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## CHAPTER 16

### PUBLIC HEALTH

#### STATE GOVERNMENT ACTIVITIES

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

#### Public health legislation and administration

##### New South Wales

The New South Wales Ministry of Health, which is under the control of the Minister for Health, embraces the Department of Public Health, the Hospitals Commission, and a number of boards, committees and other authorities concerned with health, hospitals and associated services. The *Department of Public Health* undertakes a variety of activities concerned with the prevention of disease and the promotion of the public health of the community. Many of its activities have been decentralised to Medical Officers of Health in the eight health districts into which the State is divided. The principal activities of the Department are described below.

*The Bureau of Maternal and Child Health* has established pre-natal clinics (for expectant mothers living long distances from obstetric hospitals), baby health centres (where mothers are instructed in the care and management of babies), and paediatric clinics (for pre-school children). It controls the school medical services and conducts a number of child health centres (see page 551). Assistance with the control of staphylococcal infection and the care of premature babies is given to obstetric hospitals and medical practitioners. A free consultant service is available to medical practitioners who request specialist advice in difficult obstetric cases. A special medical committee investigates every maternal death occurring in the State.

*The Division of Occupational Health* is concerned with all health problems associated with industry. Some of the more important aspects with which the Division is concerned are the effects of toxic substances in industry and pesticides in agriculture, the suitability of protective devices, ergonomics, and radiation hazards. The Division is also concerned with the industrial and residential aspects of noise and air pollution.

*The Division of Dental Services* provides dental services for children in infant and primary school classes and for patients in Government institutions.

*Infectious diseases.* Many diseases have been proclaimed as infectious diseases, and cases of these diseases must be notified by medical practitioners to the public health authorities. *The Division of Tuberculosis* co-ordinates measures for the prevention, detection and cure of tuberculosis, regulates the admission of patients to institutions, arranges for the treatment of patients not in institutions, and assesses the medical eligibility of applicants for Commonwealth tuberculosis allowance. *The Division of Epidemiology* is responsible for the collation and dissection of the notifications of infectious diseases under the Public Health Act. It also administers the Venereal Diseases Act and conducts an examination and treatment clinic for men. The Department has directed the anti-poliomyelitis campaign in New South Wales and is responsible for the distribution of Sabin poliomyelitis vaccine.

*Psychiatric services.* The Department supervises the care, treatment, and control of persons suffering from mental disorders, and conducts fourteen psychiatric centres for the psychiatrically ill, and a diagnostic centre for mentally retarded children. An out-patient clinic service is provided at the admission centres attached to four of the psychiatric hospitals and also at a number of public hospitals. Community services and residential facilities, including an out-patient and in-patient diagnostic centre, are also provided for the prevention, diagnosis and treatment of mental retardation.

*Hospital services.* The Health Department supervises the operation of private hospitals and rest homes, which must be licensed under the Private Hospitals Act and must comply with regulations as to structure, management and inspection of premises. The Department also maintains six State hospitals and homes, which provide care and treatment for the aged and those chronically ill.

*Other activities.* The Department maintains laboratories which provide analytical services for governmental authorities and private bodies and provide a comprehensive clinical pathology service free of charge to all public and State hospitals and to medical practitioners attending patients unable to afford the fees of a private pathologist. It administers the Pure Food Act (which prescribes standards of quality and purity for food products) and laws relating to sanitation. It also supervises the work of local government authorities relating to public health matters. The Department also provides specialised services through the *Division of Forensic Medicine* which incorporates a medico-legal section.

*The Hospitals Commission* supervises the public hospital services, which are organised in terms of the Public Hospitals Act.

The public hospitals and organisations which provide district and bush nursing services and aerial medical services are classified by the Public Hospitals Act into two main groups. One group, termed the *incorporated hospitals*, consists entirely of hospitals incorporated under the Act. The second group, known as *separate institutions*, includes hospitals incorporated under special Acts of Parliament, hospitals conducted under the aegis of religious organisations, and hospitals registered under the Companies Act as non-profit organisations. Most of the incorporated hospitals are managed by a board of directors appointed by the Governor, but the management of the hospital is subject to inspection by the Hospitals Commission. The Commission determines which hospitals are to be subsidised and the amount of subsidy to be paid to each institution.

*Other State authorities concerned with health, hospital and associated services* in New South Wales include the Master in the Protective Jurisdiction of the Supreme Court (who controls and administers the estates of temporary and continued treatment patients in psychiatric hospitals), the Ambulance Transport Service Board (which supervises district ambulance services throughout the State), boards established for the registration of practitioners in certain professions (chiropody, dental, medical, nursing, optometry, optical dispensing, pharmacy, and physiotherapy), the State Cancer Council (for cancer education and research), and various boards and committees (e.g. the Board of Health, the Poisons Advisory Committee and the Air Pollution Advisory Committee).

## Victoria

All health, hospital and associated services either administered directly or supported financially by the Government are under the control of the Minister of Health. The *Department of Health*, set up under the *Ministry of Health Act 1943*, assists the Minister in carrying out the various duties imposed upon him by a variety of Acts associated with health. Included in the Department are four main service branches—the General Health Branch, the Maternal and Child Welfare Branch, the Tuberculosis Branch, and the Mental Hygiene Branch.

*The General Health Branch* which, *inter alia*, is the administrative branch for the Commission of Public Health, protects or promotes the health of the community in the following ways. The Engineering Division scrutinises from a public health point of view the plans of all public buildings and provincial sewerage installations and makes periodical inspections. Other activities include prevention of air pollution from industrial sources, prevention of stream pollution, and supervision of abattoirs and cattle sale yards. The Poliomyelitis Division provides a comprehensive orthopaedic, physiotherapy, and respirator service for all eligible patients and carries out rehabilitation in conjunction with the Commonwealth Government. Facilities developed for poliomyelitis are now being used for other neurological disorders. The Division is also concerned with the Salk immunisation campaign being undertaken in Victoria. Through the municipalities, immunisation against poliomyelitis, diphtheria, smallpox, whooping cough, and tetanus is encouraged and supervised. Prevention and control of infectious diseases are functions of this Branch, which also sponsors original research into virus diseases and epidemiological investigations throughout Victoria. The Venereal Diseases Division provides a centrally situated headquarters where the use of modern remedies is effecting a general improvement in the standard of treatment. Standards of quality and purity of foods and drugs are fixed by the Food Standards Committee and are administered and enforced by both departmental and municipal health inspectors. Investigations into occupational hazards to the health of workers, the treatment and incidence of occupational diseases, and research into the effects of toxic substances used in industry are conducted by the Industrial Hygiene Division. The Poisons Control Division is responsible for administering the law relating to poisons and deleterious substances. Legislation provides for extensive control, particularly at the wholesale (manufacturing and import) level. Control is exercised by a system of licences and permits.

Subsidies are granted to municipalities to provide meals for pensioners, to clubs for elderly citizens, and to emergency housekeeper services. Other services operated by the Branch are: registering plumbers and gasfitters; providing free travel to hospital for people with limited incomes; analysing food, drink, water, and sewerage effluents; registering cinematograph operators; administering the Cemeteries Acts; and advising industry on health hazards associated with handling radio-active substances.

*The Maternal and Child Welfare Branch* is concerned with pre-natal hygiene, infant welfare, the development of pre-school services, and the school medical and dental services.

*The Tuberculosis Branch* is concerned with the prevention of tuberculosis and the treatment and rehabilitation of tubercular patients. It controls the compulsory chest X-ray programme introduced in October 1963.

*The Mental Hygiene Branch* is controlled by the Mental Health Authority, appointed in 1951, and consists of institutions for in-patient care, out-patient's clinics, and other services necessary for a comprehensive community mental health programme.

The *Victorian hospital system* comprises both public and private hospitals. Since their inception in 1846, Victorian public hospitals have maintained a distinctive pattern. Firstly, they are managed by autonomous committees elected by contributors—following closely the practice applying in the United Kingdom prior to the introduction of the National Health Service. Secondly, they have received financial assistance by way of Government subsidies. With rising costs, this has steadily increased in amount and proportion. At present, hospitals in Victoria derive some 70 per cent of their income from Government sources. Thirdly, medical staffing has followed the pattern of honorary service. In recent years this has been supplemented by salaried doctors employed in university teaching and hospital departments.

Patients are broadly separated into two groups according to an income test. Those earning below a determined level of income are eligible for public hospital care at a fee of approximately half the actual cost; medical care is free through the honorary system. Those patients whose incomes are above the level prescribed are required to pay intermediate or private hospital accommodation charges at higher rates, but only rarely does the charge cover cost; they must, in addition, meet medical fees.

The *Hospitals and Charities Commission* was established by the 1948 Hospitals and Charities Act as the authority, under the Minister of Health, for the payment of State Government subsidies to public hospitals and other registered charitable organisations. It exercises a close scrutiny of all these organisations, particularly their financial activities. The Commission also has responsibility for co-ordinating hospital and institutional activities throughout the State. In country areas inter-hospital co-operation has led to the development of a regional organisation to give specialised services at a reasonable cost. Pathology, radiology, blood banks, and various types of therapy are provided from base hospitals to the smaller local hospitals with staff available on a visiting or consultant basis. Equipment is sent to small hospitals as they need it. This system has considerably improved the standard of medical services available in the country areas. The scheme also embraces central laundry and linen service, and engineering service to small hospitals.

The Commission co-operates with universities in developing teaching hospital programmes. Ten general and special teaching hospitals are established. These are affiliated with medical schools of the University of Melbourne and Monash University. Expansion of these teaching facilities is still progressing, with major work currently in progress at all hospitals. Discussions are advanced concerning the establishment of the eleventh teaching hospital, which is to be erected on Monash University Campus.

Attention is given to the medical and social care of the aged. Emphasis has been placed upon the development of geriatric units, rehabilitation services, hostels for the aged, day hospitals, and supporting domiciliary services.

There are more private than public hospitals in Victoria, but they are smaller in size. Their bed capacity is about 30 per cent of the total hospital accommodation available to the community. The Hospitals and Charities Commission registers these hospitals and ensures that adequate architectural, staffing and nursing standards are maintained. Medical, surgical, midwifery, convalescent, and chronic patients are accommodated in various private hospitals.

The Commission's authority covers the ambulance services in Victoria. Here again emphasis has been placed upon the development of regional services in all areas of the State. This has resulted in a scheme developed along lines similar to that operating among hospitals; however, individual ambulance stations have been merged into one regional controlling organisation, whereas within the public hospital regional scheme each hospital still maintains its own autonomy. This type of ambulance organisation leads to low operating costs and high standards of staff and equipment. A recent development is an air ambulance service which provides regular and emergency services for most parts of the State, enabling seriously ill patients to be transported to major metropolitan hospitals with minimum delay and inconvenience.

#### Queensland

'The Health Acts 1937 to 1966' are administered by the Director-General of Health and Medical Services, subject to the Minister for Health. A central staff controls the following divisions.

*The Division of Public Health Supervision* is controlled by the Deputy Director-General of Health and Medical Services, and comprises separate sections for communicable disease control,

environmental sanitation, food and drug control, enthetic (venereal) diseases, hookworm control and Hansen's disease (leprosy) control. Free treatment of venereal diseases is offered at the Department's clinics in Brisbane and at any public hospital. Free immunisation against poliomyelitis, diphtheria, whooping cough, tetanus, and smallpox is offered by most of the local authorities, and the majority of school children are immunised against diphtheria, whooping cough, tetanus, and poliomyelitis.

*The Division of Tuberculosis* controls a central chest clinic in Brisbane which offers skin tests, X-ray examinations and B.C.G. vaccination of skin negative reactors free of charge. Similar clinics are situated at the Cairns, Rockhampton, Thursday Island, Toowoomba, and Townsville district hospitals. Children in the eighth grade of school are skin tested and given B.C.G. vaccine. The division controls the compulsory X-ray examination of all persons over the age of twenty-one years. The survey is a continuous one and is conducted from mobile units, a specially equipped unit being used in the far northern, western and south-western districts, where electric power is not available.

The services of the *Division of Industrial Medicine* are available both to industry and to the trade union movement for the prevention of industrial hazards. The Division is particularly interested in occupational diseases, such as silicosis and lead and other poisoning, and advises on industrial problems such as lighting, ventilation, fatigue, hearing loss, and the use of radiation and radio-active isotopes.

*The Division of Maternal and Child Welfare* offers supervision and advice on the rearing and health of infants and pre-school children at 270 infant welfare 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.

*The Division of School Health Services* comprises the Chief Medical Officer, School Health Services, and a staff of doctors, dentists and visiting school nurses. Medical inspections are made at primary schools throughout the State approximately annually. Teacher trainees are also medically examined. During 1965-66 school dental officers visited 426 schools.

In the *Division of Mental Health* the Director of Psychiatric Services is associated with the planned integration of services. Mentally ill persons requiring special care are admitted to the State's four special hospitals at Brisbane, Toowoomba, Ipswich and Charters Towers. In the metropolitan area of Brisbane, out-patient, day hospital and in-patient care is provided by general hospitals and a community-based Psychiatric Clinic. The Brisbane General, Chermside, and Princess Alexandra Hospitals all provide psychiatric services. Regional development of services is based on general hospital services at Townsville, Rockhampton, Toowoomba, and Ipswich. Special care for epileptics is provided at a home in Toowoomba.

*The Division of Welfare and Guidance* has clinics for the diagnosis and management of emotional and behaviour disorders in children in the Greater Brisbane Area. Further clinics are planned for Townsville and Toowoomba. A part-time clinic functions in Toowoomba at present. The Wilson Youth Hospital has been opened for the social and psychiatric rehabilitation of boys convicted in the Children's Court. About forty boys can be accommodated. There is an out-patient section which girls also can attend. A Child Guidance Unit for out-patients, day-hospital patients and thirty in-patients is being constructed in the grounds of the Brisbane Children's Hospital. A similar unit is at present being planned for Townsville.

It is the policy of the Department, through the *Division of Social Work*, to establish social work services, where possible, in all relevant aspects of the health, medical and hospital services. Through these services patients in hospitals and sick, elderly and disabled persons in the community may receive assistance with their personal and social problems. Social work departments have been established in the major hospitals in Brisbane and in four country hospitals, and social workers have been appointed to work in health, psychiatric and child welfare, and guidance services. Development of this work is co-ordinated through the Division, and the Adviser in Social Welfare acts as official liaison officer with other State Government Departments as services relating to social work and family welfare are established.

*The Division of Geriatrics* controls a geriatric unit established at Princess Alexandra Hospital. The unit consists of two wards with accommodation for 128 in-patients, administration section, day hospital, and physio-therapy and occupational therapy departments.

*The Division of Laboratory Services* maintains two laboratories—the Laboratory of Microbiology and Pathology and the Government Chemical Laboratory—to ensure the purity of a wide range of foodstuffs and materials. The former also offers a service in clinical pathology to institutions, country hospitals and private doctors, and provides a medico-legal service for the whole State. A diagnostic virus laboratory has been established within the Laboratory of Microbiology and Pathology. The Institute of Forensic Pathology is controlled by the medical staff of the Laboratory of Microbiology and Pathology, and coroners' autopsies are conducted there.

All *public hospitals* in Queensland operate under the district system, which provides for the constitution of hospitals regions and hospitals districts, and a hospitals board for each district. The State is divided into eleven hospitals regions with a base hospital for each region except Moreton which has two, both within the capital city of Brisbane. Each region comprises a number of hospitals districts, the purpose of the regional scheme being to co-ordinate the public hospitals in the region with the base hospital. The administration of the hospital services, including public dental services, in each hospitals district is vested in the hospitals board, which comprises not less than four nor more than eight members appointed by the Governor-in-Council, and one member elected by the component local authorities. During 1964-65 there were sixty hospitals boards controlling 137 public hospitals, nine of which treated out-patients only. In addition, twenty-six other hospitals, six of which are treated as public hospitals, received aid from the Government, and an institution for the treatment of Hansen's disease in Aborigines was maintained at Fantome Island near Townsville. Other persons suffering from this disease are treated at an annexe of the Princess Alexandra Hospital, South Brisbane.

### South Australia

The first Health Act in South Australia was passed in 1873. This Act, which was modelled on earlier English legislation, established a Central Board of Health, and a number of town councils were constituted as local boards. Regulations were concerned mainly with improved sanitation and the checking of 'epidemic, endemic and contagious diseases'. Amendments to this Act followed in 1876 and 1884, and a fourth Act, replacing earlier legislation, was passed in 1898. The present Health Act dates from 1935. Administration was continued under the authority of the Central Board of Health until 1949, when the Department of Public Health was formed to co-ordinate the work of the Board and other health activities.

The *Department of Public Health* embraces the activities of the Central Board of Health, the School Health Branch (including the Deafness Guidance Clinic and the training school for school dental therapists), the Poliomyelitis Branch, the Food and Drugs Advisory Committee, the Radiological Advisory Committee, the Clean Air Committee, and also the public health aspects of the control of tuberculosis, including the chest clinic and the State X-ray health surveys. The Central Board of Health administers the Health, Food and Drugs, Dangerous Drugs, Noxious Trades, Bakehouse Registration, and Notification of Births Acts. The Board also has responsibilities under the Local Government Act and the Cremation Act. The Health Act and the Food and Drugs Act constitute every municipal or district council a local board of health or local authority for its area, except that in the metropolitan area the Metropolitan County Board (representing all metropolitan corporations) is the local authority under the Food and Drugs Act. The Central Board of Health acts as a supervisory body over all the 143 local boards under the Health Act, the Food and Drugs Act, and the Bakehouse Registration Act. It has concurrent jurisdiction with local boards. Outside the boundaries of local boards the Central Board is the administering authority.

The State Government conducts a chest clinic and a tuberculosis hospital in the metropolitan area. At the chest clinic patients are examined and treated, suspected cases are investigated, and contacts are advised of precautionary measures and periodically re-examined. The Morris Hospital, Northfield, with eighty-six beds, cares for the tuberculosis patients received from the chest clinic. The Kalyra Sanatorium at Belair, with seventy beds, is conducted by the James Brown Memorial Trust Inc. for tuberculosis sufferers.

The *Hospitals Department* administers three general hospitals in the metropolitan area—Royal Adelaide Hospital, the Queen Elizabeth Hospital and Morris Hospital (tuberculosis). In the country there are *government hospitals* at Port Pirie, Mount Gambier, Port Lincoln, Port Augusta, Wallaroo, and Barmera. In addition there are fifty *other hospitals* in country areas conducted by local boards of management, which receive maintenance subsidies from the State Government and come under the general supervision of the Hospitals Department. The Mental Health Services, a division of the Hospitals Department, is responsible for the management of public psychiatric services.

There are several large *private hospitals* in the metropolitan area, including Calvary Hospital, the Memorial Hospital and St. Andrew's Presbyterian Hospital, all of which are run by denominational bodies. Another large institution is the Home for Incurables at Fullarton, which provides accommodation and nursing attention for persons suffering from chronic disease.

### Western Australia

The central health authority is the *Department of Public Health*, administered by a Commissioner who must be a medical practitioner. The Commissioner is responsible for the administration of several important Statutes, including the Health Act, Radioactive Substances Act, Poisons Act, Clean Air Act, Anatomy Act, Cremation Act, and the Optical Dispensers Act.

The Health Act is comprehensive in scope. In the administration of its general sanitary provisions, including food and drug administration, the registration of lodging houses, eating houses and offensive trades, local health authorities are subject to the overriding authority of the

Commissioner. The Act provides for the construction of sewerage schemes in certain areas and confers on the Commissioner the powers necessary for the registration of private hospitals, the licensing of maternity homes and the supervision of construction and safety of public buildings. Infectious diseases are notifiable under the Act, and the Commissioner is empowered to isolate infected persons. The Maternal Mortality Committee, which was constituted under the Act, is given statutory power to investigate the circumstances of each maternal death.

In 1965 the Department took over the administration of the Poisons Act from the Pharmaceutical Council. The existing Statute provides for all poisons to be classified in eight schedules closely conforming to the recommendations of the National Health and Medical Research Council.

The Department has several major branches comprising the Public Health Laboratories, the Child Health services, the School Medical and Dental Services, the Tuberculosis Control Branch and the divisions of Epidemiology and Occupational Health.

A special feature of the Department's administration is the existence of a State Health Council. This Council is non-statutory and comprises representatives of all major groups within the medical profession, including nominees of the Faculty of Medicine of the University of Western Australia. The Council's advice is sought on many matters of professional and public health importance. It has four standing committees—the Hospital Requirements Committee, the Mental Health Committee, the Dental Health Committee, and the Maternal and Infant Health Committee.

*Government and government-assisted hospitals* in Western Australia operate under the *Hospitals Act, 1927-1955*, which is administered, subject to the direction of the Minister for Health, by the Medical Department. For administrative purposes a hospital under the direct control of the Medical Department is classified as 'departmental' and is financed from State funds. A hospital classified as a 'Board' hospital has its own board of management and is subsidised by the State Government. In all, forty departmental and fifty-six Board hospitals were located throughout the State at 30 June 1966.

In addition to the government hospitals there are a number of *private general and maternity hospitals* which are registered and inspected by the Department of Public Health. The principal private hospitals are those established by religious bodies in the metropolitan area and the main country towns.

All *mental hospitals* in Western Australia are administered by a Director of Mental Health Services responsible to the Minister for Health. In addition to the major mental hospitals there are day hospitals, out-patient clinics and a child guidance clinic. A new Mental Health Act came into force on 1 July 1966.

### Tasmania

The *State Department of Health Services* is under the jurisdiction of the Minister for Health, with the Director-General of Health Services as the permanent head. The Headquarters of the Department controls three Divisions, each under a Director, namely, Public Health, Psychiatric Services and Tuberculosis. Three specialised services are also part of the Department, namely, the State Health Laboratory under the control of the Director of Pathology, the Government Analyst and Chemist Laboratory under the control of the Government Analyst, and the School Dental Health Service under the control of the Deputy Director-General of Health Services.

*Administrative Headquarters.* The responsibilities of the headquarters of the Department of Health Services include the public hospital services and the licensing of private hospitals and other medical establishments under the *Hospital Act 1918*; the District Medical Service; Geriatric Services; the School Dental Health Service; the Tourist and District Nursing Services; legislation concerned with health and allied matters; the Nurses' Registration Board and Dental Mechanics' Registration Board; some specialist medical services; the statistical classification of public hospital morbidity and mortality; the State Drug Advisory Committee; liaison with the Health Departments of other States and the Commonwealth; the Hospital Employees' Award, the Medical Officers' Award, and the Nurses' (Public Hospitals) Award; the control and maintenance of Crown property occupied by various sections of the Department; and the appointment and salaries of staff who are not officers of the Public Service.

The *Division of Public Health* has responsibility for the preventive medical services of the State. The Director is responsible for the operation of the *Public Health Act 1957* and the control of medical officers of health and other health officers employed by the Department and by municipalities throughout the State. A major responsibility is public immunisation campaigns, conducted through the municipal councils (preparations distributed include the Salk and Sabin anti-poliomyelitis vaccines and the triple antigen vaccines against whooping cough, tetanus and diphtheria). The Division is also responsible for the Child Health Service, the School Medical Service, the Mothercraft Home, the Health Education Council, the Nutrition Advisory Service, industrial hygiene, environmental sanitation, pure food and pure drug quality control, public health aspects of the building regulations, infectious diseases control, and the National Fitness service.

The *Division of Psychiatric Services* controls the major psychiatric rehabilitation hospitals and provides regional clinical psychiatric facilities and the specialists employed, including social workers. Some services operate at the general hospitals, while others, such as the child psychiatric unit and the alcoholic rehabilitation service, are established separately. Day hospital facilities are available, and a clinic is maintained at the Division of Public Health in Hobart. The *Mental Health Act* 1963 superseded previous legislation and is based on the modern theory that a mental health institution should be a true hospital, where the majority of patients attend voluntarily and where there should be a high turn-over of short-stay patients who are given intensive treatment. Application of this principle has had the effect of reducing the number of patients compulsorily detained from about 75 per cent of the total psychiatric hospital patient population to about 25 per cent.

The *Division of Tuberculosis* is concerned with the prevention of tuberculosis in the State. It administers compulsory mass chest X-ray services throughout the State, four chest clinics and two chest hospitals.

The *State Health Laboratory* provides certain pathological services to hospitals and doctors and special bacteriological and cytological services in connection with public health and the anti-cancer campaign.

The *Government Analyst and Chemist Laboratory* is a public laboratory for the chemical analysis of a wide variety of foods, drugs and other substances and undertakes work for Government Departments and the public.

*State controlled hospitals*, for which the State accepts the major financial responsibility, are controlled either directly or through Hospital Boards each consisting of seven members, of whom five are appointed by the Minister. They include four general hospitals, sixteen district hospitals, twelve district nursing centres with bed accommodation, two mental hospitals, two maternity hospitals, two chest hospitals, and three homes for the aged. Under the 'personal patient' scheme a patient in a State-controlled hospital may have his own doctor, if the latter is an honorary doctor at the hospital, for the payment of an additional fee.

*Private hospitals* are operated by church and other private organisations. There are seven licensed to receive surgical, medical or maternity cases. Nursing homes and rest homes are institutions which do not conform to private hospital specifications with regard to equipment, construction and staffing, as laid down under the Hospitals Act, and treat general cases within limits as specified in the licence. There are thirty-three private institutions concerned with aged people, two for those with incurable or chronic illnesses, two for general convalescence, and two for retarded children.

The *Ambulance Commission of Tasmania* co-ordinates ambulance services through four Ambulance Boards and is responsible to the Minister for Health for seeing that they operate effectively. The Royal Flying Doctor Service was established in 1960 and operates with the ambulance services to bring remote patients to the Royal Hobart or Launceston General Hospitals.

#### Northern Territory

The *Commonwealth Department of Health* provides health services in the Northern Territory which include hospital, medical and dental services.

Four general hospitals have been established, and at 31 December 1966 the available accommodation for in-patients was as follows: Darwin Hospital, 316; Alice Springs Hospital, 147; Katherine Hospital, 52; and Tennant Creek Hospital, 35. The treatment of Hansen's disease (leprosy) is carried out at East Arm Settlement. A full range of ancillary services is available at the Darwin hospital, which serves as a base hospital for the Territory. Dental clinics have been set up at Darwin and Alice Springs.

Medical and dental services to outback areas are provided by road and air. The Department of Health has three De Havilland Dove aircraft stationed at Darwin and one at Alice Springs. They are staffed and serviced by Trans-Australia Airlines and are extensively used in ambulance and survey medical work. At Alice Springs medical officers of the Department of Health provide the medical services to the Royal Flying Doctor Service (South Australian base). Public health services are provided, and health inspectors visit all settlements periodically. A section of the Department of Health undertakes continuous investigations into Aboriginal health.

#### Australian Capital Territory

The A.C.T. *Public Health Ordinance* 1928-1966 places under the control of the Minister for Health matters relating to public health and hygiene in the Australian Capital Territory. In addition to the public health activities normally undertaken by the State Governments, the A.C.T. Health Services Branch of the Commonwealth Department of Health undertakes certain duties which in the States would be the responsibility of local government instrumentalities. This Branch is responsible for all health services within the A.C.T. including hospital development, national



fitness, health education and public health measures. It also provides the secretariat for registration of medical practitioners, dentists, pharmacists, optometrists, veterinary surgeons, and nurses in the Territory.

A medical officer of health and a staff of six health inspectors have been appointed to administer the Public Health Ordinance and ancillary regulations. During 1966, 980 licences were issued under various public health regulations, and legal action was taken in six cases for offences against these regulations. The inspection staff is responsible for the quarantine inspection of parcels arriving under bond at the Canberra Post Office, and, in addition, the inspection of plants and animals and the disposal of refuse from aircraft in Canberra as the first port of entry into Australia.

In continuation of the campaign to control the incidence of poliomyelitis, the Department of Health in Canberra during 1966 gave 6,200 injections of poliomyelitis vaccine to infants and school children, and 666 to adults. In September 1966 the Department of Health implemented Sabin oral poliomyelitis vaccination, and by the end of 1966 over 20,000 schoolchildren had received two of their three doses. In addition, over 1,000 adults have started a course of Sabin vaccination.

The *Commonwealth Health Laboratory* in Canberra provides full clinical laboratory services to the Canberra Community Hospital and to private medical practitioners in the Australian Capital Territory and surrounding districts. During 1966, 504,104 tests of human specimens were carried out in connection with 103,025 patients. The *Public Health Laboratory*, located in the Australian Institute of Anatomy, conducts tests on water, milk, meats and other foods, and sewage.

The *Canberra Community Hospital* is administered, subject to the direction of the Minister for Health, by a board consisting of five elected members and three members appointed by the Minister\*. At 31 December 1966 the hospital had accommodation for 482 in-patients. In October 1966 the Minister for Health announced plans for the construction of a government controlled 600-bed general hospital in the Woden district and a 200-bed general hospital to be erected and controlled by the Roman Catholic Order of the Little Company of Mary. A site for this hospital has since been selected in the Belconnen district.

The *Canberra Mothercraft Society*, which is subsidised by the Commonwealth Department of Health, administers the Infant Welfare Service in Canberra with a staff of nine triple-certificated nurses. The Queen Elizabeth II Coronation Home for Mothers and Babies, which is under the management of the Society, was opened on 7 January 1963. It is staffed by qualified nursing staff and provides post-natal care for mothers and problem babies. The Home has accommodation for two mothers and nine babies.

The First Assistant Director-General of the *Tuberculosis Division*, Commonwealth Department of Health, in addition to the responsibility of co-ordinating the activities of the States in the national campaign against tuberculosis, is concerned with the prevention, detection, examination, and treatment of tuberculosis in the Australian Capital Territory. In 1966 six cases of tuberculosis were notified in the Australian Capital Territory.

A district nursing service, administered by the Commonwealth Department of Health, was established in 1950 to provide a home-nursing service for the sick and aged. This service, available at the request of a registered medical practitioner, is provided by seventeen sisters, who in 1965-66 made 47,004 visits.

The supervision of the hygiene of dairies and piggeries and the control of the Canberra Abattoir are the responsibility of the veterinary service of the Department of Health. The duties of this service also include the prevention and control of disease in stock and advice to district stock owners, with field diagnosis on a herd or flock basis supported by laboratory confirmation.

### Supervision and care of infant life

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

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. (Information regarding infant mortality will be found in Chapter 9, Vital Statistics—see pages 238-43.) Departments control the boarding-out of the wards of the State to suitable persons. Wherever possible, the child is boarded out to its mother or to a near female relative. Stringent conditions regulate the adoption, nursing and maintenance of children placed in foster-homes by private persons, while special attention is devoted to the welfare of ex-nuptial children.

Under the provisions of the *Social Services Act* 1947-1966 maternity allowances are paid to provide financial assistance towards the expenses associated with the birth of children. A sum of

\* See also Appendix.

\$30 is payable to the mother in respect of each confinement at which a living or viable child is born if the mother has no other children under sixteen years of age. Where there are one or two other children under sixteen, the amount payable is \$32, and where there are three or more other children under sixteen, the amount payable is \$35. Where more than one child is born at a birth, the amount of the allowance is increased by \$10 in respect of each additional child. More detailed information concerning maternity allowances is given in the chapter Welfare Services.

#### Nursing activities

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

*Infant welfare centres.* The following table gives particulars of the activities of infant welfare centres for the year 1966. The figures relate to all centres, whether permanently staffed or on a temporary or part-time basis. Centres may be located at accommodation specially provided for this purpose or at halls, schools, etc.

INFANT WELFARE CENTRES: STATES AND TERRITORIES, 1966

	N.S.W.	Vic.	Qld (a)	S.A. (a)	W.A.	Tas.	N.T.	A.C.T.	Aust.
Number of centres . . . . .	430	674	270	271	71	106	16	32	1,870
Attendances at centres . . . . .	1,058,638	1,379,027	457,956	262,952	240,401	138,304	18,717	43,669	3,599,664
Visits by nurses to homes . . . . .	n.a.	178,395	30,022	36,913	27,312	80,921	5,615	4,994	n.a.

(a) Year ended 30 June 1966.

Mobile units are used as centres in some States. The numbers of these in 1966 included in the above table were as follows: Victoria, 5; Queensland, 2; South Australia, 4; Western Australia, 4; and Tasmania, 12.

In the last thirty-five years the number of attendances at the infant welfare centres has increased almost four-fold. The numbers of attendances at five-year intervals since 1930 were as follows: 1930, 919,893; 1935, 1,355,306; 1940, 2,035,299; 1945, 2,927,764; 1950, 3,049,375; 1955, 3,099,233; 1960, 3,482,383; and 1965, 3,598,781.

*Bush Nursing Associations.* Treatment for mothers and children is also provided by the Bush Nursing Associations. The numbers of centres maintained by the Associations in 1966 were: New South Wales, 18; Victoria, 57; Queensland, 5; South Australia, 33; Western Australia, 17; and Tasmania, 24.

#### Medical and dental inspection of school children

Medical and dental inspection of school children is carried out in all States, in the Northern Territory and in the Australian Capital Territory. In some States travelling clinics have been established to deal with dental defects.

##### New South Wales

School medical and dental services in New South Wales are under the control of the State Department of Public Health. The staff of the Child Health and Special Services sections of the Department, which conduct the school medical services and provide respectively diagnostic and supervisory services for atypical children, included in January 1967 sixty-six medical officers, thirteen psychiatrists, ten part-time ear, nose and throat surgeons, an ophthalmologist, twenty clinical psychologists, eighty nurses, seventeen social workers, and twenty-three speech therapists.

The aim of the school medical services is to examine all school children in the State in order to discover any departure from normal health, physical or mental, and to notify the parent or guardian of any need for further investigation or treatment. Annual visits are made to government schools, and also to private schools which have applied for this service, in the metropolitan, Newcastle, and Wollongong areas, and in some of the larger country towns. Children are fully examined at kindergarten or on entry into primary school. Review examinations, with particular emphasis on vision and hearing, are conducted on pupils in fourth grade in primary schools and second, fourth, and sixth forms in secondary schools, and on others who appear to need additional examinations. Excluding review examinations, medical officers of this service examined 91,336 children in 1966. In other country areas there is a scheme for school children to be examined by local medical practitioners under the supervision of local municipal and shire councils.

The Department conducts eight child health centres (seven in the metropolis and one at Newcastle), ten child guidance clinics (nine in the metropolis and one at Newcastle), ten hearing

clinics (eight in the metropolis, one at Newcastle and one at Wollongong), most of which have been established at child health centres, and two separate speech therapy clinics. Children in need of treatment other than child guidance or speech therapy are referred to a medical practitioner or to the out-patient department of a public hospital.

In June 1966 the school dental service had a staff of thirty-four dental officers, twenty-six dental assistants, and six dental nurses. The service is provided by dental clinics established in the grounds of three metropolitan and two country public schools, eighteen mobile clinics in country areas, and three dental teams with the Royal Flying Doctor Service (located at Broken Hill). In 1966, 107,814 school children were examined by the school dental service, and 15,553 of these were treated.

### Victoria

The School Medical Service is a division of the Maternal and Child Welfare Branch of the Department of Health. It has a full time staff of forty doctors, forty-five nurses and nineteen administrative or office staff. As well, it has a part time staff of three medical officers, three nurses and the following consultants: two paediatricians, two psychiatrists and an ophthalmologist.

The aim of the service is to examine all primary school children in the second year at school and once again during secondary schooling. Children may also be examined at other times on the suggestion of teachers or parents, who suspect that ill health is interfering with school progress. Any disabilities found in children are brought to the notice of their parents who are advised to consult their family doctor for further advice or treatment. School nurses under medical direction visit homes and schools to follow up cases so referred. In co-operation with the Education Department and the Mental Health Authority, children with defects of vision and hearing and those who are mentally backward are assessed for special educational help.

School medical officers and nurses in all their activities seek to improve community and child health, through health education to parents, teachers and teachers in training, and school children. Special programmes are conducted in teachers colleges where, through education and counselling, school medical officers seek to induce positive attitudes to health and healthy living, and to foster the ability of the teacher in training to impart this to children.

The School Medical Service advises the Education Department on medical problems and undertakes all medical assessments in connection with the teaching service, including medical assessment for temporary and permanent appointments, resumption of duty after sick leave, confinement leave, and medical eligibility of teachers for superannuation benefits.

The School Dental Service has an establishment of forty-three dental officers and provides dental attention for children in the metropolitan area at three dental centres, and for a number of country districts by means of fifteen mobile units, including six twin-surgery units. It also provides dental services for children's institutions in and around Melbourne and certain provincial centres. The service is now providing dental attention for some 80,000 primary school children.

### Queensland

During 1965-66 medical officers and nurses examined 120,926 school children; 4,985 children had disabilities of which parents were notified and advised to seek attention. In western Queensland local doctors act as part-time ophthalmic surgeons. Advice is given on school sanitation, communicable diseases in schools and health education.

During 1966 school dentists gave treatment to 11,256 school children who resided in areas beyond easy reach of hospital dental clinics. The treatment was carried out at four rail dental clinics and with portable equipment at schools. In addition, school children are treated at hospital dental clinics in the larger towns.

### South Australia

State schools within a radius of sixty miles from Adelaide and at five large country centres are visited annually, and the children are medically examined while in grades 1, 4 and 7 in the primary schools and in their second and fourth years in secondary schools. Efforts are made to visit the remaining country schools every three years, when all the children are examined. Students who wish to become teachers are examined on appointment as teaching scholars while still attending secondary schools and again immediately prior to entering the Teachers' College and finally when they leave the College to take up teaching. Courses of lectures in health education are given to all College students.

During 1966, 89,040 children were examined by medical officers in 208 country and 159 metropolitan schools. Of these, 6,731 required treatment for defective vision, 2,848 for defective hearing, and 15,471 for dental disorders. Dentists using mobile vans examined 3,462 school children in country areas where a private dental service was not readily available; children offered treatment in 1966 numbered 3,808, including some who were examined in the previous year; 3,323 accepted and were treated free of charge. There were 3,067 children examined at the

Deafness Guidance Clinic during 1966. Of the 1,481 new patients, 803 were referred to doctors or hospitals for treatment. Educational work was assisted by talks to mothers' clubs and interviews with parents by doctors and dentists, and by home visits and interviews by nurses.

#### Western Australia

The School Medical Service of the State Health Department employs seven full-time medical officers. Details of this service during 1966 compared with 1965 figures, shown in parentheses, were as follows: number of children examined, 56,877 (49,286) (metropolitan, 41,388 [37,345], country, 15,489 [11,941]). The 376 (381) schools visited comprised metropolitan, 281 (267), of which 205 (193) were government and 76 (74) were non-government schools, and country, 95 (114) of which 76 (87) were government and 19 (27) were non-government schools.

During 1966 the 15 (12 in 1965) full-time dentists employed by the School Dental Service visited 4 (4) metropolitan schools, 87 (112) country schools and 27 (21) orphanages and Aboriginal missions. The number of children examined was 9,247 (9,952). With the consent of the parents, 5,256 (2,958) children were treated. Nine dental vans were in operation.

#### Tasmania

During 1966 three full time and thirteen part-time medical officers examined school children in government and non-government schools. In addition, two regional medical officers of health also examined school children. Twenty-two full-time and five part-time sisters visited homes and schools. Of the 34,609 children examined by medical officers, 9,873 were found to have defects.

The School Dental Health Service, available free to all school children, aims to examine and treat every child each six months. In 1965-66 fixed surgeries were in use or under construction in nineteen districts and in clinics at Hobart and Launceston. Fifteen mobile caravans were also in use. An orthodontic service based on Hobart, and using a mobile caravan, supplements the therapeutic dental service. During the year ended 30 June 1966, there were 18,744 new visits to school dentists and 31,062 repeat visits.

Adopting the New Zealand system, Tasmania became the first Australian State to establish a school of dental nursing. Ten students were enrolled in 1966 for the first year of a two-year course, and ten will be enrolled annually. A resident hostel is attached. The School, located in Hobart, has a principal and a matron, and will itself treat forty patients a day. It is expected that a total of approximately thirty dental nurses will work with dentists in the districts; a dental nursing certificate or its equivalent will be needed for a nurse to be appointed.

#### Northern Territory

The Schools Medical Officer makes routine physical examinations of all children attending pre-school centres and schools. The only children not so examined by him are those at the special Aboriginal schools, who are examined during Aboriginal health surveys. A special dental service for school and pre-school children is available in Darwin and Alice Springs. School doctors and dentists travel throughout the Territory to carry out diagnosis and treatment.

#### Australian Capital Territory

The A.C.T. Health Services Branch of the Commonwealth Department of Health is responsible for health aspects of child welfare in the Australian Capital Territory. These include the School Medical Service carried out by three medical officers and three trained nurses, and the School Dental Service, staffed by twelve dentists, together with surgery and clinical assistants.

A Child Guidance Clinic assists children with psychiatric disorders. During 1966 the clinic assisted 177 children of both pre-school and school age who were referred to it by private doctors, the School Medical Service, social workers, and the Australian Capital Territory Education Clinic. The Child Guidance Clinic is staffed by three part-time psychiatrists, a full-time psychologist and a social worker.

Medical examinations are carried out at all public and private schools within the territory. The total number of school children examined during the year 1965-66 was 6,243. Examinations of children attending pre-school centres were made according to the time available, 300 pre-school children being examined.

Defects during the year were: 450 eyesight, 167 ear, nose and throat, and 665 miscellaneous; and 299 cases of hearing loss not requiring further treatment were also found. Triple antigen injections, totalling 10,256 in 1966, were given at regular sessions held throughout the year, and 6,200 anti-poliomyelitis injections were given at baby health clinics. Since the introduction in September 1966 of Sabin oral poliomyelitis vaccine, 41,609 doses were given to school children, 4,469 to infants.

The School Dental Service provides free treatment for children attending infants and primary schools, both public and private, in the Australian Capital Territory. During 1966, 11,981 children were examined in Canberra and Jervis Bay schools. As in previous years, a visit was also made to the Cocos (Keeling) Islands where 72 adults and children were examined.

### Disposal of dead by cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1966 there were twenty-two crematoria in Australia, situated as follows: New South Wales, 8; Victoria, 4; Queensland, 4; South Australia, 1; Western Australia, 2; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The following table shows the number of cremations and total deaths in each State and Territory for each of the years 1962 to 1966.

#### CREMATIONS AND TOTAL DEATHS: STATES AND TERRITORIES, 1962 TO 1966

State or Territory	1962		1963		1964		1965		1966	
	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths	Crema-tions	Total deaths
New South Wales . . .	15,198	36,861	15,664	37,226	16,321	39,487	16,651	38,949	17,733	40,546
Victoria . . .	8,425	25,847	8,782	26,920	9,832	27,548	9,857	28,031	10,362	28,673
Queensland . . .	4,220	13,182	4,432	13,275	4,745	14,523	4,905	14,114	5,097	14,861
South Australia . . .	1,122	8,232	1,304	8,201	1,506	8,906	1,638	8,788	1,957	9,323
Western Australia . . .	1,640	5,810	1,900	5,976	2,003	6,429	2,010	6,274	2,308	6,772
Tasmania . . .	792	2,870	786	2,818	864	3,174	912	3,043	947	3,159
Northern Territory . . .	..	144	..	161	..	164	..	161	..	154
Australian Capital Territory . . .	..	217	..	317	..	363	..	355	(a) 81	441
<b>Australia . . .</b>	<b>31,397</b>	<b>93,163</b>	<b>32,868</b>	<b>94,894</b>	<b>35,271</b>	<b>100,594</b>	<b>35,973</b>	<b>99,715</b>	<b>38,485</b>	<b>103,929</b>

(a) Commenced operation 8 July 1966

### COMMONWEALTH GOVERNMENT ACTIVITIES

Commonwealth services outlined in the following pages are those provided under the National Health Services or otherwise administered by the Commonwealth Department of Health. For particulars of services administered by the Commonwealth Department of Social Services and of Commonwealth expenditure from the National Welfare Fund on all forms of social and health services see the chapter Welfare Services.

At the time of federation the only health function given to the Commonwealth Government under the Constitution was the power to make laws with respect to quarantine. Following on the passing of the *Quarantine Act* 1908 a branch of the Department of Trade and Customs, under the control of a Director of Quarantine, was created on 1 July 1909. The Commonwealth Department of Health was formed in 1921 by the extension and development of the quarantine service, the Director of Quarantine becoming the Director-General of Health. An amendment to the Constitution in 1946 gave the Commonwealth power to make laws with respect to pharmaceutical, hospital and sickness benefits, and medical and dental services. In addition, the Commonwealth Government has used its powers under Section 96 of the Constitution to make grants to the States for health purposes.

### National health benefits

#### Pharmaceutical benefits

A comprehensive range of drugs and medicines is made available to all persons receiving treatment from a medical practitioner registered in Australia. The benefits are supplied by an approved pharmacist upon presentation of a prescription, or by an approved hospital to patients receiving treatment at the hospital. The patient pays the first 50 cents of the cost of a prescription dispensed by an approved pharmacist, but pensioners who are eligible for treatment under the Pensioner Medical Service (see page 558) receive all benefits without any contribution being made. Special arrangements exist to cover prescriptions dispensed at locations outside the normal conditions of supply, e.g. in remote areas. Total Commonwealth expenditure on pharmaceutical benefits in the year 1965-66 was \$91,783,674.

#### Hospital and nursing home benefits

The *National Health Act* 1953-1966 provides for the payment of Commonwealth hospital and nursing home benefits. Commonwealth benefits are payable only in respect of treatment received in approved hospitals and approved nursing homes. For the purposes of the National Health Act, premises which provide medical treatment, care and accommodation for sick persons are approved either as hospitals or as nursing homes, depending mainly on their clinical standards and the type of patients accommodated. Usually premises are approved as hospitals if their general standards are substantially equivalent to those of a public hospital and if hospital treatment, as defined in the National Health Act, is provided. Premises are approved as nursing homes

where their general standards are similar to those prevailing in benevolent homes, convalescent homes, rest homes, or homes for the aged, and if nursing home treatment as defined in the Act is provided.

*Patients in approved hospitals.* A basic principle of the provision of benefits for patients in approved hospitals is the Commonwealth support of voluntary insurance against the costs involved. Insured patients in approved hospitals receive a Commonwealth hospital benefit of \$2 a day which is paid through the contributors' registered hospital benefits organisations. Total payments by contributors to organisations range from 10 cents to 65 cents a week for single persons and from 20 cents to \$1.30 a week for families. Examples of contributions and benefits payable, including Commonwealth benefits of \$2 a day, are:

Weekly contributions		Total benefits	
Single person	Family	Daily	Weekly
c	\$	\$	\$
10	0.20	4.40	30.80
15	0.30	5.60	39.20
20	0.40	6.80	47.60
25	0.50	8.00	56.00
40	0.80	11.60	81.20
55	1.10	15.20	106.40
65	1.30	17.60	122.20

A contribution of 80 cents a week covers a family for benefits in excess of the public ward charge in any State. Contributions are allowable deductions for income tax purposes.

During the waiting period of two months after joining an organisation the Commonwealth benefit is payable at the rate of 80 cents a day, unless the organisation pays fund benefits, in which case Commonwealth benefit is payable at the higher rate of \$2 a day. While a member is in arrears with his contributions and fund benefits are not payable, the Commonwealth benefit is payable at the rate of 80 cents a day unless the member was in receipt of unemployment or sickness benefits under the *Social Services Act 1947-1966*.

Contributors who would have been excluded from fund benefits because of organisations' rules covering pre-existing ailments, chronic illnesses or maximum benefits are assured of hospital fund benefits by the provisions of the special account plan. Since 1 January 1967 the hospital fund benefit usually payable in such cases is \$3.00 a day and is paid either from a special account, guaranteed by the Commonwealth, or from the ordinary account of the organisation. Prior to 1 January 1967 the fund benefit payable was \$1.60 a day. If the payments from the special account exceed contributions credited to the account, the amount of deficit is reimbursed by the Commonwealth.

A person who joins a registered hospital benefits organisation within eight weeks of being discharged from an approved nursing home is entitled to immediate Commonwealth benefit of \$2 per day and to fund benefits without having to serve a waiting period. If a qualified patient in an approved hospital is not insured (i.e. not a member of a hospital benefits organisation), a Commonwealth benefit of 80 cents a day is deducted from his account by the hospital. The Commonwealth subsequently reimburses the hospital. Under arrangements made under the National Health Act pensioners who are enrolled in the Pensioner Medical Service and are treated in public wards of public hospitals are entitled (with a few exceptions) to free public ward treatment. From 1 January 1967 the Commonwealth has paid the hospitals a benefit of \$5.00 a day for each pensioner. Prior to this date \$3.60 was paid.

*Patients in approved nursing homes.* The Commonwealth nursing home benefit of \$2 a day is payable in respect of all qualified patients in approved nursing homes, whether the patients are insured or not. This benefit is deducted from the patient's account and subsequently paid by the Commonwealth to the nursing home. If no charge is made by the nursing home, the Commonwealth nursing home benefit of \$2 a day is still payable to the nursing home in respect of qualified patients.

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

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

*Expenditure on hospital and nursing home benefits.* The following table shows the amount of Commonwealth hospital and nursing home benefits paid during 1965-66. This does not include expenditure on mental hospitals (see page 557).

**COMMONWEALTH HOSPITAL AND NURSING HOME BENEFITS PAID  
STATES AND TERRITORIES, 1965-66  
(\$'000)**

Type of patient	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Uninsured patients (80c)	663	358	944	119	152	50	73	11	2,371
Insured patients (\$2)(a)	8,425	4,743	2,247	1,977	1,577	647	(b)	(b)	19,616
Pensioner patients (\$3.60)	5,590	3,055	2,754	1,191	1,443	515	23	89	14,659
Nursing home patients (\$2)	8,711	4,640	3,316	c 1,905	1,897	756	(c)	..	21,223
<b>Total</b>	<b>23,389</b>	<b>12,796</b>	<b>9,261</b>	<b>5,192</b>	<b>5,069</b>	<b>1,968</b>	<b>95</b>	<b>100</b>	<b>57,870</b>

(a) Does not include payments of \$2,873,345 towards special accounts deficits in 1965-66. (b) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (c) Includes Northern Territory.

*Registered hospital benefits organisations.* The following table shows the number of registered hospital benefits organisations, the membership at 30 June 1966, and fund benefits paid during 1965-66. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by hospital benefit schemes is considerably higher than the number of members.

**HOSPITAL BENEFITS: ORGANISATIONS AND FUND BENEFITS, STATES, 1965-66**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations at 30 June 1966(b)	32	(c) 44	3	13	9	10	111
Membership at 30 June 1966	1,366,209	1,024,209	312,743	386,808	279,192	119,689	3,488,850
Fund benefits paid . \$'000	27,027	13,777	4,345	5,941	4,386	2,087	57,562

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States, and payments to them are included in the respective States. (b) Interstate branches are not included. (c) Includes eighteen Bush Nursing Hospitals.

**Mental hospitals**

In 1946, when Commonwealth hospital benefits were introduced for patients in public hospitals, no provision was made for patients in mental hospitals. To help meet the cost of maintaining patients in mental hospitals the Commonwealth Parliament passed the *Mental Institutions Benefits Act* 1948. This Act ratified agreements with the States, whereunder it was provided that the States would cease making charges for the maintenance of mental patients and that the Commonwealth would pay the States a benefit based on the amount which had been collected by the States from the relatives of patients in mental hospitals by way of charges for maintenance.

These agreements operated for five years and terminated in the latter half of 1954. The amount contributed by the Commonwealth during the operation of the agreements was approximately one shilling (10 cents) a day for each patient. When the agreements terminated, Dr. Alan Stoller, of the Victorian Mental Hygiene Authority, was commissioned to undertake a survey of mental health facilities and needs in Australia. His report, issued in May 1955, stated that serious overcrowding existed in the majority of mental hospitals in Australia. The provision of more beds was the most urgent need, but other accommodation and rehabilitation facilities were also required.

Following the report, the Commonwealth made an offer of \$20 million to the States as part of a capital expenditure programme of \$60 million on increasing and improving patient accommodation. All States accepted the Commonwealth offer. By 1963 more than three-quarters of the total grant under the *States Grants (Mental Institutions) Act* 1955 had been distributed, and the Commonwealth Government announced in November 1963 its intention of continuing assistance to the States towards capital costs on a similar basis, but without overall limit, for a period of three years. In May 1964 the *States Grants (Mental Health Institutions) Act* 1964 was passed to implement that policy. This Act provided for the continuation of Commonwealth aid of \$1.00 for every \$2.00 of capital expenditure by the States on mental health facilities. The new Act makes no provision limiting the size of the grant and the assistance is limited to the three-year period concluding on 30 June 1967. The following table sets out the amounts which have been paid to the State Governments by the Commonwealth Government from 1955-56 to 1965-66.

**EXPENDITURE ON MENTAL HOSPITALS BY THE COMMONWEALTH  
GOVERNMENT: STATES, 1955-56 TO 1965-66  
(\$'000)**

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
1955-56 . .	418	891	133	24	20	60	1,546
1956-57 . .	767	1,054	176	257	104	138	2,496
1957-58 . .	648	1,091	228	304	58	183	2,513
1958-59 . .	394	1,239	237	245	34	92	2,241
1959-60 . .	718	1,036	149	184	74	134	2,295
1960-61 . .	866	168	195	91	31	104	1,454
1961-62 . .	1,297	..	141	56	154	..	1,648
1962-63 . .	1,295	..	75	104	116	..	1,590
1963-64 . .	982	..	108	173	332	..	1,595
1964-65(a) . .	659	711	225	265	447	197	2,504
1965-66 . .	1,717	1,567	146	242	338	529	4,539
<b>Total, 1955-56 to 1965-66</b>	<b>9,762</b>	<b>7,758</b>	<b>1,815</b>	<b>1,945</b>	<b>1,706</b>	<b>1,436</b>	<b>24,421</b>

(a) Expenditure for 1964-65 includes final grants, totalling \$406,454, made under the 1955 Act as follows: New South Wales, \$274,938; Queensland, \$21,210; and South Australia, \$110,306.

There are no mental hospitals in the Northern Territory or in the Australian Capital Territory.

#### Medical benefits

A medical benefits scheme has operated since July 1953, being authorised firstly by the National Health (Medical Benefits) Regulations and then by the *National Health Act* 1953-1966. The basic principle of the scheme is Commonwealth support of voluntary insurance towards meeting the costs of medical attention. The benefits provided by the Commonwealth are paid either on a fee-for-service basis in respect of the items set out in the schedule to the National Health Act or in the form of a subsidy not exceeding half of the payments made to doctors by registered organisations under contract arrangements.

Commonwealth fee-for-service benefits are paid in accordance with the list of benefits set out in the Schedule to the *National Health Act* 1953-1966. The present Schedule came into force on 1 June 1964.

In order to qualify for a Commonwealth benefit a person is required to be insured with a registered medical benefit organisation. The organisation pays the Commonwealth benefit to the contributor, usually at the time it pays its own benefit. Reimbursement of the Commonwealth benefit is subsequently made to the organisation by the Commonwealth.

Commonwealth benefits ranging from 80 cents for ordinary general practitioner visits to \$60 for major operations are payable to members of registered medical benefit organisations. The fund benefit payable varies according to the weekly contributions paid by the member and the particular medical service. Examples of the range of benefits are as follows.

Type of service	Combined Commonwealth and fund benefits(a)
	\$
Certain major operations .. .. .	150.00
Appendix operation .. .. .	45.00
Midwifery .. .. .	33.75
Tonsils—	
Under 12 years .. .. .	15.75
12 years and over .. .. .	22.50
Surgery consultation—general practitioner .. .. .	from \$1.60 to \$2.00

(a) The total benefit varies according to the weekly contribution rate. The most common contribution rates are 25 cents a week for single persons and 50 cents a week for a family. From 1 April 1965 the majority of medical benefit organisations introduced new tables of fund benefit based on the present Commonwealth Schedule. The general effect of these new tables was an increase in the fund benefits paid by the organisations to their contributors.



Provision is made for the payment of fund benefit from special account for claims lodged by contributors who have reached maximum benefits or who make claims in respect of pre-existing ailments. The medical special accounts are operated along the same principles as the hospital special accounts (see pages 555-6) and the special account fund benefit paid usually matches the Commonwealth benefit for the particular service.

*Australians overseas.* Australian residents temporarily absent from Australia who receive medical attention by registered medical practitioners in the country they are visiting are entitled, if insured, to the Commonwealth benefit and the medical fund benefit to which they would be entitled if the service were rendered in Australia.

*Expenditure on medical benefits.* The following table shows the number of registered medical benefit organisations, their membership, the number of medical services rendered to members and their dependants, and payments of Commonwealth benefits and medical fund benefits to members of registered organisations. As many persons contribute on behalf of both themselves and their dependants, the total number of persons covered by medical benefit schemes is considerably higher than the number of contributors.

**MEDICAL BENEFITS: SUMMARY, STATES, 1965-66**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.(a)
Registered organisations(b) no.	28	20	6	8	8	10	80
Members . . . . . no.	1,330,384	929,693	314,450	356,033	268,719	113,456	3,312,735
Medical services . . . . . no.	11,138,084	8,000,119	3,111,730	3,132,442	2,232,508	835,378	28,450,261
Commonwealth benefit(c) \$'000	15,929	11,030	4,142	4,933	3,337	1,137	40,507
Fund benefit . . . . . \$'000	18,393	10,539	4,390	4,712	3,269	1,256	42,560

(a) Members who live in the Northern Territory or the Australian Capital Territory, or who are abroad, receive their Commonwealth benefit and fund benefit through membership of an organisation registered in one of the States. (b) Interstate branches are not included. (c) Does not include payments of \$774,870 towards special accounts deficits.

#### **Pensioner Medical Service**

The Pensioner Medical Service, which commenced on 21 February 1951, was introduced under the authority of the National Health (Medical Services to Pensioners) Regulations made under the provisions of the *National Health Services Act* 1948-1949. The service has been continued under the provisions of the *National Health Act* 1953-1966. The service provided to eligible pensioners consists of medicine provided free of charge and a medical service of a general practitioner nature such as that ordinarily rendered by a general medical practitioner in his surgery or at the patient's home. Specialist services are not provided. Patients may be charged a small fee by doctors for travelling and attendance outside normal surgery or visiting hours. Doctors participating in the scheme are paid on a fee-for-service basis by the Commonwealth Government.

From 1 November 1955 to 1 January 1966 persons eligible to receive the benefits of the service were those who satisfied a means test and received an age, invalid or widow's pension under the *Social Services Act* 1947-1966, or a service pension under the *Repatriation Act* 1920-1966, or a tuberculosis allowance under the *Tuberculosis Act* 1948, and dependants of persons eligible for the service. Since 1 January 1966 all those pensioners and their dependants who qualify under the current means tests are eligible for the benefits of the Pensioner Medical Service. The means test now applied for enrolment in the Pensioner Medical Service is the merged means test determining eligibility for a full or part pension or a tuberculosis allowance.

At 30 June 1966 the total number of pensioners and dependants enrolled in the Pensioner Medical Service was 1,005,813, while the number of doctors participating in the scheme at that date was 6,034. As a result of the relaxation of the Pensioner Medical Service means test, which became effective as from 1 January 1966, an additional 137,000 pensioners and dependants were admitted to the Service. During 1965-66 doctors in the scheme provided 7,494,002 services—visits and surgery consultations—for persons enrolled in the scheme. For these services they were paid \$13,365,373. The average number of services rendered by doctors to each enrolled person was 8.4.

#### **Anti-tuberculosis campaign**

The main provisions of the *Tuberculosis Act* 1948 are as follows: (a) Section 5 authorises the Commonwealth to enter into an arrangement with the States for a national campaign against tuberculosis; (b) Section 6 empowers the Commonwealth to take over or provide specified facilities for the diagnosis, treatment and control of tuberculosis; (c) Section 8 provides for the setting up of an advisory council to advise the Commonwealth Minister for Health on matters relating to the national campaign; and (d) Section 9 authorises the Commonwealth to pay allowances to sufferers from tuberculosis and to their dependants.

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

To help reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis, so that they may give up work and undergo treatment. These allowances have been in operation since 13 July 1950. The rates now payable are: married sufferer with a dependent wife, \$26.75 a week; sufferer without a spouse but with a dependent child or children, \$17.00 a week; dependent child or children under sixteen years of age and full-time student children from sixteen to twenty-one years, \$1.50 a week for each dependent child (additional to child endowment); sufferer without dependants, \$16.25 a week (reducible to \$13.00 a week if a person is maintained free of charge in an institution).

There is a means test on income but not on property. The allowance is reduced by the amount by which a person's income from sources other than his allowance exceeds, in the case of a married person, \$14 a week, and in the case of a person without a dependent wife, \$7 a week.

*New tuberculosis cases notified.* The following table gives particulars of the number of new cases of tuberculosis notified in Australia for 1966.

#### TUBERCULOSIS: NEW CASES NOTIFIED(a), STATES AND TERRITORIES, 1966

State or Territory	Age group (years)					Total
	0-14	15-34	35-54	55 and over	Not stated	
New South Wales . . . .	48	153	326	383	5	915
Victoria . . . . .	66	122	221	240	..	649
Queensland . . . . .	13	87	188	290	3	581
South Australia . . . . .	11	27	50	43	..	131
Western Australia . . . .	14	19	46	55	..	134
Tasmania . . . . .	4	16	16	27	..	63
Northern Territory . . . .	11	20	25	14	..	70
Australian Capital Territory	..	2	3	1	..	6
<b>Australia . . . . .</b>	<b>167</b>	<b>446</b>	<b>875</b>	<b>1,053</b>	<b>8</b>	<b>2,549</b>

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

*Commonwealth expenditure.* Expenditure by the Commonwealth Government on its anti-tuberculosis campaign is set out in the following tables. The figures for maintenance differ from those in the table shown in the chapter Welfare Services because they include administrative costs, which are not a charge on the National Welfare Fund.

#### COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS CAMPAIGN STATES AND TERRITORIES, 1965-66 (\$'000)

State or Territory	Allowances	Maintenance (a)	Capital	Total
New South Wales . . . .	437	6,635	390	7,464
Victoria . . . . .	291	3,084	169	3,544
Queensland . . . . .	344	2,074	110	2,528
South Australia . . . . .	93	690	14	797
Western Australia . . . .	61	733	2	796
Tasmania . . . . .	50	360	12	422
Northern Territory . . . .	7	..	..	7
Australian Capital Territory	2	9	..	11
<b>Australia . . . . .</b>	<b>1,286</b>	<b>13,586</b>	<b>696</b>	<b>15,569</b>

(a) Includes \$207,369 for administrative costs.

**COMMONWEALTH EXPENDITURE ON ANTI-TUBERCULOSIS  
CAMPAIGN: AUSTRALIA, 1961-62 TO 1965-66  
(\$'000)**

Year	Allowances	Maintenance (a)	Capital	Total
1961-62 .	1,746	8,838	773	11,357
1962-63 .	1,607	9,942	984	12,533
1963-64 .	1,593	10,679	598	12,871
1964-65 .	1,458	10,354	696	12,508
1965-66 .	1,286	13,586	696	15,569

(a) Includes administrative costs.

### Anti-poliomyelitis campaign

Information concerning the initial production by the Commonwealth Government in 1955 of anti-poliomyelitis vaccine in Australia, and of the testing procedures which were carried out, is contained in Year Book No. 49 and earlier issues.

Distribution of the Salk poliomyelitis vaccine, which was supplied free of charge to the States, began in July 1956. The States were responsible for the organisation and running of their own campaigns and for the distribution of the vaccine in accordance with priority groups established by the National Health and Medical Research Council. Up to 1958 priority was given to children in the 0-14 age group, expectant mothers, and persons subjected to special risk. During 1958 this priority was extended to persons in the 15-44 age group. No child can be vaccinated without the consent of a parent or guardian.

Vaccination against poliomyelitis takes the form of four injections of the vaccine. The second injection is given approximately four weeks after the first, the third injection is given not less than thirty-two weeks after the first, and the fourth injection a minimum of one year after the third dose. Where the incidence of the disease in certain areas approaches epidemic proportions, special efforts have been made to vaccinate as soon as possible all persons in the area who give their consent.

It is difficult to give a completely accurate estimate of the vaccination coverage for the whole of Australia because methods of recording vaccination data differ from State to State. The proportion of children who had received three injections by twelve months of age is considered to be very small; by the recommended dosage schedule the third injection is given at fourteen months or later. From figures available in 1964 more than 60 per cent of children from fifteen months to four years have received three injections. In the age group five to fourteen years, 90 per cent have had three injections, as also have the fifteen to nineteen year olds. Only 40 per cent of persons twenty to forty-five years old have received three or more injections.

Australia-wide information is not available regarding the proportion of the population which has now received a fourth injection, but if information from South Australia can be taken as a guide, it would appear that approximately 16 per cent of those persons who have already received three injections have also received a fourth dose.

One million doses of each of the three types of monovalent Sabin vaccine were imported by the Commonwealth in October 1962 for use in a possible emergency. The decision whether to use the Sabin vaccine rests with the individual State health authorities.

Following the success of a pilot scheme in 1964, the Tasmanian Government conducted a full scale Sabin vaccination programme in the latter months of 1965. In this campaign the oral vaccine was made available to all, irrespective of previous vaccination status.

Following a recommendation of the National Health and Medical Research Council, all States except Victoria have indicated that Sabin oral vaccination campaigns will be commenced during 1967. The Commonwealth commenced Sabin vaccination in the Australian Capital Territory in September 1966 and proposes to implement a campaign in the Northern Territory during the winter months of 1967.

Oral vaccination takes the form of three doses of vaccine given at intervals of at least eight weeks. The vaccine is administered either from a spoon or on a sugar lump.

*New cases of poliomyelitis notified.* The numbers of new cases of poliomyelitis notified, and confirmed by the Poliomyelitis Sub-committee of the National Health and Medical Research Council, are shown for each State for each year from 1961 to 1966 in the following table.

## POLIOMYELITIS: NEW CASES NOTIFIED, STATES AND TERRITORIES, 1962 TO 1966

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
1962 .	178	22	38	17	4	..	1	..	260
1963 .	3	19	1	8	5	..	..	..	36
1964 .	1	6	..	..	..	..	..	..	7
1965 .	3	..	..	..	..	1	..	..	4
1966 .	..	..	1	..	..	..	..	..	1

## Free milk for school children scheme

The *States Grants (Milk for School Children) Act 1950* was passed with the object of improving the diet of school children by the addition of a small quantity of milk each day. All children under the age of thirteen years attending government or non-government primary schools, including nursery schools, kindergartens, crèches and missions for Aborigines, are eligible to receive free milk. The cost of the milk and half the capital or incidental costs, including administrative expenses of the scheme, are reimbursed by the Commonwealth to the States. All States now participate in the scheme. At 30 June 1966 approximately 1,712,000 children were entitled to receive free milk under this scheme. Expenditure by the Commonwealth Government during the years 1961-62 to 1965-66 was as follows.

COMMONWEALTH EXPENDITURE ON MILK FOR SCHOOL CHILDREN SCHEME  
STATES AND TERRITORIES, 1961-62 TO 1965-66  
(\$'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
1961-62 .	2,659	2,072	1,130	665	529	351	47	55	7,507
1962-63 .	2,636	1,901	1,146	714	586	384	53	60	7,480
1963-64 .	2,663	2,186	1,120	708	618	399	50	55	7,799
1964-65 .	2,881	2,069	1,215	760	640	389	72	60	8,085
1965-66 .	2,916	2,386	1,259	801	622	408	56	74	8,521

The figures in the foregoing table differ slightly from those in the table shown in Chapter 14, Welfare Services, as they include capital and administrative costs. Figures in the latter table represent only expenditure which is a charge on the National Welfare Fund (i.e. the cost of the milk).

## Commonwealth organisations concerned with health

## 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 the Commonwealth and State Health Authorities'. 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 on medical research and on projects of medical research generally; and to advise Commonwealth and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition.

The Council consists of the Commonwealth Director-General of Health (as chairman), two other officers of the Commonwealth Department of Health, the official head of each State Health Department, the Director of Public Health for Papua and New Guinea, a representative of the Commonwealth Serum Laboratories Commission, and ten other members, one each being nominated by the Australian Medical Association, the Australian Dental Association, the Australian Paediatric Association, the Australian College of General Practitioners, the Royal Australasian

College of Physicians, the Royal Australasian College of Surgeons, the Australian Regional Council of the Royal College of Obstetricians and Gynaecologists, the College of Pathologists of Australia, the College of Radiologists of Australasia, and the Australian universities having medical schools. An eminent layman and laywoman, appointed by the Commonwealth Minister for Health, also serve on the Council.

The Council has established three advisory committees—the Medical Research Advisory Committee, the Medicine Advisory Committee, and the Public Health Advisory Committee—to provide advice in each specialised field. It has also established other committees to consider specialised subjects such as antibiotics, dental health, child health, food standards, maternal health, nursing, nutrition, occupational health, and veterinary public health.

The first session of the National Health and Medical Research Council was held at Hobart in February 1937. The sixty-third session was held at Canberra in November 1966.

Under the *Medical Research Endowment Act* 1937 the Commonwealth Government has made an annual appropriation of funds to assist: (a) departments of the Commonwealth or of a State engaged in medical research; (b) universities for the purpose of medical research; (c) institutions and persons engaged in medical research; and (d) in the training of persons in medical research. For 1965–66 this appropriation was \$878,000 and for 1966–67, \$959,000.

#### National Biological Standards Laboratory

The *Therapeutic Substances Act* 1953–1959 provides the Commonwealth with powers to ensure that therapeutic substances used for the prevention, diagnosis and treatment of disease in man and animals are safe, pure and potent. The Director-General of Health is authorised under this Act to set up laboratories to test such substances. In 1958 the first steps were taken to establish an Australian National Biological Standards Laboratory in Canberra.

The Laboratory is divided into two main divisions, a Biological Division and a Pharmaceutical Division. The Biological Division consists of the Bacterial Products Laboratory, the Viral Products Laboratory, an Endocrine Products Laboratory, and an Antibiotic Products Laboratory. The Pharmaceutical Division consists of an Analytical Chemistry Laboratory and a Pharmacology Laboratory.

Samples of therapeutic agents available in Australia are taken and tested for compliance with legal standards. A major function of the laboratories is the establishment of such standards where none at present exist or present standards are unsatisfactory. The laboratories receive international reference standards of biological substances from stocks maintained by the World Health Organization, and will on request issue Australian reference standards which have been assayed against international standards.

#### Commonwealth Serum Laboratories

The laboratories were established in 1916 under the administration of the Department of Trade and Customs and from 1921 to 1961 were operated under the Department of Health. Control of the laboratories passed to the Commonwealth Serum Laboratories Commission on 2 November 1961.

The laboratories' basic function is to ensure the supply of essential biological products in accordance with national health needs. This includes production and supply of essential biological products; research and development relating to biological products and allied fields; and the maintenance of potential production capacity for use in emergencies.

Since their foundation the laboratories have greatly extended in size and scope. They now produce some 450 regular products and many special products for use in the diagnosis, prevention and treatment of human and animal diseases. Professional, technical and other staff total over 900.

Products comprise a full range of human bacterial and virus vaccines, veterinary bacterial and virus vaccines, serum products such as blood fractions, a wide variety of antibacterial and antitoxic sera, antivenenes, penicillin, endocrines, including insulin, A.C.T.H., pituitary and thyroid extracts, allergy testing materials and desensitising preparations, culture media, and diagnostic agents for clinical and laboratory work. More recently, tissue culture materials have been prepared and supplied to virus research workers throughout Australia.

Continual research is conducted into the relevant aspects of microbiology, immunology and related fields. As the growth of medical and scientific knowledge in Australia and overseas reveals new methods of diagnosis, prevention and treatment of diseases, this information is applied to the preparation of new biological products at the laboratories.

Facilities are maintained for investigations into public health matters which are inconvenient or impracticable to handle at the Commonwealth Health Laboratories or the School of Public Health and Tropical Medicine. The laboratories serve as a national centre for the maintenance in Australia of the international standards of the Permanent Commission on Biological Standards (World Health Organization). They act as a regional reference centre for WHO in collating reports of the prevalence of certain infectious diseases and provide facilities for the identification of these

diseases: Veterinary biological products produced at the laboratories have given the lead to other producers in Australia, resulting in the diminution of the incidence of a number of serious infectious stock diseases.

#### Commonwealth Health Laboratories

Health laboratories, of which there are fifteen, are situated in the following towns: Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba, and Townsville. They were established as an essential part of the quarantine system but were also to undertake research into local health problems and to provide doctors of each district with up-to-date facilities for laboratory investigation and diagnosis. It was realised 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, is essential to the investigation and control of disease.

From this standpoint the laboratories have proved their value in the determination of leptospirosis and endemic typhus in North Queensland, in the investigation of special local problems in Darwin, of undulant fever throughout Australia, of silicosis and tuberculosis at Kalgoorlie, and of plumbism at Port Pirie. In these investigations close co-operation exists with State and local health and hospital services, especially 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.

The laboratories are unique in that, with the exception of the use of X-rays, they cover all the fields of diagnostic requirements, namely, pathology, public health, haematology, parasitology, mycology, bacteriology, biochemistry, and blood group serology.

#### Commonwealth Acoustic Laboratories

Sponsored by the National Health and Medical Research Council, the Acoustic Research Laboratory, Sydney, investigated inter-communication difficulties and noise problems in aircraft and tanks (1942-46). It then investigated the problem of congenital deafness in children resulting from maternal rubella. The Department of Health took over the laboratory in January 1947, and subsequently established branch laboratories in all other State capitals.

The *Acoustic Laboratories Act* 1948 gave the Minister for Health power to establish, maintain and operate, within the Commonwealth, acoustic laboratories for scientific investigations, including tests in respect of hearing aids and their application to the needs of individuals, and in respect of problems associated with noise as it affects individuals. Scientific investigations are carried out in the Central Laboratories in Sydney by specialised scientific groups in psychology and audiology, acoustics and electroacoustics, medical ultrasonics, and psychoacoustics. The results of this research are published in scientific literature and Commonwealth Acoustic Laboratories reports. In 1949 the Government approved the provision and maintenance of hearing aids, without charge, to deaf school and pre-school children. This service has since been extended to those whose hearing loss is discovered after leaving school, but who are still under twenty-one years. Since May 1964 the cost of hearing aids has been met from the National Welfare Fund. The laboratories' functions also include: provision and maintenance of hearing aids on behalf of the Repatriation and other Commonwealth Departments; assistance to the State Education Departments in measuring deafness by providing and maintaining portable audiometers; testing hearing of civil aviation aircrew as required by international agreement; and the making of independent tests on behalf of State and other authorities. The Central Laboratories located in Sydney are responsible for staff training, production of equipment, calibration of hearing-aids and audiometers, and the technical administration of branch laboratories.

#### Commonwealth X-ray and Radium Laboratory

In 1928 the Commonwealth Government purchased ten grammes of radium for use in medical treatment and research in Australia. The use of this radium was to be co-ordinated by the Department of Health, and in 1929 the Department established the Commonwealth Radium Laboratory to act as custodian of the radium and to ensure its equitable distribution and efficient use. The radium is distributed on loan to treatment centres throughout Australia. Under the terms of these loans, treatment at well-equipped clinics is available to all persons requiring it, irrespective of their ability to pay. Portions of the original stock of radium have been remounted from time to time, reflecting changes in techniques of treatment.

In 1935 the work of the laboratory was extended to include physical aspects of X-ray therapy, and the name of the laboratory was changed at that time to its present form. Since 1939 its functions have included investigations of the physical aspects of the diagnostic use of X-rays with particular emphasis on miniature radiography and high-kilovoltage techniques. In 1946 the laboratory imported the first artificially-produced radioactive isotopes used in Australia and established a system for the procurement and distribution of these substances.

A radiochemical laboratory and associated facilities were set up in the laboratory to permit the assay of radioactive materials present in minute amounts in the environment—in air, water, soil, and foods such as milk, grain and vegetables. A programme of monitoring the fall-out in Australia arising from the testing of nuclear weapons is continuing.

The laboratory assists with services developed in the 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 the exposure to radiation of those who work with X-rays and radioactive materials. The services of the laboratory are available to all who work with ionising radiations.

A radon service has been operated by the laboratory since its inception. During 1965–66, 32,367 millicuries of radon were issued by the laboratory in the form of implants, needles and tubes for use in Victoria, Tasmania, South Australia, and Western Australia. A further 22,827 millicuries were issued by the associated centres in Sydney and Brisbane. The corresponding figures for 1964–65 were 34,480 millicuries and 23,291 millicuries, respectively. The issue of radon from a few centres to serve hospitals all over the continent is an Australian development which enables very efficient use to be made of the radium available.

Since 1935 the laboratory has maintained the Australian (free-air) standard for the precise measurement of X-ray doses. Sub-standard clinical dosimeters used by the laboratory and by centres in other States are calibrated in terms of this standard.

Through the development of atomic energy programmes overseas, supplies of radio-isotopes have been available for use in Australia since 1946. Some of the radio-isotopes required in Australia are prepared by the Australian Atomic Energy Commission in its reactor at Lucas Heights. At the present time the procurement and distribution of radio-isotopes to be used in medicine and medical research are the responsibility of the Department of Health, and these isotopes are procured by the laboratory, as a central procurement agency, principally from Great Britain, Canada, and the United States of America. The procurement and distribution of radio-isotopes for industrial and non-medical uses are the responsibility of the Australian Atomic Energy Commission.

The importation of radio-isotopes is restricted under the Customs (Prohibited Imports) Regulations. Approval for importation is given either by the Director-General of Health or by the Australian Atomic Energy Commission, depending on the category of use, after it has been established that the isotope will be used safely and usefully.

During 1965–66, 44 different isotopes were procured for use in medicine and medical research. They represented 2,150 separate deliveries, of which 156 (including 12 different isotopes) were from the Australian Atomic Energy Commission. Of the 44 isotopes, 25 were for use in medical diagnosis or treatment, as distinct from medical research. Bulk supplies of radio-isotopes used for diagnosis or treatment are obtained regularly, and these are distributed by the laboratory as individual doses for use on patients throughout Australia in accordance with a policy developed by the Radio Isotopes Committee of the National Health and Medical Research Council. These radio-isotopes are issued free of charge. In the year ended 30 June 1966, 24,751 individual doses of these materials were issued for medical diagnosis and therapy.

Investigations of the degree of protection necessary in particular applications of X-rays and radioactive materials continue to be an important activity of the laboratory. It prepares specifications of the protection facilities necessary in departments and laboratories employing ionising radiations in medicine, research and industry, and carries out measurements of radiation levels in existing departments and laboratories. A film-badge service to measure the radiation dose received by those exposed to ionising radiations is maintained. In 1965–66, 66,529 film-badges were processed, assessed and reported on; the corresponding figure for the previous year was 65,299.

The laboratory maintains a library of radiological literature and issues library bulletins at appropriate intervals. Technical communications on topics related to its functions are issued from time to time.

#### **School of Public Health and Tropical Medicine**

In March 1930 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 for the purpose of training medical graduates and students in the subjects of public health and tropical medicine. The organisation 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 School comprises sections of Preventive Medicine, Tropical Medicine, Occupational Health, Environmental Health, Biochemistry, Bacteriology and Pathology, Parasitology, Medical Entomology, and Medical Statistics. The Child Welfare section of the Institute of Child Health is located at the School, with which it is closely associated. The Occupational Health Section undertakes surveillance of the health of persons employed at the Small Arms Factory, Lithgow,

and at the Munitions Filling Factory, St. Mary's. The library, which includes approximately 20,000 bound volumes and a large collection of official and institutional papers and reports, forms an important information centre in the subjects of public health and tropical medicine.

The work of the School comprises both teaching and investigation. Courses are held for the university post-graduate diploma in public health and the diploma in tropical medicine and hygiene. Lectures are given in public health and preventive medicine as prescribed for the fifth year of the medical curriculum. Courses are provided also in hygiene and social medicine for students of architecture and social studies; in tropical medicine for lay officers, nurses in tropical service and missionaries; and in industrial health for engineering students. Training is also provided for certain personnel of the armed services, for laboratory workers from various services and institutions, and for post-graduate nursing diploma students.

Investigations cover a wide range of public health and medical subjects, both in the laboratory and in the field. Field work has been carried out in Australia and in Papua, New Guinea, Norfolk Island, and Nauru in co-operation with the local administrations and the South Pacific Commission. Limited accommodation and other facilities for investigation can be made available at the school for independent research workers.

### **Institute of Child Health**

Associated with the School of Public Health is the Institute of Child Health, part of which is located in the School of Public Health and Tropical Medicine in the grounds of the University of Sydney and part at the Royal Alexandra Hospital for Children, Camperdown. The activities of the Institute are concerned with research into medical and social problems of childhood, undergraduate teaching of students of the Faculty of Medicine in the University of Sydney, post-graduate teaching of doctors and members of associated professions, and collaboration with other bodies concerned with the general field of child health.

The establishment of the Institute at present consists of the director, two senior medical officers, one child psychiatrist, five other medical officers, a psychologist, two social workers and clerical staff. The director of the Institute is the Professor of Child Health in the University of Sydney. He is also a senior honorary paediatrician on the staff of the Children's Hospital. The child psychiatrist is also Associate Professor of Child Psychiatry in the University of Sydney. The director is required to co-ordinate and control undergraduate and post-graduate teaching in paediatrics and child health. Each group of medical students attends the Children's Hospital for ten weeks tuition in paediatrics and child health.

The particular research activities of the Institute vary with the immediate and long-term problems which present themselves. Fields of study have included rheumatic fever, scurvy, accidents, prematurity, hypothyroidism, and mental deficiency. Studies are undertaken into the problems of infants and children deprived of a normal home life. Members of the Institute staff are available for consultation by Commonwealth and State authorities and voluntary agencies.

### **Commonwealth Bureau of Dental Standards**

This Bureau is concerned with research, standards and testing related to dental and allied materials and processes. It became part of the Department of Health in January 1947, but for the preceding eight years it was sponsored by the National Health and Medical Research Council. During that time the then Dental Materials Research Laboratory established itself as a recognised authority in its special field and proved to be of value to the defence services, government departments, the dental profession, and manufacturers of dental products. By maintaining the quality of dental materials and improving techniques for their use the Bureau continues to assist the dentist in his service to the community—a service that calls for restorations and appliances of a high degree of precision and permanence under very exacting conditions.

The Bureau operates under Section 9 of the *National Health Act* 1953–1966, and its functions are as follows: original research into dental equipment, materials, techniques, and processes; regular reporting of the results of these investigations in recognised Australian scientific journals; the development of specifications for dental materials and equipment, through the Standards Association of Australia, in consultation with a committee representing the Commonwealth Department of Health, the Australian Dental Association, and manufacturers and distributors; and the provision of a consultative service and testing facilities for manufacturers and distributors of dental materials with a view to assisting them in the improvement of existing products and the development of new materials.

### **Australian Institute of Anatomy**

The Australian Institute of Anatomy is situated in a building erected in Canberra by the Commonwealth Government under the *Zoological Museum Agreement Act* 1924. The Institute became part of the Commonwealth Department of Health in 1931, and a number of Health Department sections are now situated in the Institute. These include the Museum and Medical Artistry Section, the Nutrition Section, the Public Health Laboratory, and a Veterinary Laboratory.



The scientific research work of the Institute is concentrated on problems of nutrition, taking the form of field surveys of the dietary status of the Australian population and laboratory investigations into the biochemistry of nutrition and metabolism.

### Control of infectious and contagious diseases

The provisions of the various Acts with regard to the compulsory notification of infectious diseases and the precautions to be taken against their spread are dealt with under the headings of quarantine and notifiable diseases.

#### Quarantine

The *Quarantine Act* 1908–1966 is administered by the Commonwealth Department of Health and has three sections of disease control, as follows: (i) human quarantine, which ensures that persons arriving from overseas are free of quarantinable disease; (ii) animal quarantine, which controls the importation of animals and animal products from overseas and the security of other animals present on vessels in Australian ports; and (iii) plant quarantine, which regulates the conditions of importation of all plants and plant products with the object of excluding plant diseases, insect pests and weeds.

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

*Human quarantine.* All passengers and crews arriving in Australia from overseas, whether by air or sea, are subject to a medical inspection for the purpose of preventing the introduction of disease into Australia. At the major ports full-time quarantine officers carry out the work, but in the minor ports local doctors act as part-time quarantine officers. In each State, quarantine activities are controlled by the Commonwealth Director of Health, who is a medical officer of the Commonwealth Department of Health.

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

Valid vaccination certificates are required of travellers to Australia as follows.

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

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

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

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

*Isolation.* Under the Australian Quarantine Act, airline and shipping operators are responsible for expenses of isolation of all travellers who disembark and (i) have come from a cholera infested area, or a cholera area specified above, within five days and do not possess a cholera vaccination certificate; or (ii) have come from an endemic zone within six days and do not possess a yellow fever vaccination certificate; or (iii) arrive by air without a smallpox vaccination certificate and refuse to be vaccinated on arrival.

The numbers of cases of infectious (non-quarantinable) diseases which were discovered among the passengers and crew of overseas vessels and aircraft calling at Australian ports during 1965–66 and during the preceding four years are shown in the following tables.

**HUMAN QUARANTINE: CASES OF INFECTIOUS (NON-  
QUARANTINABLE) DISEASES ON OVERSEAS VESSELS AND  
AIRCRAFT CALLING AT AUSTRALIAN PORTS, 1965-66**

Disease	Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
		Passengers	Crew
Chicken pox . . . .	41	80	3
Gastroenteritis . . . .	1	..	1
Glandular fever . . . .	1	1	..
Infectious hepatitis . . . .	4	1	3
Measles . . . .	43	239	..
Meningitis . . . .	1	1	..
Mumps . . . .	14	31	..
Pyrexia of undetermined origin . . . .	1	1	..
Rubella . . . .	2	2	..
Scarlet fever . . . .	1	1	..
Typhoid fever . . . .	2	2	..
Venereal disease—			
Gonorrhoea . . . .	61	..	61
Syphilis . . . .	24	..	24
Other . . . .	30	..	30
Whooping cough . . . .	1	1	..
<b>Total . . . .</b>	<b>(a) 201</b>	<b>360</b>	<b>122</b>

(a) On some vessels there were cases of more than one disease.

**HUMAN QUARANTINE: OVERSEAS VESSELS AND AIRCRAFT ARRIVING IN  
AUSTRALIA AND CASES OF INFECTIOUS (NON-QUARANTINABLE)  
DISEASES FOUND, 1961-62 TO 1965-66**

Year	Number of overseas vessels and aircraft cleared		Number of overseas vessels and aircraft on which cases were found	Number of cases of infectious disease	
	Ships	Aircraft		Passengers	Crew
1961-62 . . . .	3,761	2,417	67	221	15
1962-63 . . . .	2,943	2,423	91	438	35
1963-64 . . . .	3,184	2,620	92	361	11
1964-65 . . . .	3,359	2,936	107	333	19
1965-66 . . . .	3,488	3,297	201	360	122

*Animal quarantine.* Animal quarantine, authorised by the provisions of the *Quarantine Act* 1908-1966, aims at preventing the introduction or spread of animal diseases. It covers the importation of all animals, raw animal products and biological cultures associated with animal diseases, and goods associated with animals.

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

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

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

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

Every two years the director of the Division convenes the Biennial Conference of Principal Commonwealth and State Veterinarians, which meets under the auspices of the Australian Agricultural Council to discuss problems of animal health, disease control and animal quarantine.

*Plant quarantine.* Since 1 July 1909 the importation into Australia of all plants or parts of plants, cuttings, seeds, and fruits, whether living or dead, has been subject to an increasingly stringent quarantine with the object of preventing the introduction of insect pests, plant diseases and weeds not yet established in this country. Under the *Quarantine Act* 1908-1966, quarantine inspectors are required to examine all plant material at the first port of entry and to release only material free from diseases and pests. Everyone entering Australia is required to declare if he or she has any plant material in luggage or personal effects. Heavy penalties are laid down for those found evading the regulations. All plant material entering as cargo must also be declared.

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

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

#### Notifiable diseases

*Methods of prevention and control.* Provision exists in the Health Acts of all States for the compulsory notification of certain infectious and other diseases and for the application of preventative measures. When any such disease occurs the local authority must be notified at once, and in some States notification must be made also to the Health Department.

As a rule, the local authorities are required to report from time to time to the Central Board of Health in each State on the health, cleanliness and general sanitary state of their several districts and on the appearance of certain diseases. Regulations provide for the disinfection and cleansing of premises and for the disinfection or destruction of bedding, clothing or other articles which have been exposed to infection. Regulations also provide that persons suspected to be suffering from, or to be carriers of, infectious disease must submit to clinical and laboratory examination. Persons suffering from certain communicable diseases, for example, smallpox and leprosy, are detained in isolation.

*Notifiable diseases and cases notified, 1966.* The following table shows, by State and Territory, the number of cases notified in 1966 for those diseases notifiable in all States and Territories. In May 1965 the National Health and Medical Research Council at its Fifty-ninth Session proposed a basic list of diseases to be notifiable in each State and Territory, and this table is based upon that proposal. The table does not include all diseases which are notifiable in a State or Territory. Factors such as the following affect both the completeness of the figures and the comparability from State to State and from year to year: availability of medical and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow-up of notifications by Health Departments.

**NOTIFIABLE DISEASES(a): NUMBER OF CASES NOTIFIED(b)  
STATES AND TERRITORIES, 1966**

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Anthrax									
Brucellosis	13	43	11	1	3	1		1	73
Diphtheria	4		1		2		1		8
Gonorrhoea	4,449	1,754	1,479	256	681	169	221	27	9,036
Infectious hepatitis(c)	4,188	2,137	843	978	28	200	78	125	8,577
Leprosy		1	1		13		29		44
Leptospirosis	15	1	55	1	7				79
Paratyphoid fever	1				1				3
Poliomyelitis			1						1
Syphilis	542	57	151	7	20	4	16	1	798
Tetanus	7	12	16		2		1		38
Tuberculosis(d)	915	649	581	131	134	63	70	6	2,549
Typhoid	4	5	6	1	2	1	2		21
Typhus (all forms)	1		5						6

(a) This table is based on a proposal made by the National Health and Medical Research Council at its 59th session in May 1965 to recommend to State Health Departments a basic list of notifiable diseases. (b) No cases of cholera, plague, smallpox or yellow fever were notified. (c) Includes hepatitis, serum (homologous). (d) Queensland figure includes erythema nodosum and pleural effusion.

*Tuberculosis and poliomyelitis.* The number of new cases of tuberculosis notified in each State and Territory by age groups for the year 1966 is shown on page 559. Some data regarding deaths from tuberculosis are shown on page 248 of Chapter 9, Vital Statistics. Cases of poliomyelitis notified in each State and Territory for the years 1962 to 1966 are shown on page 561.

*Infectious hepatitis.* The following table shows the number of cases of infectious hepatitis notified in each State and Territory during the years 1962 to 1966.

**INFECTIOUS HEPATITIS: CASES NOTIFIED, STATES AND  
TERRITORIES, 1962 TO 1966**

State or Territory	1962	1963	1964	1965	1966
New South Wales	3,358	2,822	2,731	3,325	4,188
Victoria	3,533	3,840	2,697	1,987	2,137
Queensland(a)	884	1,433	1,163	556	843
South Australia	504	293	289	414	978
Western Australia	117	145	101	83	28
Tasmania	630	856	636	197	200
Northern Territory	101	104	57	128	78
Australian Capital Territory	88	20	12	51	125
<b>Australia</b>	<b>9,215</b>	<b>9,513</b>	<b>7,686</b>	<b>6,741</b>	<b>8,577</b>

(a) Includes hepatitis, serum (homologous).

*Venereal diseases.* The prevention and control of venereal diseases are the responsibility of State Health Departments. The necessary powers for the purpose are provided either by a special Venereal Diseases Act or by a special section of the Health Act. Venereal diseases were made notifiable in South Australia in November 1965 and the diseases are now notifiable in all States and Territories. While the provisions of the legislation differ from State to State, the Acts usually make it obligatory upon the patient to report for and continue under treatment until certified as cured. Treatment of venereal disease must be by a registered medical practitioner. Facilities for treatment of venereal disease free of charge may be arranged at subsidised hospitals or at special clinics. Penalties may be imposed on a patient who fails to continue under treatment. Clauses are inserted in the Acts which aim at preventing the marriage of any infected person, or the employment of an infected person in the manufacture or distribution of foodstuffs.

### Commonwealth grants to organisations associated with public health

In addition to providing the services mentioned on pages 554-69, the Commonwealth Government gives financial assistance to certain organisations associated with public health. Examples of organisations included in this category are the National Fitness Organisations, the Royal Flying Doctor Service of Australia, the Red Cross Blood Transfusion Service, the Lady Gowrie Child Centres and the National Heart Foundation of Australia.

#### National fitness

In 1938, arising from a recommendation of the National Health and Medical Research Council, the Commonwealth Government appointed a National Co-ordinating Council for National Fitness, under the Commonwealth Minister for Health, to effect collaboration of Commonwealth, State, and local government authorities in the National Fitness Movement. Following the recommendations of the first Co-ordinating Council meeting in 1939, the Commonwealth Government agreed to make available an annual sum of \$40,000 for five years, and grants were allocated to each State for purposes of organisation and to each of the six Australian universities to establish lectureships in physical education.

The movement was placed on a statutory basis with the passing of the *National Fitness Act* 1941. The Act provides for a Commonwealth Council for National Fitness to advise the Minister for Health concerning the promotion of national fitness. It provides also for the establishment of a Trust Account, known as the National Fitness Fund, to assist in financing the movement. In June 1942 the annual appropriation from revenue to the National Fitness Fund was increased to \$145,000 to include grants to the State Education Departments and for the work in the Australian Capital Territory. The annual appropriation was increased to \$200,000 in 1962, the increase of \$55,000 being made available to the National Fitness Councils in the States. A further increase in the annual appropriation was made for 1966-67 when an additional \$100,000 was made available to State National Fitness Councils. The current annual appropriation of \$300,000 is disbursed as follows: State National Fitness Councils, \$228,908; Universities, \$24,800; State Education Departments, \$34,000; central administration, \$6,792; and Australian Capital Territory, \$5,500. In addition, a sum of \$200,000 has been made available to State National Fitness Councils to assist in the development of national fitness capital projects on a \$1 Commonwealth to \$2 State basis for the three year period 1966-67 to 1968-69.

#### Royal Flying Doctor Service of Australia

The purpose of the Royal Flying Doctor Service of Australia is to provide medical and dental services to persons in isolated areas. Most remote homesteads are equipped with two-way radio sets which they use for receiving ordinary radio programmes, participating in the School of the Air, and for contacting each other. In cases of minor illness or injury they also use these sets to seek medical advice. If the illness or injury is serious a doctor flies to the homestead and, if necessary, flies the patient to the nearest hospital. Standard medicine chests are supplied by the service. Each chest contains a first-aid book and instructions on the use of the various drugs and medical supplies. Further instructions are given by doctors over the air. From time to time special purpose work is undertaken in connection with flood relief, searching for lost parties, and co-ordinating cattle movements.

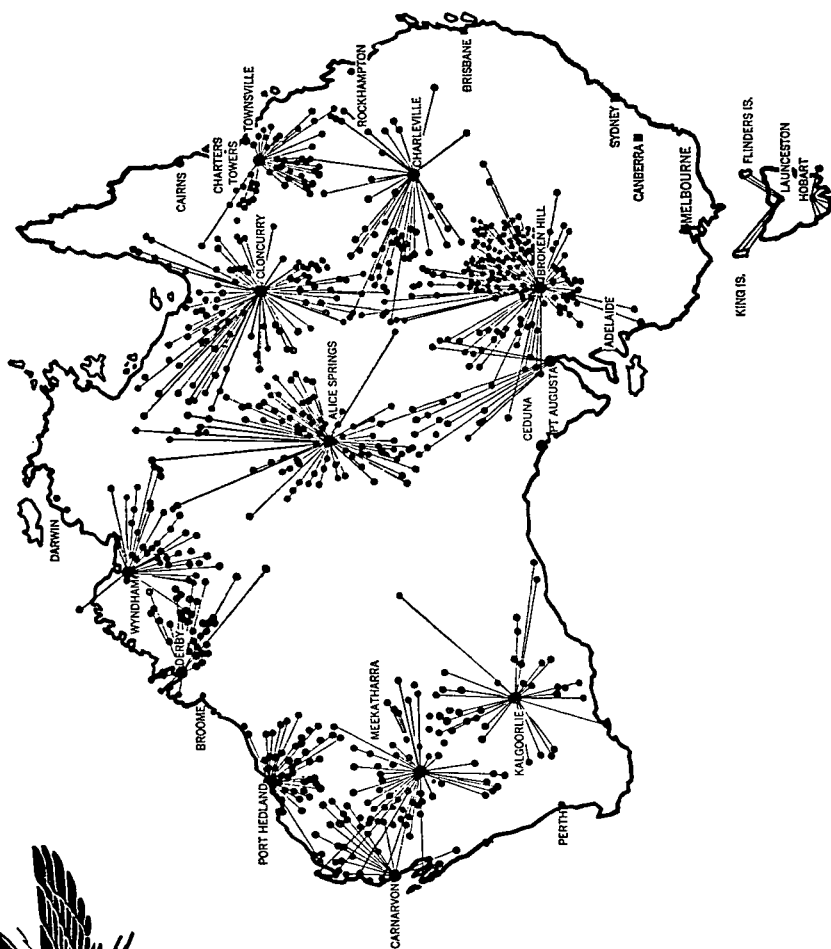
The service is not conducted for profit. In some sections small charges are made for particular services or a fixed annual charge is levied on graziers. Other sections rely on voluntary contributions from those who use the services. Donations and government contributions help to provide much of the overhead and capital expenditure incurred each year. The Commonwealth has made an annual grant to the service for operational expenses since 1936. The Commonwealth annual grant to the Royal Flying Doctor Service of Australia towards maintenance was increased from \$110,000 to \$150,000 per annum for three years from 1 July 1965. The Commonwealth grant towards capital expenditure was increased from \$80,000 to \$130,000 per annum for the same period. This capital expenditure grant is made on a \$1 for \$1 basis, in respect of approved projects.

The Royal Flying Doctor Service of Australia is conducted by a federal council comprising representatives of seven sections, namely Queensland, New South Wales, Victoria, South Australia, Western Australia, the Eastern Goldfields of Western Australia, and Tasmania. The Queensland, New South Wales, South Australian, and Tasmanian sections are centred in their own States, but in Western Australia there are three centres, that in the far north being under the control of the Victorian section and that in the south-east under the control of the Eastern Goldfields section. The third, which has bases at Port Hedland and Meekatharra, is sponsored by the Western Australian section.

In 2,272 flights during 1964-65 the Service flew 814,052 miles. The map of the radio network operated by the Royal Flying Doctor Service shows the area of approximately 1½ million square miles covered by the Service. (See plate 34 opposite.)

#### Red Cross Blood Transfusion Service

The Australian Red Cross Society conducts a blood transfusion service in all States. The costs of the service are borne by a Commonwealth grant equal to 30 per cent of the certifiable operating expenses incurred by the Society in the conduct of the blood transfusion service in



**PLATE 34**



each State, payment by the Government of the State concerned of 60 per cent of the expenses, and payment by the Society of the remaining 10 per cent. The payments made by the Commonwealth Government to the State Governments in 1965-66 were as follows: New South Wales, \$117,208; Victoria, \$144,124; Queensland, \$103,113; South Australia, \$61,282; Western Australia, \$44,002; Tasmania, \$12,682; total, \$482,413. The Commonwealth also assists the Society to the extent of ninety per cent of the cost of operating blood transfusion services in the Northern Territory and the Australian Capital Territory.

#### **Lady Gowrie Child Centres**

In 1940 the Commonwealth Government established a pre-school demonstration centre in each of the six State capital cities. These centres are known as the Lady Gowrie Child Centres and are administered by local State committees under supervision of the Australian Pre-school Association located at Canberra. An annual grant is made available by the Commonwealth towards the operation of the centres, \$107,700 being allocated for 1965-66 and \$120,000 for 1966-67.

The specialised function of the centres is that of demonstration and research, and the programmes are carried out under the supervision of the Federal Pre-school Officer. Each centre is concerned with a study of the factors promoting and retarding physical and mental health in young children and in demonstrating an educational health programme based on the developing needs of children aged three to six years. The centres are used for observation by students of medicine, psychology, education, social studies, architecture, nursing, and domestic science, and by student teachers.

#### **Home Nursing Subsidy Scheme**

The Home Nursing Subsidy Scheme provides payments to assist the expansion of home nursing activities. To be eligible for a subsidy an organisation must be non-profit making and must receive assistance from a State Government, local government body or other authority established by or under a State Act. It must employ registered nurses. It is provided that Commonwealth subsidy must not exceed the amount of State assistance received by the organisation concerned. Eligible organisations established prior to November 1956 now receive \$2,200 a year in respect of each additional qualified nurse employed. New organisations established since November 1956 receive \$1,100 a year in respect of each qualified nurse employed. Expenditure during 1965-66 on the promotion of the Home Nursing Service was \$546,358. The Commonwealth subsidy paid to various district nursing organisations has led to the employment of 391 trained nurses.

#### **National Heart Foundation of Australia**

The National Heart Foundation of Australia is a national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. Formed in 1960, as a result of a public appeal yielding \$5 million to which the Commonwealth Government contributed \$20,000, the Foundation has its headquarters in Canberra. The organisation is controlled by a board of directors assisted by various committees. State divisions with their own administrations deal especially with rehabilitation and education. From its inception to the end of 1966 the Foundation has allocated about \$2 million for grants-in-aid towards research in university departments, hospitals and research institutes, research fellowships tenable in Australia and overseas, and overseas travel grants. Most of the annual expenditure of about \$600,000 is devoted to supporting research in cardiovascular disease.

#### **World Health Organization**

The World Health Organization (WHO) is a specialised agency of the United Nations. It acts as the directing and co-ordinating authority on international health work with the object of promoting and protecting the health of all peoples. Among its many functions it provides technical assistance, health services and facilities and other aid on request by Governments, or for special groups such as the peoples of trust territories.

The headquarters administration of WHO is located at Geneva, and there are six regional offices throughout the world, Australia being assigned to the Western Pacific Region. As a financial member, Australia is represented in the World Health Assembly and also on the Regional Committee for the Western Pacific. The nineteenth meeting of the Assembly was held at Geneva during May 1966 and the seventeenth meeting of the Regional Committee was held at Manila during September 1966.

The Commonwealth's contribution to WHO during 1965-66 was \$552,435.

### **INSTITUTIONS**

Institutions referred to under this heading are classified into the following groups: (i) public hospitals and nursing homes; (ii) mental hospitals; (iii) private hospitals and nursing homes; (iv) repatriation hospitals; (v) isolation hospitals.



## Public hospitals and nursing homes

The statistics shown under the heading 'public hospitals and nursing homes' refer to institutions providing hospital and nursing home treatment, whether general or special, with the exception of mental hospitals, private hospitals and nursing homes, repatriation hospitals, and isolation hospitals. They include institutions wholly provided for by the State, partially subsidised by the State or by State endowments but receiving private aid also, and hospitals established and endowed by individuals for the treatment of the sick generally. Public hospitals are premises of this kind in which patients are received and lodged exclusively for 'hospital' treatment, i.e. nursing care for the purpose of professional attention. Public nursing homes are such premises in which patients are received and lodged exclusively for the purpose of nursing home care, i.e. of a kind ordinarily provided in a benevolent home, convalescent home, home for aged persons, or rest homes for patients requiring professional attention.

## Number, staff and accommodation

## PUBLIC HOSPITALS AND NURSING HOMES: NUMBER, STAFF AND ACCOMMODATION, STATES AND TERRITORIES, 1964-65

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Number of hospitals and nursing homes . . . . .	267	153	143	66	92	27	4	1	753
Medical staff—									
Salaried . . . . .	1,065	1,080	763	283	203	130	23	12	3,559
Other(b) . . . . .	5,077	1,800	197	657	408	141	..	81	8,361
Total medical staff . . . . .	6,142	2,880	960	940	611	271	23	93	11,920
Nursing staff(c) . . . . .	16,479	11,322	6,402	3,490	3,516	1,729	246	397	43,581
Accommodation—									
Number of beds and cots . . . . .	24,366	13,529	12,949	4,606	5,179	2,838	556	454	64,477

(a) Excludes the six State hospitals and nursing homes. (b) Includes honorary and visiting medical officers. (c) Qualified and student nurses, assistant nurse trainees, nursing aides, and nursing aide trainees.

## In-patients treated

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

## PUBLIC HOSPITALS AND NURSING HOMES: IN-PATIENTS TREATED STATES AND TERRITORIES, 1964-65

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
In-patients at beginning of year—									
Males . . . . .	7,833	4,079	4,234	1,501	1,593	936	193	110	20,479
Females . . . . .	10,581	5,988	4,882	1,679	1,874	1,046	201	210	26,461
Persons . . . . .	18,414	10,067	9,116	3,180	3,467	1,982	394	320	46,940
Admissions and re-admissions during year—									
Males . . . . .	215,581	118,567	109,600	44,844	52,216	15,556	5,227	4,845	566,436
Females . . . . .	319,065	186,149	132,506	57,074	62,800	21,571	5,875	7,686	792,726
Persons . . . . .	534,646	304,716	242,106	101,918	115,016	37,127	11,102	12,531	1,359,162
Total in-patients (cases) treated—									
Males . . . . .	223,414	122,646	113,834	46,345	53,809	16,492	5,420	4,955	586,915
Females . . . . .	329,646	192,137	137,388	58,753	64,674	22,617	6,076	7,896	819,187
Persons . . . . .	553,060	314,783	251,222	105,098	118,483	39,109	11,496	12,851	1,406,102
Discharges—									
Males . . . . .	206,772	112,795	105,952	42,951	50,693	14,847	5,068	4,623	543,701
Females . . . . .	311,487	181,531	129,735	55,340	61,538	20,852	5,752	7,536	773,771
Persons . . . . .	518,259	294,326	235,687	98,291	112,231	35,699	10,820	12,159	1,317,472
Deaths—									
Males . . . . .	8,776	5,635	3,849	1,917	1,474	721	172	189	22,733
Females . . . . .	7,520	4,584	2,946	1,561	1,207	654	119	129	18,720
Persons . . . . .	16,296	10,219	6,795	3,478	2,681	1,375	291	318	41,453
In-patients at end of year—									
Males . . . . .	7,866	4,216	4,033	1,477	1,642	924	180	143	20,481
Females . . . . .	10,639	6,022	4,707	1,852	1,929	1,111	205	231	26,696
Persons . . . . .	18,505	10,238	8,740	3,329	3,571	2,035	385	374	47,177
Average daily number resident . . . . .	17,575	9,444	8,452	3,115	3,396	1,966	388	333	44,669

(a) Excludes patients in the six State hospitals and nursing homes.

In addition to those admitted to the hospitals and nursing homes, there are large numbers of out-patients treated. During 1964-65 there were 1,502,499 out-patients treated in New South Wales, 776,169 in Victoria, 720,157 in Queensland, 142,208 in South Australia, 179,000 (estimated) in Western Australia, 103,355 in Tasmania, 119,423 in the Northern Territory, and 20,402 in the Australian Capital Territory, making an estimated total for Australia of 3,563,213. The figures quoted refer to cases, as distinct from persons and attendances.

#### Revenue and expenditure

Details of the revenue and expenditure for the year 1964-65 are shown in the next table. The revenue includes the Commonwealth Hospital Benefits Scheme. For some States expenditure on capital items out of individual hospitals' own funds are not included in the figures shown. Comparison between the States should therefore be made with caution.

In previous Year Books, Commonwealth hospital benefits, which were paid direct to public hospitals and nursing homes in either full or part payment of fees incurred by pensioners and other uninsured patients, were shown for some States as a separate revenue item or included under 'Government aid'. In the following table this revenue has been treated on the same basis as Commonwealth hospital benefits paid for insured patients and included in the amounts shown for fees. Details of Commonwealth expenditure on each of the different categories of hospital benefits are shown on page 556.

#### PUBLIC HOSPITALS AND NURSING HOMES: REVENUE AND EXPENDITURE, STATES AND TERRITORIES, 1964-65 (\$'000)

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
<b>Revenue—</b>									
Government aid . . . . .	67,715	46,203	28,388	14,871	20,951	8,564	2,810	4,151	193,653
Municipal aid . . . . .	..	..	..	661	2	..	..	..	..
Public subscriptions, legacies, etc. . . . .	299	4,302	55	466	159	..	..	..	5,943
Fees(b) . . . . .	43,041	23,338	9,039	6,976	7,750	2,691	446	731	94,012
Other . . . . .	1,489	1,833	3,411	1,111	208	37	..	18	8,109
<b>Total revenue . . . . .</b>	<b>112,544</b>	<b>75,676</b>	<b>40,894</b>	<b>24,085</b>	<b>29,070</b>	<b>11,291</b>	<b>3,256</b>	<b>4,900</b>	<b>301,717</b>
<b>Expenditure—</b>									
Salaries and wages . . . . .	67,354	43,303	22,989	12,763	13,808	5,911	1,529	1,408	167,065
Upkeep and repair of buildings and grounds . . . . .	3,277	1,559	1,018	1,103	2,573	200	249	69	10,049
All other maintenance . . . . .	29,411	18,710	13,929	6,040	6,415	2,644	652	552	78,352
<b>Total maintenance . . . . .</b>	<b>100,042</b>	<b>63,572</b>	<b>37,937</b>	<b>19,906</b>	<b>22,796</b>	<b>8,755</b>	<b>2,429</b>	<b>2,030</b>	<b>257,467</b>
Capital . . . . .	13,035	10,584	3,241	4,871	6,102	2,539(c)	827	2,768	43,968
<b>Total expenditure . . . . .</b>	<b>113,078</b>	<b>74,155</b>	<b>41,178</b>	<b>24,777</b>	<b>28,898</b>	<b>11,294</b>	<b>3,256</b>	<b>4,799</b>	<b>301,434</b>

(a) Excludes the six State hospitals and nursing homes. (b) Includes Commonwealth hospital benefits paid direct to public hospitals and nursing homes. (c) Major capital works only.

#### Summary for Australia

A summary, for the years 1960-61 to 1964-65, of the number of public hospitals and nursing homes 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.

#### PUBLIC HOSPITALS AND NURSING HOMES: AUSTRALIA, 1960-61 TO 1964-65

	1960-61	1961-62	1962-63	1963-64	1964-65
Hospitals and nursing homes . . . . .	736	739	746	748	753
Medical staff(a) . . . . .	10,386	10,535	r 11,023	r 11,287	11,920
Nursing staff(b) . . . . .	37,607	r 39,094	r 40,206	r 42,104	43,581
Beds and cots . . . . .	61,039	61,650	62,487	63,424	64,477
Admissions . . . . .	1,182,198	1,235,665	1,267,092	1,318,241	1,359,162
Total in-patients (cases) treated . . . . .	1,225,060	1,278,417	1,309,325	1,362,081	1,406,102
Deaths . . . . .	36,619	37,569	38,530	r 40,554	41,453
Average daily number resident . . . . .	41,009	42,166	42,926	44,004	44,669
Out-patients (cases)(c) . . . . .	2,794,400	2,946,800	r 3,107,400	3,327,000	3,563,000
Revenue . . . . . \$'000	218,798	239,787	258,271	278,216	301,717
Expenditure . . . . . \$'000	217,112	239,548	254,753	275,526	301,434

(a) Honorary, visiting and salaried. (b) Qualified and student nurses, assistant nurses, assistant nurse trainees, nursing aides, and nursing aide trainees. (c) Partly estimated.

### Mental health services

The organisation of mental health services in each State is described on pages 543-9 of this chapter.

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

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

#### In-patient institutions

The following table shows the number of major in-patient institutions in each State in 1965, the accommodation they provide for patients, and their staff. In-patient care for voluntary patients is also provided at many general public and a number of private hospitals. There are also psychiatric units attached to gaols, juvenile corrective centres and similar institutions. Only the following institutions are included in this table: *New South Wales*—the fourteen State psychiatric centres (a psychiatric hospital and associated admission centre being regarded as one psychiatric centre) and the two authorised private psychiatric centres (several other institutions provide in-patient care for voluntary patients only, but are excluded from the scope of the statistics); *Victoria*—the four psychiatric hospitals, ten mental hospitals, four informal hospitals, and eight intellectual deficiency training centres and schools; *Queensland*—four mental hospitals and one epileptic home (alcoholic clinics and inebriates' homes are excluded); *South Australia*—two mental hospitals and two receiving houses; *Western Australia*—the four mental hospitals, one psychiatric hospital, and the mental deficiency home for children; and *Tasmania*—the mental hospital and the psychiatric hospital.

#### MENTAL HEALTH: IN-PATIENT INSTITUTIONS, ACCOMMODATION AND STAFF STATES, 1965

	N.S.W. (a)	Vic.	Qld	S.A.	W.A.	Tas.
In-patient institutions . . .	16	26	5	4	6	2
Beds and cots for patients . .	12,885	(b)9,695	4,333	2,523	1,921	930
Staff—Medical . . . . .	189	136	(d) 19	32	17	8
Nursing . . . . .	(c)3,244	2,788	(d)1,198	668	470	262

(a) 30 June. (b) The number of beds and cots occupied on 31 October 1965. (c) Includes attendants. (d) Full-time staff only.

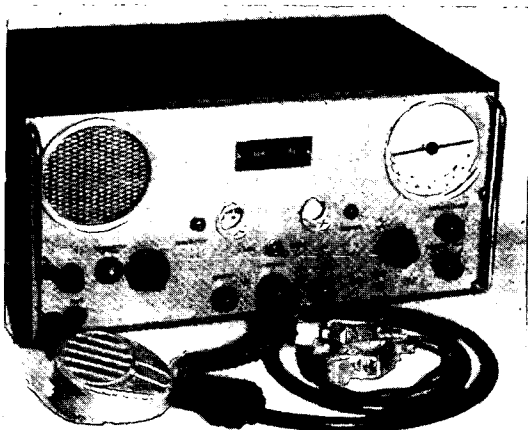
There are no in-patient institutions for mental patients in the Northern Territory or the Australian Capital Territory.

#### State government expenditure on mental health services

The following figures show particulars of total net expenditure (i.e. gross expenditure less receipts for services rendered) from consolidated revenue funds and certain trust or special funds on mental health institutions and services. The data have been compiled on the same basis as far as differences in organisation and accounting methods between States will permit. Expenditures on debt charges, pay-roll tax and superannuation payments have been excluded. State loan fund expenditures are also shown, but expenditure from moneys received as specific grants from the Commonwealth are not shown. For details of Commonwealth financial assistance to the States for mental health services, see pages 556-7.

Right: Interior of a Royal Flying Doctor Service aircraft.

Below: The transceiver—two-way radio set as used in the Royal Flying Doctor Service.



Standard medicine chest as supplied by Royal Flying Doctor Service.





**MENTAL HEALTH: NET EXPENDITURE(a), STATES, 1964-65**  
(S'000)

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
Expenditure from general revenue and certain trust funds	17,586	15,721	5,287	4,062	2,956	1,372
Loan fund expenditure	4,695	4,384	242	500	863	666

(a) Net expenditure, i.e. gross expenditure less receipts for services rendered.

**Patients**

*New South Wales.* A new system of collecting particulars of admissions to and discharges from the sixteen psychiatric centres in the State was introduced from 1 July 1964 following a census of the in-patients at these centres in June 1964. Under this system, the sixteen psychiatric centres in the State are regarded as constituting a single Psychiatric Service, and 'admissions' and 'discharges' are identified in relation to the Service as a whole (and not to a particular centre). Patients are classified into three broad groups—voluntary, formally recommended, or forensic—according to the status under which they are admitted to the care (or remain under the care) of a psychiatric centre. The following table shows for the sixteen psychiatric centres the number of patients on the in-patient register and the admissions and discharges of in-patients in 1964-65.

**PATIENTS ON THE IN-PATIENT REGISTER OF PSYCHIATRIC CENTRES**  
**NEW SOUTH WALES, 1964-65**

	Males	Females	Persons
Patients on the register at 1 July 1964 . . . . .	7,116	6,374	13,490
Admissions during 1964-65—			
Voluntary . . . . .	3,208	3,250	6,458
Formally recommended—Inebriate . . . . .	392	79	471
Other . . . . .	4,301	4,442	8,743
Forensic . . . . .	16	1	17
First admissions . . . . .	3,456	3,468	6,924
Re-admissions . . . . .	4,461	4,304	8,765
<i>Total admissions</i> . . . . .	7,917	7,772	15,689
Discharges during 1964-65—			
Deaths . . . . .	554	514	1,068
Other discharges . . . . .	7,509	7,410	14,919
<i>Total discharges</i> . . . . .	8,063	7,924	15,987
Patients on the register at 30 June 1965 . . . . .	6,970	6,222	13,192

**Victoria.** The following table shows the number of in-patients on the register and their movement during 1965. About two-thirds (7,237) of the admissions were voluntary or informal.

### MENTAL PATIENTS: VICTORIA, 1965

	Psychiatric hospitals	Mental hospitals	Informal hospitals	Intellectual deficiency training centres and schools	Total
<b>Patients on the register at 1 January 1965</b> . . . . .	1,005	8,064	78	2,363	11,510
<b>Admissions(a)—</b>					
Males . . . . .	3,270	1,735	387	250	5,642
Females . . . . .	3,408	1,870	670	138	6,086
<i>Persons</i> . . . . .	6,678	3,605	1,057	388	11,728
<b>Discharges</b> . . . . .	6,715	3,150	1,036	327	11,228
<b>Deaths</b> . . . . .	77	754	5	35	871
<b>Patients on the register at 31 December 1965—</b>					
Males . . . . .	412	3,979	34	1,158	5,583
Females . . . . .	479	3,786	60	1,231	5,556
<i>Persons</i> . . . . .	891	7,765	94	2,389	11,139

(a) Includes transfers from one institution to another.

There are also many non-residential psychiatric and out-patient clinics administered by the State mental health authority which provide treatment, but figures for these are not available. Other out-patient and community services include hostels, social clubs and sheltered workshops. The Personal Emergency Advisory Service dealt with 2,261 calls for assistance in 1965.

*Queensland.* In-patients at the five institutions for the mentally ill in 1964-65 were as follows.

**MENTAL PATIENTS: QUEENSLAND, 1964-65**

	Males	Females	Persons
Patients on the register at 1 July 1964 . . . . .	2,349	1,656	4,005
Admissions and re-admissions—First admissions . . . . .	582	407	989
Re-admissions . . . . .	361	435	796
<i>Total admissions</i>	<i>943</i>	<i>842</i>	<i>1,785</i>
Discharges . . . . .	829	688	1,517
Deaths . . . . .	145	106	251
Patients on the register at 30 June 1965 . . . . .	2,318	1,704	4,022

During 1964-65 non-residential treatment was provided at the Psychiatric Clinic for 1,733 patients and at Welfare and Guidance Clinics for 2,474 patients. Of these 659 and 1,584 respectively were new patients within the year. In addition, 329 day patients were treated at the Alcoholic Clinic.

*South Australia.* In-patient statistics for the two hospitals and two receiving houses were as follows.

**MENTAL PATIENTS: SOUTH AUSTRALIA, 1964-65**

	Males	Females	Persons
Patients on register at 1 July 1964 . . . . .	1,559	1,276	2,835
Admissions during 1964-65(a)—			
Voluntary . . . . .	1,131	1,148	2,279
Formally recommended and forensic . . . . .	444	338	782
First admissions . . . . .	1,029	943	1,972
Re-admissions . . . . .	546	543	1,089
<i>Total admissions</i> . . . . .	<i>1,575</i>	<i>1,486</i>	<i>3,061</i>
Discharges . . . . .	1,542	1,404	2,946
Deaths . . . . .	97	101	198
Patients on register at 30 June 1965 . . . . .	1,495	1,257	2,752

(a) Excludes transfers.

The numbers of patients who received treatment during 1964-65 at non-residential clinics and services administered by the State mental health authority were as follows: out-patient clinics, 2,755; child guidance clinic, between 800 and 900; day hospital, 49; intellectually retarded clinic, 134. The last two institutions were opened during 1964-65.

*Western Australia.* In-patient statistics for the six institutions in 1964-65 were as follows.

**MENTAL PATIENTS: WESTERN AUSTRALIA, 1964-65**

	Males	Females	Persons
Patients on register at 1 July 1964 . . . . .	1,260	841	2,101
Admissions and re-admissions(a) . . . . .	894	828	(b) 1,722
Discharges(a) . . . . .	793	760	1,553
Deaths . . . . .	95	51	146
Patients on the register at 30 June 1965 . . . . .	1,266	858	2,124

(a) Excludes transfers. (b) Includes 952 voluntary admissions and re-admissions.

The numbers of patients who received treatment and services at non-residential agencies of the Mental Health Division during 1964-65 were as follows: psychiatric clinics, 3,011; day hospital, 817; child guidance clinic, 1,086. The number attending the Industrial Training Centre at 30 June 1965 was 180; these patients were drawn from the day hospital and three in-patient institutions.

*Tasmania.* In-patients statistics for the two institutions in 1964-65 were as follows.

**MENTAL PATIENTS: TASMANIA, 1964-65**

	Males	Females	Persons
Patients on register at 1 July 1964 . . . . .	351	380	731
Admissions and re-admissions . . . . .	564	481	1,045
Discharges . . . . .	414	389	803
Deaths . . . . .	29	26	55
Patients on the register at 30 June 1965 . . . . .	472	446	918



### Private hospitals and nursing homes

In addition to the other hospitals and nursing homes referred to in previous sections, there are private hospitals and nursing homes in each State. The figures shown in the following table refer to those private hospitals and nursing homes which have been approved for the payment of hospital benefits under the Commonwealth *National Health Act 1953-1966*. Statistical information on patients, staff and finance of these institutions is not available on a uniform Australia-wide basis.

#### PRIVATE HOSPITALS AND NURSING HOMES: STATES, 1961 TO 1965

State	30 June				
	1961	1962	1963	1964	1965

#### NUMBER OF PRIVATE HOSPITALS AND NURSING HOMES

New South Wales . . . . .	461	474	507	527	531
Victoria . . . . .	254	260	272	288	306
Queensland . . . . .	92	116	130	136	146
South Australia . . . . .	143	156	173	165	179
Western Australia . . . . .	79	85	85	85	91
Tasmania . . . . .	32	34	39	41	42
<b>Australia . . . . .</b>	<b>1,061</b>	<b>1,125</b>	<b>1,206</b>	<b>1,242</b>	<b>1,295</b>

#### NUMBER OF BEDS FOR PATIENTS

New South Wales . . . . .	9,678	10,563	11,482	12,647	13,626
Victoria . . . . .	4,998	5,556	5,896	6,371	6,797
Queensland . . . . .	2,445	2,943	3,350	3,818	4,362
South Australia . . . . .	2,866	3,440	3,755	3,983	4,280
Western Australia . . . . .	1,945	2,381	2,549	2,627	2,846
Tasmania . . . . .	687	763	870	925	982
<b>Australia . . . . .</b>	<b>22,619</b>	<b>25,646</b>	<b>27,902</b>	<b>30,371</b>	<b>32,893</b>

There are no institutions of this nature in the Australian Capital Territory or the Northern Territory.

### Repatriation hospitals

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

In-patient treatment is provided at Repatriation General Hospitals in each capital city; in addition, there are auxiliary hospitals in all States except Tasmania. 'Anzac Hostels' are maintained in Queensland and Victoria for long-term patients. In-patient treatment may also be provided in country hospitals at the Department's expense in certain circumstances. Mental patients requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by the State authorities.

The average daily number of patients resident in the six Repatriation General Hospitals and eight auxiliary hospitals during the year ended 30 June 1966 was 3,707. The number of medical, nursing and other staff employed at these institutions at 30 June 1966 was 5,979 and a further 534 were employed at Repatriation out-patient clinics and limb and appliance centres. Total expenditure on Repatriation institutions during 1965-66 was \$23,095,058 and \$27,773,215 on other medical services.

### **Hansenide hospitals**

There are four isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's disease (leprosy). The numbers of isolation patients at these hospitals on 31 December 1966 were: Little Bay (New South Wales), 5; Fantome Island (North Queensland), 5; Derby (Western Australia), 178; and East Arm Settlement (Northern Territory), 32. In addition, there were 69 voluntary patients resident in the East Arm Settlement, mostly for the purpose of reconstructive surgery. With the exception of the Little Bay lazaret, nursing services are provided mostly by sisters of religious orders under supervision of Government medical officers.

Special wards for the isolation and treatment of leprosy patients are also provided at other centres. The location of these wards and the numbers of isolation patients resident at 31 December 1966, were: Fairfield (Victoria), 8; and Princess Alexandra Hospital (Queensland), 4.

Of the total 232 cases in isolation, 184 were full-blood Aborigines, 26 were others of Aboriginal blood, 2 were Pacific Islanders, 2 were Asians, and 18 were Europeans.

