

## CHAPTER 8

### THE FINAL SCHEME: National Plan and Legislation

Constitutional problems surrounding the Commonwealth's involvement in the tuberculosis campaign were resolved in September 1946 when Australians voted yes to a referendum question to pass social services power to the Commonwealth.<sup>1</sup>

A new paragraph under section 51 of the Constitution gave the Commonwealth power to make laws regarding:

The provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but so as to authorise any form of civil conscription), benefits to students and family allowances<sup>2</sup>

At the same time Australians re-elected the Chifley Labor Government. In keeping with Chifley's desire to forge national policy the 1946 referendum corrected the mistakes of 1944 and posed three separate questions asking for a transfer of powers from the States to the Commonwealth over primary goods marketing, employment and social services. The Liberal Opposition under Menzies supported the question on social services power and this was the only question to which the Australian electorate agreed.<sup>3</sup> The result removed any constitutional barriers to the Commonwealth's ability to embark on a national plan to control tuberculosis.

Jo-Anne Pemberton has shown how British and Australian ideas on social and economic planning by the state during World War II were criticised but survived

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<sup>1</sup> Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth of Australia*, No. 52, 1966, Canberra, p. 504.

<sup>2</sup> *Constitution Alteration (Social Services) Act 1946*, s. 51, xxiiiA,

<sup>3</sup> David Day, *Chifley*, Harper Collins, Sydney, 2001, pp. 431-432, 443, 454. R.M. Porter and T.C. Boag, *The Australian Tuberculosis Campaign 1948-1976*, Menzies Foundation, 1991, p. 12. Sheila Shaver, 'Design for a Welfare State: The Joint Parliamentary Committee on Social Security', *Historical Studies*, Vol. 22. No. 88, April, 1987, p.430. L.O. Goldsmith, 'Administrative Aspects of Tuberculosis in Australia 1945 – 1954', Masters Thesis, University of Western Australia, March 1958, p. 49.

into the post-war period. Proponents of planning adapted their rhetoric but retained the essential ideas of planning and achieved a level of consensus between major political parties in the post-war period.<sup>4</sup> In Australia the icons of post-war planning, immigration and infrastructure, were coincidentally linked. The Snowy Mountains Hydro-Electric Scheme was the grand infrastructure project and thousands of newly arrived European immigrants worked on its construction. Nostalgic attention given to the 60th Anniversary in 2009 of the project's commencement and the role of a diverse range of immigrant groups celebrated the role of Snowy Mountain Hydro-Electric Scheme and immigration in post-war Australian society as symbols of achievement. The national anti-tuberculosis campaign did not achieve such public status but has been portrayed in triumphal terms and took its place as one of the grand schemes of post-war planning.

#### **WUNDERLY REPORT 1947**

Early in 1947 the Commonwealth Health Department appointed Dr Harry Wunderly to the position of Director of Tuberculosis, the first since the Division of Venereal Disease and Tuberculosis was abolished under economic stringency measures during the economic depression of the 1930s. As the Commonwealth Director of Tuberculosis, Harry Wunderly was a central figure in the post-war campaign against tuberculosis. He brought with him an intense interest in the disease that had arisen early in his life. Wunderly's father died of tuberculosis in 1897 and he himself was diagnosed with the disease while studying medicine at Melbourne University. He graduated in 1915 and continued to experience intermittent periods of illness and treatment his personal situation exemplified the vagaries of tuberculosis. After graduating he moved to the South Australian town

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<sup>4</sup> Jo-Anne Pemberton, 'O Brave New Social Order' The Controversy over Planning in Australia and Britain in the 1940s', *Journal of Australian Studies*, No. 83, 2004, pp. 35 – 47, 181 – 185.

of Mount Barker where he took up general practice. Three years later he travelled to Britain to undertake postgraduate study and during his time away suffered a recurrence of tuberculosis and received treatment in Switzerland.<sup>5</sup> An alpine climate was still considered to be of therapeutic value.<sup>6</sup> Wunderly's specialist interest and work in tuberculosis began on his return to South Australia when in 1924 the South Australian Government commissioned him to inquire into treatments of tuberculosis in the United Kingdom, Europe and the United States<sup>7</sup>. In 1925 he attained specialist qualifications and was admitted to the Royal College of Physicians of London and then in 1927 received a Doctor of Medicine for a thesis on angina. He travelled to Europe and North America in 1929 and again required six months treatment for tuberculosis. On his return to Adelaide his focus on tuberculosis intensified and he became consultant physician to Northfield and Bedford Park sanatoria and in July 1935 Assistant Physician to the new Chest Clinic of the Royal Adelaide Hospital.<sup>8</sup> A zealous proponent of preventive measures he advocated close co-operation between governments and voluntary organisations, tuberculin surveys of whole communities and vaccination of vulnerable groups such as nurses. In 1939 he called for the mass x-ray of Australian recruits to the military. Despite his own history of tuberculosis, he was accepted into the army where he served at military hospitals in Queensland and

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<sup>5</sup> Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, pp. 28-29. Anthony Proust, 'Wunderly, Sir Harry Wyatt (1892–1971)', *Australian Dictionary of Biography (ADB)*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/wunderly-sir-harry-wyatt-12079/text21671>.

<sup>6</sup> Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*, Clarendon Press, Oxford, 1988, p. 189.

<sup>7</sup> NAA: A458, L368/3, Report from H.W. Wunderly to Chief Secretary, South Australia, 8 January 1926; Letter, Premier of South Australia to the Prime Minister, 16 February 1925. Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, pp. 28-29. Proust, 'Wunderly, Sir Harry Wyatt (1892–1971)', *ADB*.

<sup>8</sup> J. Estcourt Hughes V.R.D., M.S. (Adelaide), F.R.A.C.S., *A History of the Royal Adelaide Hospital, Board of Management of the Royal Adelaide Hospital*, 2<sup>nd</sup> (revised) edition, 1982, p. 48.

Victoria as well as Bonegilla sanatorium in Victoria until 1947 when he took up his position as Commonwealth Director of Tuberculosis.<sup>9</sup>

Upon his appointment to the position Wunderly conducted a national survey of tuberculosis control measures and presented to the Commonwealth Government a comprehensive report on each State along with recommendations for an intensive, co-ordinated national campaign against the disease.<sup>10</sup> Having been commissioned directly by the Commonwealth Government, Wunderly's report was more comprehensive and more influential than Holmes's report twenty years earlier. Nevertheless, his report differed little in substance from his predecessor's. Many of the report's recommendations mirrored or extended Holmes's proposals and Wunderly himself acknowledged the importance of Holmes's contribution.

Wunderly's findings on the flaws in the existing system repeated criticisms of the previous two decades. In New South Wales, for example, he found only a part-time director of tuberculosis, limited notification, no visiting nurse or health officer outside of Sydney and Newcastle, a bed shortage, a nurse shortage and an inadequate number of chest clinics.<sup>11</sup> He found similar problems in Victoria, no organised response in Queensland and little co-ordination of measures in South Australia. He recorded a shortage of beds in all States.<sup>12</sup>

The report reflected the continuity of ideas across recent decades. His recommendations incorporated and extended much of what Holmes had advocated

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<sup>9</sup> Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, pp. 28-29. Proust, 'Wunderly, Sir Harry Wyatt (1892-1971)', *ADB*.

<sup>10</sup> Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, p. 12.

<sup>11</sup> NAA A571, 1943/1730 Part 3, H.W. Wunderly, *Report on the Control of Tuberculosis in Australia*, Canberra, November 1947, pp. 2-18.

<sup>12</sup> *ibid.*, pp. 27-48.

and others had pursued during the 1930s and early 1940s. Changes in technology, primarily in the form of the miniature x-ray together with the promise of Commonwealth funding allowed Wunderly to envisage more wide-ranging case finding surveys than had previously been possible. Noting medical belief that 80% of the population over 15 years of age needed to be surveyed, he suggested that surveys commence with a number of priority groups including all hospital patients (both inpatients and outpatients), employees in high risk industries such as food handlers, working miners, teachers and employees in public utilities. Surveys should begin in capital cities and then extend to large regional towns. Stressing that all infectious cases had to be found whether or not enough beds were available<sup>13</sup> he foreshadowed the all encompassing x-ray campaign of the 1950s. But this too had been widely advocated since the early 1940s. For 12 months from July 1942 until June 1943 the Joint Committee on Social Security took evidence from some 250 witnesses almost one third of who were medical practitioners. The Committee specifically asked medical professionals for their views on a scheme to control and eradicate tuberculosis. Among those doctors who held firm views on the question of tuberculosis one third raised the idea of mass x-ray of the entire population or selected groups.<sup>14</sup>

One aspect of control on which Wunderly differed with Holmes and one which was not raised with the JCSS was the use of BCG vaccine. Wunderly suggested vaccinating groups of people who were exposed constantly to infection such as medical students, nurses and children living in households where the disease was

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<sup>13</sup> NAA: A1658, 1184/1/3, H.W.Wunderly, Extracts from *Report on the Control of Tuberculosis in Australia*, pp. 14-16.

<sup>14</sup> Australia, Parliament, Joint Committee on Social Security, *List of witnesses and index to minutes of evidence (and Minutes of Evidence)*, Government Printer, Canberra, 1943, pp. 310, 330, 507, 516, 560, 644, 645, 646, 647, 671, 723, 238, 770.

present.<sup>15</sup> But he did not propose a campaign of mass vaccination. As previously noted Australia, along with Britain and the United States, was slower to introduce the vaccine than Europe with local supplies not becoming available until 1947. BCG came into use in Australia in the late 1940s and was adopted throughout the campaign of the 1950s but early doubts continued. The medical profession considered the vaccine to be less important as a preventive strategy than mass x-ray.<sup>16</sup> It was not until Darcy Cowan in Adelaide brought to the public's attention attempts by his colleague, Nancy Atkinson, to produce and administer BCG that the NHMRC considered a trial of the vaccine in 1947. But even this decision had been stalled by Bell Ferguson in Victoria and T.H. Goddard in Tasmania.<sup>17</sup> They still held strongly to the methods they had advocated and moulded since before World War I and especially in the inter war period. It took a further year for the Commonwealth Serum Laboratories to begin production of BCG and the NHMRC decided it should be administered to school leavers and nurses but only as an adjunct to mass x-ray and other elements of the scheme.<sup>18</sup>

The most significant advance in curative medicine available to Wunderly that had not been available to his predecessors was antibiotics notably streptomycin. Wunderly mentioned antibiotics at the end of his report almost as a postscript and did not specifically mention streptomycin. By 1947 it was clear that penicillin would not cure tuberculosis and that streptomycin had a limited effect but given the great hope penicillin brought to medicine at this time, it is surprising that Wunderly

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<sup>15</sup> NAA: A1658, 1184/1/3, H. W. Wunderly, Extracts from *Report on the Control of Tuberculosis in Australia*, p. 14.

<sup>16</sup> Criena Fitzgerald, 'Making tuberculosis everyone's business: the public health campaigns to prevent and control tuberculosis in Western Australia 1900-1960', PhD thesis, University of Western Australia, September 2002, pp. 323-330.

<sup>17</sup> F.B. Smith, 'Tuberculosis and bureaucracy. Bacille Calmette et Guérin: its troubled path to acceptance in Britain and Australia', *Medical Journal of Australia (MJA)*, Vol. 159, 20 September, 1993, p. 411.

<sup>18</sup> Smith, *MJA*, 1993, p. 411.

paid drug treatments such scant attention. Part of the explanation may be that, though streptomycin became available commercially in Australia in 1947, it was extremely expensive.<sup>19</sup> Nevertheless, while it would have been unreasonable to frame the report around a yet to be discovered drug treatment, this omission was largely related to a continuity of thought regarding treatment and prevention. Wunderly and many of his contemporaries had spent their medical lives pursuing the policies his report espoused and were wedded to these ideas. No dissenting voices about his report emerged from the medical profession. While the pages of the *MJA* revealed emerging knowledge of streptomycin and the potential finally for a pharmaceutical cure as well as calls for limited use of the BCG vaccine, public health professionals and the majority of the medical profession did not question the structure of the campaign.

Wunderly made recommendations under ten categories of administration, legislation, public education, recruitment and training of medical personnel, prevention, case finding with registers, isolation and medical care, financial protection for dependants, rehabilitation, and research. He called for legislation to give the Commonwealth financial control and provide for uniform notification, power to restrain recalcitrant patients, and compulsory x-raying of miners and immigrants. His prevention and treatment campaign included the appointment of full-time directors of tuberculosis in each state, education of the public through the press and film, isolation of sputum positive cases and, as noted, BCG vaccination for unprotected groups exposed to infection. He noted a shortage of sanatorium beds and nursing staff and therefore proposed using sanatorium beds ‘with the

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<sup>19</sup> Smith, *MJA*, 1993, p. 411. C.J. Officer Brown, ‘Some Notes on the Treatment of Pulmonary Tuberculosis’, *MJA*, Vol. 1, No. 24, 15 June 1946, p. 827.

greatest economy'.<sup>20</sup> As had others before him Wunderly raised the paucity of tuberculosis education in Australia's medical schools. His judgement was of 'a definite gap in training', with students reaching 'graduation with very little knowledge of how to investigate, treat and follow up such patients' [with pulmonary tuberculosis].<sup>21</sup>

The first principle of the recommendations upon which everything else was built was prevention. Mass x-ray surveys starting with industries known to have high rates of tuberculosis to eventually reach 80% of the population aged over 15 years would find infected cases. Chest clinics would investigate the contacts of infected individuals. Financial assistance to sufferers and their dependants aimed to encourage long term treatment by enabling breadwinners to leave employment and still maintain adequate nutrition thereby building resistance. He recommended a national advisory council be established and that the Director-General of Health have power under the direction of the Minister to establish or take over and run hospitals, laboratories and diagnostic centres.<sup>22</sup>

### **COMMONWEALTH LEGISLATION 1948**

After receiving Wunderly's Report, Nicholas McKenna, Minister for Health, submitted a proposal to Cabinet on tuberculosis control suggesting three possible responses. First, the States could use the Report to implement whatever measures they desired; second the Commonwealth could provide finance as long as States abided by conditions and standards of action devised by the Commonwealth. McKenna's third and preferred option, was for the Commonwealth to take control

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<sup>20</sup> NAA: A1658, 1184/1/3, H.W. Wunderley, Extracts from *Report on the Control of Tuberculosis*, November 1947.

<sup>21</sup> *ibid.*, p. 8.

<sup>22</sup> *ibid.*.

in co-operation with the States, a position he judged to be compatible with newly won federal powers. He sought agreement to amend the existing legislation.

The Commonwealth Government, with its new mandate for the “provision of medical services” can regard tuberculosis as the first positive step in its new health proposals, and could implement by degrees the whole programme by itself and in co-operation with the States.

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I recommend that I should be authorised to prepare an amendment of the Tuberculosis Act 1945-46 to permit the Commonwealth to undertake the diagnosis, treatment and after-care of tuberculosis with the ultimate object of taking full control of all tuberculosis activities in Australia.<sup>23</sup>

Cabinet considered Wunderly’s report on 16 February 1948 and endorsed the general principles of the plan. It authorised McKenna to draft legislation and negotiate with the States to establish a nation-wide scheme of tuberculosis control.<sup>24</sup> In a statement to the press on the Cabinet decision Prime Minister Chifley said the plan was to ‘wage war on tuberculosis, designed to reduce tuberculosis to a problem of minor importance within twenty years.’<sup>25</sup> Employing language typical of both war-time and post-war rhetoric, he raised the oft repeated issue of economic loss as a result of tuberculosis updated to suit renewed political concerns about national strength and increasing the population.

Apart from its toll in human misery and distress, tuberculosis involves vast economic loss to the nation through loss of manpower hours in industry, lowering of the birth rate and the expenditure of millions of pounds on treatment, convalescence and social benefits. ... there should be an immediate, vigorous and efficient approach to the treatment, prevention and control of tuberculosis in this country..<sup>26</sup>

Responsibility for the scheme rested with the Minister for Health, but Chifley’s announcement of the decision linked it to social security in a statement headed ‘Social Security – Tuberculosis, Cabinet Decision’. It was not just a public health

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<sup>23</sup> NAA: A571, 1943/1730 Part 3, N.E. McKenna, Minister of State for Health, Cabinet Agendum No. 12074, undated, circa 16 February 1948.

<sup>24</sup> NAA: A1658, 118/2/2/1/ Part 1, Memorandum, A.J. Metcalfe, Director-General of Health, to Secretary, Attorney-General’s Department, 26 July 1948; N.E. McKenna, Minister of State for Health, to Cabinet, 27 July, 1948; Statement by the Prime Minister on 16 February, 1948; ‘Social Security – Tuberculosis, Cabinet Decision, 16 February 1948.

<sup>25</sup> NAA: A1658, 118/2/2/1/ Part 1, Statement by the Prime Minister on 16 February, 1948, ‘Social Security – Tuberculosis, Cabinet Decision, 16 February 1948.

<sup>26</sup> *ibid.*

issue but a national problem linked to Commonwealth powers over social security to be solved through Commonwealth leadership with the co-operation of the States.

The Commonwealth then offered the States up to £2,000,000 annually for the campaign. This amount was almost six times that offered under the plans of 1945-46.<sup>27</sup> In April 1948 health department officials from across the country met to discuss how to implement the policy. They recommended a central advisory body to co-ordinate all national activities including those of voluntary organisations, an increase to the tuberculosis allowance and x-ray examination of working miners. They were concerned about the lack of personnel to carry out the programme and called for post graduate training for medical officers, a course for radiographers with an incentive allowance and nationally uniform training for tuberculosis nurses. States and Commonwealth health department officials also agreed on the possibility of standardising notification across the country and on the need for a central authority in each state's tuberculosis division to manage admissions to hospitals and sanatoria. To help overcome a shortage of tuberculosis nurses they suggested increasing the migrant quota of female nurses, nurse assistants and domestic workers. South Australian representatives indicated they were not at this point recommending South Australia join the scheme but were holding their decision until Ministers and Premiers had met. One issue rejected by departmental representatives was the Commonwealth's proposal to use expenditure for the 1947-48 year as a base year from which to commence paying States for their tuberculosis programmes. States were to be paid any costs incurred that were above the amount spent in the base year. This was considered to be unfair to those States

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<sup>27</sup> NAA: A1658, 1182/1/1, Conference of Commonwealth and State Officers regarding tuberculosis, Melbourne, 14-15 April, 1948, p. 1.

that had invested most in management of tuberculosis.<sup>28</sup> The issue became the main point of contention among Premiers when they met with McKenna and Chifley four months later.

State Premiers and Ministers met the Prime Minister and Commonwealth Ministers on 23<sup>rd</sup> and 24<sup>th</sup> August 1948 to discuss a range of issues including the proposed tuberculosis scheme. Three states, Victoria and Western Australia under Liberal governments and Tasmania under a Labor government quibbled with the proposal to use a base year from which to begin Commonwealth payments. The Labor governed States of New South Wales and Queensland supported the proposal as did Thomas Playford, Liberal Premier of South Australia. Edward Hanlon, Labor Premier of Queensland, thought the Commonwealth should take direct control rather than the proposed dual arrangement with the States but all were happy to see the Commonwealth attacking tuberculosis.<sup>29</sup>

Chifley reacted tersely to complaints of the Victorian, Western Australian and Tasmanian Premiers. He said the States were responsible for the anti-tuberculosis campaign but the Commonwealth was willing now to pay for expanding the campaign. If the Commonwealth did nothing, States would be obliged to pursue the campaign without Commonwealth help. It seemed, he said, 'a paltry attitude to adopt'.<sup>30</sup> Moreover, those States that had spent more were already being assisted by Commonwealth money from the Grants Commission and were therefore not

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<sup>28</sup> *ibid.*, pp.20-24.

<sup>29</sup> New South Wales, Parliament, *Conference of Commonwealth and State Ministers held at Canberra, 23-24 August, 1948*, Alfred Henry Pettifer, Government Printer, Sydney, pp. 20 -24.

<sup>30</sup> J.B. Chifley, Prime Minister, *Conference of Commonwealth and State Ministers held at Canberra, 23-24 August, 1948*, p. 23.

disadvantaged.<sup>31</sup> Playford agreed arguing that the advantages provided to the States outweighed any inequality. ‘We should not be picky about a few pounds’,<sup>32</sup> he commented. At the end of discussions the Premiers agreed to accept the proposal and pass the complementary State legislation required for its implementation.<sup>33</sup> The States had not been arguing about allowing the Commonwealth into this policy arena, merely attempting to secure the best financial outcome for their own States. Hanlon’s attitude was apposite. Normally a strong defender of States’ rights, Hanlon’s position showed the degree to which tuberculosis had proved to be an expensive and difficult public health issue for States. Hanlon had been active on public health matters in Queensland<sup>34</sup> but was happy to turn the management of tuberculosis over to the Federal Government.<sup>35</sup>

Three years after the first tuberculosis bill in 1945 McKenna introduced a new bill designed to establish the campaign. It passed speedily through the parliament. Introduced first in the Senate on short notice on 22 September 1948, standing orders were suspended to allow the Senate to pass all three stages of the Bill. Emotive references in McKenna’s second reading speech to eradicating the disease were resonant of the words of the ‘crusaders’ at the turn of the century.

The disease is an enemy of our people, and is just as formidable as any force met by the men of this nation in physical combat.<sup>36</sup>

The Bill passed all stages of debate the day after being introduced in a government-dominated Senate and attracted speeches from 12 of 32 Government Senators.

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<sup>31</sup> *ibid.*, p. 21-22.

<sup>32</sup> Thomas Playford, Premier of South Australia, *Conference of Commonwealth and State Ministers held at Canberra, 23-24 August, 1948*, p. 23

<sup>33</sup> *Conference of Commonwealth and State Ministers held at Canberra, 23-24 August, 1948*, p. 24.

<sup>34</sup> Douglas Blackmur, 'Hanlon, Edward Michael (Ned) (1887–1952)', *ADB*, Volume 14, (MUP), 1996, pp. 371-373.

<sup>35</sup> Edward (Ned) Hanlon, Premier of Queensland, *Conference of Commonwealth and State Ministers held at Canberra, 23-24 August, 1948*, pp. 22-23.

<sup>36</sup> Australia, Senate 1948, *Debates*, 22-23 September, 1948, Vol. 198, p. 636.

Only Senator Neil O’Sullivan, Deputy Leader of the Opposition, spoke for the Opposition and he did so in support of the Bill.<sup>37</sup>

Labor Senators used the Bill to trumpet the Labor Party’s social agenda. For Justin O’Byrne, a Tasmanian Labor senator, the Bill was typical of Labor’s social service aims ‘to combat squalor, ignorance and disease’.<sup>38</sup> Senator Richard Nash said that if such a scheme were successful within his lifetime it would be ‘one of the greatest legislative monuments to the credit of a Labor government ever established in this country’.<sup>39</sup> For Senator William Aylett the *Tuberculosis Bill* not only formed part of Labor’s social service programme but also served as a perfect example of socialism and for that reason was pleased to see the Opposition ‘sink their prejudices against socialism to a sufficient degree to support legislation designed to promote the health of the community’.<sup>40</sup> The anti-tuberculosis campaign was coupled with notions of a better post-war society especially its central tenet of economic security for all citizens and resultant national strength and security. As the Sixth Interim Report of the JCSS noted in its recommendations on preventive health policies, ‘... no policy of preventive or curative solicitude for public health can succeed in a community which does not give economic security to all its people...’<sup>41</sup>

The *Tuberculosis Act 1948* allowed the Commonwealth Government to reimburse States for expenditure on ‘services and facilities for the diagnosis, treatment and

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<sup>37</sup> *ibid.*, pp. 636-797.

<sup>38</sup> *ibid.*, p. 767.

<sup>39</sup> *ibid.* p. 768.

<sup>40</sup> Australia, Senate 1948, *Debates*, 23 September 1948, p. 774.

<sup>41</sup> Australia, Parliament, Joint Committee on Social Security (JCSS)1943, *Sixth Interim Report from the Joint Committee on Social Security*, Commonwealth Government Printer, Canberra, p. 8.

control of tuberculosis'.<sup>42</sup> States could be reimbursed for capital expenditure after 1 July 1948 on land, buildings, renovations, furnishings and equipment and for the cost of maintaining the facilities. Under ministerial direction the Commonwealth Director-General of Health received powers to establish or take control of hospitals, sanatoria, laboratories and diagnostic centres, and to offer scholarships for postgraduate study in tuberculosis. The Act also allowed for Commonwealth subsidies to universities or other institutions for research and training. As well as reimbursement to the States for infrastructure and medical treatment, the Commonwealth would pay an allowance directly to sufferers of the disease and their dependants. Allowances were not considered to be a substitute for other welfare payments and therefore not counted as income under the recently passed *Social Services Consolidation Act 1947*.<sup>43</sup>

Sufferers had to meet a long list of criteria before being granted the tuberculosis allowance. Potential recipients had to be deemed infectious or potentially infectious, could not work full time and had to accept treatment and periodic examination as required. The allowance was not payable if the disease was arrested, nor paid to chronic sufferers unless deemed infectious. Further, pensioners were required to behave in a manner that would limit the spread of tuberculosis. The allowance ceased once the patient was considered non-infectious and the disease so arrested that normal work and activity could be resumed. Eligibility criteria included a means test but not a property test and the allowance was paid at

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<sup>42</sup> *Tuberculosis Act 1948* (Cwlth), s. 5(1).

<sup>43</sup> *ibid.*, ss. 5, 6, 7, 9.

a higher rate than the invalid pension. Refusal to submit to surgery could result in a reduction of the payment to the level of the invalid pension.<sup>44</sup>

A conference of officials from State and Federal health departments convened in April 1948 to discuss implementation of the plan. The Conference proposed the formation of a large national council of medical experts comprised of Wunderly as the Commonwealth Director of Tuberculosis, all States' Directors of Health, States' Directors of Tuberculosis, States' Principal Medical Officers and the tuberculosis specialist in the Repatriation Commission.<sup>45</sup> Health Ministers, however, rejected the departmental officials' recommendation of a 20 member council opting instead for a smaller body of 12 members including the Commonwealth Director-General of Health as the chair, the Commonwealth Director of Tuberculosis and no more than ten more members appointed by the Governor-General. Other members, as suggested by officers and ministers, would include State Directors of Tuberculosis, a representative of the Repatriation Commission and two private practitioners.<sup>46</sup> The newly formed national body entitled the National Tuberculosis Advisory Council first met in September, 1949 and maintained its role as advisory body until 1984.<sup>47</sup>

In keeping with the aim of national uniformity McKenna asked the Repatriation Commission to align its anti-tuberculosis activities with the national control

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<sup>44</sup> Ronald Mendelsohn, 'The Introduction of the Commonwealth-State Tuberculosis Scheme 1948-1952', in B.B. Schaffer and D.C. Corbett (eds.) *Decisions Case Studies in Australian Administration*, F.W. Cheshire, Melbourne, 1965, p. 120.

<sup>45</sup> NAA: A1658, 1182/1/1, *Notes of Conference of Commonwealth and State Health and Treasury Officers*, 14-15 April, 1948, Melbourne, p. 3.

<sup>46</sup> NAA: A1653, 1184/3/2 Part 1, Letter, A.J. Metcalfe, Commonwealth Director-General of Health to the Hon. A.J. White, MLA, Minister for Health, Tasmania, 27 July 1948; Letters, N.E. McKenna, Commonwealth Minister of Health to State Health Ministers, 21 June, 1949; Order, N.E. McKenna to Governor-General, 1 September, 1949.

<sup>47</sup> Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, pp. 36, 91, 93, 97.

campaign. While the Repatriation Commission agreed to participate in the National Advisory Council, Herbert Barnard, Minister for Repatriation, refused to subordinate repatriation policy to that of another Commonwealth Department. He wrote, ‘...my Department in its medical administration cannot be bound by the decisions of another Department or of the Advisory Council established under the Tuberculosis Act 1948’.<sup>48</sup> The Repatriation Commission, the Minister said, would not abrogate its responsibilities to returned men and women who suffered with tuberculosis.<sup>49</sup> As the campaign progressed into the 1950s repatriation patients received outpatient care at State clinics but many separate Repatriation institutions were maintained and returned soldiers continued to receive their permanent tuberculosis pension. The permanent pension was considered by the National Tuberculosis Advisory Council to be anomalous in cases where the returned soldier had returned to normal health. The Committee attempted to have the permanent pension revoked but failed.<sup>50</sup>

## **Conclusion**

A number of factors coalesced in the 1940s to explain the joint Commonwealth and States anti-tuberculosis campaign. One important theme dating back to the earliest days of the campaign at the beginning of the twentieth century was the disease’s impact on young adults. While the political rhetoric failed to note the demographic shift of mortality to the higher age group of men over 45 years of age, the impact of tuberculosis was still great among those in their economically productive years. Tuberculosis had not struck the Second AIF to the same extent it did the First but World War II claimed approximately 48,000 young lives and disabled thousands

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<sup>48</sup> NAA: A1658, 1184/3/2 Part 1, Letter, H.C. Barnard, Minister for Repatriation, to Senator N.E. McKenna, Minister for Health and Social Services, 19 July 1949, p. 2.

<sup>49</sup> *ibid.*

<sup>50</sup> Porter and Boag, *The Australian Tuberculosis Campaign*, 1991, pp.72-74.

more. McKenna noted in his proposal to Cabinet for the 1948 legislation that tuberculosis struck young adults ‘who are the most valuable economic section of the community’.<sup>51</sup> He differentiated tuberculosis from cancer and heart disease which were not contagious and which largely affected older members of the community. The impact of tuberculosis on the nation’s economy and well-being, he reported, included losses of work hours in industry, a lower birth rate and the burden of some £3,000,000 per year on treatment, rehabilitation and pensions.<sup>52</sup>

Even with evidence of declining mortality rates tuberculosis remained at the top of the public health agenda. The NHMRC still regarded it as a special case.

...we regard tuberculosis as the greatest of our public-health problems at the present time. We must regard tuberculosis then as something quite apart from the ordinary infectious diseases.<sup>53</sup>

Harry Wunderly echoed the sentiments of an earlier generation of public health physicians when he noted in 1947 that:

Tuberculosis is different from degenerative conditions ... for it must never be forgotten that the Tuberculosis problem is a Public Health problem. [Wunderly’s emphasis]<sup>54</sup> 1947,

He also reiterated the views of earlier years in attaching an economic imperative to the campaign against tuberculosis. The primary object of treatment was to return the sufferer to economic usefulness. Tuberculosis, wrote Wunderly,

...is an infectious disease which, if detected early and treated along the right lines, can be arrested. The object of treatment is to restore the sufferers to economic self-sufficiency, in other words, make useful citizens of them. But any control plan demands more than that, for the ex-patient must be protected against a

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<sup>51</sup> NAA: A571, 1943/1730 Part 3, Memorandum, Minister of State for Health to Cabinet, Agendum No. 12074, ‘Tuberculosis’, circa 18 February 1948, p. 1.

<sup>52</sup> NAA: A571, 1943/1730 Part 3, Draft memorandum, Minister of State for Health to Cabinet ‘Tuberculosis’, circa February 1948, p. 1.

<sup>53</sup> NAA: A571, 1943/1730 Part 2, Conference of Commonwealth Health and Medical Research Council and State Tuberculosis Officers, u.d. circa late 1946, as attachment to letter from Acting Premier of Queensland to the Prime Minister, 13 March 1947.

<sup>54</sup> NAA: A1658, 1184/1/3, H.W. Wunderly, Extracts from *Report on the Control of Tuberculosis*, November 1947, Canberra, p.26,

recurrence and the health of the public must be protected against a spread of the disease.<sup>55</sup>

Tuberculosis threatened contemporary political and social goals. It presented a danger to the aims of population expansion, a re-invigorated post-war world, the abolition of poverty and the basic structure of the labour force and the family.

### ILLUSTRATION 9



**X-ray showing primary tuberculosis in an adult.**

Right lower-lobe infiltrate with bilateral hilar and right paratreacheal adenopathy.

Source: David Schlossberg (ed.) *Tuberculosis*, Third Edition, Springer-Verlag, New York, 1994, 87.

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<sup>55</sup> *ibid.*