

## CHAPTER 14

### PUBLIC HEALTH

This chapter is concerned with activities of the Commonwealth Department of Health including quarantine, national health benefits programs and Federal grants for health purposes; activities of the State Health Departments; statistics of hansenide hospitals and mental health institutions; statistics of notifiable diseases; and cremations. Statistics relating to causes of death are presented in Chapter 8, Vital Statistics.

Further information about the administration of public health services is contained in the annual reports of the Director-General of Health; the annual reports of the State health authorities; and in the Year Books and annual bulletins published by the State offices of the Australian Bureau of Statistics.

### NATIONAL HEALTH SERVICES

Prior to an amendment to the Constitution in 1946 the only health function of the Commonwealth Department of Health was in relation to quarantine. Consequent upon this amendment the Commonwealth Government was given powers to make laws in respect to pharmaceutical, hospital and sickness benefits and medical and dental services. The Commonwealth Government also has used its powers under section 96 of the Constitution to make grants to the States for health purposes. In addition the Commonwealth Government gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth Government health organisations have been established; detailed information on the functions and operations of these organisations is given in this and previous Year Books and in the annual reports of the Commonwealth Director-General of Health.

### Quarantine

The *Quarantine Act* 1908 is administered by the Commonwealth Department of Health and has three sections of disease control, as follows: (i) human quarantine; (ii) animal quarantine; and (iii) plant quarantine.

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

#### Human quarantine

With a few exceptions, which concern persons who have spent at least 14 days in areas adjacent to Australia (e.g. New Zealand, Papua New Guinea and Fiji) all passengers and crews arriving in Australia from overseas, whether by air, or sea are subject to medical inspection for the purpose of preventing the introduction of disease into Australia. At the major ports full-time quarantine officers carry out the work, but in the minor ports local doctors act as part-time quarantine officers. Quarantine activities are controlled by the Directors of Health in each State who are senior medical officers of the Commonwealth Department of Health.

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

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

*Smallpox.* From travellers over the age of 12 months who, within the last 14 days have been in a country any part of which is infected with smallpox.

*Cholera.* No certificate is required.

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

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

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

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports are shown in the following tables.

**HUMAN QUARANTINE: CASES OF INFECTIOUS  
(NON-QUARANTINABLE) DISEASES ON OVERSEAS  
VESSELS AND AIRCRAFT CALLING AT  
AUSTRALIAN PORTS 1974-75**

<i>Disease</i>	<i>Total number of cases of infectious disease</i>
Chicken pox . . . . .	37
Dysentery . . . . .	8
Gastro-enteritis . . . . .	3
Herpes . . . . .	7
Infectious dermatitis . . . . .	2
Infectious hepatitis . . . . .	11
Influenza . . . . .	7
Leprosy . . . . .	3
Measles . . . . .	9
Meningitis . . . . .	1
Mumps . . . . .	7
Rubella . . . . .	7
Salmonella infection . . . . .	3
Veneral disease . . . . .	147
<b>Total . . . . .</b>	<b>252</b>

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

Year	Number of Overseas vessels and aircraft cleared		Number of cases of infectious disease
	Ships	Aircraft	
1970-71	6,233	8,127	562
1971-72	5,872	7,895	477
1972-73	5,975	11,879	511
1973-74	6,318	9,023	408
1974-75	6,515	12,757	252

The provisions of the State Health Acts with regard to the compulsory notification of infectious diseases and statistics of cases notified in the years 1971 to 1975 are dealt with on pages 466-7 of this chapter.

#### Animal quarantine

Animal quarantine, authorised by the provisions of the *Quarantine Act* 1908, 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 and cats, are admitted from a limited number of countries outside Australasia. Cattle, sheep, goats and pigs may be imported only from New Zealand. All must be accompanied by health certificates which may include prescribed tests. Dogs and cats, except those from New Zealand, are subject to quarantine detention on arrival in Australia. Zoological specimens are imported into registered zoos, where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In similar manner, animals for scientific purposes are imported to approved laboratories. Bovine semen may be imported only from the United Kingdom, Ireland, Canada and New Zealand. Raw animal products such as hair, wool, skins and hides are specially treated under quarantine control. Such items as raw meat, 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 Branch was created in 1926. The central administration is situated within the Department of Health in Canberra, with an Assistant Director-General and veterinary officers. The Principal Veterinary Officer of the Department of Agriculture in each State is appointed Chief Quarantine Officer (Animals) of that State, and members of his staff Quarantine Officers (Animals). These State officers carry out the quarantine policy formulated by the central administration. Quarantine accommodation is provided in permanent animal quarantine stations at each State capital.

Information regarding animal diseases and parasites in Australia is 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 Bureau of Customs.

The Branch 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 closely allied. Similarly the interests of animal and plant divisions overlap, many items such as insects, fodder and straw being the subject of combined control.

#### Plant quarantine

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

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

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

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

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

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

Facilities for quarantine treatments and inspections including the propagation of plants and seeds are available in each State, the Northern Territory and in the Australian Capital Territory where a plant quarantine research station has been established to undertake research into plant quarantine techniques and special treatments not usually investigated by established research groups within Australia or overseas. The Plant Quarantine Research Station in Canberra is equipped to undertake studies in the disciplines of plant pathology, entomology, nematology and virology as well as providing assessment and development of quarantine equipment and treatments.

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

## Personal health services and subsidies

### National Health Benefits

*The Medibank Program*, a scheme of national health insurance, commenced on 1 July 1975. Policies relating to Medibank and other aspects of the Government's health benefits schemes are the responsibility of the Commonwealth Department of Health.

The hospital side of the Program has been based on agreements between the Commonwealth and the State Governments. The Commonwealth Government agreed to share equally with the States the net operating costs of recognised (i.e. public) hospitals covered by the agreements. The agreements commenced on the following dates—South Australia and Tasmania, 1 July 1975; Victoria and Western Australia, 1 August 1975; Queensland, 1 September 1975; and New South Wales, 1 October 1975. Half the net operating costs of recognised (public) hospitals in the Australian Capital Territory and the Northern Territory have been met under the Medibank Program since 1 July 1975.

The Commonwealth Government received legal advice during May 1976 that the hospital agreements were invalid. Consequently the *States Grants (Hospital Operating Costs) Act 1976* was passed to enable the Commonwealth to continue to contribute to the net operating costs of recognised (public) hospitals. The Act was an interim measure to enable new arrangements to be made.

On admission to a recognised (public) hospital, patients are able to choose to be accommodated as either *hospital patients* or *private patients*. Hospital patients receive all necessary hospital services, including medical treatment, free of charge. Private rooms are provided for hospital patients on the basis of medical necessity.

Private patients are required to pay for their hospital accommodation, the rates being \$20 and \$30 per day for multi-bed wards and single bed rooms respectively. They are treated by the medical practitioner of their choice. Private insurance coverage is available from registered hospital benefits organisations to cover these fees. Private doctors' fees have attracted Medibank medical benefits.

Patients in private hospitals also have their accommodation subsidised under Medibank. This subsidy is at the rate of \$16.00 per day and is paid to the hospitals which then deduct an equivalent amount from the patients' accounts.

Australian residents who are hospitalised whilst temporarily absent overseas are eligible for a Medibank hospital benefit of \$16 per day. Contributors to hospital benefits organisations will also receive benefits from those organisations subject to the combined benefits not exceeding the fees charged.

The Special Account Arrangements of hospital benefits continued to operate following the introduction of Medibank (hospital). They are designed to ensure that fund benefits are paid to contributors to registered health benefits organisations who would otherwise be denied hospital benefits under the organisations' rules relating to chronic illnesses. Under these arrangements, an organisation transfers a contributor to the Special Account if, in accordance with its rules, fund benefits are not payable. Fund benefits (within specified limitations) for which the contributor is eligible are then paid and debited to the Special Account. The Contributor's contributions are credited to the Special Account, and the Government reimburses the organisation to the extent of the amount of the deficit of the Account.

Medical benefits through Medibank are paid in respect of services rendered by medical practitioners, optometrical consultations by participating optometrists and certain services rendered in operating theatres of hospitals by approved dentists. The benefits are based on a schedule of fees which lists a separate fee for each item of service in each State. Medibank medical benefits for any service is 85 per cent of the schedule fee for that service in the State in which it was rendered with a maximum gap of \$5 between the schedule fee and the benefit for that service to be met by the patient.

Persons receiving medical services from a specialist receive benefits to cover the higher cost involved, provided that they are referred to the specialist by another medical practitioner, by a dentist for a service arising from a dental service, or by an optician or optometrist when referred direct to an ophthalmologist.

Under Medibank, eligible pensioners, i.e. former Pensioner Medical Service pensioners, are eligible for the same benefits as all other persons in the community. In addition, provision exists for the making of arrangements whereby they will receive benefits without direct cost. Every doctor providing medical services in Australia has been invited to enter into an undertaking that he will ask eligible pensioners and their dependants whether they wish to assign medical benefits to the doctor in the way described above. Where the doctor and the pensioner agree to the assignment of benefits, the benefits will be paid direct to the doctor by Medibank and be accepted by him in full payment of the medical expenses incurred by the pensioner.

Funding of the Medibank scheme has recently been altered. From 1 October 1976, free Medibank medical and hospital cover applies only to persons below a certain income level. Persons above that level must contribute through an optional taxation levy, membership of a private health fund or a direct contribution to Medibank.

#### **Nursing Home Benefits**

Benefits available in respect of qualified nursing home patients are:

- (i) *Ordinary Care Benefit*, currently payable at the rate of \$3.50 a day, is paid for all qualified nursing home patients in premises which have been approved as nursing homes under the National Health Act.
- (ii) *Supplementary Benefit*, introduced on 1 January 1969 to provide for the payment of \$3.00 a day for patients who require and receive intensive nursing home care as defined in the National Health Act. This benefit is payable in addition to the ordinary care benefit making a total of \$6.50 a day for approved patients. Both the ordinary care benefit and the supplementary benefit are paid by the Commonwealth Government direct to nursing home proprietors who are required to deduct such amounts from the accounts issued to patients.

(iii) *Additional Benefit for Pensioner Patients*, introduced on 1 January 1973 in respect of patients who hold Pensioners Health Benefits cards, is payable direct to nursing home proprietors in the same manner as the basic nursing home benefits referred to above. Eligible pensioners are not required to take out health insurance coverage to receive this benefit which is payable in addition to the preceding benefits. The rates of benefit payable differ from State to State and are set out below.

(iv) *Insurance Benefit for Non-pensioner Patients*. Patients who are not qualified pensioners for the purpose of receiving the additional pensioner benefit can receive the same rate of additional benefit if insured with a registered hospital benefits organisation. This benefit is paid by the registered hospital benefit organisation direct to the nursing home.

The additional benefits (iii) and (iv) above are based on a minimum patient contribution (currently \$5.90 a day) as provided for in the National Health Act.

The maximum level of additional nursing home benefits payable in each State is: New South Wales \$39.90 per week (\$5.70 daily); Victoria \$64.05 (\$9.15); Queensland \$43.05 (\$6.15); South Australia \$64.05 (\$9.15); Western Australia \$38.85 (\$5.55) and Tasmania \$54.25 (\$7.75).

Where the fees charged by a nursing home are in excess of the combined total of basic Government benefit (either \$3.50 or \$6.50 a day) plus the patient contribution (\$5.90 a day) plus additional benefit (to maximum shown above), the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the additional benefit (whether fund benefit or Government benefit for pensioners) is reduced by that amount.

*Deficit Financing of Religious and Charitable Nursing Homes* as an alternative to the provision of patient benefits under the National Health Act (as outlined above) the *Nursing Homes Assistance Act* 1974 provides for an arrangement whereby the Commonwealth Government may meet the net operating deficits of religious and charitable nursing homes.

All organisations wishing to participate in the deficit financing arrangements must enter into a formal agreement with the Commonwealth Government for that purpose.

Nursing home patient benefits as provided under the National Health Act are not payable to a nursing home during any period in respect of which that nursing home participates under the deficit financing arrangements.

Nursing homes participating under the deficit financing arrangements are required to charge a minimum patient fee currently at the rate of \$41.25 a week. However, provision does exist for this 'prescribed fee' to be waived in certain circumstances.

*Domiciliary Nursing Care Benefits*. A domiciliary nursing care benefit became effective from 1 March 1973. In general terms it is payable, at the rate of \$14 a week (\$2 daily), to persons who are willing and able to care, in their own homes, for aged parents or immediate relatives who would otherwise qualify for nursing home benefits. The basic criteria for the payment of the benefit are that the patient must be aged 65 years or over and be in need of continuing nursing care and receive regular visits by a registered nurse. This benefit is not subject to a means test and is payable, under the National Health Act, in addition to any entitlements that persons may have under the Social Services Act or the Repatriation Act for pensions or other supplementary allowances.

**HOSPITAL, NURSING HOME AND DOMICILIARY NURSING CARE BENEFITS  
AND PAYMENTS, UNDER THE NATIONAL HEALTH ACT AND  
NURSING HOMES ASSISTANCE ACT, 1974-75  
(\$'000)**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	336	166	71	39	68	15	17	13	725
Insured patients (\$2.00) (a)	10,836	7,040	2,297	2,800	2,259	719	(b)	(b)	25,952
Hospitalisation free of charge (\$2.00)	118	133	2,412	15	1	10	144	1	2,833
Pensioner patients (\$5.00)	10,234	5,411	3,845	1,879	2,276	1,193	79	270	25,187
Nursing home patients (\$3.50)	27,980	10,724	8,853	4,974	5,993	1,870	(c)	232	60,627
Intensive care nursing home patients (\$3.00)	8,190	6,516	4,413	2,554	2,801	640	(c)	63	25,177
Pensioner nursing home patients (d)	25,318	16,725	7,620	7,170	5,009	2,135	(c)	189	64,167
Nursing home deficit financing payments (e)	3,278	2,667	756	2,038	857	508	(c)	(d)	10,103
Domiciliary nursing care (\$2.00)	2,223	1,667	1,315	770	762	375	(c)	(d)	7,112
<b>Total</b>	<b>88,513</b>	<b>51,048</b>	<b>31,583</b>	<b>22,239</b>	<b>20,025</b>	<b>7,464</b>	<b>241</b>	<b>769</b>	<b>221,882</b>

(a) Excludes payments of \$70,202,000 towards Special Accounts deficits, \$1,141,000 towards Subsidised Health Benefits Plan management expenses and \$17,344,000 towards Subsidised Health Benefits hospital and nursing home fund benefit reimbursements. (b) Insured patients are shown by State of registration of organisations. No organisations are registered in the A.C.T. or N.T. and insured patients in the two territories are covered by organisations registered in the States. (c) Included in South Australia. (d) Included in New South Wales. (e) Deficit financing arrangements under the Nursing Homes Assistance Act commenced on 1 January 1975.

## Federal Authorities Expenditure

### Pharmaceutical benefits

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

Since the introduction of the Medibank scheme patients in recognised hospitals are supplied with drugs and medicinal preparations under that scheme.

Patients, other than eligible pensioners and their dependants now pay a contribution of \$2.00 for each benefit prescribed. Total cost of prescriptions for eligible pensioners and their dependants is met in full by the Commonwealth Government.

Patient contribution for the general public since the commencement of the current pharmaceutical benefits scheme was: 50 cents, from March 1960; \$1.00 from 1 November 1971; \$1.50 from 1 September 1975 and \$2.00 from 1 March 1976. Between 1 November 1971 until 29 February 1976, beneficiaries under the subsidised Health Benefit Plan obtained pharmaceutical benefits on payment of half the normal patient contribution.

The following table sets out the number of prescriptions and expenditure on the more frequently prescribed therapeutic preparations under the Pharmaceutical Benefits Scheme for 1973-74 and 1974-75. The expenditure includes patient contributions (\$59.0m in 1973-74 and \$66.8m in 1974-75) and prescriptions issued free to pensioners (\$66.8m and \$80.6m). Benefits dispensed by hospitals and through miscellaneous services are not included. These amounted to \$43.4m and \$50.4m.

### Summary of cash benefits to persons

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

Most Commonwealth Government health benefits are financed through the National Welfare Fund and the Health Insurance Commission. The following two tables show cash benefits to persons by Federal Authorities for recent years.

**FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS 1975-76**  
((\$'000))

	N.S.W. (a)	Vic.	Qld	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Abroad	Total
<b>Hospital and clinical services—</b>										
Hospital benefits for pensioners	3,786	1,325	1,059	194	606	193	..	33	..	7,196
Medibank—Private hospital daily bed payments	13,738	17,395	9,234	7,724	5,175	1,826	..	171	..	55,263
Hospital benefits, n.e.c.	46,531	28,301	10,403	9,188	6,257	2,478	..	7	..	103,165
Nursing home benefits	76,259	44,101	28,337	21,462	18,773	6,621	..	..	..	195,553
Tuberculosis campaign allowances	366	191	160	58	77	46	..	..	..	898
Rehabilitation of ex-servicemen	51	85	39	15	17	9	..	6	..	223
<b>Total</b>	<b>140,731</b>	<b>91,398</b>	<b>49,232</b>	<b>38,641</b>	<b>30,906</b>	<b>11,172</b>	<b>..</b>	<b>217</b>	<b>..</b>	<b>362,298</b>
<b>Other health services—</b>										
Medical benefits for pensioners	1,944	1,472	822	539	372	175	..	19	..	5,344
Medibank—Medical benefits	263,950	162,119	75,859	57,450	42,067	14,622	..	13,403	..	629,471
Domiciliary care	2,322	1,811	1,412	852	847	452	..	..	..	7,697
Medical benefits, n.e.c.	33,936	24,243	8,245	6,942	5,737	1,641	..	..	..	80,744
Pharmaceutical benefits for pensioners	45,488	25,524	16,270	9,884	7,104	3,064	..	..	..	107,334
Pharmaceutical benefits, n.e.c.	62,415	40,475	20,369	13,106	9,999	3,788	..	26,357	..	176,509
Milk for school children	..	..	..	..	..	..	..	8	..	8
<b>Total</b>	<b>410,054</b>	<b>255,644</b>	<b>122,977</b>	<b>88,774</b>	<b>66,127</b>	<b>23,742</b>	<b>..</b>	<b>39,788</b>	<b>..</b>	<b>1,007,107</b>
<b>Total health</b>	<b>550,785</b>	<b>347,043</b>	<b>172,209</b>	<b>127,415</b>	<b>97,032</b>	<b>34,915</b>	<b>..</b>	<b>40,005</b>	<b>..</b>	<b>1,369,405</b>

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

**FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS**  
(S'000)

	1971-72	1972-73	1973-74	1974-75	1975-76
<b>Hospital and clinical services—</b>					
Hospital benefits for pensioners . . . . .	24,065	23,768	24,295	25,187	7,196
Medibank—Private hospital daily bed payments . . . . .	..	..	..	..	55,263
Hospital benefits, n.e.c. . . . .	67,305	82,270	89,488	116,150	103,165
Nursing home benefits . . . . .	70,593	92,836	112,740	161,593	195,553
Tuberculosis campaign—allowances . . . . .	630	780	740	754	898
Rehabilitation of ex-servicemen . . . . .	..	134	150	201	223
Other . . . . .	..	..	1	..	..
<b>Total . . . . .</b>	<b>162,593</b>	<b>199,788</b>	<b>227,414</b>	<b>303,885</b>	<b>362,298</b>
<b>Other health services—</b>					
Medical benefits for pensioners . . . . .	27,804	30,822	35,417	47,800	5,344
Medibank—Medical benefits . . . . .	..	..	..	..	629,471
Medical benefits, n.e.c. . . . .	132,574	160,238	163,449	195,818	80,744
Pharmaceutical benefits for pensioners . . . . .	52,005	58,139	66,803	80,699	107,334
Pharmaceutical benefits, n.e.c. . . . .	121,263	119,493	151,493	181,643	176,509
Milk for school children . . . . .	11,894	11,781	8,118	58	8
Domiciliary care . . . . .	..	1,022	6,309	7,112	7,697
<b>Total . . . . .</b>	<b>345,540</b>	<b>381,495</b>	<b>431,589</b>	<b>513,130</b>	<b>1,007,107</b>
<b>Total health . . . . .</b>	<b>508,133</b>	<b>581,283</b>	<b>659,003</b>	<b>817,015</b>	<b>1,369,405</b>

**PRESCRIPTIONS DISPENSED UNDER THE PHARMACEUTICAL BENEFITS SCHEME(a)**  
1974 AND 1975

Drug group	Year ended 30 June			
	1974		1975	
	Prescriptions	Expenditure	Prescriptions	Expenditure
	000's	\$'000	000's	\$'000
Analgesics . . . . .	7,777	19,814	9,392	23,550
Anovulants . . . . .	5,244	11,790	5,823	14,260
Antacids . . . . .	2,467	4,297	2,516	4,742
Anti-cholinergics . . . . .	1,271	4,602	1,345	4,767
Anti-convulsants . . . . .	462	2,079	480	2,280
Anti-depressants . . . . .	3,309	7,770	3,431	8,283
Anti-diabetics . . . . .	737	4,152	770	4,971
Anti-histamines . . . . .	4,391	9,280	4,750	10,547
Blood vessels-Drugs acting on . . . . .	3,909	17,094	3,929	18,387
Broad spectrum antibiotics . . . . .	6,492	20,560	6,771	22,528
Bronchial spasm preparations . . . . .	3,221	12,889	4,079	16,604
Corticosteroids . . . . .	781	2,304	786	2,421
Diuretics . . . . .	4,744	16,820	5,344	19,183
Expectorants and cough suppressants . . . . .	868	922	1,413	1,691
Eye drops . . . . .	1,475	2,823	1,615	3,365
Gastro-intestinal sedatives . . . . .	757	1,788	1,047	2,806
Genito-urinary infections-Drugs acting on . . . . .	1,552	4,978	1,637	5,311
Heart-Drugs acting on . . . . .	1,861	7,288	2,372	10,666
Iron preparations . . . . .	1,415	1,968	1,439	2,166
Parkinsons-Drugs used for . . . . .	383	1,931	392	2,079
Penicillins . . . . .	5,928	17,809	6,752	20,688
Sedatives and hypnotics . . . . .	4,535	5,764	4,617	6,408
Sera vaccines . . . . .	968	1,504	928	1,598
Sulphonamides . . . . .	1,663	4,816	2,156	6,735
Tranquillisers . . . . .	5,915	13,291	6,183	14,505
Water and electrolyte replacement . . . . .	2,133	4,705	2,377	5,814
Other drug groups . . . . .	13,030	28,194	15,331	35,568
<b>Total . . . . .</b>	<b>87,288</b>	<b>231,230</b>	<b>97,674</b>	<b>271,921</b>

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



**Anti-tuberculosis campaign**

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

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950 and the current rates payable with effect from 13 May 1976 are shown in the following table.

**RATES OF TUBERCULOSIS ALLOWANCE: AUSTRALIA, 1976**  
( $\$$ )

<i>Classification</i>	<i>Weekly allowance</i>
Sufferer with dependent spouse . . . . .	36.00
Dependent spouse of sufferer . . . . .	36.00
Sufferer without spouse but with a dependent child . . . . .	45.25
Sufferer without dependants . . . . .	(a)44.50

(a) Reduced to \$41.25 where treatment is received free of charge in an institution.

In addition to these rates there may be payable a mother's or guardian's allowance of up to \$6.00 a week or supplementary assistance of up to \$5.00 a week. An allowance of \$7.50 a week is payable in respect of each dependent child of a sufferer.

There is a means test on income but not on property. The allowance is reduced by half the amount by which a person's income from sources other than his allowance exceeds, in the case of a married person with a dependent spouse \$34.50, and without a dependent spouse or other dependant, \$20 a week.

*Commonwealth Government expenditure.* Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables.

**COMMONWEALTH GOVERNMENT EXPENDITURE ON ANTI-TUBERCULOSIS  
CAMPAIGN 1974-75**  
( $\$$ '000)

<i>State or Territory</i>	<i>Commonwealth Government reimbursements to States and payments in Territories</i>		<i>Cash benefits to persons(b)</i>	<i>Total</i>
	<i>Capital</i>	<i>Maintenance(a)</i>		
New South Wales . . . . .	34	3,923	274	4,231
Victoria . . . . .	10	4,128	161	4,299
Queensland . . . . .	56	2,979	148	3,183
South Australia . . . . .	31	1,114	38	1,183
Western Australia . . . . .	..	992	56	1,048
Tasmania . . . . .	..	435	58	492
Northern Territory . . . . .	..	382	23	405
Australian Capital Territory . . . . .	..	98	1	99
<b>Australia . . . . .</b>	<b>131</b>	<b>14,051</b>	<b>759</b>	<b>14,940</b>

(a) Includes administrative costs of \$516,854 payable from Consolidated Revenue.

(b) Allowances to sufferers.

**COMMONWEALTH GOVERNMENT EXPENDITURE ON ANTI-TUBERCULOSIS  
CAMPAIGN**  
(**\$'000**)

Year	<i>Commonwealth Govern- ment reimbursements to States and payments in Territories</i>		<i>Cash benefits to persons(b)</i>	<i>Total</i>
	<i>Capital</i>	<i>Maintenance(a)</i>		
1970-71	469	10,938	659	12,067
1971-72	438	9,942	630	11,010
1972-73	388	11,242	780	12,409
1973-74	441	11,740	716	12,897
1974-75	131	14,051	759	14,940

(a) Includes administrative costs payable from Consolidated Revenue. (b) Allowances to sufferers.

### Mass immunisation campaigns

*Poliomyelitis.* An anti-poliomyelitis campaign, using Salk vaccine, was commenced in 1956. This campaign continued until 1967 when, following a recommendation by the National Health and Medical Research Council, a campaign using Sabin vaccine was commenced in all States, the Northern Territory and the Australian Capital Territory. The Sabin vaccine is taken orally and a course of treatment consists of three doses. These are given at intervals of eight weeks. In the period 1967 to 1974 fifteen new cases were reported. In 1975 one new case was reported.

*Measles.* As a result of a recommendation by the National Health and Medical Research Council in May 1969, campaigns against measles commenced in early 1970 and during 1972 were in operation in all States, the Australian Capital Territory and the Northern Territory. The vaccine being used is derived from the Schwarz virus strain which is a live attenuated virus. It is administered by intra-muscular injection to children in their second year of life. A course of treatment consists of one dose. A total of 242,720 doses was distributed through the Commonwealth Serum Laboratories during 1975.

*Rubella.* In 1969, the National Health and Medical Research Council recommended that the Cendehill rubella vaccine be used in anti-rubella (German measles) campaigns in Australia. Consequently, the Commonwealth Government agreed to make this vaccine available to the States on the same basis as poliomyelitis and measles vaccines. By December 1970 all States had indicated that they would accept this offer. Immunisation campaigns have been conducted in all States, the Northern Territory and the Australian Capital Territory since 1971 amongst girls in the twelve to fourteen years age group. The vaccine is available from health departments and, through them, from private practitioners to other women at risk. A course of treatment with rubella vaccine, given intra-muscularly, is one dose.

### Community health services and subsidies

The Commonwealth Government, through the Department of Health, introduced two programs in 1973-74 aimed at developing and maintaining community-based health services. These programs form part of the Government's policy to promote the regionalisation and modernisation of hospitals, linked with the development of community-based health services and preventive health programs.

The *Hospitals and Health Services Commission* has the responsibility of submitting recommendations to the Minister for Health for allocation of both capital and operating funds to develop and maintain community-based general health care services, including prevention, treatment, rehabilitation and related welfare aspects of community health. The implementation of the approved programs is undertaken by the Department of Health in co-operation with State Governments. (For further details see page 460.)

Under the *Mental Health and Related Services Assistance Act 1973*, grants are made available to State Governments, local government authorities or voluntary agencies for the provision of 'medical and other services or facilities for, or in relation to, the prevention or diagnosis of, or the treatment or rehabilitation of persons suffering from mental illness, mental disability, alcoholism or drug dependence'.

The *Home Nursing Subsidy Scheme*, which is a continuing service at the community level provides for a Federal subsidy to assist in the expansion of home nursing activities. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government, local government body or other authority established by or under State legislation. During 1974-75 subsidies totalling \$7.2m were paid to 179 organisations providing home nursing services in the States. Home nursing services in the Northern Territory and the Australian Capital Territory are provided by the Commonwealth Department of Health.

### National health services organisations

The *Commonwealth Department of Health Pathology Laboratory Service* was originally established under provisions of the *National Health Act 1953*. The laboratories provide diagnostic and investigational facilities at fifteen locations, principally in country areas, throughout Australia. Laboratories are situated in Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1974-75, the laboratories carried out approximately 4.5 million pathology tests and investigations in respect of 1.3 million patient requests.

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

Its main functions are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. The functions include research and development relating to the range of products in its charter and allied fields and the maintenance of potential production capacity for use in emergencies. The research laboratories and production and storage buildings are located on an 11 hectare site at Parkville, Victoria.

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

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

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

The *Commonwealth Radiation Laboratory* was originally established in 1929 as the Commonwealth Radium Laboratory, and has served from that time as the Australian centre for radiological physics and as custodian of all Australian-owned radium used for medical purposes. The laboratory's functions have expanded over the years to include the physical aspects of the use of X-rays and of other ionising radiations for medical diagnosis and treatment; the distribution of all radiopharmaceuticals used in Australia for medical purposes; the maintenance of facilities for radio-chemical investigation; the assay of radioactive substances in the Australian environment; and the maintenance of a whole-body monitor. National standards for the measurement of X-rays and of radionuclides are also maintained. The laboratory provides assistance in matters relating to protection against ionising radiations and operates a film-badge service to monitor the radiation exposure of those who work with such radiation. The laboratory also provides advice on the hazards associated with the use of microwave and laser radiations. In 1974-75 there were 18,214 deliveries of radiopharmaceuticals, comprising 31 different isotopes, procured for use in medicine and medical research. Of these 16,665 deliveries were obtained from the Australian Atomic Energy Commission. Free issues for medical diagnosis and therapy, supplied for patients throughout Australia, were 932,241, the cost of \$2,439,415 being met from the National Welfare Fund. Film badges, numbering 92,132 were processed, assessed, and reported on. The Laboratory also supplied radon to approved hospitals and private practitioners in Australia and New Zealand. In 1974-75, 20,264 millicuries of radon were issued. Administrative costs for 1974-75 were \$966,204 and \$127,621 was expended on plant and equipment.

The *National Acoustic Laboratories* undertake scientific investigations into hearing and problems associated with noise as it affects individuals. The Laboratories' functions include advice to the Armed Forces and Commonwealth Government Departments and instrumentalities on hearing conservation and the reduction of noise. Audiological services are provided in major centres throughout Australia to assist children, ex-servicemen and pensioners with hearing problems. Hearing aids are supplied and serviced free of charge to persons under 21 years, and to pensioners and their dependants. Hearing aids are also provided and maintained on behalf of Veterans' Affairs and other Commonwealth Government Departments. During 1974-75 the number of new cases examined at the laboratories was 39,649 including 17,304 children, 5,539 repatriation cases, 761 members of the defence forces, 13,150 pensioners and 684 civil aviation referrals; 23,620 calaid hearing aids were fitted and 111,634 were on loan at the end of the year. The cost of supply and maintenance of hearing aids to persons under 21 years and pensioners was \$1,722,170. Administrative costs of the laboratories were \$3,006,885 and expenditure on plant and equipment \$432,884.

The *Ultrasonic Institute*, established in August 1974, provides research and advisory services on the use of ultrasonic waves for the diagnosis and treatment of disease. The new body continues and expands the work previously undertaken by the Ultrasonics Research Section of the National Acoustic Laboratories. The Institute is made up of four sections—Advanced Techniques, Engineering Research, Echography and Biology.

### Commonwealth Government health advisory organisations

The *National Health and Medical Research Council* advises the Commonwealth Government 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 Government 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 funds from the Medical Research Endowment Fund which provides assistance to Commonwealth Government Departments or to a State Department 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 Government makes a triennial appropriation for the Fund, that for 1976 to 1978 being \$24,000,000. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The *School of Public Health and Tropical Medicine*, located at the University of Sydney, provides training in public health, tropical medicine and occupational health for medical graduates and certain undergraduates, in addition to carrying out research and consultative activities in these and allied fields. During 1975, seventeen diplomas were awarded in Public Health and ten in Tropical Medicine and Hygiene. A diploma in Occupational Health was offered for the first time in 1974 and thirteen diplomas were awarded in the first year.

The *Institute of Child Health* is associated with the School of Public Health and Tropical Medicine at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and postgraduate teaching at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations and Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth Government during 1975-76 were \$73,735, for administration and \$28,964 for plant and equipment.

The *Australian Dental Standards Laboratory*, formerly the Commonwealth Bureau of Dental Standards, operates under Section 9 of the *National Health Act* 1953. It is a part of the Commonwealth Department of Health and is concerned with research and testing related to dental and allied materials, instruments and equipment and processes. It assists in the preparation of standards for operation of standards for materials, instruments and equipment by providing technical data for standards prepared in co-operation with the Standards Association of Australia. It provides Chairmen for the Dental Standards Committees. It co-operates with the Australian Dental Association in its program of accreditation of dental products. Its functions include instruction to the dental profession and its auxiliaries on the handling of dental materials and the provisions of a consultative service and testing facilities for the armed services, public instrumentalities, the dental profession and manufacturers and distributors of dental products.

Regular surveys are made of the quality of dental products and the results are made available to the profession. It participates in the preparation of international standards for dental materials. The number of products tested during 1974-75 was 413. These included assessment of deterioration of dental products under tropical conditions. Expenditure on plant and equipment for 1974-75 was \$26,402 and administrative expenses, including salaries, were \$108,213.

*The National Biological Standards Laboratory* is responsible for the development of standards for therapeutic goods for human and veterinary use, and for testing such products for compliance with standards thereby ensuring that they are safe, pure, potent and efficacious. Other responsibilities including the inspection of manufacturing premises and the evaluation of new and modified products make it the lynchpin of a uniform national system of control over therapeutic goods.

The laboratory was established within the Commonwealth Department of Health in 1958 under powers provided by the *Therapeutic Substances Act* 1953. The *Therapeutic Goods Act* 1966, proclaimed on 12 November 1970, which repealed the *Therapeutic Substances Act*, simplified the machinery for creating standards and extended the Commonwealth Government's powers over medical devices, containers and packages for therapeutic goods.

The British Pharmacopoeia, the British Pharmaceutical Codex and the British Veterinary Codex are specified in the Act as primary standards. In addition, the Minister has powers to make orders setting standards for specific types of goods and general classes of goods which are imported, or the subject of interstate trade, or supplied to the Commonwealth Government. Standards developed by the National Biological Standards Laboratory are submitted to a statutory committee, the Therapeutic Goods Standards Committee which advises the Minister on the suitability.

The Laboratory jointly with State officials and the pharmaceutical industry prepares and revises an Australian Code of Good Manufacturing Practice which is the criterion employed by inspectors for the licensing of pharmaceutical manufacturers.

The Laboratory has sections which deal with viral products, bacterial products, pharmaceutical products, antibiotics and pharmacology. Administrative costs for 1975-76 were \$2,348,199 and a further \$71,620 was expended on plant and equipment.

*The Australian Drug Evaluation Committee* operates under the *Therapeutic Goods Act* 1966. Its functions are: (a) to make medical and scientific evaluations of such goods for therapeutic use as the Minister for Health refers to it for evaluation; (b) to make medical and scientific evaluations of other goods for therapeutic use if, in the opinion of the Committee, it is desirable that it should do so; and (c) to furnish such advice to the Minister for Health as the Committee considers necessary relating to the importation into, and the distributions within Australia, of goods for therapeutic use that have been the subject of evaluation made by the Committee.

It has the powers to co-opt and seek advice from specialist medical colleges and associations and from the medical and allied professions, drug manufacturers and other sources. During 1974-75, 125 applications for general marketing were received and 40 applications for clinical trials were submitted.

*The Australian Registry of Adverse Reactions to Drugs* was established in 1964 on the recommendation of the Australian Drug Evaluation Committee to provide an early warning system based on reports of reactions to drugs forwarded voluntarily by medical practitioners. To enable more detailed evaluations of reports and increase feedback activities to the medical profession, the *Adverse Drug Reaction Advisory Committee* was formed in May 1970 as a sub-committee of the Australian Drug Evaluation Committee. Other sub-committees have also been formed, the Vaccines Sub-Committee, the Endocrinology Sub-Committee, the Congenital Abnormalities Sub-Committee and the Parenteral Nutrition Sub-Committee. A further sub-committee on Anti-Cancer Drugs is also in the process of being formed.

*The Therapeutic Goods Advisory Committee* was established in 1974 to consider and advise the Minister for Health on any matters relating to standards applicable to goods for therapeutic use and the administration of the *Therapeutic Goods Act*.

*The National Therapeutic Goods Committee* comprises Federal and State representatives. Its function is to make recommendations to the Commonwealth and State Governments on action necessary to bring about co-ordination of legislation and administrative controls on therapeutic goods. Sub-committees have been formed to consider specific matters notably Advertising, Registration and Code of Good Manufacturing Practice.

*The Hospital and Allied Services Advisory Council* was established by the 1970 Australian Health Ministers Conference to provide advice on the co-ordination of matters connected with hospital and allied services. This Council consists of representatives of each State health and hospital Department or Commission and the Commonwealth Departments of Health and Social Security and the Chairman of the Hospitals and Health Services Commission. The Department of Veterans' Affairs has two representatives with observer status.

Five committees—Computer Committee, Construction Planning Committee, Post graduate Accreditation Committee, Research Committee and Uniform Financial Procedures Committee—were established to assist and advise the Council. There is also, currently, an ad hoc Committee on Nursing Homes.

*The Hospitals and Health Services Commission* was formally established on 10 April 1974 to ascertain health care needs and to make recommendations to the Commonwealth Government concerning health care delivery systems, funds to be allocated for these systems, the education of health personnel, the accreditation of services and financial assistance to be made available to States, Territories, regions, local governments, charitable organisations and other persons. In addition the Commission is to promote and participate in planning in relation to health services. Prior to the formal establishment of the Commission under the *Hospitals and Health Services Commission Act 1973*, an Interim Committee on Hospitals and Health Services had been operating since early in 1973.

In the 1974-75 financial year, the Government approved grants, under the Community Health Program, to the States totalling \$27,462,000 as recommended by the Commission, and a further grant of \$4,087,000 was approved for the Royal Australian College of General Practitioners to establish a program to train increased numbers of general practitioners to undertake the role of the modern family doctor. In addition, a three-year program of planning and research for health services, totalling \$1,025,000 each year, is being implemented by the Commission. The Commission's Reports on Hospitals in Australia, Continuing Medical Education, A Proposal for a Scheme to Accredite Pathology Services in Australia, the Integration of Health Services and Health Education Facilities in the Illawarra Region, and the Australian Health Manpower were tabled in the Parliament in 1974-75.

### Commonwealth Government grants to States

#### Grants for mental health institutions

Final payments under the *States Grants (Mental Health Institutions) Act 1964* were made in 1973-74. For details of expenditure for the years 1968-69 to 1972-73 see Year Book No. 60 1974, page 459. All expenditure is now made under the Community Health and Hospital Construction Programs and is controlled and funded by the Hospital and Health Services Commission.

#### Paramedical services

The *States Grants (Paramedical Services) Act 1969* provides for the Commonwealth Government 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. Matching grant payments during 1974-75 amounted to \$362,419.

### Commonwealth Government grants to organisations associated with public health

In addition to providing the services mentioned on pages 447-59 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.

*The Royal Flying Doctor Service* is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health from Darwin, Gove and Alice Springs in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. For the triennium ended 30 June 1977, the Commonwealth Government has approved grants totalling \$2,100,000 towards operational costs and matching assistance of up to \$800,000 towards an approved program of capital expenditure. Actual payments during 1974-75 amounted to \$700,000 towards operating costs and \$102,233 for capital expenditure. In addition payments of \$547,492 have been made up to 30 June 1975, for the cost of the changeover of radio base stations to single sideband operation. The Service made 4,181 flights during 1974-75, travelled 1,976,241 miles and transported 6,034 patients. In the same period medical staff conducted a total of 94,650 consultations and dental treatment was given to 2,327 patients.

*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 Government 35 per cent; and the Society 5 per cent. In the Northern Territory and Australian Capital Territory the Commonwealth Government pays 95 per cent and the Society 5 per cent. Under arrangements effective from 1 July 1975, approved capital expenditure by the Service in the States will be shared on a \$1 per \$1 basis with the States and in the Territories will be met by the Commonwealth. In 1975-76 the amounts estimated to be paid by the Commonwealth are \$160,000 in the States and \$80,000 in the Territories. Commonwealth Govern-

ment expenditure for each State and Territory, during 1974-75 was as follows: New South Wales, \$590,000; Victoria, \$642,484; Queensland, \$415,742; South Australia, \$364,388; Western Australia, \$358,106; Tasmania, \$57,280; Northern Territory, \$86,500; and the Australian Capital Territory, \$88,500, making a total of \$2,603,000.

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. The foundation was formed in 1960 as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000. A further appeal in 1969 raised \$1.6 million and the Foundation now has an annual income from public donations of over \$1,200,000. Expenditure in 1975 came to \$1,800,000 of which almost half was devoted to supporting research into cardiovascular disease. This is the single most important function of the Foundation and from its inception to the end of 1975 it has allocated well over \$7 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 for study purposes.

The *World Health Organisation* (WHO), founded during 1948, is a specialised agency of the United Nations having as its objective the attainment by all peoples of the highest level of health. It functions as the directing and co-ordinating authority in international health work; provides consultative and technical assistance to governments and special groups; examines all aspects of health including preventive and curative medicine and research; sets international standards with respect to food, biological, pharmaceutical and similar products; and determines regulations for the control of quarantinable diseases. The organs of WHO are the World Health Assembly and the six Regional Committees which meet annually and the Executive Board which meets twice a year. Australia is assigned to the Western Pacific Region the headquarters of which is at Manila, and was represented at both the 28th World Health Assembly in Geneva in May 1975 and the Regional Committee Meeting in Manila, Philippines in September 1975. Australia's contribution to WHO for 1974-75 was \$A1,082,554.

The *International Agency for Research on Cancer* was established by the 18th World Health Assembly in 1965 within the framework of the World Health Organisation. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are the provision for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer; collection and dissemination of information on epidemiology and cancer research throughout the world; education and training of personnel for cancer research; and the encouragement of, and assistance at national level if necessary by the direct establishment of, research organisations. Participation in the Agency is subject to membership of the World Health Organisation and, at the determination of the Governing Council, the ability of the State to contribute effectively to the scientific and technical work of the Agency. Australia became a Participating State within a few months after the establishment of the Agency. At present there are 10 Participating States namely: Australia, Belgium, France, the Federal Republic of Germany, Italy, Japan, The Netherlands, The Union of Soviet Socialist Republics, the United Kingdom and the United States of America. Australia's contribution to the I.A.R.C. for 1974-75 was \$A154,518.

## STATE GOVERNMENT ACTIVITIES

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

### Public health legislation and administration

For a comprehensive account of the administration of health services in each State, the Northern Territory and the Australian Capital Territory, *see* the annual reports of the respective Departments of Health. For details of legislation and administrative changes in previous years *see* earlier issues of the Year Book. The following paragraphs refer briefly to recent developments.

In *New South Wales*, the Therapeutic Goods and Cosmetics (Amendment) Act, 1974 contains provisions to regulate representations that may be made in advertisements in respect of therapeutic goods and articles of food.

The Dental Technicians Registration Act, 1975 contains proposals to constitute a Dental Technicians Registration Board and to make provisions for the registration of dental technicians.

The Public Health (Amendment) Act, 1975 dissolved the advisory Board of Health and contains provisions for regulating the use of dangerous substances.

In *Victoria*, the *Pharmacists Act*, 1974 provides for the registration of pharmacists and control of the practice of pharmacy.

The *Health (Contraceptives) Act*, 1974 was introduced to establish a form of control over the sale and advertising of contraceptives.

The *Optometrists Act*, 1975 changed the title of the *Opticians Registration Act*, 1958 to the *Optometrists Registration Act*, 1958. The Act also reconstitutes the Board and provides for the payment of fees to members of the Board; enables the Board to recognize overseas qualifications and reduces minimum age requirements for registration; regulates advertising by optometrists; restricts ownership and control of optometrical practices; and increases the maximum level for fee fixing and increases penalties for contraventions of the Act.

In *Queensland*, the *Mental Health Act*, 1974 replaced *The Mental Health Acts* 1962 to 1964. The Mental Health Review Tribunal was enlarged and given wider powers of review of patients. Legal distinction was made between psychiatric hospitals (for the mentally ill) and training centres (for the intellectually handicapped).

The *Sale of Human Blood Act* 1974 prohibits unauthorized trading in human blood.

The *Optometrists Act Amendment Act* 1974 consolidated and updated previous legislation for the control of optometry.

The *Chiropractors Act Amendment Act* 1975 enabled the Chiropractors Board of Queensland to register persons registered in other States, who did not have the qualifications previously required by the Act.

The *Health Act Amendment Act* 1975 clarified the powers of local authorities in respect to collection, storage, transport and disposal of all types of refuse and nightsoil. Other provisions of the Health Act were upgraded and regulation making powers of the Director-General of Health and Medical Services were clarified. Penalty provisions were upgraded.

In *South Australia* the *Occupational Therapists Act*, 1974 provided for the registration of practising occupational therapists.

The *Psychological Practices Act*, 1974 provided for the registration of psychologists.

The *Transplantation of Human Tissue Act*, 1974 provided for the removal of human tissues from deceased persons.

In *Western Australia* the *Alcohol and Drug Authority Act*, 1974 set up an authority to treat persons suffering from alcohol and drug abuse and to promote and subsidise research and educational facilities directed at prevention and treatment of alcohol and drug abuse.

The *Health Act Amendment Act*, 1975 increased fees for sanitary rate for lodging houses and offensive trades; and deemed excessive amounts of carbon monoxide in garages a nuisance under the Act.

The *Radiation Safety Act* 1975 regulates the keeping and use of radioactive substances, irradiating apparatus and certain electronic products.

The *Pharmacy Act Amendment Act* 1975 related to the qualifications, codes of practice and legal standing of pharmaceutical chemists.

The *Hospitals Act Amendment Act* 1975 restrains a medical practitioner from charging a fee for service rendered at a recognized hospital as defined under the Commonwealth *Health Insurance Act*, 1973.

In the *Northern Territory*, the *Hospital Advisory Boards Ordinance Amendment*, 1974, provides for payments to members of the boards.

The *Trading in Blood (Prohibition) Ordinance*, 1974, prohibits unauthorized trading in human blood.

The *Nurses Registration Ordinance* 1974 provides for the enrolment and training of nursing aides in the Territory.

The *Caravan Parks Ordinance* 1975 provides for the maintenance of certain health standards in caravan parks.

The *Hospital and Medical Services (Charges) Regulations Amendment* 1975 provides for charges on actual cost basis for in-patients covered by compensation insurance.

In the *Australian Capital Territory*, the Health Commission Ordinance which came into effect on 1 July 1975, established the Capital Territory Health Commission to control activities previously the responsibility of the Canberra Hospitals Management Board (now abolished) and the A.C.T. Health Services Branch of the Commonwealth Department of Health.

The *Public Health (Prohibited Drugs) Ordinance* 1975 reduced the penalty for use and possession of less than 25 grams of cannabis to a fine not exceeding \$100.



### Supervision and care of infant life

Because the health of mothers and infants depends largely on pre-natal care 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 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* maternity allowances provide financial assistance towards the expenses associated with the birth of children. Information about maternity allowances is given in Chapter 13, Social Security and Welfare Services.

#### Nursing activities

Several State Governments maintain centres which provide advice and 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 latest available year in each State and Territory. 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 may be conducted in temporary premises in halls, schools, etc.

INFANT WELFARE CENTRES

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.
	1973	1975	1974-75	1973-74	1975	1975	1973-74	1974-75
Number of centres(a)	444	763	295	303	98	110	19	51
Attendances at centres—								
Pre-natal	21,847	9,477	9,460	9,264	2,629	2,646	n.a.	..
Post-natal — Number of children	1,213,820	1,389,833	554,385	294,220	263,163	140,850	34,998	83,060
Nurses' home-visits(b)	31,602	153,575	4,668	34,768	37,641	60,011	7,980	15,115
Nurses hospital-visits(c)	65,229	28,824	26,689	n.a.	19,190	10,350	2,102	..

(a) At end of year shown. (b) Pre- and post-natal. (c) Post-natal.

Mobile units are used to service centres in some States. The numbers of units and centres served, included in the above table, were as follows: Victoria, 4 and 15; Queensland, 9 and 73; South Australia 5 and 40; Western Australia, 5 and 30. The number of centres for Tasmania includes 14 areas visited by sisters in cars.

Since 1930, the number of attendances at the infant welfare centres has increased more than four-fold. The numbers of attendances at ten year intervals since 1930 were as follows: 1930, 919,893; 1940, 2,035,299; 1950, 3,049,375; 1960, 3,482,383; and 1970, 4,010,906.

*Bush Nursing Associations.* Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations for the years shown in the above table were: Victoria, 59; Queensland, 5; South Australia, 45; and Western Australia, 13. In New South Wales the Bush Nursing Service has been absorbed into the Community Health Program and in Tasmania, all of the district nursing centres have been taken over by the nearest public hospital and are no longer distinct entities.

### Medical and dental inspection of school children

Medical and dental inspection of school children is carried out in all States under the control of State health departments in the Northern Territory under the control of the Commonwealth Department of Health and in the Australian Capital Territory by the Capital Territory Health Commission. The school health services are available to both government and non-government schools in metropolitan areas larger country towns and, in most States, to 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 for the latest available year in each State and Territory.

#### SCHOOL HEALTH SERVICES

	<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>
	1973	1973-74	1974-75	1974	1975	1975	1973-74	1975
School medical services—								
Staff (a)—								
Medical officers . . . . .	70	45	6	12	11	18	4	3
School nurses . . . . .	100	54	34	21	59	34	18	7
Medical examinations—								
Children examined . . . . .	323,856	232,107	(b)96,074	(c)85,642	88,048	(c)30,127	22,463	28,148
Found with defects . . . . .	26,372	18,932	(d)7,111	(c)12,257	13,127	5,360	3,747	2,455
School dental services—								
Number of dental clinics—								
Stationary . . . . .	14	3	2	33	39	34	n.a.	48
Mobile . . . . .	(e)19	11	(f)4	7	3	27	n.a.	..
Staff (a)—								
Dental officers . . . . .	31	26	19	33	40	28	n.a.	16
Dental assistants, therapists and nurses . . . . .	49	34	10	78	84	58	n.a.	52
Dental examinations—								
Children examined . . . . .	89,916	24,903	(g)20,141	37,602	33,395	50,516	25,594	25,952
Number treated . . . . .	23,208	20,157	(g)20,141	33,684	n.a.	n.a.	n.a.	n.a.

(a) Full-time and part-time. (b) Includes pre-school children. (c) Excludes some children treated for hearing and vision by school sisters. (d) Number of defects found. Includes defects found in pre-school children. (e) There is also a dental team with the Royal Flying Doctor Service (based at Broken Hill). (f) In addition, portable dental equipment is possessed by 14 dental officers who function from departmental vehicles. (g) Only children who reside in more remote areas. From 1974-75, all children examined receive preventative treatment.

## HOSPITALS, NOTIFIABLE DISEASES AND CREMATIONS

### Public and Private Hospitals and Nursing Homes

The ABS no longer publishes Australia-wide details of these institutions. Information is published in the Annual Reports of the Department of Social Security. Some limited State information is published by State offices of the ABS.

### Repatriation hospitals

The medical care of eligible veterans and dependants of deceased veterans is a major function of the Department of Veterans' Affairs, which provides a comprehensive service.

In-patient treatment is provided at the six Repatriation General Hospitals (one in each State) and at seven auxiliary hospitals and sanatoria. 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 three 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 were: Little Bay, New South Wales, 2 in 1974; Fairfield, Victoria, 4 in 1975; and Derby, Western Australia, 23 in 1975.

In Queensland, leprosy sufferers are treated in a special isolation ward at Princess Alexandra Hospital (Brisbane), the leprosy annex of the Palm Island Hospital and also at a number of other hospitals which do not have facilities set aside specifically for leprosy patients. There were 8 in-patients at 31 December 1975.

In the Northern Territory at 31 December 1975 there were approximately 20 in-patients for the care and repair of deformity as distinct from the purpose of isolation.

**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.

**In-patient institutions**

The following table shows the number of major in-patient institutions in each State in 1974, the accommodation they provide for patients, and 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, under the control of the State mental health authorities, are included in this table: *New South Wales*—the sixteen State psychiatric centres (a psychiatric hospital and associated admission centre being regarded as one psychiatric centre) and the seven authorised private psychiatric hospitals; *Victoria*—the eight psychiatric hospitals, eleven mental hospitals eight informal hospitals, four alcoholism and drug assessment and treatment centres, and ten intellectual deficiency training centres three of which are informal; *Queensland*—six psychiatric hospitals; *South Australia*—six in-patient institutions; *Western Australia*—the four approved mental hospitals and two training centres; and *Tasmania*—the Royal Derwent hospital.

**MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF  
1973-74**

	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.(a)</i>	<i>W.A.</i>	<i>Tas</i>
In-patient institutions . . . . .	23	(b)41	6	6	6	1
Beds and cots for patients . . . . .	n.a.	(c)8,627	3,180	2,250	1,336	1,000
Staff—Medical . . . . .	n.a.	(a)148	(d)60	65	34	17
Nursing(e) . . . . .	n.a.	3,441	1,522	917	910	384

(a) 1972-73. (b) At 30 November 1974. (c) The number of beds and cots occupied on 30 November 1974. (d) Includes a number of part-time staff. (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 AT MENTAL HEALTH INSTITUTIONS, 1973-74**

	<i>N.S.W.</i>	<i>Vic.(a)</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>Aust.</i>
<b>In-patients at beginning of year—</b>							
Males . . . . .	5,236	5,189	2,126	1,148	1,511	463	15,673
Females . . . . .	3,684	4,447	1,194	1,060	1,176	438	11,999
Persons . . . . .	8,920	9,636	3,320	2,208	2,687	901	27,672
<b>Admissions and re-admissions during year—</b>							
Males . . . . .	13,249	6,298	1,688	1,758	1,603	558	25,154
Females . . . . .	10,370	6,258	675	1,551	1,304	306	20,464
Persons . . . . .	23,619	12,556	2,363	3,309	2,907	864	45,618
<b>Total in-patients (cases) treated—</b>							
Males . . . . .	18,485	11,487	3,814	2,906	3,114	1,021	40,827
Females . . . . .	14,054	10,705	1,869	2,611	2,480	744	32,463
Persons . . . . .	32,539	22,192	5,683	5,517	5,594	1,765	73,290
<b>Discharges, including deaths—</b>							
Males . . . . .	13,486	6,368	1,651	1,695	1,654	557	25,411
Females . . . . .	10,534	6,302	694	1,535	1,328	303	20,696
Persons . . . . .	24,020	12,670	2,345	3,230	2,982	860	46,107
<b>In-patients at end of year—</b>							
Males . . . . .	4,999	5,119	2,163	1,109	1,460	464	15,314
Females . . . . .	3,520	4,403	1,175	1,014	1,152	441	11,705
Persons . . . . .	8,519	9,522	3,338	2,123	2,612	905	27,019

(a) 30 November 1974.

### 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, are detained in isolation.

#### Notifiable diseases and cases notified, 1975

The following table shows, by State and Territory, the number of cases notified in 1975 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, 1975

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax . . . . .	..	2	..	..	..	..	..	..	2
Brucellosis . . . . .	29	41	4	4	1	..	..	..	79
Diphtheria . . . . .	7	..	15	..	..	..	..	..	22
Gonorrhoea . . . . .	3,517	2,242	1,718	2,114	1,977	172	494	67	12,301
Hansen's disease (leprosy) . . . . .	..	4	3	1	15	..	6	..	29
Hepatitis, infective . . . . .	880	643	514	203	258	165	138	22	2,823
Hydatid . . . . .	6	2	2	4	..	4	..	..	18
Leptospirosis . . . . .	2	18	11	1	2	..	..	..	34
Malaria . . . . .	36	48	68	24	22	..	37	14	249
Ornithosis . . . . .	1	2	..	1	..	..	..	..	4
Poliomyelitis . . . . .	..	..	1	..	..	..	..	..	1
Syphilis . . . . .	304	177	482	305	657	2	438	12	2,377
Tetanus . . . . .	1	4	6	..	..	..	..	..	11
Tuberculosis . . . . .	549	306	216	101	141	34	30	24	1,401
Typhoid fever . . . . .	2	10	..	2	..	..	..	..	14
Typhus (all forms) . . . . .	..	..	3	..	..	..	..	..	3

(a) No cases of cholera, plague, smallpox or yellow fever were notified.

*New infectious hepatitis cases notified.* The following table shows the number of cases of infectious hepatitis notified during recent years.

INFECTIOUS HEPATITIS: CASES NOTIFIED

State or Territory	1971	1972	1973	1974	1975
New South Wales . . . . .	2,615	2,211	1,460	1,309	880
Victoria . . . . .	1,895	1,226	993	768	643
Queensland(a) . . . . .	1,258	1,379	793	536	514
South Australia . . . . .	504	630	319	193	203
Western Australia . . . . .	554	389	473	247	258
Tasmania . . . . .	287	93	40	43	165
Northern Territory . . . . .	296	133	236	168	138
Australian Capital Territory . . . . .	100	57	44	25	22
<b>Australia . . . . .</b>	<b>7,509</b>	<b>6,118</b>	<b>4,358</b>	<b>3,289</b>	<b>2,823</b>

(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 1975.

**TUBERCULOSIS: NEW CASES NOTIFIED(a), 1975**

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales . . . . .	38	88	190	233	..	549
Victoria . . . . .	32	55	89	115	..	291
Queensland . . . . .	10	20	65	104	1	200
South Australia . . . . .	20	19	22	41	..	102
Western Australia . . . . .	12	26	41	41	1	121
Tasmania . . . . .	1	9	8	18	..	36
Northern Territory . . . . .	4	5	12	9	..	30
Australian Capital Territory . . . . .	3	5	9	1	..	18
<b>Australia . . . . .</b>	<b>120</b>	<b>227</b>	<b>436</b>	<b>562</b>	<b>2</b>	<b>1,347</b>

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

**Chronic illnesses, injuries, and impairments**

As part of the quarterly population survey (see Chapter 20, Employment and Unemployment) surveys were conducted in May 1968, in all States except Victoria and in May 1974 for the whole of Australia 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 the mimeographed bulletin *Chronic Illnesses Injuries and Impairments* for May 1968 and May 1974. (17.3)

**Cremation**

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1975 there were thirty-three crematoria in Australia, situated as follows: New South Wales, 16; Victoria, 4; Queensland, 6; 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 1970 to 1974.

**CREMATIONS AND TOTAL DEATHS(a)**

State or Territory	1970		1971		1972		1973		1974	
	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths	Cremations	Total deaths
New South Wales . . . . .	20,087	43,601	19,966	41,691	20,117	41,652	19,991	41,122	21,514	43,999
Victoria . . . . .	11,265	30,335	11,134	30,598	11,226	29,856	11,677	30,696	11,841	30,875
Queensland . . . . .	6,303	17,055	6,203	16,339	6,269	16,598	6,697	16,732	7,568	18,128
South Australia . . . . .	2,884	10,138	2,917	9,686	3,182	9,764	3,402	9,835	3,579	10,236
Western Australia . . . . .	2,826	7,543	2,996	7,806	3,013	7,441	3,387	7,845	3,359	7,778
Tasmania . . . . .	1,039	3,174	1,157	3,295	1,135	3,227	1,205	3,347	1,294	3,484
Northern Territory . . . . .	..	608	..	637	..	553	..	580	..	575
Australian Capital Territory . . . . .	338	594	341	598	374	669	365	665	474	758
<b>Australia . . . . .</b>	<b>44,742</b>	<b>113,048</b>	<b>44,714</b>	<b>110,650</b>	<b>45,316</b>	<b>109,760</b>	<b>46,724</b>	<b>110,822</b>	<b>49,629</b>	<b>115,833</b>

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

