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CHAPTER XI. PUBLIC HYGIENE.

§ 1. Public Health Legislation and Administration.

Reference to the various public health authorities, Commonwealth and State, their functions, and the legislation administered, may be found in earlier issues of the Official Year Book (*see* No. 22, pp. 493 to 495).

§ 2. Inspection and Sale of Food and Drugs.

Legislation in force in all States provides for the inspection of food and drugs with the object of assuring that all those goods which are sold shall be wholesome, clean and free from contamination or adulteration; and that all receptacles, places and vehicles used for their manufacture, storage or carriage shall be clean. For further particulars in this connexion, and with respect also to the sale and custody of poisons, reference should be made to Official Year Book, No. 22, pp. 495-497.

§ 3. Supervision of Dairies, Milk Supply, Etc.

1. *General.*—In earlier issues (*see* No. 22, pp. 497 to 499), allusion is made to the legislation in force in the various States to ensure the purity of the milk supply and of dairy produce generally.

2. *Number of Dairy Premises Registered.*—The following table shows, so far as the particulars are available, the number of dairy premises registered and the number of cattle thereon. With regard to the latter the figures are not comparable as milch cows only are collected in some States, while others return all cattle depastured on registered premises. In some States also registration is compulsory within certain proclaimed areas only.

DAIRY PREMISES REGISTERED, AND CATTLE THEREON, 1935.

Particulars.	N.S.W.	Victoria.	Q'land.	S. Aust.	W. Aust. (c)	Tasmania.
Premises registered ..	23,036	28,996	26,439	12,276	194	(b)
Cattle thereon ..	1,173,763	560,267	955,896	(a)95,734	6,531	

(a) Estimated.
Hall only.

(b) Not available.

(c) Premises within a 12-mile radius of the Perth Town

§ 4. Control of Infectious and Contagious Diseases.

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

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

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

3. *Notifiable Diseases.*—A. *General.*—(i) *Methods of Prevention and Control.* Provision exists in the Health Acts of all the States for the observance of precautions against the spread and for the compulsory notification of infectious disease. When any

such disease occurs, the local authority must at once be notified, and in some States notification must be made to the Health Department also. The duty of giving this notification is generally imposed, first, on the head of the house to which the patient belongs, failing whom on the nearest relative present, and, on his default, on the person in charge of or in attendance on the patient, and on his default, on the occupier of the building. Any medical practitioner visiting the patient is also bound to give notice.

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

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

(iii) *Diseases Notifiable and Cases Notified in each State and Territory.* The following table, which has been compiled by the Commonwealth Department of Health, shows for the year 1935 the diseases which are notifiable in each State and Territory and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.

DISEASES NOTIFIABLE IN EACH STATE AND TERRITORY AND NOTIFICATIONS FOR THE YEAR ENDED 31st DECEMBER, 1935.

Disease.	N.S.W.	Vic. (f)	Q'land.	S.A.	W.A.	Tas.	N.T.	Fed. Cap. Ter.	Aust.
Anchylotomiasis ..	..	..	6	..	..	..	..	..	6
Anthrax ..	..	I	..	..	..	..	..	..	I
Beri-Beri ..	..	..	..	..	..	..	3	..	3
Bilharziasis ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis ..	20	17	I	3	4	4	..	..	49
Cholera ..	..	..	..	..	..	..	..	..	..
Coastal Fever (a) ..	..	..	26	..	..	..	..	..	26
Dengue Fever ..	..	..	..	..	..	..	5	..	5
Diphtheria ..	4,913	4,296	I,155	526	I,308	537	..	37	12,772
Dysentery (b) ..	..	23	6	I	3	..	..	..	33
Encephalitis Lethargica ..	7	6	3	2	I	2	..	..	21
Erysipelas ..	..	..	..	95	..	..	..	I	96
Favus ..	..	..	..	3	..	..	..	..	3
Filariasis ..	..	..	I	..	..	..	..	..	I
Helminthiasis ..	..	11	..	..	..	..	..	..	11
Hydatid ..	..	21	..	..	..	..	..	..	21
Influenza ..	..	..	..	705	..	..	13	..	718
Leprosy ..	2	..	6	..	8	..	I	..	17
Malaria ..	..	2	23	2	5	..	13	..	45
Measles ..	..	..	..	454	..	..	..	21	475
Mumps ..	..	..	..	84	..	..	..	..	84
Plague ..	..	..	..	..	..	..	..	..	..
Polomyelitis ..	181	64	21	18	7	4	..	I	296
Puerperal Fever ..	266	39	20	46	13	7	..	4	395
Scabies ..	..	..	..	..	..	..	..	7	7
Scarlet Fever ..	2,250	I,432	651	461	121	302	..	8	5,225
Smallpox ..	..	..	..	..	..	..	..	..	..
Tetanus ..	..	24	..	..	..	..	..	..	24
Trichinosis ..	..	..	..	..	..	..	..	..	..
Tuberculosis (c) ..	I,572	781	228	318	270	153	5	..	3,327
Typhoid Fever (d) ..	173	68	89	29	99	23	..	..	481
Typhus (Endemic) (e) ..	8	..	14	14	36	..	..	..	72
Varicella ..	..	..	..	I,192	..	..	3	..	I,195
Weil's Disease ..	..	..	20	..	..	..	..	..	20
Whooping Cough ..	..	..	..	3,616	..	..	..	18	3,634
Yellow Fever ..	..	..	..	..	..	..	..	..	..

(a) Includes Mossman fever. (b) Includes amoebic and bacillary. (c) Includes all forms except in New South Wales and Northern Territory where only pulmonary tuberculosis is notifiable
 (d) Includes enteric fever and paratyphoid. (e) Cases reported are all of the mild type known as Brill's disease or endemic typhus. (f) Provisional figures.

B. Venereal Diseases.—(i) *General.* The prevention and control of venereal diseases are undertaken by the States. Each State has a Venereal Diseases Act, or provisions in the Health Act govern the working of the measures taken to combat these diseases. Under these Acts notification has been made compulsory in every State except South Australia, where the Venereal Diseases Act has not yet been proclaimed. Steps have been taken to ensure free treatment by medical practitioners or in subsidized hospitals and clinics. Registered pharmaceutical chemists are allowed to dispense prescriptions only when signed by medical practitioners. Clinics have been established and, in some cases, beds in public hospitals have been set aside for patients suffering from these diseases.

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.

For several years the Commonwealth Government granted a subsidy to each of the States to assist in providing hospital treatment and administrative control of venereal diseases, but this subsidy has been discontinued.

In 1927 a Division of Tuberculosis and Venereal Disease was established in the Commonwealth Department of Health, with a medical officer as Director. This Division ceased to exist in April, 1932.

(ii) *Details by States.* A statement of the preventive provisions in each State, together with certain statistical data, appeared in earlier Year Books (*see* No. 22, pp. 503 and 504).

4. Vaccination.—(i) *Demand for Vaccine.* In New South Wales there is no statutory provision for compulsory vaccination, though in all the other States such provision exists. Jennerian vaccine for vaccination against small-pox is prepared at the Commonwealth serum laboratories in Melbourne. A moderate demand exists for the vaccine in Victoria, but in the other States the normal requirements are small, as is also the proportion of persons vaccinated.

(ii) *Details by States.* In earlier issues of the Year Book (*see* No. 22, pp. 504 and 505) information was given concerning the provisions regarding vaccination in each State.

5. Commonwealth Serum Laboratories.—The establishment for the preparation of Jennerian vaccine situated at Royal Park, near Melbourne, formerly known as the "Calf Lymph Depot," was in 1918 greatly enlarged by the Commonwealth. The remodelled institution is designated the "Commonwealth Serum Laboratories," and is administered by the Commonwealth Department of Health. The list of biological preparations produced by the laboratories has been extended to cover a wide range, thus forming a valuable national provision for the protection of public health.

6. Health Laboratories.—The Commonwealth Department of Health has established health laboratories at Rabaul in New Guinea, at Lismore in New South Wales, at Bendigo in Victoria, at Townsville, Toowoomba, Rockhampton and Cairns in Queensland, at Port Pirie in South Australia, at Kalgoorlie in Western Australia, at Launceston in Tasmania and at Darwin in the Northern Territory.

The laboratory at Rabaul, which until 1930 was carried on in conjunction with the hookworm campaign, and was working in close co-operation with the health organization of the New Guinea Administration, was formally transferred to the Administration at the beginning of 1930.

The Bendigo Laboratory, which was the first of these laboratories to be established, was opened in 1922. Besides carrying on the ordinary diagnostic and educational work of a health laboratory, it possesses an X-ray equipment, and undertakes the examination, diagnosis and treatment of persons suffering from miner's disease and tuberculosis.

By arrangements between the Commonwealth and Western Australian Governments a special medical survey of persons engaged in the mining industry in Western Australia was carried out in 1925-26 by the Commonwealth Health Laboratory at Kalgoorlie. A further arrangement provided for the re-examination annually of mine employees in the Kalgoorlie district, and, by means of a mobile X-ray unit, in outlying districts. This work is still being carried out.

7. **Industrial Hygiene.**—The Industrial Hygiene Division of the Commonwealth Department of Health was established in December, 1921. Its objects were the collection of reliable data, the investigation of industrial conditions affecting health, and the issue of advice to employers and employees for the improvement of conditions of work and for the safeguarding of health. Publications were issued dealing with the scope of industrial hygiene, and with health hazards in industry. With a view to the adoption of a concerted scheme of action and a uniform basis for standards and records throughout Australia, conferences of delegates from the State Health and Labour Departments and the Commonwealth Department of Health were held in 1922, 1924 and in 1927. This Division ceased to exist with the reorganization of the Department in April, 1932.

A special article entitled "Industrial Hygiene in Australia" will be found in Official Year Book No. 18, pp. 522 to 555.

8. **Veterinary Hygiene and Plant Quarantine.**—In 1927 Directors were appointed to control divisions of the Commonwealth Department of Health, which have been created to deal with veterinary hygiene and plant quarantine.

§ 5. Tropical Diseases.

1. **General.**—The remarkable development of parasitology in recent years, and the increase in knowledge of the part played by parasites in human and animal diseases, have shown that the difficulties in the way of tropical colonization, in so far as these arise from the prevalence of diseases characteristic of tropical countries, are largely removable by preventive and remedial measures. Malaria and other tropical diseases are coming more and more under control, and the improvements in hygiene and the production of new synthetic drugs for treatment which science has accomplished, have resulted in a new outlook on the question of white settlement in countries formerly regarded as unsuitable for colonization by European races. In Australia the most important aspect of this matter is at present in relation to such diseases as hookworm, filariasis, dengue fever and malaria, which, although practically unknown in southern Australia, occur in many of the tropical and sub-tropical parts.

A Division of Tropical Hygiene of the Commonwealth Department of Health was established to deal with these diseases and other aspects of tropical hygiene. This Division ceased to exist as such with the reorganization of the Department in April, 1932.

2. **Transmission of Disease by Mosquitoes.**—Information under this heading has appeared in earlier issues (*see* No. 22, pp. 506 and 507).

3. **Control of Introduced Malaria and Bilharziasis.**—Reference to this subject may be found in earlier Year Books (*see* No. 22, p. 507).

4. **Hookworm.**—Reference to this subject may be found in earlier Year Books (*see* No. 25, pp. 416 and 417).

5. **Australian Institute of Tropical Medicine.**—The Australian Institute of Tropical Medicine was founded at Townsville in January, 1910. From 7th March, 1921, to 3rd March, 1930, when it was merged in the School of Public Health and Tropical Medicine, Sydney University, the Institute was administered by the Commonwealth Department of Health, and a full account of its activities from its foundation up to 1922 will be found in Official Year Book No. 15, pp. 1010-1012.

6. **School of Public Health and Tropical Medicine, Sydney University.**—The Commonwealth Government, under an agreement with the Sydney University, established a School of Public Health and Tropical Medicine at the Sydney University as from 4th March, 1930, for the purpose of training medical graduates and students in the subjects of public health and tropical medicine. The organization of the Australian Institute of Tropical Medicine at Townsville was merged in the new School, and the staff, equipment and material have been transferred to Sydney.

Since 1922 a number of investigations has been carried out, including the physiology of white persons in the tropics, the causes of obscure tropical fevers, a sociological survey of certain tropical areas of Queensland, the destruction of mosquito larvae and the control of mosquitoes in the larger centres of population, tropical diseases among the aborigines on Palm Island and throughout the whole coastal area northwards to Thursday Island, leprosy among aborigines in the Northern Territory and Queensland littoral, Weil's disease and endemic typhus in North Queensland, the prevalence of filariasis in Cairns, Yarrabah Mission Station, Port Douglas, Mossman and Innisfail, and several foci of malaria in tropical Queensland. Courses of instruction in tropical medicine and hygiene commence in May of each year, and continue for four months. Ten publications dealing with various aspects of tropical medicine, etc., have been issued.

7. **Royal Commission on National Health, etc.**—Information concerning the following subjects may be found in previous Year Books (*see* No. 22, pp. 509 and 510):—(a) Royal Commission on National Health appointed by the Commonwealth Government in 1924; (b) Travelling Study Tours under the League of Nations; (c) International Sanitary Convention; and (d) Far Eastern Epidemiological Bureau, Singapore.

8. **Second International Pacific Health Conference 1935.**—In Official Year Book No. 22, page 510, information was given relating to the First International Pacific Health Conference which met at Melbourne in December, 1926. A second Conference was convened by the Commonwealth Government at Sydney in September, 1935. Representatives attended from Great Britain, China, Japan, Netherlands East Indies, New Zealand, the Commonwealth, New South Wales and Queensland, in addition to delegates from the territorial administrations of Straits Settlements and Federated Malay States, Fiji, Solomon Islands, Samoa, Gilbert and Ellice Islands, Papua, New Guinea, Norfolk Island and the Northern Territory. A delegate also attended from the Health Organization of the League of Nations. There was general agreement that the Conference provided a profitable interchange of opinion and experience regarding many problems which are common to the countries represented at the Conference, and, in some degree, special to the territories and islands of the southern Pacific. Particular attention was given by the Conference to questions of dietetic deficiency and nutrition and of the medical education of natives, a matter in which considerable advance has already been made by many administrations along lines best suited to the special circumstances of the territory and its people.

§ 6. Organization for the Control of Cancer.

The persistent increase in cancer mortality has led to the development in Australia of a national organization directed towards the control of this disease. Treatment centres, fully equipped to carry out investigation and treatment by all modern methods have been formed at the principal hospitals. A large amount of radium, purchased in 1928 by the Commonwealth Government for use in treatment and research, has been distributed on loan to the treatment centres. Treatment is available to all requiring it irrespective of ability to pay. The work is co-ordinated by the Commonwealth Department of Health. Records of treatment and the results obtained are kept by all treatment centres on uniform lines and are collected and analysed. Close co-operation is maintained between research workers, physicists and bio-chemists and the medical men engaged in the clinical investigation and treatment of the disease so that problems are mutually investigated. An annual conference is held at which those actively

engaged in the campaign against the disease meet for the discussion of problems and the determination of lines of action. The report of this conference is published by the Commonwealth Department of Health and is widely distributed.

At the Melbourne University the Commonwealth Government maintains a radium laboratory for the purposes of the production of radon for use in treatment, the construction and repair of radium apparatus and for research into problems of treatment and protection. During the year 1935 a total of 29,033 millicuries of radon were issued by this laboratory and used in the treatment of cancer and in the prosecution of research. This represents an increase of 27 per cent. on the output for the previous year.

Realizing the essential importance of accuracy in determining the quality of X-rays used in the treatment of cancer and in measuring the dosage of the radiation delivered to a patient under treatment, and the need for the investigation of physical problems in connexion with the utilization of X-rays and radium in the treatment of disease, the Commonwealth Government decided to extend the scope of the work of the Commonwealth Radium Laboratory, and in conjunction with the Council of the University of Melbourne, has established a Commonwealth X-ray and Radium Laboratory at the University. Special accommodation has been provided by the University for this laboratory, which is now actively at work.

Local physical services in relation to the use of radium and X-rays have been or are being developed in the capital cities of the several States.

§ 7. Medical Inspection of School Children.

1. **General.**—Medical inspection of school children is carried out in all the States. Medical staffs have been organized, and in some States travelling clinics have been established to deal with dental and ocular defects.

2. **New South Wales.**—A complete system of medical inspection of school children came into operation in this State in 1913. The scheme includes, in country districts, the medical examination of every child at least twice during the usual period of school attendance (6-14 years). In the metropolitan area, the scheme provides for the full medical examination of all "entrants" and children 13 years of age, and the review of all children found defective between those ages. Parents are notified of the defects found, and urged to have them treated. In the metropolitan area, these notices are reinforced by "follow up" work of school nurses, who also arrange hospital and clinic treatment in many cases.

In 1935 the staff comprised 12 medical officers (including one oculist), 9 dental officers, 8 dental assistants, 9 school nurses and 6 clerical officers. Two medical officers were engaged in country districts, and 9 in the metropolitan area, and of the 9 travelling dental clinics (8 of which were each staffed by a dental officer and dental assistant), 4 were engaged in metropolitan schools and 5 in country districts. One of the metropolitan officers was also engaged half-time at the clinic attached to the Out-patients Department of the Royal Alexandra Hospital for Children.

Special attention is paid to the supervision of the health of High School pupils, both girls and boys, and High Schools in the metropolitan area, as well as certain country schools, are medically inspected annually.

Every student, before entering the Teachers' Colleges, is medically examined, and any defects found must be remedied before final acceptance. Health supervision is maintained at these Colleges by women Medical Officers—whole-time at the Sydney College and part-time at the Armidale College. Also, a course of lectures on hygiene, which every student attends, is given by these officers.

The medical and psychological examination of delinquent boys brought before the Children's Court is carried out by a male Medical officer, who examined 853 boys in 1934, and 961 in 1935. In the case of girl delinquents, similar examinations are made by a woman medical officer.

The medical and/or psychological examination of many children under the jurisdiction of the Child Welfare Department and Widows' Pensions Branch (Family Endowment Department) is also carried out by medical officers of this service, either at this Department or at Child Welfare Department institutions. The total examined in this way, including a number of miscellaneous cases referred from schools, etc., during 1935, was 618.

The following summary furnishes particulars of children medically examined in schools in 1935 :—

Number fully examined (routine inspection)	.. ..	45,072
Number reviewed	.. ..	24,677
Number fully or partly examined (miscellaneous)	.. ..	2,358
Of those examined—percentage notified for defects, medical and/or dental	.. ..	35.6 per cent.

These figures do not include record of the medical examination and health supervision of children in residence at the Glenfield Special School for backward children, which is carried out by a woman medical officer; or a total of 230 children medically examined at Stewart House Preventorium and the Christmas Camp organized under the Far West Children's Health Scheme.

Periodical and/or regular investigations are carried out into problems affecting the health of children, such as goitre, crippling, mental deficiency, stammering, left-handedness, trachoma, acute rheumatism; and special investigations into outbreaks of infectious diseases occurring in schools. The sanitary condition of school buildings is also inspected and reported on.

The above statement does not include record of the numerous medical examinations of teachers, and other Departmental work of a medical nature, done by the School Medical Service.

3. *Victoria*.—The system adopted provides for the medical examination of each child once every three years during its school life. With the doubling of the medical staff in 1925 the Department concentrated on country work, and medical inspection has been undertaken since that date in country and rural districts, reaching the most remote corners of the State. Medical inspection is now undertaken in all high schools, in practically all country State schools, and in about half of the metropolitan Stateschools, but in only a few of the registered and institutional schools.

Each school is visited once in every three years, and each child examined. In schools with an attendance of 70 or more, the older boys are examined by a medical man and the older girls by a medical woman. At this inspection every child is first weighed and measured, vision and hearing tested, then undressed to the waist and medically examined as for life assurance, but with a fuller investigation of many hygienic factors, which at that age greatly influence the health and growth of the child. Opportunity is also taken to teach the child healthy habits, how to correct faults, also to get its co-operation for the remedying of defects found. A school nurse employed by the Department is devoted to "follow-up" work, *i.e.*, visiting the homes and getting treatment for children found defective by the school-medical officers. Owing to the smallness of the staff her work is confined to the metropolitan area.

In addition to the medical examination, each child in those schools visited by the school dentist receives dental treatment on entrance to school (if under 8 years of age), and each year thereafter, until it is 12 years of age, when it is left dentally fit. The present staff is arranged so that 3 dentists and 4 dental attendants are always on duty at the Melbourne Dental Centre, where children from the infant classes in the inner metropolitan schools are brought by the teacher for dental treatment. A dentist with a dental attendant and equipment travels along the railway line far enough to give one year's work, using practically every town large enough to provide a day's work as a base. The school

committees of the outlying schools are notified of the visit, and the parents are invited to bring to the base all children eligible for treatment, *i.e.*, all children under 8 years of age, and all other children treated by the school dentists on previous visits. The time of another dentist is fully occupied treating the children in the three largest country centres, Bendigo, Ballarat and Geelong. In each of these cities a centre with a dentist, dental attendant and equipment is established for about four months of the year, where children from the infant classes of the neighbouring schools are brought by the teacher or parents. Three dentists with dental attendants are in charge of three fully-equipped dental vans, each of which has an itinerary which it completes each year.

The staff of the medical branch consists of 7 full-time medical officers, 8 dentists, 10 dental attendants and 1 school nurse.

During the year ended 30th June, 1935, 37,225 children and 1,274 teachers were medically examined, and 28,330 children received dental treatment. In addition, 7,888 homes were visited by the school nurse.

4. Queensland.—Medical inspection of schools and school children is carried out by two part-time medical officers. These officers, as far as possible, examine children for cardiac and pulmonary conditions, and in addition, make a thorough examination of all children referred to them by the school nurses; 3,577 were thus medically examined in 1935, and of these 1,668 were notified as suffering from some condition requiring correction.

The nurses now number fourteen. Each nurse is assigned a group of schools, and she is instructed to make a list at each school of those children who she considers should be seen by the medical inspector at his next visit. She supervises the sanitation, cleanliness and ventilation of the school and notifies the head teacher of all infectious or verminous children or those suffering from impetigo, scabies, etc., who are then excluded. During the year 1935, school nurses examined 22,933 children. In the metropolitan area the nurses examine the teeth and report all eligible carious cases to the Dental Hospital for treatment.

The Department has in its employ a staff of fifteen dentists. These officers are each assigned a district, and such district is not changed for three years unless for reasons which the Chief Medical Officer, on the recommendation of the Chief Dental Inspector, considers advisable. During the year 1935, 20,884 children were examined; 33,962 extractions were performed; and there were 38,804 fillings and 13,295 other treatments.

The Medical Branch, under the direction of the Chief Medical Officer, consists of three sections known as the Medical, Dental and Nursing Sections. These constitute the School Medical Service of the State.

At the Wilson Ophthalmic School Hostel children suffering from trachoma are treated and educated. They are admitted from time to time on the recommendation of the Chief Medical Officer. Beneficial results have already been obtained. The Institution is situated at Eildon Hill, Windsor, and is fully equipped to treat all types of eye case.

A Committee of Hookworm Control to deal with ancylostomiasis duodenale and Necator Americanus infestation throughout the State has now been established, the personnel being as follows: Chairman—The Public Health Commissioner for Queensland; Members—The Chief Medical Officer, Department of Public Instruction, and the Chief Protector of Aborigines for Queensland. The work of the committee has resulted in a large reduction of this dangerous menace in the Northern Coastal Belt. The personnel at work in the Hookworm Area now consists of a Microscopist, two Health Inspectors and five trained nurses.

In order to give the same medical and dental facilities to the children of the back country as are obtainable by city dwellers, a Rail Dental Clinic equipped on the most modern lines has been constructed. A motor car is carried on a railway wagon at the rear for use at each stopping place to visit the surrounding villages served by the rail centre. Two road motor clinics have also been provided. One functions in the

south-western portion of the State with Charleville as a base, while the other operates in the central-west and the north-western territory using Longreach as the centre. The staff of each clinic consists of one qualified dental surgeon and one motor mechanic.

5. **South Australia.**—The system of medical inspection in force requires the examination of all children attending primary, central, high and technical high schools. Children in the primary schools are examined in grades I., IV. and VII. ; in the central schools in grade X., while high school children are examined in their second and fourth years. Reports are furnished to the parents of any remediable defects found during these examinations. The medical inspectors meet the parents after the examination of the children and give an address on the prevention and treatment of the conditions which were found during the inspection. After these lectures the parents are given an opportunity to ask questions regarding their children. When there is an epidemic or a threatened epidemic in a district, similar lectures are given and special visits paid to all the schools in that locality. All students are examined before they enter the Teachers' College. Courses of lectures in Hygiene and in First Aid are given to these students.

The medical staff consists of a principal medical officer, two medical inspectors and a trained nurse. A psychologist, two dentists and two dental assistants are attached to the Medical Branch. The psychologist, in addition to examining retarded children and supervising their work in the opportunity classes, lectures to the students at the Teachers' College, and examines children referred to her by the Children's Court, by the Women Police, or by the Children's Welfare Department.

During the year 1935, 17,403 children were examined by medical inspectors ; of these 592 required notices for defective vision, 91 for defective hearing, and 797 for tonsils and adenoids. Seven hundred and one children were examined by the psychologist.

6. **Western Australia.**—Under the Public Health Act 1911-1922 the medical officers of health appointed by the local authorities became medical officers of schools and of school children. In the Health Department there are two full-time medical officers for schools, whose duty is to conduct medical examinations, and two school nurses are employed. During 1935, 12,727 (5,746 country and 6,981 metropolitan) children were examined. These figures do not include re-examinations.

7. **Tasmania.**—Tasmania was the first State in Australia to provide for the medical inspection of State school children, its system of inspection having been initiated in 1906. During the year 1931, however, for financial reasons, medical inspection ceased, and the services of all doctors were terminated.

At the present time (1936), two part-time medical officers conduct examinations of school children in Hobart and Launceston, and in addition four nurses visit the homes to advise the parents as to the treatment of defects disclosed by the medical examination. Prior to 1931 the various municipal health officers were employed as medical inspectors visiting country schools, and, in the case of epidemics, these officers paid special visits when required. Country schools were visited by medical officers about once a year. There are five full-time dental officers—working at dental clinics in Hobart and Launceston, and visiting the smaller country schools.

8. **Federal Capital Territory.**—By arrangement education facilities are provided by the Education Department of New South Wales. The Commonwealth Department of Health, however, took over from the State in 1930 the medical inspection of school children and carried out examinations of entrants and those leaving during 1930.

In 1935, the examination of entrants and those leaving the primary schools of Canberra disclosed that 53 per cent. had dental defects, 8.2 per cent. had defects of vision, 5 per cent. had aural defects, and 11 per cent. had evidence of a pathological condition of the tonsils. As compared with the New South Wales Education Department's Height-Weight table, 12 per cent. of scholars were more than 10 per cent. underweight, but on the average, all scholars were 1½ lb. overweight.

§ 8. Supervision and Care of Infant Life.

1. *General.*—The number of infantile deaths and the rate of infantile mortality for the last five years are given in the following table, which shows that during the period 1931 to 1935 no less than 23,117 children died in Australia (excluding Territories) before reaching their first birthday. With few exceptions the rate of mortality in the metropolitan area is consistently greater than that for the remainder of the State. Further information regarding infantile mortality will be found in Chapter XVI.—Vital Statistics :—

INFANTILE DEATHS AND DEATH RATES.

State.	Metropolitan.					Remainder of State.				
	1931.	1932.	1933.	1934.	1935.	1931.	1932.	1933.	1934.	1935.
NUMBER OF INFANTILE DEATHS.										
New South Wales	850	686	630	732	602	1,225	1,154	1,109	1,277	1,160
Victoria ..	713	630	549	637	570	636	551	599	605	579
Queensland ..	210	215	180	181	195	444	483	553	524	464
South Australia ..	167	149	129	151	132	163	163	157	150	157
Western Australia	176	164	118	136	139	179	191	172	183	187
Tasmania ..	59	48	52	45	72	160	137	135	144	159
Australia (b) ..	2,175	1,892	1,658	1,882	1,710	2,807	2,679	2,725	2,883	2,706

RATE OF INFANTILE MORTALITY.(a)

New South Wales	44.53	39.01	36.80	44.26	35.68	42.78	42.26	40.96	47.65	41.72
Victoria ..	47.88	47.67	40.68	48.42	43.35	41.19	38.67	40.21	41.24	39.29
Queensland ..	40.84	50.00	41.57	42.36	43.87	34.99	36.96	40.01	40.04	35.04
South Australia ..	40.46	38.70	31.77	39.89	34.97	32.92	34.90	32.44	32.09	34.93
Western Australia	46.10	47.54	34.65	41.25	40.06	37.84	42.30	38.49	40.63	40.22
Tasmania ..	58.76	48.83	48.87	40.54	73.47	42.58	39.05	38.69	42.86	45.74
Australia (b) ..	45.25	43.61	38.14	44.64	40.05	39.98	39.80	39.73	42.97	39.56

(a) Number of deaths under one year per 1,000 births registered.

(b) Exclusive of Territories.

During recent years greater attention has been paid to the fact that the health of the community depends largely on pre-natal as well as after care in the case of mothers and infants. Government and private organizations, therefore, provide instruction and treatment for mothers before and after confinement, while the health and well-being of mother and child are looked after by the institution of baby health-centres, baby clinics, crèches, visits by qualified midwifery nurses, and special attention to the milk supply, etc.

2. *Government Activities.*—In all the States acts have been passed with the object of supervising and ameliorating the conditions of infant life and reducing the rate of mortality. Government Departments control the boarding-out to suitable persons of the wards of the State, and wherever possible the child is boarded-out to its mother or 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. (*See* also in this connexion Chapter X.—Public Benevolence.) Under the provisions of the Maternity Allowance Act 1912-1934, a sum of four pounds is payable to the mother in respect of each confinement at which a living or viable child is born, provided the total income of the claimant and her husband for the period of twelve months preceding the date of the birth did not exceed £208. Since 1st August, 1934, subject to certain provisions, the maximum sum payable was raised to £5, and the income limit to £299. Further particulars regarding Maternity Allowance are given in Chapter XXVII.—Public Finance.

3. Nursing Activities.—(i) *General.* In several of the States the Government maintains institutions which provide treatment for mothers and children, while, in addition, subsidies are granted to various associations engaged in welfare work.

(ii) *Details by States.* In earlier issues of the Year Book (*See* No. 22 pp. 515 and 516) information, with certain statistical data, concerning the activities of institutions in each State may be found.

(iii) *Summary.* The following table gives particulars of the activities of the Baby Health Centres and the Bush Nursing Associations :—

BABY HEALTH CENTRES AND BUSH NURSING ASSOCIATIONS, 1935.

Heading.		New South Wales.	Victoria. (b)	Queensland. (b)	South Australia.	Western Australia. (b)	Tasmania.	Federal Capital Territory. (b)	Total.
Baby Health Centres—									
Metropolitan	No.	47	69	5	40	13	2	3	179
Urban-Provincial and Rural	No.	93	83	11	13	10	10	..	220
Total	No.	140	152	16	53	23	12	3	399
Attendances at Centres ..	No.	612,391	421,390	136,925	89,731	60,808	30,168	3,893	1,355,306
Visits paid by Nurses ..	No.	72,238	66,749	11,978	29,051	13,014	12,296	354	205,680
Bush Nursing Association—Number of Centres ..	..	57	69	12	(a) 26	4	17	..	185

(a) District Trained Nursing Society.

(b) Year ended 30th June.

The number of attendances at the Baby Health Centres has increased very considerably in recent years. The following are the figures for the years 1930 to 1934 :— 1930, 919,893 ; 1931, 1,150,619 ; 1932, 1,200,380 ; 1933, 1,232,887 ; and 1934, 1,178,957.