

## 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 543–50 of Year Book No. 53. For administrative changes which took place in 1967, see pages 481–2 of Year Book No. 54. The following paragraphs refer briefly to administrative changes in 1968.

In *Queensland* the Division of Psychiatric Services has undergone a general revision during 1968. On 1 August 1968, the Brisbane Special Hospital and the Ipswich Special Hospital were reconstituted as the Wolston Park Hospital, Wacol, and the Challinor Centre for the Training and Care of the Intellectually Handicapped, respectively. The adult section of the Basil Stafford Training Centre for the Intellectually Handicapped has now been classified as a public charitable institution, while the children's section and school have been classified as special hospitals. The Toowoomba Special Hospital was reconstituted as the Baillie Henderson Hospital; and the Epileptic Home, Willowburn, classified as a public charitable institution, has been renamed the Rockville Training Centre. A Welfare and Guidance Clinic was opened in the grounds of Townsville Hospital, and a new male Enthetic Disease clinic was opened in Brisbane, incorporating modern diagnostic and treatment facilities and accommodation for staff.

In *South Australia* to assist with the planning of community services for the care of old people, both in and out of hospitals and rest homes, a geriatrician has recently been appointed in the Department of Public Health.

### 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 190–2.) 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 1947–1968* maternity allowances are paid to provide financial assistance towards the expenses associated with the birth of children. 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 1968. 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, 1968

	N.S.W.	Vic.	Qld (a)	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Aust.
Number of centres . . . . .	441	714	280	282	76	109	20	30	1,952
Attendances at centres . . . . .	1,022,793	1,452,457	459,430	271,008	256,129	142,702	23,932	53,688	3,682,139
Visits by nurses to homes . . . . .	n.a.	151,139	1,013	35,814	27,210	77,521	8,922	5,940	n.a.
Visits by nurses to hospitals . . . . .	n.a.	27,049	29,240	n.a.	16,880	n.a.	1,119	nil	n.a.

(a) Year ended 30 June 1968.

Mobile units are used as centres in some States. The numbers of these in 1968 included in the above table were as follows: Victoria, 4; Queensland, 2; South Australia, 2; Western Australia, 4; Tasmania, 13; and the Northern Territory, 1.

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 1968 were: New South Wales, 17; Victoria, 58; Queensland, 5; South Australia, 33; Western Australia, 18; and Tasmania, 24.

### 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 1969, 74 full-time and 2 part-time medical officers, 4 full-time and 7 sessional psychiatrists, 8 sessional ear, nose and throat surgeons, an ophthalmologist, 23 clinical psychologists and 1 sessional psychologist, 87 nursing sisters, 19 social workers, 30 full-time speech therapists, and one part-time speech therapist.

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 114,573 review examinations, medical officers of this service examined 115,241 children in 1968. 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 16 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, 19 mobile clinics in country and outer metropolitan areas, and a dental team with the Royal Flying Doctor Service (based at Broken Hill). In 1968, 83,175 school children were examined by the school dental service, and 21,298 of these were treated, and 26,159 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, a psychologist 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 forty-three dental officers and provides dental attention for primary school children. The objectives of the service are:

- (a) to see the children during their first year of school life and to give treatment;
- (b) to see them again annually and, by providing regular treatment, keep their mouths in healthy condition throughout their primary school life.

Acceptance for treatment is limited to those up to eight years of age, who are then treated at each subsequent visit until they reach twelve years of age. No child is treated unless parental consent has been previously given.

In the metropolitan area there are three dental centres, each of which has a district allotted to it, and children are brought from their schools by a contract bus service under the control of an escort teacher provided by the Education Department.

In the country priority is given to areas of scattered population remote from dental facilities and every effort is made to maintain annual visits to schools in such districts. Treatment is made available to the children at these schools by the use of mobile dental units.

A number of homes and orphanages in the metropolitan area and in the provincial cities of Geelong, Ballarat and Bendigo are also visited. A dental officer is specifically allotted to the treatment of physically handicapped and mentally handicapped children.

The service is currently available to 60,000 children including those attending primary school, and at various institutions in the metropolitan and country areas.

### Queensland

During 1967-68 medical officers and nurses examined 114,485 school children; 5,375 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 1968 school dentists gave treatment to 9,240 school children who resided in areas beyond easy reach of hospital dental clinics. The treatment was carried out at four rail dental clinics and with portable equipment at schools. In addition, school children are treated at hospital dental clinics in the larger towns.

### South Australia

Medical services were first introduced into schools in 1913. Since 1951 all school health services have been the responsibility of a branch of the Department of Public Health. The staff of the School Health Branch at the beginning of 1969 included 11 medical officers, 10 nurses, 9 dental officers, 7 dental assistants, 3 otologists (2 part-time), and 3 audiometrists. State schools within a radius of 60 miles from Adelaide and at five 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 three years, when all the children are examined.

During 1968, 97,880 children were examined by medical officers in 207 country and 243 metropolitan schools. Of these, 5,720 required treatment for defective vision, 3,419 for defective hearing, and 10,347 for dental disorders. Dentists using mobile vans examined 3,744 school children in country areas where a private dental service was not readily available; children offered treatment in 1968 numbered 3,088, including some who were examined in the previous year; 2,878 accepted and were treated free of charge. During 1968, 1,246 children attending schools from which the dental training school draws its requirements were offered treatment free of charge, and 978 children accepted the offer. There were 2,962 children examined at the Deafness Guidance Clinic during 1968. Of the 1,557 new patients, 667 were referred to doctors or hospitals for treatment.

#### **Western Australia**

The School Medical Service of the State Public Health Department employs 6 full-time medical officers. During 1968 these officers examined 67,651 children (47,701 metropolitan, and 19,950 country) at 483 schools (170 government and 64 non-government metropolitan schools, and 199 government and 50 non-government country schools). The service provides for the examination of each child twice during the school career.

During 1968 the 16 full-time dentists employed by the School Dental Service visited 4 metropolitan schools, 54 country schools and 22 orphanages and Aboriginal missions. The number of children examined was 7,785. With the consent of the parents, 4,062 children were treated. Seven dental vans were in operation and there were 8 static clinics in the north and north-west of the State.

#### **Tasmania**

During 1968, 4 full-time and 8 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-five full-time and 5 part-time sisters visited homes and schools. Of the 19,741 children examined by medical officers, 4,697 were found to have defects. An asthma survey which will continue for a number of years, was commenced with the examination of 8,600 children born in 1961.

The School Dental Health Service, available free to all school children, aims to examine and treat every child each six months. In 1967-68, 24 fixed surgeries were in use in 19 districts and in clinics at Hobart and Launceston. Fifteen mobile clinics 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 1968 operative dental treatment was given to 38,255 patients.

In 1966 a school of dental nursing was established in Hobart. Ten students were enrolled in 1966 and have now graduated from the two year course and have been posted to various clinics throughout the State. Ten students enrol each year. The school treats about 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 Service conducts routine physical examinations of children attending pre-schools and schools in the Northern Territory. During 1967-68, a total of 2,024 children were thus examined. The service also conducts immunisation clinics and in conjunction with the Commonwealth Acoustic Laboratories tests children with hearing problems.

Dental services totalling 6,398 were conducted in 1967-68 in Darwin and Alice Springs.

#### **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 1968, 318 new cases were referred to it. The Child Guidance Clinic is staffed by 3 sessional psychiatrists, 2 full-time psychologists, 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 1967-68 was 13,679.

Defects during the year were: 1,090 eyesight, 38 ear, nose and throat, 335 cases of hearing loss, 67 speech, and 325 miscellaneous. Triple antigen injections, or combined diphtheria and tetanus vaccine totalling 11,316 in 1967-68, were given at regular sessions held throughout the year.

The School Dental Service provides free treatment for children attending infants and primary schools, both public and private, in the Australian Capital Territory. During 1968, 12,129 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 1968 there were twenty-four crematoria in Australia, situated as follows: New South Wales, 10; 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 1964 to 1968.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES(a), 1964 TO 1968

State or Territory	1964		1965		1966		1967		1968	
	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths (b)	Cremations	Total deaths (b)
New South Wales . . . . .	16,321	39,487	16,651	38,949	17,733	40,546	17,486	39,613	18,749	41,803
Victoria . . . . .	9,832	27,548	9,857	28,031	10,362	28,673	10,173	28,373	10,939	29,967
Queensland . . . . .	4,745	14,523	4,905	14,114	5,097	14,861	5,156	14,736	5,686	16,078
South Australia . . . . .	1,506	8,906	1,638	8,788	1,957	9,323	2,076	9,071	2,476	9,916
Western Australia . . . . .	2,003	6,429	2,010	6,274	2,308	6,772	2,448	6,779	2,548	7,470
Tasmania . . . . .	864	3,174	912	3,043	947	3,159	1,019	3,228	1,049	3,284
Northern Territory . . . . .	..	164	..	161	..	154	..	527	..	543
Australian Capital Territory . . . . .	..	363	..	355	(c)81	441	180	376	235	488
<b>Australia . . . . .</b>	<b>35,271</b>	<b>100,594</b>	<b>35,973</b>	<b>99,715</b>	<b>38,485</b>	<b>103,929</b>	<b>38,538</b>	<b>102,703</b>	<b>41,682</b>	<b>109,549</b>

(a) Cremations are not necessarily carried out in the State or Territory where the death was registered. (b) Includes Aborigines. (c) Commenced operation 8 July 1966.

## 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 466) 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 1967-68 was \$105,134,443.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1966-67 and 1967-68. The expenditure for both years includes patient contributions, which totalled \$18,504,000 in 1967-68. Prescriptions issued free to pensioners are included, and these amounted to \$32,115,336 in 1967-68. Benefits dispensed by hospitals and those covered by special arrangements are not included, these amounted to \$16,218,860 in 1967-68.

**PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME<sup>(a)</sup>**  
1967 AND 1968

Therapeutic category	Year ended 30 June			
	1967		1968	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	('000)	\$'000	('000)	\$'000
Broad spectrum antibiotics . . . . .	4,564	13,872	5,049	13,619
Drugs acting on blood vessels . . . . .	2,868	9,278	3,040	10,427
Penicillins . . . . .	4,216	9,500	4,353	9,338
Diuretics . . . . .	2,242	7,512	2,515	8,647
Analgesics . . . . .	4,286	8,729	4,362	8,448
Sedatives and hypnotics . . . . .	6,792	6,893	6,651	6,476
Anti-histamines . . . . .	2,974	5,223	3,342	5,828
Drugs acting on genito-urinary infections . . . . .	1,087	2,663	1,246	3,201
Anti-cholinergics . . . . .	813	2,871	907	3,178
Tranquillisers . . . . .	803	2,339	899	2,673
Antacids . . . . .	1,538	1,856	1,896	2,429
Drugs acting on heart . . . . .	1,207	2,263	1,259	2,338
Anti-diabetic . . . . .	553	2,038	605	2,222
Eye drops . . . . .	1,048	1,663	1,152	1,823
Anti-depressants . . . . .	74	324	411	1,524
Anti-convulsants . . . . .	353	1,338	387	1,504
Bronchial spasm preparations . . . . .	869	1,403	934	1,459
Sulphonamides . . . . .	966	1,307	1,078	1,422
Gastro-intestinal sedatives . . . . .	598	1,102	665	1,212
Iron preparations . . . . .	920	1,025	1,027	1,151
Expectorants and cough suppressants . . . . .	1,167	973	1,072	898
Other therapeutic substances . . . . .	13,485	20,112	12,573	17,603
<b>Total . . . . .</b>	<b>53,423</b>	<b>104,284</b>	<b>55,423</b>	<b>107,420</b>

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

#### Hospital and nursing home benefits

The *National Health Act 1953-1968* provides for the payment of Commonwealth hospital and nursing home benefits. Commonwealth benefits are payable only in respect of treatment received in approved hospitals, approved nursing homes and, in the case of children, in approved handicapped persons 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. Approval of premises as a handicapped persons home is granted where the premises are adequately fitted, furnished, and staffed for the purpose of providing handicapped persons with appropriate care.

**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 25 cents to 65 cents a week for single persons and from 50 cents to \$1.30 a week for families. Examples of contributions and benefits payable, including Commonwealth benefits of \$2 a day, are:

<i>Weekly contributions</i>		<i>Total benefits</i>	
<i>Single person</i>	<i>Family</i>	<i>Daily</i>	<i>Weekly</i>
\$	\$	\$	\$
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 \$1.00 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 1947-1968*, 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 1969 such a contributor has been entitled to receive benefit at his full insured rate, provided total benefits do not exceed the amount of the hospital charge. Benefit is paid either from the ordinary account or from a special account guaranteed by the Commonwealth. If the payments from the special account exceed contributions credited to the account, the amount of deficit is reimbursed by the Commonwealth.

A person who joins a registered hospital benefits organisation within eight weeks of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of \$2 a day and to fund benefits without having to serve a waiting period. From 26 November 1968 persons ceasing to be entitled to the benefits of the Pensioner Medical Service who join a registered organisation within two months before or within three months after ceasing to be a pensioner are not required to serve the normal waiting period before becoming eligible for fund benefits. This new provision also enables such contributions to be transferred to the special account. If a qualified patient in an approved hospital is not insured (i.e. not a member of a hospital benefits organisation), a Commonwealth benefit of 80 cents a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital. Under arrangements made under the National Health Act public hospitals generally provide free public ward treatment to pensioners enrolled in the Pensioner Medical Service who are classified as public ward patients. The Commonwealth pays the hospitals a benefit of \$5 a day for each pensioner patient.

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

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

*Handicapped children in approved handicapped persons homes.* Since 1 January 1969, handicapped children who are under sixteen years of age and who are accommodated overnight in an approved handicapped persons home have been entitled to a Commonwealth benefit of \$1.50 per day. The benefit is paid direct to the approved handicapped persons home and an equivalent amount is deducted from any charge raised by the home in respect of the handicapped child. The benefit applies

to both physically and mentally handicapped children and is payable to homes conducted by charitable and religious organisations. It is not payable to homes conducted by a State Government or those conducted by a person or organisation for profit. There is no necessity for handicapped children in an approved handicapped persons home to be insured with a registered benefit organisation.

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

*Expenditure on hospital and nursing home benefits.* The following table shows the amount of Commonwealth hospital and nursing home benefits paid during 1967-68. This does not include expenditure on mental hospitals (*see* page 465).

**COMMONWEALTH HOSPITAL AND NURSING HOME BENEFITS PAID  
STATES AND TERRITORIES, 1967-68**  
(S'000)

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	619	405	879	103	153	47	80	12	2,298
Insured patients (\$2)(a)	8,477	4,872	2,176	1,998	1,620	664	(b)	(b)	19,807
Pensioner patients (\$3.60)	8,871	5,272	4,259	1,969	2,316	783	39	156	23,665
Nursing home patients (\$2)	10,388	5,121	3,753	(c)2,202	2,222	800	(c)	..	24,486
<b>Total</b>	<b>28,355</b>	<b>15,670</b>	<b>11,067</b>	<b>6,272</b>	<b>6,311</b>	<b>2,294</b>	<b>119</b>	<b>168</b>	<b>70,256</b>

(a) Excludes payments of \$4,493,625 towards special accounts deficits in 1967-68. (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 1968, and fund benefits paid during 1967-68. 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, 1967-68**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations at 30 June 1968(b)	32	42	4	13	9	9	109
Membership at 30 June 1968	('000) 1,449	1,092	317	411	293	118	3,680
Fund benefits paid(c)	(\$'000) 37,353	21,353	5,197	7,921	7,033	2,932	81,789

(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 \$2,878 736 ancillary benefits.

**Grants to 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 1963-64 to 1967-68.

**EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH  
GOVERNMENT: STATES, 1963-64 TO 1967-68  
(\$'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>
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
1967-68 . . . . .	2,095	1,381	196	63	148	358	4,243
<b>Total, 1963-64 to 1967-68</b>	<b>7,671</b>	<b>4,853</b>	<b>963</b>	<b>936</b>	<b>1,524</b>	<b>1,907</b>	<b>17,853</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 1953-1968*. 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 1953-1968*. 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. Weekly contributions to a medical benefits fund range from 20 cents to 30 cents for a single person and from 40 cents to 60 cents for a married contributor. Examples of the range of benefits are as follows.

<i>Type of service</i>	<i>Combined Commonwealth and fund benefits \$</i>
Certain major operations . . . . .	120.00-180.00
Appendix operation . . . . .	40.00- 45.00
Confinement including anti-natal and post-natal care . . . . .	30.00- 33.75
Tonsils (under 12 years) . . . . .	14.00- 15.75
Simple fracture of wrist . . . . .	14.00- 15.75
General practitioner consultation (surgery) . . . . .	1.60- 2.00
General practitioner consultation (home) . . . . .	1.60- 2.40

From 26 November 1968 persons ceasing to be entitled to the benefits of the Pensioner Medical Service who join a registered organisation within two months before or within three months after ceasing to be a pensioner are not required to serve the normal waiting period before becoming eligible for fund benefits. This new provision also enables such contributors to be transferred to the special account.

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 462-3) 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 1968 the estimated number of persons covered by contributory medical schemes was 8,817,000.

#### MEDICAL BENEFITS: SUMMARY, STATES, 1967-68

		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)	'000	1,350	1,010	316	381	284	115	3,456
Medical services	'000	12,527	8,602	3,382	3,923	2,595	962	31,991
Commonwealth benefit(d)	\$'000	17,613	12,183	4,499	5,721	4,013	1,446	45,475
Fund benefit(e)	\$'000	22,602	13,167	5,151	5,869	4,268	1,519	52,576

(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 \$2,244,000 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* 1953-1968. 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* 1947-1968; a full or part service pension under the *Repatriation Act* 1920-1968; a sheltered employment allowance under the *Social Services Act* 1947-1968; or an allowance under the *Tuberculosis Act* 1948; and their dependants.

At 30 June 1968 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,114,541, while the number of doctors participating in the scheme at that date was 6,333. During 1967-68 doctors in the scheme provided 8,654,389 services—visits and surgery consultations—for persons enrolled in the scheme. For these services they were paid \$16,114,752. The average number of services rendered by doctors to each enrolled person was 7.9.

#### 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, \$28.25 a week; sufferer without a spouse but with a dependent child or children, \$18.00 a week; dependent child or children under sixteen years of age and full-time student children from sixteen to twenty-one years, \$2.50 a week for each dependent child (additional to child endowment); sufferer without dependants, \$17.25 a week (reducible to \$14.00 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 1968.

**TUBERCULOSIS: NEW CASES NOTIFIED(a), STATES AND TERRITORIES, 1968**

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales . . . . .	49	128	310	362	1	850
Victoria . . . . .	53	111	175	196	..	535
Queensland . . . . .	26	74	170	206	3	479
South Australia . . . . .	11	19	32	48	..	110
Western Australia . . . . .	18	44	46	43	..	151
Tasmania . . . . .	..	11	25	15	..	51
Northern Territory . . . . .	2	10	21	10	..	43
Australian Capital Territory . . . . .	..	4	4	6	..	14
<b>Australia . . . . .</b>	<b>159</b>	<b>401</b>	<b>783</b>	<b>886</b>	<b>4</b>	<b>2,233</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, 1967-68  
(\$'000)**

State or Territory	Maintenance		Capital	Total
	Allowances	(a)		
New South Wales . . . . .	364	3,864	591	4,819
Victoria . . . . .	251	3,395	10	3,656
Queensland . . . . .	285	2,394	136	2,815
South Australia . . . . .	80	651	31	762
Western Australia . . . . .	55	844	10	909
Tasmania . . . . .	38	360	3	401
Northern Territory . . . . .	17	..	..	17
Australian Capital Territory . . . . .	2	2	..	4
<b>Australia . . . . .</b>	<b>1,091</b>	<b>11,511</b>	<b>780</b>	<b>13,382</b>

(a) Includes \$242,000 for administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS  
CAMPAIGN: AUSTRALIA, 1963-64 TO 1967-68**  
(*\$'000*)

<i>Year</i>	<i>Allowances</i>	<i>Maintenance (a)</i>	<i>Capital</i>	<i>Total</i>
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
1967-68 . . .	1,091	11,511	780	13,382

(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.

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. Sabin vaccine is now in use in all States and Territories.

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 and Territory for each year from 1964 to 1968 in the following table.

**POLIOMYELITIS: NEW CASES NOTIFIED, STATES AND TERRITORIES, 1964 TO 1968**

<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>
1964 . . . . .	1	6	..	..	..	..	..	..	7
1965 . . . . .	3	..	..	..	..	1	..	..	4
1966 . . . . .	..	..	1	..	..	..	..	..	1
1967 . . . . .	..	1	..	..	..	..	..	..	1
1968 . . . . .	..	1	1	..	..	1	..	..	3

**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 1968 approximately 1,819,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1963-64 to 1967-68 was as follows.

**COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME  
STATES AND TERRITORIES, 1963-64 TO 1967-68**  
(*\$'000*)

<i>Year</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
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
1967-68 . . .	3,357	2,628	1,376	955	853	511	75	106	9,861

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, and in the annual reports of the Commonwealth Director-General of Health.

*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 1967–68 appropriation being \$1,308,463 and that for 1968–69, \$1,576,000.

*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 1,621 samples examined by the Laboratory during 1967–68, 476 failed to meet the required standards. In addition, 586 safety tests were performed, 64 were failed and 10 were deferred for further testing. Administrative costs for 1967–68 were \$559,060, and \$76,888 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* 1961–1966. 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. This includes reimbursement for the issue of a wide range of blood products which are processed from whole blood supplied by the Australian Red Cross Blood Transfusion Services and distributed throughout Australia free of charge for medical purposes.

Fifteen *Commonwealth Health Laboratories* have been established under the *National Health Act* 1953–1968, 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 centres: Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba, and Townsville. During 1967–68 these laboratories performed 3,760,966 examinations and tests (Nuffield points score system) in respect of 603,624 patients. Administrative costs were \$1,306,933 and expenditure on plant and equipment was \$135,869.

*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, but replacement batteries must be purchased by those in remunerative employment. In April 1968 a hearing aid service was made available to pensioners for a nominal fee of \$10. To qualify for assistance persons should be receiving an age, invalid or widow's pension or a sheltered employment allowance under the Social Services Act, a service pension under the Repatriation Act or an allowance under the Tuberculosis Act. Dependants of eligible persons are also entitled to the service. 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 1967-68 the number of new cases examined at the laboratories was 18,271, including 7,756 children, 4,772 repatriation cases, 1,252 members of the defence forces, 1,190 pensioners and 1,425 civil aviation referrals; 6,596 Calaid hearing aids were fitted and 27,830 maintained. The cost of supply and maintenance of hearing aids to pensioners and persons under twenty-one years of age was \$351,267. Administrative costs of the laboratories were \$604,585 and expenditure on plant and equipment \$177,163.

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 1967-68 there were 2,625 deliveries of radio-isotopes, including 48 different isotopes procured for use in medicine and medical research. Of these, 370 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 64,237, the cost of \$155,000 being met from the National Welfare Fund. Film badges, numbering 77,301, 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 1967-68 were \$264,136 and \$52,533 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 1967-68, 13 diplomas were awarded in Public Health and 9 in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1967-68 were \$543,913 for administration and \$35,629 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 1967-68 were \$110,365 for administration and \$77,048 for plant and equipment.

The *Commonwealth Bureau of Dental Standards* operates under Section 9 of the *National Health Act* 1953-1968. 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 1967-68 was 200. Expenditure on plant and equipment was \$14,120.

The *Australian Institute of Anatomy* is also 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 1967-68 work continued to be 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* 1908-1968 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, Malaysia, 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 Antarctic Territories, British Solomon Islands, Christmas (Indian Ocean) and Cocos (Keeling) Islands, Fiji, Gilbert and Ellice Islands Colony (including Ocean and Fanning Islands), Lord Howe Island, Nauru, New Zealand, Norfolk Island, Australian Territory of Papua and New Guinea 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 infected 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 1967-68 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, 1967-68**

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox . . . . .	19	59	5
Glandular fever . . . . .	1	..	2
Infectious hepatitis . . . . .	3	3	..
Influenza . . . . .	2	4	2
Measles . . . . .	22	195	..
Mumps . . . . .	7	15	..
Paratyphoid . . . . .	1	1	..
Rubella . . . . .	5	31	..
Salmonella infection . . . . .	1	1	..
Scarlet fever . . . . .	1	1	..
Typhoid fever . . . . .	1	2	..
Veneral Disease—			
Gonorrhoea . . . . .	175	..	207
Syphilis . . . . .			
Other . . . . .			
Total . . . . .	(a) 238	312	289

(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,  
1963-64 TO 1967-68**

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
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
1967-68 . . . . .	4,440	4,968	238	312	289

*Animal quarantine.* Animal quarantine, authorised by the provisions of the *Quarantine Act 1908-1968*, 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* 1908–1968, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

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

Any plant material found carrying diseases or pests, or suspected of doing so, may be ordered into quarantine for remedial treatment. If treatment or return to sender is impracticable, the material may be destroyed. The cost of treatment is met by the importer. Regulations governing the different types of plants are based on the following broad principles. Importation of plants likely to be infected with plant diseases or pests, of noxious plants or fungi, and of poison plants is prohibited. Agricultural seed, not restricted under quarantine legislation, must conform to standards of purity and insect pest and disease freedom. Seed of commercial crops which could introduce diseases are prohibited imports except with special permission. All plant products not specifically restricted, such as timber, logs 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. (In order to prevent the spread of plant diseases and pests already in Australia, the various State Governments administer plant quarantine regulations under which the movement of certain plant materials or fruits from one State to another or to certain specified districts within a State is controlled.)

#### **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, 1968.* The following table shows, by State and Territory, the number of cases notified in 1968 for those diseases notifiable in all States and Territories. In May 1965 the National Health and Medical Research Council at its Fifty-ninth Session proposed a basic list of diseases to be notifiable in each State and Territory, and this table is based upon that proposal. The table does not include all diseases which are notifiable in a State or Territory. Factors such as the following affect both the completeness of the figures and the comparability from State to State and from year to year: availability of medical and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow-up of notifications by Health Departments.

NOTIFIABLE DISEASES(a): NUMBER OF CASES NOTIFIED  
STATES AND TERRITORIES, 1968

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax . . . . .	3	..	..	..	..	..	..	..	3
Brucellosis . . . . .	12	133	7	..	1	1	..	..	154
Diphtheria . . . . .	14	14	..	..	1	..	..	..	29
Gonorrhoea . . . . .	4,854	1,559	1,551	497	715	173	522	61	9,932
Infectious hepatitis(b)	2,526	2,362	1,819	558	147	589	66	56	8,123
Leprosy . . . . .	3	1	4	2	26	..	37	..	73
Leptospirosis . . . . .	12	..	100	..	1	..	..	..	113
Paratyphoid fever . . . . .	2	1	..	..	1	2	..	..	6
Poliomyelitis . . . . .	..	1	1	..	..	1	..	..	3
Syphilis . . . . .	489	80	142	51	63	6	9	..	840
Tetanus . . . . .	8	2	6	..	2	..	..	..	18
Tuberculosis(c) . . . . .	850	535	479	110	151	51	43	14	2,233
Typhoid . . . . .	13	3	9	13	2	..	38	1	79
Typhus (all forms) . . . . .	1	..	6	..	..	..	..	..	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 1968 is shown on page 467. Some data regarding deaths from tuberculosis are shown on page 200 of Chapter 8, Vital Statistics. Cases of poliomyelitis notified in each State and Territory for the years 1964 to 1968 are shown on page 468.

*Infectious hepatitis.* The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1964 to 1968.

INFECTIOUS HEPATITIS: CASES NOTIFIED, STATES AND TERRITORIES, 1964 TO 1968

State or Territory	1964	1965	1966	1967	1968
New South Wales . . . . .	2,731	3,325	4,188	4,032	2,526
Victoria . . . . .	2,697	1,987	2,137	2,991	2,362
Queensland(a) . . . . .	1,163	556	843	1,973	1,819
South Australia . . . . .	289	414	978	1,299	558
Western Australia . . . . .	101	83	28	190	147
Tasmania . . . . .	636	197	200	425	589
Northern Territory . . . . .	57	128	78	158	66
Australian Capital Territory . . . . .	12	51	125	248	56
<b>Australia . . . . .</b>	<b>7,686</b>	<b>6,741</b>	<b>8,577</b>	<b>11,316</b>	<b>8,123</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 are 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 461–74, 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 1941–1968*. 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 1967–68 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 1967–68 was \$412,038, distributed as follows: State National Fitness Councils, \$226,918; State Education Departments, \$34,000; State Universities \$24,800; Australian Recreation Leadership Course, \$4,000; capital expenditure on national fitness projects, \$38,658; grants to Australian Capital Territory organisation, \$7,246; and administration, \$76,416, of which \$67,323 was the cost of publication of the booklet, 'Keeping Fit'.

*The Royal Flying Doctor Service* is a non-profit organisation providing medical services in the remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health from Darwin and Alice Springs in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. During 1967–68 the Commonwealth Government contributed \$329,371, of which \$179,370 was for capital expenditure, and \$150,000 towards operating costs. The Service made 2,959 flights during 1967–68 compared with 2,488 in 1966–67, travelling 1,157,994 miles (917,237 in 1966–67) and transporting 3,072 patients (2,193 in 1966–67). In the same periods medical staff conducted a total of 64,725 consultations (45,804 in 1966–67) and dental treatment was given to 6,272 patients (5,427 in 1966–67). The radio network of the Service handled 328,109 telegrams in 1967–68 compared with 322,589 the previous year.

*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 1967–68 was as follows: New South Wales, \$168,124; Victoria, \$175,671; Queensland, \$119,152; South Australia, \$75,958; Western Australia, \$79,580; Tasmania, \$13,511; Northern Territory, \$4,180; and the Australian Capital Territory \$19,389, making a total of \$655,565 compared with \$973,825 for 1966–67. The decrease 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 Australian Pre-school Association and are financed mainly by Commonwealth grants. The Commonwealth contribution for 1967–68 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 1968 there were 66 home nursing services in the States employing approximately 700 trained nurses. Commonwealth assistance to the States during 1967–68 was \$764,959. 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 private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. Formed in 1960, as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000, the Foundation has its headquarters in Canberra. From its inception to the end of 1968 the Foundation has allocated \$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 into 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 Twenty-first World Health Assembly held at Geneva in May 1968, and at the Nineteenth Western Pacific Regional Committee Meeting at Manila in September 1968. The Commonwealth contribution to WHO during 1967-68 was \$721,275, which included a grant of \$12,000 to the Commonwealth Serum Laboratories for WHO influenza research.

The *International Agency for Research on Cancer* was established by the World Health Organization, and participation by Australia was approved by the Government in 1965. The objectives of the Agency are to promote international collaboration in cancer research and to provide a means through which countries and interested organisations may co-operate in the stimulation and support of research into cancer. The Commonwealth contribution to the Agency in 1967-68 was \$134,577.

## 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. Statistics of quarantine stations, and of hospitals maintained by the Armed Services are not included. A number of institutions, classified by the Commonwealth Department of Health as 'public' hospitals or nursing homes, are for various reasons not included in the statistics of public hospitals and nursing homes; there were 73 such institutions in 1967, with an approved bed capacity of 3,700.

### Public hospitals and nursing homes

The statistics shown for public hospitals and nursing homes refer to the following institutions: *New South Wales*—all institutions which are under the authority of the New South Wales Hospitals Commission, and which receive a government subsidy during the year, and the six State hospitals and nursing homes under the control of the Department of Public Health; *Victoria*—all subsidised hospitals and subsidised hospitals for the aged under the authority of the Victorian Hospitals and Charities Commission, two tuberculosis sanatoria, and the Peter MacCallum Clinic; *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, and two chest hospitals; *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, 1966-67

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
Number of hospitals and nursing homes	269	157	144	66	97	26	4	1	764
Medical staff—									
Salaried	1,237	1,397	801	300	210	140	25	15	4,125
Other <sup>(a)</sup>	5,094	2,042	193	671	422	154	..	122	8,698
Nursing staff <sup>(b)</sup>	18,506	13,487	6,696	3,996	4,249	1,864	253	530	49,581
Accommodation—									
Number of beds and cots	27,570	17,047	13,420	4,991	6,699	2,941	565	499	73,732

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

**In-patients treated**

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

**PUBLIC HOSPITALS AND NURSING HOMES: IN-PATIENTS TREATED  
STATES AND TERRITORIES, 1966-67**

	<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>
<b>In-patients at beginning of year—</b>									
Males . . . . .	9,919	n.a.	3,904	1,566	2,137	956	197	151	n.a.
Females . . . . .	11,464	n.a.	5,090	1,948	2,548	1,080	178	235	n.a.
Persons . . . . .	21,383	13,367	8,994	3,514	4,685	2,036	375	386	54,740
<b>Admissions and re-admissions during year—</b>									
Males . . . . .	227,377	n.a.	110,872	50,666	56,113	15,944	5,569	6,146	n.a.
Females . . . . .	331,744	n.a.	140,022	63,513	67,501	23,309	6,531	9,606	n.a.
Persons . . . . .	559,121	324,869	250,894	114,179	123,614	39,253	12,100	15,752	1,439,782
<b>Total in-patients (cases) treated—</b>									
Males . . . . .	237,296	n.a.	114,776	52,232	58,250	16,900	5,766	6,297	n.a.
Females . . . . .	343,208	n.a.	145,112	65,461	70,049	24,389	6,709	9,841	n.a.
Persons . . . . .	580,504	338,236	259,888	117,693	128,299	41,289	12,475	16,138	1,494,522
<b>Discharges and deaths—</b>									
Males . . . . .	227,791	n.a.	111,187	50,757	56,121	15,996	5,561	6,127	n.a.
Females . . . . .	331,415	n.a.	140,153	63,552	67,516	23,343	6,496	9,572	n.a.
Persons . . . . .	559,206	325,277	251,340	114,309	123,637	39,339	12,057	15,699	1,440,864
<b>In-patients at end of year—</b>									
Males . . . . .	9,505	n.a.	3,589	1,475	2,129	904	205	170	n.a.
Females . . . . .	11,793	n.a.	4,959	1,909	2,533	1,046	213	269	n.a.
Persons . . . . .	21,298	12,959	8,548	3,384	4,662	1,950	418	439	53,658
<b>Average daily number resident . . . . .</b>									
	20,465	12,786	8,442	3,363	4,534	1,946	388	409	52,333

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1966-67 there were 1,660,199 out-patients treated in New South Wales, 815,817 in Victoria, 868,098 in Queensland, 158,495 in South Australia, 203,400 (estimated) in Western Australia, 122,477 in Tasmania, 122,144 in the Northern Territory, and 25,853 in the Australian Capital Territory, making an estimated total for Australia of 3,976,500. The figures quoted refer to cases, as distinct from persons and attendances.

**Revenue and expenditure**

Details of the revenue and expenditure for the year 1966-67 are shown in the next table. The revenue includes Commonwealth hospital benefits payments. 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 464.

**PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE,  
STATES AND TERRITORIES, 1966-67**

(\$'000)

	N.S.W.	Vic.(a)	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
<b>Revenue—</b>									
Government aid . . . . .	79,922	55,740	31,636	23,285	24,352	10,173	3,286	3,813	232,207
Municipal aid . . . . .	..	..	..	767	4	..	..	..	771
Public subscriptions, legacies, etc. . . . .	200	4,996	298	582	60	..	..	..	6,136
Fees(b) . . . . .	55,997	36,102	12,105	8,945	10,770	2,706	425	1,131	128,181
Other . . . . .	1,617	1,992	3,990	953	404	38	..	..	8,994
<b>Total revenue . . . . .</b>	<b>137,736</b>	<b>98,830</b>	<b>48,030</b>	<b>34,532</b>	<b>35,589</b>	<b>12,917</b>	<b>3,711</b>	<b>4,944</b>	<b>376,289</b>
<b>Expenditure—</b>									
Salaries and wages . . . . .	82,979	59,242	26,826	15,572	19,255	7,390	1,896	2,334	215,494
Upkeep and repair of build- ings and grounds . . . . .	3,891	2,029	1,119	1,291	2,877	275	338	194	12,014
All other maintenance . . . . .	36,259	22,490	15,810	8,143	7,990	3,358	906	979	55,935
<b>Total maintenance . . . . .</b>	<b>123,129</b>	<b>83,761</b>	<b>43,755</b>	<b>25,006</b>	<b>30,122</b>	<b>11,023</b>	<b>3,140</b>	<b>3,507</b>	<b>323,443</b>
Capital . . . . .	14,271	16,073	4,573	9,131	6,152	1,862	571	1,324	53,957
<b>Total expenditure . . . . .</b>	<b>137,400</b>	<b>99,834</b>	<b>48,328</b>	<b>34,137</b>	<b>36,274</b>	<b>12,885</b>	<b>3,711</b>	<b>4,831</b>	<b>377,400</b>

(a) Excludes the exotic diseases block at the Fairfield hospital. (b) Includes Commonwealth hospital benefits paid direct to public hospitals and nursing homes.

**Summary for Australia**

A summary, for the years 1962-63 to 1966-67, of the number of public hospitals and nursing homes in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, 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 1966-67**

	1962-63	1963-64	1964-65	1965-66	1966-67
Hospitals and nursing homes . . . . .	753	755	760	765	764
Medical staff—salaried . . . . .	3,292	3,430	3,674	3,967	4,125
other(a) . . . . .	7,850	7,980	8,365	8,807	8,698
Nursing staff(b) . . . . .	41,555	43,740	45,212	47,640	49,581
Beds and cots . . . . .	67,369	69,219	70,027	71,210	73,732
Admissions . . . . .	1,275,588	1,325,800	1,363,890	1,395,179	1,439,782
Total in-patient (cases) treated . . . . .	1,321,982	1,374,329	1,416,198	1,447,151	1,494,522
Average daily number resident . . . . .	47,250	49,041	49,726	50,152	52,333
Out-patients (cases)(c) . . . . .	3,112,000	3,349,000	3,575,000	3,810,000	3,976,500
Revenue . . . . .	\$'000 257,746	281,982	310,644	341,701	376,289
Expenditure . . . . .	\$'000 262,686	284,751	309,897	340,960	377,400

(a) Includes honorary and visiting medical officers, who may hold appointments at more than one hospital. (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides, and nursing aide trainees. (c) 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 1967, 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, five informal hospitals, and ten intellectual deficiency training centres and schools; *Queensland*—four mental hospitals and one epileptic home; *South Australia*—four mental hospitals; *Western Australia*—the four mental hospitals and one psychiatric hospital; and *Tasmania*—the Lachlan Park-Royal Derwent hospital complex.

**MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF STATES AT 30 JUNE 1967**

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
In-patient institutions . . . . .	16	(a)29	5	4	5	1
Beds and cots for patients . . . . .	12,008	(b)9,434	4,230	2,313	1,683	950
Staff—Medical . . . . .	232	(a)145	(d)32	27	15	9
Nursing . . . . .	(c)3,362	(c)2,903	(d)1,208	718	499	292

(a) At 31 December 1967. (b) The number of beds and cots occupied on 31 October 1967. (c) Includes attendants. (d) Full-time staff only.

There are no separate in-patient institutions for mental patients in the Northern Territory or the Australian Capital Territory. With the appointment of a Director of Psychiatric Services the organisation of a psychiatric service was begun in the Australian Capital Territory in 1967-68. The emphasis of this service is being placed on the prevention, treatment and after-care of mental illness on a community basis.

**Patients**

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

**IN-PATIENTS UNDER THE CARE OF STATE MENTAL HEALTH SERVICES, 1966-67**

	<i>N.S.W.</i>	<i>Vic.(a)(b)</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
<b>In-patients at beginning of year—</b>						
Males . . . . .	6,608	5,502	2,384	1,459	1,240	436
Females . . . . .	5,957	5,262	1,594	1,187	858	469
Persons . . . . .	12,565	10,764	3,978	2,646	2,098	905
<b>Admissions and re-admissions during year—</b>						
Males . . . . .	8,214	6,100	978	1,487	1,267	600
Females . . . . .	8,084	6,305	703	1,379	1,055	550
Persons . . . . .	16,298	12,405	1,681	2,866	2,322	1,150
<b>Total in-patients (cases) treated—</b>						
Males . . . . .	14,822	11,602	3,362	2,946	2,507	1,036
Females . . . . .	14,041	11,567	2,297	2,566	1,913	1,019
Persons . . . . .	28,863	23,169	5,659	5,512	4,420	2,055
<b>Discharges, including deaths—</b>						
Males . . . . .	8,367	6,149	975	1,585	1,230	576
Females . . . . .	8,503	6,523	774	1,430	1,012	558
Persons . . . . .	16,870	12,672	1,749	3,015	2,242	1,134
<b>In-patients at end of year—</b>						
Males . . . . .	6,455	5,453	2,387	1,361	1,277	460
Females . . . . .	5,538	5,044	1,523	1,136	901	461
Persons . . . . .	11,993	10,497	3,910	2,497	2,178	921

(a) Year ended 31 December 1967. (b) Includes transfers from one institution to another.

**State government expenditure on mental health services**

The following figures show particulars of expenditure by States for the year 1966-67. 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 464-5.

**MENTAL HEALTH: EXPENDITURE, STATES, 1966-67**  
(*\$'000*)

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
Maintenance . . . . .	22,827	20,739	6,494	4,620	3,472	1,902
Capital . . . . .	6,652	3,577	863	578	781	2,469

**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 1953-1968*. A small number of institutions classified as 'private' by the Commonwealth Health Department are included in public hospital statistics, and these have been omitted from the following two tables. Statistical information about patients, staff and finance of these institutions is not available on a uniform Australia-wide basis.

**PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1963 TO 1967**

<i>State</i>	<i>30 June—</i>				
	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
<b>NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES</b>					
New South Wales . . . . .	507	527	531	527	535
Victoria . . . . .	272	288	306	309	313
Queensland . . . . .	130	136	146	149	152
South Australia . . . . .	170	162	176	177	184
Western Australia . . . . .	85	85	91	95	96
Tasmania . . . . .	39	41	42	45	42
<b>Australia . . . . .</b>	<b>1,203</b>	<b>1,239</b>	<b>1,292</b>	<b>1,302</b>	<b>1,322</b>
<b>NUMBER OF BEDS FOR PATIENTS</b>					
New South Wales . . . . .	11,482	12,647	13,626	14,503	15,825
Victoria . . . . .	5,896	6,371	6,797	7,117	7,295
Queensland . . . . .	3,350	3,818	4,362	4,416	4,630
South Australia . . . . .	3,609	3,837	4,081	4,166	4,361
Western Australia . . . . .	2,549	2,627	2,846	2,898	3,029
Tasmania . . . . .	870	925	982	1,033	1,038
<b>Australia . . . . .</b>	<b>27,756</b>	<b>30,225</b>	<b>32,694</b>	<b>34,133</b>	<b>36,178</b>

There were no institutions of this nature in the Australian Capital Territory or the Northern Territory during 1966-67.



### Repatriation hospitals

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

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

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

### Hansenide hospitals

There are four isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's disease (leprosy). The numbers of isolation patients at these hospitals on 31 December 1968 were: Little Bay (New South Wales), 9; Fantome Island (North Queensland), 12; Derby (Western Australia), 181; and East Arm Settlement (Northern Territory), 11. In addition, there were 102 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. With the exception of the Institute of Tropical Medicine at Little Bay, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the numbers of isolation patients resident at 31 December 1968, were: Fairfield (Victoria), 3; Princess Alexandria Hospital (Queensland), 7; and Royal Adelaide Hospital (South Australia), 1.

Of the total 224 cases in isolation, 203 were Aborigines.

