

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

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

The first session of the National Health and Medical Research Council met at Hobart in February, 1937 ; the sixth session met at Adelaide in May, 1939.

Under the Medical Research Endowment Act 1937, the Commonwealth Government has made an annual appropriation of £30,000 to provide assistance—

- (a) to Departments of the Commonwealth or of a State engaged in medical research ;
- (b) to Universities for the purpose of medical research ;
- (c) to institutions and persons engaged in medical research ;
- (d) in the training of persons in medical research.

Approved Research Institutions under this system now number 23. During the year 1938, grants numbered 41 in the following fields: bacteriology, biochemistry, clinical medicine, dentistry, epidemiology, experimental pathology, industrial hygiene, leprosy, obstetrics, ophthalmology, physiology and pharmacology, poliomyelitis, tuberculosis and virus diseases. In certain instances, equipment and apparatus have been made available by the Council ; this has greatly facilitated some specialized lines of research.

The work that is being done under these grants is already yielding results ; beyond this practical achievement, the original objectives of the Council are being attained in encouraging young graduates to take up research work and in securing a continuity and permanence of medical research in Australia.

§ 5. The Commonwealth Advisory Council on Nutrition.

During 1935, Australian delegates to the Assembly of the League of Nations and the International Labour Conference were largely instrumental in inspiring a concerted international inquiry into world-wide problems of nutrition, with a view to improving the public health by greater consumption of protective foods for the prevention of malnutrition and the benefit of agriculture. Within Australia itself, in 1936, the Commonwealth Government appointed a Commonwealth Advisory Council of Nutrition, under the chairmanship of the Commonwealth Director-General of Health, and composed of experts representing health and agricultural interests, the Commonwealth Council for Scientific and Industrial Research, the University medical schools and the practising medical and dental professions.

The inquiries of this Council proceeded along two main lines of activity, a survey of household dietaries in Sydney, Melbourne, Brisbane, Adelaide and Perth, and a survey of the nutritional state of children in inland areas. The statistical compilation of the records obtained and parallel work of chemical analysis were carried out by the special technical staff at the School of Public Health and Tropical Medicine, Sydney. The local organization of the inquiry was furthered by the appointment of State committees. Five progress reports were published and a final report was presented in September, 1938. This report reviewed in comprehensive detail the work and recommendations of the Council.

Having completed this inquiry in accordance with its terms of reference, the Council disbanded, with definite proposals for future effective work in this field. In accordance with these proposals, a specialist nutrition committee has been appointed to co-ordinate Australian activities in relation to the National Health and Medical Research Council. Research work into nutritional aspects of the growing child is a feature of the activities of the Australian Institute of Anatomy at Canberra, and this work is being done in close association with the development of kindergarten schools throughout Australia.

§ 6. Control of Infectious and Contagious Diseases.

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

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

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

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

As a rule the local authorities are required to report from time to time to the Central Board of Health in each State as to the health, cleanliness and general sanitary state of their several districts, and must report the appearance of certain diseases. Regulations are prescribed for the disinfection and cleansing of premises, and for the disinfection or destruction of bedding, clothing, or other articles which have been exposed to infection. Bacteriological examinations for the detection of plague, diphtheria, tuberculosis, typhoid and other infectious diseases within the meaning of the Health Acts are continually being carried out. Regulations are provided in most of the States for the treatment and custody of persons suffering from certain dangerous infectious diseases, such as small-pox and leprosy.

(ii) *Details by States.* In earlier Year Books (see No. 22, p. 501) information was given concerning the notification, etc., of diseases under State headings.

(iii) *Diseases Notifiable and Cases Notified in each State and Territory.* The following table, which has been compiled by the Commonwealth Department of Health, shows for the year 1938 the diseases which are notifiable in each State and Territory and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.