

# NEW HEALTH ACT.

## "An Urgent Need."

The importance of the introduction of a new Health Act was emphasized by the President of the Public Health Association (Dr. F. S. Hone) at the monthly meeting of that body, held in the Lister Hall on Thursday evening. Dr. Gertrude Halley presided over the gathering.

Dr. Hone said:—With but few unimportant alterations, the Public Health Act of this State was the same as when it first became law in 1898. At the time it was placed upon the statute book it was one of the most advanced pieces of health legislation in the world. The sanitary standards for premises, food, and water were high for the times, but its most advanced section was that dealing with infectious diseases. That was an entirely new departure from the old Health Act. It was one of the earliest Acts in the world to make dual notification of infectious diseases compulsory both to householder and to practitioner. It was the first law of its kind in Australia. The sections making notification of pulmonary tuberculosis compulsory were also new to Australia. In other respects that section was well ahead of the times.

**Advance of Knowledge.**  
In the 25 years that had elapsed since the Act came into force (went on Dr. Hone) their knowledge of the modes of transmission of communicable diseases had increased tremendously. Their knowledge of the paths of infection in different communicable diseases had been then only in its infancy.

"With our increased knowledge of modes of dissemination and methods of control, it is no wonder that the Act has become antiquated and ineffective," added the speaker. "In public health, as much as in any other department of human life, it is especially true in the last 25 years that 'the world advances, and in time outgrows the laws that in our father's time were best.' Consequently, it is no reflection upon the originators of the Act, or on those administering it, to enquire whether the time has not come for an entirely new Act. This is the more important because our success in preventing these preventable diseases has not kept pace with our increasing knowledge. This may seem a strange statement in view of the fact that the death rate of the State in 1922 was only 9.1 per thousand of the population, which is the lowest recorded, and is lower than that in any other Australian State. This particular year, however, was an exceptional one, marked by a sudden and unexplained drop from the previous year in almost all the great causes of death, such as infantile mortality, tuberculosis, and diphtheria. A more correct estimate of the situation is gained by comparing the figures for a series of years, rather than one particular year; and when this is done the figures do not show so happy a position. And even granted that our position is good, as compared with other States, the fact is none the less true that the reduction of the incidence of illness in our community has not kept pace with our increased knowledge of causation."

**Infectious Diseases Reviewed.**  
"If we take, for instance, the infectious diseases originally named under the Act we find that while in typhoid fever there has been considerable reduction in mortality through improved sanitation and water supply, there still remain a large number of cases which could be prevented by the legal recognition of the importance of the human carrier in this disease. In diphtheria most local boards have taken the step of demanding that two negative swabs from nose and throat shall be obtained before the patient is released from isolation. None the less, little attempt has been made to keep our administrative methods abreast of our knowledge of this disease. Coming to a chronic disease like pulmonary tuberculosis and venereal diseases, it is to be remembered that alone, of all the Australian States, South Australia is making no determined effort to lessen the incidence of venereal disease. An Act was passed four years ago, and regulations were drawn up, but it has never been put into force. As regards pulmonary tuberculosis it is only possible to give the death rate. These show that in the last five years they have been respectively:—324 (1918), 342 (1919), 334 (1920), 333 (1921), and 326 (1922).

**Difficulties in the Way.**  
For the present, proceeded Dr. Hone, it may be said that a Bill was introduced before the war to endeavour to lessen the menace to the general community through sufferers in an advanced stage of consumption who would not take ordinary precautionary methods to prevent themselves being a danger to others, but for some reason that measure was dropped. Before the war also a system of inspection of such cases had been adopted, and carried out by the Central Board, but that also, he thought had been dropped for some time. At present there was no thing that could be called a systematic campaign against pulmonary tuberculosis in this State, and until that was initiated

and pushed by some central authority, no further great advance could be expected. Part of the truth was, he thought, that all concerned, from the highest administrative authorities downwards had become discouraged and disheartened at the difficulties and obstacles in the way of securing any advance under the present Act, yet feared the results if the present Act and Administration were thrown into the melting pot. More than 500 infants, who had broken no law, died every year from causes that could often be prevented; 300 young adults died every year from pulmonary tuberculosis, and the State had spent money in educating and training them to adult life; and 50 women died every year through diseases and accident of pregnancy and childbirth, just because they were fulfilling their highest duty.

**Suggestions for Improvement.**  
Dr. Hone, continuing, suggested basic principles upon which new legislation might be introduced, and new methods built up. He said the whole onus of notification in the case of infectious diseases should be placed upon the medical practitioner. With their present knowledge of a disease like pulmonary tuberculosis the whole question of notification should be confined to what are termed "open" cases. It would seem that the time had come when there should be different classes of infection recognised in the Act under such heads as "dangerous infectious diseases" or "directly infectious diseases," or better still, that the Act should contain a clause compelling notification of certain diseases, which were called "communicable," and that the subsequent procedure to be followed in such cases should be laid down in regulations. The effect of the present Act was to bring notification into disrepute, because it was not followed by administrative procedure, consistent with their present knowledge, and also to prevent certain diseases being added to the list, which were communicable by indirect means, and therefore did not need such strict isolation.

**Local Boards.**  
The whole administrative scheme of the present Act, proceeded the speaker, was to throw the responsibility of administration on Local Boards, and that has been legally interpreted as preventing the Central Board taking action until it could be shown that a Local Board was flagrantly neglecting its duty. It would be wise for them to face the fact that with but few exceptions, and those chiefly in the larger municipalities, Local Boards had failed to recognise their responsibilities. Although specifically charged "with the due execution of this Act for securing the proper sanitary condition of its district," complaints were being continually made privately by medical officers from all parts of the country that their endeavours to get sanitary nuisances corrected were thwarted by Local Boards. That did not refer to larger municipalities, which were generally keen on sanitation. Provision was also made for boards to combine to build infectious diseases hospitals. That has never been availed of, and when the medical profession, in conjunction with the Adelaide Local Board of Health, moved a few years back for legislation to establish a metropolitan infectious diseases hospital, considerable opposition was received from various suburban Local Boards.

**"Part Time Medical Officers a Failure."**  
It was quite time that they openly admitted that the part-time medical officers of health who existed under the present Health Act was a failure. Such officers if kept on the preventive medicine side of their work, speedily have their enthusiasm damped by the difficulties in their way from the apathy of Local Boards. One of the most extraordinary examples of the wastefulness of the present system was that for 25 years the University and Government had been spending money in training medical students in the elements of preventive medicine, yet had offered no inducement to them to specialise in that side of their work afterwards. It was recognised by the profession that one urgent need in order to bring about further advances in public health was a closer co-operation between the practising profession and the administrative authorities. It was being increasingly felt that the difficulties were never going to be met until the State was divided into districts, varying in size according to population. A whole-time fully trained medical officer of health should be put in charge of each district, being responsible for the health of such district, being promoted according to the value of the health work done in his district. There should be a proper staff of sanitary and nursing inspectors to operate in that district, working in conjunction with the general practitioner, who would not merely notify cases of communicable disease, but would, according to prescribed methods, carry out the concurrent disinfection necessary, the preliminary investigations into the origin of such a case, and the steps necessary to prevent further cases arising.

**The Central Board.**  
All these changes, concluded Dr. Hone, would necessitate the creation of a strong and representative Central Board of Health. Under the present Act the powers of the Central Board were limited, both by the fact that legally the health administration was said to be invested in individual Local Boards, and secondly, by the fact that the Health Act seemed to include in its horizon only sanitary measures and direct dealing with infectious cases. There was the further fact that the Central Board, either accidentally or

otherwise, had never been sufficiently staffed or subsidized to expand its activities adequately. Through the limitation of the powers of the authorities who administered public health, attention had been paid to the new activities chiefly by voluntary organizations, or by departments created independent of Public Health Department. That had led to considerable overlapping, with consequent friction or loss of power. Was it not time that all the different activities were included in the sphere of a Public Health Department? Should not such a department, rightly conceived, be giving the lead to all health activities, and should not the central health organization be the source of inspiration and education in all branches of public health, rather than confined to limited fields? It seemed to him that the Central Board should be represented by the practising medical profession, the Hydraulic Engineer's Department (since water and sewers were primarily connected with health), the Veterinary Department (since pure milk and meat were also matters of health), infant welfare organizations, and the Education Department, and as industrial hygiene developed, if necessary, a representative in that connection. With such a central organization to inspire and lead, and the practising members of the medical profession brought into direct association with health work, it seemed to him that South Australia would once more be giving a lead to other States in health matters, as it did when the Health Act was passed 25 years ago. (Applause.)

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## UNIVERSITY LAW STUDENTS' SOCIETY.

A meeting of the Law Students' Society was held on Tuesday night in the law library. The question for debate, set by Mr. E. W. Benham, was as follows:—A, in contemplation of his marriage, settled property upon trustees in trust for himself and his wife during their joint lives and the life of the survivor of them, and after the death of the survivor of them upon trust for the children of the marriage. If there were no children the trustees were to hold the property upon trust for such of the children of B, who is A's brother, for such interests as the survivor of A and his wife should by deed or will appoint. The marriage took place in 1882. The wife died in 1914, and there were no children. C, one of B's sons, in 1918 assigned his presumptive share in the property to the A.M.P. Society by way of mortgage. In 1920 C assigned the same share to E by way of charge. Notice of these mortgages was given to one of the trustees of the marriage settlement. In 1921 C was adjudicated insolvent, and neither mortgage proved in the insolvency. In 1922 A died, having exercised the power of appointment by will, and C thereupon became entitled to a moiety of the settled property. Two months after, C, by way of sale, absolutely assigned such moiety to F. Previously to taking the assignment F was told by the trustee, who had no notice of the mortgages, that the share was unencumbered.

Mr. P. P. McCarthy appeared for the A.M.P. Society, Mr. B. G. Griff on behalf of E, and Mr. M. J. McLeay on behalf of F. Messrs. M. W. Bednall and M. R. Kriewaldt acted as adjudicators. Counsel for the A.M.P. and counsel for E contended:—(1), C's expectancy was assignable in equity at the time of the assignment of his presumptive share to the A.M.P. and to E; (2) the trustees held the legal estate throughout and therefore C's assignment to F by way of sale passed only an equitable estate; (3) notice to one trustee was equivalent to notice to both trustees; (4) the interests of both the A.M.P. and E were not provable debts; E and the A.M.P. relied upon their security and were not affected by C's insolvency; (5) therefore as the equities were equal the interest of the parties should rank in priority according to the date of their creation and F can take the property only subject to the prior equities of the A.M.P. and E. On behalf of F it was contended:—(1) The exercise of the power of appointment by A was an executory devise; (2) C's estate until appointment was equitable; (3) upon appointment the legal estate vested in him also, because the purpose for which the trustees were created had ended; (4) "Where the equities are equal the law prevails," therefore F taking without notice of the prior equitable interests of the A.M.P. and E obtained the legal estate free from all equities. Others who spoke were Mr. A. Williamson for F, and Messrs. H. N. Tucker and M. Buttrose for the A.M.P. and E. The adjudicators held that F took only an equitable estate and held it subject to the prior equities of the A.M.P. and E.

# RADIUM DEPOSITS.

## TWO FIELDS IN SOUTH AUSTRALIA.

Few people are aware that there exist in South Australia two fields where radium-bearing ores are found.

The discoveries by Madame Curie of the remarkable properties of radium opened up a wonderful field in medical treatment and research, and now that its use is being extended the presence of two deposits of radium-bearing ore in South Australia is of great importance.

The fields where the ore is found in South Australia are Radium Hill, near Olary, and Mount Painter, near Copley. Operations at Radium Hill were suspended during the war, but they have lately been taken up again. Some of the ore was sent to Sydney by a company interested in the field, and radium was extracted from it by Mr. S. Radcliff, an experimenter, who was at one time at Wallaroo.

More recently samples of the ore from Olary were taken by Sir Douglas Mawson and Dr. W. T. Cooke, of the Australian University, and they are now engaged in experiments with a view to discovering a more suitable means of treatment.

Dr. Cooke stated on Thursday that a company composed chiefly of Melbourne business men, was working the Olary field on a commercial basis, and some of the ore had been sent overseas. Some of the radium, which had been extracted from the South Australian ore was actually being used at the Alfred Hospital in Melbourne. There was no doubt about the Olary deposits being extensive and well defined. Three shafts had been sunk more than 100 ft., and there were a couple of drives of 90 ft. Large quantities of ore had been brought to the surface. The difficulty with other fields had been that the supply of ore soon ran out. Radium occurred only in very small quantities—about three points in 10,000,000 in uranium ores whence it was usually extracted, and when it was taken into consideration that it was very seldom that ore rich in uranium was found the rarity of the radium could be gauged. The method of extracting radium was totally different from that adopted in connection with other ores. Copper ore had to contain at least three per cent. of copper before it was of commercial value.

The main source of the world's supply of radium was the Belgian Congo, and the ore which was mined at Katanga, was shipped to Belgium for refinement. Before the discovery of that field supplies came from Austria and Cornwall, and Americans had worked large deposits occurring in Colorado State.

"The commercial unit of radium is the milligram, which is equivalent to about 1/28,000th part of an ounce," said Dr. Cooke, "and the current rate is £18 a milligram." Radium is stored in small glass capsules, which are packed in lead when not in use. There is no doubt that the use of radium has passed the experimental stage, and many American writers state emphatically that if quantities were available there would be a wide field open for it. The paucity of supplies has been the drawback in the past, for it has been shown in our number of cases that relatively large amounts are required to give the effects desired.