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## CHAPTER 14

### PUBLIC HEALTH

#### 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 543–550 of Year Book No. 53. The following paragraphs refer briefly to administrative changes in 1967.

In *New South Wales* the Bureau of Maternal and Child Health has developed its services. It now has established pre-natal clinics (for expectant mothers living long distances from obstetric hospitals), baby health centres (where mothers are instructed in the care and management of babies), well baby clinics and paediatric referral clinics (for the routine medical examination and assessment of infants and pre-school children), and an advisory medical service for children attending day nurseries and pre-school kindergartens. Free urine tests for the detection of inborn errors of metabolism are carried out on babies aged six weeks and over.

In *South Australia* the former Poliomyelitis Branch of the Department of Public Health is now known as the Epidemiology Branch.

In *Tasmania* the *Division of Psychiatric Services*, formerly of the Department of Health Services, has been abolished, and its work has been taken over by the newly established and independent Mental Health Services Commission created under the *Mental Health Services Act 1967*. The new Act placed all employees of the Division of Psychiatric Services under the Commission as the employing authority and provided for their transfer from the Public Service. The Commission controls the major psychiatric rehabilitation hospitals and provides regional clinical psychiatric facilities. Some services operate at the general hospitals, while others, such as a child psychiatric unit and alcoholic rehabilitation service, are established separately. Day hospital facilities are available in Hobart, Launceston, and Wynyard.

The Canberra Community Hospital in the *Australian Capital Territory* is now administered, subject to the direction of the Minister for Health, by a management board of five members, three of whom are appointed by the Minister for Health, and two are elected by the Australian Capital Territory Advisory Council from the Council's members.

#### 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, crèches, etc.

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. (Information regarding infant mortality will be found in Chapter 8, Vital Statistics—*see* pages 202–7.) Departments control the boarding out of the wards of the State to suitable persons. Wherever possible, the child is boarded out to its mother or to a near female relative. Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons, while special attention is devoted to the welfare of ex-nuptial children.

Under the provisions of the *Social Services Act 1947–1967* maternity allowances are paid to provide financial assistance towards the expenses associated with the birth of children. A sum of \$30 is payable to the mother in respect of each confinement at which a living or viable child is born if the mother has no other children under sixteen years of age. Where there are one or two other

children under sixteen, the amount payable is \$32, and where there are three or more other children under sixteen, the amount payable is \$35. Where more than one child is born at a birth the amount of the allowance is increased by \$10 in respect of each additional child. More detailed information concerning 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 1967. 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, 1967

	N.S.W.	Vic.	Qld (a)	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Aust.
Number of centres	434	691	273	279	71	107	17	30	1,902
Attendances at centres	1,041,047	1,432,815	457,787	274,499	240,513	143,686	21,210	45,264	3,656,821
Visits by nurses to homes	n.a.	185,397	30,512	36,945	26,400	88,074	6,323	5,080	n.a.

(a) Year ended 30 June 1967.

Mobile units are used as centres in some States. The numbers of these in 1967 included in the above table were as follows: Victoria, 5; Queensland, 2; South Australia, 2; Western Australia, 4; and Tasmania, 12.

In the last thirty-five years the number of attendances at the infant welfare centres has increased almost four-fold. The numbers of attendances at five-year intervals since 1930 were as follows: 1930, 919,893; 1935, 1,355,306; 1940, 2,035,299; 1945, 2,927,764; 1950, 3,049,375; 1955, 3,099,233; 1960, 3,482,383; and 1965, 3,598,781.

*Bush Nursing Associations.* Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations in 1967 were: New South Wales, 18; Victoria, 58; Queensland, 5; South Australia, 33; Western Australia, 18; and Tasmania, 23.

### Medical and dental inspection of school children

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

#### New South Wales

School medical and dental services in New South Wales are under the control of the State Department of Public Health. The staff of the Child Health and Special Services sections of the Bureau of Maternal and Child Health, which conduct the school medical services and provide diagnostic, evaluation and supervisory services for atypical children, included in January 1968, 74 medical officers, 5 full-time and 13 part-time psychiatrists, 9 part-time ear, nose and throat surgeons, an ophthalmologist, 23 clinical psychologists, 79 nurses, 19 social workers, and 23 speech therapists.

The aim of the school medical services is to examine all school children in the State in order to discover any departure from normal health, physical or mental, and to notify the parent or guardian of any need for further investigation or treatment. Annual visits are made to government schools, and also to private schools which have applied for this service, in the metropolitan, Newcastle, and Wollongong areas, and in some of the larger country towns. Children are fully examined at kindergarten or on entry into primary school. Review examinations, with particular emphasis on vision and hearing, are conducted on pupils in fourth grade in primary schools and second and fourth forms in secondary schools, and on others who appear to need additional examinations. Excluding 109,308 review examinations, medical officers of this service examined 110,945 children in 1967. In other country areas there is a scheme for school children to be examined by local medical practitioners under the supervision of local municipal and shire councils.

The Department conducts 9 child health centres (8 in the metropolis and 1 at Newcastle), 12 child guidance clinics (11 in the metropolis and 1 at Newcastle), 10 hearing clinics (9 in the metropolis and 1 at Newcastle) and 14 speech therapy clinics, 9 of which are established at child health centres. Children in need of treatment other than child guidance or speech therapy are referred to a medical practitioner or to the out-patient department of a public hospital.

The school dental service has a staff of 32 dental officers, 30 dental assistants, and 5 dental nurses. The service is provided by 7 dental clinics established in the grounds of 3 metropolitan and 4 country public schools, 18 mobile clinics in country and outer metropolitan areas, and 3 dental teams with the Royal Flying Doctor Service (based at Broken Hill). In 1967, 91,428 school children were examined by the school dental service, and 20,234 of these were treated, and 32,809 notified of dental defects.

### Victoria

The School Medical Service is a division of the Maternal and Child Welfare Branch of the Department of Health. It has a full time staff of 40 doctors, 44 nurses and 21 administrative or office staff. As well, it has a part time staff of 3 medical officers, 3 nurses and the following consultants: 3 paediatricians, 2 psychiatrists and an ophthalmologist.

The present aim of the service is to examine fully all primary school children in their second year at school and to test their vision again in grade 4, and in form 2 of secondary schools. Children may also be examined at other times on the suggestion of teachers or parents, who suspect that ill health is interfering with school progress. Any disabilities found in children are brought to the notice of their parents who are advised to consult their family doctor for further advice or treatment. School nurses under medical direction visit homes and schools to follow up cases so referred. In co-operation with the Education Department and the Mental Health Authority, children with defects of vision and hearing and those who are mentally backward are assessed for special educational help.

School medical officers and nurses in all their activities seek to improve community and child health through health education to parents, teachers, teachers in training, and school children. Special programmes are conducted in teachers colleges where, through education and counselling, school medical officers seek to induce positive attitudes to health and healthy living, and to foster the ability of the teacher in training to impart this to children.

The School Medical Service advises the Education Department on medical problems and undertakes all medical assessments in connection with the teaching service, including medical assessment for temporary and permanent appointments, resumption of duty after sick leave, confinement leave, and medical eligibility of teachers for superannuation benefits.

The School Dental Service has an establishment of 43 dental officers and provides dental attention for children in the metropolitan area at 3 dental centres, and for a number of country districts by means of 15 mobile units, including 6 twin-surgery units. It also provides dental services for children's institutions in and around Melbourne and certain provincial centres. The service is now providing dental attention for some 80,000 primary school children.

### Queensland

During 1966-67 medical officers and nurses examined 108,998 school children; 4,997 children had disabilities of which parents were notified and advised to seek attention. In western Queensland local doctors act as part-time ophthalmic surgeons. Advice is given on school sanitation, communicable diseases in schools and health education.

During 1967 school dentists gave treatment to 10,489 school children who resided in areas beyond easy reach of hospital dental clinics. The treatment was carried out at 4 rail dental clinics and with portable equipment at schools. In addition, school children are treated at hospital dental clinics in the larger towns.

### South Australia

State schools within a radius of 60 miles from Adelaide and at 5 large country centres are visited annually, and the children are medically examined while in grades 1, 4, and 7 in the primary schools and in their second and fourth years in secondary schools. Efforts are made to visit the remaining country schools every 3 years, when all the children are examined. Students who wish to become teachers are examined on appointment as teaching scholars while still attending secondary schools and again immediately prior to entering a Teachers' College and finally when they leave the College to take up teaching. Courses of lectures in health education are given to all College students.

During 1967, 40,312 children were examined by medical officers in 129 country and 153 metropolitan schools. Of these, 4,813 required treatment for defective vision, 2,689 for defective hearing, and 9,988 for dental disorders. Dentists using mobile vans examined 3,785 school children in country

areas where a private dental service was not readily available; children offered treatment in 1967 numbered 3,886, including some who were examined in the previous year; 3,547 accepted and were treated free of charge. There were 2,914 children examined at the Deafness Guidance Clinic during 1967. Of the 1,423 new patients, 699 were referred to doctors or hospitals for treatment. Educational work was assisted by talks to mothers' clubs and interviews with parents by doctors and dentists, and by home visits and interviews by nurses.

#### **Western Australia**

The School Medical Service of the State Public Health Department employs 7 full-time medical officers. Details of this service during 1967 compared with 1966 figures, shown in parentheses, were as follows: number of children examined 56,088 (56,877) (metropolitan, 37,180 (41,388), country, 18,908 (15,489)). The 417 (376) schools visited comprised metropolitan, 262 (281), of which 200 (205) were government and 62 (76) were non-government schools, and country, 155 (95) of which 124 (76) were government and 31 (19) were non-government schools.

During 1967 the 12 (15 in 1966) full-time dentists employed by the School Dental Service visited 5 (4) metropolitan schools, 74 (87) country schools and 21 (27) orphanages and Aboriginal missions. The number of children examined was 10,208 (9,247). With the consent of the parents, 6,357 (5,256) children were treated. Eight dental vans were in operation.

#### **Tasmania**

During 1967, 3 full-time and 9 part-time medical officers examined school children in government and non-government schools. In addition 2 regional medical officers of health also examined school children. Twenty-three full-time and 6 part-time sisters visited homes and schools. Of the 32,386 children examined by medical officers, 7,502 were found to have defects.

The School Dental Health Service, available free to all school children, aims to examine and treat every child each six months. In 1966-67 fixed surgeries were in use or under construction in 19 districts and in clinics at Hobart and Launceston. Fifteen mobile caravans were also in use. An orthodontic service based in Hobart, using fixed and mobile clinics, supplements the therapeutic dental service. During the year ended 30 June 1967 operative dental treatment was given to 31,987 patients.

In 1966 a school of dental nursing was established in Hobart. Ten students were enrolled in 1966 and have now almost completed their training. A further 10 commenced training in 1967. The school treats 40 patients a day in its training surgeries. It is expected that approximately 30 nurses will work with dentists in the School Dental Health Service; a dental nursing certificate, or its equivalent, is required before a nurse can be appointed.

#### **Northern Territory**

The Schools Medical Officer makes routine physical examinations of all children attending pre-school centres and schools, 2,201 children being examined during 1966-67. The only children not so examined by him are those at the special Aboriginal schools, who are examined during Aboriginal health surveys. A special dental service for school and pre-school children is available in Darwin and Alice Springs. During 1966-67, 2,272 dental services were carried out at these two centres. School doctors and dentists travel throughout the Territory to carry out diagnosis and treatment.

#### **Australian Capital Territory**

The A.C.T. Health Services Branch of the Commonwealth Department of Health is responsible for health aspects of child welfare in the Australian Capital Territory. These include the School Medical Service carried out by 3 medical officers and 3 trained nurses, and the School Dental Service, staffed by 15 dentists, together with surgery and clinical assistants.

A Child Guidance Clinic assists children with psychiatric disorders. During 1967, 339 new cases were referred to it by private doctors, the School Medical Service, social workers, and the Australian Capital Territory Education Clinic. The Child Guidance Clinic is staffed by 3 part-time psychiatrists, a full-time psychologist, a social worker and a speech therapist.

Medical examinations are carried out at all public and private schools within the territory. The total number of school children examined during the year 1966-67 was 6,832. Examinations of children attending pre-school centres were made according to the time available, 183 pre-school children being examined.

Defects during the year were: 326 eyesight, 71 ear, nose and throat, 210 cases of hearing loss, 107 speech, and 268 miscellaneous. Triple antigen injections, totalling 10,311 in 1966-67, were given at regular sessions held throughout the year, and 2,223 anti-poliomyelitis injections were given at baby health clinics. In the same period, 25,056 doses of Sabin oral poliomyelitis vaccine were administered.

The School Dental Service provides free treatment for children attending infants and primary schools, both public and private, in the Australian Capital Territory. During 1967, 13,277 children were examined in Canberra and Jervis Bay schools. This service is also carrying out a detailed clinical assessment of the effects of fluoridation of Canberra's water supply.

### Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1967 there were twenty-two crematoria in Australia, situated as follows: New South Wales, 8; Victoria, 4; Queensland, 4; South Australia, 1; 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 1963 to 1967.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES, 1963 TO 1967

State or Territory	1963		1964		1965		1966		1967	
	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths	Crema- tions	Total deaths (a)
New South Wales . . . . .	15,664	37,226	16,321	39,487	16,651	38,949	17,733	40,546	17,486	39,613
Victoria . . . . .	8,782	26,920	9,832	27,548	9,857	28,031	10,362	28,673	10,173	28,373
Queensland . . . . .	4,432	13,275	4,745	14,523	4,905	14,114	5,097	14,861	5,156	14,736
South Australia . . . . .	1,304	8,201	1,506	8,906	1,638	8,788	1,957	9,323	2,076	9,071
Western Australia . . . . .	1,900	5,976	2,003	6,429	2,010	6,274	2,308	6,772	2,448	6,779
Tasmania . . . . .	786	2,818	864	3,174	912	3,043	947	3,159	1,019	3,228
Northern Territory . . . . .	..	161	..	164	..	161	..	154	..	527
Australian Capital Territory . . . . .	..	317	..	363	..	355	(b)81	441	(c)180	376
Australia . . . . .	32,868	94,894	35,271	100,594	35,973	99,715	38,485	103,929	38,538	102,703

(a) Includes Aborigines. (b) Commenced operation 8 July 1966. Cremations include 32 in respect of deaths registered in the States as follows: N.S.W., 31; S.A., 1. (c) Includes 68 in respect of deaths registered in N.S.W.

### COMMONWEALTH GOVERNMENT ACTIVITIES

Commonwealth services outlined in the following pages are those provided under the National Health Service or otherwise administered by the Commonwealth Department of Health. For particulars of services administered by the Commonwealth Department of Social Services and of Commonwealth expenditure from the National Welfare Fund on all forms of social and health services see Chapter 13, Welfare Services.

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.

### National health benefits

#### Pharmaceutical benefits

A comprehensive range of drugs and medicines is made available to all persons receiving treatment from a medical practitioner registered in Australia. The benefits are supplied by an approved pharmacist upon presentation of a prescription, or by an approved hospital to patients receiving treatment at the hospital. The patient pays the first 50 cents of the cost of a prescription dispensed by an approved pharmacist, but pensioners who are eligible for treatment under the Pensioner Medical Service (see page 489) receive all benefits without any contribution being made. Special arrangements exist to cover prescriptions dispensed at locations outside the normal conditions of supply, e.g. in remote areas. Total Commonwealth expenditure on pharmaceutical benefits in the year 1966-67 was \$101,280,799.

### Hospital and nursing home benefits

The *National Health Act 1953-1967* provides for the payment of Commonwealth hospital and nursing home benefits. Commonwealth benefits are payable only in respect of treatment received in approved hospitals and approved nursing homes. For the purposes of the National Health Act, premises which provide medical treatment, care and accommodation for sick persons are approved either as hospitals or as nursing homes, depending mainly on their clinical standards and the type of patients accommodated. Usually premises are approved as hospitals if their general standards are substantially equivalent to those of a public hospital and if hospital treatment, as defined in the National Health Act, is provided. Premises are approved as nursing homes where their general standards are similar to those prevailing in benevolent homes, convalescent homes, rest homes, or homes for the aged, and if nursing home treatment as defined in the Act is provided.

*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 a day which is paid through the contributors' registered hospital benefits organisations. Total payments by contributors to organisations range from 15 cents to 65 cents a week for single persons and from 30 cents to \$1.30 a week for families. Examples of contributions and benefits payable, including Commonwealth benefits of \$2 a day, are:

Weekly contributions		Total benefits	
Single person	Family	Daily	Weekly
\$	\$	\$	\$
0.15	0.30	5.60	39.20
0.25	0.50	8.00	56.00
0.30	0.60	9.20	64.40
0.40	0.80	11.60	81.20
0.55	1.10	15.20	106.40
0.65	1.30	17.60	123.20

A contribution of 80 cents a week covers a family for benefits in excess of the public ward charge in any State. Contributions are allowable deductions for income tax purposes.

During the waiting period of two months after joining an organisation the Commonwealth benefit is payable at the rate of 80 cents a day, unless the organisation pays fund benefits, in which case Commonwealth benefit is payable at the higher rate of \$2 a day. While a member is in arrears with his contributions and fund benefits are not payable, the Commonwealth benefit is payable at the rate of 80 cents a day unless the member was in receipt of unemployment or sickness benefits under the *Social Services Act 1947-1967*, when the normal rate of \$2 a day is payable.

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 1967 the hospital fund benefit usually payable in such cases is \$3 a day and is paid either from a special account, guaranteed by the Commonwealth, or from the ordinary account of the organisation. 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. 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.

*Patients in approved nursing homes.* The Commonwealth nursing home benefit of \$2 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 \$2 a day is still payable to the nursing home in respect of qualified patients.

There is no need for patients in approved nursing homes to be insured with a registered hospital benefits 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.

*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 are entitled.

*Expenditure on hospital and nursing home benefits.* The following table shows the amount of Commonwealth hospital and nursing home benefits paid during 1966-67. This does not include expenditure on mental hospitals (*see page 488*).

**COMMONWEALTH HOSPITAL AND NURSING HOME BENEFITS PAID  
STATES AND TERRITORIES, 1966-67  
(\$'000)**

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	654	424	894	111	148	46	86	12	2,376
Insured patients (\$2)(a)	8,322	4,921	2,225	1,939	1,685	649	(b)	(b)	19,740
Pensioner patients (\$3.60)	6,976	4,164	3,506	1,582	1,787	572	35	109	18,731
Nursing home patients (\$2)	9,531	4,884	3,548(c)	2,009	2,033	761	(c)	..	22,767
<b>Total</b>	<b>25,483</b>	<b>14,393</b>	<b>10,173</b>	<b>5,641</b>	<b>5,653</b>	<b>2,029</b>	<b>121</b>	<b>121</b>	<b>63,614</b>

(a) Excludes payments of \$3,784,000 towards special accounts deficits in 1966-67. (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (c) South Australia includes Northern Territory.

*Registered hospital benefits organisations.* The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1967, and fund benefits paid during 1966-67. 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, 1966-67**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations at 30 June 1967(b)	32	43	3	13	9	9	109
Membership at 30 June 1967	1,467,065	1,063,335	321,940	403,154	288,232	113,849	3,657,575
Fund benefits paid(c) . \$'000	31,799	17,870	4,579	6,835	5,638	2,290	69,011

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (b) Excludes interstate branches. (c) Includes \$2,632,000 ancillary benefits.

### Mental hospitals

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

These agreements operated for five years and terminated in the latter half of 1954. The amount contributed by the Commonwealth during the operation of the agreements was approximately one shilling (10 cents) a day for each patient. When the agreements terminated, Dr Alan Stoller, of the Victorian Mental Hygiene Authority, was commissioned to undertake a survey of mental health facilities and needs in Australia. His report, issued in May 1955, stated that serious overcrowding existed in the majority of mental hospitals in Australia. The provision of more beds was the most urgent need, but other accommodation and rehabilitation facilities were also required.

Following the report, the Commonwealth made an offer of \$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 on mental health facilities for the three-year period ending 30 June 1967. With the passing of the *States Grants (Mental Health Institutions) Act 1967*, this date has been extended to 30 June 1970. The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1962-63 to 1966-67.

**EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH  
GOVERNMENT: STATES, 1962-63 TO 1966-67  
(\$'000)**

<i>Year</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>Aust.</i>
1962-63 . . . . .	1,295	..	75	104	116	..	1,590
1963-64 . . . . .	982	..	108	173	332	..	1,595
1964-65(a) . . . . .	659	711	225	265	447	197	2,504
1965-66 . . . . .	1,717	1,567	146	242	338	529	4,539
1966-67 . . . . .	2,217	1,192	288	193	260	823	4,973
<b>Total, 1962-63 to 1966-67</b>	<b>6,870</b>	<b>3,470</b>	<b>842</b>	<b>977</b>	<b>1,493</b>	<b>1,549</b>	<b>15,201</b>

(a) Expenditure for 1964-65 includes final grants, totalling \$406,454, made under the 1955 Act as follows: New South Wales, \$274,938; Queensland, \$21,210; and South Australia, \$110,306.

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

#### 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 1953-1967*. The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits provided by the Commonwealth are paid either on a fee-for-service basis in respect of the items set out in the schedule to the National Health Act or in the form of a subsidy not exceeding half of the payments made to doctors by registered organisations under contract arrangements.

Commonwealth fee-for-service benefits are paid in accordance with the list of benefits set out in the schedule to the *National Health Act 1953-1967*. The present schedule came into force on 1 March 1968.

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

Commonwealth benefits ranging from 80 cents for ordinary general practitioner visits to \$60 for major operations are payable to members of registered medical benefit organisations. The fund benefit payable varies according to the weekly contributions paid by the member and the particular medical service. Examples of the range of benefits are as follows.

<i>Type of service</i>	<i>Combined Commonwealth and fund benefits (a) \$</i>
Certain major operations . . . . .	180.00
Appendix operation . . . . .	45.00
Midwifery . . . . .	33.75
Tonsils—	
Under 12 years . . . . .	15.75
12 years and over . . . . .	22.50
Surgery consultation—general practitioner . . . . .	from \$1.60 to \$2.00

(a) The total benefit varies according to the weekly contribution rate. The most common contribution rates now range from 20 cents to 30 cents a week for single persons and from 40 cents to 60 cents a week for families.

Provision is made for the payment of fund benefit from special account for claims lodged by contributors who have reached maximum benefits or who make claims in respect of pre-existing ailments. The medical special accounts are operated along the same principles as the hospital special accounts (*see* pages 486–7) and the special account fund benefit paid usually matches the Commonwealth benefit for the particular service.

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

*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 1967 the estimated number of persons covered by contributory medical schemes was 8,846,000.

MEDICAL BENEFITS: SUMMARY, STATES, 1966-67

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust. (a)
Registered organisations(b)(c) No.	28	19	6	8	8	9	78
Members(c) . . . . . No.	1,363,431	969,018	323,863	372,931	279,373	109,624	3,418,240
Medical services . . . . . No.	11,593,764	8,086,044	3,086,113	3,281,131	2,403,856	818,196	29,269,104
Commonwealth benefit(d) \$'000	16,823	11,644	4,267	5,111	3,848	1,191	42,885
Fund benefit(e) . . . . . \$'000	21,207	12,115	4,872	5,365	3,956	1,425	48,941

(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 \$956,000 towards special accounts deficits. (e) Includes \$2,042,000 ancillary fund benefits.

#### Pensioner Medical Service

The Pensioner Medical Service, which commenced on 21 February 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948–1949*. The service has been continued under the provisions of the *National Health Act 1953–1967*. The service provided to eligible pensioners consists of medicine provided free of charge and a medical service of a general practitioner nature such as that ordinarily rendered by a general medical practitioner in his surgery or at the patient's home. Specialist services are not provided. Patients may be charged a small fee by doctors for travelling and attendance outside normal surgery or visiting hours. Doctors participating in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

Persons eligible to receive the benefits of the Pensioner Medical Service are those receiving a full or part age, invalid or widow's pension under the *Social Services Act 1947–1967*; a full or part service pension under the *Repatriation Act 1920–1967*; a sheltered employment allowance under the *Social Service Act 1947–1967*; or an allowance under the *Tuberculosis Act 1948*; and their dependants.

At 30 June 1967 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,043,337, while the number of doctors participating in the scheme at that date was 6,175. During 1966–67 doctors in the scheme provided 8,187,264 services—visits and surgery consultations—for persons enrolled in the scheme. For these services they were paid \$14,351,156. The average number of services rendered by doctors to each enrolled person was 8.0.

#### Anti-tuberculosis campaign

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

Under an arrangement with the Commonwealth Government, each State conducts a campaign against tuberculosis. The Commonwealth Government reimburses the State for all approved capital expenditure in relation to tuberculosis, and for net maintenance expenditure to the extent that it exceeds net maintenance expenditure for the year 1947–48. Thus the States carry out the physical

or field work of the national campaign and the Commonwealth acts in an advisory, co-ordinating, and financial capacity. For this reason the Commonwealth has not found it necessary to make much use of its powers under Section 6 of the Tuberculosis Act. An advisory council, known as the National Tuberculosis Advisory Council, has been set up. There are twelve members, the chairman being the Commonwealth Director-General of Health.

To help reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950. The rates now payable are: married sufferer with a dependent wife, \$26.75 a week; sufferer without a spouse but with a dependent child or children, \$17.00 a week; dependent child or children under sixteen years of age and full-time student children from sixteen to twenty-one years, \$1.50 a week for each dependent child (additional to child endowment); sufferer without dependants, \$16.25 a week (reducible to \$13.00 a week if a person is maintained free of charge in an institution).

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

*New tuberculosis cases notified.* The following table gives particulars of the number of new cases of tuberculosis notified in Australia for 1967.

**TUBERCULOSIS: NEW CASES NOTIFIED(a), STATES AND TERRITORIES, 1967**

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales . . . . .	41	141	301	370	..	853
Victoria . . . . .	54	123	211	211	..	599
Queensland . . . . .	26	57	156	210	5	454
South Australia . . . . .	8	33	35	65	..	141
Western Australia . . . . .	14	26	53	49	..	142
Tasmania . . . . .	3	12	17	18	..	50
Northern Territory . . . . .	3	14	21	7	..	45
Australian Capital Territory . . . . .	..	6	2	1	..	9
<b>Australia . . . . .</b>	<b>149</b>	<b>412</b>	<b>796</b>	<b>931</b>	<b>5</b>	<b>2,293</b>

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

*Commonwealth expenditure.* Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables. The figures for maintenance differ from those in the table shown in the chapter Welfare Services because they include administrative costs, which are not a charge on the National Welfare Fund.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN  
STATES AND TERRITORIES, 1966-67  
(\$'000)**

State or Territory	Maintenance			Total
	Allowances	(a)	Capital	
New South Wales . . . . .	372	4,012	356	4,740
Victoria . . . . .	263	3,374	110	3,747
Queensland . . . . .	340	2,196	28	2,564
South Australia . . . . .	98	708	5	811
Western Australia . . . . .	53	589	..	641
Tasmania . . . . .	44	360	..	404
Northern Territory . . . . .	21	..	..	21
Australian Capital Territory . . . . .	2	9	..	10
<b>Australia . . . . .</b>	<b>1,193</b>	<b>11,247</b>	<b>499</b>	<b>12,939</b>

(a) Includes \$264,000 for administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS  
CAMPAIGN: AUSTRALIA, 1962-63 TO 1966-67**  
(*\$'000*)

<i>Year</i>	<i>Allowances</i>	<i>Maintenance (a)</i>	<i>Capital</i>	<i>Total</i>
1962-63 . . .	1,607	9,942	984	12,533
1963-64 . . .	1,593	10,679	598	12,871
1964-65 . . .	1,458	10,354	696	12,508
1965-66 . . .	1,286	13,586	696	15,569
1966-67 . . .	1,193	11,247	499	12,939

(a) Includes administrative costs.

### Anti-poliomyelitis campaign

Information concerning the initial production by the Commonwealth Government in 1955 of anti-poliomyelitis vaccine in Australia, and of the testing procedures which were carried out, is contained in Year Book No. 49 and earlier issues. Information regarding the campaign against poliomyelitis, using Salk vaccine, is contained in Year Book No. 53 (page 560) and in earlier issues.

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

Following the success of a pilot scheme in 1964, the Tasmanian Government conducted a full scale Sabin vaccination programme in the latter months of 1965. In this campaign the oral vaccine was made available to all, irrespective of previous vaccination status.

Following a recommendation of the National Health and Medical Research Council in May 1966, all States except Victoria indicated that Sabin oral vaccination campaigns would be commenced during 1967. The Commonwealth commenced Sabin vaccination in the Australian Capital Territory in September 1966 and implemented a campaign in the Northern Territory during the cooler months of 1967.

Sabin vaccine is taken by mouth. Three doses of vaccine are given at intervals of at least eight weeks.

*New cases of poliomyelitis notified.* The numbers of new cases of poliomyelitis notified, and confirmed by the Poliomyelitis Sub-committee of the National Health and Medical Research Council, are shown for each State for each year from 1963 to 1967 in the following table.

### POLIOMYELITIS: NEW CASES NOTIFIED, STATES AND TERRITORIES, 1963 TO 1967

<i>Year</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
1963 . . . . .	3	19	1	8	5	..	..	..	36
1964 . . . . .	1	6	..	..	..	..	..	..	7
1965 . . . . .	3	..	..	..	..	1	..	..	4
1966 . . . . .	..	..	1	..	..	..	..	..	1
1967 . . . . .	..	1	..	..	..	..	..	..	1

### Free milk for school children scheme

The *States Grants (Milk for School Children) Act* 1950 was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, crèches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States now participate in the scheme. At 30 June 1967 approximately 1,774,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1962-63 to 1966-67 was as follows.

**COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME  
STATES AND TERRITORIES, 1962-63 TO 1966-67  
(\$'000)**

Year	N.S.W.	Vic.	Qld	S.A.	W A.	Tas.	N.T.	A.C.T.	Aust.
1962-63	2,636	1,901	1,146	714	586	384	53	60	7,480
1963-64	2,663	2,186	1,120	708	618	399	50	55	7,799
1964-65	2,881	2,069	1,215	760	640	389	72	60	8,085
1965-66	2,916	2,386	1,259	801	622	408	56	74	8,521
1966-67	3,073	2,394	1,400	860	701	451	77	93	9,049

The figures in the foregoing table differ slightly from those in the table shown in Chapter 13, Welfare Services, as they include capital and administrative costs. Figures in the latter table represent only expenditure which is a charge on the National Welfare Fund, i.e. the cost of the milk.

### Commonwealth organisations concerned with health

This section summarises the activities of various Commonwealth organisations concerned with public health. More detailed information on the function and operations of these organisations is given in Year Book No. 53, pages 561-6.

*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 an annual appropriation for the Fund, the 1966-67 appropriation being \$959,000 and that for 1967-68, \$1,231,000.

*The National Biological Standards Laboratory* was set up under the *Therapeutic Substances Act 1953-1959* which empowers the Commonwealth to ensure that therapeutic substances used for the prevention, diagnosis, and treatment of disease in man and animals are safe, pure, and potent. The Commonwealth Director-General of Health is authorised under the Act to set up laboratories to test such substances. Of the 1,791 samples examined by the Laboratory during 1966-67, 421 failed to meet the required standards. In addition, 1,048 safety tests were performed, 19 were failed and 10 were deferred for further testing. Administrative costs for 1966-67 were \$475,982, and \$90,819 was expended on plant and equipment.

*The Commonwealth Serum Laboratories* are controlled by the Commonwealth Serum Laboratories Commission, which is a body corporate established under the *Commonwealth Serum Laboratories Act 1961-1967*. The main functions of the Commission are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. These functions include research and development relating to prescribed biological products and allied fields, and the maintenance of potential production capacity for use in emergencies. The Commission is expected under the Act to generate sufficient revenue from the sale of its commercial products to finance its activities relating to prescribed biological products. Certain services, determined by the Minister for Health from time to time, are payable by the Commonwealth. Payments to the Commission for these services in respect of the year 1966-67, totalling \$1,198,842, were as follows: cost of processed blood products supplied throughout Australia free of charge for medical purposes, \$867,371; cost of research on products not prescribed in regulations, \$316,347; and for reserve stocks of biological products including vaccines, \$15,126.

Fifteen *Commonwealth Health Laboratories* have been established under the *National Health Act 1953-1967*, principally in country areas throughout Australia, to provide facilities for the investigations into public health and preventive medicine and to assist local medical practitioners in the investigation and diagnosis of disease. The laboratories are situated in the following towns:

Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba, and Townsville. During 1966-67 these laboratories performed 3,338,842 examinations and tests (Nuffield points score system) in respect of 545,028 patients. Administrative costs were \$1,172,059 and expenditure on plant and equipment was \$121,718.

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 also provide assistance in the general aural rehabilitation of ex-service personnel and school and pre-school children. The provision and maintenance of hearing aids is available free of charge to persons under twenty-one years of age and, since 10 November 1967, this service has been extended to persons in receipt of a Social Service pension and their dependants for a nominal fee of \$10. The cost of these services is met from the National Welfare Fund. The laboratories' functions also include the provision and maintenance of hearing aids on behalf of the Repatriation and other Commonwealth Departments. During 1966-67 the number of new cases examined at the laboratories was 15,493, including 6,822 children, 4,361 repatriation cases, 920 members of the defence forces, and 1,942 civil aviation referrals; 3,773 Calaid hearing aids were fitted and 24,159 maintained. The cost of supply and maintenance of hearing aids to persons under twenty-one years of age was \$241,585. Administrative costs of the laboratories were \$390,927 and expenditure on plant and equipment \$84,607.

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; and the assay of radioactive substances in the Australian environment. The laboratory also 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. In 1966-67 the laboratory's radon service issued 31,961 millicuries of radon in the form of implants, needles and tubes for use in Victoria, South Australia, Tasmania, and New Zealand. A further 19,031 millicuries were issued by the associated centres in Sydney and Brisbane. There were 2,401 deliveries of radio-isotopes, including 49 different isotopes procured for use in medicine and medical research. Of these, 226 deliveries (including 12 different isotopes) were obtained from the Australian Atomic Energy Commission. Of the 49 isotopes, 21 were for use in medical diagnosis or treatment as distinct from medical research. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 37,548, the cost of \$132,000 being met from the National Welfare Fund. Film badges, numbering 74,711, were processed, assessed, and reported on. During 1966-67 an arrangement was made whereby the laboratory supplies radon direct to New Zealand users, and it was decided to install a whole-body monitor for use in investigation on the radio activity of selected samples and patients. Administrative costs for 1966-67 were \$244,487 and \$70,125 was expended on plant and equipment.

The *School of Public Health and Tropical Medicine* was established in 1930 by the Commonwealth Government at the University of Sydney under an agreement with that University. It provides training for medical graduates and students in public health and tropical medicine in addition to research and consultative activities in these and allied fields. During 1966-67, 11 diplomas were awarded in Public Health and 5 in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1966-67 were \$464,491 for administration and \$32,333 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health at the University of Sydney and with the Royal Alexandria Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and post-graduate teaching at the University of Sydney and collaboration with other national and international organisations concerned with child health and disease. Costs of the Institute paid by the Commonwealth during 1966-67 were \$102,769 for administration and \$44,046 for plant and equipment.

The *Commonwealth Bureau of Dental Standards* operates under Section 9 of the *National Health Act 1953-1967*. It is part of the Commonwealth Department of Health and is concerned with research, standards and testing related to dental and allied materials and processes. Its functions include the provision of a consultative service and testing facilities for manufacturers and distributors of dental materials. The number of these products tested during 1966-67 was 214. Expenditure on plant and equipment was \$37,805.

The *Australian Institute of Anatomy* also is part of the Commonwealth Department of Health and a number of Health Department sections are located in the Institute building. 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.

During 1966-67 this work was mainly directed towards nutritional problems in the Territory of Papua and New Guinea. The Institute also contains a museum section which includes a display of anatomical specimens and models.

### Control of infectious and contagious diseases

The provisions of the various Acts with regard to the compulsory notification of infectious diseases and the precautions to be taken against their spread are dealt with under the headings of quarantine and notifiable diseases.

#### Quarantine

The *Quarantine Act* 1908-1966 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.* All passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to a medical inspection for the purpose of preventing the introduction of disease into Australia. At the major ports full-time quarantine officers carry out the work, but in the minor ports local doctors act as part-time quarantine officers. In each State, quarantine activities are controlled by the Commonwealth Director of Health, who is a senior medical officer of the Commonwealth Department of Health.

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

Valid vaccination certificates are required of travellers to Australia as follows.

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

*Yellow fever.* All arrivals from yellow fever endemic zones.

*Smallpox.* All arrivals from all countries except British Solomon Islands, Fiji, Nauru, New Zealand, Norfolk Island, Ocean Island, Territory of Papua and New Guinea, Gilbert and Ellice Islands, and Christmas (Indian Ocean), Cocos (Keeling), Heard, Kerguelen, Lord Howe, Macquarie, and Tonga Islands, 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.

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

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

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during 1966-67 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, 1966-67**

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox . . . . .	39	165	9
Dysentery . . . . .	1	1	..
Infectious hepatitis . . . . .	5	4	1
Measles . . . . .	40	320	..
Mumps . . . . .	26	30	2
Rubella . . . . .	2	2	..
Scarlet fever . . . . .	1	..	2
Tuberculosis . . . . .	1	1	..
Venereal disease—			
Gonorrhoea . . . . .	90	..	108
Syphilis . . . . .	37	..	43
Other . . . . .	4	..	7
<b>Total . . . . .</b>	<b>(a) 246</b>	<b>523</b>	<b>172</b>

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

**HUMAN QUARANTINE: OVERSEAS VESSELS AND AIRCRAFT ARRIVING IN AUSTRALIA  
AND CASES OF INFECTIOUS (NON-QUARANTINABLE) DISEASES FOUND  
1962-63 TO 1966-67**

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
1962-63 . . . . .	2,943	2,423	91	438	35
1963-64 . . . . .	3,184	2,620	92	361	11
1964-65 . . . . .	3,359	2,936	107	333	19
1965-66 . . . . .	3,488	3,297	201	360	122
1966-67 . . . . .	4,040	3,918	246	523	172

*Animal quarantine.* Animal quarantine, authorised by the provisions of the *Quarantine Act 1908-1966*, 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 include prescribed tests. On arrival in Australia, they are subject to quarantine detention. Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a similar manner, animals for scientific purposes are imported to approved laboratories. All these premises are kept under constant surveillance. Raw animal products such as hair, types of wool, skins, and hides are specially treated under quarantine control. Such items as raw meat, sausage casings and eggs, which cannot be sterilised, are admitted from very few countries. Other items, such as harness

fittings, fodder and ship's refuse, are treated to destroy any possible infection. Special attention is given to the importation of biological substances of animal origin. The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with the requirements of the various countries.

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

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

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

*Plant quarantine.* Since 1 July 1909 the importation into Australia of all plants or parts of plants, cuttings, seeds, and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the *Quarantine Act* 1908–1966, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

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

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

#### 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, 1967.* The following table shows, by State and Territory, the number of cases notified in 1967 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<sup>(a)</sup>: NUMBER OF CASES NOTIFIED  
STATES AND TERRITORIES, 1967**

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax . . . . .	2	..	..	..	..	..	..	..	2
Brucellosis . . . . .	11	34	11	3	2	..	..	..	61
Diphtheria . . . . .	23	18	..	..	..	..	5	..	46
Gonorrhoea . . . . .	4,231	1,832	1,410	399	795	212	478	31	9,388
Infectious hepatitis <sup>(b)</sup> . . . . .	4,032	2,991	1,973	1,299	190	425	158	248	11,316
Leprosy . . . . .	5	..	3	..	12	..	48	..	68
Leptospirosis . . . . .	6	..	107	1	2	..	..	1	117
Paratyphoid fever . . . . .	1	4	..	..	1	..	..	..	6
Poliomyelitis . . . . .	..	1	..	..	..	..	..	..	1
Syphilis . . . . .	610	95	143	21	43	8	30	5	955
Tetanus . . . . .	7	10	11	1	..	..	..	..	29
Tuberculosis <sup>(c)</sup> . . . . .	853	599	454	141	142	50	45	9	2,293
Typhoid . . . . .	7	16	6	1	1	2	..	..	33
Typhus (all forms) . . . . .	..	..	5	..	2	..	..	..	7

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

*Tuberculosis and poliomyelitis.* The number of new cases of tuberculosis notified in each State and Territory by age groups for the year 1967 is shown on page 490. Some data regarding deaths from tuberculosis are shown on page 212 of Chapter 8, Vital Statistics. Cases of poliomyelitis notified in each State and Territory for the years 1963 to 1967 are shown on page 491.

*Infectious hepatitis.* The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1963 to 1967.

**INFECTIOUS HEPATITIS: CASES NOTIFIED, STATES AND TERRITORIES, 1963 TO 1967**

State or Territory	1963	1964	1965	1966	1967
New South Wales . . . . .	2,822	2,731	3,325	4,188	4,032
Victoria . . . . .	3,840	2,697	1,987	2,137	2,991
Queensland <sup>(a)</sup> . . . . .	1,433	1,163	556	843	1,973
South Australia . . . . .	293	289	414	978	1,299
Western Australia . . . . .	145	101	83	28	190
Tasmania . . . . .	856	636	197	200	425
Northern Territory . . . . .	104	57	128	78	158
Australian Capital Territory . . . . .	20	12	51	125	248
<b>Australia . . . . .</b>	<b>9,513</b>	<b>7,686</b>	<b>6,741</b>	<b>8,577</b>	<b>11,316</b>

(a) Includes hepatitis, serum (homologous).

*Venereal diseases.* The prevention and control of venereal diseases is the responsibility of State Health Departments. The necessary powers for the purpose are provided either by a special Venereal Diseases Act or by a special section of the Health Act. Venereal diseases were made notifiable in South Australia in November 1965 and the diseases are now notifiable in all States and Territories. While the provisions of the legislation differ from State to State, the Acts usually make it obligatory upon the patient to report for and continue under treatment until certified as cured. Treatment of venereal disease must be by a registered medical practitioner. Facilities for treatment of venereal disease free of charge may be arranged at subsidised hospitals or at special clinics. Penalties may be imposed on a patient who fails to continue under treatment. Clauses are inserted in the Acts which aim at preventing the marriage of any infected person, or the employment of an infected person in the manufacture or distribution of foodstuffs.

### Commonwealth grants to organisations associated with public health

In addition to providing the services mentioned on pages 485-98, 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 53, pages 570-3.

*The Commonwealth National Fitness Council* operates under the *National Health Act 1941-1967*. 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 1966-67 the Commonwealth's contribution to the Fund was \$366,000, of which \$66,000 was for assistance towards capital expenditure. Expenditure from the Fund during 1966-67 was \$319,471, distributed as follows: State National Fitness Councils, \$225,684; State Education Departments, \$34,000; State Universities \$24,800; Australian Recreation Leadership Course, \$4,000; capital expenditure on national fitness projects, \$16,770; grants to Australian Capital Territory organisation, \$4,899; and administration, \$9,318.

*The Royal Flying Doctor Service* is a non-profit organisation providing medical services in the remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Service 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 1965-66 the Commonwealth Government contributed \$274,280, of which \$124,280 was for capital expenditure. The appropriation for 1966-67 was \$236,350, including \$86,350 for capital items. In the 2,590 flights during 1965-66 the Service flew 959,166 miles and transported 2,287 patients. In the same period its medical staff gave 18,510 consultations over the air and 319,856 telegrams were handled.

*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 1966-67 was as follows: New South Wales, \$230,756; Victoria, \$276,089; Queensland, \$214,990; South Australia, \$123,133; Western Australia, \$92,429; Tasmania, \$23,541; Northern Territory, \$2,321; and the Australian Capital Territory, \$10,566; making a total of \$973,825 compared with \$489,795 for 1965-66. The increase was due mainly to a variation in the method of re-imbursing the States for the Commonwealth proportion of the costs.

*Lady Gowrie Child Centres* were established in 1940 by the Commonwealth Government in each of the six State capitals. The functions of these centres include specialised demonstration and research relating to problems of physical growth and nutrition, physical and mental development, and also to test and demonstrate methods for the care and instruction of the young child. The centres are administered by local committees under supervision of the Australia Pre-school Association and are financed mainly by Commonwealth grants. The Commonwealth contribution for 1966-67 was \$120,000 for the Centres and \$14,800 for the Australian Pre-school Association.

*The Home Nursing Subsidy Scheme*, under the *Home Nursing Subsidy Act 1956*, provides for a Commonwealth subsidy to assist the States in the expansion of home nursing activities. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government, local government body or other authority established by or under State legislation. At 30 June 1967 there were 60 home nursing services in the States employing approximately 600 trained nurses. Commonwealth assistance to the States during 1966-67 was \$664,361. Home nursing services in the Northern Territory and Australian Capital Territory are provided by the Commonwealth Department of Health.

The *National Heart Foundation of Australia* is a 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 1967 the Foundation has allocated almost \$3 million for grants-in-aid towards research in university departments, hospitals and research institutes; research fellowships tenable in Australia and overseas; and overseas travel grants. Most of the annual expenditure of about \$700,000 is devoted to supporting research in cardiovascular disease.

The *World Health Organization (WHO)* is a specialised agency of the United Nations acting as a directing and co-ordinating authority on international health work. It also provides health services and facilities to people of trust territories and other groups if requested by the United Nations. Australia was represented at the *Twentieth World Health Assembly* held at Geneva in May 1967, and at the *Eighteenth Western Pacific Regional Committee Meeting* at Manila in September 1967. The Commonwealth contribution to WHO during 1966-67 was \$630,000, which included a grant of \$12,000 to the Commonwealth Serum Laboratories for WHO influenza research.

## INSTITUTIONS

Institutions referred to under this heading are classified into the following groups: (i) public hospitals and nursing homes; (ii) mental hospitals; (iii) private hospitals and nursing homes; (iv) repatriation hospitals; (v) isolation hospitals.

### 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 Hospital Commission, and which receive a government subsidy during the year, and the six State hospitals and nursing homes under the control of the Department of Public Health; *Victoria*—all subsidised hospitals and subsidised hospitals for the aged under the authority of the Victorian Hospitals and Charities Commission, two tuberculosis sanatoria, and the Peter McCallum Cancer Clinic; *Queensland*—all hospitals controlled by the State Government or by the State hospital boards, including some institutions for out-patients or first-aid treatment only and some other hospitals which provide public accommodation in the form of public wards or designated public beds; *South Australia*—all hospitals controlled or 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-governmental authorities; *Western Australia*—all departmental and board hospitals, excluding the Perth Dental hospital, one subsidised leased hospital, and the Australian Inland Mission hospitals; *Tasmania*—all public hospitals designated as such by the Director-General of Health Services, together with three homes for the aged, two chest hospitals, and the Lady Clark convalescent home; *Northern Territory*—departmental hospitals at Darwin, Alice Springs, Tennant Creek, and Katherine; *Australian Capital Territory*—the Canberra Community Hospital.

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, 1965-66

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals and nursing homes	269	156	143	68	97	27	4	1	765
Medical staff—									
Salaried . . . . .	1,264	1,244	757	300	228	138	24	12	3,967
Other(b) . . . . .	5,264	1,984	199	684	420	150	..	106	8,807
Total medical staff . . . . .	6,528	3,228	956	984	648	288	24	118	12,774
Nursing staff(c) . . . . .	17,878	13,072	6,638	3,727	3,725	1,812	258	520	47,640
Accommodation—									
Number of beds and cots . . . . .	27,241	16,394	13,273	4,829	5,491	2,969	550	463	71,210

(a) Excludes all unsubsidised hospitals under the Public Hospitals Act. (b) Includes honorary and visiting medical officers. (c) Qualified and student 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, 1965-66**

	<i>N.S.W.</i> (a)	<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>
<b>In-patients at beginning of year—</b>									
Males . . . . .	9,643	5,363	4,029	1,477	1,642	924	180	143	23,401
Females . . . . .	11,037	7,495	4,711	1,852	1,929	1,111	205	231	28,571
Persons . . . . .	20,680	12,858	8,740	3,329	3,571	2,035	385	374	51,972
<b>Admissions and re-admissions during year—</b>									
Males . . . . .	220,530	123,327	109,824	47,266	55,026	15,752	5,423	5,366	582,514
Females . . . . .	320,914	192,131	136,301	60,718	65,404	22,375	6,287	8,535	812,665
Persons . . . . .	541,444	315,458	246,125	107,984	120,430	38,127	11,710	13,901	1,395,179
<b>Total in-patients (cases) treated—</b>									
Males . . . . .	230,173	128,690	113,853	48,743	56,668	16,676	5,603	5,509	605,915
Females . . . . .	331,951	199,626	141,012	62,570	67,333	23,486	6,492	8,766	841,236
Persons . . . . .	562,124	328,316	254,865	111,313	124,001	40,162	12,095	14,275	1,447,151
<b>Discharges—</b>									
Males . . . . .	210,930	117,034	106,284	45,226	53,422	14,955	5,275	5,130	558,256
Females . . . . .	313,084	186,838	132,930	59,023	64,077	21,772	6,195	8,367	792,286
Persons . . . . .	524,014	303,872	239,214	104,249	117,499	36,727	11,470	13,497	1,350,542
<b>Deaths—</b>									
Males . . . . .	9,393	6,326	3,693	1,951	1,493	765	131	228	23,980
Females . . . . .	7,418	5,269	3,030	1,599	1,132	634	119	164	19,365
Persons . . . . .	16,811	11,595	6,723	3,550	2,625	1,399	250	392	43,345
<b>In-patients at end of year—</b>									
Males . . . . .	9,850	5,330	3,876	1,566	1,753	956	197	151	23,679
Females . . . . .	11,449	7,519	5,052	1,948	2,124	1,080	178	235	29,585
Persons . . . . .	21,299	12,849	8,928	3,514	3,877	2,036	375	386	53,264
<b>Average daily number resident</b>	20,063	12,187	8,337	3,295	3,588	1,958	392	367	50,187

(a) Excludes all unsubsidised hospitals under the Public Hospitals Act.

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1965-66 there were 1,591,587 out-patients treated in New South Wales, 834,451 in Victoria, 776,315 in Queensland, 153,882 in South Australia, 196,000 (estimated) in Western Australia, 106,629 in Tasmania, 130,556 in the Northern Territory, and 21,082 in the Australian Capital Territory, making an estimated total for Australia of 3,810,000. The figures quoted refer to cases, as distinct from persons and attendances.

**Revenue and expenditure**

Details of the revenue and expenditure for the year 1965-66 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme. For some States expenditure on capital items out of individual hospitals' own funds are not included in the figures shown. Comparison between the States should therefore be made with caution.

In previous Year Books, Commonwealth hospital benefits, which were paid direct to public hospitals and nursing homes in either full or part payment of fees incurred by pensioners and other uninsured patients, were shown for some States as a separate revenue item or included under 'Government aid'. In the following table this revenue has been treated on the same basis as Commonwealth hospital benefits paid for insured patients and included in the amounts shown for fees. Details of Commonwealth expenditure on each of the different categories of hospital benefits are shown on page 487.

**PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE,  
STATES AND TERRITORIES, 1965-66  
(\$'000)**

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
<b>Revenue—</b>									
Government aid . . . . .	78,333	50,161	29,582	20,275	22,476	10,107	3,668	3,704	218,306
Municipal aid . . . . .	..	..	..	292	1	..	..	..	293
Public subscriptions, legacies, etc. . . . .	195	6,486	238	474	28	..	..	..	7,421
Fees(b) . . . . .	45,937	28,929	10,438	7,708	8,756	3,210	410	905	106,293
Other . . . . .	1,291	1,853	4,397	1,637	178	29	..	..	9,385
<i>Total revenue</i> . . . . .	<i>125,757</i>	<i>87,429</i>	<i>44,655</i>	<i>30,386</i>	<i>31,441</i>	<i>13,346</i>	<i>4,078</i>	<i>4,609</i>	<i>341,701</i>
<b>Expenditure—</b>									
Salaries and wages . . . . .	73,020	51,443	24,469	13,807	15,341	7,632	1,641	1,758	189,111
Upkeep and repair of build- ings and grounds . . . . .	3,389	1,816	1,214	1,141	2,881	298	302	147	11,188
All other maintenance . . . . .	32,921	20,875	14,615	7,250	6,939	2,059	878	775	86,312
<i>Total maintenance</i> . . . . .	<i>109,331</i>	<i>74,134</i>	<i>40,298</i>	<i>22,198</i>	<i>25,161</i>	<i>9,989</i>	<i>2,821</i>	<i>2,680</i>	<i>286,612</i>
Capital . . . . .	14,491	12,713	4,069	9,617	6,614	3,358	(c)1,257	2,228	54,347
<i>Total expenditure</i> . . . . .	<i>123,822</i>	<i>86,847</i>	<i>44,367</i>	<i>31,816</i>	<i>31,775</i>	<i>13,347</i>	<i>4,078</i>	<i>4,908</i>	<i>340,960</i>

(a) Excludes all unsubsidised hospitals under the Public Hospitals Act. (b) Includes Commonwealth Hospital benefits paid direct to public hospitals and nursing homes. (c) Major capital works only.

**Summary for Australia**

A summary, for the years 1962-63 to 1965-66, of the number of public hospitals and nursing homes in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, deaths, average daily number resident, revenue, and expenditure is given in the following table. This table has been revised to include particulars of the six State Hospitals and Homes in New South Wales and the hospitals for the aged in Victoria.

**PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA, 1962-63 TO 1965-66**

	1962-63	1963-64	1964-65	1965-66
Hospitals and nursing homes . . . . .	758	760	765	765
Medical staff(a) . . . . .	11,191	11,459	12,090	12,774
Nursing staff(b) . . . . .	41,555	43,740	45,212	47,640
Beds and cots . . . . .	67,369	69,213	70,027	71,210
Admissions . . . . .	1,275,588	1,325,800	1,363,890	1,395,179
Total in-patient (cases) treated . . . . .	1,321,982	1,374,329	1,416,198	1,447,151
Deaths . . . . .	39,120	42,461	42,603	43,345
Average daily number resident . . . . .	47,250	49,041	49,724	50,187
Out-patients (cases)(c) . . . . .	3,112,000	3,349,000	3,575,000	3,810,000
Revenue . . . . .	\$'000 257,746	281,982	310,644	341,701
Expenditure . . . . .	\$'000 262,686	284,751	309,897	340,960

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

**Mental health services**

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

To enable valid comparisons to be made of mental health statistics in each State the mental health authorities of all States have proposed standard statistical definitions. The statistical recording systems of a number of States are currently being reviewed for this purpose. Meanwhile certain limited information is available which is shown in the following paragraphs. Since a common measure has not yet been achieved, the figures for individual 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 1966, 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 two authorised private psychiatric centres (several other institutions provide in-patient care for voluntary patients only, but are excluded from the scope of the statistics); *Victoria*—the four psychiatric hospitals, ten mental hospitals, four informal hospitals, and nine intellectual deficiency training centres and schools; *Queensland*—four mental hospitals and one epileptic home (alcoholic clinics and inebriates' homes are excluded); *South Australia*—two mental hospitals and two receiving houses; *Western Australia*—the four mental hospitals, one psychiatric hospital, and the mental deficiency home for children; and *Tasmania*—the mental hospital and the psychiatric hospital.

**MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF  
STATES, 1966**

	<i>N.S.W.</i> (a)	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
In-patient institutions . . . .	16	27	5	4	6	2
Beds and cots for patients . . .	12,381	(b)9,470	4,165	2,434	1,921	930
Staff—Medical . . . . .	190	145	(d) 21	30	15	10
Nursing . . . . .	(c) 3,423	2,866	(d)1,204	686	479	284

(a) 30 June. (b) The number of beds and cots occupied on 31 October 1966. (c) Includes attendants. (d) Full-time staff only.

There are no in-patient institutions for mental patients in the Northern Territory or the Australian Capital Territory.

**State government expenditure on mental health services**

The following figures show particulars of expenditure by States for the year 1965–66. 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 under the *State Grants (Mental Health Institutions) Act 1964–1967* only. For details of Commonwealth financial assistance to the States for mental health services, see pages 487–8.

**MENTAL HEALTH: EXPENDITURE, STATES, 1965–66  
(\$'000)**

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
Maintenance . . . . .	18,849	17,286	5,917	4,081	3,545	1,689
Capital . . . . .	5,151	4,700	439	726	1,013	1,586

**Patients**

*New South Wales.* A new system of collecting particulars of admissions to and discharges from the sixteen psychiatric centres in the State was introduced from 1 July 1964 following a census of the in-patients at these centres in June 1964. Under this system, the sixteen psychiatric centres in the State are regarded as constituting a single Psychiatric Service, and 'admissions' and 'discharges' are identified in relation to the Service as a whole (and not to a particular centre). Patients are classified into three broad groups—voluntary, formally recommended, or forensic—according to the status under which they are admitted to the care (or remain under the care) of a psychiatric centre. The following table shows for the sixteen psychiatric centres the number of patients on the in-patient register and the admissions and discharges of in-patients in 1965–66.

PATIENTS ON THE IN-PATIENT REGISTER OF PSYCHIATRIC CENTRES  
NEW SOUTH WALES, 1965-66

	Males	Females	Persons
Patients on the register at 1 July 1965 . . . . .	7,031	6,262	13,293
Admissions during 1965-66—			
Voluntary . . . . .	2,786	3,162	5,948
Formally recommended—Inebriate . . . . .	383	70	453
Other . . . . .	4,655	4,859	9,514
Forensic . . . . .	30	1	31
<i>Total admissions and re-admissions</i> . . . . .	7,854	8,092	15,946
Discharges during 1965-66—			
Deaths . . . . .	553	532	1,085
Other discharges . . . . .	7,703	7,883	15,586
<i>Total discharges</i> . . . . .	8,256	8,415	16,671
Patients on the register at 30 June 1966 . . . . .	6,629	5,939	12,568

MENTAL PATIENTS: VICTORIA, 1966

	Psychiatric hospitals	Mental hospitals	Informal hospitals	Intellectual deficiency training centres and schools	Total
Patients on the register at 1 January 1966 . . . . .	891	7,765	94	2,389	11,139
Admissions(a)—					
Males . . . . .	3,287	2,105	400	615	6,407
Females . . . . .	3,310	2,113	747	295	6,465
<i>Persons</i> . . . . .	6,597	4,218	1,147	910	12,872
Discharges . . . . .	6,641	4,010	1,126	455	12,232
Deaths . . . . .	77	879	3	56	1,015
Patients on the register at 31 December 1966—					
Males . . . . .	382	3,605	34	1,481	5,502
Females . . . . .	388	3,489	78	1,307	5,262
<i>Persons</i> . . . . .	770	7,094	112	2,788	10,764

(a) Includes transfers from one institution to another.

MENTAL PATIENTS: QUEENSLAND, 1965-66

	Males	Females	Persons
Patients on the register at 1 July 1965 . . . . .	2,318	1,704	4,022
Admissions and re-admissions—First admissions . . . . .	758	590	1,348
Re-admissions . . . . .	119	119	238
<i>Total admissions</i> . . . . .	877	709	1,586
Discharges . . . . .	660	715	1,375
Deaths . . . . .	151	104	255
Patients on the register at 30 June 1966 . . . . .	2,384	1,594	3,978

## MENTAL PATIENTS: SOUTH AUSTRALIA, 1965-66

	Males	Females	Persons
Patients on register at 1 July 1965 . . . . .	1,495	1,257	2,752
Admissions during 1965-66(a)—			
Voluntary . . . . .	1,173	995	2,168
Formally recommended and forensic . . . . .	351	291	642
<i>Total admissions and re-admissions</i> . . . . .	<i>1,524</i>	<i>1,286</i>	<i>2,810</i>
Discharges . . . . .	1,473	1,267	2,740
Deaths . . . . .	87	89	176
Patients on register at 30 June 1966 . . . . .	1,459	1,187	2,646

(a) Excludes transfers.

## MENTAL PATIENTS: WESTERN AUSTRALIA, 1965-66

	Males	Females	Persons
Patients on register at 1 July 1965 . . . . .	1,266	858	2,124
Admissions and re-admissions(a) . . . . .	1,016	937	1,953
Discharges(a) . . . . .	996	885	1,881
Deaths . . . . .	82	67	149
Patients on the register at 30 June 1966 . . . . .	1,204	843	2,047

(a) Excludes transfers.

## MENTAL PATIENTS: TASMANIA, 1965-66

	Males	Females	Persons
Patients on register at 1 July 1965 . . . . .	472	446	918
Admissions and re-admissions . . . . .	599	551	1,150
Discharges . . . . .	603	495	1,098
Deaths . . . . .	32	33	65
Patients on the register at 30 June 1966 . . . . .	436	469	905

## Private hospitals and nursing homes

In addition to the other hospitals and nursing homes referred to in previous sections, there are private hospitals and nursing homes in each State. The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of hospital benefits under the Commonwealth *National Health Act* 1953-1966. Statistical information on patients, staff and finance of these institutions is not available on a uniform Australia-wide basis.

## PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1962 TO 1966

State	30 June—				
	1962	1963	1964	1965	1966
<b>NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES</b>					
New South Wales . . . . .	474	507	527	531	527
Victoria . . . . .	260	272	288	306	309
Queensland . . . . .	116	130	136	146	149
South Australia . . . . .	156	173	165	179	180
Western Australia . . . . .	85	85	85	91	95
Tasmania . . . . .	34	39	41	42	45
<b>Australia</b> . . . . .	<b>1,125</b>	<b>1,206</b>	<b>1,242</b>	<b>1,295</b>	<b>1,305</b>

PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1962 TO 1966—*continued*

State	30 June—				
	1962	1963	1964	1965	1966
NUMBER OF BEDS FOR PATIENTS					
New South Wales . . . . .	10,563	11,482	12,647	13,626	14,503
Victoria . . . . .	5,556	5,896	6,371	6,797	7,117
Queensland . . . . .	2,943	3,350	3,818	4,362	4,416
South Australia . . . . .	3,440	3,755	3,983	4,280	4,419
Western Australia . . . . .	2,381	2,549	2,627	2,846	2,898
Tasmania . . . . .	763	870	925	982	1,033
<b>Australia . . . . .</b>	<b>25,646</b>	<b>27,902</b>	<b>30,371</b>	<b>32,893</b>	<b>34,386</b>

There were no institutions of this nature in the Australian Capital Territory or the Northern Territory during 1965-66.

### Repatriation hospitals

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

In-patient treatment is provided at Repatriation General Hospitals in each capital city; in addition, there are auxilliary hospitals in all States except Tasmania. 'Anzac Hostels' are maintained in Queensland and Victoria for long-term patients. In-patient treatment may also be provided in country hospitals at the Department's expense in certain circumstances. Mental patients requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by the State authorities.

The average daily number of patients resident in the six Repatriation General Hospitals and eight auxilliary hospitals during the year ended 30 June 1967 was 3,015. The number of medical, nursing and other staff employed at these institutions at 30 June 1967 was 6,153 and a further 541 were employed at Repatriation out-patient clinics and limb and appliance centres. Total expenditure on Repatriation institutions during 1966-67 was \$25,320,421 and \$30,576,677 on other medical services.

### 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 on 31 December 1967 were: Little Bay (New South Wales), 7; Fantome Island (North Queensland), 7; Derby (Western Australia), 170; and East Arm Settlement (Northern Territory), 13. In addition, there were 68 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. With the exception of the Little Bay lazaret, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the numbers of isolation patients resident at 31 December 1967, were: Fairfield (Victoria), 4; and Princess Alexandria Hospital (Queensland), 6.

Of the total 207 cases in isolation, 169 were full-blood Aborigines, 19 were others of Aboriginal blood, 2 were Pacific Islanders, 2 were Asians, and 15 were Europeans.

