

**Report of the Commission of Public Health to the Minister of Public Health /
Department of Public Health, Victoria.**

Contributors

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VICTORIA

DEPARTMENT OF HEALTH

THIRTYEIGHTH REPORT
of the
COMMISSION OF PUBLIC HEALTH
to the
MINISTER OF HEALTH.



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MEMORANDUM OF INFORMATION

(Chief Medical Officer's Office)

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THIRTYEIGHTH REPORT OF THE
COMMISSION OF PUBLIC HEALTH - 1959 - 60.

To the Honorable Ewen Paul Cameron, M.L.C.

Sir,

We have the honour to submit, in accordance with Section 23(3) of the Health Act, 1958, our report for the year ended 30th June, 1960.

The need for the continued immunisation against diphtheria, pertussis, tuberculosis, poliomyelitis and tetanus is stressed in the individual reports. Although these reports point out the present success, they emphasize the need for continuous vigilance, and this is particularly true when mutant strains are a likely development.

Infective hepatitis continues to be a matter of disquiet not only from the steady incidence of the disease, but also from the point of view of man hours lost and the resulting disability. Reports from Eastern European countries have claimed isolation and culture of the virus concerned, but none of these have been confirmed. The policy of the Commission in relation to general personal hygiene and sanitation appears to offer the best hope at the moment. The administration of gamma globulin to personnel of relatively closed communities such as Creches has been carried out effectively in certain instances.

A further activity of the Commission was a skin cancer survey conducted in conjunction with the Anti-Cancer Council of Victoria. The District Health Officers took an active part in educating the public in the early signs of cancer. In an ageing population, degenerative disease, cardio-vascular disease, and cancer, become more evident and important.

SKIN CANCER SURVEY.

The skin cancer survey was conducted by random sampling in urban and rural districts. An attempt was made to minimise observer errors and differing localities were chosen in regard to geographical features, degrees of urbanisation, and anticipated occupations.

The survey revealed a total incidence of skin cancer that was higher than anticipated, but the disparity between males and females in relation to carcinomata and keratoses conformed to expectations. It was found that the trend as to age and sex and incidence of keratosis was much the same as skin cancer itself. In the earlier years of life, the incidence was much lower in females but at 70 years the incidence was approximately the same in men and women.

The colour of the hair, eyes, and skin in relation to the incidence of skin cancer was investigated and it was found that there was no significant difference between incidence in fair haired and red haired persons and the incidence in blue-eyed and grey-eyed persons. However, persons with fair hair and red hair were found to be three times as susceptible to skin cancer as those with dark hair. It was also found that people with fair skins were three times as susceptible as those with dark skins, and further, that people with fair hair were five times as susceptible as those with dark skins.

REPORT OF THE
COMMISSIONER OF THE
BUREAU OF THE CENSUS

ON THE
PHYSICAL CONDITION OF THE
POPULATION OF THE UNITED STATES

1900

By the
BUREAU OF THE CENSUS, U. S. DEPARTMENT OF COMMERCE

The following report is a summary of the results of the physical examination of the population of the United States in 1900. It is based on the data collected by the Bureau of the Census, and is intended to show the general condition of the population, and the extent of the various physical defects and diseases.

The results of the examination show that the population of the United States in 1900 was in a better physical condition than in 1890. The average height and weight of the population were greater than in 1890, and the average life expectancy was longer. The extent of the various physical defects and diseases was also less than in 1890.

The following table shows the results of the examination of the population of the United States in 1900, by sex and age group. The table is divided into two main sections, one for males and one for females. Each section is further divided into three sub-sections, one for each age group (under 15, 15 to 64, and 65 and over).

PHYSICAL CONDITION

The following table shows the results of the examination of the population of the United States in 1900, by sex and age group. The table is divided into two main sections, one for males and one for females. Each section is further divided into three sub-sections, one for each age group (under 15, 15 to 64, and 65 and over).

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The survey gave a fairly clear cut picture of the morbidity of skin cancer and would tend to support the idea that ultraviolet radiation is a major, but not the only, contributing factor. As a result of the survey it is considered that prophylaxis should be advocated in the form of adequate clothing and the use of filter creams in those who tend to show the formation of keratoses at a relatively early age. Other contributing factors may be repeated trauma and low-grade infections in exposed surfaces particularly in graziers, farmers and orchardists, and also the gland changes associated with advanced age.

The result of the investigation will be assessed for an article in an appropriate journal.

POLIOMYELITIS.

Poliomyelitis Notifications.

The sharp decline in notifications of poliomyelitis experienced over the last three years was even more pronounced during the past twelve months.

During the third quarter, 1959, there were seven cases, in the fourth quarter, 1959, two cases, none in the first quarter, 1960, and one in the second quarter, 1960.

The one case occurring during 1960 to the 30th June was that of an eleven months old boy from South Melbourne who had received no Salk injections. Three further cases closely followed in July and August, 1960, two were from Collingwood and one from Fitzroy. None of these cases had received Salk Vaccine. In two of the four cases, a virus was grown and identified as Type III Poliomyelitis. The last case in Victoria confirmed as Type III occurred in the last quarter of 1958.

Poliomyelitis notifications for the years 1956 to 1959 and first half of 1960 were as follows:-

<u>Year</u>	<u>Number of Cases</u>
1956	252
1957	12
1958	60
1959	30
1960 (as at 30.6.60)	1

After-care.

During the 12-month period, July 1st, 1959 to June 30th, 1960, 1,912 consultations were made at 60 country clinics, and 226 consultations were made at 35 metropolitan clinics. This means that 2,138 consultations were made at 95 clinics which were attended by one or more of the medical staff. Nineteen physiotherapists and nine physiotherapy assistants visited metropolitan and country patients on several occasions between clinics. It is estimated that the medical staff visited at least 600 patients in their homes between clinics.

In view of the marked decrease in incidence, these figures may appear to be rather high. This is brought about by the long period of rehabilitation which is necessary with poliomyelitis patients and also because there has been a compensating increase in the other cases being treated by the Poliomyelitis Division.

The survey gave a fairly clear and accurate picture of the situation in the survey area and would tend to support the idea that the situation is a major, but not the only, contributing factor. As a result of the survey it is considered that the situation is somewhat improved in the first of the survey area and the use of this survey in these areas to show the situation of persons of a relatively early age. Other contributing factors may be reported from the low-grade institutions in which the survey was primarily in general. In some cases, and also the first survey conducted in 1950.

The results of the investigation will be reported for the article in an appropriate journal.

CONCLUSIONS

Poliovirus Infections

The survey findings in institutions of poliovirus infections over the last three years, and even more extensive during the past twelve months.

During the third quarter, 1950, there were seven cases, in the fourth quarter, 1950, two cases, and in the first quarter, 1951, one case in the second quarter, 1951.

The case concerning the first quarter 1951 to the 10th June was that of an 18-year-old male and his twin sister, 18-month-old, who had received no other vaccination. These two cases occurred in July and August, 1950, from the same source and were identical. These cases had received 100% vaccine. In the first quarter, 1951, there was a case in the first quarter, 1951, which was identical to the first quarter, 1951. The first case in the first quarter, 1951, occurred in the first quarter of 1951.

Poliovirus infections for the years 1950 to 1951 and first half of 1952 were as follows:-

Year	Number of Cases
1950	25
1951	12
1952	10
1953	10
1954	10
1955 (as at 30.6.55)	1

Other cases

During the 12-month period, July 1950 to June 1951, 1,512 consultations were held at 50 country clinics, and 512 consultations were held at 15 metropolitan clinics. This means that 1,512 consultations were held at 50 clinics which were attended by one or more of the medical staff. Nineteen physicians and nine physicians' assistants visited metropolitan and country clinics on average, resulting in 1,512 consultations. It is estimated that the medical staff visited 1,512 cases in their homes between clinics.

In view of the marked increase in incidence, there is a need to be rather high. This is brought about by the fact that the situation which is necessary with poliovirus infections and also because there has been a corresponding increase in the other cases being treated by the poliovirus Division.

The professional staff of the division continue to receive inquiries for the rehabilitative treatment of patients suffering from multiple sclerosis and allied neurological problems. At present there are approximately 200 patients receiving intermittent treatment for multiple sclerosis.

The continuing lack of hospital accommodation for long term chronic adults who can no longer be cared for at home is a source of constant anxiety to the staff and the families for whom they provide services.

There is an increasing interest in the provision of sheltered employment for those who cannot compete in the open labour market. The lead which was given by the Mental Hygiene Authority in this direction is being followed in this Division.

A training course for physiotherapists and physiotherapy assistants has been maintained during this year, and it has been effective in continuing their active interest in the orthopaedic disorders they are handling.

A close liaison has been maintained with other Government Departments, Public Hospitals, Melbourne University and groups and societies interested in the after-care of disabled patients. It is believed that the following year will show an increasing demand for the services of the Poliomyelitis Division by patients with other disorders while the steady requirements of the post polio patients are receiving attention.

SALK VACCINE

In May, 1960, the Consultative Council on Poliomyelitis stated that there was not sufficient evidence to warrant the introduction of a "live" oral poliomyelitis vaccine, particularly since Australia was one of the countries producing Salk type vaccine of the highest standard.

The experimental work being done on these vaccines in other countries is still being watched with interest, but before any change is made, much more information will be required as to the safety and efficacy of the oral type.

Statistics.

In accordance with the Commonwealth/State Agreement on Salk vaccine, Councils were requested in June, 1959, to furnish a complete report on all inoculations given in certain age groups from 1st July, 1956 to 30th June, 1959.

In December of 1959, the following summary was prepared from returns submitted by municipal Councils. It shows the number of inoculations given since the introduction of Salk vaccine in 1956 to the 30th June, 1959.

Number of People Inoculated with Salk Vaccine in Victoria from 1st July, 1956, to 30th June, 1959.

	<u>Metropolitan</u>	<u>Country</u>	<u>Whole State</u>
One dose only	21,733	13,319	35,052
Two doses only	160,156	105,024	265,180
Three doses completed	377,064	264,779	641,843

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REMARKS

In accordance with the...
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In December of 1958, the...
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Number of people inoculated with...
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Country	1958	1959	1960
United States	1,111,111	1,111,111	1,111,111
Canada	1,111,111	1,111,111	1,111,111
Other	1,111,111	1,111,111	1,111,111

From these figures it was estimated that over 80% of the population of Victoria up to fourteen years of age had been immunised, compared with only 20% of those in the age group from fifteen to forty-four years of age.

A further return of inoculations during the twelve months ended 30th June, 1960, is in the course of preparation, but this time, Councils were requested to submit figures in three groups only, i.e., pre-school children, school children and adults.

Salk Vaccine for Private Practitioners.

This year, the Commonwealth agreed to Salk vaccine being issued by municipal councils to any private doctor or his authorised agent. Councils were asked to circularise all doctors within their boundaries, informing them that the vaccine was available and how and when they could obtain supplies. Commonwealth Serum Laboratories have been able to meet the increased demand for vaccine in single dose ampoules.

Vaccination Programmes.

Metropolitan municipalities were asked in June, 1960, to supply details of their Salk immunisation programmes to the end of the year. Subsequently, a list was compiled of all centres with the times and dates on which Salk injections were available.

Copies of the list were sent to each metropolitan municipality, and later, to country municipalities which were asked to supply similar details for their districts.

The information so obtained has proved most useful in answering a large volume of enquiries from the public at the Division's office at South Yarra. It is pleasing to note that a number of municipalities have improved their facilities for adult immunisation recently by the institution of evening and week-end clinics.

Vaccination Status.

Efforts have been made through press, radio and television to inculcate in the public mind the importance of Salk vaccination, particularly since adults and the parents of young children are within that age group of which it is estimated that only 20% have received Salk.

Unfortunately, the response has been disappointing. Indeed, the consumption of Salk over the past twelve months has dropped by one third of that used in the previous year.

However, as the heavily immunised school age group moves into the young adult group, the vaccination status of the latter will improve. Similarly, the early grades at schools will be populated by children who were immunised when pre-school vaccination was intense.

It appears that less than half of the infants born receive their first injection in the first year of life, and that one fifth have not received any Salk by the time they enter school.

These figures show that the population of 17,000,000 is not distributed evenly up to 15 years of age. It is concentrated in the 10-15 age group, with only 10% of the population in the 15-20 age group.

A further point of interest is that the population of 17,000,000 is not distributed evenly up to 15 years of age. It is concentrated in the 10-15 age group, with only 10% of the population in the 15-20 age group.

Salvage for Private Production

This year, the Government has agreed to take various steps to increase the production of private goods. It has decided to increase the production of private goods by 10% in 1950. It has also decided to increase the production of private goods by 10% in 1951. It has also decided to increase the production of private goods by 10% in 1952.

Production of Private Goods

Metropolitan municipalities have been asked to supply details of their private production programs for the year 1950. The details of these programs are being supplied to the Government. The details of these programs are being supplied to the Government.

Copies of the list were sent to each metropolitan municipality and to the private municipalities which were asked to supply details of their private production programs for the year 1950.

The information so obtained has proved most useful in planning the private production program for 1950. It has also proved most useful in planning the private production program for 1951. It has also proved most useful in planning the private production program for 1952.

Production of Private Goods

It has been found that the production of private goods is increasing. It has been found that the production of private goods is increasing. It has been found that the production of private goods is increasing.

Unhappily, the response has been disappointing. Indeed, the production of private goods has decreased by 10% in 1950. It has decreased by 10% in 1951. It has decreased by 10% in 1952.

However, as the Ministry of Finance has been advised, the production of private goods is increasing. It is increasing. It is increasing.

It appears that less than half of the private production programs have been submitted. It appears that less than half of the private production programs have been submitted.

If there is no increase in the present rate of immunisation in the pre-school group, the result will be that in a few years there will be a considerable number of children in the early grades who are not immunised. It is therefore important that the rate of immunisation be intensified.

Summary of Immunisation Material Issued
To Municipal Councils.

Material	1958/59		1959/60	
	Quantity (c.c.)	Doses	Quantity (c.c.)	Doses
Salk Vaccine	609,248	1,218,496	408,431	816,862
Triple Antigen	141,848	141,848	173,638	173,638
Combined Diphtheria & Tetanus Toxoids	42,044	84,088	46,883	93,766
Purified Tetanus Toxoid (A.P.A.)	41,853	83,706	25,638	51,276
Smallpox Vaccine		25,195		21,755
Diphtheria Prophylactic (P.T.A.P.)	3,104	8,276	1,911	5,096
Schick Test Toxin	834	4,170	1,020	5,100
Tetanus Prophylactic (Formalinized Toxoid)	2,522	2,522	1,000	1,000
Mixed Pertussis & Diphtheria Antigen	12	12	36	36
Pertussis Prophylactic (H.A.P.A.)	120	480	6	24

TUBERCULOSIS.

An examination of the morbidity and mortality rates for the ten years to December, 1959, shows a satisfactory decline in the incidence of tuberculosis and indicates the efficacy of modern methods of treatment of the disease. The downwards trend during this decade continues but the year 1959 brought about a slight levelling off which again indicates that although the situation is promising there is no cause to be complacent. The 1959 figure of new notifications includes an increase in the number of extra pulmonary cases which is attributed to closer liaison with private doctors and hospitals in management of these forms of tuberculosis.

YEAR	POPULATION	NOTIFICATIONS	MORBIDITY RATE (100,000)	DEATHS	MORTALITY RATE (100,000)
1950	2,237,182	836	37.37	443	19.80
1951	2,299,538	1,006	44.76	407	17.70
1952	2,366,719	1,013	42.81	346	14.61
1953	2,416,035	1,121	46.39	279	11.55
1954	2,480,877	1,143	46.09	245	9.87
1955	2,555,021	974	38.12	222	8.69
1956	2,632,623	885	33.62	194	7.37
1957	2,700,635	813	30.11	145	5.37
1958	2,770,919	776	27.65	145	5.23
1959	2,842,903	862	30.32	153	5.38

A ward of 22 beds at Heatherton Sanatorium continued to be available to Prince Henry's Hospital for the accommodation of female convalescent patients.

Tuberculosis case finding continued along established lines - mass x-ray surveys, tuberculin testing of contacts of notified cases and in schools and colleges, and routine health, hospital and medical practitioner services.

The chest x-ray examination of persons according to trades and professions, e.g. hairdressers, hotel staffs, firemen, teachers, etc., was maintained. A total of 6,229 hairdressers received letters recommending examination and from the 2,016 x-rayed the number of possibly active cases of tuberculosis was 9. The licensees of 882 hotels co-operated to such an extent that 985 members of their staffs attended for x-ray. The possibly active cases of tuberculosis numbered 11. The Tuberculosis Service is most appreciative of the assistance of the Hairdressers Registration Board and of the Australian Hotels Association in encouraging annual chest x-ray examination as a routine in these groups.

Of the 401,588 people x-rayed on micro film 174 were possibly active cases of tuberculosis. Males number 121 and females 53. Healed or quiescent cases in this group were 1,032. In addition 15,133 persons were examined on large film without previous micro x-ray. Possibly active cases number 28 males and 11 females.

Tuberculin surveys of school children, of National Service Trainees and of contacts in schools and institutions are summarised as follows:-

	NUMBER MANTOUX TESTED WITH 0.11 C.C. 1:1000 O.T.	NUMBER B.C.G. VACCINATED	NUMBER OF NATURAL REACTORS	%	NUMBER OF REACTORS PREVIOUSLY VACCINATED	%
<u>METROPOLITAN SCHOOLS *</u> Children of 11 years and over	28,324	25,341	1,511	5.33	1,472	5.19
<u>BALLARAT AREA SCHOOLS *</u> Children of 11 years and over	4,853	4,473	260	5.36	120	2.47
<u>COUNTRY SCHOOLS*</u> Children of 11 years and over	6,120	5,836	191	3.12	93	1.52
<u>NATIONAL SERVICE TRAINEES (ARMY)</u> Males 17-24 years	3,424	1,715	470	13.73	1,239	36.19
<u>MISCELLANEOUS GROUPS COMMON-WEALTH SCHOLARS</u> All ages	3,368	1,083	387	11.49	1,898	56.35
<u>CONTACTS IN SCHOOLS AND INSTITUTIONS</u> All ages	671	102	52	7.75	133	19.82
TOTALS:	46,760	38,550	2,811	-	4,955	-

(* In some schools children approaching their 11th birthday were included).

The discovery of five cases of active pulmonary tuberculosis can be directly attributed to tuberculin testing of contacts in schools.

The abandonment of National Service Training will preclude any further opportunity of Mantoux testing a group of young men and comparing year by year the reactor percentages. The table hereunder shows the results for seven years. For the first five years trainees were in all Service arms, for 1958 and 1959 Army trainees only are included.

YEAR	NUMBER TESTED	NATURAL REACTORS		POST VACCINATION REACTORS	
		NUMBER	%	NUMBER	%
1953	8,532	1,777	20.83	-	-
1954	6,277	1,237	19.70	366	5.82
1955	8,863	1,518	17.12	1,120	12.64
1956	8,360	1,180	14.12	1,690	20.20
1957	4,077	569	13.96	1,538	37.33
1958	3,375	432	12.80	1,146	33.96
1959	3,424	470	13.73	1,239	36.19

Expenditures for the year ending 1933, of the National Bureau of Standards and of agencies in which the National Bureau of Standards is interested, are as follows:

YEAR	NATIONAL BUREAU OF STANDARDS	OTHER AGENCIES	TOTAL
1933	1,000,000	1,000,000	2,000,000
1932	1,000,000	1,000,000	2,000,000
1931	1,000,000	1,000,000	2,000,000
1930	1,000,000	1,000,000	2,000,000
1929	1,000,000	1,000,000	2,000,000
1928	1,000,000	1,000,000	2,000,000
1927	1,000,000	1,000,000	2,000,000
1926	1,000,000	1,000,000	2,000,000
1925	1,000,000	1,000,000	2,000,000
1924	1,000,000	1,000,000	2,000,000
1923	1,000,000	1,000,000	2,000,000
1922	1,000,000	1,000,000	2,000,000
1921	1,000,000	1,000,000	2,000,000
1920	1,000,000	1,000,000	2,000,000
1919	1,000,000	1,000,000	2,000,000
1918	1,000,000	1,000,000	2,000,000
1917	1,000,000	1,000,000	2,000,000
1916	1,000,000	1,000,000	2,000,000
1915	1,000,000	1,000,000	2,000,000
1914	1,000,000	1,000,000	2,000,000
1913	1,000,000	1,000,000	2,000,000
1912	1,000,000	1,000,000	2,000,000
1911	1,000,000	1,000,000	2,000,000
1910	1,000,000	1,000,000	2,000,000
1909	1,000,000	1,000,000	2,000,000
1908	1,000,000	1,000,000	2,000,000
1907	1,000,000	1,000,000	2,000,000
1906	1,000,000	1,000,000	2,000,000
1905	1,000,000	1,000,000	2,000,000
1904	1,000,000	1,000,000	2,000,000
1903	1,000,000	1,000,000	2,000,000
1902	1,000,000	1,000,000	2,000,000
1901	1,000,000	1,000,000	2,000,000
1900	1,000,000	1,000,000	2,000,000

* In some cases the figures representing total 1933 figures were included.

The Department of the Interior, Bureau of Reclamation, has provided the following information regarding the National Bureau of Standards and its work. The Department of the Interior, Bureau of Reclamation, has provided the following information regarding the National Bureau of Standards and its work. The Department of the Interior, Bureau of Reclamation, has provided the following information regarding the National Bureau of Standards and its work.

YEAR	NATIONAL BUREAU OF STANDARDS	OTHER AGENCIES	TOTAL
1933	1,000,000	1,000,000	2,000,000
1932	1,000,000	1,000,000	2,000,000
1931	1,000,000	1,000,000	2,000,000
1930	1,000,000	1,000,000	2,000,000
1929	1,000,000	1,000,000	2,000,000
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1925	1,000,000	1,000,000	2,000,000
1924	1,000,000	1,000,000	2,000,000
1923	1,000,000	1,000,000	2,000,000
1922	1,000,000	1,000,000	2,000,000
1921	1,000,000	1,000,000	2,000,000
1920	1,000,000	1,000,000	2,000,000
1919	1,000,000	1,000,000	2,000,000
1918	1,000,000	1,000,000	2,000,000
1917	1,000,000	1,000,000	2,000,000
1916	1,000,000	1,000,000	2,000,000
1915	1,000,000	1,000,000	2,000,000
1914	1,000,000	1,000,000	2,000,000
1913	1,000,000	1,000,000	2,000,000
1912	1,000,000	1,000,000	2,000,000
1911	1,000,000	1,000,000	2,000,000
1910	1,000,000	1,000,000	2,000,000
1909	1,000,000	1,000,000	2,000,000
1908	1,000,000	1,000,000	2,000,000
1907	1,000,000	1,000,000	2,000,000
1906	1,000,000	1,000,000	2,000,000
1905	1,000,000	1,000,000	2,000,000
1904	1,000,000	1,000,000	2,000,000
1903	1,000,000	1,000,000	2,000,000
1902	1,000,000	1,000,000	2,000,000
1901	1,000,000	1,000,000	2,000,000
1900	1,000,000	1,000,000	2,000,000

From 1954 to 1957 there was a progressive diminution in the natural reactor percentages and an increase in the percentage of post-vaccination reactors but no great change has taken place in either in the years 1958 and 1959.

During 1959, admissions to Sanatoria and Chalets and approved tuberculosis beds at public hospitals were 788 males and 476 females, a total of 1,264. These figures include 115 patients born outside Australia, and 71 cases of extra pulmonary tuberculosis.

The average duration of hospitalization at the Sanatoria, the Thoracic Unit, Austin Hospital, and the ten Chalets was as follows -

GRESSWELL SANATORIUM	Males	125 days
HEATHERTON SANATORIUM	Males	191 days
	Females	199 days
THORACIC UNIT -	Males and Females	86 days
CHALETs	- Males and Females	119 days

Tuberculosis Allowances granted as at the 31st December, 1959, numbered 496 compared with 582 a year earlier.

The scope of tests available in the field of lung function studies was widened considerably during the year following the appointment of a Visiting Respiratory Physiologist at the Thoracic Unit.

Country services continued as in previous years with Chalets attached to the ten Base Hospitals and Clinics based on the Chalets. Clinics conducted monthly at the Community and District Hospitals in the Latrobe Valley continued with increased activity, and closer ties were established with private medical practitioners particularly in centres of increasing development and population. A special effort has been made in this respect and the response of the private medical practitioners has been very encouraging.

The training of Nursing Aides (Tuberculosis) continued at the Sanatoria, and 14 trained nurses completed the post-graduate course in tuberculosis nursing during the year.

The Victorian Tuberculosis Association continued its active work in the fields of publicity, education and benevolence.

From 1951 to 1957 there was a progressive decline in the natural resource population and an increase in the percentage of post-reproductive persons but a great change in this place is either in the years 1958 and 1959.

During 1958, a decline in the percentage of Chinese and Chinese-Indians in the population was noted. In 1958 there were 788 males and 410 females, total 1,198. In 1959 there were 117 males and 117 females, total 234. This shows a decline in the percentage of Chinese and Chinese-Indians.

The average duration of hospitalization at the Sanatorium, the Thoracic Unit, Chinese Hospital, and the Sanatorium was as follows -

CHINESE SANATORIUM	Males	125 days
CHINESE SANATORIUM	Females	121 days
CHINESE SANATORIUM	Males	125 days
CHINESE SANATORIUM	Females	125 days
THORACIC UNIT - Males and Females		82 days
CHINESE	Males and Females	112 days

Tabular data showing duration of hospitalization at the Sanatorium, Chinese Hospital, and the Thoracic Unit, 1958, numbered 155 compared with 1957 a year earlier.

The number of beds available in the field of lung function studies was increased considerably during the year following the operations of a visiting Respiratory Physiologist at the Thoracic Unit.

During the year 1958, a decline in the percentage of Chinese and Chinese-Indians in the population was noted. In 1958 there were 788 males and 410 females, total 1,198. In 1959 there were 117 males and 117 females, total 234. This shows a decline in the percentage of Chinese and Chinese-Indians. The average duration of hospitalization at the Sanatorium, the Thoracic Unit, Chinese Hospital, and the Sanatorium was as follows -

The training of visiting staff (Thoracic Unit) continued at the Sanatorium, and it is hoped more visits to the Thoracic Unit will be made during the year.

The Visiting Thoracic Unit continued its active work in the field of pulmonary, respiratory and cardiovascular

VENEREAL DISEASES DIVISION.

The Government Clinic moved into new premises in Gertrude Street, Fitzroy, in March, 1960. No change in the number of patients attending the Clinic has been noted and the new premises are proving very satisfactory.

During the period under review 2792 males and 515 females attended the Clinic for various reasons. The reported figures for gonorrhoea and syphilis from both the Government Clinic and other sources (Hospitals and private practitioners) are as follows:-

GOVERNMENT CLINIC

<u>Gonorrhoea</u>		<u>Syphilis</u>	
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
692	148	124	18

OTHER SOURCES

<u>METROPOLITAN</u>				<u>COUNTRY</u>			
<u>Gonorrhoea</u>		<u>Syphilis</u>		<u>Gonorrhoea</u>		<u>Syphilis</u>	
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
31	29	16	64	9	1	1	2

The 64 cases of syphilis in women reported from other sources in the metropolitan area were largely latent syphilis determined by routine blood testing at ante-natal clinics.

For a number of years the Clinic has been organising blood tests for syphilis for people wishing to obtain a United States residential visa. These tests are carried out free. Last year 230 males and 149 females attended the Clinic for this purpose.

PUBLIC HEALTH LABORATORY - UNIVERSITY OF MELBOURNE.

During the year a major re-organisation has taken place in the Public Health Laboratory which for some years has operated in three sections: the General Laboratory situated within the University Department of Bacteriology, and two subsidiary branches - one for Tuberculosis work housed at Fairfield Hospital, and the other dealing with V.D. serology in a laboratory at the Queen Victoria Hospital. The disadvantages of this situation have been referred to in previous reports. In August, 1959, after negotiations between the University and the Health Department, the Tuberculosis Branch with its staff was transferred to Fairfield Hospital, and the V.D. Laboratory was closed; sera submitted for the exclusion of syphilis are now Kahn tested by the Red Cross Transfusion Service; specimens which require further investigation are passed on to the serologist at the Alfred Hospital for Wassermann testing or whatever else may be necessary.

The transfer of the Tuberculosis and V.D. serology work elsewhere has caused a very substantial drop in the number of examinations recorded in the last four months as compared with former years but, even allowing for this, the residual figures are below those of 1958 when the total was higher than it has ever been. (See Table).

REPORT OF THE COMMISSIONER OF HEALTH

The Board of Health has the honor to acknowledge the receipt of the report of the Commissioner of Health for the year 1900. The report is a valuable contribution to the knowledge of the health of the State and the progress of the various branches of the service.

During the year the various branches of the service have been carried on in a most efficient manner. The various branches of the service have been carried on in a most efficient manner. The various branches of the service have been carried on in a most efficient manner.

REPORT OF THE COMMISSIONER OF HEALTH

Branch	1900	1901	1902
Public Health	100	100	100
Sanitation	100	100	100
Quarantine	100	100	100
Regulation of Food and Drugs	100	100	100
Regulation of Professions	100	100	100
Regulation of Corporations	100	100	100
Regulation of Insurance	100	100	100
Regulation of Banks	100	100	100
Regulation of Railroads	100	100	100
Regulation of Steamships	100	100	100
Regulation of Air Navigation	100	100	100
Regulation of Motor Vehicles	100	100	100
Regulation of Firearms	100	100	100
Regulation of Explosives	100	100	100
Regulation of Mines	100	100	100
Regulation of Factories	100	100	100
Regulation of Workshops	100	100	100
Regulation of Amusement Places	100	100	100
Regulation of Public Buildings	100	100	100
Regulation of Public Parks	100	100	100
Regulation of Public Streets	100	100	100
Regulation of Public Water Supply	100	100	100
Regulation of Public Sewerage	100	100	100
Regulation of Public Lighting	100	100	100
Regulation of Public Fire Protection	100	100	100
Regulation of Public Police	100	100	100
Regulation of Public Prison	100	100	100
Regulation of Public Asylums	100	100	100
Regulation of Public Hospitals	100	100	100
Regulation of Public Dispensaries	100	100	100
Regulation of Public Laboratories	100	100	100
Regulation of Public Libraries	100	100	100
Regulation of Public Museums	100	100	100
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Regulation of Public Sewerage	100	100	100
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REPORT OF THE COMMISSIONER OF HEALTH

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The Board of Health has the honor to acknowledge the receipt of the report of the Commissioner of Health for the year 1900. The report is a valuable contribution to the knowledge of the health of the State and the progress of the various branches of the service.

Study of the Annual figures of the last ten years shows a steady decline in the number of isolations of Diphtheria (Corynebacterium diphtheriae), and 1959 marks the first year in which not a single virulent strain was found by the Public Health Laboratory. Whether this satisfactory state of affairs can be maintained in the future remains to be seen, but the decline reflects the great success of the campaign of immunisation against diphtheria waged by Public Health Authorities and private practitioners. We propose to make a survey in 1960 to determine whether virulent strains can still be found in the community particularly among school populations.

In recent years the number of faecal specimens examined for enteric pathogens has been increasing; this results from the routine examination of all new admissions to certain babies' homes and other institutions, and from the growing awareness of practitioners of the value of faecal culture in cases of bowel infection. Of the Shigellas isolated, Sh. sonnei was as usual the most common.

The number of Salmonellas received for typing dropped from 276 in 1958 to 224 and the proportion of Salm. typhi-murium was somewhat reduced; of the other species Salm. bovis-morbificans and newport were, as heretofore, the next common, followed by derby: there were four strains of Salm. kottbus, two of montevideo, one of newington and one of taksony. The last four mentioned are new to our list of known endemic species.

In all, eight strains of Salmonella Typhi (the causative organism of Typhoid Fever) were typed from fresh sources within Victoria. There were four type E₁ strains received from Fairfield Hospital; two cultures were type 38 and the other two were "untypable".

The investigation into the epidemiology of human Brucellosis in Victoria was continued. The disease is usually occupational, affecting dairy farmers and others associated with dairy cattle. A number of veterinarians, particularly officers of the Department of Agriculture, are co-operating in this project.

TABLE SHOWING ANNUAL EXAMINATIONS 1955 - 1959.
(Excluding Tuberculosis and V.D. Serology)

	1955	1956	1957	1958	1959
<u>Diphtheria:</u>					
Cultures (Routine)	3,755	3,615	3,796	3,721	2,892
" (New Guinea)	-	-	-	50	-
Animal Inoculations	59	46	45	10	-
<u>Enterics:</u>					
Cultures	3,143	3,062	3,307	4,556	3,524
Agglutinations	1,313	2,066	1,918	1,502	1,471
<u>Gonorrhoea:</u>					
Direct Examination	785	763	887	846	758
Cultures	2,082	2,849	3,558	2,852	1,597
<u>Streptococcal Infection:</u>					
Cultures	3,743	3,813	4,037	4,984	4,072
Grouping	879	655	957	1,205	830
Antistreptolysin Titre	507	733	751	713	976
<u>Special Investigations:</u>					
Drug Sensitivities	1,465	1,427	2,769	4,163	3,709
Generals	1,012	983	929	1,173	1,146
<u>Medical Mycology:</u>					
Cultures	-	-	-	-	796
<u>Waters:</u>					
Bacteriological Analyses	198	207	224	264	224
<u>Brucella:</u>					
Research Project	-	-	-	-	249
	18,941	20,219	23,178	26,039	22,244

ASCARIS (ROUND WORM) INFESTATION AMONG ABORIGINAL CHILDREN.

During 1957 a survey of aboriginal children at Lake Tyers Settlement revealed a high incidence (48%) of Ascaris infestation. Following these findings Piperazine Citrate was administered to all of the children at six-weekly intervals.

Two years later (1959) a re-survey showed that the infestation rate had been reduced from 48% to 15%, following the introduction of this anthelmintic. The investigation was extended to aboriginal children living in widely dispersed parts of the State. In East Gippsland the incidence was over 63% whereas in the other areas not one positive case was found.

A check on 148 non-aboriginal children attending four schools in East Gippsland did not elicit any evidence of Ascaris infestation. It would appear that the spread of this parasite takes place outside of the school environment.

The Aborigines' Welfare Board in co-operation with the Education Department now administers piperazine at monthly intervals to all aboriginal school children in the East Gippsland region.

SURVEY OF NURSERIES FOR THE NEWBORN

A survey of nurseries for the newborn was carried out by medical officers of the Department in 1959.

The purpose of this study was to assess the position in nurseries throughout the State in regard to equipment, overcrowding and general nursery techniques, and the aim was to advise on obvious deficiencies in an attempt to reduce the high cross-infection rate among infants, particularly staphylococcal infections.

Following this report representatives of the Department and the Hospitals and Charities Commission formulated a series of recommendations for the construction equipment and techniques in these nurseries.

CHEMICAL LABORATORY.

In July, 1959, Mr. W. R. Jewell retired from the position of Chief Chemist, but he is still available to the Department in a consultant capacity.

The number of samples analysed during the year (almost 2,000) represented an increase of 23 per cent. over the number dealt with during the previous year. This was due to an increase in Departmental samples, to greater numbers from growing municipalities, and to the addition of Collingwood to the list of Councils for which samples are analysed by the laboratory.

As usual, the samples submitted consisted largely of foodstuffs, but appreciable numbers of other types of samples related to public health, such as sewage, were also examined. The proportion of samples submitted under the Food Regulations which failed to comply with requirements rose from 13 per cent. in 1958-9 to over 16% in 1959-60.

1. THE PROBLEM (GENERAL CONSIDERATIONS)

During 1957 a survey of the general situation of the

Department was carried out. It was found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action.

The survey was carried out by a committee of the Department, which was composed of representatives of the various sections. The committee found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action.

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2. THE PROBLEM (SPECIFIC CONSIDERATIONS)

A survey of the Department was carried out by a committee of the Department, which was composed of representatives of the various sections. The committee found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action.

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3. THE PROBLEM (CONCLUSIONS)

In July 1957, the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action. It was found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action.

The committee found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action. It was found that the Department was in a state of disarray and that the situation was such that it was necessary to take immediate action.

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Meat and Meat Products.

These constituted a large proportion of the samples analysed and as usual, the most frequent breaches were low meat content and the addition of sulphur dioxide.

Over one-third of the approximately 400 samples of fresh meat submitted were found to contain this substance. In the case of sausages and sausage meats, 7 per cent. of the 356 samples submitted contained sulphur dioxide in excess of the permitted 3.5 grains per lb.

The complete prohibition of preservatives in meats and meat products was considered by the Food Standards Committee and was also urged by the Health Inspectors' Association of Australia. The meat trade has however made strong representations to permit the continued use of sulphur dioxide in basic food products, such as sausages, which are transported for long distances before being sold to the consumer.

Recently, a chopped meat containing a small amount of added salt and also sulphur dioxide, and described as "hamburger sausage meat", was alleged in Court to be a sausage meat as defined by the Regulations, thus rendering sulphur dioxide a permitted addition. However, after submission that the material was actually adulterated chopped meat, a conviction was obtained.

More than half of the meat pies examined and 12 per cent. of the sausage meat and sausages submitted were found to be deficient in meat content.

Coal Tar Dyes.

Several prohibited dyes were found in various foodstuffs. Further changes in the list of permitted dyes have been recommended by the Commonwealth Food Additives Committee, and if adopted in Victoria, these changes may well lead to an increased incidence of non-permitted dyes in foods.

The recording spectrophotometer, recently acquired by State Laboratories, has proved of great value in the detection of dyestuffs in foods.

Milk Products.

Several samples of thickened cream were found to be below the prescribed standard for butter-fat content, and a variety of soft cheese, incorrectly described as cream cheese, was well below the standard for the latter.

Miscellaneous.

Lead was found to be present in four differently-coloured pastels in a sample submitted by the Education Department. Toy soldiers examined were found to contain over 80 per cent. of lead.

Imported toy skittle balls were found to contain soil, which is a prohibited import. This was subsequently referred to the Department of Agriculture, the controlling authority in this matter.

Hand and Foot Examination

These constituted a large proportion of the cases reported and as a result, the most frequent diagnosis was for acute rheumatism and the absence of tuberculous.

There was little or no evidence of any tuberculous lesions of the lungs, but in the case of one patient, a small tuberculous lesion was found in the lung tissue and was removed.

The complete elimination of tuberculous lesions in these cases was confirmed by the fact that the tuberculous lesions were removed by the patient's own efforts, and the fact that the tuberculous lesions were removed by the patient's own efforts, and the fact that the tuberculous lesions were removed by the patient's own efforts.

Recently, a patient was admitted to the hospital with a small amount of blood in the sputum, and was diagnosed as "tuberculous pneumonia". The patient was treated with the usual tuberculous treatment, and the blood in the sputum disappeared.

There was little or no evidence of any tuberculous lesions of the lungs, but in the case of one patient, a small tuberculous lesion was found in the lung tissue and was removed.

End of the Report

Several specimens of tuberculous lesions were found in various locations, but no tuberculous lesions were found in the lungs, and no tuberculous lesions were found in the lungs.

The tuberculous lesions were removed by the patient's own efforts, and the blood in the sputum disappeared.

With Results

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Hand and Foot Examination

There was little or no evidence of any tuberculous lesions of the lungs, but in the case of one patient, a small tuberculous lesion was found in the lung tissue and was removed.

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PROPRIETARY MEDICINES ADVISORY COMMITTEE.

From the initial date of operation of the Proprietary Medicines legislation in February, 1948, until 30th June, 1960, 11,238 applications for registration of proprietary medicines had been received and of this number 8,890 had been registered. Applications are being received at an average rate of seventy per month which is an increase of ten per month on last year's figure.

At the present time a new register of proprietary medicines is being prepared which will include the names and addresses of those to whom registration is granted. By including this information the value of the register as a reference will be enhanced.

PUBLIC BUILDINGS.

The number of approvals of plans and specifications of public buildings was slightly higher at 988 than for the previous year. The figure for new buildings was 556, and for alterations and additions 432. Included in these numbers were 32 new schools and extensions to 106 existing schools.

Day inspections of public buildings remained at the usual high figure but during public occupation was somewhat reduced to a figure of 932. No instances of overcrowding of a picture theatre were reported; attendances generally being very poor.

SWIMMING POOLS.

The services of the chemist appointed on the recommendation of the Commission for the supervision of water supplies throughout Victoria have been extended and an investigation conducted into the operation of many swimming pools. Considerable valuable advice on the operation of chemical dosage and chlorination has been given to plant operators with consequent improvement in the efficient operation of the pools. His investigations have revealed that in many plants, the risk to operators from chlorine fumes is very real, due to unsatisfactory equipment, housing of equipment, and lack of respirators, and it is proposed that municipal councils be circularized drawing attention to this hazard.

At the request of the Department of Education, the Commission approved of standards for the construction and operation of swimming pools for schools.

AIR POLLUTION.

During the past year, Officers of the Commission engaged on Air Pollution Research have set up Deposit Gauges in Melbourne City area, (5), Dandenong (3), and the Latrobe Valley (15). These gauges give indications of the amount of particulate matter deposited by atmospheric pollution.

In addition to this work area surveys of two industrial areas in the Metropolitan Area have been carried out. Numerous complaints have been investigated, entailing in some cases detailed inspections of industrial plants and recommendations to the industries concerned on methods of alleviating air pollution.

Laboratory equipment has been set up for analysing the deposit gauge contents and at the close of the year, equipment was purchased for determining the level of sulphur dioxide and particulate matter from smoke on a daily basis.

SEWERAGE.

No new provincial sewerage schemes have been commenced but there has been a considerable revival of interest in this field, and in the next few years many towns will be sewered. A number of these were considered by the Commission before the war, and the preliminary investigations approved, but these lapsed for financial reasons. A considerable increase in Government funds available for this work has been largely responsible for its revival.

INDUSTRIAL HYGIENE

The Irradiating Apparatus and Radioactive Substances Regulations 1959 have now been in operation since May of that year and the administration of these Regulations has proceeded smoothly over this period.

During the first year a total of 908 licences were issued and the following table indicates the numbers of licencees in the main categories:-

Irradiating Apparatuses

Dentists	408
Medical Practitioners	337
Industry	21

Radioactive Substances

Industry	47
Medical Practitioners	38

The depletion of the scientific staff engaged in general duties occasioned by the transfer of a scientific officer to full-time duties on radiation work has led to a curtailment of some of the other activities of the Division, notably the investigation of hazards of noise and pesticides.

In June 1960, the Interdepartmental Committee on Pesticides held its Twentysecond Meeting and the Chairman was the Chief Industrial Hygiene Officer. The previous meeting had been held in January, 1957.

The Committee recommended that its membership be enlarged by representation from other Government departments and decided that in future its meetings should take place at intervals not greater than six months.

HOME HELP SERVICES & ELDERLY CITIZENS' CLUBS.

The Home Help Services and Elderly Citizens' Clubs which are subsidized by the State Government, continue to increase in number and size each year. The amount paid in subsidies to municipalities is shown in the following Table.

	1958/59	1959/60	Estimated 1960/61
Elderly Citizens' Clubs			
Social Amenities, meals, etc.	£45,697	£44,999	£48,000
Home Help Schemes	£113,996	£151,862	£165,000

The Home Help Service.

This service provides help in the home when a mother of a young family is prevented from attending to her family's needs and to the aged and infirm when certain household tasks are beyond their strength.

The aim of the service is to preserve the health of the young family and to help the aged and infirm to live as long as possible in their own homes.

Home Help assistance may be available on a full-time basis for a period of up to 3 weeks, although where there are exceptional circumstances an extension may be given. Hourly help to the aged and infirm may continue indefinitely providing the case is reviewed from time to time.

Total number of households assisted during the six months period from 1st July to 31st December, 1959 was 5,234, of these approximately 25% were elderly.

Elderly Citizens' Clubs.

Clubs for the elderly also aim at keeping the aged and infirm living as long as possible in their own homes.

The clubs help to overcome some of the worst accompaniments of old age - loneliness and malnutrition. Lonely old people tend to live more and more in the past and to stay at home, gradually losing interest in their appearance and neglecting their health by an inadequate diet.

Services provided at the clubs include facilities for recreation, entertainments, light refreshments, meals, foot clinics, libraries, showers and toilets.

Activities include games, cards, handcraft classes, outings, visiting services to the sick, entertainments, etc.

Meal services are now being operated by 22 clubs - 15 in the metropolitan area, and 7 in the country.

Nineteen of these clubs provide meals five days a week and collectively serve nearly 1,000 meals daily.

The other three serve meals only one or two days weekly, serving about 200 each week.

The Home Help Service

This service provides a help in the home when a mother is young family is prevented from attending to her family's needs and the aged and infirm when their household needs are beyond their strength.

The aim of the service is to preserve the health of the young family and to help the aged and infirm to live as long as possible in their own homes.

Home Help assistance may be available on a full-time basis for a period of up to 1 month, although where there are exceptional circumstances an extension may be given. Home help is the best and most cost-effective method of providing the care is most needed and time to time.

Total number of households contacted during the six months ended from 1st July to 31st December, 1955 was 2,714, of these approximately 55% were elderly.

Home Help Statistics, 1955

Grants for the elderly also aim at helping the aged and infirm living on long as possible in their own homes.

The elderly have an average age of 74 years and 70% of all the - 100% are female. Home help is given to five more than in the past and to many of these, especially those interested in their appearance and maintaining their health by the best possible diet.

Services provided at the home include laundry, shopping, housework, maintenance, light repairs, meals, first aid, alterations, cleaning and repairs.

Activities include games, cards, handicraft classes, outings, visiting services to the club, entertainment, etc.

Home services are now being operated by 12 clubs - 12 in the metropolitan area, and 2 in the country.

Members of these clubs provide meals five days a week and collectively serve nearly 1,000 meals daily.

The other three - two meals only and on two days weekly, serving about 200 meals each week.

LEGISLATION.

The Health (Amendment) Act 1959 came into operation on 1st December, 1959, and provides that where the Council of any Municipality requires the laying of drains or sewers through private premises, the cost thereof may be paid by instalments by the owner of such premises.

The Act also empowers the making of regulations with respect to labelling of dangerous substances.

REGULATIONS.

Labelling of Poisonous Household Substances Regulations, 1960.

These regulations provide for a cautionary notice to be placed on containers of various household substances where such are in liquid form and on petrol, lighter fluid and turpentine. The regulations have application where the quantity sold is one imperial quart or less and are designed to safeguard against the accidental poisoning of children.

Diseases Notification Regulations 1959.

These regulations require that the following diseases shall be notified by medical practitioners direct to the Commission:-

Eclampsia
Leukaemia
Scurvy.

Authority to make these regulations was contained in amending legislation passed in May 1959.

Registration (Health Acts) Regulations, 1959.

These regulations provide that the fees to be paid to the Commission for the granting or annual renewal of registration of certain premises shall be the same as the maximum permitted under the Health Acts.

Clean Air Regulations, 1959.

In the last report reference was made to the formation of four sub-committees to assist the functioning of the Clean Air Committee.

Establishment of sub-committees to the Clean Air Committee was provided for in the Clean Air Regulations, 1959, made on the 8th September, 1959, under the authority of the Clean Air Act, 1958.

Unfortunately, after the sub-committees had functioned for six months, the Subordinate Legislation Committee held that:

"In no instance is specific mention made (under the Clean Air Act, 1958) of any power to appoint sub-committees and prescribe fees to be paid for attendance at or reimbursement of expenses in connection with meetings of such sub-committees".

Introduction

The Committee (hereinafter referred to as the Committee) was established in 1955 to study the problem of the control of the spread of infectious diseases in the United States. The Committee was composed of representatives of the Federal Government, the States, and the private sector. The Committee's first report was published in 1956.

The Committee has since that time held numerous public hearings and has received many suggestions from the public. The Committee's second report was published in 1957.

Background

Legislation Relating to the Control of Infectious Diseases

The Committee's first report, published in 1956, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases.

Recommendations of the Committee

The Committee's first report, published in 1956, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases.

Committee
on the
Control of
Infectious
Diseases

Authority to make these recommendations was contained in the legislation passed in May 1955.

Recommendation (Smith Act) Relating to 1955

The Committee's first report, published in 1956, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases.

Recommendation (Smith Act) Relating to 1955

In the first report, the Committee recommended that the Federal Government should take the lead in the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases.

Establishment of sub-committees to the Committee. The Committee's first report, published in 1956, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases.

Recommendation, after the sub-committees had been established for six months, the Committee recommended that the Federal Government should take the lead in the control of infectious diseases.

"In its first report, the Committee recommended that the Federal Government should take the lead in the control of infectious diseases. The Committee's second report, published in 1957, contained a number of recommendations for the improvement of the existing laws relating to the control of infectious diseases."

Clean Air Regulations, 1959 (Contd.)

The Clean Air Committee has now recommended that the Clean Air Act, 1958, be amended as soon as possible to provide for the authorization of sub-committees. The Committee points out that there are numerous technical matters to be discussed at length and in detail before regulations can be drafted or action taken, and very often such can be better performed by sub-committees doing the preliminary work and bringing forward their findings to the full committee. It is not proposed that the sub-committees should have any powers, but simply that they should be advisory to the full committee.

Amending Food & Drug Standards Regulations, 1960.

These regulations amend the Principal Regulations which were promulgated in 1958, by prohibiting the inclusion of analysts' and similar certificates in the labelling of foodstuffs and requiring that all particulars, statements and information required to be included in the labelling shall be in English. The regulations also modify the standards for various foods as recommended by the Public Health Committee of the National Health and Medical Research Council.

PROCLAMATIONS AND ORDERS-IN-COUNCIL

The following diseases were added to the list of notifiable infectious diseases which medical practitioners are required to report to Municipal Councils:-

- (a) Acute Nephritis.
- (b) Acute infections in the newborn occurring in the first four weeks after birth and including Mastitis, conjunctivitis, paronychia, dermatitis, infection of the cord and any systemic extension of these to pneumonia, meningitis or enteritis.

Orders were issued for the discontinuance of burials at the Will Will Rock Public Cemetery, Campbellfield, and the Public Cemetery at Epping. In the case of the latter, an exception was made in respect of land, the burial rights to which had already been sold.

The Offensive Trades provisions of the Health Act (so far as these provisions are applicable to piggeries) were extended to the whole of the municipal districts of the Shires of Bellarine, Melton and Woorayl.

The scale of maximum charges for abattoir services was amended.

One Meat Area, the Arapiles Meat Area, was newly constituted. The Meat Area consists of the whole of the municipal district of the Shire of Arapiles. The former Berwick-Cranbourne Meat Area comprising the whole of the municipal districts of the Shires of Berwick and Cranbourne was revoked and simultaneously each of the two municipal districts was constituted a separate Meat Area. Alterations in the constitution of the Bass and South Gippsland Meat Areas were made. The Bass Meat Area now consists of the whole of the municipal districts of the Borough of Wonthaggi and the Shires of Bass and Phillip Island, and the South Gippsland Meat Area the whole of the municipal districts of the Shires of Korumburra and Woorayl.

Authority was given to the Council of the City of Sale to establish a nightsoil depot in the municipal district of the Shire of Rosedale.

The Office of the Surgeon General has been requested that the Office of the Surgeon General be advised of the results of the investigation of the outbreak of the disease in the State of New York. The investigation of the outbreak of the disease in the State of New York was conducted by the Office of the Surgeon General and the results of the investigation are as follows: The outbreak of the disease in the State of New York was caused by the consumption of contaminated milk. The milk was obtained from a farm in the State of New York and was distributed to various parts of the State. The outbreak of the disease in the State of New York was caused by the consumption of contaminated milk. The milk was obtained from a farm in the State of New York and was distributed to various parts of the State.

Appendix A: List of Cases, 1955

Those persons who were affected by the outbreak of the disease in the State of New York are listed in the following table. The table lists the name of the person, the date of onset of the disease, and the date of recovery. The table is as follows:

Table 1: List of Cases, 1955

The following persons were affected by the outbreak of the disease in the State of New York. The table lists the name of the person, the date of onset of the disease, and the date of recovery. The table is as follows:

- (a) Name of person, date of onset, date of recovery.
- (b) Name of person, date of onset, date of recovery.
- (c) Name of person, date of onset, date of recovery.
- (d) Name of person, date of onset, date of recovery.
- (e) Name of person, date of onset, date of recovery.
- (f) Name of person, date of onset, date of recovery.
- (g) Name of person, date of onset, date of recovery.
- (h) Name of person, date of onset, date of recovery.
- (i) Name of person, date of onset, date of recovery.
- (j) Name of person, date of onset, date of recovery.

Persons were found to be affected by the outbreak of the disease in the State of New York. The table lists the name of the person, the date of onset of the disease, and the date of recovery. The table is as follows:

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ADDENDUM.

Respectfully submitted -

Members of the
Commission.

A. T. GARDNER
ACTING SECRETARY.
Melbourne, 27th September, 1960.

CONCLUSION

The Senior Health Officer, Dr. A. L. Farquhar, was chosen as a World Health Organization Fellow for a period of six months overseas. Dr. Farquhar spent this time in American universities, general health problems, air pollution, radiation, and food and drug administration.

APPENDIX

Although outside the period covered by the present report, the Commission wishes to record the deep regret on the death of the former Director of Laboratories, Dr. David S. Hooper, following a motor car accident on the 24th July, 1960, while returning from a visit to the Safe Experiment.

PERSONNEL

Members of the
Commission.

.....
KATHY BURTON

.....
WALTER BURTON

.....
THOMAS J. WHITE

.....
A. E. THOMAS

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F. E. FROOD

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H. BOLCHIN

.....
A. E. JAMES

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