n.a.	150,356	78,560	87,492	28,358	9,716	n.a.	n.a.
Persons	666,066	377,955	268,927	135,927	159,244	47,126	17,445	21,971	1,694,661
Total in-patients (cases) treated—									
Males	276,245	n.a.	122,695	59,158	74,079	19,719	8,006	n.a.	n.a.
Females	412,569	n.a.	155,118	80,684	90,347	29,582	10,052	n.a.	n.a.
Persons	688,814	391,938	277,813	139,842	164,426	49,301	18,058	22,381	1,752,573
Discharges and deaths—									
Males	266,207	n.a.	118,903	57,432	71,685	18,705	7,734	n.a.	n.a.
Females	398,873	n.a.	150,572	78,504	87,374	28,372	9,752	n.a.	n.a.
Persons	665,080	377,696	269,475	135,936	159,059	47,077	17,486	21,777	1,693,586
In-patients at end of year—									
Males	10,038	n.a.	3,792	1,726	2,394	1,014	274	n.a.	n.a.
Females	13,696	n.a.	4,546	2,180	2,973	1,210	298	n.a.	n.a.
Persons	23,734	14,242	8,338	3,906	5,367	2,224	572	604	58,987
Average daily number resident	21,630	13,445	7,917	3,779	5,113	2,133	576	563	55,156

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1970-71 there were approximately 2,242,800 out-patients treated in New South Wales, 959,000 in Victoria, 969,000 in Queensland, 202,000 in South Australia, 417,000 in Western Australia, 149,000 in Tasmania, 80,000 in the Northern Territory (includes two clinics) and 40,000 in the Australian Capital Territory, making an estimated total for Australia of 5,058,000. The figures quoted refer to cases, as distinct from persons and attendances.

Revenue and expenditure

Details of revenue and expenditure for the year 1970-71 are shown in the next table. 'Government aid' includes municipal aid which was shown as a separate revenue item for some States in previous Year Books. Commonwealth pharmaceutical benefits and tuberculosis allowances paid direct to the institutions have also been included as 'government aid'.

Commonwealth hospital and nursing home benefits paid direct to public hospitals and nursing homes (in either full or part payment of fees incurred by pensioners and other uninsured patients) are treated on the same basis as Commonwealth benefits used to reimburse insured patients, and included in the amounts shown for 'fees'. Details of Commonwealth expenditure on each of the different categories of hospital benefits are shown on page 429.

For some States, expenditure on capital items out of hospitals' own funds are not included in the figures shown. Comparison between the States should therefore be made with caution.

**PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE
STATES AND TERRITORIES, 1970-71
(\$'000)**

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
Revenue—									
Government aid	144,594	97,524	40,081	35,887	48,149	16,700	6,567	4,697	394,199
Public subscriptions, legacies, etc.	190	10,545	352	784	7	..	..	..	11,878
Fees	82,812	49,971	16,311	15,702	18,178	5,880	916	2,202	191,972
Other	2,846	(a)2,872	(b)9,097	1,568	4,030	54	..	..	20,467
Total revenue	230,442	160,912	65,842	53,942	70,364	22,633	7,483	6,899	618,517
Expenditure—									
Salaries and wages	155,440	101,070	38,466	29,644	36,142	12,942	4,378	5,033	383,115
Upkeep and repair of buildings and grounds	6,451	3,100	18,102	1,784	6,913	300	461	285	164,873
All other maintenance	53,206	36,052		11,818	18,221	4,666	1,946	1,568	
Total maintenance	215,097	140,222	56,568	43,246	61,277	17,908	6,785	6,886	547,989
Capital	21,695	21,558	4,399	10,070	9,197	4,686	698	256	72,559
Total expenditure	236,792	161,780	60,967	53,316	70,474	22,594	7,483	7,142	620,548

(a) Includes income from investments, income from sundry sources, special purposes medical, non-operating income
(b) Includes loans of \$8.2 million from financial institutions.

Summary for Australia

A summary of statistics relating to public hospitals and nursing homes in Australia is given in the following table.

PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA, 1966-67 TO 1970-71

	1966-67	1967-68	1968-69	1969-70	1970-71
Hospitals and nursing homes . . .	765	762	768	767	772
Medical staff—					
Salaried	4,125	4,487	4,874	5,110	5,483
Other(a)	8,724	9,249	9,565	9,704	9,813
Nursing staff(b)	49,640	52,236	55,219	59,476	62,191
Beds and cots	73,748	74,768	75,242	75,070	75,916
Admissions	1,439,959	1,500,662	1,572,225	1,617,797	1,694,661
Total in-patients (cases) treated	1,494,709	1,554,331	1,626,998	1,673,807	1,752,573
Average daily number resident	52,331	53,467	54,600	54,329	55,156
Out-patients (cases)(c)	3,993,000	4,365,000	4,655,843	4,901,545	5,058,081
Revenue \$'000	376,343	413,183	464,117	519,542	618,517
Expenditure \$'000	377,457	411,869	460,393	518,536	620,548

(a) Includes honorary and visiting medical officers, who may hold appointments at more than one hospital.
 (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides, and nursing aide trainees.
 (c) Estimated.

Private hospitals and nursing homes

The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of Commonwealth hospital benefits under the *National Health Act* 1953-1972. A small number of institutions classified as 'private' by the Department of Social Security are included in public hospital statistics, and these have been omitted from the following two tables. Statistical information about patients, staff and finance of these institutions is not available on a uniform Australia-wide basis.

PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1967 TO 1971

State	30 June—				
	1967	1968	1969	1970	1971
NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES					
New South Wales	535	541	536	(a)546	(a)569
Victoria	313	310	311	313	317
Queensland	152	155	156	163	167
South Australia(b)	184	185	187	184	184
Western Australia	96	102	104	105	107
Tasmania	42	43	44	47	49
Australia	1,322	1,336	1,338	1,358	1,393

NUMBER OF BEDS FOR PATIENTS

New South Wales	15,825	17,016	18,377	(a)19,665	(a)22,235
Victoria	7,295	7,267	7,385	7,790	8,187
Queensland	4,630	4,908	5,117	5,949	6,434
South Australia(b)	4,361	4,542	4,778	4,908	5,146
Western Australia	3,029	3,333	3,484	3,643	3,923
Tasmania	1,038	1,084	1,160	1,294	1,443
Australia	36,178	38,150	40,301	43,249	47,368

(a) Includes two institutions in the Australian Capital Territory. There were no institutions of this nature in the A.C.T. prior to 1970. (b) Includes one institution in the Northern Territory.

Repatriation hospitals

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

In-patient treatment is provided at the six Repatriation General Hospitals (one in each State) and at seven auxiliary hospitals and sanatoria. In-patient treatment may also be provided in country hospitals at the Department's expense in certain circumstances. Mental patients requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by the State authorities.

Details of patients, staff and expenditure on Repatriation institutions and other medical services are given in Chapter 5, Repatriation.

Hansenide hospitals

There are three isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's disease (leprosy). The numbers of isolation patients at these hospitals at 31 December 1972 were: Little Bay (New South Wales), 4; Fantome Island (North Queensland), 8; and Derby (Western Australia), 88. At 31 December 1972 there were 851 leprosy patients in the Northern Territory of whom approximately 62 were in-patients for the care and repair of deformity and not from the point of view of isolation. With the exception of the Institute of Tropical Medicine at Little Bay, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the number of isolation patients resident at 31 December 1972, were: Fairfield (Victoria), 6; Princess Alexandra Hospital (Queensland), 3.

Mental health institutions

The presentation of meaningful statistics of mental health services has become increasingly difficult because of changes in recent years in the institutions and services for the care of mental patients. The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and out-patients at psychiatric hospitals, admission and reception centres, day hospitals, out-patient clinics, training centres, homes for the mentally retarded and geriatric patients, psychiatric units in general hospitals, and the like.

In-patient institutions

The following table shows the number of major in-patient institutions in each State in 1971, the accommodation they provide for patients, and staff. In-patient care for voluntary patients is also provided at many general public and a number of private hospitals. There are also psychiatric units attached to gaols, juvenile corrective centres and similar institutions. Only the following institutions, under the control of the State mental health authorities, are included in this table: *New South Wales*—the fifteen State psychiatric centres (a psychiatric hospital and associated admission centre being regarded as one psychiatric centre) and the four authorised private psychiatric hospitals (several other institutions provide in-patient care for voluntary patients only, but are excluded from the scope of the statistics); *Victoria*—the seven psychiatric hospitals, ten mental hospitals, six informal hospitals, and nine intellectual deficiency training centres; *Queensland*—five psychiatric hospitals, three training centres, and one rehabilitation clinic; *South Australia*—six in-patient institutions; *Western Australia*—the three approved mental hospitals and two training centres; and *Tasmania*—the Royal Derwent hospital.

MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF
STATES AT 30 JUNE 1971

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>Aust.</i>
In-patient institutions	19	(a)32	9	6	5	1	72
Beds and cots for patients	9,929	(b)8,858	3,919	2,161	1,538	1,030	27,435
Staff—Medical	225	(a)166	(c)27	51	23	10	502
Nursing(d)	3,827	(a)3,061	1,439	701	682	360	10,070

(a) At 30 November 1971. (b) The number of beds and cots occupied on 30 November 1971. (c) Full-time staff and full-time equivalent of part-time staff. (d) Includes attendants.

There are no separate in-patient institutions for mental patients in the Northern Territory or the Australian Capital Territory. With the appointment of a Director of Psychiatric Services the organisation of a psychiatric service was begun in the Australian Capital Territory in 1967-68.

Patients

The following table sets out statistics of in-patients under the care of the respective State mental health services.

IN-PATIENTS AT MENTAL HEALTH INSTITUTIONS, 1970-71

	N.S.W.	Vic. (a)(b)	Qld	S.A.	W.A.	Tas.	Aust.
In-patients at beginning of year—							
Males	5,888	(c)5,427	2,354	1,215	1,399	484	16,767
Females	4,661	(c)4,947	1,468	1,054	895	484	13,509
Persons	10,549	(c)10,374	3,822	2,269	2,294	968	30,276
Admissions and re-admissions during year—							
Males	9,636	6,475	2,089	1,932	1,543	493	22,168
Females	8,811	6,155	835	1,595	1,159	404	18,959
Persons	18,447	12,630	2,924	3,527	2,702	897	41,127
Total in-patients (cases) treated—							
Males	15,524	11,902	4,443	3,147	2,942	977	38,935
Females	13,472	11,102	2,303	2,649	2,054	888	32,468
Persons	28,996	23,004	6,746	5,796	4,996	1,865	71,403
Discharges, including deaths—							
Males	9,864	6,484	2,007	1,950	1,446	510	22,261
Females	9,206	6,351	838	1,653	1,047	415	19,510
Persons	19,070	12,835	2,845	3,603	2,493	925	41,771
In-patients at end of year—							
Males	5,660	5,418	2,436	1,197	1,496	467	16,674
Females	4,266	4,751	1,465	996	1,007	473	12,958
Persons	9,926	10,169	3,901	2,193	2,503	940	29,632

(a) Eleven months ended 30 November 1971. (b) Includes transfers from one institution to another. (c) At 1 January 1971.

State government expenditure on mental health services

The following figures show particulars of expenditure by States for the year 1970-71. Maintenance expenditure represents expenditure on wages and salaries, upkeep and repair of buildings and grounds, and other maintenance. The figure for New South Wales relates to the 15 State psychiatric centres and the Master in Protective Jurisdiction of the Supreme Court. Capital expenditure is expenditure as approved under the *State Grants (Mental Health Institutions) Act 1964* only, and excludes the Commonwealth contributions paid under this Act—see page 439.

MENTAL HEALTH: EXPENDITURE, STATES, 1970-71
(\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	All States
Maintenance	33,270	29,610	10,315	7,946	7,445	2,941	91,527
Capital	2,828	1,596	928	1,818	790	438	8,398

Notifiable diseases

Methods of prevention and control

Provision exists in the Health Acts of all States for the compulsory notification of certain infectious and other diseases and for the application of preventive measures. When any such disease occurs the local authority must be notified at once, and in some States notification must be made also to the Health Department.

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

Notifiable diseases and cases notified, 1972

The following table shows, by State and Territory, the number of cases notified in 1972 for those diseases notifiable in all States and Territories. In May 1965 the National Health and Medical Research Council at its Fifty-ninth Session proposed a basic list of diseases to be notifiable in each State and Territory, and this table is based upon that proposal. The table does not include all diseases which are notifiable in a State or Territory. Factors such as the following affect both the completeness of the figures and the comparability from State to State and from year to year: availability of medical and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow-up of notifications by Health Departments.

NOTIFIABLE DISEASES(a): NUMBER OF CASES NOTIFIED STATES AND TERRITORIES, 1972

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax	2	9	..	..	..	..	..	..	11
Brucellosis	23	30	7	5	..	..	..	1	66
Cholera	14	21	2	..	..	2	1	1	41
Diphtheria	9	2	45	3	2	..	..	..	61
Gonorrhoea	3,698	2,232	2,039	989	1,469	149	404	57	11,037
Infectious hepatitis	2,211	1,226	(b)1,379	630	389	93	133	57	6,118
Hansen's disease (Leprosy) . . . . .	..	3	4	1	10	..	21	..	39
Hydatid	10	4	1	10	..	6	..	..	31
Leptospirosis	11	..	48	3	2	2	1	..	67
Malaria	44	20	45	25	14	..	28	13	189
Ornithosis	3	3	3	1	..	..	..	..	10
Paratyphoid fever . . . . .	..	..	..	5	..	2	..	..	7
Poliomyelitis . . . . .	..	3	..	..	4	..	..	..	7
Syphilis	328	112	231	205	258	7	74	2	1,217
Tetanus	9	5	3	..	..	1	..	..	18
Tuberculosis	480	371	(c)229	121	144	48	61	21	1,475
Typhoid fever	4	8	1	..	2	..	..	..	15
Typhus (all forms) . . . . .	..	..	2	..	1	..	..	..	3

(a) No cases of plague, smallpox or yellow fever were notified. (b) Includes hepatitis, serum (homologous).
(c) Includes erythema nodosum and pleural effusion.

New infectious hepatitis cases notified. The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1968 to 1972.

INFECTIOUS HEPATITIS: CASES NOTIFIED STATES AND TERRITORIES, 1968 TO 1972

State or Territory	1968	1969	1970	1971	1972
New South Wales	2,526	2,820	2,851	2,615	2,211
Victoria	2,362	2,364	2,401	1,895	1,226
Queensland(a)	1,819	886	1,000	1,258	1,379
South Australia	558	615	485	504	630
Western Australia	147	146	166	554	389
Tasmania	589	493	318	287	93
Northern Territory	66	74	229	296	133
Australian Capital Territory	56	52	121	100	57
Australia	8,123	7,450	7,571	7,509	6,118

(a) Includes hepatitis, serum (homologous).

New tuberculosis cases notified. The following table gives particulars of the number of new cases of tuberculosis notified in Australia for 1972.

TUBERCULOSIS: NEW CASES NOTIFIED(a)
STATES AND TERRITORIES, 1972

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales	26	83	191	180	..	480
Victoria	28	87	116	140	..	371
Queensland(b)	15	24	88	102	..	229
South Australia	15	14	39	53	..	121
Western Australia	17	21	52	54	..	144
Tasmania	5	12	18	13	..	48
Northern Territory	1	18	27	15	..	61
Australian Capital Territory	2	3	13	3	..	21
Australia	109	262	544	560	..	1,475

(a) Figures supplied by the Director of Tuberculosis in each State and the Commonwealth Department of Health. (b) Includes erythema nodosum and pleural effusion.

Chronic illnesses, injuries, and impairments

As part of the quarterly population survey (*see* Chapter 20, Employment and Unemployment) a survey was conducted in May 1968, in all States except Victoria, in order to obtain estimates of the incidence of chronic illnesses, injuries and impairments in the population, the nature of these conditions and their cause (e.g. whether they were congenital or due to war, accident, etc.). In addition, the survey obtained information on the effect of these conditions on the activities of those who suffered from them.

Estimates derived from the survey were published in a mimeographed bulletin *Chronic Illnesses, Injuries and Impairments, May 1968* (Ref. No. 17.3). A summary of the principal results is given in the Appendix to Year Book No. 56.

Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1972 there were thirty crematoria in Australia, situated as follows: New South Wales, 14; Victoria, 4; Queensland, 5; South Australia, 2; Western Australia, 2; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The following table shows the number of cremations and total deaths in each State and Territory for each of the years 1968 to 1972.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES(a), 1968 TO 1972

State or Territory	1968		1969		1970		1971		1972	
	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths
New South Wales	18,749	41,803	18,564	40,655	20,087	43,601	19,966	41,691	20,117	41,652
Victoria	10,939	29,967	10,617	28,976	11,265	30,335	11,134	30,598	11,226	29,856
Queensland	5,686	16,078	5,733	15,786	6,303	17,055	6,203	16,339	6,269	16,598
South Australia	2,476	9,916	2,464	9,337	2,884	10,138	2,917	9,686	3,182	9,764
Western Australia	2,548	7,470	2,590	7,350	2,826	7,543	2,996	7,806	3,013	7,441
Tasmania	1,049	3,284	1,066	3,309	1,039	3,174	1,157	3,295	1,135	3,227
Northern Territory . . . . .	..	543	..	485	..	608	..	637	..	553
Australian Capital Territory	235	488	309	588	338	594	341	598	374	669
Australia	41,682	109,549	41,343	106,486	44,742	113,048	44,714	110,650	45,316	109,760

(a) Cremations are not necessarily carried out in the State or Territory where the death was registered.

