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CHAPTER XIII.

PUBLIC HEALTH AND RELATED INSTITUTIONS.

A. PUBLIC HEALTH.

§ 1. State Public Health Legislation and Administration.

1. New South Wales.—The Department of Public Health comes under the jurisdiction of the Minister for Health, with an Under-Secretary as Permanent Head of the Department for administrative purposes.

There is also a Director-General of Public Health and Chief Medical Adviser to the Government, who is *ex-officio* President of the Board of Health and Chairman of the Nurses' Registration Board. He is assisted by a Deputy Director-General.

The Inspector-General of Mental Hospitals is responsible for the administration of that part of the Lunacy Act relating to the care and treatment of mental patients. There is also a Deputy Inspector-General.

The following statutory authorities are constituted under Acts administered by the Minister for Health:—Board of Health (Public Health Act), Hospitals Commission of N.S.W. (Public Hospitals Act), Milk Board (Milk Act), Dental Board (Dentists Act), Pharmacy Board (Pharmacy Act), Medical Board (Medical Practitioners Act), Board of Optometrical Registration (Opticians Act), Ambulance Transport Service Board (Ambulance Transport Service Act), Physiotherapists Registration Board (Physiotherapists Registration Act) and Nurses Registration Board (Nurses Registration Act).

The Department's activities extend over the whole of the State and embrace all matters relating to public health and the greater part of the general medical work of the Government. These include the following:—(a) Supervision of the work of local authorities (municipal and shire councils) in relation to public health matters connected with the following Acts—Public Health Act, Noxious Trades Act and Pure Food Act; (b) Scientific Divisions (Government Analyst, Microbiological Laboratory, and Division of Industrial Hygiene); (c) Tuberculosis and Social Hygiene Divisions; (d) Medical Officers of Health at Sydney, Broken Hill, Newcastle, Wollongong, Bathurst and Lismore; (e) State Hospitals and Homes and State Sanatoria; (f) Mental Hospitals; (g) Public Hospitals (Hospitals Commission); (h) Maternal and Baby Welfare (Baby Health Centres); (i) School Medical and Dental Services; and (j) Publicity, Nutrition and Library Services.

2. Victoria.—The Ministry of Health Act 1943 made the Minister of Health responsible for all Acts administered up to that time by the Department of Public Health, the Hospitals and Charities Acts, the Mental Hygiene Acts, and for all legislation and matters relating to the health and well-being of the people of the State.

The former Department of Public Health became the General Health Branch controlled by a Chief Health Officer. The latter also administers the Maternal and Child Hygiene Branch and the Tuberculosis Branch. These three with the Mental Hygiene Branch make up the four branches of the Department of Health.

The Mental Hygiene Authority Act 1950 provided for the establishment of an Authority of three members with a medical expert in mental illnesses at its head and established a pattern for the extension of the services of the Branch and for the improvement of treatment and accommodation of mental patients throughout the State.

The constant fight against infectious disease is actively carried on in the General Health Branch by seven District Health Officers and their staffs, in collaboration with the local health authorities. Where any specific infection is unduly prevalent, immunization is intensified and the success obtained over a period of years is illustrated by the following figures in respect of diphtheria :—Year 1927—cases, 3,254 ; deaths, 93 : Year 1952—cases, 201 ; deaths, 3.

The control and treatment of venereal disease is undertaken by a special division of the General Health Branch, and clinics for prophylaxis and treatment are attached to all hospitals receiving Government aid throughout the State.

The Poliomyelitis Division, formed during the outbreak of the disease in 1949 and expanded since that time, supervises treatment and after-care of patients throughout the State. The Division is staffed by three medical officers, fifteen physiotherapists and two visiting nurses.

The Industrial Hygiene Division supervises the environmental conditions of the 312,000 persons employed in industry in Victoria and consists of three medical officers, three special scientific officers and a number of inspectors.

Under the direction of a medical director, the Tuberculosis Branch comprises State sanatoria, tuberculosis clinics, tuberculosis bureaux and the Mass X-ray Survey Division. In order to exercise better control over the spread of tuberculosis in this State, power has been given, by special legislation, to the Chief Health Officer to require any individual or any group of persons to undergo radiological examination of the chest.

As with the Tuberculosis Branch, a medical director supervises the activities of the Maternal and Child Hygiene Branch. This Branch is concerned with pre-natal hygiene, infant health, pre-school child hygiene and school medical and dental services. An extensive State-wide correspondence scheme for women during their pregnancy and early motherhood supplies these women with all the latest advice and information.

Legislation which is the concern of the Minister of Health includes the following :—Anti-Cancer Council Act, Births Notification Acts, Cancer Institute Act, Cemeteries Acts, Dietitians Registration Act, Part V. of the Goods Act, Hairdressers Registration Acts, Health Acts, Hospitals and Charities Acts, Infectious Diseases Hospital Acts, Masseurs Acts, Medical Acts, Mental Deficiency Act, Mental Hygiene Acts, Midwives Act, Nurses Acts, Opticians Registration Act, Poisons Acts and Venereal Diseases Act.

3. *Queensland.*—(i) *General.* The Health Acts 1937 to 1949 are administered by the Director-General of Health and Medical Services subject to the Minister for Health and Home Affairs. A Central Staff controls the following Divisions :—

(a) *Division of Public Health Supervision.* This Division is controlled by the Deputy Director-General of Health and Medical Services and comprises separate sections of environmental sanitation, food and drug control, euthetic (venereal) diseases, hookworm control and Hansen's disease control. Qualified full-time officers are in charge of each section. Free treatment of venereal diseases is offered at the Department's male and female clinics in Brisbane, and at any public hospital. Two institutions (one at Peel Island in Moreton Bay for white patients and one at Fantome Island near Townsville for aboriginal patients) are maintained for the treatment of Hansen's disease. Modern therapy with sulphone drugs has caused a dramatic decline in numbers of patients at these institutions. Free immunization against diphtheria, whooping cough and tetanus is offered by most of the Local Authorities. A recent survey showed that 94 per cent. of school children in the Greater Brisbane area and 90 per cent. in the rest of the State had been immunized against diphtheria.

(b) *Division of Tuberculosis.* The Director, assisted by medical officers and nurses, exercises control of patients with tuberculosis. A central chest clinic in Brisbane offers Mantoux tests, X-ray examinations, and inoculations of Mantoux negative reactors free of charge and this service is extensively used. A mobile X-ray unit is being established to tour country districts.

(c) *Division of Industrial Medicine.* This Division exercises supervision over the health of workers in both primary and secondary industries, including control of leptospirosis (Weil's disease) and scrub typhus in the sugar-cane growing districts north of Ingham.

(d) *Division of Maternal and Child Welfare.* The Director, assisted by full-time and part-time health officers and a staff of qualified nurses, offers supervision and advice on the rearing of infants and pre-school children at baby health centres throughout the State. Outlying centres are visited by air or by special rail car. Homes for in-patient treatment of infants with feeding problems have been established at Brisbane, Toowoomba, Ipswich and Rockhampton.

(e) *Division of School Health Services.* This Division comprises the Chief Medical Officer, School Health Services, and a staff of medical officers, dentists and visiting school nurses.

(f) *Division of Mental Hygiene.* The Director is responsible for the care and treatment of mentally sick patients in the State's three mental hospitals, at Brisbane, Toowoomba and Ipswich. A new mental hospital is being erected at Charters Towers.

(g) *Division of Laboratory Services.* Two laboratories—the Laboratory of Microbiology and Pathology, and the Government Chemical Laboratory—are maintained to ensure the purity of a wide range of foodstuffs and materials. The former also offers a service in clinical pathology to country hospitals and private medical practitioners.

(ii) *Hospitals.* All public hospitals operate under the district system, which provides for the constitution of Hospitals Districts and Hospitals Regions and a Hospitals Board for each district. The State is divided into 11 Hospitals Regions with a base hospital for each region which comprises a number of Hospitals Districts. The purpose of the regional scheme is to co-ordinate the public hospitals in the region with the base hospital. The administration of the hospitals services, including public dental services, in each Hospitals District is vested in the Hospitals Board which comprises not less than four members nor more than eight members appointed by the Governor-in-Council and one member elected by the component Local Authorities. There are 54 Hospitals Boards controlling 121 public hospitals.

4. *South Australia.*—The Department of Public Health embraces the activities of the Central Board of Health, the School Medical Services, and the public health aspect of the control of tuberculosis, including the State X-ray Health Survey, under the control of the Director of Tuberculosis.

The Central Board of Health consists of five members, three of whom (including the chairman) are appointed by the Governor while one each is elected by metropolitan local boards and all other local boards. The Central Board of Health administers the Health, Food and Drugs, Dangerous Drugs, Noxious Trades, Bakehouses Registrations and Early Notification of Birth Acts. The Board is also concerned to some degree with Acts relating to local government, abattoirs and cremation. Other legislation administered by the Department of Public Health relates to venereal diseases and vaccination.

The Health Act, 1935-1952 constitutes every municipal council and every district council a local board of health for its municipality or district. There are 143 of these local boards under the general control and supervision of the Central Board. Under the Food and Drugs Act every local board is constituted the local authority for its respective district, except in the metropolitan area, for which the Metropolitan County Board is the local authority.

The medical staff of the Department includes the Director of Tuberculosis, a Senior Medical Officer and the Principal Medical Officer for Schools, six full-time medical officers, one temporary medical officer and six part-time medical officers. Four dentists, four dental assistants and six nurses are engaged in connexion with the School Medical Services. There are six full-time and fourteen part-time inspectors directly responsible to the Board. There is also a nurse inspector employed to advise and assist local boards in connexion with infectious diseases. Three nurses are engaged in the State X-ray Health Survey and one in B.C.G. vaccination. The inspectors appointed under the Health and Food and Drugs Acts periodically visit the local districts and see, generally, that the local boards are performing their duties.

5. **Western Australia.**—The legislation in this State is the Health Act 1911-1952. This was consolidated and reprinted in 1948 and amended in 1950 and 1952. The Central Authority is the Department of Public Health, controlled by a Commissioner, who must be a qualified medical practitioner. The State is covered by Local Authorities which are constituted as Municipalities or Road Boards.

It is provided that a Local Board of Health may be set up in lieu of a Road Board, but this method of control is no longer used. In any emergency the Commissioner may exercise all the powers of a Local Health Authority in any part of the State.

Interesting features of recent legislation are as follows :—(a) Act No. 70 of 1948 gave compulsory power to control sufferers from tuberculosis and established a Tuberculosis Control Branch; (b) Act No. 71 of 1948 provided that within areas declared for the purpose all still-born infants must be submitted for post-mortem examination and all stillbirths must be notified to the Commissioner by the attending medical practitioner; and (c) Act No. 11 of 1952 gave wide powers to regulate the sale and use of pesticides.

6. **Tasmania.**—The Department of Public Health is under the jurisdiction of the Minister for Health, and the administration of the various services is controlled by the permanent head of the Department, the Director-General of Medical Services, who is also responsible for the administration of the Hospital and Medical section. Associated with the permanent head are the Director of Public Health, the Director of Tuberculosis, and the Director of Mental Hygiene.

The Hospital and Medical Services section is responsible for administration of the laws relating to hospitals and nurses' registration, and the following services: Government Medical Service, Cancer Clinics, Bush Nursing Service, and Institutions for the Aged and Infirm at St. John's Park and Cosgrove Park.

Public Health functions comprise administration of laws relating to public health, food and drugs, places of public entertainment, cremation, and the following services: School Medical and Dental, Maternal and Child Welfare, Infectious and Venereal Disease control, Analytical Laboratory, and Mothercraft Home. The Tuberculosis section is responsible for administration of the laws relating to tuberculosis, and for the management of chest clinics and chest hospitals at New Town and Perth. The Mental Hygiene section is responsible for administration of the laws relating to mental hospitals and mental defectives, and for the management of Lachlan Park Hospital (Mental Hospital) and Millbrook Psychopathic Home.

§ 2. The Commonwealth Department of Health.

1. **General.**—The Commonwealth Department of Health was created by an Order-in-Council of 3rd March, 1921. This Order specified the functions to be performed by the Department in addition to Quarantine. 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.

As part of the National Health Service the following benefits and services are provided under the National Health Act, 1953: a free general practitioner medical service to pensioners and their dependants, and pharmaceutical, hospital and medical benefits to the community generally.

Assistance to sufferers from tuberculosis is provided under the Tuberculosis Act 1948 and free milk for school children under the States Grants (Milk for School Children) Act 1950. Details of these services are provided in the following paragraphs.

The functions of the Department, apart from the National Health Service, are very widespread. They include Quarantine (Human, Animal and Plant), the fostering of medical research through the National Health and Medical Research Council, the provision of hospital and medical services in the Northern Territory, the manufacture of a large number of sera and pharmaceuticals by the Commonwealth Serum Laboratories, and the maintaining of fifteen Health Laboratories throughout Australia to provide X-ray, pathological and other services to the surrounding communities. A short description of these and other activities is provided below. (For additional information see Official Year Book No. 40, p. 515.)

2. **The National Health Service.**—(i) *Pharmaceutical Benefits.* Since September 1950, under the provisions of the Pharmaceutical Benefits Act 1947-1952 and the National Health Act 1953, certain life-saving and disease-preventing drugs have been provided free of charge to the general community. Such drugs are not supplied free unless they have been prescribed by a medical practitioner.

The number of drugs listed as available as general pharmaceutical benefits has steadily increased and at present 242 separate preparations are supplied. Before a drug is listed as being available it must first be approved by the Pharmaceutical Benefits Advisory Committee, a body appointed by the Minister for Health.

All drugs listed in the British Pharmacopoeia and other drugs as specified, are supplied free to eligible pensioners (i.e., those receiving age, invalid, widows' and service pensions and persons receiving a tuberculosis allowance) and their dependants.

Total expenditure on pharmaceutical benefits in the year 1953-54 was £9,229,413.

(ii) *Hospital Benefits.* The payment of hospital benefits to the States is authorized under Part V. of the National Health Act 1953. This Act continues the agreements entered into with the various States under the Hospital Benefits Act 1951. Under these agreements the Commonwealth pays the States certain sums of money which vary in accordance with variations in the number of occupied beds in public hospitals.

The rates of payment for occupied beds in public hospitals are determined by the category into which patients are grouped. Payment of 12s. per day is made for a patient who is a pensioner or a dependant of a pensioner. A payment of 8s. per day is made for all other qualified patients.

A payment of 8s. per day is also made for patients in approved private hospitals. This payment is made to the proprietor of the private hospital.

An additional payment of 4s. per day is made in the case of patients who are members of an approved hospital benefit fund. This payment is made through the benefit organization and is normally paid to the patient with the amount payable by the organization.

Australian citizens who are temporarily living overseas and their dependants who receive hospital treatment are eligible to receive the benefit of 8s. a day.

Total payments made for all types of hospital benefits (excluding patients in mental hospitals) in 1953-54 was £8,330,070.

(iii) *Medical Benefits.* A Medical Benefits Scheme commenced to operate as from July, 1953, being authorized under the National Health (Medical Benefits) Regulations. These Regulations were superseded by the passing of the National Health Act 1953. Generally the scheme may be described as a system whereby the Commonwealth supports registered insurance organizations and matches benefits paid by them to members. The objective is that the major part of medical expenses will be re-imbursed to members of these organizations.

In 1953-54 Commonwealth expenditure on medical benefits was £1,436,166.

(iv) *Pensioner Medical Service.* The Pensioner Medical Service which commenced on 21st February, 1951 was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the National Health Service Act 1948-49. The service has been continued under the provisions of the National Health Act 1953.

Under this scheme pensioners and their dependants, as defined in the section above describing pharmaceutical benefits, are provided with a free general practitioner service. Specialist services are not provided. A small fee may be charged by practitioners who attend qualified patients outside normal surgery or visiting hours. Practitioners in the scheme are remunerated on a fee-for-service basis by the Commonwealth.

At the 30th June, 1954 there were 4,239 medical practitioners enrolled in the Pensioner Medical Service to provide medical services to approximately 597,300 eligible persons. More than 96 per cent. of eligible persons have now been enrolled in the scheme and more than 80 per cent. of general practitioners are participating.

In the year ended 30th June, 1954 medical practitioners in the scheme made 4,168,410 visits or surgery consultations to persons enrolled in the scheme. For these services they were paid a sum of £2,115,485. The average number of medical services rendered by practitioners to enrolled persons in this period was 7.2.

(v) *Tuberculosis Act*. The main provisions of this Act, which was assented to on 25th November, 1948, are as follows :—(a) Section 5, which authorizes the Commonwealth to enter into an arrangement with the States for an effectual national campaign against tuberculosis; (b) Section 6, which empowers the Commonwealth to take over or provide specified facilities for the diagnosis, treatment and control of tuberculosis; (c) Section 8, which provides for the setting up of an Advisory Council to advise the Commonwealth Minister for Health on matters relating to the national campaign; and (d) Section 9, which authorizes the Commonwealth to pay allowances to sufferers from tuberculosis and their dependants to enable sufferers to give up work and undergo treatment, and thus minimize the spread of infection.

The Commonwealth has completed an arrangement with each State, whereby each State is required to conduct an effectual campaign against tuberculosis and to provide adequate facilities for that purpose. In consideration of this, the Commonwealth undertakes to reimburse the State for all approved capital expenditure in relation to tuberculosis on and after 1st July, 1948, and for net maintenance expenditure to the extent that it is in excess of net maintenance expenditure for the base year 1947-48. Thus, the States are required to carry out the actual physical or field work of the national campaign with the Commonwealth acting 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.

An Advisory Council, known as the National Tuberculosis Advisory Council, has been set up and has already held six meetings. There are eleven members under the chairmanship of the Commonwealth Director-General of Health. The members are the Commonwealth Director of Tuberculosis, the six State Directors of Tuberculosis, the Consultant (Chest Diseases) of the Department of Repatriation, two specialist private practitioners, and the Chief Administrative Officer of the Commonwealth Department of Health.

A system of tuberculosis allowances has been drawn up and is an important factor in the campaign against the disease. Payments under the scheme were commenced on 13th July, 1950. The rates of allowance from 29th October, 1953 were £9 2s. 6d. a week for a married sufferer with a dependent wife, £5 12s. 6d. a week for a sufferer without dependants (reducible to £3 10s. when maintained free of charge in an institution), and 10s. a week for each dependent child under the age of sixteen (which is additional to child endowment). There is a means test, generous to the sufferer, which has regard only to income and not to property.

(vi) *Free Milk for School Children Scheme*. In 1950 the States Grants (Milk for School Children) Act was passed. The object of this Act was to improve 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 public or private primary schools, including nursery schools, kindergartens, crèches and aboriginal missions, are eligible to receive this issue. Wherever practicable the milk is given to the children in one-third of a pint bottles. The cost of the milk plus half the capital or incidental costs, including administrative expenses incurred in administering the scheme is reimbursed by the Commonwealth to the States. All States are now participants in the scheme, and at 30th June, 1954 approximately 874,000 children were receiving free milk.

In the years 1952-53 and 1953-54 the following amounts were reimbursed to the various States and Territories :— 1952-53, New South Wales £701,448, Victoria £433,766, Queensland £55,000, South Australia £175,400, Western Australia £92,996, Tasmania £60,000, Northern Territory £233, Australian Capital Territory £5,261, Total £1,524,104; 1953-54, New South Wales £881,600, Victoria £429,000, Queensland £204,600, South Australia £156,000, Western Australia £107,138, Tasmania £219,580, Northern Territory £552, Australian Capital Territory £6,891, Total £2,005,361.

3. *Other Activities of the Commonwealth Department of Health.*—(i) *Animal Quarantine.* Animal quarantine is authorized by the provisions of the Quarantine Act 1908–1950 and has as its objective the prevention of the introduction or spread of diseases of animals. This legislation covers the importation of all animals, raw animal products, biological cultures, etc., associated with animal diseases and goods associated with animals.

Domesticated animals, i.e., horses, cattle, pigs, sheep, goats, dogs, cats and poultry, are admitted from a limited number of countries depending on diseases present in the country of origin. All must be accompanied by health certificates which include prescribed tests. On arrival in Australia they are subject to quarantine detention.

Zoological specimens are imported into registered zoos where they remain in permanent quarantine. Circuses are also registered if exotic species of animals are kept. In a somewhat similar manner, animals for scientific purposes are imported to approved laboratories. All of these premises are kept under constant surveillance. Raw animal products such as hair, special types of wool, skins, hides, etc., are subjected to special treatment under quarantine control, whilst such items as raw meat, sausage casings and eggs, which cannot be sterilized, are admitted from very few countries. Other items such as harness, fittings, fodder, ship's refuse, etc., are appropriately treated to destroy possible infection.

The Division of Veterinary Hygiene was created in 1926 to deal with the administration of animal quarantine: formerly the full responsibility for this administration fell on the Director of Quarantine. The organization of the Division provides an excellent example of Commonwealth and State co-operation. The Central Administration is situated within the Health Department at Canberra, with a Director, an Assistant Director and Veterinary Officers. By provision in the Quarantine Act and by arrangement with the States, the Principal Veterinary Officer of the Department of Agriculture in each State is appointed Chief Quarantine Officer (Animals) of the State and members of his staff Quarantine Officers (Animals). These State officers, acting in their Commonwealth capacity, carry out the quarantine policy formulated by the Central Administration. Quarantine accommodation is provided at permanent animal quarantine stations at each Capital City.

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

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, straw, etc., being the subject of combined control.

(ii) *Plant Quarantine.* Since 1st 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 1908–1950 general powers are held by which the quarantine inspectors are required to examine all plant material at the first port of entry and to release only such material as is 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 deliberately evading the regulations. All plant material entering as cargo must also be declared.

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

Any plant material found carrying diseases or pests or suspected of doing so may be ordered into quarantine for remedial treatment, or if the treatment be impracticable, may be destroyed. Such treatments are paid for by the importer. Air transport has created many new problems in maintaining effective control. It is impossible in this summary to give details of regulations governing the different types of plants, but the following will indicate certain broad principles in them :—(a) The importation of plants likely to be infected with plant diseases, noxious fungi or poison plants is prohibited ; (b) Agricultural seed must conform to standards of purity ; (c) Many commodities such as hops, cotton, peanuts in shell, nursery stock, potatoes, certain crop seeds, vines and specified plants may only be imported by approved importers under special conditions ; (d) Certain plant products such as bulbs and timber (in logs or sawn), from specified areas may only be imported if accompanied by certificates showing that prescribed treatment has been given in the country of origin.

The regulations are constantly being amended in the light of experience, with the object of maintaining for Australia the freedom from a large number of serious diseases and pests of plants which ravage crops in other lands.

(iii) *The Commonwealth Serum Laboratories.* The laboratories were established in 1916 under the administration of the Quarantine Branch, Department of Trade and Customs (later the Commonwealth Department of Health, Order-in-Council, March, 1921). Work began in temporary quarters, but new buildings were erected and occupied in 1918 at Royal Park, Melbourne, where the Commonwealth had acquired 23 acres. In 1936, a farm of 325 acres was purchased for experimental and other purposes at Broadmeadows, 9 miles from Melbourne. The laboratories function as a Public Health Institute and are part of the Commonwealth Department of Health, conducting research and training of laboratory personnel. In addition, biological products are prepared on a large scale for use in the diagnosis, prevention and treatment of human and animal diseases.

Since their foundation 38 years ago, the laboratories have been greatly extended in size and scope. The number and variety of biologicals available for issue have thus been increased to the extent that Australia is practically independent of overseas supplies.

Continuous research is being conducted into all relevant aspects of Bacteriology and Immunology and related fields of work. New kinds of biological agents are prepared and tested as the growth of medical or scientific knowledge provides fresh means of diagnosis, prevention and treatment. Investigations are also made into other aspects of public health work. For the past 30 years the production of veterinary biologicals has been a feature of the work, and in recent years extensive development has occurred in this direction.

The result of increasing employment of veterinary products in the prevention of diseases of domestic animals and stock is reflected in the diminution of incidence of certain infectious diseases amongst stock with economic benefit to the community.

The laboratories also serve as a national centre for the maintenance in Australia of the International Standards of the Permanent Commission on Biological Standards (World Health Organization), and act as the regional reference centre for the World Health Organization in collating reports of prevalence of certain infectious diseases in Australia, and at the same time conduct laboratory investigations for the identification of diseases thus reported.

(iv) *The Commonwealth Health Laboratories.* The fifteen health laboratories of the Department are situated at strategic points throughout Australia. They are located at Canberra, Darwin, Cairns, Townsville, Rockhampton, Toowoomba, Lismore, Bendigo, Launceston, Hobart, Port Pirie, Kalgoorlie, Tamworth, Wollongong and Albury. These laboratories were established as an essential part of the quarantine system but were also to undertake research into local health problems and to provide medical practitioners of each district with up-to-date facilities for laboratory investigation and diagnosis. It was realized that co-operation between the general practitioner with his clinical observations and knowledge of the environment of disease on the one hand, and the staff of a well-equipped laboratory on the other hand, is essential to the efficient investigation of disease and the effective operation of control measures.

From this standpoint, the laboratories have already proved their value in the determination of leptospirosis and endemic typhus in North Queensland, in the investigation of special local problems at Darwin, of undulant fever throughout Australia, of silicosis and tuberculosis at Kalgoorlie and of plumbism at Port Pirie. In these investigations close co-operation has existed with State and local health and hospital services; especially is this so in Queensland where collaboration has yielded exceptionally valuable results in differentiating the groups of fevers previously unclassified in that State. In this investigational work, as well as in more routine activities, the laboratories have at their disposal the full resources and technical and specialist facilities available at the Commonwealth Serum Laboratories and the School of Public Health and Tropical Medicine, Sydney.

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

The work of the school comprises both teaching and investigation. Courses are held for the University post-graduate diploma of public health and the diploma of tropical medicine and hygiene. Lectures are given in public health and preventive medicine as prescribed for the fifth year of the medical curriculum. Other classes include students in architectural, social and school hygiene, lay officers and nurses in the tropical services, and missionaries. In addition to this work, all the resources of the School were made available during the war for the training of medical and hygiene officers and other ranks from all the Services of the Australian and Allied Forces.

Investigational work covers a wide field of public health and medical subjects, both in the laboratory and in the field. Field work has been carried out not only in Australia but in co-operation with the local administrations in Papua, New Guinea, Norfolk Island and Nauru. Sections of Child Health and Occupational Disease have been established and suitable staff selected.

(vi) *Commonwealth Acoustic Laboratories.* The Department of Health established the first of the series of Acoustic Laboratories in January, 1947, in Sydney. The laboratory continued and expanded the work of the Acoustic Research Laboratory which was sponsored by the National Health and Medical Research Council during the years 1942-1946 for the purpose of investigating problems of noise and difficulties of intercommunication in aircraft and tanks. After the 1939-45 War the Acoustic Research Laboratory directed its attention to the problem of deafness in children, particularly the group whose affliction was caused by the mothers contracting rubella in the early months of pregnancy.

The taking over of the Acoustic Research Laboratory by the Department of Health was influenced by a request from the Repatriation Commission for technical assistance in the matter of providing hearing aids for deafened ex-servicemen. Arrangements for this purpose were completed and branch laboratories were established in all other State Capital Cities.

During 1948 the Acoustic Laboratories Act was passed to allow the expansion of activities on the following lines :—(1) To carry out the requirements of the Repatriation Commission for deafened ex-Service personnel and to provide a similar service for the Commonwealth Department of Social Services in respect of deafened ex-Service personnel whose disability was not caused by war service ; (2) to assist the Education Departments of the States in measuring deafness, fitting aids, and maintaining hearing aid equipment for school children ; (3) to act on behalf of various State and other authorities who desire to have independent tests made before assisting financially in the purchase of hearing aids for people under their care ; (4) to investigate problems associated with noise in industry ; (5) to make hearing tests on Civil Aviation aircrew as required by International agreement ; and (6) to give advice to the Armed Services on noise problems as required.

The laboratory in Sydney is responsible for the training of personnel for the whole Acoustic Service, the production of equipment, the calibration of hearing aids and audiometers and the technical administration of the branch laboratories.

(vii) *Commonwealth Bureau of Dental Standards.* The National Health and Medical Research Council sponsored the Dental Materials Research Laboratory during the years 1939–1946, for the purpose of assisting the Defence Services, the Medical Equipment Control Committee and other Government Departments in the selection and purchase of suitable dental equipment and materials. Valuable assistance was also given to Australian manufacturers of dental materials in relation to improvement of their products and the development of new materials.

Much of the work was of a routine nature and after the 1939–45 War the National Health and Medical Research Council decided to cease its sponsorship, but recommended that the Department of Health should take over the laboratory as it was serving a good purpose. This was done in January, 1947, and the laboratory was renamed the Commonwealth Bureau of Dental Standards and is at present situated in the grounds of the University of Melbourne.

The functions of the Bureau are as follows :—(1) Original research into dental equipment, materials, techniques and processes ; (2) the development, through the Standards Association of Australia, in consultation with a committee representative of the Commonwealth Department of Health, of the Australian Dental Association and of manufacturers and distributors, of specifications for dental materials and equipment ; (3) regular systematic surveys of dental materials on sale to the profession in Australia, and the reporting of the results of such investigations in recognized Australian scientific journals ; and (4) the provision of a consultative service and testing facilities for local manufacturers and distributors of dental materials with the view to assisting them in the improvement of existing products and the development of new materials.

(viii) *Commonwealth X-ray and Radium Laboratory.* The persistent increase in cancer mortality has led to the development in Australia of a national organization directed towards the control of this disease. The Commonwealth Department of Health has actively participated in this movement. Annual cancer conferences convened by the Department from 1928, onward provided an opportunity each year for those actively engaged in the campaign against the disease to meet for the discussion of problems and the determination of lines of action for further development. The tenth conference in this series met in New Zealand in February, 1939, and so marked an association which had been maintained between Australia and the Dominion since the inception of the conferences.

Although the cancer conferences were not held during the war years, and have not been revived, the Department continues to maintain liaison in this work. A total of 10 grams of radium, purchased in 1928 by the Commonwealth Government for use in treatment and research, has been distributed on loan to treatment centres throughout Australia. Under the terms of this loan, treatment at well-equipped clinics is available to all requiring it, irrespective of ability to pay. This work is co-ordinated by the

Department. From time to time portions of the original radium holding have been remounted by the Department in forms more suitable for the more modern techniques which have been developed.

Realizing the essential importance of accuracy in determining the quality of radiation used in the treatment of cancer and in measuring the dosage of this radiation actually delivered to the tumour, and the need for the investigation of physical problems in connexion with the utilization of X-rays and radium in the treatment of disease, the Commonwealth Department of Health in 1935 extended the work of the Commonwealth Radium Laboratory, established in 1929, to include the investigation of the physical problems of radiation therapy generally. This laboratory, known as the Commonwealth X-ray and Radium Laboratory, is situated by agreement with the University of Melbourne within the University grounds, and is maintained, controlled, and staffed by the Commonwealth Department of Health. It is accommodated in a building specially designed for work with X-rays and radium, and is amply provided with all necessary equipment for research work, including a 500,000 volt high tension generator.

The laboratory co-operates closely with the local physical services which have been developed in the other capital cities of Australia to provide local facilities for the production of radon, for the calibration of X-ray therapy equipment, and for the measurement of radiation exposure of X-ray and radium workers. The laboratory has continued to repair radium containers. It also undertakes investigations into physical problems arising in the use of X-rays and radium in treatment.

During the year 1953, a total of 101,386 millicuries of radon was prepared and issued from the laboratory in implants, needles and tubes, while 37,979 millicuries were issued by the associated centres in Sydney, Adelaide and Brisbane. The corresponding figures for 1952 were 101,380 and 35,260 millicuries respectively. The issues of radon from a few centres to serve hospitals all over the continent is a unique Australian development, and enables a very efficient use to be made of the radium available.

The development of atomic energy programmes overseas has made available supplies of artificial radio-isotopes which can be used either as an alternative to natural isotopes such as radium and radon, or may be applied internally when they are selectively secreted in a particular organ. All radio-isotopes in use in Australia in medicine, research and industry are subject to the approval of the laboratory and are imported by the laboratory. Regular supplies of radio-phosphorus and radio-iodine are obtained and are distributed free of charge for the treatment of patients throughout Australia according to a policy developed by the Committee on Radio-isotopes of the National Health and Medical Research Council. The laboratory has been responsible for the development of a scheme of physical measurements required in the use of radio-iodine which can be readily carried out in individual hospitals.

Close co-operation is maintained between the medical men engaged in the clinical investigation and treatment of the disease and research workers, physicists, and biochemists, so that problems are mutually investigated and treatment applied with the highest obtainable degree of scientific accuracy.

(ix) *The Northern Territory Medical Service.* As from 1st April, 1939, the Commonwealth Department of Health absorbed the Northern Territory Medical Service and became responsible for the medical and health services of that area. Military control of these services operated from 1942 to 1945 but civilian control was resumed over the whole area by May, 1946.

The Darwin Hospital has accommodation for 187 in-patients, Alice Springs Hospital 90, Katherine Hospital 25 and Tennant Creek Hospital 25. The existing leprosarium at Channel Island will be replaced by a new leprosarium on the mainland to accommodate 300 inmates. The new leprosarium is nearly completed and a pathologist has been appointed to the Health Laboratory. Dental services are available and two clinics have been established, one at Darwin and one at Alice Springs, whilst mobile road and aerial units of the dental and medical services serve the outback.

An aerial medical service, operated by the Department, is based on Darwin. De Havilland Drover and Dragon aircraft are used, the pilots being supplied by arrangement with Trans-Australia Airlines. Emergency and regular monthly routine visits and surveys are undertaken. At Alice Springs medical officers of the Northern Territory Medical Service provide free service for the Flying Doctor Service base.

The Commonwealth Department of Health maintains a quarantine station at Darwin which is a first port of entry for oversea aircraft. Public health services are provided at large centres and all other centres of population are visited periodically by the Senior Health Inspector.

(x) *National Fitness.* A national fitness movement was launched in Australia in 1939 following the world-wide movement for the advancement of physical fitness which preceded the last world war. In 1938, arising from a recommendation of the National Health and Medical Research Council, the Commonwealth Government agreed to appoint a Commonwealth Council for National Fitness, under the Commonwealth Minister for Health, to effect collaboration of Commonwealth, State and Local Government authorities in the movement. Meetings of this Council are held at regular intervals, and an annual report submitted to Parliament. Autonomous State National Fitness Councils operate in all States, each sending one representative to the Commonwealth Council meetings. Following the recommendations of the first Commonwealth Council meeting in 1939, the Commonwealth Government agreed to make available an annual sum of £20,000 for five years and grants were allocated to each State for purposes of organization and to each of the six Australian universities to establish lectureships in physical education. In July, 1941 a National Fitness Act was passed by the Commonwealth Parliament to ensure greater permanence to the movement, and in June, 1942, the Commonwealth grant was increased to £72,500 to include grants to State Education Departments and for the work in the Australian Capital Territory. In 1951 the total grants were extended for a further period of three years. The movement continues to develop and to gain public interest and support throughout Australia, particularly through its physical and recreational activities with voluntary youth organizations and amateur sports organizations.

(xi) *The Pre-school Child.* Sessions of the National Health and Medical Research Council and the reports of the Commonwealth Advisory Council on Nutrition have called attention to the need for greater effort throughout Australia directed towards the care of the growing child, especially during the pre-school period. Movements for the care of the infant and the welfare of the school child are already developed by State authorities as recorded in §§ 7 and 8 below. The Commonwealth Government felt that more could be done for the child of pre-school age, and it was decided to give a lead by making it possible to demonstrate what could be done and the practical methods which could be applied.

The Commonwealth Government therefore decided to establish in each capital city a pre-school demonstration centre, known as the Lady Gowrie Child Centre, and in order to achieve the best results in association with those who have had experience in this field, it has secured the co-operation of the Federal Organization of Kindergarten Unions, which is operating under the title of "The Australian Association for Pre-school Child Development". A suitable site was secured in each capital city and the necessary school structure was built. Formerly the administration of these centres was under the direction of the local Kindergarten Union and the employment of staff was made with the approval of the Commonwealth Department of Health. Recently the local Lady Gowrie Child Centre Committees were given a greater degree of autonomy, so that while the technical supervision still rests with the Australian Association for Pre-school Child Development, the management of each centre, including staffing, is in the hands of the local Committee. This development is associated with a change in the method of financial control. An annual grant is made to each Committee towards the cost of the centre, the disbursement of these funds being at the discretion of the local Committee, subject to the general supervision of the Australian Association for Pre-school Child Development. This applies in so far as the educational side is concerned, and in this

field advantage is being taken of the opportunity to try new methods and to make systematic records of observations with the object of securing reliable knowledge of the educational technique of this pre-school period.

Along with this educational practice there proceeds also the study of physiological requirements of the child and of the interaction between physical and mental health under varying conditions. The children at these centres provide a considerable mass of human material for control and study, which is of great value in view of the importance of the study of growth and of nutrition of their age-period. Not only are routine measurements made of height, weight and other bodily data, but problems of nutrition are studied in detail. The medical work at each State centre is conducted on a uniform basis, according to a scheme formulated at, and directed from, the Australian Institute of Anatomy, Canberra, where parallel investigations on the laboratory side are being undertaken.

An annual grant of £30,000 is paid by the Department to the Australian Association for Pre-school Child Development to assist this body in its work.

(xii) *The Australian Institute of Anatomy.* Information concerning the Australian Institute of Anatomy at Canberra is given in previous issues of the Official Year Book (see No. 32, pp. 919-21). In 1931 the Institute became an integral part of the Commonwealth Department of Health.

A number of Health Department units are now concentrated within the Institute. These include the Museum and Medical Artistry Section; the Nutrition Section; the Diabetes and Enzyme Research Section; the Commonwealth Health Laboratory for the Australian Capital Territory; the Veterinary Laboratory; and the office of the Australian Pre-school Association.

The scientific research work of the Institute has now been concentrated on problems of nutrition. These take the form of field surveys of the dietary status of the Australian population and laboratory investigations into the biochemistry of nutrition and metabolism. In addition to the anatomical and biological displays, there is an extensive arrangement of valuable ethnological material illustrating the culture of the Australian aborigines and of New Guinea natives.

§ 3. The National Health and Medical Research Council.

In 1926 the Commonwealth Government established a Federal Health Council, in accordance with a recommendation of the Royal Commission on Health (1925), "for the purpose of securing closer co-operation between Commonwealth and State Health Authorities". This Council held sessions each year except in 1932. In 1936 the Commonwealth Government decided to create a body with wider functions and representation, and the National Health and Medical Research Council was established with the following functions :—

- 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.
- To advise the Commonwealth Government on the expenditure of money specifically appropriated to be spent on the advice of this Council.
- To advise the Commonwealth Government on the expenditure of money upon medical research and on projects of medical research generally.
- To advise Commonwealth and State Governments upon the merits of reputed cures or method of treatment which are from time to time brought forward for recognition.

The Council consists of the Commonwealth Director-General of Health (as Chairman), two officers of his Department, the official head of the Health Department in each State, together with representatives of the Federal Council of the British Medical Association, the Royal Australasian College of Surgeons the Royal Australasian College of Physicians,

the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists, the Australian Dental Association, and (jointly) the four Australian Universities having medical schools. A prominent layman and laywoman, appointed by the Commonwealth Government, also serve on the Council.

The first session of the National Health and Medical Research Council met at Hobart in February, 1937. The thirty-seventh session met at Sydney in May, 1954.

Under the Medical Research Endowment Act 1937, the Commonwealth Government has made an annual appropriation of funds to provide assistance :—(a) to Departments of the Commonwealth or of a State engaged in medical research ; (b) to Universities for the purpose of medical research ; (c) to institutions and persons engaged in medical research ; and (d) in the training of persons in medical research.

Approved research institutions under this system now number 51. During 1954 grants for projects numbered 55 in the following fields :—bacteriology, biochemistry, biophysics, clinical research, dental research, epidemiology, haematology, medical chemistry, neurology, neuro-physiology, obstetrics, pathology, physiology and pharmacology, tuberculosis and virus diseases. In certain instances, equipment and apparatus have been made available by the Council ; this has greatly facilitated some specialized lines of research. The wide scope of work being carried out is greatly assisted by the formation of committees which meet regularly and advise the Council in such subjects as industrial hygiene, public health, epidemiology, maternal and child welfare, radioactive isotopes, antibiotic distribution, tropical physiology and hygiene, tuberculosis and the latest developments in X-ray technology and application.

The research work being done under these grants is of a high standard, many of the individual investigators enjoying international reputation. Beyond this practical achievement, the original objectives of the Council are being attained in encouraging young graduates to take up research work and in securing a continuity and permanence of medical research in Australia.

An insurance benefit scheme for such medical workers on the lines of the Federated Superannuation System for Universities is now in operation.

§ 4. Control of Infectious and Contagious Diseases.

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

2. **Quarantine.**—The Quarantine Act is administered by the Commonwealth Department of Health, and has three sections of disease control, as follows :—(i) Human quarantine which controls the movements of persons arriving from overseas until it is apparent that they 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 regard to interstate movements of animals and plants, the Act becomes operative only if the Governor-General considers that Federal 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.

The Commonwealth controls stations in each State for the purposes of quarantine of humans, animals and plants.

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

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

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

(b) *Diseases Notifiable and Cases Notified in each State and Territory.* The following table, which has been compiled by the Commonwealth Department of Health, shows for each State and Territory the diseases notifiable in 1953 and the number of cases notified. Diseases not notifiable in a State or Territory are indicated by an asterisk.

**DISEASES NOTIFIABLE IN EACH STATE AND TERRITORY AND NOTIFICATIONS
FOR THE YEAR ENDED 31st DECEMBER, 1953.**

Disease.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Acute rheumatism ..	158	155	*	*	24	*	1	..	338
Amoebiasis ..	*	13	5	3	6	..	..	..	27
Ankylostomiasis† ..	47	..	85	..	2	..	58	..	192
Anthrax ..	*	..	1	..	..	..	..	..	1
Bilharziasis ..	..	..	..	..	..	..	..	..	..
Brucellosis ..	8	37	1	1	7	..	..	..	54
Chorea ..	22	14	*	*	6	*	..	..	42
Dengue ..	*	..	*	*	1	*	..	..	1
Diarrhoea, infantile ..	237	163	424	*	4	11	66	..	905
Diphtheria ..	499	201	187	6	170	23	..	1	1,087
Dysentery, bacillary ..	..	59	54	164	42	55	..	4	378
Encephalitis ..	20	30	1	23	3	5	1	..	83
Filariasis ..	*	..	..	..	..	..	..	..	..
Homologous serum jaundice ..	*	1	*	*	..	*	..	..	1
Hydatid ..	..	22	*	*	..	9	1	..	32
Infective hepatitis‡ ..	..	491	*	*	443	*	19	..	953
Lead poisoning ..	*	..	11	*	5	*	..	..	16
Leprosy ..	..	2	13	..	26	..	22	..	63
Leptospirosis ..	2	*	109	..	..	*	..	..	111
Malaria ..	..	3	11	..	25	9	8	..	56
Meningococcal infection ..	128	148	33	17	25	42	5	..	398
Ophthalmia ..	*	*	*	*	163	..	..	..	163
Ornithosis ..	3	4	*	..	..	*	..	..	7
Paratyphoid ..	10	2	..	..	1	2	..	..	15
Polioomyelitis ..	630	284	207	398	44	112	1	1	1,677
Puerperal fever ..	18	5	49	3	3	..	3	1	82
Rubella ..	..	1,192	21	*	1,053	..	6	8	2,280
Salmonella infection ..	..	*	*	*	17	*	1	..	18
Scarlet fever ..	646	2,469	299	157	93	45	..	13	3,722
Tetanus ..	..	9	37	*	12	*	..	..	58
Trachoma ..	*	..	*	*	1,201	*	1	..	1,202
Trichinosis ..	..	..	*	..	..	..	..	..	..
Tuberculosis ..	1,896	1,121	902	389	403	216	38	14	4,979
Typhoid fever ..	92	54	36	11	7	9	..	5	214
Typhus—flea, mite or tick borne ..	9	1	39	3	18	..	..	..	70

* Not notifiable. † Ankylostomiasis has been notifiable in New South Wales since November, 1953. ‡ Infective hepatitis has been notifiable in New South Wales since December, 1953.

NOTE.—No cases of cholera, plague, smallpox, epidemic typhus or yellow fever were notified.

(ii) *Veneral Diseases.* The prevention and control of venereal diseases are undertaken by the States. Each State has a Venereal Diseases Act, or provisions in the Health Act govern the working of the measures taken to combat these diseases. Under these Acts notification has been made compulsory in every State. Steps have been taken to ensure free treatment by medical practitioners or in subsidized hospitals and clinics. Registered pharmaceutical chemists are allowed to dispense prescriptions only when signed by medical practitioners. Clinics have been established and, in some cases, beds in public hospitals have been set aside for patients suffering from these diseases.

Penalties may be imposed on a patient who fails to continue under treatment. Clauses are inserted in the Acts which aim at preventing the marriage of any infected person and the employment of an infected person in the manufacture or distribution of foodstuffs.

4. *Vaccination.*—There is statutory provision for compulsory vaccination in all States except New South Wales. Jennerian vaccine for vaccination against smallpox is prepared at the Commonwealth Serum Laboratories in Melbourne. There has been a considerable increase in the demand for vaccination, especially by people about to travel overseas by air, so that they may conform with the quarantine requirements of countries to which they are travelling.

§ 5. Inspection and Sale of Food and Drugs.

Public Health legislation in force in all States provides for the inspection of foods and drugs with the object of ensuring that all goods sold shall be wholesome, clean and free from contamination or adulteration; and that all receptacles, places and vehicles used for their manufacture, storage or carriage shall be clean. For further particulars in this connexion see § 1. State Public Health Legislation and Administration, p. 455.

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

1. *General.*—In earlier issues of the Official Year Book (see No. 22, p. 498) reference was made to the legislation in force in the various States to ensure the purity of the milk supply and of dairy produce generally.

2. *Number of Dairy Premises Registered, 1953.*—The following table shows, so far as the particulars are available, the number of dairy premises registered and the number of cows in milk thereon. In some States registration is compulsory within certain proclaimed areas only.

DAIRY PREMISES REGISTERED, AND COWS IN MILK THEREON, 1953.

Particulars.	N.S.W. (a)	Victoria.	Q'land. (a)	S. Aust.	W. Aust. (b)	Tasmania. (a)
Premises registered ..	16,278	26,733	21,500	10,238	607	7,256
Cows in milk thereon	578,833	788,787	627,700	99,349	22,212	94,170

(a) March, 1953.

(b) Dairies registered with the Milk Board for whole milk or sweet cream for table use.

§ 7. Medical Inspection of School Children.

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

2. New South Wales.—(i) *School Medical Service.* A definite scheme of medical inspection of school children was established by the Department of Education during the years 1913–14. About the same time travelling Dental Officers were appointed, and inspection and treatment were carried out mainly in country districts.

The School Medical Services have gradually been extended since that time, additional services, such as Child Guidance Clinics, Speech Therapy Clinics and Hearing Clinics, having been introduced.

Up till the year 1946, the School Medical Service was attached to and under the control of the Department of Education, but since 1946 it has been under the control of the Department of Public Health. In 1947 the dental section was separated from the School Medical Service and a Division of Dental Services was formed.

The primary object of the service is the medical examination of children to discover any departure from normal in the health of a child, either physical or mental, and to notify the parent or guardian, in order that the child may be further investigated to determine the need for treatment. In many cases it is not possible to make a diagnosis of the conditions found at the time of the examination. This is due partly to the fact that only a limited time can be devoted to each individual examination, and also to lack of facilities within the Service for further investigation. Treatment is accepted as the responsibility of the practising medical profession.

The children attending all schools administered by the Department of Education are medically examined, as are also children attending the majority of other schools in the State. Medical officers annually visit schools in the metropolitan, Newcastle and Wollongong areas, and in five country towns (Armidale, Tamworth, Bathurst, Orange and Wagga), and examine children in kindergarten or 1st grade in primary schools and 1st and 4th years in secondary schools. Children in other classes are examined or reviewed, as necessary. The vision and hearing of pupils are tested in 4th grade.

Prior to the visit of the medical officer in Sydney, Newcastle and Wollongong areas, a school nurse visits the school to prepare the medical examination cards and to carry out some preliminary tests, for example, vision and hearing. Prior to the examination parents are required to fill in a card relating to the previous medical history of the children.

In country areas the object is for medical officers to visit schools every three years, and for all children attending to be examined. Owing to insufficient staff, the country portion of the programme cannot be completed each year.

When an abnormal condition has been found by the examining medical officer and it is not under effective treatment, the parent is informed in writing by the medical officer. If possible, the parent is called in for interview, with the examining medical officer. In the metropolitan, Newcastle and Wollongong areas school nurses follow up these cases with the object of persuading parents to seek medical advice.

It is considered that the full medical examination on entrance to school, on entrance to secondary school, and in 4th year, together with the referral of children to the school medical officer by parent, teacher or school nurse, will provide sufficient cover so that the great majority of children with defects, either physical or mental, will be seen by the medical officer.

During 1953, medical officers of this service examined 164,845 children. Of the total number, 128,542 children were fully examined, equalling 21.31 per cent. of the school population for the State. In addition, the cases of 36,303 children were reviewed during the year.

In the metropolitan area, 76,977 children were fully examined, and the cases of 29,941 were reviewed.

Defects of notifiable standard, including unhealthy mouths, were found in 32.1 per cent. of the children fully examined. Of the total 41,246 defects recorded, it was found necessary to notify 57.4 per cent. of them to parents or guardians, in order that further investigation and/or treatment could be effected.

Arrangements are made for oculists to visit schools in the more remote areas. As well as carrying out a full examination the oculists refract the eyes of children found to have defective eyesight and prescribe glasses where necessary.

Surveys—Various surveys of school children are undertaken from time to time, e.g. hookworm survey, height-weight survey, nutrition surveys, and investigations to determine the incidence of enlargement of the thyroid gland, defective vision, postural defects, etc.

Hearing surveys—In addition to the hearing tests carried out by the school nurses and medical officers in the course of the routine medical examination, audiometric surveys and follow-up tests are undertaken. Part-time ear, nose and throat specialists review the condition of children found to have any significant degree of deafness, give advice with regard to treatment, and if necessary, advise whether the use of a hearing aid is indicated.

Teachers' Colleges—Medical officers of the School Medical Service are attached to Teachers' Colleges. They lecture in school health and other subjects to students in the Colleges. These officers are also responsible for the health supervision of College students.

Child Guidance Clinics—Starting with the appointments of a psychiatrist and a psychologist in 1936, four child guidance clinics have now been established under the administration of the school medical service. They are all located in the metropolitan area. One clinic functions at the Yasmar Boys' Shelter and deals exclusively with cases before the Children's Courts.

Each clinic is now staffed by a psychiatrist, a psychologist and social workers.

Speech Therapy Clinics—The establishment provides for a staff of ten Speech Therapists. Treatment is undertaken in clinics in the metropolitan area.

The estimated expenditure for the School Medical Service for the financial year 1953-54 is £97,000.

(ii) *School Dental Service*. The School Dental Service provides dental treatment for school children. They are examined in the schools, and parents consent forms are given to those requiring treatment.

The number of clinics has never been sufficient to provide more than a limited service. It has been found necessary to restrict treatment to the ages of 6-8 years in the metropolitan area and 6-9 years in large country centres. In small outlying rural schools children of all ages are included.

In 1953 the School Dental Clinics working in both city and country districts examined 20,957 children. Of these 6.68 per cent. were found to have naturally sound mouths, whilst an additional 18.68 per cent. were found to have sound mouths as a result of treatment.

The clinics treated 13,227 children in 36,905 visits and 20,740 teeth were extracted, 22,955 permanent fillings and 30,024 other treatments including prophylaxis were provided.

3. *Victoria*.—Medical inspection of school children was established in 1909. Regular medical examination every three years is carried out within the limits of staffing, the object being not only to ascertain defects, but to ensure as far as possible adequate treatment and the suitable school placement of physically and mentally handicapped children. Frequent and regular inspection by school nurses establishes a high standard of cleanliness and every opportunity is taken to educate the child and his parents in the basic principles of hygiene.

All schools in the regions of Port Phillip, Glenelg, East Gippsland, Gippsland, Central Highlands and Goulburn are examined regularly and it is hoped to extend to Corangamite, Loddon and Upper Goulburn during 1954.

During the year ended 31st December, 1953, 109,399 children were examined in schools by the medical officers and 274,428 by the school nurses. Approximately 1,000 were referred for special examination at head-quarters for speech and hearing defects, admission to special schools and classes, etc., and 3,104 teachers were also examined. The cost of the School Medical Service for 1953 was £64,058.

The School Dental Service provides dental treatment for children attending primary schools and resident in institutions in certain parts of the State. The districts included are progressively extending as facilities and staff increase. Children from metropolitan schools in industrial suburbs are taken to the School Dental Centres by contract bus service. Country schools are visited by mobile dental units. Six dental vans and four semi-trailer (two surgery) units are operating in the mobile service. Former country

itineraries were resumed in 1952 and extended during 1953. This service now operates in the Mallee, Gippsland and East Gippsland regions, and parts of the Goulburn, Upper Goulburn and Port Phillip regions. The latest extension is in the Western District, and as further mobile units are obtained, new regions will be added. The Dental Division has a staff of 35 dentists and 34 dental attendants. During 1953, 33,500 children attending 355 schools received dental examination and all necessary treatment, including 38,359 extractions, 58,180 fillings and 15,254 other treatments. The cost for the year 1953 was £102,200.

4. **Queensland.**—The School Health Services Branch, under the direction of the Chief Medical Officer, consists of three sections known as the Medical, Dental and Nursing Sections.

Medical inspection of schools and school children is carried out by two full-time officers and one part-time officer under the general direction of the Chief Medical Officer, School Health Services. These officers examine as thoroughly as possible all children who have recently entered school and those children referred to them by the school nurses.

The nurses now number 16. Each nurse is assigned to a group of schools and in areas where Departmental medical officers are stationed, screens all children prior to the officer's visit. In other areas parents are notified direct of suspected defects found by the nurse who also reports on the sanitation, cleanliness and ventilation of the school, notifies the head teacher of all infectious or verminous children and advises regarding appropriate treatment. During 1952-53, school nurses examined 80,948 children. In the metropolitan area the nurses examine the teeth and report all eligible carious cases to the Dental Hospital for treatment.

The Department now has a staff of 23 dentists, and one part-time dental inspector. These officers are each assigned a district and visit schools in rotation. During 1952-53 41,975 children were examined; 38,010 extractions were performed; and 41,107 fillings and 67,361 other treatments were done.

In order to give the same medical and dental facilities to the children of the back country as are obtainable by city dwellers, four Rail Dental Clinics equipped on modern lines have been constructed. A motor car is carried on a railway wagon attached to each clinic for use at each stopping place to visit the surrounding villages served by the rail centre.

Local practitioners in Western Queensland act as part-time ophthalmic officers.

The work of hookworm control (dealing with *ankylostoma duodenale* and *meconium americanus* infestation) throughout the State is under the control of the Director-General of Medical Services. This activity has resulted in a marked reduction in the incidence of this dangerous menace on the northern coastal belt. Two sisters of the School Health Services are seconded for hookworm duty. The personnel consists of a microscopist, a health inspector and two trained sisters.

This service cost £79,300 in 1952-53.

5. **South Australia.**—Children in State schools are examined while in Grades 1, 4 and 7, in the primary schools and in their 2nd and 4th years in secondary schools. Country schools are visited every three or four years and all the children are examined. Students who wish to become teachers are examined before they enter the Teachers' College and before they begin teaching. Courses of lectures in hygiene and in first aid are given to all College students and, in addition, Domestic Arts students are lectured on home nursing.

The medical staff consists of a principal medical officer, 4 full-time and 2 part-time medical officers and 5 trained nurses. Four dentists and 4 dental assistants are attached to the Branch. On 1st July, 1951 the Medical Branch of the Education Department was transferred to the Department of Public Health. The Psychology Branch and Speech Therapist remain in the Education Department.

During 1953, 35,675 children were examined by medical officers and of these 2,413 required notices for defective vision, 599 for defective hearing, and 1,834 for their tonsils and adenoids.

Expenditure for the year 1952-53 was £27,577.

The Psychology Branch consists of a psychologist, 2 assistant psychologists, a senior guidance officer, 2 guidance officers, 2 social workers, an advisory teacher of

opportunity classes, an advisory teacher of hard-of-hearing children, a half-time speech therapist and a part-time consultant psychiatrist. The work of the Branch may be divided into three sections—clinical, educational and vocational.

Clinical. The clinical work involves examining difficult children of many types, including those with such problems as backwardness, truancy, delinquency, etc. In addition, the parents of all children examined are interviewed and their co-operation is sought.

Educational. In addition to supervising opportunity and special classes for children backward in school work, the Branch advises on questions of placement and types of education for ordinary children in schools.

Vocational. The guidance officers test and advise all children about to leave school. The guidance officers are also responsible for the supervision of record cards where used in primary schools.

The Branch also lectures to students of the Teachers' College as well as to other interested organizations such as mothers' clubs.

6. **Western Australia.**—Under the Health Act 1911–1952 the medical officers appointed by the local authorities became medical officers of schools and of school children. The principle aimed at is to examine every school child once every two years.

In the Health Department there are five full-time medical officers for schools. During 1953, 42,033 children were examined (metropolitan 23,647, country 18,386), of whom 21,188 were boys and 20,845 girls. There were 302 schools visited, comprising metropolitan, 75 State schools, 27 convents and 35 kindergartens, and country, 127 State schools 32 convents and 6 kindergartens. During 1953 the 10 full-time dental officers employed visited 16 metropolitan schools, 135 country schools, and 13 metropolitan and 11 country orphanages. The number of children examined was 9,368 of whom 6,280 with their parents' consent were treated. The cost of this service for 1952–53 was £45,170.

7. **Tasmania.**—During the year 1953, 2 full-time and 2 part-time medical officers were employed in the examination of school children. Some Government medical officers also performed routine examinations as part of their ordinary duties. One part-time and 12 full-time sisters visited homes and schools regularly. Of the 22,688 children examined by medical officers 12,716 were found to have defects, 9,975 requiring dental treatment.

There are static dental clinics at Hobart, Launceston and Devonport and six mobile clinics operated in various parts of the State. Each clinic has a full-time dental surgeon in charge. During the year 11,498 children were examined by school dentists.

The cost of the school medical and dental services for the year ended June, 1953 was £38,717.

8. **Australian Capital Territory.**—By arrangement, education facilities are provided by the Education Department of New South Wales. In 1930 the Commonwealth Department of Health took over from the State the medical inspection of school children and carried out examinations of entrants and those leaving in that year. From 1943 to 1951, all primary pupils of Government schools in the Territory had an annual medical examination.

During 1951, with the appointment of an Infant Welfare and Schools Medical Officer, a plan for triennial examinations of children in primary and secondary schools was introduced, more attention being paid to those children with defects who were marked for review.

In 1953, 1,416 children were fully examined and 676 were given review examinations. At Pre-School Play Centres and Nursery Schools all children are examined on entrance and reviewed in their second year of attendance. In 1952, approximately 1,000 examinations were made of children in this group and 767 in 1953.

The commonest defects are those of ears, eyes, nose and throat. Amongst children of school age examined during 1952, 4 per cent. had defective sight and 5 per cent. had defective hearing.

In 1953 the figure for children in this class was 5 per cent. for each of these defects.

§ 8. Supervision and Care of Infant Life.

1. *General.*—The number of infant deaths and the rate of infant mortality for the five years 1949 to 1953 are given in the following table, which shows that during this period 23,474 children died in Australia (excluding Territories) before reaching their first birthday. Further information regarding infant mortality will be found in Chapter X.—Vital Statistics.

INFANT DEATHS AND DEATH RATES.

State.	Metropolitan.					Remainder of State.				
	1949.	1950.	1951.	1952.	1953.	1949.	1950.	1951.	1952.	1953.
NUMBER OF INFANT DEATHS.										
New South Wales	754	754	661	604	620	1,124	1,182	1,234	1,214	1,226
Victoria ..	518	511	549	610	544	508	490	594	588	589
Queensland ..	210	232	277	259	228	476	487	484	513	541
South Australia ..	233	235	218	210	196	211	181	210	203	179
Western Australia	149	180	185	179	180	208	206	240	205	198
Tasmania ..	53	52	56	50	51	117	120	140	122	126
Australia(a) ..	1,917	1,964	1,946	1,912	1,819	2,644	2,666	2,902	2,845	2,859
RATE OF INFANT MORTALITY.(b)										
New South Wales	25.19	25.44	22.89	20.71	21.45	28.91	28.18	28.57	26.96	26.66
Victoria ..	19.97	19.13	20.66	21.69	19.56	24.27	21.20	24.78	22.96	22.88
Queensland ..	21.38	31.98	26.83	23.73	21.02	26.55	22.37	25.04	25.60	27.14
South Australia ..	26.11	24.68	22.45	21.29	19.71	29.64	23.25	27.09	25.31	21.79
Western Australia	21.52	25.41	26.38	23.52	23.28	31.57	28.83	30.84	26.27	24.36
Tasmania ..	26.21	23.29	26.37	21.62	22.16	23.00	23.96	26.75	21.77	23.18
Australia(a) ..	22.94	23.82	23.00	21.73	20.78	27.39	24.97	27.06	25.38	25.23

(a) Excludes Territories.
registered.

(b) Number of deaths under one year of age per 1,000 live births.

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

2. *Government Activities.*—In all the States acts have been passed with the object of supervising and ameliorating the conditions of infant life and reducing the rate of mortality. Departments control the boarding-out to suitable persons of the wards of the State, and wherever possible the child is boarded out to its mother or near female relative. Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons, while special attention is devoted to the welfare of ex-nuptial children. (*See also* in this connexion Chapter XIV.—Welfare Services.) Under the provisions of the Maternity Allowances, Part V. of the Social Services Act 1947–1954, from 1st July, 1947 a sum of £15 is payable to the mother in respect of each confinement at which a living or viable child is born. Where there are one or two other children under 16 the amount payable is £16, and where there are three or more other children under 16 the amount payable is £17 10s. Where more than one child is born at a birth the amount of the allowance is increased by £5 in respect of each additional child born at that birth. Detailed particulars regarding Maternity Allowances are given in Chapter XIV.—Welfare Services.

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

(ii) *Details by States.* In earlier issues of the Official Year Book (*see* No. 22, pp. 515–6) information may be found concerning the activities of institutions in each State

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

BABY HEALTH CENTRES AND BUSH NURSING ASSOCIATIONS, 1953.

Heading.	N.S.W.	Vic.	Qld.(a)	S. Aust.	W. Aust.	Tas.	A.C.T. (a)	Total.
Baby Health Centres—								
Metropolitan .. No.	89	142	52	78	20	22	7	410
Urban-Provincial and Rural .. No.	214	(b) 361	162	146	24	(c) 70	..	977
Total .. No.	303	503	214	224	44	92	7	1,387
Attendances at Centres								
No.	1,100,709	1,090,349	372,326	232,910	191,491	144,222	21,001	3,153,008
Visits paid by Nurses								
No.	10,899	105,086	25,298	28,774	18,176	81,853	3,057	273,143
Bush Nursing Associations								
—Number of Centres ..	31	57	8	32	10	26	..	164

(a) Year ended 30th June, 1953.
mobile units which served 24 centres.

(b) Includes eight mobile units.

(c) Includes eight

In the last twenty years the number of attendances at the Baby Health Centres has more than trebled. The numbers of attendances, at five-yearly intervals, since 1930 were as follows :—1930, 919,893; 1935, 1,355,306; 1940, 2,035,299; 1945, 2,927,764; 1950, 3,049,375. During the year 1952 the number of attendances was 3,054,801.

§ 9. Disposal of the Dead by Cremation.

The disposal of the dead by cremation has been in existence in Australia for many years, as the first crematorium was opened in South Australia in 1903. The number of crematoria in New South Wales is five; the first was opened in 1925. There are two crematoria in Victoria; the first opened in 1905, but was closed in 1926 and re-opened in 1936, while the other one was opened in 1927. There are two crematoria in Queensland, the first being opened in 1934. In South Australia there is one crematorium which opened in 1903. In Western Australia there is one crematorium which opened in 1939. In Tasmania there are two crematoria; the first was opened in 1936.

The following table shows the number of cremations in each State for the five years 1949 to 1953 :—

CREMATIONS.

Year.	N.S.W.	Vic.	Q'land.	S. Aust.(a)	W. Aust.	Tas.	Aust.
1949	8,591	4,157 (a)	2,010	231	610	406	16,005
1950	9,170	4,425 (a)	2,155	225	726	421	17,122
1951	9,815	4,808 (a)	2,377	280	874	485	18,639
1952	10,165	5,338	2,569	347	929	532	19,880
1953	10,556	5,513	2,723	348	924	538	20,602

(a) Year ended 30th June.

B. INSTITUTIONS.

§ 1. General.

In Australia, institutions related to public health may be classified to three groups : (a) State; (b) public; and (c) private. To the first group belong those institutions wholly provided for by the State, such as the principal mental hospitals in the various States and the Government and leased hospitals in Western Australia. To the second group belong public institutions of two kinds, namely :—(i) those partially subsidized by the State or by State endowments for maintenance, but receiving also private aid, and (ii) those wholly dependent upon private aid. To the first of these two kinds belong such institutions as the principal metropolitan hospitals; in the second are included institutions established and endowed by individuals for the benefit of the needy generally. All institutions of a private character are included in the third group. A more or less accurate statistical account is possible in classes (a) and (b), but in regard to (c) general tabulation is impossible. Owing to differences in the dates of collection and tabulation it is impossible to bring statistics of some charitable institutions to a common year.

§ 2. Public Hospitals (other than Mental Hospitals).

1. General.—All the State capitals have several large and well-equipped hospitals, and there is at least one in every important town. In large centres there are hospitals for infectious diseases, tubercular patients, women, children, chronic diseases, etc.

The particulars given herein refer to public hospitals at the latest available date and include all institutions affording hospital relief, whether general or special, with the exception of mental hospitals, repatriation hospitals and private hospitals conducted commercially. The particulars for New South Wales in the following tables relate to public hospitals operating under the control of the Hospitals Commission.

2. Number, Staff and Accommodation, 1951-52.—Details regarding the number of hospitals, staffs and accommodation for the year 1951-52 are given in the following table :—

PUBLIC HOSPITALS : NUMBER, STAFF AND ACCOMMODATION, 1951-52.

Particulars.	N.S.W.	Vic.(a)	Q'land.	S. Aust.	W. Aust.	Tas.	A.C.T.	Total.
Number of Hospitals ..	257	101	136	61	96	23	1	675
Medical Staff—								
Honorary	2,949	1,170	152	368	230	116	17	5,002
Salaried	735	453	415	122	66	92	4	1,887
Total	3,684	1,623	567	490	296	208	21	6,889
Nursing Staff	9,762	5,589	4,593	1,774	1,906	855	77	24,556
Accommodation—								
Number of beds and cots	18,762	10,429	8,551	3,448	4,156	1,798	184	47,338

(a) Year ended 31st March, 1952.

The figures for accommodation shown in the table above include particulars, where available, of a considerable number of beds and cots for certain classes of cases in out-door or verandah sleeping places.

3. In-Patients (Cases) Treated.—The following table furnishes particulars of in-patients treated (newborn are excluded).

PUBLIC HOSPITALS : IN-PATIENTS (CASES) TREATED, 1951-52.

Particulars.	N.S.W.	Vic.(a)	Q'land.	S. Aust.	W. Aust.	Tas.	A.C.T.	Total.
In-Patients at beginning of year—								
Males	5,861	2,918	3,071	1,053	1,208	472	72	14,655
Females	7,759	3,944	3,205	1,263	1,341	709	86	18,307
Total	13,620	6,862	6,276	2,316	2,549	1,181	158	32,962
Admissions and Re-admissions during year—								
Males	143,951	64,240	76,666	24,415	33,097	12,004	1,381	355,754
Females	218,772	105,315	92,222	32,643	37,212	18,478	2,662	507,304
Total	362,723	169,555	168,888	57,058	70,309	30,482	4,043	863,058
Total in-patients (Cases) treated—								
Males	149,812	67,158	79,737	25,468	34,305	12,476	1,453	370,409
Females	226,531	109,259	95,427	33,906	38,553	19,187	2,748	525,611
Total	376,343	176,417	175,164	59,374	72,858	31,663	4,201	896,020
Discharges—								
Males	137,177	60,191	73,297	23,131	31,843	11,459	1,340	338,438
Females	213,759	101,887	90,097	31,641	36,511	18,162	2,618	494,675
Total	350,936	162,078	163,394	54,772	68,354	29,621	3,958	833,113
Deaths—								
Males	6,542	3,872	3,231	1,317	1,265	528	52	16,807
Females	4,694	2,907	2,102	988	825	379	44	11,939
Total	11,236	6,779	5,333	2,305	2,090	907	96	28,746
In-Patients at end of year—								
Males	6,093	3,095	3,209	1,020	1,197	489	61	15,164
Females	8,078	4,465	3,228	1,277	1,217	646	86	18,997
Total	14,171	7,560	6,437	2,297	2,414	1,135	147	34,161
Average Daily Number Resident	13,648	7,337	6,335	2,370	2,589	1,137	136	33,552

(a) Year ended 31st March, 1952.

In addition to those admitted to the hospitals there are large numbers of out-patients. During 1951-52 there were 1,046,507 out-patients (cases) treated in New South Wales, 422,851 in Victoria, 495,402 in Queensland, 114,359 in South Australia, 109,323 (estimated) in Western Australia, 86,210 in Tasmania and 11,531 in the Australian Capital Territory, making a total for Australia of 2,286,183.

4. **Revenue and Expenditure.**—Details of the revenue and expenditure for the year 1951-52 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme which operated in Victoria, Queensland, Western Australia and Tasmania from 1st January, 1946, in South Australia from 1st February, 1946, and in New South Wales and the Australian Capital Territory from 1st July, 1946.

PUBLIC HOSPITALS : REVENUE AND EXPENDITURE, 1951-52.

(£.)

Particulars.	N.S.W.(a)	Vic. (b)	Q'land.	S. Aust.	W. Aust.	Tas.	A.C.T.	Total.
Revenue—								
Government Aid ..	13,139,649	6,692,291	5,272,268	1,869,305	2,537,968	1,039,476	173,989	33,601,401
Commonwealth Hospital Benefits, etc.		1,009,964	880,241	433,981	346,500	183,427	22,342	
Municipal Aid ..		86,627	..	98,424	591	..	..
Public Subscriptions, Legacies, etc.	128,788	1,014,819	..	171,858	103,173	1,834	63	1,420,535
Fees ..	1,856,780	1,299,129	383,726	331,844	221,836	53,804	7,195	4,159,314
Other ..	249,853	151,572	52,243	149,723	12,814	5,440	256	621,901
Total ..	15,375,070	10,254,402	6,593,478	3,055,135	3,222,882	1,283,981	203,845	39,988,793
Expenditure—								
Salaries and Wages	10,193,249	4,637,275	3,675,402	1,706,211	1,572,811	830,911	86,547	22,702,406
Upkeep and Repair of Buildings and Grounds ..	571,866	235,928	161,544	137,884	72,979	20,901	11,187	1,212,249
All Other Ordinary Capital(d)	5,459,239	3,539,984	2,785,797	987,373	1,052,419	437,180	64,172	14,276,164
	(e)	3,018,208	1,418,949	221,795	435,856	..	42,073	(f) 5,136,881
Total ..	16,174,354	11,431,395	8,041,652	3,053,263	3,134,065	1,288,992	203,979	43,327,700

(a) Excludes loan receipts and expenditure. (b) Year ended 31st March, 1952. (c) Included in "Other". (d) Includes such items as Purchases of Land, Cost of New Buildings and Additions to Buildings. (e) Not available. (f) Incomplete.

5. **Summary, 1938-39 and 1948-49 to 1951-52.**—A summary, for the years 1938-39 and 1948-49 to 1951-52, of the number of public hospitals in Australia, medical and nursing staffs, beds, admissions, in-patients treated, out-patients, deaths, average daily number resident, revenue, and expenditure is given in the following table. The figures relate to both general and special hospitals.

PUBLIC HOSPITALS : AUSTRALIA.

Particulars.	1938-39.	1948-49.	1949-50.	1950-51.	1951-52.
Hospitals ..	563	624	648	664	675
Medical Staff ..	4,059	5,476	5,917	6,424	6,889
Nursing Staff ..	13,582	21,360	22,235	23,055	24,556
Beds and cots ..	35,711	44,509	45,559	46,417	47,328
Admissions during year ..	527,055	700,321	792,699	835,022	863,058
Total in-patients (cases) ..	527,055	700,321	792,699	835,022	863,058
treated ..	552,051	730,009	823,395	867,721	896,020
Out-patients (cases) (a) ..	1,272,147	1,836,122	2,034,317	2,206,499	2,286,183
Deaths ..	23,372	24,699	27,057	28,648	28,746
Average daily no. resident ..	25,608	28,942	31,885	33,050	33,552
Revenue .. £	7,106,642	19,465,458	24,943,591	31,439,976	39,988,793
Expenditure .. £	6,351,055	20,661,275	26,205,194	32,582,450	43,327,700

(a) Partly estimated.

§ 3. Leper Hospitals.

Isolation hospitals for the care and treatment of lepers have been established in New South Wales (Little Bay); Queensland (Peel Island, near Brisbane, and Fantome Island, North Queensland); Western Australia (Derby); and the Northern Territory (Channel Island, near Darwin). At the end of 1953 there were 6 cases in residence at Little Bay, 27 at Peel Island, 67 at Fantome Island, 262 at Derby, 191 at Channel Island, 6 in Victoria and 4 cases at Wooroloo, Western Australia. Of the 563 cases, 474 were full-blood aborigines, 43 half-caste aborigines, 1 Asian and 45 Europeans.

§ 4. Mental Hospitals.

1. **General.**—The methods of compiling statistics of mental diseases are fairly uniform throughout the States, but there is an element of uncertainty about possible differences in diagnosis in the early stages of the disease. The figures for the States cannot be brought to a common year; consequently the following particulars relate to a combination of calendar and financial years. Licensed houses are included in all particulars excepting revenue and expenditure for New South Wales. The figures exclude those of reception houses and observation wards in gaols. In New South Wales the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals.

2. **Hospitals, Staff, etc., 1951-52.**—Particulars regarding the number of hospitals, the medical and nursing staffs, and accommodation are given in the following table for the year 1951-52:—

MENTAL HOSPITALS : NUMBER, STAFF, ACCOMMODATION, 1951-52.(a)

Particulars.	N.S.W.	Vic.	Q'land. (b)	S. Aust.	W. Aust.	Tas.	Total.
Number of Hospitals	13	9	4	2	4	1	33
Medical Staff—							
Males	58	75	{ 9 1	7 1	6 ..	2 ..	167
Females	8						
Total	(c) 66	75	10	8	6	2	167
Nursing Staff and Attendants—							
Males	959	782	495	200	171	90	2,697
Females	966	636	322	197	73	94	2,288
Total	1,925	1,418	817	397	244	184	4,985
Accommodation—							
Number of beds and cots ..	12,189	6,510	4,191	2,427	1,506	750	27,573

(a) The figures relate to years ended as follows:—New South Wales, Queensland, South Australia and Tasmania—30th June, 1952; Victoria and Western Australia—31st December, 1951. (b) Includes the Epileptic Home. (c) In addition there are 39 visiting specialists who are paid for their services.

3. **Patients, 1951-52.**—Information regarding patients treated, deaths, etc., for 1951-52 is given in the following table:—

MENTAL HOSPITALS : PATIENTS, DEATHS, ETC., 1951-52.(a)

Particulars.	N.S.W.	Vic.	Q'land. (b)	S. Aust.	W. Aust.	Tas.	Total.
Number of distinct persons treated during year(c)—							
Males	7,244	3,988	2,732	1,407	1,083	450	16,904
Females	7,569	4,713	2,568	1,430	725	531	17,536
Total	14,813	8,701	5,300	2,837	1,808	981	34,440

(a) See footnote (a) to previous table.
transfers to other institutions.

(b) Includes the Epileptic Home.

(c) Excludes

MENTAL HOSPITALS: PATIENTS, DEATHS, ETC., 1951-52(a)—*continued*.

Particulars.	N.S.W.	Vic.	Q'land. (b)	S. Aust.	W. Aust.	Tas.	Total.
Number of patients at beginning of year—							
Males	6,138	3,420	2,221	1,183	940	315	14,217
Females	6,367	4,052	2,074	1,228	627	367	14,715
Total	12,505	7,472	4,295	2,411	1,567	682	28,932
Admissions and re-admissions (excluding absconders retaken and transfers from other hospitals)—							
Males	1,106	563	511	224	143	135	2,687
Females	1,202	661	494	202	98	164	2,821
Total	2,308	1,229	1,005	426	241	299	5,508
Discharges (including absconders not retaken)—							
Males	497	260	317	121	48	108	1,351
Females	538	310	263	107	17	120	1,360
Total	1,035	570	585	228	65	228	2,711
Deaths—							
Males	447	269	164	82	83	25	1,070
Females	458	294	163	102	61	18	1,096
Total	905	563	327	184	144	43	2,166
Number of patients at end of year—							
Males	6,300	3,459	2,251	1,204	952	317	14,483
Females	6,573	4,109	2,137	1,221	647	393	15,080
Total	12,873	7,568	4,388	2,425	1,599	710	29,563
Average daily number resident—							
Males	5,585	2,998	2,155	1,171	915	330	13,154
Females	5,650	3,519	2,000	1,187	602	377	13,335
Total	11,235	6,517	4,155	2,358	1,517	707	26,489
Number of patients at end of year per 1,000 of population—							
Males	3.69	3.00	3.56	3.27	3.12	2.03	3.35
Females	3.91	3.61	3.52	3.29	2.26	2.69	3.56
Total	3.80	3.30	3.55	3.28	2.70	2.35	3.46
Average number of patients resident in mental hospitals per 1,000 of population—							
Males	3.30	2.63	3.45	3.22	3.06	2.15	3.06
Females	3.39	3.11	3.35	3.24	2.13	2.60	3.18
Total	3.35	2.87	3.40	3.23	2.61	2.37	3.13

(a) See footnote (a) to previous table.

(b) Includes the Epileptic Home.

Persons who are well advanced towards recovery are allowed to leave the hospitals and live with their relatives or friends, but they are under supervision and their names are kept in the records.

4. Revenue and Expenditure, 1951-52.—The revenue of Government mental hospitals is small in comparison with their cost, and consists chiefly of patients' fees, and mental institution benefits. The agreements made between the Commonwealth and the States under the 1948 Mental Institution Benefits Act, lapsed in the latter half of 1954. The proportion of expenditure borne by the State amounts to about 90 per cent. In New South Wales the expenditure includes the cost of Broken Hill patients treated in South Australian mental hospitals:—

MENTAL HOSPITALS : FINANCES, 1951-52.
(£.)

Particulars.	N.S.W.	Vic.	Q'land. (a)	S. Aust.	W. Aust.	Tas.	Total.
Revenue (excluding Government Grants)—							
Fees of Patients	125,329	115,902	8,595	18,783	24,325	7,834	300,768
Mental Institution Benefits	203,505	149,384	..	34,200	17,527	3,702	408,318
Other	87,851	19,431	3,139	30,869	9,411	1,296	151,997
Total	416,685	284,717	11,734	83,852	51,263	12,832	861,083
Expenditure—							
Salaries and Wages	1,657,148	1,111,077	617,717	355,405	277,961	152,446	4,171,754
Upkeep and Repair of Buildings, etc.	77,887	151,034	5,994	41,382	25,889	8,394	310,580
All Other	1,305,894	1,041,377	460,497	244,775	173,110	96,603	3,322,316
Capital (b)	340,766	401,125	111,832	47,497	43,317	..	944,537
Total	3,381,695	2,704,613	1,196,040	689,059	520,277	257,503	8,749,187
Expenditure per Average Daily Resident	£300/19/11	£415/0/2	£287/17/1	£292/4/5	£342/19/3	£364/4/5	£330/5/11

(a) Includes the Epileptic Home. (b) Capital expenditure includes Purchases of Land, Cost of New Buildings, and Additions to Buildings.

5. Summary for Australia, 1938-39 and 1948-49 to 1951-52.—The following table gives a summary relating to mental hospitals in Australia during 1938-39 and for each of the years 1948-49 to 1951-52:—

MENTAL HOSPITALS : SUMMARY, AUSTRALIA.

Particulars.	1938-39.	1948-49.	1949-50.	1950-51.	1951-52.
Hospitals	35	33	33	33	33
Medical Staff	92	116	128	138	167
Nursing Staff and Attendants	4,922	4,487	4,694	4,826	4,985
Beds	25,654	27,272	27,397	27,512	27,573
Admissions	3,757	4,289	4,587	5,325	5,508
Discharged as recovered, relieved, etc.	1,800	2,089	2,202	2,356	2,711
Deaths	1,632	1,991	1,886	1,959	2,166
Patients at end of year	26,509	27,425	27,922	28,932	29,563
Average daily resident	24,063	24,973	25,319	25,996	26,489
Revenue (excluding Government Grants)	£ 262,817	593,601	725,405	811,495	861,083
Expenditure—Total	£ 1,903,817	4,484,879	5,390,526	6,449,862	8,749,187
—Per Average daily resident..	£79/2/4	£179/11/9	£212/18/1	£248/2/2	£330/5/11

6. Number of Mental Patients, 1938-39 and 1948-49 to 1951-52.—The total number returned as under treatment shows slight increases during the period but the proportion to total population shows a slight decline. A more rational attitude towards the treatment of mental cases has resulted in a greater willingness in recent years to submit afflicted persons to treatment at an early stage, and an increase in the number of recorded cases, therefore, does not necessarily imply an actual increase in mental diseases.

MENTAL PATIENTS IN HOSPITALS.

State.	1938-39.	1948-49.	1949-50.	1950-51.	1951-52.
NUMBER.					
New South Wales	11,678	11,825	12,023	12,505	12,873
Victoria	7,326	7,120	7,203	7,472	7,568
Queensland(a)	3,650	4,068	4,153	4,295	4,388
South Australia	1,747	2,213	2,310	2,411	2,425
Western Australia	1,477	1,537	1,547	1,567	1,599
Tasmania	631	662	686	682	710
Australia	26,509	27,425	27,922	28,932	29,563
PER 1,000 OF POPULATION.					
New South Wales	4.25	3.80	3.73	3.77	3.80
Victoria	3.92	3.38	3.33	3.35	3.30
Queensland(a)	3.59	3.54	3.51	3.55	3.55
South Australia	2.93	3.29	3.30	3.35	3.28
Western Australia	3.16	2.94	2.84	2.73	2.70
Tasmania	2.66	2.46	2.46	2.34	2.35
Australia	3.81	3.50	3.45	3.46	3.46

(a) Includes the Epileptic Home.

The difference between States in the number of mental patients in hospitals per 1,000 of population may to some extent be the result of differences in classification.