

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 184–7).

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

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

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

Smallpox. All arrivals from all countries except American Samoa, Antarctic Territories, 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 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 countries with locally infected areas. No certificate is required in respect of children under one year of age.

Yellow fever. All arrivals from yellow fever endemic zones.

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

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

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during 1970-71 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 1970-71**

<i>Disease</i>	<i>Total number of cases of infectious disease</i>
Chicken-pox	54
Gastro-enteritis	1
Glandular fever	2
Hansen's disease	1
Herpes	1
Infectious dermatitis	1
Infectious hepatitis	22
Influenza	5
Measles	223
Mumps	23
Rubella	9
Tuberculosis	2
Venereal disease	218
Total	562

HUMAN QUARANTINE: OVERSEAS VESSELS AND AIRCRAFT ARRIVING IN AUSTRALIA AND CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASES FOUND, 1966-67 TO 1970-71

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
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.	840	
1970-71 . . .	6,233	8,127	n.a.	562	

The provisions of the State Health Acts with regard to the compulsory notification of infectious diseases and statistics of cases notified in 1971 are dealt with on pages 442-3 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. Dogs and cats, except those from New Zealand, are subject to quarantine detention on arrival in Australia. Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a similar manner, animals for scientific purposes are imported to approved laboratories. All these premises are kept under constant surveillance. Raw animal products such as hair, types of wool, skins, and hides are specially treated under quarantine control. Such items as raw meat 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 Animal Quarantine was created in 1926. The central administration is situated within the Health Department in Canberra, with an Assistant Director-General and veterinary officers. The Principal Veterinary Officer of the Department of Agriculture in each State is appointed Chief Quarantine Officer (Animals) of that State, and members of his staff Quarantine Officers (Animals). These State officers carry out the quarantine policy formulated by the central administration. Quarantine accommodation is provided in permanent animal quarantine stations at each State capital.

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

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

Plant quarantine

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

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

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

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

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

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

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

National health benefits

Health, cash benefits to persons and other services

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

Most Commonwealth health benefits are financed through the National Welfare Fund. The following two tables show cash benefits to persons by Commonwealth authorities on a State basis for 1970-71 and for the years 1966-67 to 1970-71.

COMMONWEALTH AUTHORITIES, HEALTH: CASH BENEFITS TO PERSONS, 1970-71 (\$'000)

	N.S.W. (a)	Vic.	Qld	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Abroad	Total
Hospital benefits	22,405	10,622	6,947	4,989	3,548	1,078	211	12	..	49,812
Hospital benefits for pensioners	9,052	5,255	3,813	1,999	2,058	1,048	114	217	..	23,555
Nursing home benefits	21,378	9,350	8,009	4,520	4,650	1,512	..	58	..	49,477
Medical benefits	38,799	24,397	9,136	11,936	8,437	2,879	..	..	..	95,604
Medical benefits for pensioners	7,439	5,180	3,168	2,048	1,345	639	7	72	..	19,898
Milk for schoolchildren	3,485	2,345	1,692	892	835	671	115	126	..	10,160
Pharmaceutical benefits n.e.i.	43,261	32,715	16,786	10,265	8,401	3,151	..	211	304	115,094
Pharmaceutical benefits for pensioners	18,338	11,186	7,297	4,315	2,814	1,231	..	..	..	45,181
Tuberculosis campaign	4,166	3,038	1,730	545	770	347	..	..	..	10,597
Handicapped children's benefit	160	89	33	91	60	18	4	..	..	456
Total.	168,483	104,177	58,611	41,620	32,918	12,574	450	697	304	419,834

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

COMMONWEALTH AUTHORITIES, HEALTH: CASH BENEFITS TO PERSONS
1966-67 TO 1970-71

(\$'000)

	1966-67	1967-68	1968-69	1969-70	1970-71
Hospital benefits	25,900	26,598	29,779	40,258	49,812
Hospital benefits for pensioners	18,731	23,665	24,520	24,163	23,555
Nursing home benefits	22,767	24,486	31,643	46,960	49,477
Medical benefits	43,841	46,431	49,556	56,863	95,604
Medical benefits for pensioners	14,351	16,116	16,912	19,224	19,898
Milk for schoolchildren	9,021	9,831	10,053	10,051	10,160
Pharmaceutical benefits n.e.i.	72,001	73,019	81,764	95,650	115,094
Pharmaceutical benefits for pensioners	29,280	32,115	36,609	41,069	45,181
Tuberculosis campaign	10,974	11,266	11,460	10,554	10,597
Handicapped children's benefit . . . . .	..	..	76	485	456
Total	246,866	263,529	292,373	345,277	419,834

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

Hospital, nursing home, and handicapped children's benefits

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

During 1971 the Hospital benefits tables were rationalised, generally in conjunction with the new charges adopted by the public hospitals in each State, as shown in the table, page 424. Pensioners enrolled in the Pensioner Medical Service are generally treated free of charge and, in some States, other pensioners may also be treated without charge. In addition to the following schedule registered organisations in some States operate a table to cover the cost of private hospital accommodation.

Expenditure on hospital, nursing home, and handicapped children's benefits. The following table shows the amount of these Commonwealth benefits paid during 1970-71. This does not include expenditure on mental hospitals (see pages 432-3).

COMMONWEALTH HOSPITAL, NURSING HOME, AND HANDICAPPED CHILDREN'S
BENEFITS PAID: STATES AND TERRITORIES, 1970-71

(\$'000)

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	454	239	163	56	103	33	48	10	1,107
Insured patients (\$2)(a)	9,515	5,634	2,108	2,449	1,895	718	(b)	(b)	22,319
Hospitalisation free of charge (\$2)(c)	132	136	2,381	38	42	4	163	2	2,897
Pensioner patients (\$5)	9,052	5,255	3,813	1,999	2,058	1,048	114	217	23,555
Nursing home patients (\$2)(d)	13,564	5,415	4,508	(e)2,599	2,676	942	(e)	44	29,750
Intensive care nursing home patients (\$3)	7,814	3,935	3,500	(e)1,921	1,973	570	(e)	14	19,727
Handicapped children (\$1.50)	160	89	33	91	60	18	4	..	456
Total	40,691	20,703	16,507	9,153	8,808	3,333	328	288	99,811

(a) Excludes payments of \$19,604,794 towards special accounts deficits, \$268,977 towards Subsidised Medical Services Scheme management expenses and \$3,615,690 towards Subsidised Medical Services Scheme fund benefit re-imbursments.
(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) Scheme introduced 1 July 1970. (d) Increased from \$2 to \$3.50 per day from 21 October 1971. (e) South Australia includes Northern Territory.

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

DAILY RATES OF FEES CHARGED BY PUBLIC HOSPITALS AND TABLES OF BENEFITS, 1971

(\$)

State or Territory	Date from which fees applied	Ward	Daily rates of fees	Weekly family contribution to major hospital funds	Daily rates of combined Commonwealth and fund benefits paid(a)
New South Wales	1 August 1971	public	15.00	0.82	15.00
		intermediate	(b)20.30	1.28	(b)20.30
		private	(b)24.30	1.52	(b)24.30
Victoria(c)	1 August 1971	public	15.00	0.80	15.00
		intermediate	23.00	1.30	23.00
		private	30.00	1.75	30.00
Queensland	1 November 1971	public	(d)		
		intermediate	(b)14.00	0.80	(b)14.00
		private	(b)17.00	0.98	(b)17.00
South Australia(c)(e)	1 September 1971	standard	16.00	0.92	16.00
		intermediate	20.00	1.28	20.00
		private	24.00	1.60	24.00
Western Australia(c)(f)	1 September 1971	standard	20.00	1.05	20.00
		private	30.00	1.65	30.00
		intermediate	18.00	1.00	18.00
Tasmania(c)	1 July 1971	standard	13.50	0.70	13.50
		intermediate	18.00	1.00	18.00
		private	22.00	1.20	22.00
Northern Territory	1 April 1967	general	6.80	(g)	(g)
Australian Capital Territory(c)	1 August 1971	general	15.00	0.82	15.00
		private	26.30	1.52	26.30

(a) Fund benefits are not paid in excess of the hospital charge. (b) Basic bed charge in addition to which the funds pay benefits for extra services, as per benefits schedules of in-patient charges, e.g. prosthesis, splints, etc. This is included in the daily rates of fees for the other States. (c) Fees are comprehensive and separate charges for extra items are only raised for pathology services, radiology services and some miscellaneous procedures. (d) No charge. (e) Not applicable to 53 country hospitals to which Part IV of the South Australian Hospitals Act applies. These hospitals are controlled by the local councils and are not subject to direction by the State Government as far as fees are concerned. The fees for these hospitals vary. (f) On 1 May 1970, the public hospitals in Western Australia combined their public and intermediate wards to form a new standard ward and at the same time introduced an all-inclusive fee for all standards of accommodation. (g) Covered by differing public or standard ward tables in other States.

Fees in intermediate and private wards of New South Wales and Queensland hospitals are not comprehensive and separate charges are raised for extra services such as theatres, labour wards, prosthetic appliances, etc. Benefits are provided by funds which completely cover these separate charges. In Queensland where there is no charge for public ward accommodation, contributors insured in the intermediate and private ward tables receive a fund benefit of \$4 a day if they or their dependants occupy a free public ward bed.

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

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

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

A person who joins a registered hospital benefits organisation within eight weeks of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of \$2 a day and to fund benefits without having to serve a waiting period. From 26 November 1968 persons ceasing to be entitled to the benefits of the Pensioner Medical Service who join a registered organisation within two months before or within three months after ceasing to be a pensioner are not required to serve the normal waiting period before becoming eligible for fund benefits. This new provision also enables such contributions to be transferred to the special account. If a qualified patient in an approved hospital is not insured (i.e. not a member of a hospital benefits organisation), a Commonwealth benefit of 80 cents a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital. Under arrangements made under the National Health Act public hospitals generally provide free public ward treatment to pensioners enrolled in the Pensioner

Medical Service who are classified as public ward patients. The Commonwealth pays the hospitals a benefit of \$5 a day for each pensioner patient. The hospital and medical insurance provisions were changed in 1969 to allow free insurance under certain circumstances and, from 1 July 1970, these provisions were extended to provide partial assistance with insurance to certain groups of persons. Details of this Subsidised Medical Services Scheme are set out on page 426.

Patients in approved nursing homes. The Commonwealth nursing home benefit of \$3.50 a day is payable in respect of 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 \$3.50 a day is still payable to the nursing home in respect of qualified patients. From 1 January 1969 there has been payable in addition to the above mentioned benefit, a supplementary Commonwealth benefit of \$3.00 per day in respect of those qualified patients in approved nursing homes who are in need of and who are receiving intensive nursing home care.

There is no need for patients in approved nursing homes to be insured with a registered hospital benefits organisation, fund benefits being 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 illness or injury requiring hospital treatment of the kind provided in an approved hospital 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.

Handicapped children in approved handicapped persons homes. Since 1 January 1969, handicapped children who are under sixteen years of age and who are accommodated overnight in an approved handicapped persons home have been entitled to a Commonwealth benefit of \$1.50 per day. The benefit is paid direct to the approved handicapped persons home and an equivalent amount is deducted from any charge raised by the home in respect of the handicapped child. The benefit applies to both physically and mentally handicapped children and is payable to homes conducted by charitable and religious organisations. It is not payable to homes conducted by a State Government or those conducted by a person or organisation for profit. There is no necessity for handicapped children in an approved handicapped persons home to be insured with a registered benefit organisation.

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

Registered hospital benefits organisations. The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1971, and fund benefits paid during 1970-71. 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, 1970-71

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
Registered organisations at 30 June 1971(a)	35	24	7	10	7	10	93
Membership at 30 June 1971 '000	1,623	1,232	372	433	351	119	(b)4,130
Fund benefits paid(c) \$'000	57,390	35,003	10,753	14,576	10,922	3,701	(b)132,346

(a) Excludes interstate branches. (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (c) Includes \$3,736,834 ancillary benefits, also includes \$3,615,690 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 1953-1971*. The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits under the scheme relate primarily to medical attention on a fee-for-service basis, although provision is made for a Commonwealth subsidy to organisations arranging for medical service on a contract basis.

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

On 1 July 1970 the scale of benefits paid was considerably revised. Full details of benefits are set out in the schedules to the *National Health Act 1953-1971*. There is one scale of benefits for each State. Weekly contributions to medical benefits funds range from 25 cents to 42 cents for a single person and from 50 cents to 84 cents for a married contributor. The level of benefits has been set so that a contributor is required to pay 80 cents of the 'most common fee' charged for a general practitioner consultation, and up to \$5 for the more costly operations where the 'most common fee' is charged. In fixing the scale of 'most common fees', differential rates have been determined for certain medical services which are customarily performed by either a general practitioner or a specialist. To qualify for the higher (specialist) rate of benefit the patient must be formally referred to the specialist by another medical practitioner by means of a Notice of Referral. Higher benefits are also payable where the patient is referred to a specialist by a dentist for a service arising from a dental service, or by an optometrist or optician to an ophthalmologist.

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

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 reimbursing 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 1971 the estimated number of persons covered by contributory medical schemes was 9,801,176.

MEDICAL BENEFITS: SUMMARY, STATES, 1970-71

		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations(b)(c)	No.	30	19	7	7	8	10	81
Members(c)	'000	1,503	1,168	372	408	345	118	3,916
Medical services	'000	15,327	10,633	4,349	4,875	3,197	1,174	39,555
Commonwealth benefit(d)	\$'000	36,669	23,871	8,984	11,767	8,229	2,841	92,361
Fund benefit(e)	\$'000	37,370	22,982	7,564	8,228	5,746	1,997	83,888

(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) Excludes payments of \$2,231,055 towards special accounts deficits, and \$127,670 towards management expenses of the Subsidised Medical Services Scheme. (e) Includes \$2,657,019 ancillary fund benefits and also includes \$885,004 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 during 1971 was \$46.50 per week; while families with incomes between \$46.50 and \$52.50 a week paid reduced contributions. The name of this Scheme was changed to *Subsidised Health Benefits Plan* from 1 November 1971.

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 1953-1971*.

Persons eligible to receive the benefits of the Pensioner Medical Service are those who receive an age, invalid or widow's pension, or a sheltered employment allowance, under the *Social Services Act 1947-1971*, or a service pension under the *Repatriation Act 1920-1971*, 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. Specialists 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. General practitioners enrolled in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

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

At 30 June 1971 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,216,239, while the number of doctors participating in the scheme at that date was 6,617. During 1970-71 doctors in the scheme provided 9,939,496 services (visits and surgery consultations) for persons enrolled in the scheme. For these services they were paid \$19,898,194. The average number of services rendered by doctors to each enrolled person was 8.25.

Free milk for school children scheme

The *States Grants (Milk for School Children) Act 1950* was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, creches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States participate in the scheme. At the end of 1970 approximately 1,894,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1966-67 to 1970-71 was as follows.

COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME
STATES AND TERRITORIES, 1966-67 TO 1970-71
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
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
1970-71	3,497	2,350	1,697	895	838	682	115	126	10,199

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

Pharmaceutical benefits

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

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

Total Commonwealth expenditure on pharmaceutical benefits in the year 1970-71 was \$160,274,907.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1969-70 and 1970-71. The expenditure for both years includes patient contributions, which totalled \$24,384,028 in 1970-71. Prescriptions issued free to pensioners are included, and these amounted to \$45,180,856 in 1970-71. Benefits dispensed by hospitals and those covered by special arrangements are not included; these amounted to \$26,917,666 in 1970-71.

**PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME(a)
1970 AND 1971**

Therapeutic category	Year ended 30 June			
	1970		1971	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	000's	\$'000	000's	\$'000
Analgesics	5,248	10,997	6,017	12,849
Antacids	2,294	3,353	2,457	3,694
Anti-cholinergics	1,046	3,429	1,098	3,592
Anti-convulsants	429	1,778	625	2,073
Anti-depressants	676	2,455	1,750	5,460
Anti-diabetics	695	2,651	712	2,947
Anti-histamines	4,355	7,798	4,554	8,357
Blood vessels—Drugs acting on	3,508	12,795	3,627	13,583
Broad spectrum antibiotics	6,395	17,773	6,678	18,954
Bronchial spasm—preparations	1,715	3,234	2,012	5,313
Diuretics	3,084	10,772	3,302	11,273
Expectorants and cough suppressants	1,719	1,432	2,081	1,761
Eye drops	1,287	2,077	1,358	2,245
Gastro-intestinal sedatives	701	1,295	737	1,357
Genito-urinary infections—Drugs acting on	1,425	4,775	1,287	4,856
Heart—Drugs acting on	1,345	2,418	1,386	2,693
Iron preparations	1,309	1,493	1,478	1,720
Penicillins	4,958	11,292	5,724	15,045
Sedatives and hypnotics	6,253	6,494	5,563	5,979
Sulphonamides	992	1,301	813	1,102
Tranquillisers	1,165	3,708	1,480	4,726
Other therapeutic substances	14,976	22,918	16,748	28,162
Total	65,575	136,238	71,487	157,741

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

Anti-tuberculosis campaign

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

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950 and the current rates payable with effect from 4 May 1972 are shown in the following table. Persons eligible for the 'married persons' rate comprise only those with a dependent spouse; 'single persons' include widowers, divorcees and married persons without a dependant spouse.

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

<i>Classification</i>	<i>Weekly allowance</i>
Married person rate	35.25
Single person rate—	
Where there are dependent children	26.25
Where there are no dependent children	(a)21.50

(a) Reduced to \$18.25 where treatment is received free of charge in an institution.

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

There is a means test on income but not on property. The allowance is reduced by the amount by which a person's income from sources other than his allowance exceeds, in the case of a person receiving the married person rate, \$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.

COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN
STATES AND TERRITORIES, 1970-71
($\$$ '000)

<i>State or Territory</i>	<i>Cash benefits to persons—</i>		<i>Grants to States— Capital</i>	<i>Total(c)</i>
	<i>Welfare(a)</i>	<i>Health(b)</i>		
New South Wales	230	4,166	143	4,629
Victoria	158	3,038	151	3,452
Queensland	131	1,730	55	1,928
South Australia	52	545	108	742
Western Australia	30	770	12	877
Tasmania	32	347	..	412
Northern Territory	26	..	..	26
Australian Capital Territory	1	..	..	1
Australia	659	10,597	469	12,067

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

COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS
CAMPAIGN: AUSTRALIA, 1966-67 TO 1970-71
($\$$ '000)

<i>Year</i>	<i>Cash benefits to persons—</i>		<i>Grants to States— Capital</i>	<i>Total(c)</i>
	<i>Welfare(a)</i>	<i>Health(b)</i>		
1966-67	1,193	10,974	499	12,939
1967-68	1,091	11,266	780	13,382
1968-69	921	11,460	847	13,511
1969-70	771	10,554	593	12,246
1970-71	659	10,597	469	12,067

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

Mass immunisation campaigns

Poliomyelitis. An anti-poliomyelitis campaign, using Salk vaccine, was commenced in 1956. This campaign continued until 1967 when, following a recommendation by the National Health and Medical Research Council, a campaign using Sabin vaccine was commenced in all States, the Northern Territory and the Australian Capital Territory. The Sabin vaccine is taken orally and a course of treatment consists of three doses. These are given at intervals of eight weeks. There have been nine new cases of poliomyelitis notified over the last five years; two of these cases were notified in 1971.

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 158,000 doses was distributed through the Commonwealth Serum Laboratories during 1971.

Rubella. In 1969, the National Health and Medical Research Council recommended that the Cendehill rubella vaccine be used in anti-rubella (German measles) campaigns in Australia. Consequently, the Commonwealth agreed to make this vaccine available to the States on the same basis as poliomyelitis and measles vaccines. By December 1970 all States had indicated that they would accept this offer. Immunisation campaigns were conducted in all States, the Northern Territory and the Australian Capital Territory during 1971 amongst girls in the twelve to fourteen years age group. The vaccine is 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.

Commonwealth health services organisations

The Commonwealth Health Laboratory Service was established under provisions of the *National Health Act 1953-1971*. The laboratories provide diagnostic and investigational facilities at fifteen locations, principally in country areas, throughout Australia. Health laboratories are situated in Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1970-71, the laboratories carried out approximately 2.5 million pathology tests and investigations in respect of 943,876 patient requests. During the year a revised system of work assessment was introduced and consequently the 1970-71 statistics are not directly comparable with those for earlier years.

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

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

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

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

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

The Commonwealth 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 1970-71 there were 11,502 deliveries of radio-isotopes, comprising 46 different isotopes, procured for use in medicine and medical research. Of these 9,954 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 202,566, the cost of \$630,365 being met from the National Welfare Fund. Film badges, numbering 113,065 were processed, assessed, and reported on. The Laboratory also supplies radon to approved hospitals and private practitioners in Australia and New Zealand. In 1970-71, 24,783 millicuries of radon were issued. Administrative costs for 1970-71 were \$328,183 and \$54,508 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 1970-71 the number of new cases examined at the laboratories was 28,795 including 9,800 children, 5,885 repatriation cases, 982 members of the defence forces, 8,907 pensioners and 1,166 civil aviation referrals; 14,037 calaid hearing aids were fitted and 62,411 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 \$438,976. Administrative costs of the laboratories were \$1,106,213 and expenditure on plant and equipment \$154,024.

The *Home Nursing Subsidy Scheme*, under the *Home Nursing Act* 1956, provides for a Commonwealth subsidy to assist in the expansion of home nursing activities. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government, local government body or other authority established by or under State legislation. During 1970-71 subsidies totalling \$1,450,303 were paid to 95 organisations providing home nursing services in the States. Home nursing services in the Northern Territory and the Australian Capital Territory are provided by the Commonwealth Department of Health.

Other Commonwealth health organisations

The *National Health and Medical Research Council* was established in 1936 to replace the National Health Council. Its main functions are to advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public, and on medical research. It also advises the Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of expenditure from the Medical Research Endowment Fund which was established under the *Medical Research Endowment Act* 1937 to provide assistance to departments of the Commonwealth or of a State engaged in medical research; to universities for the purpose of medical research; to institutions and persons engaged in medical research and in the training of persons in medical research. The Commonwealth makes a triennial appropriation for the Fund, that for 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, for medical graduates and certain undergraduates, training in public health and tropical medicine in addition to carrying out research and consultative activities in these and allied fields. During 1970-71, fifteen diplomas were awarded in Public Health and seven in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1970-71 were \$662,094 for administration and \$17,359 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and postgraduate teaching

at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations and Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth during 1970-71 were \$159,606 for administration and \$61,629 for plant and equipment.

The Commonwealth Bureau of Dental Standards operates under Section 9 of the *National Health Act 1953-1971*. It is part of the Commonwealth Department of Health and is concerned with research and testing related to dental and allied materials, instruments and processes. It assists in the preparation of recognised standards for materials and instruments through the Standards Association of Australia and co-operates with the Australian Dental Association in its programme of accreditation of products. Its functions include the provision of a consultative service and testing facilities for public instrumentalities, the dental profession, and manufacturers and distributors of dental products. The number of these products tested during 1970-71 was 574. Regular surveys are made of dental products on the market and the results are made available to the profession. Expenditure on plant and equipment for 1970-71 was \$2,340 and administrative expenses including salaries were \$60,000.

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 animal are safe, pure, and potent. The *Therapeutic Goods Act 1966*, was proclaimed on 12 November 1970. This Act repealed the *Therapeutic Substances Act 1953-1959* and extended the Commonwealth's power to cover therapeutic goods such as surgical dressings and containers of substances for therapeutic use. The Commonwealth Director-General of Health is authorised under the Act to set up laboratories to test such substances. Of the 2,110 samples examined by the Laboratory during 1970-71, 367 failed to meet the required standards. In addition, 1,619 safety tests were performed, 10 were failed, and 27 were indeterminable. Administrative costs for 1970-71 were \$912,649 and \$77,315 was expended on plant and equipment.

The Drug Evaluation Committee was formally set up in June 1963 to advise on the importation of new and existing drugs and toxicity of drugs already available on the Australian market. It has power to co-opt and seek advice from specialist medical colleges and associations, and from the medical and allied professions, the drug manufacturers and other sources. The Committee's reports and resolutions have resulted in the establishment of a Register of Adverse Drug Reactions and amendments to the Customs (Prohibited Imports) Regulations implemented on 1 August 1970 to provide control on importation of new drugs. During 1970-71, 133 applications for general marketing were received, an increase of 45 over the previous year. In addition, 69 applications for clinical trials were submitted.

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

Commonwealth grants to States

Grants for mental health institutions

Following a survey of the mental health facilities and needs in Australia made in 1955, the Commonwealth made an offer of \$20 million to the States as part of a capital expenditure programme of \$60 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer. By 1963 more than three-quarters of the total grant under the *States Grants (Mental Institutions) Act 1955* had been distributed and the Commonwealth Government announced in November 1963 its intention of continuing assistance to the States towards capital costs on a similar basis, but without overall limit, for a period of three years. In May 1964 the *States Grants (Mental Health Institutions) Act 1964* was passed to implement that policy. This Act provided for the continuation of Commonwealth aid of \$1 for every \$2 of capital expenditure by the States in connection with the buildings or equipment of mental health institutions for the three-year period ending

30 June 1967. With the passing of amending Acts in 1967 and 1970 this period has been extended firstly to 30 June 1970 and then to 30 June 1973. The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1966-67 to 1970-71.

EXPENDITURE ON MENTAL HEALTH INSTITUTIONS BY THE COMMONWEALTH GOVERNMENT: STATES, 1966-67 TO 1970-71
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
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
1970-71.	1,414	798	464	909	395	219	4,199

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 419-32, the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text. More detailed information on their operations and functions is given in Year Book No. 53, pages 570-3.

The Commonwealth Council for National Fitness operates under the *National Fitness Act 1941*. Its main function is to advise the Minister for Health concerning the promotion of national fitness. The Act also provides for the establishment of a trust account, known as the National Fitness Fund, to assist in financing the movement. During 1970-71 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 1970-71 was \$424,491, 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, \$74,491; 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 remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health from Darwin and Alice Springs in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. During the triennium ended 30 June 1971 the Commonwealth Government contributed at the rate of \$350,000 per annum—\$170,000 capital assistance and \$180,000 towards operational costs. In addition a progress payment of \$12,526 was made towards the cost of the changeover of twelve radio base stations to single side band operation. The Service made 3,651 flights during 1970-71, travelling 1,638,939 miles and transporting 4,061 patients. In the same period medical staff conducted a total of 82,596 consultations and dental treatment was given to 2,434 patients. The radio network of the Service handled 306,767 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 1970-71 was as follows: New South Wales, \$196,752; Victoria, \$251,290; Queensland, \$170,098; South Australia, \$124,264; Western Australia, \$79,499; Tasmania, \$23,526; Northern Territory, \$23,000; and the Australian Capital Territory, \$16,870, making a total of \$885,299.

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 1971 the Foundation has allocated more than \$4,700,000 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 \$750,000 is devoted to supporting research into cardiovascular disease.

The *World Health Organisation (WHO)*, founded during 1948, is a specialised agency of the United Nations having as its objective the attainment by all peoples of the highest level of health. It functions as the directing and co-ordinating authority in international health work; provides consultative and technical assistance to governments and special groups; examines all aspects of health including preventive and curative medicine and research; sets international standards with respect to food, biological, pharmaceutical and similar products; and determines Regulations for the control of communicable diseases. The organs of WHO are the World Health Assembly and the six Regional Committees which meet annually and the Executive Board which meets twice a year. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila, and was represented at both the 24th World Health Assembly in Geneva in May and the Regional Committee Meeting in Manila in September 1971. Australia's contribution to WHO for 1970-71 was \$888,000.

The *International Agency for Research on Cancer* was established by the 18th World Health Assembly in 1965 within the framework of the World Health Organisation. The headquarters of the Agency are located in Lyons, France. The objectives and functions of the Agency are the provision for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer; collection and dissemination of information on epidemiology and cancer research throughout the world; education and training of personnel for cancer research; and the encouragement of, and assistance at national level if necessary by the direct establishment of, research organisations. Participation in the Agency is subject to membership of the World Health Organisation and, at the determination of the Governing Council, the ability of the State to contribute effectively to the scientific and technical work of the Agency. Australia became a Participating State within a few months after the establishment of the Agency. At present there are 9 Participating States namely: Australia, Belgium, France, The Federal Republic of Germany, Italy, The Netherlands, The Union of Soviet Socialist Republics, the United Kingdom and the United States of America. Australia's contribution to the I.A.R.C. for 1970-71 was \$134,764.

Commonwealth Parliamentary Committees concerning Public Health

Senate Select Committee on Drug Trafficking and Drug Abuse

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

House of Representatives Select Committee on Pharmaceutical Benefits

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

Senate Standing Committee on Health and Welfare

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

STATE GOVERNMENT ACTIVITIES

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

Public health legislation and administration

For 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 and 1970, see Year Book Nos. 56 and 57 respectively. The following paragraphs refer briefly to recent administrative changes.

In *New South Wales*, as part of the planning for complete regionalisation of hospital services, all public hospitals have been tentatively allocated to seven country and three metropolitan regions. Regional offices of the Hospitals Commission have been established and are fully operational for five country and two metropolitan regions. Offices have been established but are not yet fully operational in respect of the remaining three regions.

The Central Cancer Registry commenced full operation as from 1 January 1972. A new building, housing the City Morgue, Division of Forensic Medicine and Coroner's Court was occupied during 1971, providing greatly improved facilities and services in this field as well as providing more comfortable and sympathetic surroundings for relatives and the public.

The Therapeutic Goods and Cosmetics Act was assented to on 22 March 1972, to regulate the manufacture, distribution and advertising of certain therapeutic goods and to impose standards in relation to such goods and cosmetics. The Act amends the Pure Food Act 1908, the Poisons Act 1966, and certain other Acts in certain respects. The Ambulance Service Act was assented to on 29 March 1972, to re-organise the provision of ambulance services throughout New South Wales; to constitute the New South Wales Ambulance Board and define its powers, duties and functions; to provide for the establishment of a contribution scheme; and to repeal the Ambulance Transport Service Act 1919.

The Private Hospitals (Amendment) Act was introduced transferring responsibility for administration of Private Hospitals and Nursing Homes from the Board of Health to the Hospitals Commission of New South Wales from 17 March 1972. The New South Wales Institute of Psychiatry Act was amended to make further provision in respect of the objects of the Institute; to vary the membership of the Institute and to permit the Institute to establish additional accounts. Amendments were made to the Dentists Act concerning the powers of inspectors, the registration of dentists and the authorisation of persons not entitled to registration to practise dentistry in certain cases or to be granted certificates of provisional registration. The Pharmacy Act was amended with respect to persons carrying on the business of a pharmacist or having a pecuniary interest in the business of a pharmacist. The Physiotherapists Act was also amended to make further provisions with respect to the powers of inspectors, under the Act and the registration of physiotherapists and to permit the legal representatives of a deceased physiotherapist to carry on the practice of that physiotherapist.

In *Victoria* the development of the Alcoholics and Drug Dependents Branch of the Health Department is progressing and the drug education facilities are continuing to expand under the Commonwealth-States arrangement.

The introduction of the *Health (Tuberculosis Arrangement) Act 1971* continued the financial agreement between the Commonwealth and State Governments which has enabled Victoria to mount such an effective campaign against tuberculosis.

The *Dentists Act 1972*, which re-enacted the provisions of Part II of the *Medical Act 1958*, brought up to date the registration provision concerning dentists.

Other health measures introduced relate to the registration and supervision of pest control operators and the introduction of special regulations requiring warning labels as to the hazards of cigarette smoking to be attached to all cigarettes sold in Victoria.

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

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

Supervision and care of infant life

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

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

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

Nursing activities

Several State Governments maintain 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 1971. 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, 1971

	N.S.W.	Vic.	Qld(a)	S.A.(a)	W.A.	Tas.	N.T.(a)	A.C.T.	Aust.
Number of centres(b)	440	730	284	287	88	111	20	40	2,000
Attendances at centres	1,157,877	1,627,988	534,994	303,214	276,056	155,195	30,116	80,963	4,166,403
Visits by nurses to homes	201,418	162,129	2,474	37,045	31,697	73,502	8,000	17,905	534,170
Visits by nurses to hospitals	64,371	26,611	33,272	n.a.	17,569	n.a.	1,856	104	n.a.

(a) Year ended 30 June 1971. (b) At end of year.

Mobile units are used to service centres in some States. In 1971, the numbers of units and centres served, included in the above table, were as follows: Victoria, 4 and 11; Queensland, 3 and 34; South Australia, 2 and 19; 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 Association. Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations in 1971 were: New South Wales, 14; Victoria, 58; Queensland, 5; South Australia, 34; and Western Australia, 11. In Tasmania, all of the district nursing centres have been taken over by the nearest public hospital and are no longer distinct entities.

Medical and dental inspection of school children

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

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

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

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

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

SCHOOL HEALTH SERVICES: STATES AND TERRITORIES, 1971

	N.S.W.	Vic.	Qld(a)	S.A.	W.A.	Tas.	N.T.(a)	A.C.T.
School medical services—								
Staff (b)—								
Medical officers	67	41	3	11	8	12	4	3
School nurses	95	44	32	13	24	30	7	6
Medical examinations—								
Children examined	169,953	222,588	137,867	(c)83,951	43,033	(c)30,008	(d)12,446	20,382
Found with defects	21,086	9,321	(e)8,898	(c)14,799	8,531	6,915	(f)900	1,425
School dental services—								
Number of dental clinics—								
Stationary	10	3	..	18	14	27	n.a.	31
Mobile	(g)19	15	(h)4	5	3	23	n.a.	1
Staff(b)—								
Dental officers	34	31	18	24	18	20	n.a.	16
Dental assistants, therapists and nurses	39	40	..	38	16	47	n.a.	33
Dental examinations—								
Children examined	82,053	35,773	(i)31,952	24,667	61,241	42,541	18,097	18,716
Number treated	20,014	30,684	(f)9,985	15,662	n.a.	n.a.	n.a.	14,910

(a) Year ended 30 June 1971. (b) Full-time and part-time. (c) Excludes some children tested for hearing and vision by school sisters. (d) Includes pre-school children. (e) Number of defects found. (f) Estimated. (g) There is also a dental team with the Royal Flying Doctor Service (based at Broken Hill). (h) In addition, portable dental equipment is possessed by 13 dental officers who function from departmental vehicles. (i) Only children who reside in more remote areas.

HOSPITALS AND OTHER STATISTICS

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

Public hospitals and nursing homes

The statistics shown for public hospitals and nursing homes refer to the following institutions: *New South Wales*—all 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, the McCulloch House Convalescent Home for Women, the Dental Hospital, one tuberculosis sanatorium, and the Peter MacCallum Clinic, but not the exotic diseases block at the Fairfield Hospital; *Queensland*—all hospitals and nursing homes open to all sectors of the public

and administered by the State Government or by District Hospital Boards and those administered by non-profit organisations but subsidised by the State Government to provide free hospitalisation in all 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 95 such institutions at June 1970, with an approved bed capacity of 3,783.

Number, staff and accommodation

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, JUNE 1970

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals and nursing homes	271	156	149	67	99	25	4	2	773
Medical staff—									
Salaried	1,493	1,651	(a)593	381	306	183	33	40	4,680
Other(b)	5,663	2,360	171	734	391	168	..	215	9,702
Nursing staff(c)	21,326	15,529	(a)8,308	5,772	4,880	2,311	463	694	59,283
Accommodation—									
Number of beds and cots	28,190	17,564	14,609	5,099	7,082	3,063	692	659	76,958

(a) Full-time staff and full-time equivalent of part-time staff. (b) Includes honorary and visiting medical officers who may hold appointments at more than one hospital. (c) 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, 1969-70

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
In-patients at beginning of year—									
Males	9,711	n.a.	4,760	1,672	2,211	958	282	n.a.	n.a.
Females	12,188	n.a.	5,417	2,094	2,839	1,221	246	n.a.	n.a.
Persons	21,899	13,758	10,177	3,766	5,050	2,179	528	569	57,926
Admissions and re-admissions during year—									
Males	251,899	n.a.	119,744	58,480	67,274	18,708	7,730	n.a.	n.a.
Females	372,187	n.a.	147,078	73,187	83,004	27,060	9,086	n.a.	n.a.
Persons	624,086	362,237	266,822	131,667	150,278	45,768	16,816	21,063	1,618,737
Total in-patients (cases) treated—									
Males	261,610	n.a.	124,504	60,152	69,485	19,666	8,012	n.a.	n.a.
Females	384,375	n.a.	152,495	75,281	85,843	28,281	9,332	n.a.	n.a.
Persons	645,985	375,995	276,999	135,433	155,328	47,947	17,344	21,632	1,676,663
Discharges and deaths—									
Males	251,676	n.a.	119,383	58,421	67,158	18,710	7,733	n.a.	n.a.
Females	371,561	n.a.	146,784	73,157	82,972	27,055	8,998	n.a.	n.a.
Persons	623,237	362,012	266,167	131,578	150,130	45,765	16,731	21,222	1,616,842
In-patients at end of year—									
Males	9,934	n.a.	5,121	1,731	2,327	956	277	n.a.	n.a.
Females	12,814	n.a.	5,711	2,124	2,871	1,226	336	n.a.	n.a.
Persons	22,748	13,983	10,832	3,855	5,198	2,182	613	410	59,821
Average daily number resident	21,311	13,354	9,810	3,685	4,922	2,115	500	558	56,255

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1969-70 there were approximately 2,074,000 out-patients treated in New South Wales, 920,000 in Victoria, 958,000 in Queensland, 187,000 in South Australia, 379,000 in Western Australia, 146,000 in Tasmania, 170,000 in the Northern Territory (includes two clinics) and 32,000 in the Australian Capital Territory, making an estimated total for Australia of 4,865,000. The figures quoted refer to cases, as distinct from persons and attendances.

Revenue and expenditure

Details of revenue and expenditure for the year 1969-70 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 423.

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, 1969-70 (\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Revenue—									
Government aid	116,856	75,714	(a)42,861	25,627	39,927	14,672	5,536	3,232	324,424
Public subscriptions, legacies, etc.	177	(b)8,158	830	1,385	24	..	..	..	10,574
Fees	76,649	45,472	13,587	13,205	16,051	5,558	701	2,282	173,505
Other	2,180	2,509	5,864	1,284	1,810	41	..	101	13,789
Total revenue	195,862	131,853	63,143	41,500	57,811	20,271	6,237	5,615	522,292
Expenditure—									
Salaries and wages	124,520	81,309	35,629	22,025	28,958	11,043	3,422	3,717	310,624
Upkeep and repair of buildings and grounds	5,159	2,884	961	1,450	5,076	280	386	327	16,523
All other maintenance	49,752	30,562	19,874	10,765	15,373	4,444	1,735	1,464	133,969
Total maintenance	179,431	114,755	56,464	34,240	49,408	15,767	5,543	5,508	461,116
Capital	18,284	15,778	6,416	6,025	8,548	4,305	693	227	60,276
Total expenditure	197,714	130,534	62,880	40,264	57,956	20,072	6,237	5,735	521,392

(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, 1965-66 TO 1969-70

	1965-66	1966-67	1967-68	1968-69	1969-70
Hospitals and nursing homes	766	765	762	768	773
Medical staff—					
Salaried	3,967	4,125	4,487	r4,874	4,680
Other(a)	8,824	8,724	9,249	r9,565	9,702
Nursing staff(b)	47,656	49,640	52,236	r55,219	59,283
Beds and cots	71,226	73,748	74,768	75,242	76,958
Admissions	1,395,519	1,439,959	1,500,662	1,572,225	1,618,737
Total in-patients (cases) treated	1,447,900	1,494,709	1,554,331	1,626,998	1,676,663
Average daily number resident	50,161	52,331	53,467	54,600	56,255
Out-patients (cases)(c)	3,820,000	3,993,000	4,365,000	4,655,843	4,864,716
Revenue	\$'000 341,741	376,343	413,183	464,117	522,292
Expenditure	\$'000 341,007	377,457	411,869	460,393	521,392

(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 1953-1971*. 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, 1966 TO 1970

State	30 June—				
	1966	1967	1968	1969	1970
NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES					
New South Wales . . .	527	535	541	536	(a)546
Victoria	309	313	310	311	313
Queensland	149	152	155	156	163
South Australia(b) . . .	177	184	185	187	184
Western Australia . . .	95	96	102	104	105
Tasmania	45	42	43	44	47
Australia	1,302	1,322	1,336	1,338	1,358

NUMBER OF BEDS FOR PATIENTS

New South Wales . . .	14,503	15,825	17,016	18,377	(a)19,665
Victoria	7,117	7,295	7,267	7,385	7,790
Queensland	4,416	4,630	4,908	5,117	5,949
South Australia(b) . . .	4,166	4,361	4,542	4,778	4,908
Western Australia . . .	2,898	3,029	3,333	3,484	3,643
Tasmania	1,033	1,038	1,084	1,160	1,294
Australia	34,133	36,178	38,150	40,301	43,249

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

Repatriation hospitals

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

In-patient treatment is provided at 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 1971 were: Little Bay (New South Wales), 8; Fantome Island (North Queensland), 13; Derby (Western Australia), 129; and East Arm Settlement (Northern Territory), 7. In addition, there were 22 rehabilitation 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 1971, were: Fairfield (Victoria), 4; Princess Alexandra Hospital (Queensland), 7.

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 and the statistical recording systems of all States are gradually being changed towards uniformity. 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 1970, 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 three psychiatric hospitals, ten mental hospitals, eight informal hospitals, and nine intellectual deficiency training centres; *Queensland*—four psychiatric hospitals, three training centres, and one rehabilitation clinic; *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 1970

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
In-patient institutions	17	(a)30	8	5	5	1
Beds and cots for patients	10,306	(b)9,127	3,621	2,086	1,539	1,030
Staff—Medical	(c)278	(a)164	(d)34	39	27	(f)12
Nursing	(e)3,600	(a)(e)3,021	1,362	728	617	344

(a) At 30 November 1970. (b) The number of beds and cots occupied on 30 November 1970. (c) Includes visiting specialists who are paid for their services. (d) Full-time staff and full-time equivalent of part-time staff. (e) Includes attendants. (f) Includes four part-time staff.

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, 1969-70

	N.S.W.	Vic.(a)(b)	Qld	S.A.	W.A.	Tas.
In-patients at beginning of year—						
Males	6,140	(c)5,460	2,388	1,223	1,256	467
Females	4,985	(c)4,898	1,454	1,060	871	463
Persons	11,125	(c)10,358	3,842	2,283	2,127	930
Admissions and re-admissions during year—						
Males	10,291	6,276	1,781	1,747	1,661	555
Females	9,282	6,473	666	1,631	1,140	500
Persons	19,573	12,749	2,447	3,378	2,801	1,055
Total in-patients (cases) treated—						
Males	16,431	11,736	4,169	2,970	2,917	1,022
Females	14,267	11,371	2,120	2,691	2,011	963
Persons	30,698	23,107	6,289	5,661	4,928	1,985
Discharges, including deaths—						
Males	10,668	6,309	1,818	1,755	1,518	538
Females	9,693	6,424	663	1,637	1,116	479
Persons	20,361	12,733	2,481	3,392	2,634	1,017
In-patients at end of year—						
Males	5,763	5,427	2,351	1,215	1,399	484
Females	4,574	4,947	1,457	1,054	895	484
Persons	10,337	10,374	3,808	2,269	2,294	968

(a) Eleven months ended 30 November 1970. (b) Includes transfers from one institution to another. (c) At 1 January 1970.

State government expenditure on mental health services

The following figures show particulars of expenditure by States for the year 1969-70. 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* only, and excludes the Commonwealth contributions paid under this Act—see page 433.

MENTAL HEALTH: EXPENDITURE, STATES, 1969-70
(\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	All States
Maintenance	29,634	26,068	8,453	6,201	5,134	2,524	78,014
Capital	4,564	1,893	1,203	2,598	482	215	10,957

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, 1971. The following table shows, by State and Territory, the number of cases notified in 1971 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, 1971**

<i>Disease</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>
Anthrax . . . . .	..	..	..	..	..	..	..	..	..
Brucellosis	21	40	11	4	1	..	..	..	77
Cholera . . . . .	..	..	..	..	..	..	..	..	..
Diphtheria	22	6	1	..	1	..	..	1	31
Gonorrhoea	3,943	2,127	1,852	817	1,236	117	412	35	10,539
Infectious hepatitis(b)	2,621	1,961	1,258	504	554	287	296	100	7,581
Hansen's disease (Leprosy)	..	1	4	1	13	..	13	..	32
Leptospirosis	17	2	68	..	..	10	..	..	97
Paratyphoid fever	2	..	..	2	1	..	..	..	5
Poliomyelitis . . . . .	..	1	1	..	..	..	..	..	2
Syphilis	362	102	200	122	256	10	20	5	1,077
Tetanus	8	3	7	1	4	1	..	..	24
Tuberculosis(c)	498	416	241	124	119	41	30	13	1,482
Typhoid	16	11	5	2	1	..	1	..	36
Typhus (all forms)	2	..	5	..	..	..	..	..	7

(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).

New infectious hepatitis cases notified. The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1967 to 1971.

**INFECTIOUS HEPATITIS: CASES NOTIFIED
STATES AND TERRITORIES, 1967 TO 1971**

<i>State or Territory</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1970</i>	<i>1971</i>
New South Wales	4,032	2,526	2,820	2,851	2,621
Victoria	2,991	2,362	2,364	2,401	1,961
Queensland(a)	1,973	1,819	886	1,000	1,258
South Australia	1,299	558	615	485	504
Western Australia	190	147	146	166	554
Tasmania	425	589	493	318	287
Northern Territory	158	66	74	229	296
Australian Capital Territory	248	56	52	118	100
Australia	11,316	8,123	7,450	7,568	7,581

(a) Includes hepatitis, serum (homologous).

New tuberculosis cases notified. The following table gives particulars of the number of new cases of tuberculosis notified in Australia for 1971.

**TUBERCULOSIS: NEW CASES NOTIFIED^(a)
STATES AND TERRITORIES, 1971**

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales	20	86	179	210	3	498
Victoria	39	90	151	135	1	416
Queensland	8	38	80	113	2	241
South Australia	15	26	38	45	..	124
Western Australia	10	24	39	46	..	119
Tasmania	2	12	16	11	..	41
Northern Territory . . . . .	..	14	8	8	..	30
Australian Capital Territory	2	6	2	3	..	13
Australia	96	296	513	571	6	1,482

(a) Figures supplied by the Director of Tuberculosis in each State and the Commonwealth Department of Health.

Chronic illnesses, injuries, and impairments

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

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

Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1971 there were twenty-six crematoria in Australia, situated as follows: New South Wales, 13; 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 1967 to 1971.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES^(a), 1967 TO 1971

State or Territory	1967		1968		1969		1970		1971	
	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths
New South Wales	17,486	39,613	18,749	41,803	18,564	40,655	20,087	43,601	19,966	41,691
Victoria	10,173	28,373	10,939	29,967	10,617	28,976	11,265	30,335	11,134	30,598
Queensland	5,156	14,736	5,686	16,078	5,733	15,786	6,303	17,055	6,203	16,339
South Australia	2,076	9,071	2,476	9,916	2,464	9,337	2,884	10,138	2,917	9,686
Western Australia	2,448	6,779	2,548	7,470	2,590	7,350	2,826	7,543	2,996	7,806
Tasmania	1,019	3,228	1,049	3,284	1,066	3,309	1,039	3,174	1,157	3,295
Northern Territory . . . . .	..	527	..	543	..	485	..	608	..	637
Australian Capital Territory	180	376	235	488	309	588	338	594	341	598
Australia	38,538	102,703	41,682	109,549	41,343	106,486	44,742	113,048	44,714	110,650

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