

CHAPTER 10

HEALTH

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

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

NATIONAL HEALTH SERVICES

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

Quarantine

The *Quarantine Act* 1908 is administered by the Commonwealth Department of Health and has three sections of disease control: human quarantine; animal quarantine; and plant quarantine.

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

Human quarantine

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

The main concern of examining officers is the detection of quarantinable diseases including 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 major ports are kept ready for occupation at all times. In addition, persons arriving in Australia and suffering from infectious diseases such as chicken-pox, mumps, scarlet fever, and measles are directed to appropriate care and placed in isolation where necessary.

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

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

Cholera. No certificate is required.

Yellow fever. From travellers who have been in yellow fever endemic zones within the past 6 days.

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

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

The majority of infectious (non-quarantinable) diseases discovered among passengers and crew of overseas vessels includes venereal disease, infectious hepatitis and chickenpox.

Animal quarantine

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

For further details see Year Book No. 61, page 449.

Plant quarantine

Arising from both its dependence upon exotic plant species for agriculture, horticulture and forestry and its island continental isolation, Australia is free of numerous plant pests and diseases that occur elsewhere in the world. Since 1 July 1909 the importation into Australia of plant materials has been subject to an increasingly stringent quarantine; some materials are admitted only under certain conditions while others are prohibited altogether. The quarantines are designed to exclude from the country unwanted pests and plant diseases. It is not possible to predict how a new plant pest or disease will perform when introduced to a new environment free of its natural enemies. Hence the general objective is to keep any pest or disease out of the country which could cause serious economic losses to Australia's agriculture, horticulture or forests.

For further details see Year Book No. 61, page 449.

Personal health services and subsidies

National Health Benefits

Following a comprehensive review of Medibank (see Year Book No. 61, pages 450–451), the Commonwealth Government decided to modify the operations of the health insurance program with effect from 1 October 1976. As a result of the modifications, all residents may elect to be covered under Standard Medibank, but must insure privately if they elect otherwise.

There are now three main choices of health insurance available:

- (i) *Standard Medibank.* The benefits are basically 85 per cent of scheduled fees charged for medical services or the schedule fee less \$5, whichever is the greater, and free standard ward accommodation in recognised (i.e. public) hospitals with free medical care provided by doctors engaged by the hospitals. The 85 per cent coverage also applies to consultation by participating optometrists and certain services by approved dentists in the operating theatres of approved hospitals.

The Australian Health Insurance Commission (a Statutory Authority constituted by act of Parliament) administers Standard Medibank.

- (ii) *Standard Medibank plus basic "hospital-only" insurance.* This provides all the benefits of Standard Medibank plus choice of doctor in hospital and benefits equal to the fees charged for shared ward accommodation in a recognised hospital.

The "hospital-only" insurance coverage is available from private hospital benefits organisations including Medibank (Private) which, under the modifications to Medibank, has been established as a registered organisation to compete on equal terms with other private organisations. Medibank (Private) is administered by the Health Insurance Commission.

Contribution rates payable for basic "hospital-only" insurance are subsidised by the Commonwealth Government and are designed to assist lower income earners.

- (iii) *Basic private health insurance.* This provides basic hospital and medical benefits, and is available from private health benefits organisations including Medibank (Private).

In addition to basic private health insurance and basic "hospital-only" insurance, private health benefits organisations offer coverage against: the gap between medical benefits and scheduled fees, fees charged for single room accommodation in recognised hospitals, and the cost of private hospital accommodation. They also offer various ancillary services.

Levy on Income

The program now provides for a health insurance levy equivalent to 2.5 per cent of personal taxable income, with a maximum levy payment of \$300 per annum (family) and \$150 per annum for a person without dependants. Those on the lowest incomes, most pensioners, certain Defence Force personnel and Repatriation beneficiaries, and those who take private insurance for both the basic medical and basic hospital benefits are exempt from the levy. Privately insured persons are required to make a declaration for taxation purposes in order to gain exemption from the levy. The responsibility for the administration of the levy rests with the Commissioner of Taxation.

Hospital Benefits Reinsurance Arrangements

To replace the Special Account the Commonwealth Government established on and from 1 October 1976 a Hospital Benefits Reinsurance Trust Fund in respect of the basic hospital benefits tables. Both the Government and all registered hospital benefits organisations contribute to the Fund under a pooling arrangement. Under the Reinsurance arrangements, organisations are able to transfer the benefits liability for contributors whose period of hospitalisation in a contributor year exceeds 35 days.

Hospital Cost Sharing Arrangements

New hospital agreements between the Commonwealth and State Governments became effective in all States on 1 October 1976. Under these agreements the Commonwealth Government agrees to meet fifty per cent of the net operating costs of recognised (i.e. public) hospitals within the terms of annual budgets formulated by State Standing Committees comprising representatives of the Commonwealth and the States and approved by the respective Health Ministers. There is also provision for adjusting the budgets as necessary throughout the year by the same procedures.

The agreements also provide for free hospital treatment to be provided for patients in Standard Medibank who receive standard ward accommodation and medical treatment by a doctor engaged by the hospital. Fees are raised in all other circumstances, and are able to be covered by private health insurance.

Nursing Home Benefits

Benefits available in respect of qualified nursing home patients for accommodation up to 1 October 1977 were:

- (i) *Ordinary Care Benefit* of \$3.50 a day for all qualified nursing home patients in premises approved as nursing homes under the National Health Act;
- (ii) *Supplementary Benefit* of \$3.00 a day for patients who required and received intensive nursing home care as defined in the National Health Act, such benefit being payable in addition to the ordinary care benefit and making a total of \$6.50 a day; and
- (iii) *Additional Benefit*, an amount paid by the Commonwealth for patients who were covered by Standard Medibank, and by the respective health insurance organisation for patients who were privately insured with both a registered hospital benefits organisation and a registered medical benefits organisation, and based on a minimum patient contribution (\$6.70 a day from 7 July 1977).

On 1 October 1977 the Ordinary Care Benefit and the Additional Benefit were combined. Since that date there has been one level of basic nursing home benefit in each State for nursing home patients receiving ordinary care, with an extra \$6 a day benefit (increased from \$3 a day) for patients receiving extensive care (previously termed intensive care).

Patients insured with a registered private health insurance organisation for basic hospital insurance benefits receive these benefits from the health insurance organisation; other patients receive them from the Department of Health.

The maximum levels of basic nursing home benefit payable in each State are: New South Wales \$13.65 per day; Victoria \$19.65; Queensland \$11.80; South Australia \$17.40; Western Australia \$11.75; and Tasmania \$14.85.

Where the fees charged by a nursing home are in excess of the combined total of basic nursing home benefit plus the patient contribution, the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the basic benefit (whether private health insurance benefit or Government benefit) is reduced by that amount.

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

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

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

Nursing homes participating under the deficit financing arrangements are required to charge a minimum patient fee currently at the rate of \$47.10 a week, but provision does exist for this 'prescribed fee' to be waived in certain circumstances. However, since 1 October 1977, patients in such homes who have basic hospital insurance have been charged an additional fee equal to the health insurance benefits, and health insurance benefits are payable.

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

**NURSING HOME AND DOMICILIARY NURSING CARE BENEFITS AND PAYMENTS,
UNDER THE NATIONAL HEALTH ACT AND NURSING HOMES
ASSISTANCE ACT, 1975-76
(\$'000)**

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Nursing home patients (\$3.50)	23,974	9,439	7,669	3,501	5,165	1,314	(a)	244	51,304
Intensive care nursing home patients (\$3.00)	7,261	6,023	3,729	1,961	2,371	416	(a)	92	21,854
Pensioner nursing home patients	27,199	17,732	10,583	6,307	5,699	2,078	(a)	230	69,828
Nursing home deficit financing payments	16,435	9,827	7,773	9,513	5,561	2,794	(b)	(b)	51,904
Domiciliary nursing care (\$2.00)	2,322	1,811	1,412	852	847	452	(a)	(c)	7,697
Total	77,192	44,831	31,166	22,135	19,643	7,053	(a)	567	202,587

(a) Included in South Australia.
New South Wales.

(b) There are no deficit financed homes in N.T. or A.C.T.

(c) Included in

Federal Authorities Expenditure

Pharmaceutical benefits

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

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

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

Under the Pharmaceutical Benefits Scheme the total cost, including patient contributions, for prescription drugs was \$95.2 million in 1975-76 and \$111.7 million in 1976-77. These figures do not include benefits supplied by certain hospitals and miscellaneous services or retrospective adjustments of chemists' remunerations.

Summary of cash benefits to persons

For an analysis by function and economic type of expenditure by all Commonwealth Government authorities see Chapter 22, Public Finance.

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

FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS 1976-77

(\$'000)

	N.S.W. (a)	Vic.	Qld	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Total
Hospital and clinical services—									
Hospital benefits for pensioners	14	1	2	..	..	2	..	3	21
Medibank—Private hospital daily bed payments	22,936	21,178	12,860	8,181	5,993	1,914	..	176	73,238
Hospital benefits, n.e.c.	14,866	8,469	3,337	2,787	1,225	410	..	8	31,102
Nursing home benefits	91,820	52,553	33,266	26,460	22,228	7,795	..	..	234,122
Tuberculosis campaign allowances	419	300	221	81	62	45	..	..	1,127
Rehabilitation of ex-servicemen	86	98	39	24	30	10	..	16	303
Total	130,141	82,599	49,725	37,533	29,538	10,176	..	203	339,913
Other health services—									
Medibank—Medical benefits	234,717	140,950	69,397	46,551	35,702	10,634	..	2,305	540,258
Medical benefits, n.e.c.	823	650	64	66	74	65	..	..	1,741
Pharmaceutical benefits for pensioners	49,013	26,765	17,995	10,047	7,609	3,248	39	486	115,202
Pharmaceutical benefits, n.e.c.	45,265	30,528	18,854	9,842	8,185	2,788	279	3,961	119,701
Domiciliary care	2,410	1,830	1,521	913	912	503	..	..	8,089
Total	332,228	200,723	107,831	67,419	52,482	17,238	318	6,752	784,991
Total health	462,369	283,322	157,556	104,952	82,020	27,414	318	6,955	1,124,903

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

FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS

(\$'000)

	1972-73	1973-74	1974-75	1975-76	1976-77p
Hospital and clinical services—					
Hospital benefits for pensioners	23,768	24,295	25,187	7,196	21
Medibank—Private hospital daily bed payments . . . . .	..	..	..	55,263	73,238
Hospital benefits, n.e.c.	82,270	89,488	116,150	103,165	31,102
Nursing home benefits	92,836	112,740	161,593	195,553	234,122
Tuberculosis campaign—allowances	780	740	754	898	1,127
Rehabilitation of ex-servicemen	134	150	201	223	303
Other . . . . .	..	1	..	..	..
Total	199,788	227,414	303,885	362,298	339,913
Other health services—					
Medical benefits for pensioners	30,822	35,417	47,800	5,344	..
Medibank—Medical benefits . . . . .	..	..	..	629,471	540,258
Medical benefits, n.e.c.	160,238	163,449	195,818	80,744	1,741
Pharmaceutical benefits for pensioners	58,139	66,803	80,699	107,334	115,202
Pharmaceutical benefits, n.e.c.	119,493	151,493	181,643	176,509	119,701
Milk for school children	11,781	8,118	58	8	..
Domiciliary care	1,022	6,309	7,112	7,697	8,089
Total	381,495	431,589	513,130	1,007,107	784,991
Total health	581,283	659,003	817,015	1,369,405	1,124,903

Tuberculosis

An arrangement between the Commonwealth and the States under which the Commonwealth reimbursed the States for all approved capital expenditure on tuberculosis and for net maintenance expenditure to the extent that it exceeded that for 1947-48 was discontinued from 31 December 1976. The National Tuberculosis Advisory Council, however, has been retained to keep abreast of advances and to advise the Minister for Health and, through him, the State Ministers for Health on the best means of prevention, diagnosis and control of tuberculosis. There are twelve members of the Council, the chairman being the Director-General of the Commonwealth Department of Health.

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis so that they may give up work and undergo treatment.

Expenditure by the Commonwealth Government on tuberculosis is set out in the following tables.

COMMONWEALTH GOVERNMENT EXPENDITURE ON TUBERCULOSIS 1976-77

(\$'000)

State or Territory	Commonwealth Government reimbursements to States and payments in Territories		Cash benefits to persons(b)	Total
	Capital	Maintenance(a)		
New South Wales	15	390	317	722
Victoria . . . . .	..	3,277	229	3,506
Queensland	109	1,253	169	1,531
South Australia . . . . .	..	498	53	551
Western Australia . . . . .	..	648	46	694
Tasmania . . . . .	..	592	35	627
Northern Territory . . . . .	..	267	9	276
Australian Capital Territory . . . . .	..	69	4	73
Australia	125	6,995	861	7,981

(a) Includes administrative costs of \$1,065,000 payable from Consolidated Revenue. Final payments to certain States will be made in 1977-78 to meet commitments entered into prior to 31 December 1976. (b) Allowances to sufferers.

COMMONWEALTH GOVERNMENT EXPENDITURE ON TUBERCULOSIS

(\$'000)

Year	Commonwealth Government reimbursements to States and payments in Territories		Cash benefits to persons(b)	Total
	Capital	Maintenance(a)		
1972-73.	388	11,242	780	12,409
1973-74.	441	11,740	716	12,897
1974-75.	131	14,051	759	14,940
1975-76.	241	11,691	898	12,830
1976-77.	125	6,995	861	7,981

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

Immunisation campaigns

Continuing immunisation programs against poliomyelitis, measles, rubella, diphtheria, tetanus, and whooping cough are maintained in all States and Territories.

Rubella immunisation is limited to females during their reproductive years; mass campaigns are routinely undertaken only on girls aged between 10 and 14 years. Whooping cough immunisation is given only to infants less than 2 years of age.

National health services organisations

The Commonwealth Department of Health Pathology Laboratory Service provides diagnostic and investigational facilities at laboratories situated in Albury, Alice Springs, Bendigo, Cairns, Canberra, Darwin, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1976-77, the laboratories carried out approximately 4.3 million pathology tests and investigations in respect of 1.2 million patient requests.

The Commonwealth Serum Laboratories (CSL) are both Australia's leading centre for the production and supply of biological products for human and veterinary use, and one of Australia's foremost scientific institutes. Their main functions are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. The functions include biological research and development relating to many kinds of human and veterinary diseases covering the fields of bacteriology, biochemistry, immunology and virology. The laboratories and central administration are located at Parkville, Victoria, with storage and distribution facilities in each capital city.

For several decades, CSL has been Australia's chief supplier of biological medicines, insulins, vaccines, penicillins, human blood fractions, BCG and an increasing range of veterinary biological products needed by Australia's sheep, cattle, pig and poultry industries. It is also well known and respected overseas, and export income forms a significant part of total revenue.

The Laboratories employ more than 1,000 people, including medical officers, veterinarians, bacteriologists, biochemists, physicists, engineers, accountants, laboratory assistants, skilled tradesmen and experienced marketing staff to promote the sale of its products.

The Australian Radiation Laboratory is concerned with research, development and scientific advisory services on the public health hazards in Australia of ionizing radiation, radioactive materials, microwaves and lasers. In 1976-77, free issues of radioisotopes for medical diagnosis and therapy for patients throughout Australia numbered 43,982, the cost of \$2,260,906 being met from the National Welfare Fund. Issue of in vitro radiopharmaceuticals in kit form ceased on 1 July 1976. Film badges (to monitor the radiation exposure of people working with radioactive substances) numbering 101,643 were processed.

The National Acoustic Laboratories undertake scientific investigations into hearing and problems associated with noise as it affects individuals, and advise Commonwealth Government Departments and instrumentalities on hearing conservation and the reduction of noise. A free audiological service is provided for pensioners with medical benefit entitlements and their dependants, persons under 21, war widows, Social Security rehabilitees and Veterans Affairs patients. During 1975-76 the number of new cases examined was 37,759 and the number of hearing aids fitted was 29,585. The number of hearing aids on loan at the end of the year was 150,061.

The Ultrasonic Institute conducts research and provides advisory services on the use of ultrasonic radiation in the diagnosis and treatment of disease. The Institute is recognised as a world leader in its field.

Commonwealth Government health advisory organisations

The National Health and Medical Research Council advises the Commonwealth Government and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public, and on medical research. It also advises the Commonwealth Government and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of funds from the Medical Research Endowment Fund which provides assistance to Commonwealth Government Departments or to a State Department engaged in medical research; to universities for the purpose of medical research; and to institutions and persons engaged in medical research and in the training of persons in medical research. The Commonwealth Government makes a triennial appropriation for the Fund, that for 1976 to 1978 being \$24,000,000. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The School of Public Health and Tropical Medicine located at the University of Sydney provides training in public health, tropical medicine and occupational health for medical graduates and certain undergraduates, in addition to carrying out research and consultative activities in these and allied fields. Costs for the School in 1976-77 were \$1,540,252 for administration, and \$15,367 for plant and equipment.

The Institute of Child Health is associated with the School of Public Health and Tropical Medicine at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate and postgraduate teaching at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations and Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth Government during 1976-77 were \$445,436 for administration and \$55,793 for plant and equipment.

The Australian Dental Standards Laboratory is concerned with the quality, standards, and research related to dental and other bio-medical materials. The number of samples tested in 1976-77 was 153.

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

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

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

The Laboratory has sections which deal with viral products, bacterial products, pharmaceutical products, antibiotics and pharmacology. Administrative costs for 1976-77 were \$2,573,463 and a further \$93,799 was expended on plant and equipment.

The Australian Drug Evaluation Committee makes medical and scientific evaluations both of such goods for therapeutic use as the Minister for Health refers to it for evaluation and of other goods for therapeutic use which, in the opinion of the Committee, should be so evaluated, and advises the Minister for Health as it considers necessary relating to the importation into and the distribution within Australia of goods for therapeutic use that have been the subject of evaluation by the Committee. It has the powers to co-opt and seek advice from specialist medical colleges and associations and from the medical and allied professions, drug manufacturers and other sources. During 1976-77, sixty-four applications for approval to market new drugs and ten applications to extend the indications for use of currently marketed drugs were considered by the Committee. Fifty-two applications were approved, seven rejected and fifteen deferred pending production of further information on safety or efficacy. Under the Committee's control are the Australian Registry of Adverse Reactions to Drugs, which provides an early warning system based on reports of reactions to drugs forwarded voluntarily by medical practitioners; the Adverse Drug Reaction Advisory Committee, which prepares more detailed evaluations of reports and increased feedback to the medical profession; the Vaccines Sub-Committee; the Endocrinology Sub-Committee; the Congenital Abnormalities Sub-Committee; the Parenteral Nutrition Sub-Committee; the Anti-Cancer Drugs Sub-Committee; and the National Drug Information Advisory Sub-Committee, recently formed to oversight administrative aspects of and technical input to the proposed National Drug Information Service.

The Therapeutic Goods Advisory Committee considers, and advises the Minister for Health on, any matters relating to standards applicable to goods for therapeutic use and the administration of the Therapeutic Goods Act. *The Therapeutic Goods Standards Committee*, under the same Act, advises the Minister for Health on standards and requirements relating to the labelling and packaging of any such goods.

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

The Hospital and Allied Services Advisory Council was established by the 1970 Australian Health Ministers Conference to provide advice on the co-ordination of matters connected with hospitals

and allied services. The Council now consists of representatives of each State Health Department or Commission, the Commonwealth Departments of Health, Social Security and Veterans' Affairs, the Hospitals and Health Services Commission and the Capital Territory Health Commission. The Council is assisted in carrying out its work by several committees, sub-committees and working parties.

The Hospitals and Health Services Commission was established to ascertain health care needs and to make recommendations to the Commonwealth Government concerning health care delivery systems, funds to be allocated for these systems, the education of health personnel, the accreditation of services and financial assistance to be made available to States, Territories, regions, local governments, charitable organisations and other bodies. In addition, the Commission promotes, and participates in planning relating to, health services. The Government, on the recommendation of the Commission, approved grants under the Community Health Program to the States totalling \$50,414,152 in 1975-76 and \$64,552,000 in 1976-77. Further grants of \$4,874,610 in 1975-76 and \$4,292,000 in 1976-77 were approved for national secretariats of voluntary organisations and for the Family Medicine Program conducted by the Royal Australian College of General Practitioners.

Under the Hospitals Development Program the Government approved grants of \$107.15m in 1975-76, and \$108m in 1976-77 to assist the States to provide new hospitals and nursing homes in areas of need and to upgrade and refurbish substandard existing facilities.

A Planning and Research Program is also being implemented by the Commission, and grants of \$867,286 in 1975-76 and \$1,000,972 in 1976-77 were allocated for this purpose. The Commission's Reports on the Review of the Community Health Program, on the Review of the School of Public Health and Tropical Medicine, on Rural Health in Australia, and on Health Transport Policies for Australia were tabled in Parliament in 1975-76 and 1976-77.

Other Commonwealth Government subsidies and grants to States

Home nursing subsidy scheme

The Home Nursing Subsidy Scheme provides for an annual Commonwealth subsidy to approved home nursing services. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government or from local government bodies. During 1976-77 subsidies totalling \$9.36m were paid to 193 organisations providing home nursing services in the States. Home nursing services in the Northern Territory are provided by the Commonwealth Department of Health, and in the Australian Capital Territory by the Capital Territory Health Commission.

Paramedical services

The States Grants (Paramedical Services) Act 1969 provides for the Commonwealth Government to share on a \$1 for \$1 basis with participating States the cost of approved paramedical services such as chiroprody, occupational therapy, physiotherapy and speech therapy provided wholly or mainly for aged persons in their homes. Matching grant payments during 1976-77 amounted to \$550,000.

Commonwealth Government grants to organisations associated with public health

In addition to providing the services mentioned on pages 219-26 the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text.

The Royal Flying Doctor Service is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Services operated by the Commonwealth Department of Health in the Northern Territory. The Royal Flying Doctor Service is financed mostly from donations and government contributions. For the triennium ended 30 June 1977, the Commonwealth Government paid grants totalling \$2,777,917 towards operational costs, and matching assistance of \$919,594 towards an approved program of capital expenditure. In addition, \$62,653 was paid in 1976-77 towards the cost of the changeover of radio base stations to single sideband operation. The Service made flights during 1976-77 totalling 4.6 million kilometres and transported 6,564 patients. In the same period medical staff conducted a total of 88,321 consultations and dental treatment was given to 1,340 patients.

The Red Cross Blood Transfusion Service is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the Service in the States are met by the State Governments paying 60 per cent, the Society 5 per cent of net operating costs or 10 per cent of donations, whichever is the less, and the Commonwealth Government meeting the balance. In the Northern Territory the Society contributes to operating costs as it does in the States, and the Commonwealth meets the balance. Approved capital expenditure by the Service in the States is shared on a \$1 per \$1 basis with the States, while in the Northern Territory it is met by the Commonwealth. Commonwealth Government expenditure for each State and the Northern Territory during 1976-77 was \$4,806,874, made up as follows: New South Wales, \$1,485,556; Victoria, \$1,355,661; Queensland, \$685,592; South Australia, \$511,343; Western Australia, \$459,263; Tasmania, \$112,959; and Northern Territory, \$196,500.

The National Heart Foundation of Australia is a private national organisation established to promote research in cardiovascular disease, to rehabilitate heart sufferers and to foster the dissemination of information about heart diseases. The Foundation now has an annual income from public donations of over \$1,800,000. Expenditure in 1976 came to \$2,115,680, of which almost half was devoted to supporting research into cardiovascular disease. Such research is the single most important function of the Foundation, and from its inception to the end of 1976 it had allocated well over \$7.5 million for: grants-in-aid towards research in university departments, hospitals and research institutes; research fellowships tenable in Australia and overseas; and overseas travel grants for study purposes.

The World Health Organisation (WHO) is a specialised agency of the United Nations having as its objective the attainment by all peoples of the highest level of health. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila, and is represented annually at both the World Health Assembly in Geneva and the Regional Committee Meeting in Manila. Australia's contribution to WHO for 1976-77 was \$A1,700,000.

The International Agency for Research on Cancer was established in 1965 within the framework of the World Health Organisation. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are to provide for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer. Australia's contribution to the IARC for 1976-77 was \$A266,295.

STATE GOVERNMENT ACTIVITIES

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

Public health legislation and administration

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

In New South Wales:

The Health Commission and Other Acts (Amendment) Act 1975 empowers the Health Commission to borrow money and to employ servants to man health services.

The Radioactive Substance (Amendment) Act 1976 contains provisions to regulate the sale of irradiating apparatus except under, and in accordance with, the provisions of the *Radioactive Substances Act* 1957.

The Ambulance Services Act 1976 relates to the provision of ambulance services in New South Wales by the Health Commission.

The Health Commission (Amendment) Act 1976 amends the *Health Commission Act* 1972, in connection with the acquisition and disposal of property and for the purpose of defining ambulance service.

The Poisons (Amendment) Act 1977 amends the *Poisons Act* 1966 to confer additional power on the Governor to make regulations and to provide that the supply of certain substances includes the sale of those substances.

The Public Hospitals (Amendment) Act 1976 amends the *Public Hospitals Act* 1929—

- (a) in relation to the incorporation of hospitals, the amalgamation of incorporated hospitals and the election and appointment of directors of incorporated hospitals;

- (b) to enable the granting, amendment and revocation of privileges in respect of medical practitioners and dentists who wish to perform work at hospitals; and
- (c) to confer rights of appeal on medical practitioners and dentists against certain decisions of hospital boards and recommendations of credentials committees.

The *Venereal Diseases (Amendment) Act 1977* amends the *Venereal Diseases Act 1918* with respect to the giving of advice, directions and information by medical practitioners to the parents or guardians or other persons in charge of children and young persons who are suffering from venereal disease.

The *Poisons (Regulations) Amendment Act 1977* removes doubt as to the retrospective validation of certain regulations purporting to have been made under the *Poisons Act 1966*.

The *Poisons (Further Amendment) Act 1977* prohibits the cultivation of certain plants, authorises the Director-General of Agriculture to destroy any such plants in certain circumstances and increases the penalties for certain offences relating to drugs of addiction and prohibited drugs.

The *Local Government (Noxious Plants) Amendment Act 1977* amends the *Local Government Act 1919* with respect to the eradication of noxious plants that are prohibited pursuant to the *Poisons Act 1966*.

In Queensland:

The *Hospitals Act Amendment Act 1976* contains provisions relating to hospital administration, including alteration of the title "Matron" to "Nursing Superintendent"; the creation of the Redcliffe Hospitals Board as a separate entity; and the Mater Public Hospital being treated similarly to State public hospitals in funding and accounting purposes for Medibank cost-sharing arrangements.

The *Medical Act Amendment Act 1976* contains, among others, amendments whereby the Board may make by-laws regulating and controlling "medical call services"; the Board may erase the name of a medical practitioner from the register if his name has been removed from a register maintained by another authority; and the Board may determine the medical fitness of medical practitioners to continue to practise medicine.

The *Medical Act and Other Acts (Administration) Act Amendment Act 1976* provided authority for the appointment of Inspectors for the then existing seven Professional Boards and deleted the requirement that the registers of the seven Professional Boards be published in the Government Gazette.

The *Medical Act and Other Acts (Administration) Act Amendment Act 1977* provided for legislation which applies to the existing seven Professional Boards to be extended to include the Psychologists Board of Queensland.

The *Medical Act and Other Acts (Administration) Act Amendment Act 1976 (No. 2)* substitutes the Pharmacy Board of Queensland constituted under the *Pharmacy Act 1976* and the Nurses Registration Board of Queensland constituted under the *Nursing Act 1976* in lieu of the Pharmacy Board and Nurses Board constituted under repealed Acts.

The *Health Act Amendment Act 1976* provides for right of appeal against conviction for drug offences to be made to the Court of Criminal Appeal and not to the District Court or Full Court. Provision is also made for a court to presume that if a substance bears an inscription required under legislation or if a container is labelled according to the legislation, the substance or article is of the nature or composition as indicated on the inscription or label.

The *Health Act Amendment Act 1976 (No. 2)* primarily provides for increased penalties for trafficking in dangerous drugs and prohibited plants, extends powers to detain, search, seize and arrest, and includes a new Division of the Act relative to pest control operations.

The *Drugs Standard Adopting Act 1976* repeals The *British Pharmacopoeia Adopting Act 1898* which was outdated and provides for the adoption and establishment of standards for drugs in Queensland.

The *Physiotherapists Act Amendment Act 1976* provides amended qualifications for registration, schedules of overseas qualifications recognised for registration in Australia, removal of the name of a physiotherapist from the register where the person's name has been removed from the register maintained by any other authority, appointment of a Committee of Assessors to determine the medical fitness of a person to practise physiotherapy and increased penalty provisions.

The *Nursing Studies Act 1976* provides for a Board of Nursing Studies which is charged with the responsibility of training and educating nurses in Queensland. The Board is responsible for recommending accreditation of Schools of Nursing within Colleges of Advanced Education to conduct nursing education programmes and approving the content of the proposed courses. The Board will lay down minimum requirements to all educating authorities for nurse education.

The *Nursing Act* 1976 provides for the reconstitution of the Nurses Board of Queensland as the Nurses Registration Board of Queensland. This new Board is charged with the responsibility for the qualifications and registration of nurses and enrolment of persons connected with the nursing profession and with the regulation of the practice of nursing.

The *Pharmacy Act* 1976 provides for the registration of pharmacists to ensure that persons wishing to practise as pharmacists are adequately qualified and that the practice of pharmacy is of a high standard.

The *Psychologists Act* 1977 provides for the constitution of the Psychologists Board of Queensland, the registration of psychologists and the regulation of the practice of psychology by psychologists.

In South Australia:

The *Alcohol and Drug Addicts (Treatment) Act Amendment Act* 1976 establishes 'sobering-up' centres to detain persons believed to be under the influence of alcohol or some other drug.

The *Health Act Amendment Act* 1976 makes it mandatory for all cases of cancer to be reported to the Central Board of Health.

The *South Australian Health Commission Act* 1975-76 establishes a Health Commission to provide for the administration of hospitals and health services in South Australia.

In Western Australia:

The *Health Act* 1976 changes the Pesticides Advisory Committee, provides for the laboratory notification of cases of venereal disease, and provides for the Minister for Health to acquire or lease land for specific purposes.

The *Medical Act* 1976 basically relates to changes in fees for registration, for the restoration of names to the register and to limiting registration to medical graduates resident in Western Australia.

The *Nurses Act* 1976 provides for the inclusion on the Nurses Board of two nursing aides.

The *Occupational Therapists Act* 1976 amends the constitution of the Occupational Therapists Board and the requirements for registration.

The *Pharmacy Act* 1977 deletes reference to a minimum age for registration.

In the Northern Territory:

The *Radiographers Ordinance* 1976 provides for registration of radiographers.

The *Hospitals and Medical Services Ordinance* 1976 provides for charges to be prescribed for privately insured patients. (Hospitals and Medical Services (Charges) Regulations prescribed such charges in 1976, and increased charges for in-patients covered by workers compensation and third party insurance in 1977.)

The *Medical Practitioners Registration Ordinance* 1976 provides for establishment of a Disciplinary Tribunal and conditional registration of practitioners.

The *Pharmacy Ordinance* 1977 provides for temporary absence of pharmacists from pharmacies.

The *Nursing Ordinance* 1975 provides for enrolment and training of Mothercraft Nurses and enlargement of the Nurses Board.

In the Australian Capital Territory:

The *Public Health (Prohibited Drugs) (Amendment) Ordinance* 1977 authorises the possession of prohibited drugs for research purposes.

The *Venereal Diseases (Amendment) Ordinance* 1977 introduces a new definition of venereal disease and requires pathologists to notify the Medical Officer of Health of positive tests.

The *Termination of Pregnancy (Temporary Provisions) Ordinance (No. 2)* 1977 prohibits treatment leading to the termination of pregnancy at other than a public hospital.

The *Physiotherapists Registration Ordinance* 1977 provides for the registration of physiotherapists and controls the practice of physiotherapy.

Supervision and care of infant life

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

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. Stringent conditions regulate the adopting, nursing and maintaining of children placed in foster-homes by private persons.

Under the provisions of the *Social Services Act 1947*, maternity allowances provide financial assistance towards the expenses associated with the birth of children. Information about maternity allowances is given in Chapter 9, Social Security and Welfare.

Nursing activities

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

The following table shows particulars of infant welfare centres in States where they can be separately identified. In other areas, infant welfare services have been largely absorbed into the more general Community Health Services.

INFANT WELFARE CENTRES

	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>A.C.T.</i>
	1975-76	1975-76	1976	1976-77	1976-77
Number of centres(a)	299	306	114	101	63
Attendances at centres—					
Pre-natal	9,246	6,090	11,224	2,835	n.a.
Post-natal—Number of children	527,990	288,260	274,535	140,365	85,470
Nurses' home-visits(b)	4,911	35,681	40,100	52,243	19,208
Nurses hospital-visits(c)	39,297	n.a.	19,203	9,703	74

(a) At end of year shown.

(b) Pre- and post-natal.

(c) Post-natal.

Medical and dental inspection of school children

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

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

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

As in the case of infant welfare centres, it is not now possible to obtain separate figures of school health services in all States and Territories but, in those areas for which figures are available, the number of medical examinations—and particularly dental examinations and treatments—has exceeded those shown in Year Book No. 61, page 464.

HOSPITALS AND NOTIFIABLE DISEASES

Public and Private Hospitals and Nursing Homes

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

Repatriation hospitals

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

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

Details of patients, staff and expenditure on Repatriation institutions and other medical services are given in Chapter 9, Social Security and Welfare.

Hansenide hospitals

There are three isolation hospitals in Australia for the care and treatment of persons suffering from Hansens' disease (leprosy). The numbers of isolation patients at these hospitals in the year ended 31 December 1976 were: Little Bay, New South Wales, 32; Fairfield, Victoria, 9; and Derby, Western Australia, 41.

In Queensland, leprosy sufferers are treated in a special isolation ward at Princess Alexandra Hospital (Brisbane), at the leprosy annex of the Palm Island Hospital and at a number of other hospitals which do not have facilities set aside specifically for leprosy patients. There were no isolation patients in Queensland during 1976.

In the Northern Territory at 31 December 1976 there were approximately 20 in-patients for the care and repair of deformity as distinct from the purpose of isolation.

Mental health institutions

The presentation of meaningful statistics of mental health services has become increasingly difficult because of changes in recent years in the institutions and services for the care of mental patients. The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and out-patients at psychiatric hospitals, admission and reception centres, day hospitals, out-patient clinics, training centres, homes for the mentally retarded and geriatric patients, psychiatric units in general hospitals, and the like. Numbers of institutions, beds available, staff and patients treated at locations catering only for the mentally ill in 1973-74 were published in Year Book No. 61, page 465. More recent figures indicate that fewer patients were treated as in-patients in nearly every State, but this should not be considered as an indication of improved mental health; it is rather a more advanced method of treatment, allowing patients greater contact with the outside world.

In recent years, in-patient treatment facilities have been opened in the Australian Capital Territory, particularly for mentally retarded children. In the past, such cases were mostly treated in State institutions elsewhere, and the new development allows much greater contact between patients and other members of the family.

Hospital Morbidity Statistics

A major factor in the cost of health care in Australia is hospital treatment of patients. Attempts to measure the number of in-patients treated and bed-days involved for each disease or injury have been going on for some years, but as coverage is incomplete it is not yet possible to present national statistics. All hospitals, both public and private, are included in Queensland and Western Australia; and all public hospitals in the Australian Capital Territory, the Northern Territory and, from 1 July 1976, New South Wales. Figures for Queensland, Western Australia and Tasmania are published in *Patients Treated in Hospitals, 1975* (4303.3), *Hospital In-patient Statistics, 1975* (4301.5) and *Hospital Morbidity, 1975* (4301.6) respectively.

An examination of Western Australian figures for 1975 indicates that the largest numbers of patients were treated for injury (12 per cent), respiratory diseases (11.5 per cent) and maternity (11 per cent), but, in terms of hospital bed-days, the greatest occupancy rate was caused by diseases of the circulatory system (11.6 per cent) followed by injury (11.5 per cent) and maternity (10.7 per cent).

Notifiable diseases

Methods of prevention and control

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

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

Notifiable diseases and cases notified, 1976

The following table shows, by State and Territory, the number of cases notified in 1976 for those diseases notifiable in all States and Territories. 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, 1976

Disease	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Aust.
Brucellosis . . .	12	24	7	4	..	..	..	..	47
Diphtheria . . .	1	..	2	..	..	..	..	..	3
Gonorrhoea . . .	3,535	1,941	1,492	1,855	1,932	165	515	44	11,479
Hansen's disease (leprosy) . . .	..	8	2	1	20	2	6	..	39
Hepatitis, infective . . .	749	832	360	235	272	312	295	12	3,067
Hepatitis, serum . . .	162	144	9	100	12	..	2	13	442
Hydatid . . .	4	2	..	1	..	3	..	..	10
Leptospirosis . . .	..	8	41	6	1	4	..	..	60
Malaria . . .	76	46	60	22	14	1	20	14	253
Ornithosis . . .	..	..	..	2	..	..	..	..	2
Salmonella . . .	190	62	21	234	166	30	71	41	815
Syphilis . . .	645	178	529	484	661	2	679	4	3,182
Tetanus . . .	1	1	..	1	..	..	..	..	3
Tuberculosis . . .	582	315	244	99	110	33	34	19	1,436
Typhoid fever . . .	11	8	1	2	..	..	..	..	22
Typhus (all forms) . . .	..	..	1	..	..	..	..	..	1

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

DEATHS

Causes of Death and Perinatal Deaths

Causes of death in Australia are currently classified according to the Eighth Revision of the International Classification of Diseases (ICD) produced by the World Health Organisation. Detailed statistics are published in the bulletin *Causes of Death* (3303.0), and only broad groupings of causes of death are reproduced in this Year Book. Figures shown relate to the year 1975.

The major causes of death in the community are heart disease (accounting for 35.6 per cent), malignant neoplasms (cancers) (18.7 per cent), cerebrovascular disease (strokes) (14.1 per cent) and external injuries (8.0 per cent). Infectious diseases have caused few deaths in Australia in recent years, largely as a result of quarantine activities, immunisation campaigns and similar measures. In 1975, only 0.6 per cent of all deaths were due to such diseases.

As can be seen from the following table, the relative importance of groups of causes of death varies with age. Heart disease, cancer and strokes are predominant in middle and old age. Accidents, particularly those involving motor vehicles, are the primary cause of death in childhood and early adulthood. Most deaths (70 per cent) of infants occur within 28 days after birth and are due to congenital anomalies, birth injury or other conditions present from birth.

PRINCIPAL CAUSES OF DEATH IN VARIOUS AGE GROUPS, 1975

Age group and causes of death	Number			Per 100,000 of population			Percentage of total deaths		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Under 1 year—									
Other causes of perinatal mortality	731	518	1,249	599	448	526	37.4	37.7	37.6
Congenital anomalies	413	329	742	338	285	312	21.2	24.0	22.3
Birth injury, difficult labour and other anoxic and hypoxic conditions	265	156	421	217	135	177	13.6	11.4	12.7
Symptoms and ill-defined conditions	197	138	335	161	119	141	10.1	10.1	10.1
1-4 years—									
All other accidents	132	68	200	25	14	20	29.6	20.4	25.7
Motor vehicle accidents	86	48	134	16	10	13	19.3	14.4	17.2
Congenital anomalies	57	53	110	11	11	11	12.8	15.9	14.1
All other diseases	39	35	74	7	7	7	8.7	10.5	9.5
5-14 years—									
Motor vehicle accidents	141	80	221	11	7	9	29.2	26.5	28.2
All other accidents	115	41	156	9	3	6	23.8	13.6	19.9
Malignant neoplasms	71	63	134	6	5	5	14.7	20.9	17.1
All other diseases	47	44	91	4	4	4	9.7	14.6	11.6
15-24 years—									
Motor vehicle accidents	1,147	237	1,384	95	21	59	58.5	39.4	54.0
All other accidents	241	51	292	20	4	12	12.3	8.5	11.4
Suicide and self-inflicted injuries	166	46	212	14	4	9	8.5	7.7	8.3
Malignant neoplasms	106	79	185	9	7	8	5.4	13.1	7.2
25-34 years—									
Motor vehicle accidents	435	95	530	42	10	26	29.7	14.8	25.2
Malignant neoplasms	173	134	307	17	14	15	11.8	20.9	14.6
Suicide and self-inflicted injuries	213	79	292	20	8	14	14.5	12.3	13.9
All other accidents	232	32	264	22	3	13	15.8	5.0	12.5
35-44 years—									
Malignant neoplasms	339	393	732	43	53	48	15.7	31.4	21.5
Ischaemic heart disease	488	130	618	62	18	40	22.7	10.4	18.2
Motor vehicle accidents	297	75	372	38	10	24	13.8	6.0	10.9
All other diseases	159	139	298	20	19	20	7.4	11.1	8.8
45-54 years—									
Ischaemic heart disease	2,261	562	2,823	290	75	184	37.0	18.1	30.6
Malignant neoplasms	1,334	1,144	2,478	171	152	162	21.8	36.9	26.9
Cerebrovascular disease	402	356	758	52	47	50	6.6	11.5	8.2
All other diseases	438	247	685	56	33	45	7.2	8.0	7.4
55-64 years—									
Ischaemic heart disease	4,577	1,535	6,112	806	258	526	40.1	25.9	35.2
Malignant neoplasms	2,743	1,936	4,679	483	326	403	24.1	32.6	27.0
Cerebrovascular disease	941	718	1,659	166	121	143	8.3	12.1	9.6
All other diseases	710	490	1,200	125	82	103	6.2	8.3	6.9
65-74 years—									
Ischaemic heart disease	6,324	3,463	9,787	1,860	844	1,305	38.8	34.0	36.9
Malignant neoplasms	3,724	2,223	5,947	1,095	542	793	22.8	21.8	22.4
Cerebrovascular disease	1,823	1,771	3,594	536	432	479	11.2	17.4	13.6
All other diseases	1,137	848	1,985	334	207	265	7.0	8.3	7.5
75 years and over—									
Ischaemic heart disease	5,893	7,403	13,296	4,154	2,814	3,283	32.0	30.2	30.9
Cerebrovascular disease	2,904	6,076	8,980	2,047	2,309	2,217	15.8	24.7	20.9
Malignant neoplasms	2,976	2,836	5,812	2,098	1,078	1,435	16.1	11.6	13.5
All other diseases	1,875	2,765	4,640	1,322	1,051	1,146	10.2	11.3	10.8

Perinatal deaths

Since deaths within the first four weeks of life (neonatal deaths) are mainly due to conditions originating before or during birth, and the same conditions can cause foetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths' and include all children born dead after the twentieth week of gestation or weighing 400 grams or more at delivery and all live-born children who die within 28 days after birth. The following table shows the number of foetal, neonatal and perinatal deaths from the major groups of causes in 1975; further details are published in *Perinatal Deaths* (3304.0).

Within the largest group, 'Other complications of pregnancy and childbirth', the main individual causes were maternal incompetent cervix (5.3 per cent of all perinatal deaths) and multiple births (5.2 per cent). Placental conditions were responsible for 17.9 per cent, and congenital anomalies for 16.9 per cent.

PERINATAL DEATHS BY CAUSE, 1975

Cause of death	Number of deaths			Rate		
	Foetal	Neonatal	Perinatal	Foetal(a)	Neonatal (b)	Perinatal (a)
Chronic circulatory and genito-urinary disease in mother . . .	39	14	53	0.2	0.1	0.2
Other maternal conditions unrelated to pregnancy . . .	135	68	203	0.6	0.3	0.9
Toxaemias of pregnancy . . .	210	92	302	0.9	0.4	1.3
Maternal ante- and intra-partum infection . . .	18	18	36	0.1	0.1	0.2
Difficult labour . . .	72	84	156	0.3	0.4	0.7
Other complications of pregnancy and childbirth . . .	344	513	857	1.5	2.2	3.6
Conditions of placenta . . .	591	260	851	2.5	1.1	3.6
Conditions of umbilical cord . . .	227	31	258	1.0	0.1	1.1
Birth injury without mention of cause . . .	6	18	24	..	0.1	0.1
Haemolytic disease of newborn . . .	50	32	82	0.2	0.1	0.3
Anoxic and hypoxic conditions not elsewhere classified . . .	158	313	471	0.7	1.3	2.0
Other conditions of foetus and newborn . . .	266	214	480	1.1	0.9	2.0
Congenital anomalies . . .	287	517	804	1.2	2.2	3.4
Infections of foetus and newborn . . .	1	52	53	..	0.2	0.2
Other diseases of foetus and newborn . . .	10	95	105	..	0.4	0.4
External causes of injury to newborn . . .	..	9	9	..	..	..
All causes . . .	2,414	2,330	4,744	10.3	10.0	20.2

(a) Per 1,000 total births (live and dead). (b) Per 1,000 live births.

The perinatal death rate in 1975 was 20.15 per 1,000 total births, compared with 23.37 per 1,000 births in 1972 when the present definition was first adopted. Prior to 1972, stillbirths comprised only those of at least 28 weeks gestation but, even on this limited basis, the perinatal death rate was 24.8 per 1,000 births in 1965; so it is obvious there has been considerable improvement over the last ten years.

Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1976 there were thirty-three crematoria in Australia, situated as follows: New South Wales, 16; Victoria, 4; Queensland, 6; South Australia, 2; Western Australia, 2; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The number of cremations carried out in 1975 was 47,976 (44.0 per cent of all deaths); in 1976 it was 50,587 (44.9 per cent of all deaths).

