Annual report of the Department of Public Health and the Central Board of Health / South Australia.

SOUTH AUSTRALIA

ANNUAL REPORT

OF THE

Department of Public Health

AND THE

Central Board of Health

FOR THE

Year ended 31st December, 1957

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THE PUBLIC HEALTH

Annual Report of the Department of Public Health and the Central Board of Health to the Minister of Health (Hon. Sir Alexander Lyell McEwin, K.B.E., M.L.C.)

SIR—We have the honour to submit this report for the year ended 31st December, 1957. The report is arranged in sections dealing with:—

1. Staff and administration.
2. Legislation.
3. Vital statistics.
4. General public health.
5. Infectious and notifiable diseases.
6. Poliomyelitis.
7. Tuberculosis.
8. School health services.
9. Food and drugs.
10. Summary and comments.

The section on vital statistics was prepared from figures supplied by the Bureau of Census and Statistics of the Commonwealth Government. Other sections were prepared by officers of the Department of Public Health. Sections 6, 7 and 8, dealing with particular branches of the Department, are based on reports received from the officers in charge, namely, the Principal Medical Officer (Poliomyelitis), the Director of Tuberculosis, and the Principal Medical Officer for Schools.

1. STAFF AND ADMINISTRATION

Personnel of the Board.—During the year the constitution of the Board remained unchanged :—

Chairman—Albert Ray Southwood, C.M.G., E.D., M.D., M.S., M.R.C.P., F.R.S.H., F.R.A.C.P.

Members appointed by the Governor—
John Burton Cleland, C.B.E., M.D., Ch.M., F.R.A.C.P.
George Hugh McQueen, M.B., B.S., D.P.H., D.T.M., F.R.S.H., F.R.S.T.M. & H.

Member elected by the metropolitan local boards—
Arthur Roy Burnell, J.P., F.A.S.A., re-elected February, 1957.

Member elected by other local boards—
Alfred Bertram Cox, J.P., F.A.S.A., F.C.I.S., re-elected February, 1957.

Secretary—Gordon James Cook, B.Ec., J.P., A.U.A., F.A.S.A., F.C.I.S.

Staff of the Department.—In addition to the Director-General of Public Health (Dr. A. R. Southwood), the principal staff of the Department at 31st December, 1957, comprised the Principal Medical Officer for Schools (Dr. M. P. Casley Smith), the Director of Tuberculosis (Dr. P. S. Woodruff), the Principal Medical Officer (Public Health) (Dr. G. H. McQueen), the Principal Medical Officer (Poliomyelitis) (Dr. R. R. Horton), and the Secretary (Mr. G. J. Cook). The officers and employees engaged on full-time duties numbered 110 and there were 32 on part-time duties.

Staff Changes.—The following were appointed during the year as medical officers :—Drs. A. S. Johnson, Margaret B. Rugless, R. Sharma, Patricia B. Sprod, H. D. Steward and M. Zeville. Following the retirement of Mr. H. T. Hutchins, Mr. G. J. Cook was appointed Secretary of the Department of Public Health, the Central Board of Health and the Radiological Advisory Committee ; Mr. R. C. McCarthy, Pharmaceutical Inspector, was appointed Secretary of the Advisory Committee under the Food and Drugs Act. Sister E. A. Greig, Mr. H. T. Hutchins and Dr. Eleanor M. Sexton retired. Resignations were received from Drs. Shirley H. Calder, R. Sharma, H. D. Steward, A. C. Helme, H. C. Robjohns, and Pauline I. Wilson, and Messrs. L. T. Colquhoun and I. Tohver, dentists.

On the occasion of Mr. Hutchins' retirement, the Board passed the following resolution :—

> That on the eve of Mr. Hutchins' retirement from the Public Service after over 48 years' service with the Central Board of Health, including 22 years as Chief Clerk and 10 years as Secretary, this Board records its appreciation of his long, faithful and efficient service. The Board regrets that the time has come for him to sever his connection with the Board but expresses the wish that he will have many years of happy retirement.

Visits to Local Boards.—Apart from 82 routine general inspections, medical officers and inspectors visited a large number of local boards of health for special investigations during the year.

Members of the Central Board paid official visits to the local boards of Angaston, Barossa, Clinton, Freeling, Kapunda Town, Kapunda District, Karoonda, Lameroo, Maitland, Meadows, Minlaton, Mobilong, Mount Barker, Murray Bridge, Noarlunga, Peake, Pinnaroo, Tanunda, Warooka, Yorke Peninsula and Yorketown.

"Good Health".—The Department's quarterly bulletin *Good Health* was published as usual during the year. The January and April issues dealt with general public health matters; the July issue dealt especially with radiation hazards; and the October issue referred to National Health Week and the Public Health Conference. The contributions of medical officers, health inspectors, and others have been much appreciated.

Medical Officers' Newsletters.—The Principal Medical Officer (Public Health) issued monthly newsletters to officers of health of all local boards. These contained brief reports on technical matters of interest to medical practitioners engaged in public health work.

National Health Week.—National Health Week was held throughout Australia from 20th October to 26th October, 1957. In South Australia special efforts were made to bring the subject of public health before the community. The daily press arranged suitable articles, the motion picture industry screened films obtained by the Department from other States, the radio stations broadcast suitable items and other commercial and industrial interests distributed literature and arranged appropriate window displays. By courtesy of the Honourable the Minister of Education a notice referring to National Health Week was published in the *Education Gazette* and the Education Department co-operated by arranging for teachers and students to receive publicity material. The Editor of the *Children's Hour* published articles on dental health and prepared illustrated covers dealing with health for the three issues of the October number of that publication.

Public Health Conference.—A feature of National Health Week in South Australia was the Public Health Conference from 23rd October to 25th October, 1957. The Conference Organizer (Dr. G. H. McQueen) arranged day and evening sessions with lectures and discussions on Public Health Developments, Dental Health and Public Health Entomology. The Conference was opened by the Premier of South Australia (the Honourable Sir Thomas Playford, G.C.M.G., M.P.), who welcomed delegates from local boards of health throughout the State and other guests. The sessions were well attended and discussion was keen.

National Health and Medical Research Council.—This Council met on two occasions in 1957. The Director-General of Public Health attended both meetings, as well as meetings of the Public Health Committee. Other members of the staff attended meetings of the Industrial Hygiene Committee, the Poisons Schedules Committee and the Poliomyelitis Committee.

General.—Dr. A. R. Southwood visited New Zealand early in the year to attend the Congress of the Australian and New Zealand Association for the Advancement of Science at Dunedin and the Annual Meeting of the British Medical Association (New Zealand Branch) in Wellington. He also inquired, on behalf of the Government, into general public health activities in the Dominion. During his absence Dr. G. H. McQueen was Acting Director-General of Public Health.

Dr. C. O. Fuller attended a course in public health at the School of Public Health and Tropical Medicine, University of Sydney. He passed the examinations for the Diploma in Public Health. Dr. Fuller returned to his duties in the Department in November.

The Board, at its first meeting in the year, noted with regret the death of Mr. S. C. Stenning, formerly Secretary of the Central Board of Health from 1st July, 1909, to 10th July, 1947.

During October, the accommodation provided for the Department was re-arranged. The head office and the School Health Services now occupy a portion of the Government Offices, 169 Rundle Street, Adelaide. The Tuberculosis and X-ray Sections remain for the time being in Flinders Street, Adelaide, and the Poliomyelitis Services are still accommodated at Norwood.

2. LEGISLATION

Dangerous Drugs Act, 1934-1955.—Amendments to the regulations under this Act were made, allowing the Central Board to serve upon any person authorized to be in possession of a dangerous drug a notice specifying the maximum quantity which such person may have in his possession. A proclamation was issued under the Act varying the drugs to which the Act applies.

Food and Drugs Act, 1908-1954.—Amending regulations dealing with flour, bread, re-constituted milk, food additives, canned fish and certain poisons were made during the year.

Local Government Act, 1934-1957.—Legislation was passed in 1957 to allow the use of treatment units in lieu of bacteriolytic tanks in compulsory bacteriolytic tank areas provided the Central Board of Health approved the method of treatment. The Central Board has not so far approved any such method of treatment.

An additional local board of health was created during the year. By proclamation under the Local Government Act, 1934-1957, the district council of Coonalpyn Downs was formed for the area adjacent to the district councils of Meningie, Peake, Lameroo and Tatiara. Under the Health Act, 1935-1956, every council is the local board for its area. Public health matters in the area had previously been under the direct control of the Central Board of Health.

General.—During the year the Central Board of Health made certain general recommendations and rulings dealing with specifications for walls of food premises, and sizes and materials for bacteriolytic tanks. These provisions do not have the force of regulations. They are designed mainly to guide members and officers of local boards of health.

3. VITAL STATISTICS

The following preliminary particulars for 1957 are published subject to slight revision, with particulars for 1956 shown in parentheses.

Population.—The estimated mean population of the State for 1957 was 874,300 (848,531).

Births Registered.—The number of births registered was 19,536 (18,964). The last eight years have shown successive records in numbers, increasing from 16,042 in 1949. The highest birth-rate per 1,000 of population in recent years was 25·23 in 1947; it has now fallen to 22·34 (22·35).

Deaths Registered.—Seven thousand five hundred and seventy-six (7,593) a decrease of 17 on the record number of the previous year, the rate being 8·67 (8·95).

Infantile Mortality.—Deaths of children under one year were 402 (377). The infantile death rate, or the number of deaths of children under one year per 1,000 births during the year of calculation was 20·58 (19·88). The 1956 rate is the lowest recorded for this State, and it is one of the lowest in the world. The rate has shown a remarkable decrease. Eighty years ago it was 150, 60 years ago it was 110, 35 years ago it was 60, and 25 years ago it was more than double the present rate.

There were 119 (114) deaths of children under one day, 148 (145) of children from one day to one month, and 135 (118) of those over one month but under one year. Compared with earlier years there has been a distinct decrease in the death rate of children under one month, but a far greater decrease in respect of children from one month and under one year, although there was a slight increase in the latter group for 1957.

Deaths of infants from various causes during 1957 were :—Diarrhoea 15 (5); congenital malformations 91 (71); prematurity 76 (99); injury at birth 51 (32); other diseases peculiar to early infancy 82 (78); cerebrospinal meningitis 1 (0); meningitis 8 (5); whooping cough 0 (2); pneumonia 37 (34); hernia and intestinal obstruction 4 (2); external causes 9 (7); and all other causes 28 (42).

Still Births.—These are not included in either births or deaths; they numbered 297 (274).

Summary.—Table 1 shows the number of births and deaths, the rates per 1,000 of mean population and the number of infantile deaths with the rates per 1,000 live births.

TABLE 1

Period	Births Registered		Deaths Registered			
			Total		Infants	
	No.	Rate (*a*)	No.	Rate (*a*)	No.	Rate (*b*)
Mean—						
1920-24	11,857	23·43	4,901	9·68	693	58·45
1925-29	11,301	20·16	5,034	8·98	526	46·54
1930-34	8,989	15·54	5,001	8·65	342	38·05
1935-39	9,039	15·32	5,430	9·20	297	32·85
1940-44	11,743	19·30	6,235	10·25	406	34·57
1945-49	15,615	24·02	6,369	9·80	427	27·35
1950-54	17,807	23·62	7,023	9·31	404	22·69
Year—						
1953	18,156	23·39	6,962	8·97	375	20·65
1954	18,227	22·89	7,179	9·01	388	21·29
1955	18,494	22·55	7,536	9·19	431	23·30
1956	18,964	22·35	7,593	8·95	377	19·88
1957	19,536	22·34	7,576	8·67	402	20·58

(*a*) Per 1,000 of mean population. (*b*) Per 1,000 live births.

4. GENERAL PUBLIC HEALTH

Inspections.—The Central Board of Health is required to supervise the work of the local boards of health and to advise them on all matters relating to the health of the areas under their control. Any powers which a local board and its officers may exercise with respect to its particular district may be exercised by the Central Board and its officers with respect to the whole State. In areas where there is no local board of health the Central Board has sole authority.

Inspections by the Central Board's inspectors, who, as officers of the Department, are appointed inspectors under the Health Act and the Food and Drugs Act, are made in each area as frequently as the limited number of inspectors will allow. At these inspections food shops, food preparation places, other business premises, houses, sewage disposal systems, toilets, water supplies, etc., in the area are seen. It is not practicable, however, to inspect all such places in an area. Where convenient, the inspections are made with an officer of the local board concerned. Reports are considered by the Central Board and, where necessary, copies are forwarded to the local boards for appropriate action. Various special investigations are also made from time to time. During 1957 these included :—

Caravan Parks.—Investigations of the sanitary arrangements were made at various camping grounds with a view to improving conditions and formulating appropriate standards of toilet requirements.

Bacteriolytic Tanks.—Standards for materials and construction of bacteriolytic tanks were determined by the Board. The disposal of effluent into deep bores has caused concern because of the danger of contaminating underground water supplies. Approval is not now given for the use of deep bores for this purpose unless the Board and the Engineering and Water Supply Department and the Mines Department all agree on their safety in the area concerned.

Sub-standard Housing.—At the request of one local board, officers of the Department inspected a number of houses. Thirteen houses were found to be sub-standard. The local board was advised of the procedures available under the Health Act to require improvements or demolition or, alternatively, to prohibit the use of the houses as dwelling places.

Bread Weights.—Complaints were received about short weight bread. As a result, local boards of health have been asked to see that the existing provisions of the Bread Act, 1954, dealing with dough weights are made effective.

Poisons and Dangerous Substances.—Following several deaths from cyanide poisoning, requests were received for advice on handling this substance. Suitable information was supplied. Several cases of children drinking kerosene became known to the Department, and investigations were made with a view to preventing future mishaps. The sale of poisons in supermarkets and self-service food stores was examined. In such stores the poisons listed in Part IIA of the Poison Regulations may not be sold by self-service or from open shelves accessible to the public. However, if the appropriate licence is held the poisons may be sold under restricted conditions.

Country Sewage Disposal.—The Government has received requests from approximately 40 country towns for the installation of deep drainage for the disposal of sewage. Because of the expense involved it has been decided that priority of construction will be determined by a combination of factors, but principally that of public health.

A small committee has been appointed to obtain expert co-ordinated advice on the health of country towns in relation to their needs for the disposal of sewage by deep drainage. The Engineer for Sewerage, Mr. J. W. Murrell, is chairman of the Committee and Dr. G. H. McQueen, one of the members, represents the Department of Public Health. It is proposed to visit the country towns concerned and to collect evidence.

5. INFECTIOUS AND NOTIFIABLE DISEASES

Statistics.—Numbers of reported cases and deaths from infectious and notifiable diseases are shown below.

TABLE 2

Infectious Diseases	Cases			Deaths		
	1955	1956	1957	1955	1956	1957
Acute infective encephalitis	5	17	2	3	2	4
Amoebiasis	1	1	1	1	—	—
Ancylostamiasis	1	—	—	—	—	—
Anthrax	—	—	—	—	—	—
Bilharziasis	—	—	—	—	—	—
Cholera	—	—	—	—	—	—
Diphtheria	26	7	4	3	2	1
Diarrhoea, infantile infective	7	—	—	—	—	—
Dysentery, bacillary	63	37	50	4	2	2
Influenza in epidemic form	—	19	1,199	2	6	35
Leprosy	—	—	1	—	—	—
Leptospirosis	—	—	—	—	—	—
Malaria	—	—	—	—	—	—
Meningococcal infection	10	12	5	5	4	2
Ornithosis	—	—	1	—	—	—
Paratyphoid fever	—	—	1	—	—	—
Plague	—	—	—	—	—	—
Poliomyelitis	182	122	16	6	3	1
Puerperal pyrexia	1	3	5	—	—	—
Salmonella infection	4	26	19	1	—	—
Scarlet fever	289	249	268	—	—	—
Smallpox	—	—	—	—	—	—
Trachoma	—	—	—	—	—	—
Tuberculosis, pulmonary	298	319	239	46	39	33
Tuberculosis, other forms	28	30	26	4	5	6
Typhoid fever	1	—	2	—	—	—
Typhus fever (louse borne)	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—

Notifiable Diseases	Cases			Deaths		
	1955	1956	1957	1955	1956	1957
Acute rheumatism	16	15	29	1	1	—
Brucellosis	3	3	2	—	—	—
Chorea (St. Vitus)	1	1	—	—	—	—
Dengue	—	—	—	—	—	—
Erythema nodosum	6	4	4	—	—	—
Encephalitis following another disease	24	23	4	1	—	—
Filariasis	—	—	—	—	—	—
Homologous serum jaundice	—	—	—	—	—	—
Hydatid disease	—	1	2	1	1	—
Infective hepatitis	502	791	258	5	7	3
Lead poisoning	3	—	3	1	—	—
Ophthalmia	—	—	4	—	—	—
Rubella	179	800	1,284	—	1	—
Tetanus	5	5	15	6	4	4
Trichinosis	—	—	—	—	—	—
Typhus fever—						
Flea borne	1	2	—	—	—	—
Mite borne	—	—	—	—	—	—
Tick borne	—	—	—	—	—	—

Bacillary Dysentery.—Increasingly accurate diagnosis of diseases of the gastro-enteritis type, especially in children, is responsible for the continued reporting of this disease. This accuracy makes for efficient treatment and the death rate is low.

Influenza.—The only important epidemic during the year was that of influenza of the "Asian" type. Late in April outbreaks of illness having the features of influenza began to occur in countries to the north of Australia. An influenza virus, isolated from patients with the illness, was given the name Influenza Virus A/Asia/57. This was of a type not previously isolated in Australia. In May a circular was sent by the Department to local boards of health with information regarding this influenza which was then spreading in epidemic form in Asia. In June information was received from the Commonwealth Department of Health that influenza virus vaccine containing the new sub-type virus would be available; it was offered to State health departments on a population basis after Commonwealth requirements had been met.

The South Australian Government decided to purchase all vaccine made available to South Australia, and the Department of Public Health was authorized to issue it for hospital staffs, including ambulance personnel and other auxiliary services, staffs of boards of health, and expectant mothers. The vaccine was later made available for other groups, including medical practitioners and nurses not in the first groups, Harbors Board Department pilots, harbour police, migration officers, and officers of the Sheriff and Gaols and Prisons Department. The issue, costing £5,007 was made up as follows:—Government and subsidized hospitals, 5,092 ampoules; private hospitals and rest homes, 2,733 ampoules; expectant mothers, 1,527 ampoules; boards of health and Department of Public Health, 2,642 ampoules; others, 531 ampoules.

During July, reports were received from many parts of the State of sporadic illnesses which resembled descriptions received of influenza caused by the Asian-type virus. Towards the end of July, an epidemic of a mild influenza-like illness was reported from Mount Gambier. During early August the illness spread to Naracoorte and Bordertown in epidemic form. At the same time reports were received of a mild epidemic of an influenza-like illness at Whyalla, followed a week later by reports of a similar epidemic at Spalding. From these centres the epidemic spread almost simultaneously to all parts of the State. It reached its peak in the metropolitan area towards the end of August. Medical practitioners are not required to report sporadic cases of influenza, and the number of cases reported (1,199) in this outbreak is probably only a small proportion of the actual number infected.

Arrangements were made for throat washings to be collected from patients with typical forms of the illness as soon as it occurred in epidemic form in South Australia, and the specimens were forwarded to the Institute of Medical and Veterinary Science for investigation. Reports were later received that influenza viruses similar to the Influenza Virus A/Asia/57 had been isolated from throat washings from patients at Naracoorte, Bordertown and Spalding. Deaths attributed to the epidemic were 35; the majority were due to intercurrent infection in the very old or very young, and it is doubtful if the virus directly caused a death. It is difficult to assess the value of the vaccine. It was not made available in South Australia quickly enough for maximum immunity to be established before the epidemic arrived. It is obviously difficult to prepare large supplies of a vaccine to deal with a newly-arrived virus. Investigations of sickness rates suggest that the vaccine gave some degree of protection if exposure occurred after about two weeks from time of inoculation. The widespread publicity given to the disease by press and radio was a mixed blessing. While it caused many people to take greater care of their illnesses, it also caused some unnecessary public alarm.

Leprosy.—One case was reported, a relapse of a very old infection acquired originally in Burma. The patient is responding to treatment. It is pleasing to note that superstitious fear of this disease seems to be disappearing.

Ornithosis.—One case was reported, a worker in a city pet shop. The definite source of the infection was not elicited.

Infective Hepatitis.—The incidence seems to be falling. This may be due to widespread acquired immunity. Overseas opinion regards the incidence of this disease as an index of the efficiency in a community of preventive sanitation against faecal contamination of food and water. Improvement in that regard may explain the decline of cases reported.

Lead Poisoning.—The cases reported were all acute ones due to the ingestion of lead paint by small children. No case of chronic or industrial leading occurred.

Tetanus.—The increase of notifications to 15 has caused concern and a full inquiry is under way by the staffs of the Royal Adelaide and Adelaide Children's Hospitals. The treatment of this disease has greatly progressed and a fatal termination is now by no means the rule. Immunization by toxoid is steadily extending through the community, and should continue. It is to be hoped that successful treatment will not lead to public apathy.

6. POLIOMYELITIS

During the year under review 16 cases including one death were reported as due to poliomyelitis. The yearly figures for the epidemic which commcned in May, 1949, appear in Table 3.

TABLE 3.

Year.	Cases.			Deaths.		
	Metropolitan Area.	Other Districts.	Total.	Metropolitan Area.	Other Districts.	Total.
1949	490	90	580	15	5	20
1950	816	157	973	7	10	17
1951	1,012	479	1,491	39	23	62
1952	435	274	709	7	5	12
1953	287	111	398	11	10	21
1954	123	53	176	2	3	5
1955	110	72	182	5	1	6
1956	58	64	122	2	1	3
1957	5	11	16	1	—	1

Particulars of the 16 cases reported during 1957 are summarized in Table 4.

TABLE 4

Cases	Age Group	Final Diagnosis	Vaccinated
1	0-14 years	Not poliomyelitis	1
5	0-14 years	Poliomyelitis	2
1	Over 15 years	Not poliomyelitis	—
9	Over 15 years	Poliomyelitis	—

The fatal case (Table 3) refers to a youth of 19 years who contracted poliomyelitis some years ago and died during 1957 as the result of it. One other case included in the same table was a 12-year-old girl who contracted poliomyelitis in 1956; the case was not notified, however, until January, 1957. These two cases should really be excluded from those occurring in 1957.

Since the start of the Salk programme on 28th June, 1956, all reports of suspected cases have been investigated by the Principal Medical Officer (Poliomyelitis) and details have been sent to the Commonwealth Surveillance Committee which meets in Melbourne. The members of this Committee are specialists, not otherwise concerned with the Salk programme, who make the final decision on whether a case should be accepted statistically as poliomyelitis or not for the purpose of the evaluation of the vaccine. The first assessment of the South Australian figures made by the Committee during late 1957 showed five cases of poliomyelitis occurring in vaccinated children within the age group 0-14 years. Two of these cases are those included in Table 4 above. Particulars of the five cases are as follows:—

Cases 1, 2 and 3 developed poliomyelitis within a week of their first immunization injection. As the incubation period of poliomyelitis is two weeks or longer, it is obvious that these three children were, in fact, infected with poliomyelitis before the injection was given. It was not expected that the vaccine would prevent development of the disease in the circumstances. These three cases reasonably could be regarded as unvaccinated subjects.

Case 4 had received one injection only. As specimens for laboratory investigation were not available, it was not possible to confirm the diagnosis of poliomyelitis. However, it was decided to accept the case for statistical purposes.

Case 5 was a child of six years who had received two injections. Again no specimens could be obtained and the diagnosis of poliomyelitis, while not proven, was accepted.

In the five vaccinated children therefore, there was no definite evidence in any case of failure of the vaccine to give protection against poliomyelitis.

In the same period, however, the Committee accepted 30 unvaccinated children in the age group 0-14 years as cases of poliomyelitis. In addition, it accepted another 31 cases in unvaccinated persons over 15 years of age. In other words, in the first period under assessment for South Australia, there were 61 accepted cases of poliomyelitis in unvaccinated persons compared with only five cases in vaccinated persons, even if the diagnosis in the vaccinated children were accepted without the above reservations.

Vaccine Injections.—The number of Salk injections given from the start of the programme on the 28th June, 1956, to the 31st December, 1956, was 223,979. In 1957 a further 401,683 injections were given. The total number of injections to the 31st December, 1957, is therefore 625,662. The details appear in Table 5.

TABLE 5

	0-14 years	Over 15 years	Total
First injections	220,339	11,615	231,954
Second injections	217,382	10,181	227,563
Third injections	162,574	3,571	166,145
Total	600,295	25,367	625,662

Post-care Work.—An important part of the duties of the Principal Medical Officer (Poliomyelitis) is the follow-up of post-poliomyelitis sufferers to ensure that they are aware of the community facilities available by way of orthopaedic and physiotherapy care, rehabilitation, social services benefits and help from voluntary agencies. In the past, frequent visits were made to country towns to assist patients and to confer with their country practitioners. With pressure of the Salk programme this work has unfortunately had to be curtailed. Most of the country visiting by the Principal Medical Officer (Poliomyelitis) has necessarily been restricted to the investigation of suspected acute cases. It has been possible, however, to give valuable assistance to post-poliomyelitis patients on social aspects of their illness by the use of the full-time poliomyelitis social worker. More medical guidance for many of the patients is necessary, however, and it is intended to resume this when time is available.

7. TUBERCULOSIS

The number of new notifications of tuberculosis showed a distinct decrease by comparison with previous years. Reports of new cases declined by 24 per cent of the figure for the previous year. The decrease was almost entirely in pulmonary cases, and there was the same proportional decrease in each sex and among both metropolitan and country populations. Almost two-thirds of the new patients each year are males, and three-quarters are resident in the metropolitan area of Adelaide.

Changes in distribution by local board of health areas follow closely the activity of X-ray Surveys. The marked decrease in Port Adelaide and Woodville is pleasing. It supports the view that surveys in those cities in recent years have eliminated many sources of infection. Table 6 shows the distribution :—

TABLE 6

Metropolitan Area	Notifications	Country Area	Notifications
Local Board of Health—		Local Board of Health—	
Adelaide	25	Gawler	4
Enfield	22	Port Lincoln	4
Unley	19	Yorke Peninsula	3
Port Adelaide	17	Mount Gambier Town	3
Burnside	17	Naracoorte Town	3
St. Peters	14	Murat Bay	3
Mitcham	13	Tumby Bay	3
Marion	10	Meningie	3
Woodville	10	Noarlunga	2
West Torrens	9	Owen	2
Thebarton	7	Salisbury	2
Payneham	7	Port Augusta	2
Prospect	6	Lacepede	2
Brighton	4	Millicent	2
Kensington and Norwood	4	Angaston, Freeling, Minlaton, Mount Barker, Onkaparinga, Tanunda, Willunga, Crystal Brook, Kadina Town, Moonta, Port Pirie, Wallaroo, Quorn, Naracoorte District, Penola, Robe, Tatiara, Cleve, Elliston, Franklin Harbour, Lincoln, Murray Bridge, each	1
Glenelg	4	Out Districts	4
Campbelltown	2	Northern Territory	1
Henley and Grange	2	Broken Hill	1
Hindmarsh	2	Overseas (sailors)	3
Colonel Light Gardens	1		
Walkerville	1		

Migrants.—There was a distinct decrease in notifications of tuberculosis in migrants who have been in Australia less than five years, from 36 cases in 1956 to 24 in 1957. Nine of these were from Italy, eight from Greece, two from the United Kingdom, and five from other countries. The reduction from 11 cases in 1956 to two cases in 1957 among British migrants is very gratifying.

Tuberculosis Allowances.—The sharp decrease in numbers of persons receiving Tuberculosis Allowances continued. The following table shows the trend in recent years :—

TABLE 7

Year	Numbers Receiving Tuberculosis Allowances at 31st December
1954	499
1955	464
1956	441
1957	363

Mortality.—During 1957, 39 persons were reported to have died from tuberculosis, 33 from pulmonary tuberculosis and six from other forms of this disease. Once more, this is the smallest number of deaths on record in any year, and the death rates of 3·8 per 100,000 for pulmonary tuberculosis and 4·5 per 100,000 for all forms of tuberculosis are also the lowest on record.

X-ray Surveys.—Compulsory chest X-ray Surveys continued throughout the year, and the number of persons examined was 119,805, an increase of 67 per cent over the previous year. In the metropolitan area 85,104 persons were examined in the following districts :—St. Peters, Payneham, Campbelltown, Brighton, a large part of Mitcham including Blackwood and Belair, Walkerville, North Adelaide, and the eastern part of Prospect. Country examinations in 1957, included 34,701 people in the upper and part of the lower South-East, the Barossa Valley, and much of the Lower North and Kangaroo Island. Of the new cases of pulmonary tuberculosis reported in 1957, 74 were discovered as a direct result of survey examination.

Tuberculin Testing and BCG Vaccination.—The programme of tuberculin testing and BCG vaccination has continued as in previous years. Increased numbers of school children were examined, both in Adelaide and in country areas ; but, because of smaller numbers available, the examination of National Service Trainees covered little more than half the number examined in the previous year. In addition to the direct importance of BCG vaccination in prevention, this work provides very valuable epidemiological information and contributes towards tuberculosis case-finding.

The infection rates in metropolitan seventh grade school children, both Australian-born and migrants, again showed small decreases. In the country children the rates were a little higher than in 1956, but these figures do not indicate increased infection, as different country areas of the State are covered in successive years. Comparison at present is an index of geographic distribution of infection. It will only become useful as an index of change in country areas when the surveys in these areas are repeated.

It will be noted from Table 8 that almost all non-reactors among metropolitan school children and National Service men accepted BCG vaccination, but only relatively small numbers of country children were vaccinated. This is because

BCG vaccine is offered only to children approaching school leaving age. In country schools, all children were tested as part of the survey activity in association with the visit of the mobile X-ray unit.

The final columns of the table indicate that the vaccine and the technique of vaccination are both effective in producing a very high rate of tuberculin conversion.

TABLE 8.—MANTOUX TESTING AND BCG VACCINATION, 1957—SOUTH AUSTRALIA

	Number Tested	Naturally Positive	Percentage Naturally Positive	Positive from Previous BCG Vaccinations	Negative	Vaccinated	Re-tested	Positive When Re-tested	Negative When Re-tested	Percentage Converted by Vaccination
Country school children, all grades—										
Australian-born	8,445	271	3·2	127	8,047					
Migrants	633	74	11·7	24	535					
Sub-total....	9,078	345	3·8	151	8,582	1,823				
Metropolitan 7th grade school children—										
Australian-born.	4,749	190	4·0	47	4,512					
Migrants	748	121	16·2	46	581					
Sub-total..	5,497	311	5·7	93	5,093	5,084	1,015	1,011	4	99·6
National Service Trainees	1,398	189	13·5	271	938	935	443	422	21	95·3
Minda Home	332	67	20·2	—	265					
Others	52	9	18·0	—	43	39				
Total	16,357	921	5·6	515	14,921	7,881	1,458	1,433	25	98·3

N.B.—The testing and vaccination of clinical suspects and contacts is a function of the Chest Clinic and is not reported here.

8. SCHOOL HEALTH SERVICES

The number of children examined in State schools increased from 35,359 (1955) and 53,330 (1956) to 54,598 in 1957. This figure includes 52,323 children seen in schools by medical officers of the School Health Services, and 2,275 school children seen by local doctors on Eyre Peninsula acting for the Department. The school enrolment in 1957 was 145,635. Medical officers of the Department visited 234 schools during the year and Eyre Peninsula doctors saw the children of 27 schools.

During the year the professional staff of the School Health Services consisted of the Principal Medical Officer for Schools, six full-time and two part-time medical officers, seven dental officers, nine nurses, seven dental assistants, one part-time audiologist and one audiometriste. Several changes of staff occurred during the year, requiring replacements.

In September the offices of the School Health Services were moved from the State Bank Building to the new Government Offices in Rundle Street, Adelaide. Conditions for medical examinations are less favourable owing to noise. Representations on the matter have been made.

Medical Services.—The following table (Table 9) shows the number of schools visited, children examined and defects noticed by medical officers of the School Health Services :—

TABLE 9

	Metropolitan	Country	Total
Schools visited	107	127	234
Children examined	38,318	14,005	52,323
Defects formally notified—			
Vision	2,246	1,009	3,255
Hearing	693	251	944
Nose and throat	632	578	1,210
Teeth	10,884	4,862	15,746
Heart	170	83	253
Skin	245	173	418
Lungs	36	33	69
Allergies	861	790	1,651
Epilepsy	9	19	28
Deformities, postural	230	181	411
Deformities, foot	1,666	555	2,221
Total defects formally notified to parents	17,672	8,534	26,206
Other conditions (not classified)	2,312	1,952	4,264
Total defects recorded	19,984	10,486	30,470

To enable comparisons to be made with other years Table 10 shows, for the last four years, the rates per 10,000 children examined of certain defects formally notified to parents.

TABLE 10.—DEFECTS NOTICED PER 10,000 CHILDREN EXAMINED

Year	Vision	Hearing	Nose and Throat	Teeth	Heart
1954	646	272	355	3,769	43
1955	691	252	256	3,136	38
1956	738	244	303	2,599	52
1957	622	180	231	3,009	48

Notices were sent to the parents of the 15,746 children needing dental attention. Children already under private dental supervision and children in schools visited by departmental dentists are not included in these statistics.

Slight deformities of posture were only too apparent ; defect notices in respect of deformities were sent to the parents of 5 per cent of the children examined. A questionnaire sent to head masters showed that some high and primary school students receive no physical training in either games or exercises, and no set lessons in health or hygiene. Foot deformities were numerous. Hallux valgus was noticed particularly in older girls. Factors contributing to foot deformities appear to be poorly built shoes and, in some cases, excessive toe dancing.

Medical officers of the Department examined 38,318 children in 107 of the 117 metropolitan schools and 14,005 children in 127 country schools during 1957. A larger staff will be necessary if all children are to receive their regular examinations in future. Since 1954 the number of children in State schools has increased by 26,000 without any increase of staff.

Owing to shortages of medical staff and difficulties associated with extended visits to Eyre Peninsula, arrangements were made for local medical practitioners to examine children attending schools in their areas. From six centres, 2,275 children attending 27 schools were examined under these arrangements. Details are shown in Table 11.

TABLE 11.—EYRE PENINSULA SCHEME

Schools visited	27
Children examined	2,275
Defects formally notified—	
Vision	121
Hearing	22
Nose and throat	60
Teeth	647
Heart	8
Skin	2
Lungs	2
Allergies	22
Epilepsy	2
Deformities, postural	4
Deformities, foot	29
Total defects formally notified to parents	919
Other conditions (not classified)	186
Total defects recorded	1,105

The Department appreciates the work of the doctors who have assisted in this way.

Audiometric Testing.—Audiometric testing was conducted in 108 State schools and in 26 kindergartens affiliated with the Kindergarten Union of S.A. Inc. A total of 13,714 children had pure-tone audiometer tests. These tests were carried out by medical officers, the audiometriste and the school nurses. Of the children tested, 1,098 (8 per cent) were found to have some hearing loss. Their parents were notified accordingly and arrangements were made, where possible, for further tests in the sound-proof room of the Department. Statistics of these audiometric tests are shown in Table 12. These figures are independent of the figures in Table 9.

TABLE 12.—AUDIOMETRIC TESTS AT SCHOOLS

	Metropolitan		Country		Total
	Pre-School Kindergartens	Primary Schools	Primary Schools	Secondary Schools	
Schools visited	26	32	70	6	134
Children tested	1,228	7,553	4,311	622	13,714
Defects	78	758	243	19	1,098

The number of audiometric tests made in the sound-proof room was 1,229 as is shown in Table 13.

TABLE 13.—AUDIOMETRIC TESTS IN THE SOUND-PROOF ROOM

	Pre-School	Primary	Secondary	Student Teachers	Total
Children from the metropolitan area	73	957	54	—	1,084
Children from country areas	8	117	6	—	131
Preliminary probationary students and Teachers College students	—	—	—	14	14
	81	1,074	60	14	1,229

Deafness Guidance Clinic.—This clinic was established for the purposes of discovering cases of deafness in children and advising and assisting their parents to obtain suitable treatment for them. Attendances have steadily increased since the clinic was established in March, 1956. The total for the year 1957 was 714, of which 430 were initial attendances and 284 were attendances for re-testing after treatment. Details are shown in Table 14.

TABLE 14.—DEAFNESS GUIDANCE CLINIC

INITIAL ATTENDANCES

	Pre-School	Primary	Secondary	Student Teachers	Total
Metropolitan	17	309	18	5	349
Country	4	74	3	—	81
	21	383	21	5	430

Referred to :—

	Pre-School	School Age	Student Teachers	Total
General practitioners	13	255	—	268
Otologists	1	57	2	60
Adelaide Children's Hospital	1	37	—	38
Royal Adelaide Hospital	—	8	—	8
Advisory panel for deaf and hard-of-hearing children	3	4	—	7
Referred back to Commonwealth Acoustic Laboratory	—	2	—	2
Re-testing without treatment	3	28	—	31
No treatment	—	—	2	2
Discharged	—	13	1	14
	21	404	5	430

RE-TESTS

	Pre-School	School Age	Student Teachers	Total
First re-tests	10	175	2	187
Subsequent re-tests	8	89	—	97
	18	264	2	284

Referred to :—

	Pre-School	School Age	Student Teachers	Total
First re-tests—				
General practitioners	5	87	—	92
Otologists	1	28	—	29
Adelaide Children's Hospital	—	1	—	1
Royal Adelaide Hospital	—	3	—	3
Re-testing without treatment	3	34	—	37
No treatment	—	—	2	2
Discharged	1	22	—	23
	10	175	2	187
Subsequent re-tests—				
General practitioners	6	39	—	45
Otologists	—	12	—	12
Adelaide Children's Hospital	—	1	—	1
Royal Adelaide Hospital	—	1	—	1
Re-testing without treatment	—	23	—	23
Discharged	2	13	—	15
	8	89	—	97
	18	264	2	284

Before the clinic commenced to function it was estimated that attendances should reach about 800 after approximately three years. It will be noted that during 1957, the first full year of working, attendances totalled 714. The work of the clinic is becoming more widely known. Appointments are still being made several weeks ahead. The majority of the cases were discovered by officers of the Department in schools or kindergartens, but 68 came from elsewhere. Of these, 25 children were brought directly by their parents, 38 were referred by medical practitioners and five came from hospitals, etc.

Infections in School Children.—The numbers of communicable diseases reported to teachers in State schools are shown in table 15.

TABLE 15

Year	Diphtheria	Scarlet Fever	Measles	Rubella	Whooping Cough	Chicken Pox	Mumps	Polio-myelitis	Infective Hepatitis	Other Conditions
					Communicable Diseases					
1954.....	2	125	3,933	268	162	1,744	1,952	36	*	85
1955.....	11	215	1,114	452	264	1,696	2,207	43	93	205
1956.....	—	179	5,027	1,178	227	1,856	2,607	30	117	143
1957.....	1	184	499	1,496	97	2,195	1,556	3	26	83
					Communicable Diseases per 10,000 Children Enrolled					
1954.....	0·2	10·2	322·4	22·0	13·3	143·2	160·2	3·0	*	7·1
1955.....	0·8	16·9	87·8	35·6	20·8	133·7	173·5	3·3	7·3	15·9
1956.....	—	13·2	371·6	87·1	16·7	137·2	192·7	2·2	8·6	10·4
1957.....	0·1	12·6	34·3	102·7	6·7	150·7	106·8	0·2	1·8	5·7

* Not recorded.

The total number of these communicable diseases reported was 6,140. This is 5,224 less than in 1956, mainly due to a decrease in measles of 4,528 cases. There were only three cases of poliomyelitis. There were four cases of meningitis three of glandular fever, three of sandy blight, two of erysipelas and 22 of conjunctivitis.

Owing to variations in methods of reporting and descriptions of diseases these figures cannot be related directly to figures of infectious and notifiable diseases reported to the Department under the provisions of the Health Act.

Other Medical Examinations.—There were 704 female and 430 male students entering or leaving the Teachers Colleges or attending State Schools as Probationary Students who were medically examined in 1957. Teachers referred by the Education Department were seen before returning to duty from sick leave. All applications from teachers for invalidity pensions were considered, and, where necessary, the applicants were examined. There were 326 teachers applying for permanent appointments, superannuation or temporary positions who were seen during the year. Children travelling interstate with sports teams were given a medical examination.

Health Lectures.—One lecture a week in hygiene was given to a group of students attending the Wattle Park Teachers College, and two lectures a week to two groups of temporary teachers. The Principal Medical Officer for Schools was assisted in this by medical officers and also by Physical Education Instructors of the Education Department. Sixteen requests were received for speakers at Mothers' Clubs. This educational work makes a link between the mother and the medical officer which is most desirable.

Follow-up Work.—This was continued by the school nurses and 74 metropolitan schools were visited. A new method was introduced by the Senior Sister in September, by which means a more accurate assessment of results has been obtained. In the 20 schools visited since the introduction of this method, it was found that 83 per cent of the children with defects had received attention. This figure excludes dental notices.

Outstanding cases were visited or some personal contact was made with the parents by the School Nurses, or by the Social Workers of the Psychology Branch of the Education Department.

Under an arrangement approved by the British Medical Association, 936 forms were returned by doctors and specialists to whom children were taken following the discovery of defects. The above figure excludes notices returned directly to the Deafness Guidance Clinic.

Dental Services.—During the year seven dentists were employed and these worked in the following areas :—Lower North, mid-North-East, mid-North-West, Far North, Eyre Peninsula, Murray Flats and South-West. Altogether 86 schools were visited. Treatment was completed for 2,465 children and, in addition, 8,058 were examined. Defect notices were issued in 7,150 cases.

The following work was completed :—

Extractions—3,718—an average of 1·5 per child.

Fillings—12,807—an average of 5·2 per child.

Other operations—3,107 (including root treatments, dressings, temporary fillings, cleanings, gum treatments and minor operations).

To allow dentists an opportunity to re-visit schools within a reasonable time, children in Grades I to IV only were treated on first visits, except in cases of small isolated schools where all children received treatment. Older children will be treated when the schools are visited again.

Dental education is an important aspect of the work. Strip and motion films were shown to both parents and children. Dental officers were asked to lecture in schools as part of Education Week activities. Working conditions and efficiency were improved by the acquisition of two mobile dental units early in the year. A further unit will soon be ready for use.

Under a training scheme designed to assist students as well as to provide future dentists for the Department, a further six studentships were offered at the beginning of the year, and all were accepted, raising the number current to

10. This has since been reduced to eight, due to the resignation of one student and failure in examinations of another. In the next three years these studentships should produce eight dentists—one in 1959, three in 1960 and four in 1961. The plans for a future supply of dentists are necessary, to ensure continuity of treatment to the children in the schools visited, and to include eventually all school children to whom a dental service is not readily available.

Conclusion.—Inadequate accommodation at the schools still makes the work of medical and dental examination very difficult. Head masters, as a general rule, do all they can to assist, but all their rooms are used and overcrowded. The great increase in the number of school children renders the aim of three medical examinations for each child in the primary school impossible with the present staff. For this to be achieved all schools should be visited yearly. At present, some schools are visited only every other year and country schools less frequently still. Children's teeth also are much neglected in both the city and country. A much larger staff is necessary, or some other means must be arranged, if these needs are to be supplied. With the increase in school enrolments from 127,000 in 1955 to an estimated 153,500 in 1958, additional officers are needed with increasing urgency.

9. FOOD AND DRUGS

Testing of Samples.—Samples are obtained by officers of the Metropolitan County Board and other local authorities, as well as by officers of the Department. All samples for analysis are submitted through the Department to the Government Analyst. Table 16 shows details of samples submitted and the results.

TABLE 16.—RESULTS OF ANALYSES OF FOOD AND DRUGS FOR 1957

Article	Number Submitted	Not up to Standard or Incorrectly Labelled
Bread	24	18
Cake (pumpernickel)	1	—
Cheese	12	9
Chocolate	6	—
Cocoanut	7	—
Coffee essence	1	—
Condensed milk	2	—
Cream	3	—
"Cream" puffs	1	1
Dripping	1	—
Fish paste	1	—
Fish in plastic	2	2
Fish, smoked	3	2
Fish, tinned	24	7
Fritz	4	2
Fruit, tinned or bottled	3	2
Margarine	13	3
Mayonnaise	1	1
Meat	15	—
Meat, mince	9	6
Milk	1,246	63
Pickles	18	5
Pudding, powder	2	2
Ravioli	1	1
Rusks	1	—
Sausage	27	9
Sleeping tablets	2	—
Soup, tinned	3	3
Soup, packaged (dried)	19	2
Spinach	2	—
Tea	1	—
Temperance drinks	2	1
Tomato paste	1	1
Water, aerated	5	2

Uniform Standards.—Steady progress is being made towards the adoption in each State of uniform standards for various foods. The procedure to be adopted in the examination of the draft standards by the various States has now been settled; South Australia is co-operating in the whole matter.

Imported Foods.—These caused some concern during the year. Provision has now been made for the English language to be used in the labels. Consideration was given to the regulations dealing with preservatives, but it was decided not to recommend any variation to existing requirements.

Tranquillizing Drugs are coming into greater use, and carelessness with them may be dangerous; three groups have been restricted to sale by prescription only, in retail trade and further groups are being considered for restriction.

Food Additives are being watched closely by all health authorities; it has been accepted that a permitted list is the most effective way of achieving satisfactory control. This has been done by an amending regulation which prohibits the use of all additives, extenders, antioxidants, stabilizers or other modifying agents in food unless specifically permitted.

Dangerous Drugs.—In accordance with the recommendations of the World Health Organization further groups of synthetic dangerous drugs were brought under the provisions of the Dangerous Drugs Act, 1934-1955. Regulations under the Dangerous Drugs Act were amended to give power to limit the quantity of drugs in the possession of an authorized person when necessary. Recognition was also given by regulation to the arrangements regarding duplicate prescriptions issued under the Commonwealth National Health Act.

10. SUMMARY AND COMMENTS

During the year there were several staff changes. To past and present officers of the Department the Board expresses its thanks for loyalty and efficient service. The co-operation of many other departments and organizations and their staffs is also appreciated.

New Local Board.—By proclamation under the Local Government Act, 1934-1957, the district council of Coonalpyn Downs was formed. Members of the new council became automatically members of a new local board of health for the area. Special visits were paid to the area by officers of the Department to acquaint members and officers of the new board with their responsibilities in regard to the health of the area and to assist them in their new tasks. The health of this area had previously been the direct responsibility of the Central Board.

Statistics.—The population and numbers of births increased and the number of deaths decreased compared with the previous year. The birth and death rates decreased slightly although the infant death rate (children under one year) was slightly higher. Approximately five-eighths of the deaths in children under one year occurred during the first month of life. Deaths of infants from diarrhoea, injury at birth, meningitis and pneumonia, all increased during the year. These are causes which are usually regarded as preventable and should be a matter of concern.

Influenza.—During the year influenza spread throughout the State in epidemic form. Viruses similar to Influenza Virus A/Asia/57 were isolated from a number of persons affected and it is probable that this virus was the cause of the majority of influenza cases during the epidemic. The disease spread quickly and, although accurate figures are not available, it is estimated that it affected a large proportion of the population. It seems that, under modern conditions, the only reliable means of preventing a disease spread by droplet infection from the upper respiratory tract is to have available a vaccine capable of producing sufficient immunity. The experience gained by the Commonwealth Health Department, the State Department of Public Health and local boards of health in the 1957 epidemic will be of value in controlling any future epidemic of a similar nature.

Tetanus.—In the list of deaths from infectious and notifiable diseases during the past three years tetanus appears after tuberculosis, influenza and infective hepatitis as the fourth greatest cause of death. Active immunization is the most effective method of controlling this disease and during the year the need for this action was stressed by the Department whenever possible.

Progress Against Infections.—It is pleasing to note that the incidence and deaths from tuberculosis and poliomyelitis have continued to decrease. It is reasonable to infer that the efforts to control these diseases outlined in this report have been partly responsible for the decrease noted.

Need for Continued Care.—The incidence of diphtheria, meningococcal infections, typhoid and paratyphoid fever, dysentery and salmonella infections, though small, indicates that the causes of these diseases are still present in the community and constant effort must be made to keep them under control. The incidence of rubella, scarlet fever and infective hepatitis is still high.

Poliomyelitis.—The programme of immunization against poliomyelitis which began in June, 1956, continued throughout 1957. The number of injections given to 31st December, 1957, was 625,662. The number of reported cases of poliomyelitis was 16 and there was one recorded death. This was of a patient who contracted the disease some years ago.

Tuberculosis.—The number of new cases of tuberculosis reported during 1957 was 24 per cent below the figure for the previous year. Reported deaths in 1957 were the smallest on record. Compulsory chest X-ray Surveys continued during the year when 119,805 persons were examined. This was an increase of 67 per cent over the figure for 1956.

School Health Services.—Activities of the School Health Services of the Department have increased, particularly in dental and deafness guidance work. Two mobile dental clinics and a staff of seven dentists with assistants were able to provide more extensive dental care and dental education in schools than previously. With the facilities of the Deafness Guidance Clinic the Department was able to provide a more efficient service in detecting hearing disabilities in school children and in advising those concerned of ways of overcoming the disabilities detected.

Food and Drugs.—The routine work of maintaining standards for good wholesome food continued during the year.

Health Education.—Health education by means of the Department's quarterly bulletin *Good Health*, the monthly Medical Officers' Newsletters, circulars, and talks and lectures by officers of the Department continued during the year. These are the main routine methods of health education undertaken by the Department.

The Public Health Conference arranged in October as part of Health Week proved a useful contribution to health education in this State. The help of all who contributed to the success of the conference is greatly appreciated by the Central Board and the Department.

A. R. SOUTHWOOD, Chairman.

J. B. CLELAND
G. H. McQUEEN
A. R. BURNELL
A. BERTRAM COX
} Members.

G. J. COOK, Secretary.

Adelaide, April, 1958.