

CHAPTER 14

PUBLIC HEALTH

This chapter is concerned with the activities of the Commonwealth Department of Health (including quarantine, national health benefits, and Commonwealth grants for health purposes); activities of the State health departments; statistics of hospitals and nursing homes, hansenide hospitals, and mental health institutions; statistics of notifiable diseases; and cremations. Statistics relating to causes of death are presented in Chapter 8, Vital Statistics (pages 180-5).

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

COMMONWEALTH GOVERNMENT ACTIVITIES

At the time of federation the only health function given to the Commonwealth Government under the Constitution was the power to make laws with respect to quarantine. Following on the passing of the *Quarantine Act* 1908 a branch of the Department of Trade and Customs, under the control of a Director of Quarantine, was created on 1 July 1909. The Commonwealth Department of Health was formed in 1921 by the extension and development of the quarantine service, the Director of Quarantine becoming the Director-General of Health. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. 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 Government also gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth health organisations have been established; detailed information on the functions and operations of these organisations is given in Year Book No. 53, pages 561-6, and in the annual reports of the Commonwealth Director-General of Health.

Quarantine

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

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

Human quarantine

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

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

Cholera. All arrivals from locally infected areas and from Burma, Dahomey, Ghana, India, Indonesia, Ivory Coast, Liberia, Mali, Nepal, Niger, Nigeria, Pakistan, Philippines, Sierra Leone, Somalia, Togo, Trucial Sheikdoms and Vietnam. No certificate is required in respect of children under one year of age.

Yellow fever. All arrivals from yellow fever endemic zones.

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

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark and (i) have come from a cholera infected area, or a cholera area specified above, within 5 days and do not possess a cholera vaccination certificate; or (ii) have come from an endemic zone within 6 days and do not possess a yellow fever vaccination certificate; or (iii) arrive by air without a smallpox vaccination certificate and refuse to be vaccinated on arrival.

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during 1969-70 and during the preceding four years are shown in the following tables.

**HUMAN QUARANTINE: CASES OF INFECTIOUS
(NON-QUARANTINABLE) DISEASES ON OVERSEAS
VESSELS AND AIRCRAFT CALLING AT
AUSTRALIAN PORTS, 1969-70**

<i>Disease</i>	<i>Total number of cases of infectious disease</i>
Chicken pox	89
Infectious hepatitis	21
Measles	410
Mumps	33
Rubella	10
Gastro-enteritis	4
Veneral Disease—	
Gonorrhoea	
Syphilis	240
Other	
Total	807

**HUMAN QUARANTINE: OVERSEAS VESSELS AND AIRCRAFT ARRIVING
IN AUSTRALIA AND CASES OF INFECTIOUS (NON-QUARANTINABLE)
DISEASES FOUND, 1965-66 TO 1969-70**

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
1965-66 . . .	3,488	3,297	201	360	122
1966-67 . . .	4,040	3,918	246	523	172
1967-68 . . .	4,440	4,968	238	312	289
1968-69 . . .	4,813	5,896	184	272	249
1969-70 . . .	5,297	6,887	n.a.	807	

The provisions of the State Health Acts with regard to the compulsory notification of infectious diseases and statistics of cases notified in 1970 are dealt with on pages 425-6 of this chapter.

Animal quarantine

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

Of the domesticated animals, only horses, dogs, cats, and poultry are admitted from a limited number of countries depending on diseases being absent in the country of origin. All must be accompanied by health certificates which may include prescribed tests. 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 and eggs, which cannot be sterilised, are admitted only from New Zealand. Other items may be treated to destroy any possible infection. Special attention is given to the importation of biological substances of animal origin. The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with the requirements of the various countries.

The Division of 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 State capital.

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

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

Plant quarantine

Since 1 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* 1908-1969, 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 as applied to the entry of plants and plant material into Australia, 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 Plant Quarantine Branch 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. If treatment or return to sender is impracticable, the material 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, crates, furniture and articles containing bamboo, cane and rattan 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. Soil is a prohibited import, and any vehicles or goods contaminated with soil are required to be thoroughly cleaned, at the expense of the importer, before entry is permitted. (In order to prevent the spread of plant diseases and pests already in Australia, the various State Governments administer plant quarantine regulations under which the movement of certain plant materials or fruits from one State to another or to certain specified districts within a State is controlled.)

Additional information on Australian plant quarantine regulations, including treatments and lists of prohibitions and restrictions, may be obtained from Australian consular offices abroad; the Director of Plant Quarantine, the Commonwealth Department of Health, Canberra in the Australian Capital Territory; or from the Chief Quarantine Officer (Plants) in State Departments of Agriculture.

Expenditure from the National Welfare Fund on health benefits and services

For particulars of expenditure from all Commonwealth funds, analysed by function and economic type, see Chapter 18, Public Finance. This section deals with Commonwealth expenditure from the National Welfare Fund through which most Commonwealth health benefits and services are financed. The fund is not used to finance the cost of administering the benefits, or of capital works associated with benefits. For a brief description of the operation of this trust fund and details of expenditure from it on social welfare, see Chapter 13, Welfare Services. The following table shows expenditure from the Fund on national health benefits and miscellaneous health services.

COMMONWEALTH EXPENDITURE FROM THE NATIONAL WELFARE FUND
STATES AND TERRITORIES, 1969-70
(\$'000)

<i>Benefit, service, etc.</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.(a)</i>
National health benefits—									
Pharmaceutical benefits—									
General (b)	28,607	20,744	10,133	6,924	4,950	1,870	(c)	(d)	73,228
To public hospitals	7,858	6,000	3,195	1,828	2,133	739	..	180	(e)22,422
For pensioners	16,814	9,928	6,492	3,991	2,720	1,125	(c)	(d)	41,069
Hospital benefits	28,718	14,444	8,424	5,830	4,834	1,789	(f)(g)176	(f)(g)199	64,415
Nursing home benefits	19,430	10,052	7,636	4,094	4,319	1,393	..	37	46,960
Handicapped children's benefits	199	83	23	96	64	16	4	..	485
Medical benefits—									
Insured patients	22,900	14,610	5,432	7,216	4,978	1,726	(g)	(g)	56,863
Pensioner patients	7,282	4,895	3,030	1,971	1,394	580	8	70	19,230
Tuberculosis Campaign(h)	4,212	3,362	1,913	611	828	369	27	3	11,326
Milk for school children	3,450	2,645	1,569	906	797	466	95	124	10,051
Miscellaneous health services—									
Commonwealth Health Laboratories	319	94	867	25	35	117	134	338	1,930
Blood products(j)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	918
Home Nursing Scheme, subsidies to States	295	367	151	53	177	28	..	..	1,071
Radio-active isotopes(j)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	410
Hearing aids(k)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	226
Poliomyelitis and other vaccines(i)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	400
Total health benefits and services	140,157	87,343	48,926	33,560	27,262	10,227	443	958	351,004
Social services	366,094	256,150	154,531	90,631	70,725	31,008	3,646	4,881	(l)978,385
Other(m)	3,969	4,228	1,983	1,223	590	300	2	116	12,410
Grand total	510,220	347,721	205,440	125,414	98,577	41,534	(n)4,091	(n)5,955	1,341,800

(a) Includes expenditure on some items which are not available by State and Territory. (b) Payments to approved chemists, doctors, and private hospitals. (c) Included in the amount shown for South Australia. (d) Included in the amount shown for New South Wales. (e) Includes pharmaceutical benefit payments of \$173,460 for the Royal Flying Doctor and Bush Nursing Services not available by State. (f) Payments on behalf of uninsured and pensioner patients only. (g) Payments to residents of the Northern Territory and the Australian Capital Territory who are insured with a hospital or medical fund are made through organisations registered in the States and are included in the amounts shown for the respective States. (h) Includes allowances paid by the Department of Social Services. (i) Payments to Commonwealth Serum Laboratories to cover costs of processing and production. (j) Costs of purchases by the Commonwealth X-ray and Radium Laboratory, including \$133,000 for purchases made overseas. (k) Purchases of component parts by the Commonwealth Acoustic Laboratories, including \$26,000 for purchases made overseas. (l) Includes \$721,000 paid to residents living abroad. (m) Grants under the Home Savings Grant Act 1964, and contributions for losses on rental housing under the Commonwealth and State Housing Agreement Act 1945. (n) Incomplete. See earlier footnotes.

In the following paragraphs the function and nature of each of the benefits and services shown in the above table are described.

National health benefits

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 50 cents of the cost of a prescription dispensed by an approved pharmacist, but pensioners who are eligible for treatment under the Pensioner Medical Service (see page 412) receive all benefits without any contribution being made. Special arrangements exist to cover prescriptions dispensed at locations outside the normal conditions of supply, e.g. in remote areas. Total Commonwealth expenditure on pharmaceutical benefits in the year 1969-70 was \$136,718,316.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1968-69 and 1969-70. The expenditure for both years includes patient contributions, which totalled \$21,941,691 in 1969-70. Prescriptions issued free to pensioners are included, and these amounted to \$41,068,702 in 1969-70. Benefits dispensed by hospitals and those covered by special arrangements are not included; these amounted to \$22,421,727 in 1969-70.

**PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME(a)
1969 AND 1970**

Therapeutic category	Year ended 30 June			
	1969		1970	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	'000	\$'000	'000	\$'000
Broad spectrum antibiotics	6,039	16,386	6,395	17,773
Drugs acting on blood vessels	3,223	11,514	3,508	12,795
Penicillins	4,724	9,929	4,958	11,292
Diuretics	2,763	9,634	3,084	10,772
Analgesics	4,784	9,630	5,248	10,997
Sedatives and hypnotics	6,360	6,480	6,253	6,494
Anti-histamines	3,844	6,707	4,355	7,798
Drugs acting on genito-urinary infections	1,313	3,758	1,425	4,775
Anti-cholinergics	965	3,211	1,046	3,429
Tranquillisers	1,019	3,127	1,165	3,708
Antacids	2,017	2,750	2,294	3,353
Drugs acting on heart	1,284	2,303	1,345	2,418
Anti-diabetics	644	2,369	695	2,651
Eye drops	1,214	1,947	1,287	2,077
Anti-depressants	559	2,085	676	2,455
Anti-convulsants	405	1,644	429	1,778
Bronchial spasm preparations	1,215	2,157	1,715	3,234
Sulphonamides	1,050	1,380	992	1,301
Gastro-intestinal sedatives	674	1,249	701	1,295
Iron preparations	1,192	1,359	1,309	1,493
Expectorants and cough suppressants	1,549	1,301	1,719	1,432
Other therapeutic substances	13,571	19,844	14,976	22,918
Total	60,408	120,764	65,575	136,238

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

Hospital, Nursing home, and Handicapped children benefits

Details of the relevant provision of the *National Health Act 1953-1970* and of the benefits available under these schemes are set out in Year Book No. 55, pages 462-464. The hospital and medical insurance provisions were changed in 1969 to allow free insurance under certain circumstances and, from 1 July 1970, these provisions were extended to provide partial assistance with insurance to certain groups of persons. Details of this Subsidised Medical Services Scheme are set out on page 412. From 1 July, 1970 a benefit of \$2 per day is payable to hospitals for patients hospitalised free of charge, whether or not the patient is insured. Contributions to registered hospital benefits funds range from 35 cents to 95 cents per week for a single person and from 70 cents to \$1.90 per week for a married contributor. Total Commonwealth and fund benefits range from \$10.40 to \$26 per day.

Expenditure on hospital, nursing home, and handicapped children benefits. The following table shows the amount of these Commonwealth benefits paid during 1969-70. This does not include expenditure on mental hospitals (see page 416).

**COMMONWEALTH HOSPITAL, NURSING HOME, AND HANDICAPPED CHILDREN
BENEFITS PAID: STATES AND TERRITORIES, 1969-70
(\$'000)**

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (\$0c)	554	343	848	88	160	46	92	12	2,143
Insured patients (\$2)(a)	9,143	5,353	2,472	2,186	1,770	672	(b)	(b)	21,596
Pensioner patients (\$5)	9,131	5,331	4,133	2,062	2,246	984	84	187	24,157
Nursing home patients (\$2)	12,425	5,617	4,374	(c)2,491	2,610	907	(c)	28	28,453
Intensive care nursing home patients (\$3)	7,005	4,434	3,263	(c)1,603	1,708	485	(c)	9	18,507
Handicapped children (\$1.50)	199	83	23	96	64	16	4	..	485
Total	38,457	21,161	15,113	8,526	8,558	3,110	180	236	95,341

(a) Excludes payments of \$16,063,000 towards special accounts deficits and \$32,547 towards management expenses.
 (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States.
 (c) South Australia includes Northern Territory.

Registered hospital benefits organisations. The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1970, and fund benefits paid during 1969-70. 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: ORGANISATIONS AND FUND BENEFITS, STATES, 1969-70

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
Registered organisations at 30 June 1970(a)	(b)33	37	4	12	8	9	103
Membership at 30 June 1970 '000	1,568	1,208	340	430	330	118	(c)3,996
Fund benefits paid(d) \$'000	53,815	31,753	8,402	12,285	9,454	3,348	(c)119,056

(a) Excludes interstate branches. (b) Includes one organisation registered in the Australian Capital Territory. (c) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (d) Includes \$3,524,354 ancillary benefits, also includes \$424,476 fund benefits reimbursed to the organisations under the Subsidised Medical Services scheme.

Medical benefits

A medical benefits scheme has operated since July 1953, being authorised firstly by the National Health (Medical Benefits) Regulations and then by the *National Health Act 1953-1970*. The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits under the scheme relate primarily to medical attention on a fee-for-service basis, although provision is made for a Commonwealth subsidy to organisations arranging for medical service on a contract basis.

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

On 1 July 1970 the scale of benefits paid was considerably revised and full details of benefits are set out in the schedules to the *National Health Act 1953-1970*. There is one scale of benefits for each State. Weekly contributions to medical benefits funds range from 28 cents to 38 cents for a single person and from 40 cents to 60 cents for a married contributor. The level of benefits has been set so that a contributor is required to pay 80 cents of the 'most common fee' charged for a general practitioner consultation, and up to \$5 for the most costly operations where the 'most common fee' is charged. In fixing the scale of 'most common fees', differential rates have been determined for certain medical services which are customarily performed by either a general practitioner or a specialist.

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

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

Expenditure on medical benefits. The following table shows the number of registered medical benefit organisations, their membership, the number of medical services rendered to members and their dependants, and payments of Commonwealth benefits and medical fund benefits to members of registered organisations. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by medical benefit schemes is considerably higher than the number of contributors. At 30 June 1970 the estimated number of persons covered by contributory medical schemes was 9,442,466.

MEDICAL BENEFITS: SUMMARY, STATES, 1969-70

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust(a)
Registered organisations(b)(c)	No. (d)28	19	6	7	8	9	77
Members(c)	'000 1,442	1,128	341	403	323	116	3,753
Medical services	'000 14,960	10,095	4,064	4,714	3,079	1,165	38,076
Commonwealth benefit(e)	'000 21,464	14,386	5,402	7,134	4,832	1,717	54,935
Fund benefit(f)	'000 29,780	17,306	6,416	7,462	5,667	1,919	68,550

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States. (b) Excludes interstate branches. (c) At end of period. (d) Includes one registered in the Australian Capital Territory. (e) Excludes payments of \$1,819,720 towards special accounts deficits, and \$11,794 towards management expenses of the Subsidised Medical Services scheme. (f) Includes \$2,856,691 ancillary fund benefits and also includes \$97,073 fund benefits reimbursed to the organisations under the Subsidised Medical Services scheme.

Subsidised medical services scheme

As from 1 January 1970 certain low income families; persons in receipt of unemployment, sickness and special benefits under Social Services legislation; and migrants during the first two months after their arrival in Australia, have been eligible for free medical benefits insurance and hospital insurance up to the public ward charge. On 1 July 1970, the Scheme was extended to provide certain families whose incomes are slightly in excess of the eligible limit for free insurance, with health insurance at reduced contribution rates. The income eligibility level for free insurance is currently \$46.50 per week; while families with incomes between \$46.50 and \$52.50 a week pay reduced contributions.

Pensioner Medical Service

The Pensioner Medical Service, which commenced in 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948-1949*. The service has been continued under the provisions of the *National Health Act 1953-1970*.

Persons eligible to receive the benefits of the Pensioner Medical Service are those who receive an invalid or widow's pension, or a sheltered employment allowance, under the *Social Services Act 1947-1970*; or a service pension under the *Repatriation Act 1920-1970*; and who are able to satisfy the means test in force immediately prior to 1 October 1969; and their dependants. Also eligible are persons in receipt of an allowance under the *Tuberculosis Act 1948*, and their dependants.

The benefits provided to eligible persons consist of free medical service of a general practitioner nature such as that ordinarily rendered in the surgery or at the patient's home, including treatment at home following an operation. Specialist services, general anaesthetics, the setting of fractures, and operations are not covered. Patients may be charged a small fee by doctors for travelling and for attendance outside normal surgery or visiting hours. Most general practitioners are enrolled in the scheme and are paid on a fee-for-service basis by the Commonwealth Government.

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

At 30 June 1970 the total number of pensioners and dependants enrolled in the Pensioners Medical Service was 1,186,847, while the number of doctors participating in the scheme at that date was 6,451. During 1969-70 doctors in the scheme provided 9,557,026 services (visits and surgery consultations) for persons enrolled in the scheme. For these services they were paid \$19,229,569. The average number of services rendered by doctors to each enrolled person was 8.2.

Anti-tuberculosis campaign

Under an arrangement with the Commonwealth Government, each State conducts a campaign against tuberculosis. The Commonwealth Government reimburses the State for all approved capital expenditure in relation to tuberculosis, and for net maintenance expenditure to the extent that it exceeds 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 of the Tuberculosis Act. 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 allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950. The rates now payable are: married sufferer with a dependent wife, \$31.75 a week; sufferer without a spouse but with a dependent child or children, \$24.00 a week; dependent child or children under sixteen years of age and full-time student children from sixteen to twenty-one years, \$2.50 a week for the first dependent child and \$3.50 a week for each other dependent child (additional to child endowment); sufferer without dependants, \$19.25 a week (reducible to \$16.00 a week if a person is maintained free of charge in an institution). In addition to the above rates, there may be payable a mother's or guardian's allowance of \$2.00 a week or supplementary assistance of up to \$2.00 a week.

There is a means test on income but not on property. The allowance is reduced by the amount by which a person's income from sources other than his allowance exceeds, in the case of a person receiving the married person rate, \$17.00 a week; a person who is without a spouse or dependent female and is entitled to a 'single person' rate, \$10.00 a week; and a person with a spouse but who is not entitled to a 'married person' rate, \$8.50 a week.

Commonwealth expenditure. Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables. The figures for maintenance include administrative costs, and therefore the totals for allowances and maintenance differ from those shown for the tuberculosis campaign in the National Welfare Fund table on page 409.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN
STATES AND TERRITORIES, 1969-70**
(\$'000)

<i>State or Territory</i>	<i>Allowances</i>	<i>Maintenance</i>	<i>Capital</i>	<i>Total</i>
New South Wales	262	4,034	191	4,487
Victoria	186	3,278	327	3,791
Queensland	159	1,764	6	1,929
South Australia	60	585	69	714
Western Australia	39	856	..	895
Tasmania	36	365	..	401
Northern Territory	27	..	..	27
Australian Capital Territory	2	1	..	3
Australia	771	(a)10,882	593	12,246

(a) Includes \$328,891 for administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS
CAMPAIGN: AUSTRALIA, 1965-66 TO 1969-70**
(\$'000)

<i>Year</i>	<i>Allowances</i>	<i>Maintenance (a)</i>	<i>Capital</i>	<i>Total</i>
1965-66	1,286	13,586	696	15,569
1966-67	1,193	11,247	499	12,939
1967-68	1,091	11,511	780	13,382
1968-69	921	11,743	847	13,511
1969-70	771	10,882	593	12,246

(a) Includes administrative costs.

Mass immunisation campaigns

Poliomyelitis. An anti-poliomyelitis campaign, using Salk vaccine, was commenced in 1956. This campaign continued until 1967 when, following a recommendation by the National Health and Medical Research Council, a campaign, using Sabin vaccine, was commenced in all States and the Northern Territory and the Australian Capital Territory. The Sabin vaccine is taken by mouth and a course of treatment consists of three doses. These are given at intervals of six to eight weeks.

Measles. Early in 1970, as a result of a recommendation by the National Health and Medical Research Council in May 1969, a campaign against measles was commenced in the Australian Capital Territory and the Northern Territory and all States except New South Wales. The vaccine being used is derived from the Schwarz virus strain which is a live attenuated virus. It is administered by intramuscular injection to children in their second year of life. A course of treatment consists of one dose. A total of 216,000 doses was distributed through the Commonwealth Serum Laboratories during 1970.

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

Free milk for school children scheme

The *States Grants (Milk for School Children) Act 1950* was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, creches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States now participate in the scheme. At the end of 1969 approximately 1,870,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1965-66 to 1969-70 was as follows.

COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME
STATES AND TERRITORIES, 1965-66 TO 1969-70
(**\$'000**)

<i>Year</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
1965-66 .	2,916	2,386	1,259	801	622	408	56	74	8,521
1966-67 .	3,073	2,394	1,400	860	701	451	77	93	9,049
1967-68 .	3,357	2,628	1,376	955	853	511	75	106	9,861
1968-69 .	3,380	2,641	1,549	1,065	800	431	110	109	10,085
1969-70 .	3,458	2,650	1,570	910	800	476	95	124	10,083

The figures in the foregoing table differ slightly from those in the Welfare Fund table, as they include capital and administrative costs. Figures in the latter table represent only the cost of the milk.

Miscellaneous health services

Fifteen *Commonwealth Health Laboratories* have been established under the *National Health Act 1953-1970*, principally in country areas throughout Australia, to provide facilities for investigations into public health and preventive medicine and to assist local medical practitioners in the investigation and diagnosis of disease. The laboratories are situated in the following centres: Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba, and Townsville. During 1969-70 these laboratories performed 5,029,680 examinations and tests (Nuffield points score system) in respect of 782,992 patients. Administrative costs were \$1,929,535 and expenditure on plant and equipment was \$281,910.

The *Commonwealth Serum Laboratories* are controlled by the Commonwealth Serum Laboratories Commission, which is a body corporate established under the *Commonwealth Serum Laboratories Act 1961-1970*. The main functions of the Commission are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. These functions include research and development relating to prescribed biological products and allied fields, and the maintenance of potential production capacity for use in emergencies. The Commission is expected under the Act to generate sufficient revenue from the sale of its products to finance its activities relating to prescribed biological products. Certain services, determined by the Minister for Health from time to time, are payable by the Commonwealth. This includes reimbursement for the issue of a wide range of blood products which are processed from whole blood supplied by the Australian Red Cross Blood Transfusion Services and distributed throughout Australia free of charge for medical purposes.

The *Home Nursing Subsidy Scheme*, under the *Home Nursing Act 1956*, provides for a Commonwealth subsidy to assist in the expansion of home nursing activities. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government, local government body or other authority established by or under State legislation. At 30 June 1970 there were 95 home nursing services in the States employing approximately 850 trained nurses. Commonwealth assistance during 1969-70 was \$1,071,036. Home nursing services in the Northern Territory and the Australian Capital Territory are provided by the Commonwealth Department of Health.

The *Commonwealth X-ray and Radium Laboratory* was originally established in 1929 as the Commonwealth Radium Laboratory, and has served from that time as the Commonwealth centre for radiological physics and as custodian of all Commonwealth-owned radium used for medical purposes. The laboratory's functions have expanded over the years to include the physical aspects

of X-rays; the distribution of all radio-isotopes used in Australia for medical purposes; the maintenance of facilities for radio-chemical investigation; the assay of radioactive substances in the Australian environment; and the maintenance of a whole-body monitor. National standards for the measurement of X-rays and of radio-isotopes are also maintained. The laboratory provides assistance in matters relating to protection against ionising radiations and operates a film-badge service to monitor the radiation exposure of those who work with such radiation. The advisory service on protection has recently been extended to include the hazards associated with the use of microwave and laser radiations. In 1969-70 there were 7,448 deliveries of radio-isotopes, comprising 38 different isotopes, procured for use in medicine and medical research. Of these 6,096 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 123,381, the cost of \$410,144 being met from the National Welfare Fund. Film badges, numbering 75,103 were processed, assessed, and reported on. The Laboratory also supplies radon to approved hospitals and private practitioners in Australia and New Zealand. In 1969-70, 24,537 millicuries of radon were issued. Administrative costs for 1969-70 were \$313,675 and \$44,492 was expended on plant and equipment.

The *Commonwealth Acoustic Laboratories* were established under the *Acoustic Laboratories Act* 1948 to undertake scientific investigations into hearing and problems associated with noise as it affects individuals. The Laboratories' functions also include research into medical applications of ultrasound and advice to the Armed Forces and Commonwealth Departments and instrumentalities on hearing conservation and the reduction of noise. Audiological services are provided in major centres throughout Australia to assist children, ex-servicemen and pensioners with hearing problems. Hearing aids are supplied and serviced free of charge to persons under 21 years and to pensioners, and their dependants, for a hiring fee of \$10. Hearing aids are also provided and maintained on behalf of the Repatriation and other Commonwealth Departments. During 1969-70 the number of new cases examined at the laboratories was 28,097 including 8,590 children, 5,588 repatriation cases, 918 members of the defence forces, 9,673 pensioners and 1,059 civil aviation referrals; 14,678 calaid hearing aids were fitted and 52,392 were on loan at the end of the year. The cost of supply and maintenance of hearing aids to persons under twenty-one years of age and pensioners was \$225,886. Administrative costs of the laboratories were \$958,593 and expenditure on plant and equipment \$112,762.

Other Commonwealth health organisations

The National Health and Medical Research Council was established in 1936 to replace the National Health Council. Its main functions are to advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public, and on medical research. It also advises the Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of expenditure from the Medical Research Endowment Fund which was established under the *Medical Research Endowment Act* 1937 to provide assistance to departments of the Commonwealth or of a State engaged in medical research; to universities for the purpose of medical research; to institutions and persons engaged in medical research and in the training of persons in medical research. The Commonwealth makes a triennial appropriation for the Fund, that for 1970 to 1972 being \$6,772,000.

The *School of Public Health and Tropical Medicine* was established in 1930 by the Commonwealth Government at the University of Sydney under an agreement with that University. It provides training for medical graduates and students in public health and tropical medicine in addition to research and consultative activities in these and allied fields. During 1969-70, 6 diplomas were awarded in Public Health and 8 in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1969-70 were \$590,474 for administration and \$19,771 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health at the University of Sydney and with the Royal Alexandria Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and post-graduate teaching at the University of Sydney and collaboration with other national and international organisations concerned with child health and disease. Costs of the Institute paid by the Commonwealth during 1969-70 were \$148,166 for administration and \$89,880 for plant and equipment.

The *Commonwealth Bureau of Dental Standards* operates under Section 9 of the *National Health Act* 1953-1970. It is part of the Commonwealth Department of Health and is concerned with research, standards and testing related to dental and allied materials and processes. Its functions include the provision of a consultative service and testing facilities for manufacturers and distributors of dental materials. The number of these products tested during 1969-70 was 250. Expenditure on plant and equipment was \$2,340 and administrative costs were \$55,000.

The Australian Institute of Anatomy is administered by the Australian Capital Territory Health Services Office of the Commonwealth Department of Health. Its prime function is to conduct an anthropological museum. Of particular interest in the museum are exhibits dealing with the reproduction of life and a comprehensive national ethnographic collection. Particular emphasis in the displays is placed on the Australian Aborigines. The scientific research work of the Institute is mostly concentrated on problems of nutrition by field surveys of dietary status and laboratory investigation into the biochemistry of nutrition and metabolism.

The *National Biological Standards Laboratory* was set up under the *Therapeutic Substances Act* 1953-1959 which empowers the Commonwealth to ensure that therapeutic substances used for the prevention, diagnosis, and treatment of disease in man and animals are safe, pure, and potent. The *Therapeutic Goods Act* 1966, was proclaimed on 12 November 1970. This Act repealed the *Therapeutic Substances Act* 1953-1959 and extended the Commonwealth's power to cover therapeutic goods such as surgical dressings and containers of substances for therapeutic use. The Commonwealth Director-General of Health is authorised under the Act to set up laboratories to test such substances. Of the 2,930 samples examined by the Laboratory during 1969-70, 416 failed to meet the required standards. In addition, 3,543 safety tests were performed, 24 were failed, and 33 were deferred for further testing. Administrative costs for 1969-70 were \$599,905 and \$73,887 was expended on plant and equipment.

Commonwealth grants to States

Grants for mental health institutions

Following a survey of the mental health facilities and needs in Australia made in 1955, the Commonwealth made an offer of \$20 million to the States as part of a capital expenditure programme of \$60 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer. By 1963 more than three-quarters of the total grant under the *States Grants (Mental Institutions) Act* 1955 had been distributed and the Commonwealth Government announced in November 1963 its intention of continuing assistance to the States towards capital costs on a similar basis, but without overall limit, for a period of three years. In May 1964 the *States Grants (Mental Health Institutions) Act* 1964 was passed to implement that policy. This Act provided for the continuation of Commonwealth aid of \$1 for every \$2 of capital expenditure by the States incurred by or in connection with the building or equipment of mental institutions for the three-year period ending 30 June 1967. With the passing of amending Acts in 1967 and 1970 this period has been extended firstly to 30 June 1970 and then to 30 June 1973. The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1965-66 to 1969-70.

EXPENDITURE ON MENTAL HEALTH INSTITUTIONS BY THE COMMONWEALTH
GOVERNMENT: STATES, 1965-66 TO 1969-70
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
1965-66	1,717	1,567	146	242	338	529	4,539
1966-67	2,217	1,192	288	193	260	823	4,973
1967-68	2,095	1,381	196	63	148	358	4,243
1968-69	1,948	1,200	323	433	375	399	4,678
1969-70	2,282	947	602	1,299	241	108	5,478

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

Paramedical services

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

Commonwealth grants to organisations associated with public health

In addition to providing the services mentioned on pages 405-16, the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text. More detailed information on their operations and functions is given in Year Book No. 53, pages 570-3.

The Commonwealth National Fitness Council operates under the *National Fitness Act 1941-1969*. Its main function is to advise the Minister for Health concerning the promotion of national fitness. The Act also provides for the establishment of a trust account, known as the National Fitness Fund, to assist in financing the movement. During 1969-70 the Commonwealth's contribution to the Fund was \$416,000, of which \$66,000 was for assistance towards capital expenditure. Expenditure from the Fund during 1969-70 was \$385,456, distributed as follows: State National Fitness Councils, \$270,308; State Education Departments, \$34,000; State Universities, \$24,800; Australian Recreation Leadership Course, \$6,600; capital expenditure on national fitness projects, \$35,456; grants to Australian Capital Territory organisation, \$7,500; and administration, \$6,792.

The Royal Flying Doctor Service is a non-profit organisation providing medical services in the remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health from Darwin and Alice Springs in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. During 1969-70 the Commonwealth Government contributed \$350,000, of which \$170,000 was for capital expenditure, and \$180,000 towards operating costs. The Service made 3,451 flights during 1969-70, travelling 1,543,351 miles and transporting 3,751 patients. In the same period medical staff conducted a total of 73,910 consultations and dental treatment was given to 3,676 patients. The radio network of the Service handled 340,761 telegrams.

The Red Cross Blood Transfusion Service is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the service in the States are met by the State Governments paying 60 per cent; the Commonwealth, 30 per cent; and the Society, 10 per cent. In the Northern Territory and Australian Capital Territory the Commonwealth pays 90 per cent and the Society 10 per cent. Commonwealth expenditure for each State and Territory during 1969-70 was as follows: New South Wales, \$166,158; Victoria, \$224,817; Queensland, \$154,476; South Australia \$82,609; Western Australia, \$75,633; Tasmania, \$21,142; Northern Territory, \$18,300; and the Australian Capital Territory, \$10,797, making a total of \$753,932 compared with \$765,272 for 1968-69.

Lady Gowrie Child Centres were established in 1940 by the Commonwealth Government in each of the six State capitals. The functions of these centres include specialised demonstration and research relating to problems of physical growth and nutrition, physical and mental development, and also to test and demonstrate methods for the care and instruction of the young child. The centres are administered by local committees under supervision of the Australian Pre-school Association and are financed mainly by Commonwealth grants. The Commonwealth contribution for 1969-70 was \$150,000 for the Centres and \$18,800 for the Australian Pre-school Association.

The National Heart Foundation of Australia is a private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. Formed in 1960, as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000, the Foundation has its headquarters in Canberra. From its inception to the end of 1970 the Foundation has allocated more than \$4 million for grants-in-aid towards research in university departments, hospitals and research institutes; research fellowships tenable in Australia and overseas; and overseas travel grants. Most of the annual expenditure of about \$700,000 is devoted to supporting research into cardiovascular disease.

The World Health Organization (WHO) is a specialised agency of the United Nations and is concerned with the attainment of the highest possible level of health by all people. WHO provides consultative services; assists in the training of national health personnel; examines all aspects of health including preventive and curative medicine and research; sets standards for food, biological products and chemicals; and determines Regulations for the control of communicable diseases. Australia was represented at the Twenty-third World Health Assembly held at Geneva in May 1970, and at the Twenty-first Western Pacific Regional Committee Meeting at Manila in September 1970. The Commonwealth contribution to WHO during 1969-70 was \$814,994, which included a grant of \$3,000 to the Commonwealth Serum Laboratories for WHO influenza research.

The International Agency for Research on Cancer was established by the World Health Organization, and participation by Australia was approved by the Government in 1965. The objectives of the Agency are to promote international collaboration in cancer research and to provide a means through which countries and interested organisations may co-operate in the stimulation and support of research into cancer. The Commonwealth contribution to the Agency in 1969-70 was \$134,892.

STATE GOVERNMENT ACTIVITIES

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

Public health legislation and administration

For details of the administration of health services in each State, the Northern Territory, and the Australian Capital Territory, see pages 543-50 of Year Book No. 53. For administrative changes which took place in 1969, see page 431 of Year Book No. 56. The following paragraphs refer briefly to recent administrative changes.

In *New South Wales* several pilot schemes have been conducted in the field of health education to help determine the type and effectiveness of health education programmes for community youth. Expanded programmes are now being organised. A team has been formed to undertake a co-ordination service for drug dependence. Its first task has been to establish the size of the problem and the services in existence in New South Wales.

The Clean Waters Act assented to on 9 December 1970, is aimed at the prevention or reduction of pollution of waterways of the State. During the past year the Waste Disposal Act was introduced providing for the establishment of the Metropolitan Waste Disposal Authority, and the State Pollution Control Commission Act was also introduced. The Government has agreed to the establishment of a Central Cancer Registry within the organisation of the Department and the necessary amendments were made to the Public Health Act for this purpose. The Pure Food Act was also amended to increase certain penalties for offences under that Act and also to provide for prohibiting the use of food stores, food vehicles, and certain appliances that are in an unclean or insanitary condition.

In order to assist with the planning for complete regionalisation of hospital services, the Hospitals Commission has tentatively allocated all public hospitals in the State to regions. Regional offices are now established and fully functioning in six regions. It is anticipated that regional offices will be established next in the Metropolitan Southern Region, and the South Coast and Southern Tablelands Region.

In *Victoria*, the introduction of a new Branch, namely the Alcoholics and Drug-dependent Persons Services Branch, followed the passing of the *Alcoholics and Drug-dependent Persons Act* 1968. Health Education, and in particular drug education facilities, are being expanded under a Commonwealth-State agreement. The *Medical Act* 1970 introduced annual registration of medical practitioners and a Register of Specialist Practitioners. The *Environment Protection Act* 1970, whilst not administered by the Department of Health, has strong public health implications. Provision is made for licences to discharge wastes to the environment to be issued and periodically reviewed in accordance with State environment protection policy for the particular segment of the environment. Any such licence will not be issued, or if already issued will be revoked, if the public health is likely to be threatened.

In *Queensland* the *Tuberculosis Further Agreement Act* 1969 was introduced which provided for the continuance in Queensland of Commonwealth services for the diagnosis, treatment and control of tuberculosis for five years from 1 July 1968. The *Clean Air Act* of 1963 was amended to bring it into line with similar legislation in other States. Amendments to *The Ambulance Services Act* of 1967 provide for extension of ambulance services. The *Radioactive Substances Act* of 1958 was amended to enable a person other than a medical practitioner or a dentist to apply for a licence to have an irradiating apparatus in his possession for diagnostic purposes only.

Supervision and care of infant life

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

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

Under the provisions of the *Social Services Act 1947-1970* maternity allowances provide financial assistance towards the expenses associated with the birth of children. Information about maternity allowances is given in Chapter 13, Welfare Services.

Nursing activities

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

Infant welfare centres. The following table gives particulars of the activities of infant welfare centres for the year 1970. The figures relate to all centres, whether permanently staffed or on a temporary or part-time basis. Centres may be located at accommodation specially provided for this purpose, or at halls, schools, etc.

INFANT WELFARE CENTRES: STATES AND TERRITORIES, 1970

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld(a)</i>	<i>S.A.(a)</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.(a)</i>	<i>A.C.T.</i>	<i>Aust.</i>
Number of centres(b)	442	727	312	285	175	111	20	36	2,108
Attendances at centres	1,126,681	1,560,805	523,927	286,768	273,368	148,971	27,075	63,311	4,010,906
Visits by nurses to homes	46,810	157,560	2,305	35,554	31,375	72,650	8,425	10,744	365,423
Visits by nurses to hospitals.	57,403	26,482	31,912	n.a.	19,919	n.a.	1,551	52	n.a.

(a) Year ended 30 June 1970. (b) At end of year.

Mobile units are used to service centres in some States. In 1970, the numbers of units and centres served, included in the above table, were as follows: Victoria, 4 and 11; Queensland, 3 and 35; South Australia, 2 and 20; Western Australia, 4 and 42. The number of centres for Tasmania includes 13 areas visited by sisters in cars.

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

Bush Nursing Associations. Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations in 1970 were: New South Wales, 16; Victoria, 58; Queensland, 5; South Australia, 33; and Western Australia, 19. In Tasmania, all of the district nursing centres have been taken over by the nearest public hospital and are no longer distinct entities.

Medical and dental inspection of school children

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

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

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

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

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

SCHOOL HEALTH SERVICES: STATES AND TERRITORIES, 1970

	N.S.W.	Vic.	Qld(a)	S.A.	W.A.	Tas.	N.T.(a)	A.C.T.
School medical services—								
Staff (b)—								
Medical officers	76	40	4	12	7	12	4	3
School nurses	87	44	30	15	16	30	7	3
Medical examinations—								
Children examined	201,776	218,811	116,130	(c)102,806	66,570	(c)28,721	(d)11,883	(d)17,926
Found with defects	26,794	n.a.	7,783	(c)16,378	11,938	7,167	(e)1,000	1,456
School dental services—								
Number of dental clinics—								
Stationary	9	3	..	14	11	27	..	26
Mobile	(f)19	12	(g)4	6	4	23	n.a.	1
Staff (b)—								
Dental officers	33	35	17	18	14	24	n.a.	16
Dental assistants and nurses	39	42	..	28	10	47	n.a.	26
Dental examinations—								
Children examined	102,163	34,785	(h)26,328	17,593	(i)1,709	45,868	17,254	16,049
Number treated	19,838	26,678	(h)8,666	11,831	(i)880	n.a.	n.a.	13,283

(a) Year ended 30 June 1970. (b) Full-time and part-time. (c) Excludes some children tested for hearing and vision by school sisters. (d) Includes pre-school children. (e) Estimated. (f) There is also a dental team with the Royal Flying Doctor Service (based at Broken Hill). (g) In addition, portable dental equipment is possessed by 13 dental officers who function from departmental vehicles. (h) Only children who reside in more remote areas. (i) The School Dental Service which in the past provided free dental treatment for school children is being phased out. In 1969 a service for primary school children providing inspections only was introduced. During 1970, 45,567 children were inspected and 24,370 found in need of treatment.

HOSPITALS AND OTHER STATISTICS

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

Public hospitals and nursing homes

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

A number of institutions classified by the Commonwealth Department of Health as 'public' hospitals or nursing homes are not included in the statistics of public hospitals and nursing homes: there were 100 such institutions at June 1969, with an approved bed capacity of 4,177.

Number, staff and accommodation

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, JUNE 1969

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
Number of hospitals and nursing homes	269	158	146	66	98	25	4	2	768
Medical staff—									
Salaried	1,501	1,457	905	358	264	165	27	27	4,704
Other(a)	5,659	2,300	197	692	395	167	..	190	9,600
Nursing staff(b)	20,489	14,513	7,020	5,251	4,651	2,232	443	737	55,336
Accommodation—									
Number of beds and cots	27,953	17,410	13,655	5,048	6,857	3,073	619	627	75,242

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

In-patients treated

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

PUBLIC HOSPITALS AND NURSING HOMES: IN-PATIENTS TREATED STATES AND TERRITORIES, 1968-69

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
In-patients at beginning of year—									
Males	9,683	n.a.	3,799	1,555	2,204	917	227	n.a.	n.a.
Females	11,723	n.a.	4,954	1,981	2,596	1,188	218	n.a.	n.a.
Persons	21,406	13,249	8,753	3,536	4,800	2,105	445	479	54,773
Admissions and re-admissions during year—									
Males	245,857	n.a.	116,625	58,154	63,280	18,179	7,012	n.a.	n.a.
Females	360,424	n.a.	147,556	71,174	77,705	26,978	8,074	n.a.	n.a.
Persons	606,281	351,213	264,181	129,328	140,985	45,157	15,086	19,994	1,572,225
Total in-patients (cases) treated—									
Males	255,540	n.a.	120,424	59,709	65,484	19,096	7,239	n.a.	n.a.
Females	372,147	n.a.	152,510	73,155	80,301	28,166	8,292	n.a.	n.a.
Persons	627,687	364,462	272,934	132,864	145,785	47,262	15,531	20,473	1,626,998
Discharges and deaths—									
Males	245,829	n.a.	116,520	58,037	63,264	18,138	6,957	n.a.	n.a.
Females	359,959	n.a.	147,489	71,061	77,456	26,945	8,046	n.a.	n.a.
Persons	605,788	350,704	264,009	129,098	140,720	45,083	15,003	19,904	1,570,309
In-patients at end of year—									
Males	9,711	n.a.	3,904	1,672	2,220	958	282	n.a.	n.a.
Females	12,188	n.a.	5,021	2,094	2,845	1,221	246	n.a.	n.a.
Persons	21,899	13,758	8,925	3,766	5,065	2,179	528	569	56,689
Average daily number resident	21,158	13,288	8,610	3,575	4,873	2,100	466	530	54,600

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1968-69 there were approximately 1,939,000 out-patients treated in New South Wales, 877,000 in Victoria, 1,001,000 in Queensland, 178,000 in South Australia, 340,000 in Western Australia, 143,000 in Tasmania, 149,000 in the Northern Territory (includes two clinics), and 29,000 in the Australian Capital Territory, making an estimated total for Australia of 4,656,000. The figures quoted refer to cases, as distinct from persons and attendances.

Revenue and expenditure

Details of revenue and expenditure for the year 1968-69 are shown in the next table. 'Government aid' includes municipal aid which was shown as a separate revenue item for some States in previous Year Books. Commonwealth pharmaceutical benefits and tuberculosis allowances paid direct to the institutions have also been included as 'government aid'.

Commonwealth hospital and nursing home benefits paid direct to public hospitals and nursing homes (in either full or part payment of fees incurred by pensioners and other uninsured patients) are treated on the same basis as Commonwealth benefits used to reimburse insured patients, and included in the amounts shown for 'fees'. Details of Commonwealth expenditure on each of the different categories of hospital benefits are shown on pages 410-11.

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

**PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE
STATES AND TERRITORIES, 1968-69**

(\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Revenue—									
Government aid	105,160	66,080	(a)40,073	23,581	32,583	13,028	3,921	3,047	287,473
Public subscriptions, legacies, etc.	167	(b)7,020	197	556	16	..	..	..	7,956
Fees	68,617	42,199	11,857	11,678	14,682	5,083	606	1,859	156,581
Other	2,011	2,449	4,964	1,250	1,313	36	..	85	12,107
Total revenue	175,954	117,748	57,091	37,064	48,595	18,147	4,527	4,991	464,117
Expenditure—									
Salaries and wages	108,497	71,093	31,187	19,323	24,330	10,046	2,742	3,114	270,332
Upkeep and repair of buildings and grounds	4,745	2,657	1,869	1,229	4,129	248	281	290	15,448
All other maintenance	44,992	27,511	17,727	9,783	13,397	4,075	1,337	1,298	120,120
Total maintenance	158,234	101,260	50,783	30,335	41,855	14,369	4,360	4,702	405,899
Capital	18,096	13,863	5,107	6,411	6,707	3,980	167	164	54,494
Total expenditure	176,330	115,123	55,890	36,746	48,562	18,349	4,527	4,866	460,393

(a) Excludes loans from semi-government authorities; these loans are included in 'other' revenue. (b) Includes transfers from hospital reserve accounts.

Summary for Australia

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

PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA, 1964-65 TO 1968-69

	1964-65	1965-66	1966-67	1967-68	1968-69
Hospitals and nursing homes	761	766	765	762	768
Medical staff—					
Salaried	3,674	3,967	4,125	4,487	4,704
Other(a)	8,389	8,824	8,724	9,249	9,600
Nursing staff(b)	45,244	47,656	49,640	52,236	53,336
Beds and cots	70,043	71,226	73,748	74,768	75,242
Admissions	1,364,077	1,395,519	1,439,959	1,500,662	1,572,225
Total in-patient (cases) treated	1,416,388	1,447,900	1,494,709	1,554,331	1,626,998
Average daily number resident	49,732	50,161	52,331	53,467	54,600
Out-patients (cases)(c)	3,579,000	3,820,000	3,993,000	4,365,000	4,655,843
Revenue	\$'000 310,687	341,741	376,343	413,183	464,117
Expenditure	\$'000 309,434	341,007	377,457	411,869	460,393

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

Private hospitals and nursing homes

The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of Commonwealth hospital benefits under the *National Health Act 1953-1970*. A small number of institutions classified as 'private' by the Commonwealth Health Department are included in public hospital statistics, and these have been omitted from the following two tables. Statistical information about patients, staff and finance of these institutions is not available on a uniform Australia-wide basis.

PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1965 TO 1969

State	30 June—				
	1965	1966	1967	1968	1969
NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES					
New South Wales . . .	531	527	535	541	536
Victoria	306	309	313	310	311
Queensland	146	149	152	155	156
South Australia(a) . . .	176	177	184	185	187
Western Australia . . .	91	95	96	102	104
Tasmania	42	45	42	43	44
Australia	1,292	1,302	1,322	1,336	1,338
NUMBER OF BEDS FOR PATIENTS					
New South Wales . . .	13,626	14,503	15,825	17,016	18,377
Victoria	6,797	7,117	7,295	7,267	7,385
Queensland	4,362	4,416	4,630	4,908	5,117
South Australia(a) . . .	4,081	4,166	4,361	4,542	4,778
Western Australia . . .	2,846	2,898	3,029	3,333	3,484
Tasmania	982	1,033	1,038	1,084	1,160
Australia	32,694	34,133	36,178	38,150	40,301

(a) Includes one institution in the Northern Territory.

There were no institutions of this nature in the Australian Capital Territory in 1969.

Repatriation hospitals

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

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

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

Hansenide hospitals

There are 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 at 31 December 1970 were: Little Bay (New South Wales), 8; Fantome Island (North Queensland), 12; Derby (Western Australia), 151; and East Arm Settlement (Northern Territory), 6. In addition, there were 79 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. With the exception of the Institute of Tropical Medicine at Little Bay, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the number of isolation patients resident at 31 December 1970, were: Fairfield (Victoria), 2; Princess Alexandra Hospital (Queensland), 5.

Mental health institutions

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

To enable valid comparisons to be made of mental health statistics in each State the mental health authorities of all States have proposed standard statistical definitions. The statistical recording systems of a number of States are currently being reviewed for this purpose. Meanwhile certain limited information is available which is shown in the following paragraphs. Since a common measure has not yet been achieved, the figures for States should not be added to form Australian totals.

In-patient institutions

The following table shows the number of major in-patient institutions in each State in 1969, the accommodation they provide for patients, and their staff. In-patient care for voluntary patients is also provided at many general public and a number of private hospitals. There are also psychiatric units attached to gaols, juvenile corrective centres and similar institutions. Only the following institutions are included in this table: *New South Wales*—the fourteen State psychiatric centres (a psychiatric hospital and associated admission centre being regarded as one psychiatric centre) and the three authorised private psychiatric hospitals (several other institutions provide in-patient care for voluntary patients only, but are excluded from the scope of the statistics); *Victoria*—the four psychiatric hospitals, ten mental hospitals, six informal hospitals, and nine intellectual deficiency training centres; *Queensland*—three psychiatric hospitals, three training centres, and one rehabilitation centre; *South Australia*—two mental hospitals and three receiving centres; *Western Australia*—the three approved mental hospitals and two training centres; and *Tasmania*—the Royal Derwent hospital.

MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF
STATES AT 30 JUNE 1969

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
In-patient institutions	17	(a)28	7	5	5	1
Beds and cots for patients	10,963	(b)9,102	3,577	2,122	1,514	1,030
Staff—Medical	(c)261	(a)256	(d)33	37	19	6
Nursing	(e)3,530	(a)(e)2,969	(d)1,351	735	575	321

(a) At 31 December 1969. (b) The number of beds and cots occupied on 31 October 1969. (c) Includes visiting specialists who are paid for their services. (d) Full-time staff only. (e) Includes attendants.

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

Patients

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

IN-PATIENTS AT MENTAL HEALTH INSTITUTIONS, 1968-69

	N.S.W.	Vic.(a)(b)	Qld	S.A.	W.A.	Tas.
In-patients at beginning of year—						
Males	r6,331	r5,240	r2,324	1,312	r1,274	436
Females	r5,203	r4,902	1,483	1,153	r903	478
Persons	r11,534	r10,142	3,807	2,465	r2,177	914
Admissions and re-admissions during year—						
Males	9,138	6,393	1,287	1,534	1,492	572
Females	8,645	6,628	637	1,430	1,148	549
Persons	17,783	13,021	1,924	2,964	2,640	1,121
Total in-patients (cases) treated—						
Males	15,469	11,633	3,611	2,846	2,766	1,008
Females	13,848	11,530	2,120	2,583	2,051	1,027
Persons	29,317	23,163	5,731	5,429	4,817	2,035
Discharges, including deaths—						
Males	9,337	6,173	1,254	1,623	1,510	541
Females	8,908	6,632	649	1,523	1,180	564
Persons	18,245	12,805	1,903	3,146	2,690	1,105
In-patients at end of year—						
Males	6,132	5,460	2,357	1,223	1,256	467
Females	4,940	4,898	1,471	1,060	871	463
Persons	11,072	10,358	3,828	2,283	2,127	930

(a) Year ended 31 December 1969. (b) Includes transfers from one institution to another.

State government expenditure on mental health services

The following figures show particulars of expenditure by States for the year 1968-69. Maintenance expenditure represents expenditure on wages and salaries, upkeep and repair of buildings and grounds, and other maintenance. The figure for New South Wales relates to the 14 State psychiatric centres and the Master in Protective Jurisdiction of the Supreme Court. Capital expenditure is expenditure as approved under the *State Grants (Mental Health Institutions) Act 1964-1970* only, and excludes the Commonwealth contributions paid under this Act—see page 416.

MENTAL HEALTH: EXPENDITURE, STATES, 1968-69
(**\$'000**)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	All States
Maintenance	23,608	23,727	7,507	5,873	4,409	2,348	67,472
Capital	3,851	2,400	645	865	751	798	9,310

Notifiable diseases

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

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

Notifiable diseases and cases notified, 1970. The following table shows, by State and Territory, the number of cases notified in 1970 for those diseases notifiable in all States and Territories. In May 1965 the National Health and Medical Research Council at its Fifty-ninth Session proposed a basic list of diseases to be notifiable in each State and Territory, and this table is based upon that proposal. The table does not include all diseases which are notifiable in a State or Territory. Factors such as the following affect both the completeness of the figures and the comparability from State to State and from year to year: availability of medical and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow-up of notifications by Health Departments.

NOTIFIABLE DISEASES(a): NUMBER OF CASES NOTIFIED
STATES AND TERRITORIES, 1970

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax . . . . .	..	..	..	..	..	..	..	..	..
Brucellosis	22	106	7	..	2	..	1	..	138
Cholera . . . . .	..	..	..	..	..	..	..	..	..
Diphtheria . . . . .	..	68	1	3	2	1	..	..	75
Gonorrhoea	3,497	2,078	1,576	650	1,186	75	443	50	9,555
Infectious hepatitis(b)	2,851	2,401	1,000	485	166	318	229	118	7,568
Hansen's disease (Leprosy) . . . . .	..	..	1	1	53	..	12	..	67
Leptospirosis	19	2	50	..	..	..	..	..	71
Paratyphoid fever . . . . .	..	..	..	..	..	1	..	..	1
Polio myelitis	2	..	..	..	..	..	..	..	2
Syphilis	448	73	163	74	159	7	16	4	944
Tetanus	7	6	4	2	..	2	..	..	21
Tuberculosis(c)	644	421	273	147	123	45	16	43	1,712
Typhoid	5	10	2	1	1	..	1	..	20
Typhus (all forms)	3	..	2	..	..	..	..	..	5

(a) No cases of plague, smallpox or yellow fever were notified.
(c) Queensland figure includes erythema nodosum and pleural effusion.

(b) Includes hepatitis serum (homologous).

Chronic illnesses, injuries, and impairments

As part of the quarterly population survey (see Chapter 21, Employment and Unemployment) a survey was conducted in May 1968, in all States except Victoria, in order to obtain estimates of the incidence of chronic illnesses, injuries and impairments in the population, the nature of these conditions and their cause (e.g. whether they were congenital or due to war, accident, etc.). In addition, the survey obtained information on the effect of these conditions on the activities of those who suffered from them.

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

Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1970 there were twenty-six crematoria in Australia, situated as follows: New South Wales, 10; Victoria, 4; Queensland, 5; South Australia, 2; Western Australia, 2; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The following table shows the number of cremations and total deaths in each State and Territory for each of the years 1966 to 1970.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES(a), 1966 TO 1970

State or Territory	1966		1967		1968		1969		1970	
	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths
New South Wales	17,733	40,546	17,486	39,613	18,749	41,803	18,564	40,655	20,087	43,601
Victoria	10,362	28,673	10,173	28,373	10,939	29,967	10,617	28,976	11,265	30,335
Queensland	5,097	14,861	5,156	14,736	5,686	16,078	5,733	15,786	6,303	17,055
South Australia	1,957	9,323	2,076	9,071	2,476	9,916	2,464	9,337	2,884	10,138
Western Australia	2,308	6,772	2,448	6,779	2,548	7,470	2,590	7,350	2,826	7,543
Tasmania	947	3,159	1,019	3,228	1,049	3,284	1,066	3,309	1,039	3,174
Northern Territory . . . . .	..	154	..	527	..	543	..	485	..	608
Australian Capital Territory	(b)81	441	180	376	235	488	309	588	338	594
Australia	38,485	103,929	38,538	102,703	41,682	109,549	41,343	106,486	44,742	113,048

(a) Cremations are not necessarily carried out in the State or Territory where the death was registered. (b) Com-
menced operation 8 July 1966.

