

THE HEALTH OF AUSTRALIA.

IMPORTANT INTERSTATE CONFERENCE.

THE NEED FOR RESEARCH WORK.

MELBOURNE, Wednesday.

For the first time in the history of Australia the Ministers for Health in the various States and their medical advisers assembled to-day to discuss questions affecting the health of the community. The conference was convened by the Federal Minister for Health (Sir Neville Howse, V.C.) who, in his speech on opening the gathering, afforded ample justification for his action. He dispelled the general idea that the health of Australia was at a high level and showed that the position in relation to many diseases is very unsatisfactory.

The conference was attended by the following delegates:—

Commonwealth—The Minister for Health (Sir Neville Howse) and the Director of Medical Services (Dr. Cumpston).

Victoria—The Minister for Health (Dr. Argyle), Chairman of the Health Commission (Dr. Robertson).

New South Wales—Minister for Health (Mr. Cann) and Dr. Dick, M.L.C.

South Australia—Minister for Health (Mr. Jelley) and Dr. Ramsay Smith.

Queensland—Minister for Health (Mr. Stopford) and Dr. Moore.

Western Australia—Minister for Health (Mr. Munsie) and Dr. J. Dale.

Tasmania—The Under Secretary (Mr. Tudor).

Minister's Introductory Address.

Sir Neville Howse, in his introductory address to the conference, said this was the first occasion in the history of Australia when the Ministers of Health of the six States had assembled in conference to discuss the health of the people. The essential requirements for a high standard of public health were a good economic status, a good standard of education, and a good system of Government; and the Commonwealth was fortunate in having a high standard in respect of each of those. Taking the community as a whole, the average level of income was higher than in most other countries, and the level of general education was perhaps, the highest in the world. We had an excellent system of local municipal government, and an adaptable and reasonably efficient system of central government, whether Commonwealth or State. These cardinal factors had made their influence felt in the field of public health in many directions.

Death Rate.

The general death rate was low; the infantile mortality rate was low; and the tuberculosis death rate was low. As these statistical evidences were very frequently quoted, they had become familiar and had produced the idea that the health of Australia was at a very high level. Moreover, the freedom from smallpox, plague, cholera, &c., had strengthened this impression, and there was an appreciable danger of our falling under the delusion that the state of public health was satisfactory. From the graphs which were shown, it was evident that the position in Australia in respect of scarlet fever, diphtheria, and typhoid fever was by comparison with other countries, even backward countries—very unsatisfactory. The introduction of sewerage into cities had maintained at a low level, the typhoid death rate in those cities, but the typhoid death rate in the country district was still far higher than it should be in view of our good system of local government.

Cancer Mortality.

In respect of cancer, too, Australia stood at a higher level of death rate than 17 other countries. The cancer position called for serious thought. There was very real and serious increase in cancer mortality. This increase was chiefly an increase in cancer of the digestive tract. The proportion of female cancer deaths to total deaths was considerably greater than the proportion of male deaths. In the past 17 years 70,000 persons had died in Australia from cancer alone. During the next 10 years a further 70,000 persons would die of this disease in Australia. It was estimated that if the mortality from cancer in Australia continued to increase as it had done of recent years, the number of persons now living in Australia who would die of that disease approached three-quarters of a million, that was one person in every eight now living. In 1885, cancer caused one death in every 41 deaths. In 1925, it caused one death in every 10. In another 40 years it would be one death in every five. As it was one death in every four among women between 45 and 50 years was due to cancer. It was impossible to predict the time when the problem of cancer would be solved, but it was not too much to hope that with a continuation of recent efforts a solution of this great problem would be attainable.

Losses in Childbirth.

Puerperal mortality in the Commonwealth, in relation to that of other countries, showed that Australia took twelfth place on the list, only four countries in the Commonwealth Statistician's list having a higher rate. The mortality rate for England and Wales per 1,000 live births is 3.82. The figures for the States of the Commonwealth were:—Western Australia, 4.34; Tasmania, 4.64; Queensland, 5.02; Victoria, 5.48; South Australia, 5.61; New South Wales, 5.86. This grave situation demanded urgent action. It had been concluded by students of this subject that puerperal mortality and morbidity were greatly influenced by venereal disease, and were largely determined by the efficiency of professional attention before, during, and after labour. These diseases reduced not only a large total mortality but a very much greater total amount of invalidity among those who recover.

"Unfit for Service."

At the medical examination for admission of persons to the senior cadets, about 11 per cent. were found to be permanently or temporarily unfit, and during the ten years 1915-24, 17.4 per cent. of the senior cadets, when examined for admission to the Citizen Forces, were found to be similarly unfit. Of single men between the ages of 21 and 35 called up for medical examination by the proclamation of 1916, 42 per cent. were rejected. Take the records of the Australian Imperial Force. Out of 416,809 men who enlisted 40,000 while in camp in Australia were found to be unfit for the strain of service and did not proceed overseas, and 20,000 men who reached England were found to be medically unfit and did not see service.

In 1924 there were 46,537 persons receiving invalid pensions in the Commonwealth and an examination of pensioners discloses a large percentage of persons whose diseases could have been prevented or cured if they had been treated when they were young. Statistics showed that 35 to 40 per cent. of children examined at the school commencement age of five years gave evidence of disease which could have been prevented or remedied in infancy. Undoubtedly, some of the conditions producing this unfitness were preventable or remediable.

Venereal Maladies.

The position in regard to venereal disease far from satisfactory and he did not think we were making the best possible efforts to deal with the problem in Australia. Syphilis now occupied the fourth position among the killing diseases. Sir James Barrett, when giving evidence before the Royal Commission on National Insurance, said that, from the records of 1908, of every 100 people who died in the Melbourne Hospital 30 per cent. were syphilitic. This did not mean that 30 per cent. of the people in the hospital were syphilitic, but very many people would not die if they were not syphilitic. He also stated that since the war about 550 expectant mothers at the Women's Hospital in Melbourne had been examined, and 10 per cent. were found to be syphilitic. In 1916, in a suburb of one of the bigger cities of Australia, of 2,300 men examined by the military doctors 28.2 per cent. were suffering from venereal disease. Official statistics showed that in 1925, among 5,000 men in one of our big Federal departments, there were 1,158 cases of venereal disease, and that the loss of time to the Government was 16,618 days.

A War Lesson.

The lesson to be learned from the war from a medical standpoint was the extent to which freedom from disease could be achieved by taking proper preventive measures. Not one of the principles that were successfully employed during the war for the prevention of the disease had been put into practice in civil health administration in Australia. There must be something radically wrong when the incidence of a disease like typhoid is greater in Australia to-day than it was during the years 1916-17 among the soldiers of the A.I.F. in France, who lived under much worse conditions than those which people live under here. If the principles used in the war could be applied to the whole community, the sum total of disease would be enormously reduced. In Australia in the year 1922 there were 1,933 cases of enteric notified, or an incidence rate of 0.36 per 1,000, and 218 deaths, or a mor-

tality rate of 0.037 per 1,000. In the industrial field there was very large economic loss through sickness. In various Government departments the time lost averaged 7.9 days per annum for each officer employed. At least six days per annum were lost through illness in the average by every bread winner in Australia. It was estimated that if this sickness could be reduced by one day per person it would be equivalent to adding 7,000 fully productive individuals to the community. In New South Wales in 10 years 120,000 persons were compensated for accidents. Further, it was important to notice that 463,760 women at the last census were recorded as "bread-winners," that was 17.4 per cent. of all females in the Commonwealth, and that over 21,000 children under 16 years and over 107,000 women were employed working in factories. The health systems of the States and the Commonwealth had developed somewhat irregularly; although all States had some embryonic form of organization previously, yet it might be said that health administration first became established with the smallpox outbreaks of 1880-85, after which, development in several States proceeded with varying emphasis on different phases of public health work in the different States until 1900, when the occurrence of plague brought the States to some unanimity, both as to objective and to form of development, but, with the disappearance of plague, each State, turned its attention to one or other phase of public health work. The royal commission had made a very complete and detailed survey of the whole field of public health administration, and, on behalf of the Commonwealth Government, he expressed appreciation of the personal sacrifice and devoted labour which the members of the commission gave to this work.

A Federal Duty.

The Commonwealth Government was inevitably concerned with health as a national matter, quite apart from health as a matter of specific administration. The Commonwealth was concerned vitally with both the defence and the credit of the nation. Defence was based partly on national credit, but fundamentally upon national physique and health. Figures had been given which showed that the standard of health was not as high as it should be for adequate purposes of defence, and showed further that the productive power of the community was materially impaired by accident and by sickness. Then there was perhaps a difference in the point of view of the Commonwealth and the State Governments in other matters of policy, but he felt there would be general accord at this conference that there was no possibility of any difference of opinion in relation to the health of the people, which could not be adjusted or removed by conference.

The Maternity Bonus.

Dr. Argyle assured Sir Neville Howse that the State Ministries would be behind him in any steps he might take. It would be impossible to cope with cancer by means of legislation until it was known in what direction activities were to be turned. Nobody could tell from what direction enlightenment as to the causation of the disease would come, therefore, it was the duty of the Commonwealth and States to place research work in Australia on a firm foundation. He had long been of the opinion that the maternity bonus had had no effect in bringing about the intentions of those who inaugurated it. Research work should be stimulated into the cause of mortality among mothers at childbirth. The Wilson trust had set aside £10,000 for this purpose, and he had no doubt that the investigations of Dr. Marshall Hall, of Queensland, who had been appointed to carry out the work, would be of value, not only to Australia, but also to the whole world.

"Research Better than Cure."

Mr. Jelley expressed the opinion that research was better than cure. More money was spent on industrial than on medical research, and it was obvious that this was the activity that must be most encouraged.

Model Health Scheme.

The suggestion of the royal commission for a model health scheme was discussed, and Sir Neville Howse stressed the need for co-ordination between the States and the Commonwealth. The proposals were the same in each State, the unit of health administration should be the local authority, with the Minister for Health, who should hold no other portfolio. The office of permanent head should be filled by a medical practitioner, highly trained in preventive medicine. A State health council should be formed to correlate all health activities. Each State should be divided into health districts under the control of a whole time medical officer.

Dr. Dale said the adoption of the scheme would be extremely difficult.

The following motion was agreed to:—"That this conference affirms the general principle that all Government services connected with health should be under the control of one Minister for Health."

The conference adjourned till to-morrow.

SCHOLARSHIP FOR TEACHERS

A travelling scholarship tenable year, valued at £200, will be awarded the South Australian Education Department to a teacher who has shown special ability. The object of the scholarship is for the successful teacher to gain experience of education organization, administration, and practice in other countries. The conditions set out that a teacher holding the scholarship may be awarded a second year, and that it is open to teachers of not less than 25 years of age and not more than 40. No teacher will be eligible who has had less than five years' practical teaching experience either as an assistant or a head teacher. The selection will be made by a special committee and approved by the Minister. The holder of the scholarship will be required to follow a definite line of study or research in some branch of the theory, practice, or administration of education, and during the tenure must forward brief monthly reports to the Director. Upon return to South Australia the scholar must present a thesis embodying the result of the year's study and investigation. The scholar must also enter a bond to serve the Department for five years after the expiration of the scholarship, or in default, refund the whole value of the scholarship.

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Noted Educationist

Mr. Joseph Auburn Haslam, B.Sc. (head master of King's College) has been a successful educationist in Adelaide. He was born at Auburn 34 years ago, and is the eldest son of the late Rev. James Haslam, Methodist minister. Mr. Haslam was educated at Norwood School, and later at Prince Alfred College from 1886 to 1889. In 1890 he won the Angas Engineering Exhibition at Adelaide University. Two years later he gained the Bachelor of Science degree.

He was a teacher at Currie Street School, and later at Sturt street, Glauville, and Unley. He was afterward appointed house master, secretary, and lecturer of natural science and bookkeeping at Roseworthy Agricultural College.

Mr. Haslam was registrar of the School of Mines and Industries in 1901, and remained there for five years. He resigned to become assistant master at Prince Alfred College. He remained there for 18 years.



Mr. J. A. Haslam, B.Sc.

He became head master of King's College, Kensington Park, in 1924. There are 140 pupils. Growth has been rapid, and a new school building will be opened on July 30.

Mr. Haslam is interested in the Australian Student Christian Movement and the publication of study books dealing with religion as well as geography. He wrote three study text books for Bible circle work, and a well-known publication, "Geography from a Commodity Point of View."

He was organist and choirmaster of Malvern Methodist Church for five years until 1923. He married Miss Edith Chapple, eldest daughter of the late Mr. Frederick Chapple former head master of Prince Alfred College.

Mr. Haslam plays bowls and is skipper of Norwood Bowling Club A grade team.