

CHAPTER 14

PUBLIC HEALTH

This chapter is concerned with the activities of the Commonwealth Department of Health (including quarantine, national health benefits, and Commonwealth grants for health purposes); activities of the State health departments; statistics of hospitals and nursing homes, hansenide hospitals, and mental health institutions; statistics of notifiable diseases, and chronic illnesses and impairments; and cremations. Statistics relating to causes of death are presented in Chapter 8, Vital Statistics (pages 185–90).

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

COMMONWEALTH GOVERNMENT ACTIVITIES

At the time of federation the only health function given to the Commonwealth Government under the Constitution was the power to make laws with respect to quarantine. Following on the passing of the *Quarantine Act* 1908 a branch of the Department of Trade and Customs, under the control of a Director of Quarantine, was created on 1 July 1909. The Commonwealth Department of Health was formed in 1921 by the extension and development of the quarantine service, the Director of Quarantine becoming the Director-General of Health. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. In addition, the Commonwealth Government has used its powers under Section 96 of the Constitution to make grants to the States for health purposes. The Commonwealth Government also gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth health organisations have been established; detailed information on the functions and operations of these organisations is given in Year Book No. 53, pages 561–6, and in the annual reports of the Commonwealth Director-General of Health.

Quarantine

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

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

Human quarantine

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:

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

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

Yellow fever. All arrivals from yellow fever endemic zones.

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

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark and (i) have come from a cholera infected area, or a cholera area specified above, within 14 days and do not possess a cholera vaccination certificate; or (ii) have come from an endemic zone within 14 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 1968-69 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, 1968-69

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox	22	41	..
Infectious hepatitis	2	2	..
Measles	18	203	1
Mumps	10	17	..
Rubella	4	8	..
Salmonella infection	1	1	..
Venereal Disease—			
Gonorrhoea	127	..	199
Syphilis			
Other . . . . .				11
Total	(a) 184	272	38

(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, 1964-65 TO 1968-69**

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
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
1968-69	4,813	5,896	184	272	249

The provisions of the State Health Acts with regard to the compulsory notification of infectious diseases and statistics of cases notified in 1969 are dealt with on pages 438-9 of this chapter.

Animal quarantine

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

Of the domesticated animals, only horses, dogs, cats, and poultry are admitted from a limited number of countries depending on diseases being absent in the country of origin. All must be accompanied by health certificates which may include prescribed tests. On arrival in Australia, they are subject to quarantine detention. Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a similar manner, animals for scientific purposes are imported to approved laboratories. All these premises are kept under constant surveillance. Raw animal products such as hair, types of wool skins, and hides are specially treated under quarantine control. Such items as raw meat and eggs, which cannot be sterilised, are admitted only from New Zealand. Other items may be treated to destroy any possible infection. Special attention is given to the importation of biological substances of animal origin. The Animal Quarantine Service is also responsible for the health certification of animals for export overseas in accordance with the requirements of the various countries.

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

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

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

Plant quarantine

Since 1 July, 1909 the importation into Australia of all plants or parts of plants, cuttings, seeds, and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the *Quarantine Act* 1908–1969, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

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

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

Expenditure from the National Welfare Fund on health benefits and services

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

COMMONWEALTH EXPENDITURE FROM THE NATIONAL WELFARE FUND
STATES AND TERRITORIES, 1968-69

(\$'000)

Benefit, service, etc.	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.(a)
National health benefits—									
Pharmaceutical benefits—									
General (b)	24,769	18,225	9,149	6,030	4,391	1,731	(c)	(d)	64,296
To public hospitals	6,450	4,160	2,655	1,403	1,803	706	n.a.	136	(e)17,468
For pensioners	14,886	8,712	5,960	3,514	2,507	1,030	(c)	(d)	36,609
Hospital benefits	22,659	12,479	7,830	4,815	4,590	1,590	(f)(g)131	(f)(g)205	54,298
Nursing home benefits	13,524	6,468	4,861	2,944	2,812	1,010	..	25	31,643
Handicapped children's benefits(h)	19	7	9	33	3	5	..	..	76
Medical benefits—									
Insured patients	19,378	13,188	4,800	6,150	4,432	1,609	(g)	(g)	49,556
Pensioner patients	6,496	4,277	2,647	1,764	1,168	491	6	63	16,912
Tuberculosis Campaign(i)	4,619	3,487	2,570	631	645	397	28	3	12,381
Milk for school children	3,374	2,636	1,545	1,061	797	421	110	109	10,053
Miscellaneous health services—									
Commonwealth Health Laboratories	260	101	653	25	33	111	120	293	1,597
Blood products(j)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	(k)876
Home Nursing Scheme, subsidies to States	300	257	190	38	157	14	..	..	956
Radio-active isotopes(l)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	(k)257
Hearing aids(m)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	(k)538
Poliomyelitis and other vaccines(j)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	(k)380
Total health benefits and services	116,734	73,997	42,868	28,409	23,338	9,116	395	833	297,918
Social services	320,005	220,836	134,835	79,106	61,729	26,913	3,294	4,003	(n)851,356
Other(o)	4,325	4,379	2,010	1,177	760	305	3	118	13,076
Grand total	441,064	299,212	179,714	108,692	85,827	36,334	(p)3,691	(p)4,955	1,162,350

(a) Includes expenditure on some items which are not available by State and Territory. (b) Payments to approved chemists, doctors, and private hospitals. (c) Included in the amount shown for South Australia. (d) Included in the amount shown for New South Wales. (e) Includes pharmaceutical benefit payments not available by State: \$135,000 for the Royal Flying Doctor Service; \$3,000 for Commonwealth and immigration medical services; and \$17,000 for biological products. (f) Payments on behalf of uninsured and pensioner patients only. (g) Payments to residents of the Northern Territory and the Australian Capital Territory who are insured with a hospital or medical fund are made through organisations registered in the States and are included in the amounts shown for the respective States. (h) Commenced 1 January 1969. (i) Includes allowances paid by the Department of Social Services. (j) Payments to Commonwealth Serum Laboratories to cover costs of processing and production. (k) Expenditure on this item is not available by State and Territory. (l) Costs of purchases by the Commonwealth X-ray and Radium Laboratory, including \$135,000 for purchases made overseas. (m) Purchases of component parts by the Commonwealth Acoustic Laboratories, including \$103,000 for purchases made overseas. (n) Includes \$635,000 paid to residents living abroad. (o) Grants under the Home Savings Grant Act 1964, and contributions for losses on rental housing under the Commonwealth and State Housing Agreement Act 1945. (p) Incomplete. See earlier footnotes.

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

National health benefits

Pharmaceutical benefits

A comprehensive range of drugs and medicines is made available to all persons receiving treatment from a medical practitioner registered in Australia. The benefits are supplied by an approved pharmacist upon presentation of a prescription, or by an approved hospital to patients receiving treatment at the hospital. The patient pays the first 50 cents of the cost of a prescription dispensed by an approved pharmacist, but pensioners who are eligible for treatment under the Pensioner Medical Service (see page 425) 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 1968-69 was \$118,373,359.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1967-68 and 1968-69. The expenditure for both years includes patient contributions, which totalled \$20,129,402 in 1968-69. Prescriptions issued free to pensioners are included, and these amounted to \$36,609,257 in 1968-69. Benefits dispensed by hospitals and those covered by special arrangements are not included; these amounted to \$17,739,119 in 1968-69.

PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME(a)
1968 AND 1969

Therapeutic category	Year ended 30 June			
	1968		1969	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	'000	\$'000	'000	\$'000
Broad spectrum antibiotics	5,049	13,619	6,039	16,386
Drugs acting on blood vessels	3,040	10,427	3,223	11,514
Penicillins	4,353	9,338	4,724	9,929
Diuretics	2,515	8,647	2,763	9,634
Analgesics	4,362	8,448	4,784	9,630
Sedatives and hypnotics	6,651	6,476	6,360	6,480
Anti-histamines	3,342	5,828	3,844	6,707
Drugs acting on genito-urinary infections	1,246	3,201	1,313	3,758
Anti-cholinergics	907	3,178	965	3,211
Tranquillisers	899	2,673	1,019	3,127
Antacids	1,896	2,429	2,017	2,750
Drugs acting on heart	1,259	2,338	1,284	2,303
Anti-diabetics	605	2,222	644	2,369
Eye drops	1,152	1,823	1,214	1,947
Anti-depressants	411	1,524	559	2,085
Anti-convulsants	387	1,504	405	1,644
Bronchial spasm preparations	934	1,459	1,215	2,157
Sulphonamides	1,078	1,422	1,050	1,380
Gastro-intestinal sedatives	665	1,212	674	1,249
Iron preparations	1,027	1,151	1,192	1,359
Expectorants and cough suppressants	1,072	898	1,549	1,301
Other therapeutic substances	12,573	17,603	13,571	19,844
Total	55,423	107,420	60,408	120,764

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

Hospital, nursing home, handicapped children, and medical benefits

Details of the provisions and benefits of these schemes under the *National Health Act 1953-1968* are set out in Year Book No. 55, pages 462-6. The hospital and medical insurance provisions were changed in 1969 to allow for free insurance under certain circumstances. As from 1 January 1970 the Government has made free hospital and medical insurance available to families whose income does not exceed \$39.00 a week; to people on unemployment or sickness benefit; and to migrants during their first two months residence in Australia. Persons in these categories are entitled to hospital benefits in the form of payment of public ward fees in approved hospitals, and entitled to medical benefits equivalent to those available to contributors to the highest medical benefit table in their State. See Appendix for information regarding changes made by amendments to the National Health Act in 1970.

Expenditure on hospital, nursing home, and handicapped children benefits. The following table shows the amount of these Commonwealth benefits paid during 1968-69. This does not include expenditure on mental hospitals (see page 429).

COMMONWEALTH HOSPITAL, NURSING HOME, AND HANDICAPPED CHILDREN
BENEFITS PAID STATES AND TERRITORIES, 1968-69
(\$'000)

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	605	371	875	99	150	45	80	14	2,240
Insured patients (\$2)(a)	8,508	5,169	2,306	2,037	1,722	684	(b)	(b)	20,425
Pensioner patients (\$5)	9,034	5,540	4,388	2,105	2,375	836	51	191	24,520
Nursing home patients (\$2)	(c)11,259	5,176	4,092	(d)2,373	2,293	846	(d)	(c)	26,039
Intensive care nursing home patients (\$3)	(c)2,290	1,292	769	(d)571	519	164	(d)	(c)	5,605
Handicapped children (\$1.50)(e)	19	7	9	33	3	5	..	..	76
Total	31,715	17,555	12,438	7,219	7,061	2,581	131	205	78,905

(a) Excludes payments of \$7,113,208 towards special accounts deficits in 1968-69. (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) New South Wales includes Australian Capital Territory. (d) South Australia includes Northern Territory. (e) Introduced on 1 January 1969.

Registered hospital benefits organisations. The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1969, and fund benefits paid during 1968-69. 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, 1968-69

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
Registered organisations at 30 June 1969(a)	(b)32	40	4	13	8	9	106
Membership at 30 June 1969 '000	1,507	1,191	328	419	317	115	(c)3,877
Fund benefits paid(d) \$'000	42,545	26,800	6,182	9,823	8,505	3,228	(c)97,083

(a) Excludes interstate branches. (b) Includes one organisation registered in the Australian Capital Territory.
 (c) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (d) Includes \$3,182,000 ancillary benefits.

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 1969 the estimated number of persons covered by contributory medical schemes was 9,017,000.

MEDICAL BENEFITS: SUMMARY, STATES, 1968-69

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust(a)
Registered organisations(b)(c)	(d)28	19	6	8	8	9	78
Members(c)	'000 1,390	1,104	328	392	309	113	3,635
Medical services	'000 13,251	9,210	3,660	4,166	2,782	1,065	34,134
Commonwealth benefit(e)	'000 18,516	13,052	4,795	6,097	4,345	1,606	48,411
Fund benefit(f)	'000 24,699	14,747	5,640	6,354	4,888	1,704	58,031

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States. (b) Excludes interstate branches. (c) At end of period. (d) Includes one registered in the Australian Capital Territory. (e) Excludes payments of \$1,145,623 towards special accounts deficits. (f) Includes \$2,492,377 ancillary fund benefits.

Pensioner Medical Service

The Pensioner Medical Service, which commenced in 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act 1948-1949*. The service has been continued under the provisions of the *National Health Act 1953-1969*.

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

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

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

At 30 June 1969 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,163,660, while the number of doctors participating in the scheme at that date was 6,417. During 1968-69 doctors in the scheme provided 9,157,078 services (visits and surgery consultations) for persons enrolled in the scheme. For these services they were paid \$16,912,226. The average number of services rendered by doctors to each enrolled person was 8.1.

Anti-tuberculosis Campaign

Under an arrangement with the Commonwealth Government, each State conducts a campaign against tuberculosis. The Commonwealth Government reimburses the State for all approved capital expenditure in relation to tuberculosis, and for net maintenance expenditure to the extent that it exceeds net maintenance expenditure for the year 1947-48. Thus the States carry out the physical or field work of the national campaign and the Commonwealth acts in an advisory, co-ordinating, and financial capacity. For this reason the Commonwealth has not found it necessary to make much use of its powers under Section 6 of the Tuberculosis Act. An advisory council, known as the National Tuberculosis Advisory Council, has been set up. There are twelve members, the chairman being the Commonwealth Director-General of Health.

To help reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950. The rates now payable are: married sufferer with a dependant wife, \$29.75 a week; sufferer without a spouse but with a dependent child or children, \$23.00 a week; dependent child or children under sixteen years of age and full-time student children from sixteen to twenty-one years, \$2.50 a week for the first dependent child and \$3.50 a week for each other dependent child (additional to child endowment); sufferer without dependants, \$18.25 a week (reducible to \$15.00 a week if a person is maintained free of charge in an institution). In addition to the above rates, there may be payable a mother's or guardian's allowance of \$2.00 a week or supplementary assistance of up to \$2.00 a week.

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

Commonwealth expenditure. Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables. The figures for maintenance include administrative costs, and therefore the totals for allowances and maintenance differ from those shown for the tuberculosis campaign in the National Welfare Fund table on page 423.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN
STATES AND TERRITORIES, 1968-69
(\$'000)**

<i>State or Territory</i>	<i>Allowances</i>	<i>Maintenance (a)</i>	<i>Capital</i>	<i>Total</i>
New South Wales	314	4,353	572	5,239
Victoria	199	3,382	175	3,756
Queensland	226	2,353	39	2,618
South Australia	61	602	60	723
Western Australia	44	673	..	717
Tasmania	46	380	2	428
Northern Territory	28	..	..	28
Australian Capital Territory	3	1	..	4
Australia	921	11,743	847	13,511

(a) Includes \$282,778 for administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS
CAMPAIGN: AUSTRALIA, 1964-65 TO 1968-69
(\$'000)**

<i>Year</i>	<i>Allowances</i>	<i>Maintenance (a)</i>	<i>Capital</i>	<i>Total</i>
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
1968-69	921	11,743	847	13,511

(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.

Free milk for school children scheme

The *States Grants (Milk for School Children) Act* 1950 was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, creches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States now participate in the scheme. At the end of 1968 approximately 1,838,500 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1964-65 to 1968-69 was as follows.

**COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME
STATES AND TERRITORIES, 1964-65 TO 1968-69**
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
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
1968-69	3,380	2,641	1,549	1,065	800	431	110	109	10,085

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

Miscellaneous health services

Fifteen *Commonwealth Health Laboratories* have been established under the *National Health Act* 1953-1969, 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 1968-69 these laboratories performed 4,186,261 examinations and tests (Nuffield points score system) in respect of 674,832 patients. Administrative costs were \$1,596,546 and expenditure on plant and equipment was \$176,360.

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 products to finance its activities relating to prescribed biological products. Certain services, determined by the Minister for Health from time to time, are payable by the Commonwealth. This includes reimbursement for the issue of a wide range of blood products which are processed from whole blood supplied by the Australian Red Cross Blood Transfusion Services and distributed throughout Australia free of charge for medical purposes.

The *Home Nursing Subsidy Scheme*, under the *Home Nursing 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 1969 there were 79 home nursing services in the States employing approximately 750 trained nurses. Commonwealth assistance to the States during 1968-69 was \$956,129. Home nursing services in the Northern Territory and the Australian Capital Territory are provided by the Commonwealth Department of Health.

The *Commonwealth X-ray and Radium Laboratory* was originally established in 1929 as the Commonwealth Radium Laboratory, and has served from that time as the Commonwealth centre for radiological physics and as custodian of all Commonwealth-owned radium used for medical purposes. The laboratory's functions have expanded over the years to include the physical aspects of X-rays; the distribution of all radio-isotopes used in Australia for medical purposes; the maintenance of facilities for radio-chemical investigation; 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 1968-69 there were 2,482 deliveries of radio-isotopes, comprising 49 different isotopes, procured for use in medicine and medical research. Of these, 1,946 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy supplied for patients throughout Australia were 86,944, the cost of \$257,277 being met from the National Welfare Fund. Film badges, numbering 81,682, were processed, assessed, and reported on. The Laboratory also supplies radon to approved hospitals and private practitioners in Australia and New Zealand. In 1968-69, 24,941 millicuries of radon were issued. Administrative costs for 1968-69 were \$284,214 and \$47,683 was expended on plant and equipment.

The *Commonwealth Acoustic Laboratories* were established under the *Acoustic Laboratories Act 1948* to undertake scientific investigations into hearing and problems associated with noise as it affects individuals. The laboratories 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 1968-69 the number of new cases examined at the laboratories was 27,601, including 7,791 children, 4,979 repatriation cases, 1,294 members of the defence forces, 11,601 pensioners and 880 civil aviation referrals; 17,214 calaid hearing aids were fitted and 40,295 maintained. The cost of supply and maintenance of hearing aids to persons under twenty-one years of age and pensioners was \$558,054. Administrative costs of the laboratories were \$745,791 and expenditure on plant and equipment \$117,173.

Other Commonwealth health organisations

The *National Health and Medical Research Council* was established in 1936 to replace the National Health Council. Its main functions are to advise Commonwealth and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public, and on medical research. It also advises the Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of expenditure from the Medical Research Endowment Fund which was established under the *Medical Research Endowment Act 1937* to provide assistance to departments of the Commonwealth or of a State engaged in medical research; to universities for the purpose of medical research; to institutions and persons engaged in medical research and in the training of persons in medical research. The Commonwealth makes a triennial appropriation for the Fund, that for 1970 to 1972 being \$6,262,000.

The *School of Public Health and Tropical Medicine* was established in 1930 by the Commonwealth Government at the University of Sydney under an agreement with that University. It provides training for medical graduates and students in public health and tropical medicine in addition to research and consultative activities in these and allied fields. During 1968-69, 6 diplomas were awarded in Public Health and 7 in Tropical Medicine and Hygiene. Costs met by the Commonwealth during 1968-69 were \$515,936 for administration and \$26,622 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and 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 1968-69 were \$106,815 for administration and \$87,675 for plant and equipment.

The *Commonwealth Bureau of Dental Standards* operates under Section 9 of the *National Health Act* 1953-1969. 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 1968-69 was 213. Expenditure on plant and equipment was \$16,997.

The *Australian Institute of Anatomy* is also part of the Commonwealth Department of Health. 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 1968-69 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.

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 1,439 samples examined by the Laboratory during 1968-69, 350 failed to meet the required standards. In addition, 1,022 safety tests were performed, 29 were failed, and 8 were deferred for further testing. Administrative costs for 1968-69 were \$671,590 and \$116,483 was expended on plant and equipment.

Commonwealth grants to States

Grants for mental hospitals

Following a survey of the Mental health facilities and needs in Australia made in 1955, the Commonwealth made an offer of \$20 million to the States as part of a capital expenditure programme of \$60 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer. By 1963 more than three-quarters of the total grant under the *States Grants (Mental Institutions) Act* 1955 had been distributed and the Commonwealth Government announced in November 1963 its intention of continuing assistance to the States towards capital costs on a similar basis, but without overall limit, for a period of three years. In May 1964 the *States Grants (Mental Health Institutions) Act* 1964 was passed to implement that policy. This Act provided for the continuation of Commonwealth aid of \$1 for every \$2 of capital expenditure by the States 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 1964-65 to 1968-69.

EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH GOVERNMENT: STATES, 1964-65 TO 1968-69
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
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
1968-69	1,925	1,200	323	433	375	399	4,655

(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.

Paramedical Services

The *States Grants (Paramedical Services) Act 1969* provides for the Commonwealth to share on a \$1 for \$1 basis with participating States the cost of approved paramedical services, such as chiropody, occupational therapy, physiotherapy and speech therapy, provided wholly or mainly for aged persons in their homes. It is estimated that grants in 1969-70 will amount to \$190,000.

Commonwealth grants to organisations associated with public health

In addition to providing the services mentioned on pages 419-29, the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text. More detailed information on their operations and functions is given in Year Book No. 53, pages 570-3.

The Commonwealth National Fitness Council operates under the *National Fitness Act 1941-1969*. Its main function is to advise the Minister for Health concerning the promotion of national fitness. The Act also provides for the establishment of a trust account, known as the National Fitness Fund, to assist in financing the movement. During 1968-69 the Commonwealth's contribution to the Fund was \$368,000, of which \$68,000 was for assistance towards capital expenditure. Expenditure from the Fund during 1968-69 was \$351,069, distributed as follows: State National Fitness Councils, \$224,908; State Education Departments, \$34,000; State Universities \$24,800; Australian Recreation Leadership Course, \$4,000; capital expenditure on national fitness projects, \$51,038; grants to Australian Capital Territory organisation, \$5,800; and administration, \$6,523.

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 1968-69 the Commonwealth Government contributed \$350,000, of which \$170,000 was for capital expenditure, and \$180,000 towards operating costs. The Service made 3,161 flights during 1968-69, travelling 1,422,460 miles and transporting 3,399 patients. In the same period medical staff conducted a total of 75,704 consultations and dental treatment was given to 3,791 patients. The radio network of the Service handled 327,416 telegrams.

The Red Cross Blood Transfusion Service is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the service in the States are met by the State Governments paying 60 per cent; the Commonwealth, 30 per cent; and the Society, 10 per cent. In the Northern Territory and Australian Capital Territory the Commonwealth pays 90 per cent and the Society 10 per cent. Commonwealth expenditure for each State and Territory during 1968-69 was as follows: New South Wales, \$195,705; Victoria, \$193,348; Queensland, \$138,534; South Australia, \$115,042; Western Australia, \$74,985; Tasmania, \$25,364; Northern Territory, \$13,854; and the Australian Capital Territory, \$8,440, making a total of \$765,272 compared with \$655,565 for 1967-68.

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 1968-69 was \$120,000 for the Centres and \$14,800 for the Australian Pre-school Association.

The National Heart Foundation of Australia is a private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. Formed in 1960, as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000, the Foundation has its headquarters in Canberra. From its inception to the end of 1969 the Foundation has allocated more than \$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-second World Health Assembly held at Boston in July 1969, and at the Twentieth Western Pacific Regional Committee Meeting at Manila in September 1969. The Commonwealth contribution to WHO during 1968-69 was \$765,814, 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 1968-69 was \$134,771.

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 1968, see page 457 of Year Book No. 55. The following paragraphs refer briefly to recent administrative changes.

In *New South Wales*, the Health Education Section of the Department of Public Health was elevated to the status of a Division, and has commenced surveys to determine community needs and advise on programmes consistent with these needs. The Noxious Trades Act, 1902 has been amended to extend the provisions of the Act to the whole of the State. The amendment enabled the councils of the few remaining municipalities and shires not previously covered by the Act to take necessary measures to control noxious trades in their areas. It also brought about an increase in fees for the licensing of noxious trades. The Hospitals Commission has tentatively allocated all public hospitals in the State to regions in order to assist with the planning for complete regionalisation of hospital services. Provision has been made for three Sydney metropolitan regions, and so far the Newcastle and Hunter Valley Region, Riverina Region, the North Western Region, and the Metropolitan Western Region have been established.

In *Queensland*, the *Chiropodists Act of 1969* was brought into operation and a registration board of seven members constituted. Subject to this Act, a person is entitled to be registered as a chiropodist in Queensland if he applies to the Board, pays the prescribed fee for registration, and satisfies the Board that he is of good character and is suitably qualified.

In *Tasmania*, the *Alcohol and Drug Dependency Act 1968* was introduced to make provision for the treatment and control of persons suffering from alcohol and drug dependency. Its main aim is to detect alcohol and drug dependents in the early stages and provide for their early treatment and rehabilitation. The *Pesticides Act 1968* was introduced to make provision for contemporary requirements for the control, sale and use of pesticides. The *Fluoridation Act 1968* was introduced to make provision for the addition of fluoride to public water supplies.

In the *Australian Capital Territory*, the Ambulance Service was transferred from the Canberra Community Hospital to the A.C.T. Health Services Office in February 1968. The operation of Infant Welfare Centres was transferred from the Canberra Mothercraft Society to the A.C.T. Health Services Office in July 1969. The Canberra Abattoir was purchased by a private company from the Commonwealth Government in 1969; however, meat inspection and supervision of hygiene is maintained by officers of the A.C.T. Health Services Office.

Supervision and care of infant life

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

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

Under the provisions of the *Social Services Act 1947-1969* maternity allowances provide financial assistance towards the expenses associated with the birth of children. Information about maternity allowances is given in Chapter 13, Welfare Services.

Nursing activities

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

Infant welfare centres. The following table gives particulars of the activities of infant welfare centres for the year 1969. 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, 1969

	N.S.W.	Vic.	Qld(a)	S.A.(a)	W.A.	Tas.	N.T.(a)	A.C.T.	Aust.
Number of centres	443	715	301	284	139	111	27	33	2,053
Attendances at centres	1,096,082	1,537,963	470,313	270,522	265,314	147,636	25,098	58,022	3,870,950
Visits by nurses to homes	n.a.	157,753	1,861	34,846	28,662	77,569	8,933	7,030	n.a.
Visits by nurses to hospitals	n.a.	26,335	30,034	n.a.	18,825	n.a.	1,354	..	n.a.

(a) Year ended 30 June 1969

Mobile units are used to service centres in some States. In 1969, the numbers of units and centres served, included in the above table, were as follows: Victoria, 4 and 11; Queensland, 3 and 30; South Australia, 2 and 20; Western Australia, 3 and 63; and the Northern Territory, 1 and 6. The number of centres for Tasmania includes 13 areas visited by sisters in cars.

Since 1930, the number of attendances at the infant welfare centres has increased more than four-fold. The numbers of attendances at ten year intervals since 1930 were as follows: 1930, 919,893; 1940, 2,035,299; 1950, 3,049,375; 1960, 3,482,383; and 1969, 3,870,950.

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 1969 were: New South Wales, 16; Victoria, 58; Queensland, 5; South Australia, 33; Western Australia, 19; and Tasmania, 1. In Tasmania, all but one of the district nursing centres have been taken over by the nearest public hospital and are no longer distinct entities.

Medical and dental inspection of school children

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

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

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

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

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

SCHOOL HEALTH SERVICES: STATES AND TERRITORIES, 1969

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld(a)</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.(a)</i>	<i>A.C.T.</i>
School medical services—								
Staff (b)—								
Medical officers	78	43	4	12	7	12	3	3.
School nurses	88	47	29	10	16	30	6	3.
Medical examinations—								
Children examined	218,288	207,286	188,946	(c)94,123.	n.a.	(c)25,176	(d)2,444	(d)17,008.
Found with defects	33,521	n.a.	5,399	(c)15,410	11,278	6,013	(e)1,200	1,761
School dental services—								
Number of dental clinics—								
Stationary	8	3	..	6	5	27	..	26.
Mobile	(f)19	12	(g)4	6	6	23	3	1
Staff(b)—								
Dental officers	32	34	16	14	14	24	n.a.	16.
Dental assistants and nurses	39	39	..	12	11	47	n.a.	26.
Dental examinations—								
Children examined	71,653	31,887	(h)27,418	6,268	11,048	n.a.	12,370	12,695
Number treated	21,337	24,710	(h)8,916	5,000	2,800	42,994	n.a.	11,165.

(a) Year ended 30 June 1969. (b) Full-time and part-time. (c) Excludes some children tested for hearing and vision by school sisters. (d) Includes pre-school children. (e) Partly estimated. (f) There is also a dental team with the Royal Flying Doctor Service (based at Broken Hill). (g) In addition, portable dental equipment is possessed by 13 dental officers who function from departmental vehicles. (h) Only children who reside in more remote areas.

HOSPITALS AND OTHER STATISTICS

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

Public hospitals and nursing homes

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

A number of institutions classified by the Commonwealth Department of Health as 'public' hospitals or nursing homes are not included in the statistics of public hospitals and nursing homes: there were 102 such institutions at June 1968, with an approved bed capacity of 4,475.

Number, staff and accommodation

PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, JUNE 1968

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals and nursing homes	268	157	145	66	95	25	4	2	762
Medical staff—									
Salaried	1,363	1,482	862	346	205	170	39	20	4,487
Other(a)	5,090	2,239	204	565	408	157	..	171	8,834
Nursing staff(b)	19,362	14,089	6,729	4,549	4,656	1,898	313	640	52,236
Accommodation—									
Number of beds and cots	28,062	17,301	13,628	5,004	6,672	2,943	566	592	74,768

(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, 1967-68

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
In-patients at beginning of year—									
Males	9,505	n.a.	3,589	1,475	2,129	906	205	n.a.	n.a.
Females	11,793	n.a.	4,959	1,909	2,533	1,044	213	n.a.	n.a.
Persons	21,298	12,959	8,548	3,384	4,662	1,950	418	450	53,669
Admissions and re-admissions during year—									
Males	236,375	n.a.	114,888	53,625	59,895	17,876	6,175	n.a.	n.a.
Females	342,924	n.a.	144,195	65,826	71,623	24,411	6,915	n.a.	n.a.
Persons	579,299	337,863	259,083	119,451	131,518	42,287	13,090	18,071	1,500,662
Total in-patients (cases) treated—									
Males	245,880	n.a.	118,477	55,100	62,024	18,782	6,380	n.a.	n.a.
Females	354,717	n.a.	149,154	67,735	74,156	25,455	7,128	n.a.	n.a.
Persons	600,597	350,822	267,631	122,835	136,180	44,237	13,508	18,521	1,554,331
Discharges and deaths—									
Males	236,217	n.a.	114,678	53,545	59,820	17,865	6,153	n.a.	n.a.
Females	343,048	n.a.	144,200	65,754	71,560	24,267	6,912	n.a.	n.a.
Persons	579,265	337,573	258,878	119,299	131,380	42,132	13,065	18,042	1,499,634
In-patients at end of Year—									
Males	9,663	n.a.	3,799	1,555	2,204	917	227	n.a.	n.a.
Females	11,669	n.a.	4,954	1,981	2,596	1,188	216	n.a.	n.a.
Persons	21,332	13,249	8,753	3,536	4,800	2,105	443	479	54,697
Average daily number resident	20,929	13,014	8,561	3,435	4,648	2,004	398	478	53,467

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1967-68 there were approximately 1,823,000 out-patients treated in New South Wales, 837,000 in Victoria, 971,000 in Queensland, 161,000 in South Australia, 280,000 in Western Australia, 119,000 in Tasmania, 146,000 in the Northern Territory (includes two clinics), and 29,000 in the Australian Capital Territory, making an estimated total for Australia of 4,365,000. The figures quoted refer to cases, as distinct from persons and attendances.

Revenue and expenditure

Details of revenue and expenditure for the year 1967-68 are shown in the next table. 'Government aid' includes municipal aid which was shown as a separate revenue item for some States in previous Year Books. Commonwealth pharmaceutical benefits and tuberculosis allowances paid direct to the institutions have also been included as 'government aid'.

Commonwealth hospital and nursing home benefits paid direct to public hospitals and nursing homes (in either full or part payment of fees incurred by pensioners and other uninsured patients) are treated on the same basis as Commonwealth benefits used to reimburse insured patients, and included in the amounts shown for 'fees'. Details of Commonwealth expenditure on each of the different categories of hospital benefits are shown on pages 424-5.

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

PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE
STATES AND TERRITORIES, 1967-68
(\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Revenue—									
Government aid	91,254	59,924	(a)35,579	18,679	28,103	11,714	3,407	3,166	251,826
Public subscriptions, legacies, etc.	177	(b)7,779	209	767	108	..	..	..	9,041
Fees	60,916	39,850	11,397	10,377	13,383	3,464	469	1,445	141,302
Other	1,779	2,188	4,654	1,215	1,072	37	..	69	11,015
Total revenue	154,126	109,740	51,840	31,039	42,667	15,215	3,876	4,680	413,183
Expenditure—									
Salaries and wages	94,615	64,841	28,659	17,661	21,404	8,594	2,246	2,832	240,851
Upkeep and repair of buildings and grounds	4,353	2,197	1,579	1,167	3,937	257	330	259	14,078
All other maintenance	40,403	24,258	16,671	8,890	11,544	3,580	1,142	1,127	107,615
Total maintenance	139,370	91,296	46,909	27,717	36,884	12,431	3,718	4,218	362,544
Capital	14,877	16,936	5,177	3,403	5,568	2,876	158	330	49,325
Total expenditure	154,247	108,232	52,086	31,121	42,452	15,307	3,876	4,548	411,869

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

Summary for Australia

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

PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA, 1963-64 TO 1967-68

	1963-64	1964-65	1965-66	1966-67	1967-68
Hospitals and nursing homes	756	761	766	765	762
Medical staff—					
Salaried	3,428	3,674	3,967	4,125	4,487
Other(a)	7,980	8,389	8,824	8,728	8,834
Nursing staff(b)	43,762	45,244	47,656	49,640	52,236
Beds and cots	69,230	70,043	71,226	73,748	74,768
Admissions	1,325,934	1,364,077	1,395,519	1,439,959	1,500,662
Total in-patient (cases) treated	1,374,471	1,416,388	1,447,900	1,494,709	1,554,331
Average daily number resident	49,047	49,732	50,161	52,331	53,467
Out-patients (cases)(c)	3,342,000	3,579,000	3,820,000	3,993,000	4,365,000
Revenue	\$'000 282,021	310,687	341,741	376,343	413,183
Expenditure	\$'000 284,791	309,434	341,007	377,457	411,869

(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.

Private hospitals and nursing homes

The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of Commonwealth hospital benefits under the *National Health Act* 1953-1969. 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, 1964 TO 1968

State	30 June—				
	1964	1965	1966	1967	1968
NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES					
New South Wales	527	531	527	535	541
Victoria	288	306	309	313	310
Queensland	136	146	149	152	155
South Australia(a)	162	176	177	184	185
Western Australia	85	91	95	96	102
Tasmania	41	42	45	42	43
Australia	1,239	1,292	1,302	1,322	1,336
NUMBER OF BEDS FOR PATIENTS					
New South Wales	12,647	13,626	14,503	15,825	17,016
Victoria	6,371	6,797	7,117	7,295	7,267
Queensland	3,818	4,362	4,416	4,630	4,908
South Australia(a)	3,837	4,081	4,166	4,361	4,542
Western Australia	2,627	2,846	2,898	3,029	3,333
Tasmania	925	982	1,033	1,038	1,084
Australia	30,225	32,694	34,133	36,178	38,150

(a) Includes one institution in the Northern Territory.

There were no institutions of this nature in the Australian Capital Territory in 1968.

Repatriation hospitals

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

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

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

Hansenide hospitals

There are four isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's disease (leprosy). The numbers of isolation patients at these hospitals at 31 December 1969 were: Little Bay (New South Wales), 9; Fantome Island (North Queensland), 13; Derby (Western Australia), 151; and East Arm Settlement (Northern Territory), 9. In addition, there were 83 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. With the exception of the Institute of Tropical Medicine at Little Bay, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the number of isolation patients resident at 31 December 1969, were: Fairfield (Victoria), 3; Princess Alexandra Hospital (Queensland), 4.

Mental health institutions

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

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

In-patient institutions

The following table shows the number of major in-patient institutions in each State in 1968, 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 hospitals (several other institutions provide in-patient care for voluntary patients only, but are excluded from the scope of the statistics); *Victoria*—the four psychiatric hospitals, ten mental hospitals, 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 three approved mental hospitals; and *Tasmania*—the Lachlan Park-Royal Derwent hospital complex.

**MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF
STATES AT 30 JUNE 1968**

	<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	3	1
Beds and cots for patients	11,480	(b)9,249	3,890	2,230	1,406	1,030
Staff—Medical	(c)231	(a)150	(d)31	27	17	10
Nursing	(e)3,523	(a)(e)3,016	(d)1,232	701	497	331

(a) At 31 December 1968. (b) The number of beds and cots occupied on 31 October 1968. (c) Includes visiting specialists who are paid for their services. (d) Full-time staff only. (e) Includes attendants.

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

Patients

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

IN-PATIENTS UNDER THE CARE OF STATE MENTAL HEALTH SERVICES, 1967-68

	<i>N.S.W.</i>	<i>Vic.(a)(b)</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>
In-patients at beginning of year—						
Males	6,463	5,453	2,387	1,361	1,277	460
Females	5,542	5,044	1,523	1,136	901	461
Persons	12,005	10,497	3,910	2,497	2,178	921
Admissions and re-admissions during year—						
Males	8,274	6,016	929	1,351	1,473	637
Females	8,039	6,336	612	1,382	1,183	569
Persons	16,313	12,352	1,541	2,733	2,656	1,206
Total in-patients (cases) treated—						
Males	14,737	11,469	3,316	2,712	2,750	1,097
Females	13,581	11,380	2,135	2,518	2,084	1,030
Persons	28,318	22,849	5,451	5,230	4,834	2,127
Discharges, including deaths—						
Males	8,410	6,123	1,057	1,400	1,527	661
Females	8,350	6,400	658	1,365	1,216	552
Persons	16,760	12,523	1,715	2,765	2,743	1,213
In-patients at end of year—						
Males	6,327	5,346	2,259	1,312	1,223	436
Females	5,231	4,980	1,477	1,153	868	478
Persons	11,558	10,326	3,736	2,465	2,091	914

(a) Year ended 31 December 1968. (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 1967-68. 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 page 429.

MENTAL HEALTH: EXPENDITURE, STATES, 1967-68 (\$'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
Maintenance	25,351	22,029	6,785	5,067	3,177	2,167
Capital	6,256	4,144	587	190	445	1,075

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, 1969. The following table shows, by State and Territory, the number of cases notified in 1969 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, 1969

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax	1	..	..	..	..	..	..	..	1
Brucellosis	17	113	3	..	2	1	..	..	136
Cholera . . . . .	..	1	..	..	..	..	3	..	4
Diphtheria	5	23	..	1	..	1	1	..	31
Gonorrhoea	4,010	1,606	1,875	703	817	96	488	53	9,648
Infectious hepatitis(b)	2,820	2,364	886	615	146	493	74	52	7,450
Leprosy . . . . .	..	..	1	1	39	..	17	3	61
Leptospirosis	10	5	50	..	..	3	1	..	69
Paratyphoid fever	2	3	7	..	..	1	..	..	13
Poliomyelitis . . . . .	..	1	..	..	..	..	..	..	1
Syphilis	453	144	212	38	209	3	13	..	1,072
Tetanus	5	5	8	..	1	..	..	..	19
Tuberculosis(c)	670	497	296	134	124	50	38	14	1,823
Typhoid	9	10	5	3	3	..	4	..	34
Typhus (all forms)	1	1	1	..	..	..	..	..	3

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

(b) Includes hepatitis serum (homologous).

New infectious hepatitis cases notified. The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1965 to 1969.

**INFECTIOUS HEPATITIS: CASES NOTIFIED
STATES AND TERRITORIES, 1965 TO 1969**

<i>State or Territory</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
New South Wales	3,325	4,188	4,032	2,526	2,820
Victoria	1,987	2,137	2,991	2,362	2,364
Queensland(a)	556	843	1,973	1,819	886
South Australia	414	978	1,299	558	615
Western Australia	83	28	190	147	146
Tasmania	197	200	425	589	493
Northern Territory	128	78	158	66	74
Australian Capital Territory	51	125	248	56	52
Australia	6,741	8,577	11,316	8,123	7,450

(a) Includes hepatitis, serum (homologous).

New tuberculosis cases notified. The following table gives particulars of the number of new cases of tuberculosis notified in Australia for 1969.

TUBERCULOSIS: NEW CASES NOTIFIED(a), STATES AND TERRITORIES, 1969

<i>State or Territory</i>	<i>Age group (years)</i>					<i>Total</i>
	<i>0-14</i>	<i>15-34</i>	<i>35-54</i>	<i>55 and over</i>	<i>Not stated</i>	
New South Wales	33	115	253	265	4	670
Victoria	50	83	170	194	..	497
Queensland	2	46	131	117	..	296
South Australia	6	23	46	59	..	134
Western Australia	13	31	37	43	..	124
Tasmania	2	12	20	16	..	50
Northern Territory	4	15	13	6	..	38
Australian Capital Territory	1	2	7	4	..	14
Australia	111	327	677	704	4	1,823

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

New cases of poliomyelitis notified. The number of new cases of poliomyelitis notified, and confirmed by the Poliomyelitis Sub-committee of the National Health and Medical Research Council, is shown for each State and Territory for each year from 1965 to 1969 in the following table.

POLIOMYELITIS: NEW CASES NOTIFIED, STATES AND TERRITORIES, 1965 TO 1969

<i>Year</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Aust.</i>
1965	3	..	..	..	..	1	..	..	4
1966	1	..	..	..	..	..	1
1967	1	..	..	..	..	..	..	1
1968	1	1	..	..	1	..	..	3
1969	1	..	..	..	..	..	..	1

Chronic illnesses, injuries, and impairments

As part of the quarterly population survey (*see* Chapter 23, Employment and Unemployment) a survey was conducted in May 1968, in all States except Victoria, in order to obtain estimates of the incidence of chronic illnesses, injuries and impairments in the population, the nature of these conditions and their cause (e.g. whether they were congenital or due to war, accident, etc.). In addition, the survey obtained information on the effect of these conditions on the activities of those who suffered from them.

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

Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1969 there were twenty-six crematoria in Australia, situated as follows: New South Wales, 10; Victoria, 4; Queensland, 5; South Australia, 2; Western Australia, 2; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The following table shows the number of cremations and total deaths in each State and Territory for each of the years 1965 to 1969.

CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES(a), 1965 TO 1969

State or Territory	1965		1966		1967		1968		1969	
	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths
New South Wales	16,651	38,949	17,733	40,546	17,486	39,613	18,749	41,803	18,564	40,655
Victoria	9,857	28,031	10,362	28,673	10,173	28,373	10,939	29,967	10,617	28,976
Queensland	4,905	14,114	5,097	14,861	5,156	14,736	5,686	16,078	5,733	15,786
South Australia	1,638	8,788	1,957	9,323	2,076	9,071	2,476	9,916	2,464	9,337
Western Australia	2,010	6,274	2,308	6,772	2,448	6,779	2,548	7,470	2,590	7,350
Tasmania	912	3,043	947	3,159	1,019	3,228	1,049	3,284	1,066	3,309
Northern Territory . . . . .	..	161	..	154	..	527	..	543	..	485
Australian Capital Territory . . . . .	..	355	(b)81	441	180	376	235	488	309	588
Australia	35,973	99,715	38,485	103,929	38,538	102,703	41,682	109,549	41,343	106,496

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