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CHAPTER XVIII

PUBLIC HEALTH

STATE GOVERNMENT ACTIVITIES

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

§ 1. Public Health Legislation and Administration

1. **New South Wales.**—The New South Wales Ministry of Health, which is under the control of the Minister for Health, embraces the Department of Public Health, the Hospitals Commission, and a variety of boards, committees, and other authorities concerned with health, hospitals, and associated services.

The State Department of Public Health includes divisions of maternal and baby welfare, tuberculosis, occupational health, epidemiology, dental services, and school medical services, and maintains laboratories which provide diagnostic and analytical services for governmental authorities and private bodies. The Department also controls the State hospitals and homes and the State mental hospitals, supervises the operations of private hospitals and rest homes, conducts the anti-poliomyelitis campaign in New South Wales, administers the Pure Food Act and laws relating to sanitation, and supervises the work of local government authorities relating to public health matters. The principal officers of the Department are the Under-Secretary (who is permanent head for administrative purposes), the Director-General of Public Health (who is *ex officio* President of the Board of Health and chief medical adviser to the State Government), and the Director-General of Psychiatric Services (who is concerned with mental hospitals). Many of the Department's functions are administered by Medical Officers of Health in the eight health districts into which the State is divided.

The Hospitals Commission of New South Wales supervises the public hospital services and determines the amount of State Government subsidy to be paid to each public hospital.

Other authorities concerned with health, hospital and associated services in New South Wales include the Master in the Protective Jurisdiction of the Supreme Court (who controls and administers the estates of patients in mental hospitals), the Ambulance Transport Service Board (which supervises district ambulance services throughout the State), boards established for the registration of practitioners in certain professions (chiropractic, dental, medical, nursing, optometry, pharmacy, and physiotherapy), the State Cancer Council (for cancer education and research), and various boards and committees (e.g. the Board of Health, the Poisons Advisory Committee, and the Air Pollution Advisory Committee).

2. **Victoria.**—(i) *General.* The Ministry of Health combines under the control of one Minister all the health, hospital and associated services either administered directly or supported financially by the Government. The central administration of the Department of Health assists the Minister with the task of co-ordinating the work of a variety of associated bodies as well as carrying out the functions of a headquarters of a Department consisting of four branches—the General Health Branch, the Maternal and Child Welfare Branch, the Tuberculosis Branch and the Mental Hygiene Branch. The functions of these branches are described below.

(ii) *The General Health Branch.* This branch, which, *inter alia*, is the administrative branch for the Commission of Public Health, protects or promotes the health of the community in the following ways.

The Engineering Division scrutinizes from a public health point of view the plans of all public buildings and provincial sewerage installations and makes periodical inspections. Other activities include prevention of air pollution from industrial sources, prevention of stream pollution, and supervision of abattoirs and cattle sale yards.

The Poliomyelitis Division provides a comprehensive orthopaedic, physiotherapy, and respirator service for all eligible patients and carries out rehabilitation in conjunction with the Commonwealth Government. Facilities developed for poliomyelitis are now being used for other neurological disorders. The Division is also concerned with the Salk immunization campaign being undertaken in Victoria. Through the municipalities, immunization against poliomyelitis, diphtheria, smallpox, whooping cough, and tetanus is encouraged and supervised.

Prevention and control of infectious diseases are functions of this Branch, which also sponsors original research into virus diseases and epidemiological investigations throughout Victoria.

The Venereal Diseases Division provides a centrally situated headquarters where the use of modern remedies is effecting a general improvement in the standard of treatment.

Standards of quality and purity of foods and drugs are fixed by the Food Standards Committee and are administered and enforced by both departmental and municipal health inspectors.

Investigations into occupational hazards to the health of workers, the treatment and incidence of occupational diseases, and research into the effects of toxic substances used in industry are conducted by the Industrial Hygiene Division.

The Poisons Control Division is responsible for administering the law relating to poisons and deleterious substances. Legislation provides for extensive control, particularly at the wholesale (manufacturing and import) level. Control is exercised by a system of licences and permits.

Subsidies are granted to municipalities to provide meals for pensioners, to clubs for elderly citizens, and to emergency housekeeper services.

Other services operated by the Branch are:—registering plumbers and gasfitters; providing free travel to hospital for people with limited incomes; analysing food, drink, water and sewerage effluents; registering cinematograph operators; administering the Cemeteries Acts; and advising industry on health hazards associated with handling radio-active substances.

(iii) *The Maternal and Child Welfare Branch.* This branch is concerned with pre-natal hygiene, infant welfare, the development of pre-school services, and the school medical and dental services.

(iv) *The Tuberculosis Branch.* The Tuberculosis Branch is concerned with the prevention of tuberculosis and the treatment and rehabilitation of tubercular patients. It controls the compulsory chest X-ray programme introduced in October 1963.

(v) *The Mental Hygiene Branch.* This Branch is controlled by the Mental Health Authority, appointed in 1951, and consists of institutions for in-patient care, out-patients' clinics and other services necessary for a comprehensive community mental health programme.

3. Queensland.—(i) *General.* “*The Health Acts 1937 to 1964*” are administered by the Director-General of Health and Medical Services subject to the Minister for Health. A central staff controls the following divisions.

(ii) *Division of Public Health Supervision.* This Division is controlled by the Deputy Director-General of Health and Medical Services, and comprises separate sections for communicable disease control, environmental sanitation, food and drug control, enthetic (venereal) diseases, hookworm control and Hansen's disease (leprosy) control. Free treatment of venereal diseases is offered at the Department's clinics in Brisbane and at any public hospital. Free immunization against poliomyelitis, diphtheria, whooping cough, tetanus, and smallpox is offered by most of the local authorities and the majority of school children are immunized against diphtheria, whooping cough, tetanus and poliomyelitis.

(iii) *Division of Tuberculosis.* A central chest clinic in Brisbane offers skin tests, X-ray examinations and B.C.G. vaccination of skin negative reactors free of charge. Similar clinics are situated at the Cairns, Rockhampton, Thursday Island, Toowoomba, and Townsville district hospitals. Children in the final grade of primary schools are skin tested and given B.C.G. vaccine. The division controls the compulsory X-ray examination of all persons over the age of 14 years. A survey of residents of the metropolitan area is two thirds completed, and a second survey of country areas has covered the State north of Mackay.

(iv) *Division of Industrial Medicine.* The services of this Division are available both to industry and to the trade union movement for the prevention of industrial hazards. The Division is particularly interested in occupational diseases, such as silicosis and lead and other poisoning, and advises on industrial problems such as lighting, ventilation, fatigue, hearing loss and the use of radio-active isotopes.

(v) *Division of Maternal and Child Welfare.* This Division offers supervision and advice on the rearing and health of infants and pre-school children at 265 infant welfare centres throughout the State. Outlying centres are visited by air or by special rail car. Homes for in-patient treatment of infants with feeding problems have been established at Brisbane, Toowoomba, Ipswich and Rockhampton.

(vi) *Division of School Health Services.* This Division comprises the Chief Medical Officer, School Health Services, and a staff of doctors, dentists and visiting school nurses. The dental officers inspect school children and carry out essential treatment at schools or in the rail dental clinics. Medical examinations are made every one to two years.

(vii) *Division of Mental Health.* The Director of Psychiatric Services is associated with a planned integration of services. Mentally ill persons requiring special care are admitted to the State's four special hospitals at Brisbane, Toowoomba, Ipswich and Charters Towers. In the metropolitan area of Brisbane out-patient, day hospital and in-patient care are provided by general hospitals and a community-based Psychiatric Clinic. The Brisbane General, Chermside, and Princess Alexandra Hospitals all provide psychiatric services. Regional development of services is based on general hospital services at Townsville, Rockhampton, Toowoomba and Ipswich. Special care for epileptics is provided at a home in Toowoomba.

(viii) *Division of Welfare and Guidance.* Clinics for the diagnosis and management of emotional and behaviour disorders in children have been set up in the Greater Brisbane Area, and further clinics are planned for Townsville and Toowoomba. A part-time clinic functions in Toowoomba at present. These services are extensively used. The Wilson Youth Hospital has been opened for the social and psychiatric rehabilitation of boys convicted in the Children's Court. About 40 boys can be accommodated. There is an Out-patient Section which girls can attend also.

A Child Guidance Unit for out-patients, day-hospital patients and 30 in-patients is to be constructed in the grounds of the Brisbane Children's Hospital. A similar unit is at present being planned for Townsville.

(ix) *Division of Social Work.* It is the policy of the Department to establish social work services, where possible, in all relevant aspects of the health, medical and hospital services. Through these services, patients in hospitals, and sick, elderly and disabled persons in the community may receive assistance with their personal and social problems. Social work departments have been established in the major hospitals in Brisbane and in four country hospitals, and social workers have been appointed to work in health, psychiatric and child welfare and guidance services. Development of this work is co-ordinated through the Division of Social Work and the Senior Social Worker provides official liaison with other State Government Departments as services relating to social work and family welfare are established.

(x) *Division of Geriatrics.* A geriatric unit is established at Princess Alexandra Hospital. The unit consists of two wards with accommodation for 102 in-patients, administration section, day hospital, physio-therapy and occupational therapy departments.

(xi) *Division of Laboratory Services.* Two laboratories—the Laboratory of Microbiology and Pathology and the Government Chemical Laboratory—are maintained to ensure the purity of a wide range of foodstuffs and materials. The former also offers a service in clinical pathology to institutions, country hospitals and private doctors, and provides a medico-legal service for the whole State. The Institute of Forensic Pathology is controlled by the medical staff of the Laboratory of Microbiology and Pathology, and coroners' autopsies are conducted there.

(xii) *Hospitals.* All public hospitals operate under the district system, which provides for the constitution of hospitals regions and hospitals districts, and a hospitals board for each district. The State is divided into 12 hospitals regions with a base hospital for each region. Each region comprises a number of hospitals districts, the purpose of the regional scheme being to co-ordinate the public hospitals in the region with the base hospital. The administration of the hospital services, including public dental services, in each hospitals district is vested in the hospitals board, which comprises not less than four nor more than eight members appointed by the Governor-in-Council, and one member elected by the component local authorities. During the year 1962-63 there were 60 hospitals boards controlling 133 public hospitals, 9 of which treated out-patients only. In addition, 24 other hospitals, six of which are treated as public hospitals, received aid from the Government, and an institution for the treatment of Hansen's disease in Aborigines was maintained at Fantome Island near Townsville. Other persons suffering from this disease are treated at an annexe of the Princess Alexandra Hospital, South Brisbane.

4. **South Australia.**—The Department of Public Health embraces the activities of the Central Board of Health, the Food Drugs Advisory Committee, the Advisory Council on Health and Medical Services, the Radiological Advisory Committee, the School Health Services (comprising School Medical and Dental Services and the Deafness Guidance Clinic), Poliomyelitis Services, and the public health aspects of the control of tuberculosis, including the State X-ray Health Survey and the Chest Clinic.

The Central Board of Health consists of five members, three of whom (including the chairman) are appointed by the Governor, while one is elected by metropolitan local boards and one by all other local boards. The Central Board of Health administers the Health Act, 1935–1963, Food and Drugs Act, 1908–1962, Dangerous Drugs Act, 1934–1955, Noxious Trades Act, 1943–1955, Bakehouses Registrations Act, 1945–1947 and Notification of Birth Act, 1926–1936. The Board is also concerned to some degree with Acts relating to local government, abattoirs and cremation. Other legislation administered by the Department of Public Health relates to venereal diseases and vaccination.

The Health Act, 1935–1963 constitutes every municipal council and every district council a local board of health for its municipality or district. There are 143 local boards under the general control and supervision of the Central Board. Under the Food and Drugs Act each local board is constituted the local authority for its district except in the metropolitan area, for which the Metropolitan County Board is the local authority.

5. **Western Australia.**—Health services are provided under the *Health Act, 1911–1964*. The central authority is the Department of Public Health, controlled by a Commissioner, who must be a qualified medical practitioner. The State is divided into local government areas, each administered by a municipal council. All local government authorities have health administration powers.

In any emergency, the Commissioner may exercise all the powers of a health authority in any part of the State.

Features of legislation since 1957 are as follows:—(a) Act No. 30 of 1958 provides for the establishment of the Health Education Council with the object of promoting and improving the health of the people of Western Australia; (b) Act No. 43 of 1958 provides for the establishment of the Cancer Council of Western Australia with the object of co-ordinating, promoting and subsidizing cancer research; (c) Act No. 23 of 1960 established a Maternal Mortality Committee to investigate each maternal death and to recommend preventive measures; and (d) Act No. 33 of 1962 empowers medical practitioners to give blood transfusions to minors despite parental objections, where life is endangered.

6. **Tasmania.**—The Department of Health Services is under the jurisdiction of the Minister for Health. The Department consists of a Headquarters and three Divisions. The Director-General of Health Services is the permanent head of the Department and he administers the Department through a Director of each of the three divisions (Division of Public Health, Division of Psychiatric Services and Division of Tuberculosis) and through several other clinical directors and other senior officers attached to the headquarters of the Department, including the Directors of Orthopaedics, Pathology and Anaesthetics, and the Government Analyst and Chemist.

In addition to his responsibility for the functioning of the Department as a whole, the Director-General of Health Services administers directly the various branches of the work performed by headquarters. They are concerned particularly with the following:— (a) the administration of the hospital services throughout the State, (b) the District Medical Service, (c) the Hospital and Government Nursing Service, which includes the administration of 24 district nursing centres throughout the State, (d) legislation concerned with health and allied matters, the Nurses' Registration Board and the Dental Mechanics' Registration Board, (e) the National Fitness Council and Handicapped Children's Advisory Council, (f) specialist medical services, (g) statistical classification of diseases and injuries, (h) liaison with other States and the Commonwealth Health Department; and (i) all matters dealing with the maintenance of departmental property and the appointments and salaries of departmental staff.

The Division of Public Health is responsible for the oversight of those services (except those specifically related to tuberculosis) which aim at the attainment and maintenance of good physical health in the community. It controls the school health services (both medical and dental) and the child health service. It supervises the immunization campaigns conducted by local health authorities and is responsible for custody of poliomyelitis vaccine and maintenance of records of its use. The Division also sets standards of food quality and of

environmental sanitation, which are policed in detail by local health authorities. The Division administers laws relating to standards of food, drugs and food premises, and to environmental sanitation, public buildings, infectious disease (other than tuberculosis) and cremation.

The Division of Psychiatric Services provides a community psychiatric service. This includes a mental hospital and a neurosis hospital; institutional care for mental defectives, alcoholics and sexual offenders; and a community psychiatric service on a regional basis covering the whole State. In addition, the Division administers the *Mental Hospitals Act* 1885 as amended (to 1960) and the *Mental Deficiency Act* 1920 as amended (to 1956), and provides a State-wide service for the supervision of mental defectives in the community.

The Tuberculosis Division is concerned with the prevention (including B.C.G. vaccination), detection, notification, examination and treatment of all forms of tuberculosis, and the maintenance of chest hospitals and diagnostic clinics.

7. Northern Territory.—The Commonwealth Department of Health provides health services in the Northern Territory which include hospital, medical and dental services.

Four general hospitals have been established and at 31st December, 1964, the available accommodation for in-patients was as follows:—Darwin Hospital, 309; Alice Springs Hospital, 153; Katherine Hospital, 41 and Tennant Creek Hospital, 35. The treatment of Hansen's disease (leprosy) is carried out at East Arm Settlement. A full range of ancillary services is available at the Darwin hospital, which serves as a base hospital for the Territory. Dental clinics have been set up at Darwin and Alice Springs.

Medical and dental services to outback areas are provided by road and air. The Department of Health has two De Havilland Dove aircraft stationed at Darwin and one at Alice Springs. They are staffed and serviced by Trans-Australia Airlines and are extensively used in ambulance and survey medical work. At Alice Springs, medical officers of the Department of Health provide the medical services to the Royal Flying Doctor Service (South Australian) base.

Public health services are provided and health inspectors visit all settlements periodically.

A section of the Department of Health undertakes continuous investigations into native health.

8. Australian Capital Territory.—The *Public Health Ordinance* 1928–1951 places under the control of the Minister for Health matters relating to public health and hygiene in the Australian Capital Territory. In addition to the public health activities normally undertaken by the State Governments the Commonwealth Department of Health undertakes certain duties which in the States would be the responsibility of local government instrumentalities.

A medical officer of health and a staff of four health inspectors have been appointed to administer the Public Health Ordinance and ancillary regulations. During 1964, 827 licences were issued under various public health regulations, while legal action was taken in 16 cases for offences against these regulations. The inspection staff is also responsible for the quarantine inspection of parcels arriving under bond at the Canberra Post Office.

In continuation of the campaign to control the incidence of poliomyelitis, the Department of Health in Canberra gave 8,380 injections of poliomyelitis vaccine to infants, 1,245 to school children and 1,398 to adults during 1964.

The Commonwealth Health Laboratory in Canberra provides full clinical laboratory services to the Canberra Community Hospital and to private medical practitioners in the Australian Capital Territory. In 1964, 340,841 pathological services were carried out, including more than 3,500 chemical and bacterial analyses of water, milk, other foods, and sewage.

The Canberra Community Hospital is administered, subject to the Minister for Health, by a board consisting of five elected members and three members appointed by the Minister. At 30th June, 1964, the hospital had accommodation for 427 in-patients.

The Director of the Tuberculosis Division of the Commonwealth Department of Health, in addition to the responsibility of co-ordinating the activities of the States in the national campaign against tuberculosis, is concerned with the prevention, detection, examination and treatment of tuberculosis in the Australian Capital Territory. In 1964, 10 cases of tuberculosis were notified in the Australian Capital Territory.

The supervision of the hygiene of dairies and piggeries and the control of the Canberra Abattoir is the responsibility of the veterinary service of the Department of Health. The duties of this service also include the prevention and control of disease in stock and advice to district stock owners, with field diagnosis on a herd or flock basis supported by laboratory confirmation.

A district nursing service, administered by the Commonwealth Department of Health, was established in 1950 to provide a home-nursing service for the sick and aged. This service, available at the request of a registered medical practitioner, is provided by ten sisters, who, in 1964, made 32,465 visits. Throughout the year liaison was maintained by the sisters with agencies engaged in social welfare work.

§ 2. Supervision and Care of Infant Life

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

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. Departments control the boarding-out of the wards of the State to suitable persons. Wherever possible, the child is boarded out to its mother or to a near female relative. Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons, while special attention is devoted to the welfare of ex-nuptial children.

Under the provisions of the *Social Services Act 1947-1964* maternity allowances are paid to provide financial assistance towards the expenses associated with the birth of children. A sum of £15 is payable to the mother in respect of each confinement at which a living or viable child is born if the mother has no other children under 16 years of age. Where there are one or two other children under 16, the amount payable is £16, and where there are three or more other children under 16, the amount payable is £17 10s. Where more than one child is born at a birth, the amount of the allowance is increased by £5 in respect of each additional child. More detailed information concerning maternity allowances is given in Chapter XVI. Welfare Services.

Information regarding infant mortality will be found in Chapter X. Vital Statistics (see pp. 328-32).

2. **Nursing Activities.**—Several State Governments maintain institutions which provide treatment for mothers and children, and, in addition, subsidies are granted to various associations engaged in welfare work.

(i) **Infant Welfare Centres.** The following table gives particulars of the activities of infant welfare centres for the year 1964. 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, 1964

Particulars	N.S.W.	Vic.	Q'land (a)	S. Aust. (a)	W. Aust.	Tas.	N.T.	A.C.T.	Aus- tralia
Number of centres	415	655	265	264	72	102	16	29	1,818
Attendances at centres ..	1,152,014	1,350,328	444,372	255,766	243,530	134,216	17,447	39,065	3,636,738
Visits by nurses to homes ..	n.a.	173,551	33,379	34,614	27,131	79,377	7,854	4,532	n.a.

(a) Year ended 30th June, 1964.

Mobile units are used as centres in some States. The numbers of these in 1964, included in the above table, were as follows:—Victoria, 5; Queensland, 2; South Australia, 3; Western Australia, 4; and Tasmania, 10.

In the last thirty years, the number of attendances at the infant welfare centres has quadrupled. The numbers of attendances, at five-year intervals, since 1930 were as follows:—1930, 919,893; 1935, 1,355,306; 1940, 2,035,299; 1945, 2,927,764; 1950, 3,049,375; 1955, 3,099,233; and 1960, 3,482,383. During the year 1964 the number of attendances was 3,636,738.

(ii) *Bush Nursing Associations.* Treatment for mothers and children is also provided by the Bush Nursing Associations.

The number of centres maintained by the Associations in 1964 were:—New South Wales, 19; Victoria, 57; Queensland, 5; South Australia, 32; Western Australia, 15; and Tasmania, 24.

(iii) *Canberra Mothercraft Society.* This society, which is subsidized by the Commonwealth Department of Health, administers the Infant Welfare Service in Canberra with a staff of nine triple certificated nurses. The Queen Elizabeth II. Coronation Home for Mothers and Babies, which is under the management of the Society, was opened on 7th January, 1963. It is staffed by qualified nursing staff and provides post-natal care for mothers and problem babies. The Home has accommodation for two mothers and nine babies.

§ 3. Medical Inspection of School Children

1. *General.*—Medical and dental inspection of school children is carried out in all States, in the Northern Territory and in the Australian Capital Territory. In some States travelling clinics have been established to deal with dental defects.

2. *New South Wales.*—The school medical and dental services in New South Wales are under the control of the State Department of Public Health.

The aim of the school medical service is to examine all school children in the State, in order to discover any departure from normal health, physical or mental, and to notify the parent or guardian of any need for further investigation or treatment. Annual visits are made to schools in the metropolitan, Newcastle and Wollongong areas, and in some of the larger country towns. Full examinations are conducted on a child's entry into school. Review examinations, with particular emphasis on vision and hearing, are conducted on pupils in fourth class in primary schools and second and fourth years in secondary schools, and on others who appear to need additional examinations. Medical officers of this service examined 260,148 children in 1964.

In other country areas there is a scheme for school children to be examined by local medical practitioners under the supervision of local municipal and shire councils. The majority of local councils in New South Wales have expressed interest in this scheme and are endeavouring to arrange with local medical practitioners to have the scheme introduced.

The school medical service conducts nine child guidance clinics (eight in the metropolis and one at Newcastle), five child health centres (four in the metropolis and one at Newcastle), seven hearing clinics (five in the metropolis, one at Newcastle and one at Wollongong), and an asthma clinic in Sydney.

The school dental service had a staff of 34 dental officers and 30 dental assistants at the end of 1964. The service is provided by dental clinics established in the grounds of three metropolitan and two country public schools, eighteen mobile clinics in country areas and two dental teams with the Royal Flying Doctor Service (located at Broken Hill). In addition, a dental service is provided for children in 22 Child Welfare establishments.

In 1964, 116,127 school children were examined by the school dental service and 15,358 of these were treated.

3. *Victoria.*—School medical services are conducted in close association with the Education Department. All children between the ages of 5 and 15 years attending State and registered schools are examined regularly and any disabilities found in the children are brought to the notice of their parents. School nurses, under medical direction, visit the homes and schools. Children suffering from physical and mental disabilities are recommended to attend appropriate schools or classes by the medical officers. Some special training for the handicapped is given.

The School Dental Service has an establishment of 43 dental officers and provides dental attention for children in the metropolitan area at three dental centres, and for a number of country districts by means of 15 mobile units, including 6 twin-surgery units. It also provides dental services for children's institutions in and around Melbourne and certain provincial centres. The service is now providing dental attention for some 80,000 primary school children.

4. **Queensland.**—During 1963–64 medical officers and nurses examined 96,163 school children; 5,352 children had disabilities of which parents were notified and advised to seek attention. In western Queensland local doctors act as part-time ophthalmic surgeons. Advice is given on school sanitation, infectious diseases in schools and health education.

During 1963 school dentists gave treatment to 11,451 school children who resided in areas beyond easy reach of hospital dental clinics. The treatment was carried out at four rail dental clinics and with portable equipment at schools. In addition, school children are treated at hospital dental clinics in the larger towns.

5. **South Australia.**—South Australian State schools within a radius of 60 miles from Adelaide and at 5 large country centres are visited annually and the children are examined while in grades 1, 4 and 7 in the primary schools and in their second and fourth years in secondary schools. Efforts are made to visit the remaining country schools every three years, when all the children are examined. Students who wish to become teachers are examined on appointment as Honours Teaching Scholars while still attending secondary schools, again immediately prior to entering the Teachers' College and finally when they leave the College to take up teaching. Courses of lectures in health education are given to all College students and, in addition, domestic art students are lectured on home nursing.

During 1964, 81,261 children were examined by medical officers in 189 country and 152 metropolitan schools. Of these, 6,620 required treatment for defective vision, 2,497 for defective hearing, and 8,851 for dental disorders.

Dentists using mobile vans examined 5,823 school children in country areas where a private dental service was not readily available; 4,054 children were offered treatment; 3,657 accepted and were treated free of charge.

There were 2,266 children examined at the Deafness Guidance Clinic during 1964. Of the 1,356 new patients, 1,097 were referred to doctors or hospitals for treatment.

Educational work was assisted by talks to mothers' clubs and interviews with parents by doctors and dentists, and by home visits and interviews by nurses.

6. **Western Australia.**—The School Medical Service of the State Health Department employs seven full-time medical officers for schools. During 1963 these officers examined 55,463 children (metropolitan 34,409, country 21,054). The 405 schools visited comprised metropolitan, 251 (Government schools 176, non-government schools 75), and country, 154 (government schools 118, non-government schools 36). The aim is to examine each school child three times in his school career.

During 1963 the twelve full-time dentists employed by the School Dental Service visited 6 metropolitan schools, 84 country schools, 7 orphanages and 7 native missions. The number of children examined was 8,259. With the consent of their parents, 5,280 of these were treated. The number of dental vans operating was 12.

7. **Tasmania.**—During 1964, three full-time and four part-time medical officers examined school children in Government and non-government schools. In addition, two regional medical officers of health and one specialist medical officer also examined school children. Eighteen full-time and five part-time sisters visited homes and schools. Of the 22,567 children examined by medical officers, 6,579 were found to have defects.

Fourteen school dental officers were employed during 1963–64, operating from surgeries at Hobart, Launceston, Burnie, Devonport, Ulverstone, Currie and Flinders Island, and from mobile clinics in other districts. A full-time dental surgeon is in charge of each surgery or clinic. During the year there were 20,140 new visits to the school dentists and 26,238 repeat visits.

8. **Northern Territory.**—The Schools Medical Officer makes routine physical examinations of all children attending both pre-school centres and the schools which come under the supervision of the Assistant Supervisor of Education in the Northern Territory. The only children not so examined by him are those at the Native Welfare Settlement School, i.e. full-blood Aborigines, who are examined during native health surveys.

A special dental service for school and pre-school children is available in Darwin and Alice Springs. School doctors and dentists travel throughout the Territory to carry out diagnosis and treatment.

9. **Australian Capital Territory.**—The Commonwealth Department of Health is responsible for health aspects of child welfare in the Australian Capital Territory. These include a school medical service carried out by two medical officers and three trained nurses, and a school dental service, staffed by 11 dentists, together with surgery and clinical assistants.

Medical examinations are carried out at all schools, public and private, within the Territory. The total number of children examined during 1964 was 7,153. The majority of the examinations were of children in the six, eight, 12, 15 and 17 year age groups, but another large group of children was referred for examination of special conditions. In addition, examination of children attending pre-school centres was made according to the time available, 698 pre-school children being examined.

Defects notified during the year were:—393 eyesight, 176 ear, nose and throat, and 533 miscellaneous; while 366 cases of hearing loss not requiring further treatment were also found. Triple antigen injections, totalling 8,645 in 1964, were given at regular sessions held throughout the year, while 1,254 anti-poliomyelitis injections were given to school children and 8,380 at baby health clinics.

The School Dental Service provides free treatment for children attending infants' and primary schools, both public and private, in the Australian Capital Territory. During 1964 9,715 children were examined in Canberra and Jervis Bay schools. As in previous years, visits were also made to the Cocos (Keeling) Islands, Norfolk Island, and the Wreck Bay Aboriginal settlement. In all, a total of 10,032 children were examined by the School Dental Service, involving 34,063 visits. A resident dental officer has now been appointed to Norfolk Island.

§ 4. Disposal of Dead by Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31st December, 1964, there were nineteen crematoria in Australia, situated as follows:—New South Wales, 7; Victoria, 4; Queensland, 3; South Australia, 1; Western Australia, 2; Tasmania, 2.

There is no crematorium in the Northern Territory or in the Australian Capital Territory at present, but a site has been allocated for one in the Australian Capital Territory and it is expected that construction will begin during 1965.

The following table shows the number of cremations and total deaths in each State for each of the years 1960 to 1964.

CREMATIONS AND TOTAL DEATHS

State or Territory	1960		1961		1962		1963		1964	
	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths
New South Wales	13,809	35,030	13,991	35,048	15,198	36,861	15,664	37,226	16,321	39,487
Victoria ..	7,839	24,547	7,923	24,500	8,425	25,847	8,782	26,920	9,832	27,548
Queensland ..	3,709	12,370	3,998	12,756	4,220	13,182	4,432	13,275	4,745	14,523
South Australia ..	915	7,804	908	7,815	1,122	8,232	1,304	8,201	1,506	8,906
Western Australia	1,526	5,697	1,576	5,729	1,640	5,810	1,900	5,976	2,003	6,429
Tasmania ..	692	2,670	731	2,789	792	2,870	786	2,818	864	3,174
Northern Territory	..	134	..	128	..	144	..	161	..	164
Australian Capital Territory ..	..	212	..	196	..	217	..	317	..	363
Australia ..	28,490	88,464	29,127	88,961	31,397	93,163	32,868	94,894	35,271	100,594

COMMONWEALTH GOVERNMENT ACTIVITIES

NOTE.—The Commonwealth services outlined in this chapter are those provided under the National Health Services or otherwise administered by the Commonwealth Department of Health. For particulars of services administered by the Commonwealth Department of Social Services and of Commonwealth expenditure from the National Welfare Fund on all forms of social and health services, see Chapter XVI. Welfare Services.

§ 1. General

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 1st July, 1909. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. In addition, the Commonwealth Government has used its powers under Section 96 of the Constitution to make grants to the States for health purposes.

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.

§ 2. National Health Benefits

1. **Pharmaceutical Benefits.**—A comprehensive range of drugs and medicines is made available to all persons receiving treatment from a medical practitioner registered in Australia. The benefits are supplied by an approved pharmacist upon presentation of a prescription, or by an approved hospital to patients receiving treatment at the hospital.

The patient pays the first 5s. of the cost of the prescription, but pensioners who are eligible for treatment under the Pensioner Medical Service (see para. 5, p. 663) receive all benefits without any contribution being made.

Total Commonwealth expenditure on pharmaceutical benefits in the year 1963–64 was £39,419,336.

2. **Hospital and Nursing Home Benefits.**—(i) *General.* The *National Health Act* 1953–1964 provides for the payment of Commonwealth hospital and nursing home benefits. Commonwealth benefits are payable only in respect of treatment received in approved hospitals and approved nursing homes. For the purposes of the National Health Act premises which provide medical treatment, care and accommodation for sick persons are approved either as hospitals or as nursing homes depending mainly on their clinical standards and the type of patients accommodated. Usually premises are approved as hospitals if their general standards are substantially equivalent to those of a public hospital and if hospital treatment as defined in the National Health Act is provided. Premises are approved as nursing homes where their general standards are similar to those prevailing in benevolent homes, convalescent homes, rest homes or homes for the aged, and if nursing home treatment as defined in the Act is provided.

(ii) *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 20s. a day which is paid through the contributors' registered hospital benefits organizations. Total payments by contributors to organizations range from 1s. to 4s. a week for single persons and from 2s. to 8s. a week for families. Examples of contributions and benefits payable, including Commonwealth benefits of £1 a day, are:—

Weekly contribution		Total benefits	
Single person	Family	Daily	Weekly
<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>£ s. d.</i>
1 0	2 0	44 0	15 8 0
1 6	3 0	56 0	19 12 0
2 0	4 0	68 0	23 16 0
2 6	5 0	80 0	28 0 0
4 0	8 0	116 0	40 12 0

A contribution of 5s. a week covers a family for benefits at least equal to the public ward charge in any State. Contributions are allowable deductions for income tax purposes.

During the waiting period of two months after joining an organization, the Commonwealth benefit is payable at the rate of 8s. a day, unless the organization pays fund benefits, in which case Commonwealth benefit is payable at the higher rate of 20s. a 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 8s. a day unless the member was in receipt of unemployment or sickness benefits under the *Social Services Act 1947-1964*.

Contributors who would have been excluded from fund benefits because of organizations' rules covering pre-existing ailments, chronic illnesses or maximum benefits are assured of hospital fund benefits by the provisions of the special account plan. The hospital fund benefit usually payable in such cases is 16s. a day and is paid either from special accounts, guaranteed by the Commonwealth, or from the ordinary accounts of the organization. One condition of payment is that the treatment in respect of which the fund benefit was paid was given in an approved hospital, although fund benefit is paid in certain circumstances in respect of treatment given in approved nursing homes. If the payments from the special accounts exceed contributions credited to the account, the amount of deficit is reimbursed by the Commonwealth.

A person who joins a registered hospital benefits organization within eight weeks of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of 20s. per day and to fund benefits without having to serve a waiting period.

If a qualified patient in an approved hospital is not insured (i.e., not a member of a hospital benefits organization), a Commonwealth benefit of 8s. a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital.

Under arrangements made with the States, pensioners who are enrolled in the Pensioner Medical Service and are treated in public wards of public hospitals are entitled (with a few exceptions) to free public ward treatment. For this the Commonwealth pays the hospitals a benefit of 36s. a day for each pensioner.

(iii) *Patients in Approved Nursing Homes.* The Commonwealth nursing home benefit of 20s. a day is payable to all qualified patients in approved nursing homes whether the patients are insured or not. This benefit is deducted from the patient's account and subsequently paid by the Commonwealth to the nursing home. If no charge is made by the nursing home, the Commonwealth nursing home benefit of 20s. a day is still payable to the nursing home in respect of qualified patients.

There is no need for patients in approved nursing homes to be insured with a registered hospital benefits organization. Fund benefits are generally not payable. However, the National Health Act provides that where an insured special account patient is treated in an approved nursing home for an acute illness or condition and is given treatment equivalent to that which he would have received in an approved hospital, approval may be given to the payment of special account fund benefits.

(iv) *Australians Overseas.* Australian residents who receive hospital treatment in recognized hospitals in overseas countries, while temporarily absent from Australia, are eligible to receive the Commonwealth and fund benefits to which they are entitled.

(v) *Expenditure on Hospital and Nursing Home Benefits.* Expenditure on hospital and nursing home benefits for 1963-64 was £26,234,325. In addition, Commonwealth payments towards special account deficits totalled £1,874,623. This does not include expenditure on mental hospitals (see p. 661).

The following table shows the amount of Commonwealth hospital and nursing home benefits paid during the year 1963-64.

COMMONWEALTH HOSPITAL AND NURSING HOME BENEFITS PAID, 1963-64
(£'000)

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (8s.) ..	349	255	483	65	75	29	28	5	1,289
Insured patients (20s.)(a) ..	4,041	2,189	1,083	923	775	317	(b)	(b)	9,328
Pensioner patients (36s.) ..	2,552	1,497	1,302	504	602	188	3	29	6,677
Nursing home patients (20s.) ..	3,568	2,085	1,381	817	783	306	..	..	8,940

(a) Does not include payments of £1,874,623 towards special accounts deficits in 1963-64. (b) No hospital benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of these Territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States and payments to them are included in the respective States.

Arrangements for the payment of hospital benefits were changed as from 1st January, 1963. For benefits paid until 31st December, 1962, under the old arrangements, and for the remainder of 1962-63 under the new arrangements, see Year Book No. 50, 1964, pages 680-1.

(vi) *Registered Hospital Benefit Organizations.* The following table shows the number of registered hospital benefit organizations, the membership at 30th June, 1964, and fund benefits paid during the year 1963-64. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by hospital benefit schemes is considerably higher than the number of members.

HOSPITAL BENEFITS: ORGANIZATIONS AND FUND BENEFITS, 1963-64

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organizations at 30th June, 1964(b) ..	33	(c) 44	3	13	9	10	112
Membership at 30th June, 1964 ..	1,281,126	955,902	304,801	366,504	260,663	115,735	3,284,731
Fund benefits paid £'000 ..	10,992	4,204	1,743	2,275	1,681	746	21,641

(a) No hospital benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of these Territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States and payments to them are included in the respective States. (b) Interstate branches are not included. (c) Includes 18 Bush Nursing Hospitals.

3. **Mental Hospitals.**—In 1946, when Commonwealth hospital benefits were introduced for patients in public hospitals, no provision was made for patients in mental hospitals. To help meet the cost of maintaining patients in mental hospitals, the Commonwealth Parliament passed the *Mental Institutions Benefits Act 1948*. This Act ratified agreements with the States, whereunder it was provided that the States would cease making charges for the maintenance of mental patients and that the Commonwealth would pay the States a benefit based on the amount which had been collected by the States from the relatives of patients in mental hospitals by way of charges for maintenance.

These agreements operated for five years, and terminated in the latter half of 1954. The amount contributed by the Commonwealth during the operation of the agreements was approximately one shilling a day for each patient. When the agreements terminated, Dr. Alan Stoller, of the Victorian Mental Hygiene Authority, was commissioned to undertake a survey of mental health facilities and needs in Australia. His report, released in May, 1955, stated that serious overcrowding existed in the majority of mental hospitals in Australia. The provision of more beds was the most urgent need, but other accommodation and rehabilitation facilities were also required.

Following the report, the Commonwealth made an offer of £10 million to the States as part of a capital expenditure programme of £30 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 on mental health facilities. The new Act makes no provision limiting the size of the grant and the assistance is limited to the three year period concluding on 30th June, 1967.

The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1955-56 to 1963-64.

EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH GOVERNMENT

(£)

Year	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	Australia
1955-56 ..	208,763	445,746	66,588	12,245	9,985	29,822	773,149
1956-57 ..	383,555	527,213	88,068	128,467	51,855	68,974	1,248,132
1957-58 ..	324,152	545,365	114,103	152,159	29,236	91,384	1,256,399
1958-59 ..	196,831	619,621	118,512	122,328	17,210	45,892	1,120,394
1959-60 ..	359,060	518,235	74,613	91,770	36,799	66,995	1,147,472
1960-61 ..	432,881	83,820	97,642	45,691	15,276	51,933	727,243
1961-62 ..	648,637	..	70,718	27,839	77,022	..	824,216
1962-63 ..	647,562	..	37,593	52,112	57,894	..	795,161
1963-64 ..	491,089	..	54,083	86,293	165,792	..	797,257
Total, 1955-56 to 1963-64	3,692,530	2,740,000	721,920	718,904	461,069	355,000	8,689,423

There are no mental hospitals in the Northern Territory or in the Australian Capital Territory.

4. **Medical Benefits.**—(i) *General.* A medical benefits scheme has operated since July, 1953, being authorized firstly by the National Health (Medical Benefits) Regulations and then by the *National Health Act 1953-1964*.

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

During 1963-64 the National Health Act was amended by the *National Health Act 1964* to provide a new schedule of Commonwealth benefits which came into operation on 1st June, 1964. The general effect of the new schedule is to increase Commonwealth benefits by 33½ per cent. In a number of instances, because of alterations to benefits to adjust previous anomalies, the increase is greater.

In order to qualify for the Commonwealth benefit, a person is required to be insured with a registered medical benefit organization. The organization 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 organization by the Commonwealth.

Commonwealth benefits ranging from 8s. for ordinary general practitioner visits to £30 for major operations are payable to members of registered medical benefit organizations. The fund benefit payable varies according to the weekly contributions paid by the member and the particular medical service.

Examples of the range of benefits are as follows.

Type of service	Combined Commonwealth and fund benefits ^(a)
	£ s. d.
Certain major operations	67 10 0
Appendix operation	22 10 0
Midwifery	15 0 0
Tonsils—	
Under 12 years	6 12 6
12 years and over	10 0 0
Surgery consultation—general practitioner	0 18 0
	(15s. 6d. in some States)

^(a) The total benefit varies according to the weekly contribution rate. The most common contribution rates are 2s. a week for single persons and 4s. a week for a family.

Provision is made for the payment of fund benefit from special accounts for claims lodged by contributors who have reached maximum benefits or who make claims in respect of pre-existing ailments. The medical special accounts are operated along the same principles as the hospital special accounts (*see* p. 659) and the special account fund benefit paid usually matches the Commonwealth benefit for the particular service.

⁽ⁱⁱ⁾ *Australians Overseas.* 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.

⁽ⁱⁱⁱ⁾ *Expenditure on Medical Benefits.* In 1963–64 Commonwealth expenditure on medical benefits was £12,116,425. In addition, Commonwealth payments towards special account deficits totalled £307,718.

The following table shows the number of registered medical benefit organizations, 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 organizations. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by medical benefit schemes is considerably higher than the number of contributors.

MEDICAL BENEFITS: SUMMARY, 1963-64

Particulars	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	Australia (^a)
Registered organizations ^(b)							
No.	28	21	6	8	8	10	81
Members ..	1,239,443	869,221	302,723	329,820	247,192	107,078	3,095,477
Medical services ..	No. 9,789,101	6,378,157	2,709,709	2,642,360	2,069,854	718,671	24,307,852
Commonwealth benefit	£ 4,899,968	3,134,966	1,291,633	1,390,504	1,058,282	341,072	12,116,425
Fund benefit ..	£ 7,571,469	3,875,896	1,939,836	1,828,739	1,464,039	541,241	17,221,220

^(a) No medical benefit organization is registered in the Northern Territory or the Australian Capital Territory. Members who live in one of those Territories, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organization registered in one of the States.

^(b) Interstate branches are not included.

5. **Pensioner Medical Service.**—The Pensioner Medical Service, which commenced on 21st February, 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948–1949*. The service has been continued under the provisions of the *National Health Act 1953–1964*.

The service provided to eligible pensioners consists of medicine provided free of charge and a medical service of a general practitioner nature such as that ordinarily rendered by a general medical practitioner in his surgery or at the patient's home. Specialist services are not provided. Patients may be charged a small fee by doctors for travelling and attendance outside normal surgery or visiting hours. Doctors participating in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

Persons eligible to receive the benefits of the service are those who satisfy a means test and are receiving an age, invalid or widow's pension under the *Social Services Act 1947–1964* or a service pension under the *Repatriation Act 1920–1964*, persons receiving a tuberculosis allowance under the *Tuberculosis Act 1948*, and dependants of persons eligible for the service.

Since 1st November, 1955, the means test which has applied to new enrolments in the service is the income test that had to be satisfied in order to qualify for a full rate pension as at 31st December, 1953.

The means test does not apply to persons who had applied for and were eligible to receive a pension prior to 1st November, 1955, or to persons receiving a tuberculosis allowance.

At 30th June, 1964, the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 844,048, while the number of doctors participating in the scheme at that date was 5,899.

During the year ended 30th June, 1964, doctors in the scheme performed 7,425,546 services—visits and surgery consultations—for persons enrolled in the scheme. For these services they were paid £4,765,625. The average number of services rendered by doctors to each enrolled person was 8.9.

6. **Anti-Tuberculosis Campaign.**—(i) *General.* The main provisions of the *Tuberculosis Act 1948* are as follows:—(a) Section 5 authorizes the Commonwealth to enter into an arrangement with the States for a national campaign against tuberculosis; (b) Section 6 empowers the Commonwealth to take over or provide specified facilities for the diagnosis, treatment and control of tuberculosis; (c) Section 8 provides for the setting up of an advisory council to advise the Commonwealth Minister for Health on matters relating to the national campaign; and (d) Section 9 authorizes the Commonwealth to pay allowances to sufferers from tuberculosis and to their dependants.

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 net 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. For this reason the Commonwealth has not found it necessary to make much use of its powers under Section 6.

An advisory council, known as the National Tuberculosis Advisory Council, has been set up. There are twelve members, the chairman being the Commonwealth Director-General of Health.

To help reduce the spread of infection the Commonwealth Government pays living allowances to persons suffering from tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13th July, 1950. The rates now payable are:—married sufferer with a dependent wife, £12 12s. 6d. a week; dependent child or children under sixteen years of age and full-time student children from 16 years until the end of the year in which they attain 18 years, 15s. a week for each dependent child (additional to child endowment); sufferer without dependants, £7 12s. 6d. a week (reducible to £6 a week if a person is maintained free of charge in an institution).

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 married person, £7 a week, and in the case of a person without a dependent wife, £3 10s. a week.

(ii) *New Tuberculosis Cases Notified.* The following table gives particulars of the number of new cases of tuberculosis notified in Australia for the year 1964.

TUBERCULOSIS: NEW CASES NOTIFIED(a), 1964

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales ..	41	194	479	538	2	1,254
Victoria	83	168	293	274	2	820
Queensland	14	112	323	391	3	843
South Australia	9	47	69	52	..	177
Western Australia	11	21	69	71	..	172
Tasmania	5	23	45	23	..	96
Northern Territory	2	23	31	18	..	74
Australian Capital Territory	1	6	..	3	..	10
Australia	166	594	1,309	1,370	7	3,446

(a) Figures supplied by the Director of Tuberculosis in each State.

(iii) *Commonwealth Expenditure.* Expenditure by the Commonwealth Government during 1963-64 on its anti-tuberculosis campaign is set out in the following table. The figures for maintenance differ from those in the table shown in Chapter XVI. Welfare Services, because they include administrative costs which are not a charge on the National Welfare Fund.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN,
1963-64
(£)**

State or Territory	Allowances	Maintenance (a)	Capital	Total
New South Wales	(b) 276,853	1,900,046	76,317	2,253,216
Victoria	188,513	1,426,159	25,178	1,639,850
Queensland	183,333	1,061,635	141,463	1,386,431
South Australia	(c) 64,230	368,241	14,885	447,356
Western Australia	44,260	388,748	21,889	454,897
Tasmania	39,478	190,000	19,510	248,988
Australian Capital Territory	(d)	4,676	..	4,676
Australia	796,667	5,339,505	299,242	6,435,414

(a) Includes £103,104 for administrative costs. (b) Includes Australian Capital Territory.
(c) Includes Northern Territory. (d) Included with New South Wales.

The following table sets out expenditure by the Commonwealth Government on its anti-tuberculosis campaign during the years 1959-60 to 1963-64.

COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN
(£)

Year	Allowances	Maintenance (a)	Capital	Total
1959-60	1,025,473	4,414,210	781,089	6,220,772
1960-61	946,446	4,259,092	410,370	5,615,908
1961-62	872,853	4,418,986	386,579	5,678,418
1962-63	803,516	4,970,951	491,993	6,266,460
1963-64	796,667	5,339,505	299,242	6,435,414

(a) Includes administrative costs.

7. Anti-poliomyelitis Campaign.—(i) *General.* Information concerning the initial production by the Commonwealth Government of anti-polio vaccine in Australia in 1955, and of the testing procedures which were carried out, is contained in Year Book No. 49 and earlier issues.

Distribution of the Salk poliomyelitis vaccine, which was supplied free of charge to the States, began in July, 1956. The States were responsible for the organization and running of their own campaigns and for the distribution of the vaccine in accordance with priority groups established by the National Health and Medical Research Council. Up to 1958, priority was given to children in the 0-14 age group, expectant mothers, and persons subjected to special risk. During 1958, this priority was extended to persons in the 15-44 age group. No child can be vaccinated without the consent of parents or guardian.

Vaccination against poliomyelitis takes the form of four injections of the vaccine. The second injection is given approximately four weeks after the first, the third injection is given not less than 32 weeks after the first and the fourth injection a minimum of one year after the third dose. Where the incidence of the disease in certain areas approaches epidemic proportions, special efforts have been made to vaccinate as soon as possible all persons in the area who give their consent.

One million doses of each of the three types of monovalent Sabin vaccine were imported by the Commonwealth in October, 1962, for use in a possible emergency. The decision whether to use the Sabin vaccine rests with the individual State Health Authorities.

At present, a pilot scheme is being undertaken by the Tasmanian Government in co-operation with the Commonwealth, using Sabin Vaccine as a booster. Over 70,000 children have received two doses of Sabin Vaccine at intervals of six weeks and immunity levels reached have been satisfactory.

It is difficult to give a completely accurate estimate of the vaccination coverage for the whole of Australia because methods of recording vaccination data differ from State to State. The proportion of children who had received three injections by 12 months of age is considered to be very small; by the recommended dosage schedule the third injection is given at 14 months or later. More than 60 per cent. of children from 15 months to 4 years have received 3 injections. In the age group 5 to 14 years, 90 per cent. have had 3 injections, as also have the 15 to 19 years group. Only 40 per cent. of persons 20 to 45 years old have received 3 or more injections.

Australia-wide information is not available regarding the proportion of the population which has now received a fourth injection, but if information from South Australia can be taken as a guide, it would appear that approximately 16 per cent. of those persons who have already received 3 injections have also received a fourth dose.

(ii) *New Cases of Poliomyelitis Notified.* The numbers of new cases of poliomyelitis notified in each State are shown for each year from 1956 to 1964 in the following table.

POLIOMYELITIS: NEW CASES NOTIFIED

Year	N.S.W.	Victoria	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
1956	240	251	112	122	401	55	..	13	1,194
1957	58	13	24	16	8	6	..	..	125
1958	23	60	5	10	2	..	..	..	100
1959	16	30	4	1	3	..	..	..	54
1960	9	23	6	10	4	36	17	..	105
1961	201	50	141	44	2	11	1	..	450
1962	178	22	38	17	4	..	1	..	260
1963	3	19	1	8	5	..	..	..	36
1964p.. ..	2	5	..	..	..	..	..	..	7

8. *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, crèches 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 now participate in the scheme. At 30th June, 1964, approximately 1,687,000 children were entitled to receive free milk under this scheme.

Expenditure by the Commonwealth Government during the years 1959–60 to 1963–64 was as follows.

COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME

(£)

Year	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Australia
1959–60 ..	1,286,672	910,000	480,246	275,000	229,872	156,358	10,493	22,874	3,371,515
1960–61 ..	1,279,460	1,020,000	518,244	282,000	225,377	200,075	21,994	24,064	3,571,214
1961–62 ..	1,329,363	1,036,165	565,000	332,258	264,392	175,256	23,271	27,734	3,753,439
1962–63 ..	1,317,903	950,407	572,762	356,910	293,069	192,093	26,595	30,014	3,739,753
1963–64 ..	1,331,688	1,093,000	559,933	353,932	309,046	199,717	25,052	27,305	3,899,673

The figures in the foregoing table differ slightly from those in the table shown in Chapter XVI. Welfare Services, as they include capital and administrative costs. Figures in the latter table represent only expenditure which is a charge on the National Welfare Fund (i.e., the cost of the milk).

§ 3. Commonwealth Organizations concerned with Health

1. *National Health and Medical Research Council.*—In 1926 the Commonwealth Government established a Federal Health Council, in accordance with a recommendation of the Royal Commission on Health (1925), “for the purpose of securing closer co-operation between the Commonwealth and State Health Authorities”. In 1936 the Commonwealth Government decided to create a body with wider functions and representation, and the National Health and Medical Research Council was established with the following functions:—to advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public and on medical research; to advise the Commonwealth Government on the expenditure of money specifically appropriated to be spent on the advice of this Council; to advise the Commonwealth Government on the expenditure of money on medical research and on projects of medical research generally; and to advise 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 consists of the Commonwealth Director-General of Health (as chairman), two other officers of the Commonwealth Department of Health, the official head of each State Health Department, the Director of Public Health for Papua and New Guinea, a representative of the Commonwealth Serum Laboratories Commission, and ten other members, one each being nominated by the Australian Medical Association, the Australian Dental Association, the Australian Paediatric Association, the Australian College of General Practitioners, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists, the College of Pathologists of Australia, the College of Radiologists of Australasia, and the Australian universities having medical schools. An eminent layman and laywoman, appointed by the Commonwealth Minister for Health, also serve on the council.

The Council has established three advisory committees—the Medical Research Advisory Committee, the Medicine Advisory Committee and the Public Health Advisory Committee—to provide advice in each specialized field. It has also established other committees to consider specialized subjects such as antibiotics, dental health, food standards, maternal and child health, nursing, nutrition, out-patient health and veterinary public health.

The first session of the National Health and Medical Research Council was held at Hobart in February, 1937. The fifty-eighth session was held at Canberra in October, 1964.

Under the *Medical Research Endowment Act 1937* the Commonwealth Government has made an annual appropriation of funds to assist:—(a) departments of the Commonwealth or of a State engaged in medical research; (b) universities for the purpose of medical research; (c) institutions and persons engaged in medical research; and (d) in the training of persons in medical research. For 1963–64, this appropriation was £318,500 and for 1964–65, £413,000.

2. The National Biological Standards Laboratory.—The *Therapeutic Substances Act 1953–1959* provides the Commonwealth with powers to ensure that therapeutic substances used for the prevention, diagnosis and treatment of disease in man and animals are safe, pure and potent.

The Director-General of Health is authorized under this Act to set up laboratories to test such substances. In 1958 the first steps were taken to establish an Australian National Biological Standards Laboratory in Canberra.

The laboratory is divided into two main divisions, a Biological Division and a Pharmaceutical Division. The Biological Division consists of the Bacterial Products Laboratory, the Viral Products Laboratory, an Endocrine Products Laboratory and an Antibiotic Products Laboratory. The Pharmaceutical Division consists of an Analytical Chemistry Laboratory and a Pharmacology Laboratory.

All these laboratories have now been established and have commenced work.

Samples of therapeutic agents available in Australia are taken and tested for compliance with legal standards. A major function of the laboratories is the establishment of such standards where none at present exist or present standards are unsatisfactory.

The laboratories receive international reference standards of biological substances from stocks maintained by the World Health Organization, and will on request issue Australian reference standards which have been assayed against international standards.

3. Commonwealth Serum Laboratories.—The laboratories were established in 1916 under the administration of the Department of Trade and Customs and from 1921 to 1961 were operated under the Department of Health. Control of the laboratories passed to the Commonwealth Serum Laboratories Commission on 2nd November, 1961.

The laboratories' basic function is to ensure the supply of essential biological products in accordance with national health needs. This includes production and supply of essential biological products; research and development relating to biological products and allied fields; and the maintenance of potential production capacity for use in emergencies.

Since their foundation, the laboratories have greatly extended in size and scope. They now produce some 450 regular products and many special products for use in the diagnosis, prevention and treatment of human and animal diseases. Professional, technical and other staff total over 900.

Products comprise a full range of human bacterial and virus vaccines, veterinary bacterial and virus vaccines, serum products such as blood fractions, a wide variety of antibacterial and antitoxic sera, antivenenes, penicillin, endocrines, including insulin, A.C.T.H., pituitary and thyroid extracts, allergy testing materials and desensitizing preparations, culture media, and diagnostic agents for clinical and laboratory work. More recently, tissue culture materials have been prepared and supplied to virus research workers throughout Australia.

Continual research is conducted into the relevant aspects of microbiology and immunology, and related fields. As the growth of medical and scientific knowledge in Australia and overseas reveals new methods of diagnosis, prevention and treatment of diseases, this information is applied to the preparation of new biological products at the laboratories.

Facilities are maintained for investigations into public health matters which are inconvenient or impracticable to handle at the Commonwealth Health Laboratories or the School of Public Health and Tropical Medicine.

The laboratories serve as a national centre for the maintenance in Australia of the international standards of the Permanent Commission on Biological Standards (World Health Organization). They act as a regional reference centre for W.H.O. in collating reports of the prevalence of certain infectious diseases and provide facilities for the identification of these diseases.

Veterinary biological products produced at the laboratories have given the lead to other producers in Australia, resulting in the diminution of incidence of a number of serious infectious stock diseases.

4. The Commonwealth Health Laboratories.—Health laboratories, of which there are fifteen, are situated in the following towns: Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. They were established as an essential part of the quarantine system but were also to undertake research into local health problems and to provide doctors of each district with up-to-date facilities for laboratory investigation and diagnosis. It was realized that co-operation between the general practitioner, with his clinical observations and knowledge of the environment of disease on the one hand, and the staff of a well-equipped laboratory on the other, is essential to the investigation and control of disease.

From this standpoint, the laboratories have proved their value in the determination of leptospirosis and endemic typhus in North Queensland, in the investigation of special local problems in Darwin, of undulant fever throughout Australia, of silicosis and tuberculosis at Kalgoorlie and of plumbism at Port Pirie. In these investigations, close co-operation exists with State and local health and hospital services, especially in Queensland where collaboration has yielded exceptionally valuable results in differentiating the groups of fevers previously unclassified in that State. In this investigational work, as well as in more routine activities, the laboratories have at their disposal the full resources and technical and specialist facilities available at the Commonwealth Serum Laboratories and the School of Public Health and Tropical Medicine, Sydney.

The laboratories are unique in that, with the exception of the use of X-rays, they cover all the fields of diagnostic requirements, namely, pathology, public health, haematology, parasitology, mycology, bacteriology, biochemistry and blood group serology.

5. Commonwealth Acoustic Laboratories.—Sponsored by the National Health and Medical Research Council, the Acoustic Research Laboratory, Sydney, investigated inter-communication difficulties and noise problems in aircraft and tanks (1942-46). It then investigated the problem of congenital deafness in children resulting from maternal rubella. The Department of Health took over the laboratory in January, 1947, and subsequently established branch laboratories in all other State capitals.

The *Acoustic Laboratories Act* 1948 gave the Minister for Health the right to establish, maintain and operate, within the Commonwealth, acoustic laboratories for scientific investigations, including tests in respect of hearing aids and their application to the needs of individuals, and in respect of problems associated with noise as it affects individuals. Scientific investigations are carried out in the Central Laboratories in Sydney by specialized scientific groups in psychology and audiology, acoustics and electroacoustics, medical ultrasonics, and psychoacoustics. The results of this research are published in scientific literature

and Commonwealth Acoustic Laboratories reports. In 1949 the Government approved the provision and maintenance of hearing aids, without charge, to deaf school and pre-school children. This service has since been extended to those whose hearing loss is discovered after leaving school, but who are still under 21 years of age. Since May, 1964, the cost of hearing aids is met from the National Welfare Fund. The laboratories' functions also include:—provision and maintenance of hearing aids on behalf of the Repatriation and other Commonwealth Departments; assistance to the State Education Departments in measuring deafness by providing and maintaining portable audiometers; the making of hearing tests of civil aviation aircrew as required by international agreement; and the making of independent tests on behalf of State and other authorities.

The Central Laboratories located in Sydney are responsible for staff training, production of equipment, calibration of hearing-aids and audiometers, and the technical administration of branch laboratories.

6. Commonwealth X-ray and Radium Laboratory.—In 1928 the Commonwealth Government purchased ten grammes of radium for use in medical treatment and research in Australia. The use of this radium was to be co-ordinated by the Department of Health and in 1929 the Department established the Commonwealth Radium Laboratory to act as custodian of the radium and to ensure its equitable distribution and efficient use.

The radium is distributed on loan to treatment centres throughout Australia. Under the terms of these loans, treatment at well-equipped clinics is available to all persons requiring it, irrespective of their ability to pay. Portions of the original stock of radium have been remounted from time to time, reflecting changes in techniques of treatment.

In 1935 the work of the laboratory was extended to include physical aspects of X-ray therapy and the name of the laboratory was changed at this time to its present form.

Since 1939 the functions of the laboratory have included investigations of the physical aspects of the diagnostic use of X-rays with particular emphasis on miniature radiography and high-kilovoltage techniques.

In 1946 the laboratory imported the first artificially-produced radioactive isotopes used in Australia and established a system for the procurement and distribution of these substances.

A radiochemical laboratory and associated facilities were set up in the laboratory to permit the assay of radioactive materials present in minute amounts in the environment—in air, water, soil and foods such as milk, grain and vegetables. A programme of monitoring the fall-out in Australia arising from the testing of nuclear weapons is continuing.

The laboratory co-operates with the physical services which have been developed in the other capital cities of Australia to provide local facilities for the production of radon, for the calibration of X-ray therapy equipment and for the measurement of the exposure to radiation of those who work with X-rays and radioactive materials. The services of the laboratory are available to all who work with ionizing radiations.

A radon service has been operated by the laboratory since its inception. During the year ended 30th June, 1964, 39,766 millicuries of radon were issued by the laboratory in the form of implants, needles and tubes for use in Victoria, Tasmania, South Australia and Western Australia. A further 23,688 millicuries were issued by the associated centres in Sydney and Brisbane. The corresponding figures for 1962–63 were 33,701 millicuries and 20,483 millicuries, respectively. The issue of radon from a few centres to serve hospitals all over the continent is an Australian development which enables very efficient use to be made of the radium available.

Since 1935 the laboratory has maintained the Australian (free-air) standard for the precise measurement of X-ray dose. Sub-standard clinical dosimeters used by the laboratory and by centres in other States are calibrated in terms of this standard.

Through the development of atomic energy programmes overseas, supplies of radio-isotopes have been available for use in Australia since 1946. Some of the radio-isotopes required in Australia are prepared by the Australian Atomic Energy Commission in its reactor at Lucas Heights. At the present time, the procurement and distribution of radio-isotopes to be used in medicine and medical research are the responsibility of the Department of Health and these isotopes are procured by the laboratory, as a central procurement agency, principally from Great Britain, Canada, and the United States of America. The procurement and distribution of radio-isotopes for industrial and non-medical uses are the responsibility of the Australian Atomic Energy Commission.

The importation of radio-isotopes is restricted under the Customs (Prohibited Imports) Regulations. Approval for importation is given either by the Director-General of Health or by the Australian Atomic Energy Commission, depending on the category of use, after it has been established that the isotope will be used safely and usefully.

During 1963-64 38 different isotopes were procured for use in medicine and medical research. They represented 1,559 separate deliveries, of which 76 (including seven different isotopes) were from the Australian Atomic Energy Commission. Of the 38 isotopes, 16 were for use in medical diagnosis or treatment, as distinct from medical research. Bulk supplies of radio-isotopes used for diagnosis or treatment are obtained regularly and these are distributed by the laboratory as individual doses for use on patients throughout Australia in accordance with a policy developed by the Committee on Radio-isotopes of the National Health and Medical Research Council. These radio-isotopes are issued free of charge. In the year ended 30th June, 1964, 18,159 individual doses of these materials were issued for medical diagnosis and therapy.

Investigations of the degree of protection necessary in particular applications of X-rays and radioactive materials continue to be an important activity of the laboratory. It prepares specifications of the protection facilities necessary in departments and laboratories employing ionizing radiations in medicine, research and industry, and carries out measurements of radiation levels in existing departments and laboratories. A film-badge service to measure the radiation dose received by those exposed to ionizing radiations is maintained. In 1963-64, 72,411 film-badges were processed, assessed and reported on; the corresponding figure for the previous year was 46,370.

The laboratory maintains a library of radiological literature and issues library bulletins at appropriate intervals. Technical communications on topics related to its functions are issued from time to time.

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

The School comprises sections of Preventive Medicine, Tropical Medicine, Occupational Health, Environmental Health, Biochemistry, Bacteriology and Pathology, Parasitology, Medical Entomology, and Medical Statistics. The Child Welfare section of the Institute of Child Health is located at the School, with which it is closely associated. The Occupational Health Section undertakes surveillance of the health of persons employed at the Small Arms Factory, Lithgow, and at the Munitions Filling Factory, St. Mary's. The Library, which includes approximately 17,000 bound volumes and a large collection of official and institutional papers and reports, forms an important information centre in the subjects of public health and tropical medicine.

The work of the school comprises both teaching and investigation. Courses are held for the university post-graduate diploma in public health and the diploma in tropical medicine and hygiene. Lectures are given in public health and preventive medicine as prescribed for the fifth year of the medical curriculum. Courses are provided also in hygiene and social medicine for students of architecture and social studies; in tropical medicine for lay officers, nurses in tropical service and missionaries; and in industrial health for engineering students. Training is also provided for certain personnel of the armed services, for laboratory workers from various services and institutions, and for post-graduate nursing diploma students.

Investigations cover a wide range of public health and medical subjects, both in the laboratory and in the field. Field work has been carried out in Australia and in Papua, New Guinea, Norfolk Island and Nauru in co-operation with the local administrations and the South Pacific Commission. Limited accommodation and other facilities for investigation can be made available at the school for independent research workers.

8. Institute of Child Health.—Associated with the School of Public Health is the Institute of Child Health, part of which is located in the School of Public Health and Tropical Medicine in the grounds of the University of Sydney and part at the Royal Alexandra Hospital for Children, Camperdown. The activities of the Institute are concerned with research into medical and social problems of childhood, undergraduate teaching of students

of the Faculty of Medicine in the University of Sydney, post-graduate teaching of doctors and members of associated professions, and collaboration with other bodies concerned with the general field of child health.

The establishment of the Institute at present consists of the director, two senior medical officers, one child psychiatrist, five other medical officers, a psychologist, two social workers, and clerical staff.

The director of the Institute is the Professor of Child Health in the University of Sydney. He is also a senior honorary paediatrician on the staff of the Children's Hospital. The child psychiatrist is also Associate Professor of Child Psychiatry in the University of Sydney.

The director is required to co-ordinate and control undergraduate and post-graduate teaching in paediatrics and child health. Each group of medical students attends the Children's Hospital for 10 weeks tuition in paediatrics and child health.

The particular research activities of the Institute vary with the immediate and long-term problems which present themselves. Fields of study have included rheumatic fever, scurvy, accidents, prematurity, hypothyroidism and mental deficiency. Studies are undertaken into the problems of infants and children deprived of a normal home life.

Members of the Institute staff are available for consultation by Commonwealth and State authorities and voluntary agencies.

9. Commonwealth Bureau of Dental Standards.—This Bureau is concerned with research, standards and testing related to dental and allied materials and processes. It became part of the Department of Health in January, 1947, but for the preceding eight years it was sponsored by the National Health and Medical Research Council. During that time, the then Dental Materials Research Laboratory established itself as a recognized authority in its special field and proved to be of value to the defence services, government departments, the dental profession and manufacturers of dental products. By maintaining the quality of dental materials and improving techniques for their use, the Bureau continues to assist the dentist in his service to the community—a service that calls for restorations and appliances of a high degree of precision and permanence under very exacting conditions.

The functions of the Bureau are:—original research into dental equipment, materials, techniques and processes; regular reporting of the results of these investigations in recognized Australian scientific journals; the development of specifications for dental materials and equipment, through the Standards Association of Australia, in consultation with a committee representing the Commonwealth Department of Health, the Australian Dental Association and manufacturers and distributors; and the provision of a consultative service and testing facilities for manufacturers and distributors of dental materials with a view to assisting them in the improvement of existing products and the development of new materials.

10. The Australian Institute of Anatomy.—The Australian Institute of Anatomy is situated in a building erected in Canberra by the Commonwealth Government under the *Zoological Museum Agreement Act 1924*. Prior to the passing of this Act the Commonwealth Government had expressed regret that the Australian nation possessed neither a collection of specimens of the unique and fast disappearing fauna of Australia, nor a museum in which such specimens could be preserved for future generations. Sir Colin MacKenzie, the first Director of the Institute of Anatomy, presented his entire private collection of Australian fauna to the Commonwealth Government. This gift was housed in the Institute. The Institute became part of the Commonwealth Department of Health in 1931.

The original collection has been greatly augmented. In addition to donations of material, there have been several endowments for orations and lectures.

The Institute consists of a museum section and a laboratory section. In the museum section, which is open to the public, a portion of the original collection of anatomical specimens assembled by Sir Colin MacKenzie is displayed, together with ethnological collections

which have been added since the foundation of the Institute. The material has been arranged to present simple lessons in human hygiene, to display the anatomical features and peculiarities of Australian fauna and to display aspects of the character of Australian Aborigines and Indigenes of Papua and New Guinea.

A number of Health Department sections are now situated in the Institute. These include the Museum and Medical Artistry Section, the Nutrition Section, the Commonwealth Health Laboratory for the Australian Capital Territory and a Veterinary Laboratory.

The scientific research work of the Institute is now concentrated on problems of nutrition. It takes the form of field surveys of the dietary status of the Australian population and laboratory investigations into the biochemistry of nutrition and metabolism.

§ 4. Control of Infectious and Contagious Diseases

1. **General.**—The provisions of the various Acts with regard to the compulsory notification of infectious diseases and the precautions to be taken against their spread are dealt with under the headings of quarantine and notifiable diseases (including venereal diseases).

2. **Quarantine.**—The *Quarantine Act* 1908–1961 is administered by the Commonwealth Department of Health and has three sections of disease control, as follows:—(i) human quarantine, which controls the movements of persons arriving from overseas until it is apparent that they are free of quarantinable disease; (ii) animal quarantine, which controls the importation of animals and animal products from overseas and the security of other animals present on vessels in Australian ports; and (iii) plant quarantine, which regulates the conditions of importation of all plants and plant products with the object of excluding plant diseases, insect pests and weeds.

In respect of interstate movements of animals and plants, the Act becomes operative only if the Governor-General considers that 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.

(i) *Human Quarantine.* All passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to a 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. In each State, quarantine activities are controlled by the Commonwealth Director of Health, who is a medical officer 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 vaccination certificates are required of travellers to Australia as follows:

Cholera. All arrivals from infected local areas and from India, Pakistan, Burma, Thailand, Vietnam, Malaysia, Philippines and Indonesia. No certificate is required in respect of children under one year of age.

Yellow Fever. All arrivals from yellow fever endemic zones.

Smallpox. All arrivals from all countries except British Solomon Islands, Fiji, Nauru, New Zealand, Norfolk Island, Ocean Island, Australian Territory of Papua and New Guinea, provided travellers have not been outside these areas for at least 14 days before arrival and that these areas are free of 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.

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.

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 the year ended 30th June, 1964, and during the preceding four years, are shown in the following tables.

HUMAN QUARANTINE: CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASES ON OVERSEA VESSELS AND AIRCRAFT CALLING AT AUSTRALIAN PORTS, 1963-64

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox	36	82	4
E enteritis	1	1	..
Glandular fever	1	2	..
Gonorrhoea	3	..	3
Infectious hepatitis	7	9	1
Measles	30	196	..
Mumps	28	53	1
Paratyphoid	1	1	..
Pulmonary tuberculosis	1	..	1
Pneumonia	1	1	..
Rubella	7	12	..
Scarlet fever	1	1	..
Syphilis	1	..	1
Typhoid	1	1	..
Whooping cough	1	2	..
Total	(a) 92	361	11

(a) On some vessels there were cases of more than one disease.

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

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
1959-60	3,046	2,063	61	234	12
1960-61	3,481	2,354	55	296	4
1961-62	3,761	2,417	67	221	15
1962-63	2,943	2,423	91	438	35
1963-64	3,184	2,620	92	361	11

(ii) *Animal Quarantine.* Animal quarantine, authorized by the provisions of the *Quarantine Act 1908-1961*, 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, cats and poultry are admitted from a limited number of countries depending on diseases present in the country of origin. All must be accompanied by health certificates which include prescribed tests. On arrival in Australia, they are subject to quarantine detention.

Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a 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, sausage casings and eggs, which cannot be sterilized, are admitted from very few countries. Other items, such as harness fittings, fodder and ship's refuse, are treated to destroy any possible infection.

The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with requirements of the various countries.

The Division of Veterinary Hygiene was created in 1926 to deal with the administration of animal quarantine. The central administration is situated within the Health Department at Canberra, with a director, an assistant director 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 capital city.

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

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

Every two years the director of the Division convenes the Biennial Conference of Principal Commonwealth and State Veterinarians, which meets under the auspices of the Australian Agricultural Council to discuss problems of animal health and disease control and animal quarantine.

(iii) *Plant Quarantine.* Since 1st July, 1909, the importation into Australia of all plants or parts of plants, cuttings, seeds and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the *Quarantine Act 1908-1961*, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering

Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

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

Any plant material found carrying diseases or pests, or suspected of doing so, may be ordered into quarantine for remedial treatment, or, if treatment is impracticable, may be destroyed. The cost of treatment is met by the importer.

Regulations governing the different types of plants are based on the following broad principles. Importation of plants likely to be infected with plant diseases or pests, of noxious plants or fungi, and of poison plants is prohibited. Agricultural seed, not restricted under quarantine legislation, must conform to standards of purity, and insect pest and disease freedom. Seed of commercial crops which could introduce diseases are prohibited imports except with special permission. All plant products not specifically restricted, such as timber, logs and crates, are subject to inspection upon arrival and treatment if necessary. Many commodities, including hops, cotton, peanuts in shell, potatoes, and certain crop seeds, may be imported only by approved importers under specified conditions. All nursery stock, including bulbs, must be grown in post-entry quarantine. Prior approval is necessary and such material may be imported only by approved importers who are registered for this purpose. The number of plants which may be imported in any one year is limited. The importation of propagating material of commercial fruits, vines and berries is permitted only after special prior approval and is subject to specific screening for virus by qualified authorities.

3. Notifiable Diseases.—(i) *General.* (a) *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 communicable diseases, for example, smallpox and leprosy, are detained in isolation.

(b) *Diseases Notifiable and Cases Notified in each State and Territory.* The following tables show, for each State and Territory, the diseases notifiable in 1964, and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.

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 aid; diagnostic practices of doctors—e.g., infectious hepatitis may not be diagnosed as such unless jaundice is also present; enforcement and follow-up of notifications by Health Departments; differences in sources of notifications; differences in definitions of notifiable diseases in Health Acts—e.g., puerperal fever and encephalitis; and varying degrees of attention to notification of diseases of minor importance.

**DISEASES NOTIFIABLE^(a) IN EACH STATE AND TERRITORY OF AUSTRALIA
AND NUMBER OF CASES REPORTED, 1964**

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
DISEASES NOTIFIABLE IN ALL STATES AND TERRITORIES^(b)									
Acute rheumatism (rheumatic fever) ..	41	39	(c)100	..	8	26	7	1	222
Ankylostomiasis	224	1	91	1	37	..	297	..	651
Brucellosis	19	36	12	2	4	..	..	1	74
Diarrhoea, infantile	587	426	336	12	44	6	142	19	1,572
Diphtheria	9	71	3	..	3	..	..	1	87
Encephalitis	89	21	12	3	..	1	1	..	127
Infectious hepatitis	2,731	2,697	1,163	289	101	636	57	12	7,686
Leprosy (Hansen's disease) ..	7	1	6	..	11	..	49	1	75
Meningococcal infection	61	31	115	5	1	12	2	2	229
Paratyphoid fever	5	..	1	1	..	4	..	1	7
Polio-myelitis .. .. .	..	5	..	..	..	..	..	..	12
Puerperal fever	79	7	34	2	3	..	13	..	139
Scarlet fever	432	647	73	202	60	380	..	4	1,798
Tuberculosis ^(d)	1,254	820	843	177	172	96	74	10	3,446
Typhoid fever	6	5	4	4	..	..	..	1	20
Typhus (flea, mite or tick borne) ..	3	..	12	..	..	..	..	..	15

DISEASES NOTIFIABLE IN SOME STATES AND TERRITORIES^(b)

									Total for the States, etc., in which the disease is notifiable
Acute nephritis	*	43	*	*	*	3	*	*	46
Amoebiasis	*	3	72	1	1	..	3	..	80
Anthrax .. .. .	*	..	..	..	..	..	..	..	..
Ascariasis	110	..	..	..	..	..	..	..	110
Bilharziasis	*	1	*	..	..	..	..	..	1
Breast abscess	1	28	16	..	4	..	..	..	49
Chorea	4	1	(c)	..	..	..	..	..	5
Dengue .. .. .	..	..	..	..	..	..	..	..	..
Dysentery, bacillary .. .. .	..	28	50	73	135	1	120	1	408
Eclampsia .. .. .	..	5	*	..	..	..	..	..	5
Erythema nodosum .. .. .	..	12	(e)	3	..	..	..	..	15
Filariasis .. .. .	..	..	2	..	..	..	..	..	2
Helminthiasis .. .. .	..	4	..	..	..	..	..	..	4
Homologous serum jaundice ..	..	..	(f)	..	..	..	..	..	..
Hydatid .. .. .	..	22	1	..	3	21	..	..	47
Lead poisoning .. .. .	..	..	6	1	..	..	..	..	7
Leptospirosis	14	..	103	2	4	..	..	..	123
Leukemia .. .. .	..	33	*	..	..	..	..	..	33
Malaria .. .. .	..	16	47	..	5	..	5	1	74
Melioidosis .. .. .	..	*	*	..	..	..	..	..	..
Ophthalmia .. .. .	..	*	*	..	14	..	..	13	27
Ornithosis .. .. .	..	..	3	1	..	..	..	..	5
Pleural effusion .. .. .	..	18	(e)	..	1	..	..	..	19
Q-fever .. .. .	..	*	189	*	..	..	..	..	189
Relapsing fever .. .. .	..	*	..	..	..	..	..	..	..
Rubella .. .. .	..	1,388	110	664	190	46	8	53	2,459
Salmonella infection .. .. .	..	*	*	120	61	..	24	6	211
Staphylococcal infection (infancy)	943	9	4	..	..	..	..	..	956
Staphylococcal pneumonia	34	..	..	..	..	..	..	..	34
Taeniasis .. .. .	..	..	5	..	..	..	..	..	5
Tetanus .. .. .	..	7	23	..	8	..	..	..	38
Trachoma .. .. .	..	..	*	42	147	..	26	..	215
Trichinosis .. .. .	..	..	*	..	1	..	..	..	1
Veneral diseases—									
Sypilis	399	59	122	..	11	10	4	6	611
Gonorrhoea	3,937	1,302	1,274	*	392	188	73	35	7,201
Other	201	..	78	..	..	..	28	1	308

(a) No cases of cholera, plague, smallpox, epidemic typhus or yellow fever were notified. (b) There are popular names for various diseases mentioned in the table above. While these names may not be clearly defined or acceptable for diagnostic purposes, the most common ones are listed here for the information of the lay reader:—hookworm (ankylostomiasis); undulant fever (brucellosis); St. Vitus dance (chorea); Weil's disease or seven-day fever or swamp fever (leptospirosis); parrot fever (ornithosis); childbed fever (puerperal fever); German measles (rubella). (c) Chorea is included with acute rheumatism (rheumatic fever). (d) These are figures supplied by the Directors of Tuberculosis in each State. (e) Under the Queensland Health Acts notifications of tuberculosis include erythema nodosum and pleural effusion. (f) Included with infectious hepatitis. * Not notifiable.

(ii) *Specific Diseases.* (a) *Tuberculosis and Poliomyelitis.* The number of new cases of tuberculosis notified in each State and Territory by age groups for the year 1964 is shown on page 664. Some data regarding deaths from tuberculosis are shown on page 339 of Chapter X. Vital Statistics.

Cases of poliomyelitis notified in each State and Territory for the years 1956 to 1964 are shown on page 666.

(b) *Infectious Hepatitis.* The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1960 to 1964.

INFECTIOUS HEPATITIS: CASES NOTIFIED

State or Territory	1960	1961	1962	1963	1964
New South Wales	4,925	6,050	3,358	2,822	2,731
Victoria	2,385	3,515	3,533	3,840	2,697
Queensland	713	1,022	884	1,433	1,163
South Australia	1,121	1,406	504	293	289
Western Australia	256	262	117	145	101
Tasmania	44	304	630	856	636
Northern Territory	23	61	101	104	57
Australian Capital Territory	88	281	88	20	12
Australia	9,555	12,901	9,215	9,513	7,686

(c) *Venereal Diseases.* The prevention and control of venereal diseases are the responsibility of State Health Departments. The necessary powers for the purpose are provided either by a special Venereal Diseases Act or by a special section of the Health Act. Venereal diseases are notifiable in all States except in South Australia, where, however, the Director-General of Public Health is empowered to compel a venereal disease suspect to submit to medical examination and, if found infected, to medical treatment. While the provisions of the legislation differ from State to State, the Acts usually make it obligatory upon the patient to report for and continue under treatment until certified as cured. Treatment of venereal disease must be by a registered medical practitioner. Facilities for treatment of venereal disease free of charge may be arranged at subsidized hospitals or at special clinics. Penalties may be imposed on a patient who fails to continue under treatment. Clauses are inserted in the Acts which aim at preventing the marriage of any infected person, or the employment of an infected person in the manufacture or distribution of foodstuffs.

§ 5. Commonwealth Grants to Organizations Associated with Public Health

1. *General.*—In addition to providing the services mentioned in §§ 2-4 above, the Commonwealth Government gives financial assistance to certain organizations associated with public health. Examples of organizations included in this category are the National Fitness Organizations, the Royal Flying Doctor Service of Australia, the Red Cross Blood Transfusion Service, the Lady Gowrie Child Centres, and the National Heart Foundation of Australia.

2. *National Fitness.*—In 1938, arising from a recommendation of the National Health and Medical Research Council, the Commonwealth Government appointed a National Co-ordinating Council for National Fitness, under the Commonwealth Minister for Health, to effect collaboration of Commonwealth, State and local government authorities in the National Fitness Movement. Following the recommendations of the first Co-ordinating Council meeting in 1939, the Commonwealth Government agreed to make available an annual sum of £20,000 for five years, and grants were allocated to each State for purposes of organization and to each of the six Australian universities to establish lectureships in physical education.

The movement was placed on a statutory basis with the passing of the *National Fitness Act* 1941. The Act provides for a Commonwealth Council for National Fitness to advise the Minister for Health concerning the promotion of national fitness. It provides also for the establishment of a Trust Account, known as the National Fitness Fund, to assist in financing the movement. In June, 1942, the annual appropriation from revenue to the National Fitness Fund was increased to £72,500 to include grants to the State Education Departments and for the work in the Australian Capital Territory. The annual appropriation was increased to £100,000 in 1962, the increase of £27,500 being made available to the National Fitness Councils in the States. The £100,000 is disbursed as follows:—State National Fitness Councils, £64,454; Universities, £12,400; State Education Departments, £17,000; central administration, £3,396; and Australian Capital Territory, £2,750.

The annual grant of £2,750 allocated in the Australian Capital Territory is distributed mainly on a £1 for £1 basis to youth and sports organizations for the purchase of equipment, the development of coaching schemes, and the extension of club and camp facilities.

3. **Royal Flying Doctor Service of Australia.**—The purpose of the Royal Flying Doctor Service of Australia is to provide medical and dental services to persons in isolated areas. Most remote homesteads are equipped with two-way radio sets which they use for receiving ordinary radio programmes, participating in the School of the Air, and for contacting each other. In cases of minor illness or injury they also use these sets to seek medical advice. If the illness or injury is serious a doctor flies to the homestead and, if necessary, flies the patient to the nearest hospital. Standard medicine chests are supplied by the service. Each chest contains a first-aid book and instructions on the use of the various drugs and medical supplies. Further instructions are given by doctors over the air.

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

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

The Commonwealth has made an annual grant to the service for operational expenses since 1936. The Commonwealth annual grant to the Royal Flying Doctor Service of Australia towards maintenance was increased from £40,000 to £55,000 per annum for three years from 1st July, 1962. The Commonwealth grant towards capital expenditure was increased from £27,500 to £40,000 per annum for the same period. This capital expenditure grant is made on a £1 for £1 basis, in respect of approved projects.

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

4. **Red Cross Blood Transfusion Service.**—The Australian Red Cross Society conducts a blood transfusion service in all States.

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

The Commonwealth recognized that the proper maintenance of a blood transfusion service was of the utmost importance to the welfare of the community and that the service was one eminently suited for operation by the Australian Red Cross Society. In March, 1954, therefore, the Commonwealth offered each State Government a grant equal to 30 per cent. of the certifiable operating expenses incurred by the Society in the conduct of the blood transfusion service in that State. The grant was to be made subject to the condition that the Government of the State concerned agreed to meet 60 per cent. of the cost of operating the service in that State, leaving the Society to meet the remaining 10 per cent. of the cost. All States accepted this proposal. The payments made by the Commonwealth Government to the State Governments in 1963-64 were as follows:—New South Wales, £50,354; Victoria, £60,735; Queensland, £40,855; South Australia, £22,097; Western Australia, £18,313; Tasmania, £5,557; total, £197,911.

5. **Lady Gowrie Child Centres.**—In 1940 the Commonwealth Government established a pre-school demonstration centre in each of the six State capital cities. These centres are known as the Lady Gowrie Child Centres and are administered by local State committees under supervision of the Australian Pre-school Association located at Canberra. An annual grant is made available by the Commonwealth towards the operation of the centres, £50,000 being allocated for 1963-64 and £60,000 for 1964-65. In addition, a special grant of £12,000 was approved to re-build the Melbourne centre which had been destroyed by fire. Of this grant, £7,500 was made available for 1963-64 and £4,500 for 1964-65.

The specialized function of the centres is that of demonstration and research, and the programmes are carried out under the supervision of the Federal Pre-school Officer. Each centre is concerned with a study of the factors promoting and retarding physical and mental health in young children, and in demonstrating an educational health programme based on the developing needs of children aged 3 to 6 years.

The centres are used for observation by students of medicine, psychology, education, social studies, architecture, nursing and domestic science, and by student teachers.

6. **Home Nursing Subsidy Scheme.**—The Home Nursing Subsidy Scheme provides payments to assist the expansion of home nursing activities. To be eligible for a subsidy, an organization must be non-profit making and must receive assistance from a State Government, local government body, or other authority established by or under a State Act. It must employ registered nurses. It is provided that Commonwealth subsidy must not exceed the amount of State assistance received by the organization concerned. Eligible organizations established prior to November, 1956, now receive £1,000 a year in respect of each additional qualified nurse employed. New organizations established since November, 1956, receive £500 a year in respect of each qualified nurse employed.

Expenditure during 1963-64 on the promotion of the Home Nursing Service was £185,938. The Commonwealth subsidy paid to various district nursing organizations has led to the employment of 228 trained nurses.

7. **National Heart Foundation of Australia.**—The National Heart Foundation of Australia is a national organization established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases.

Formed in 1960, as a result of a public appeal yielding £2,500,000 to which the Commonwealth Government contributed £10,000, the Foundation has its headquarters in Canberra.

The organization is controlled by a Board of Directors assisted by various Committees. State Divisions with their own administrations deal especially with rehabilitation and education.

From its inception to the end of 1964, the Foundation has allocated over £800,000 for grants-in-aid towards research in university departments, hospitals and research institutes, research fellowships tenable in Australia and overseas, and overseas travel grants. Most of the annual expenditure of about £300,000 is devoted to supporting research in cardiovascular disease.

INSTITUTIONS

NOTE.—Institutions referred to under this heading are classified into the following groups:—(i) Public hospitals and nursing homes (referred to as “public hospitals” in previous issues of the Year Book); (ii) Mental hospitals; (iii) Private hospitals and nursing homes (previously referred to as “private hospitals”); (iv) Repatriation hospitals; (v) Isolation (leper hospitals).

§ 1. Public Hospitals and Nursing Homes

1. General.—The statistics shown under the heading public hospitals and nursing homes refer to institutions providing hospital and nursing home treatment, whether general or special, with the exception of mental hospitals, private hospitals and nursing homes, repatriation hospitals and leper hospitals. They include institutions wholly provided for by the State, partially subsidized by the State or by State endowments but receiving private aid also, and hospitals established and endowed by individuals for the treatment of the sick generally. Public hospitals are premises of this kind in which patients are received and lodged exclusively for “hospital” treatment, i.e., nursing care for the purpose of professional attention. Public nursing homes are such premises in which patients are received and lodged exclusively for the purpose of nursing home care, i.e., of a kind ordinarily provided in a benevolent home, convalescent home, home for aged persons or rest home for patients requiring professional attention. The statistics shown under this heading agree in scope with those classified as public hospitals in previous issues of the Year Book.

2. Number, Staff and Accommodation.—Details regarding the number of public hospitals and nursing homes, staff, and accommodation for the year 1962–63 are given in the following table.

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, 1962-63

Particulars	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals and nursing homes	269	146	139	66	93	28	4	1	746
Medical staff—									
Honorary ..	4,747	1,636	8	635	392	151	..	77	7,646
Salaried ..	972	981	895	215	173	112	20	8	3,376
Total ..	5,719	2,617	903	850	565	263	20	85	11,022
Nursing staff ^(a) ..	15,110	10,509	6,060	3,194	3,318	1,484	230	306	40,211
Accommodation—									
Number of beds and cots ..	23,415	13,395	12,545	4,513	5,049	2,773	480	343	62,513

(a) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides and nursing aide trainees.

3. 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,
1962-63

Particulars	N.S.W.	Vic.	Q'land	S. Aust.	W. Aust.	Tas.	N.T.	A.C.T.	Aust.
In-patients at beginning of year—									
Males ..	7,281	3,768	3,692	1,263	1,288	881	163	92	18,428
Females ..	9,738	5,163	4,460	1,539	1,593	1,009	147	156	23,805
Persons ..	17,019	8,931	8,152	2,802	2,881	1,890	310	248	42,233
Admissions and re-admissions during year—									
Males ..	198,739	107,553	100,329	39,965	46,667	14,081	4,621	3,413	515,368
Females ..	305,275	177,653	126,458	51,377	57,229	21,920	5,293	6,519	751,724
Persons ..	504,014	285,206	226,787	91,342	103,896	36,001	9,914	9,932	1,267,092
Total in-patients (cases) treated—									
Males ..	206,020	111,321	104,021	41,228	47,955	14,962	4,784	3,505	533,796
Females ..	315,013	182,816	130,918	52,916	58,822	22,929	5,440	6,675	775,529
Persons ..	521,033	294,137	234,939	94,144	106,777	37,891	10,224	10,180	1,309,325
Discharges—									
Males ..	190,546	101,795	96,389	38,121	45,207	13,358	4,434	3,311	493,161
Females ..	298,363	172,858	123,634	49,932	56,087	21,347	5,141	6,432	733,794
Persons ..	488,909	274,653	220,023	88,053	101,294	34,705	9,575	9,743	1,226,955
Deaths—									
Males ..	8,203	5,496	3,627	1,728	1,256	710	164	100	21,284
Females ..	6,909	4,504	2,716	1,343	1,003	597	104	70	17,246
Persons ..	15,112	10,000	6,343	3,071	2,259	1,307	268	170	38,530
In-patients at end of year—									
Males ..	7,271	4,030	4,005	1,379	1,492	894	186	94	19,351
Females ..	9,741	5,454	4,568	1,641	1,732	985	195	173	24,489
Persons ..	17,012	9,484	8,573	3,020	3,224	1,879	381	267	43,840
Average daily number resident ..	16,825	9,221	8,378	2,901	3,103	1,869	370	259	42,926

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1962-63 there were 1,274,666 out-patients treated in New South Wales, 666,589 in Victoria, 688,574 in Queensland, 118,836 in South Australia, 153,000 (estimated) in Western Australia, 94,908 in Tasmania, 93,518 in the Northern Territory and 17,176 in the Australian Capital Territory, making an estimated total for Australia of 3,107,267. The figures quoted refer to cases, as distinct from persons and attendances.

4. Revenue and Expenditure.—Details of the revenue and expenditure for the year 1962-63 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme. For some States expenditure on capital items out of individual 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,
1962-63
(£'000)

Particulars	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Revenue—									
Government aid ..	33,379	19,117	14,243	5,003	8,779	3,688	1,108	1,387	90,355
Commonwealth Hospital Benefits, etc.									
Municipal aid ..									
Public subscriptions, legacies, etc. ..	146	2,787	35	279	49	..	..	..	3,296
Fees ..	14,072	8,730	1,979	2,471	3,094	738	115	212	31,411
Other ..	628	517	2,208	704	42	9	..	4	4,112
Total Revenue ..	48,225	33,864	18,465	9,653	11,965	4,435	1,267	1,603	129,477
Expenditure—									
Salaries and wages ..	27,259	14,965	9,471	5,025	5,827	1,985	582	506	65,620
Upkeep and repair of buildings and grounds ..	1,270	720	639	458	964	61	95	32	4,239
All other maintenance ..	12,319	10,789	6,298	2,528	2,818	984	268	195	36,199
Total Maintenance ..	40,848	26,474	16,408	8,011	9,609	3,030	945	733	106,058
Capital ..	6,729	6,480	1,879	1,591	2,308	1,388	322	823	21,520
Total Expenditure ..	47,577	32,954	18,287	9,602	11,917	4,418	1,267	1,556	127,578

5. **Summary.**—A summary, for the years 1958–59 to 1962–63, of the number of public hospitals and nursing homes in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, deaths, average daily number resident, revenue and expenditure is given in the following table.

PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA

Particulars	1958–59	1959–60	1960–61	1961–62	1962–63
Hospitals and nursing homes	733	736	736	739	746
Medical staff(a)	9,354	9,954	10,386	10,535	11,022
Nursing staff(b)	34,372	36,023	37,607	39,082	40,211
Beds and cots	58,544	60,203	61,039	61,650	62,513
Admissions during year ..	1,133,172	1,153,690	1,182,198	1,235,665	1,267,092
Total in-patients (cases) treated	1,172,861	1,196,111	1,225,060	1,278,417	1,309,325
Out-patients (cases)(c) ..	2,665,700	2,710,900	2,794,400	2,946,800	3,107,000
Deaths	35,848	35,407	36,619	37,569	38,530
Average daily number resident	40,021	40,672	41,009	42,166	42,926
Revenue £'000	90,512	98,976	109,399	119,894	129,477
Expenditure £'000	90,157	97,987	108,556	119,774	127,578

(a) Honorary and salaried. (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides and nursing aide trainees. (c) Partly estimated.

§ 2. Mental Hospitals

1. **General.**—In addition to the mental hospitals proclaimed under the Lunacy and Mental Health Acts of the various States, the statistics shown in the following tables include other institutions providing accommodation and treatment of patients who are legally certified as requiring treatment for mental disorders. The statistics also include the number of voluntary patients in these institutions. With the exception of tables relating to revenue and expenditure, particulars of the two authorized hospitals conducted by religious organizations in New South Wales are included. Particulars of reception houses, observation wards in gaols, psychiatric clinics and intellectual deficiency training centres are excluded.

2. **Hospitals, Staff and Accommodation.**—Particulars regarding the number of hospitals, the medical and nursing staff, and accommodation are given in the following table for the year 1963. Figures for Victoria and Western Australia relate to 31st December, 1963. Figures for the other States relate to 30th June, 1963.

MENTAL HOSPITALS: NUMBER, STAFF, ACCOMMODATION, 1963

Particulars	N.S.W.	Vic.(a)	Q'land (b)	S. Aust.	W. Aust. (a)	Tas.	Aust.
Number of hospitals	15	10	5	2	6	1	39
Medical staff—							
Males	108	111	16	14	16	5	270
Females	19	23	2	5	..	..	49
Persons	(c) 181	134	18	19	16	5	(c) 373
Nursing staff and attendants—							
Males	1,343	1,281	666	278	231	108	3,907
Females	1,421	1,479	506	288	209	104	4,007
Persons	2,764	2,760	1,172	566	440	212	7,914
Accommodation—							
Number of beds and cots ..	13,315	9,420	4,308	2,676	1,926	850	32,495

(a) 31st December, 1963. (b) Includes the Epileptic Home. (c) Includes 54 visiting specialists in New South Wales who are paid for their services.

3. **Patients.**—Information regarding patients treated during 1962–63 is given in the following table. The figures include voluntary patients in all States with the exception of South Australia, but they are included in the average daily number resident shown for that State.

Persons who are well advanced towards recovery are allowed to leave the hospitals and live with their relatives or friends, but they are under supervision and their names are kept in the records. These persons have been included in the table below as patients at the end of the year.

MENTAL HOSPITALS: PATIENTS, DEATHS, ETC., 1962-63

Particulars	N.S.W.	Vic. (a)	Q'land (b)	S. Aust. (c)	W. Aust. (a)	Tas.	Aust.
Number of patients at beginning of year—							
Males	7,136	4,154	2,427	1,342	1,218	347	16,624
Females	7,097	4,286	1,845	1,067	916	421	15,632
Persons	14,233	8,440	4,272	2,409	2,134	768	32,256
Admissions and re-admissions (excluding absconders retaken and transfers from other mental hospitals)—							
Males	4,025	2,287	907	334	970	281	8,804
Females	4,136	2,114	843	244	741	209	8,287
Persons	8,161	4,401	1,750	578	1,711	490	17,091
Number of persons treated during year—							
Males	11,161	6,441	3,334	1,676	2,188	628	25,428
Females	11,233	6,400	2,688	1,311	1,657	630	23,919
Persons	22,394	12,841	6,022	2,987	3,845	1,258	49,347
Discharges (including absconders not retaken)—							
Males	3,745	1,937	785	336	880	270	7,953
Females	3,905	1,790	797	241	724	266	7,723
Persons	7,650	3,727	1,582	577	1,604	536	15,676
Deaths—							
Males	479	376	137	94	61	18	1,165
Females	518	409	104	95	60	17	1,203
Persons	997	785	241	189	121	35	2,368
Number of patients at end of year—							
Males	6,937	4,128	2,412	1,246	1,247	340	16,310
Females	6,810	4,201	1,787	975	873	347	14,993
Persons	13,747	8,329	4,199	2,221	2,120	687	31,303
Average daily number of patients resident—							
Males	6,076	n.a.	2,220	1,342	1,068	346	n.a.
Females	5,814	n.a.	1,556	1,054	753	413	n.a.
Persons	11,890	(d)8,358	3,776	2,396	1,821	759	29,000
Average number of patients resident in mental hospitals per 1,000 of population—							
Males	3.01	n.a.	2.81	2.66	2.72	1.88	n.a.
Females	2.91	n.a.	2.04	2.13	1.98	2.31	n.a.
Persons	2.96	(d)2.74	2.43	2.40	2.35	2.10	2.67

(a) Year ended 31st December, 1963. (b) Includes persons treated at the Epileptic Home. (c) Includes voluntary patients average daily number resident only. (d) As a consequence of a re-organization of the statistics collected by the Victorian Mental Hygiene Authority, average daily patient figures are no longer compiled, and the figure shown is the number of patients on the books of these institutions on 30th November, 1963.

4. Revenue and Expenditure, 1962-63.—Mental hospitals are maintained by the State Governments. They derive a small proportion of their revenue from other sources (chiefly patients' fees, pharmaceutical benefits and sale of farm produce), but in 1962-63 these sources provided less than eight per cent. of all their revenue. For a statement on the funds provided by the Commonwealth Government for mental hospitals, see para. 3, Mental Hospitals, page 660-1.

In New South Wales the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals.

MENTAL HOSPITALS: FINANCES, 1962-63
(£'000)

Particulars	N.S.W. (a)	Vic. (b)	Q'land (c)	S. Aust.	W. Aust.	Tas.	Australia
Revenue (excluding Government Grants)—							
Fees of patients ..	694	285	115	73	72	26	1,265
Other ..	40	422	9	31	59	3	564
Total Revenue	734	707	124	104	131	29	1,829
Expenditure—							
Salaries and wages	4,799	5,093	1,614	779	889	363	13,537
Upkeep and repair of buildings, etc.	328	308	97	119	38	22	912
All other ..	2,681	2,450	901	511	424	189	7,156
Total Maintenance	7,808	7,851	2,612	1,409	1,351	574	21,605
Capital(d) ..	2,155	990	167	132	239	82	3,765
Total Expenditure	9,963	8,841	2,779	1,541	1,590	656	25,370

(a) Excludes the two authorized hospitals conducted by religious organizations. (b) Includes institutions in addition to the nine hospitals. (c) Includes the Epileptic Home. (d) Capital expenditure includes purchases of land, cost of new buildings and additions to buildings.

5. Summary for Australia.—The following table gives a summary relating to mental hospitals in Australia for each of the years 1958-59 to 1962-63.

MENTAL HOSPITALS: SUMMARY, AUSTRALIA

Particulars	1958-59	1959-60	1960-61	1961-62	1962-63
Hospitals	40	40	40	38	39
Medical staff(a)	265	281	297	346	373
Nursing staff and attendants	6,931	7,106	7,412	7,587	7,914
Beds	32,148	32,191	32,170	32,113	32,495
Admissions(b)	10,554	9,982	13,395	14,637	17,091
Discharged as recovered, relieved, etc.(b)	7,838	9,171	10,963	13,278	15,676
Deaths(b)	2,666	2,403	2,289	2,327	2,368
Patients at end of year(b)	33,874	32,282	34,110	32,256	31,303
Average daily number of patients resident	(c) 30,478	(c) 31,051	29,636	28,706	(d) 29,000
Revenue (excluding Government grants) £'000	1,068	1,138	1,460	1,602	1,829
Total expenditure £'000	18,354	20,355	22,075	24,347	25,370

(a) Includes visiting specialists who are paid for their services, as follows:—1959, 43; 1960, 44; 1961 43; 1962, 57; and 1963, 54. (b) Excludes voluntary patients in South Australia. (c) Excludes patients on trial leave in N.S.W. (d) Victorian figure included in 1963 total represents the number of patients on books at 30th November, 1963—see footnote (d) on page 683.

6. Patients in Mental Hospitals.—The total number of inmates of mental hospitals and patients on trial leave each year from 1959 to 1963 is shown in the following table. A more rational attitude towards the treatment of mental cases has resulted in a greater willingness in recent years to submit afflicted persons to treatment at an early stage, and an increase in the number of recorded cases, therefore, would not necessarily imply an increase in mental diseases. The numbers of patients in mental hospitals in the several States is affected to some extent by differences in practice. For instance, in some States there is a greater tendency to treat certain mental diseases in clinics attached to general hospitals.

PATIENTS IN MENTAL HOSPITALS

State	1959	1960	1961	1962	1963
New South Wales	13,792	12,665	14,486	14,233	13,747
Victoria	9,739	9,600	9,773	(a) 8,440	8,329
Queensland(b)	4,624	4,364	4,311	4,272	4,199
South Australia(c)	2,643	2,564	2,506	2,409	2,221
Western Australia	2,297	2,302	2,279	2,134	2,120
Tasmania	779	787	755	768	687
Australia	33,874	32,282	34,110	32,256	31,303

(a) Excludes patients in two institutions listed as mental hospitals in previous years but re-classified in 1962 as mental deficiency training centres. (b) Includes persons treated at the Epileptic Home. (c) Excludes voluntary patients.

§ 3. Private Hospitals and Nursing Homes

In addition to the other hospitals and nursing homes referred to in previous sections, there are private hospitals and nursing homes in each State. The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of hospital benefits under the Commonwealth *National Health Act* 1953-1964.

PRIVATE HOSPITALS AND NURSING HOMES: AUSTRALIA

State or Territory	1959	1960	1961	1962	1963
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NUMBER OF HOSPITALS AND NURSING HOMES

New South Wales	429	444	461	474	507
Victoria	239	256	254	260	272
Queensland	74	79	92	116	130
South Australia	140	144	143	156	173
Western Australia	63	74	79	85	85
Tasmania	28	33	32	34	39
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
Australia	973	1,030	1,061	1,125	1,206

NUMBER OF BEDS FOR PATIENTS

New South Wales	8,172	8,864	9,678	10,563	11,482
Victoria	4,830	5,013	4,998	5,556	5,896
Queensland	1,949	2,162	2,445	2,943	3,350
South Australia	2,742	2,796	2,866	3,440	3,755
Western Australia	1,605	1,799	1,945	2,381	2,549
Tasmania	607	665	687	763	870
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
Australia	19,905	21,299	22,619	25,646	27,902

PRIVATE HOSPITALS AND NURSING HOMES: AUSTRALIA—*continued*

State or Territory	1959	1960	1961	1962	1963 (a)
NUMBER OF PATIENTS (AVERAGE DAILY NUMBER RESIDENT)					
New South Wales	6,398	7,129	7,955	8,644	9,534
Victoria	3,494	3,620	4,014	4,410	4,737
Queensland	1,476	1,708	1,905	2,219	2,559
South Australia	1,956	2,049	2,255	2,477	2,797
Western Australia	1,362	1,524	1,707	1,839	2,026
Tasmania	400	510	573	598	689
Northern Territory .. .. .	..	..	..	..	..
Australian Capital Territory .. .. .	..	..	..	..	..
Australia	15,086	16,540	18,409	20,187	22,342

(a) The average daily numbers of patients resident had been calculated on the basis of the Commonwealth "ordinary" benefit paid to each institution. This method of payment of benefit was discontinued from the beginning of 1963. Therefore the figures shown are estimates, on a comparable basis with those for previous years, in respect of the six months ended June, 1963. Commonwealth benefit is not payable in respect of patients entitled to accident and workers' compensation, nor in respect of patients at these institutions who do not receive hospital treatment or nursing home care.

§ 4. Repatriation Hospitals

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

In-patient treatment is provided at Repatriation General Hospitals in each capital city and at auxiliary hospitals in all States except Tasmania. "Anzac Hostels" are maintained in Queensland and Victoria for long-term patients. 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.

The average daily number of patients resident in the six Repatriation General Hospitals and nine auxiliary hospitals during the year ended 30th June, 1964, was 3,920. The number of medical, nursing and other staff employed at these institutions at 30th June, 1964, was 5,666 and a further 525 were employed at Repatriation out-patient clinics, and limb and appliance centres.

§ 5. Isolation (Leper) Hospitals

There are four 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 on 31st December, 1964, were:—Little Bay (New South Wales), 10; Fantome Island (North Queensland), 18; Derby (Western Australia), 164; and East Arm Settlement (Northern Territory), 39. In addition, there were 78 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. This type of patient was included in figures for East Arm Settlement published in previous issues of the Year Book. With the exception of the Little Bay lazaret, 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 numbers of isolation patients resident at 31st December, 1964, were —Concord Repatriation Hospital (New South Wales), 1; Fairfield (Victoria), 8; Princess Alexandra Hospital (Queensland), 4; and Wooroloo (Western Australia), nil.

Of the total 244 cases in isolation, 190 were full-blood Aboriginals, 31 were half-caste Aboriginals, 3 were Pacific Islanders, 2 were Asians, and 18 were Europeans.