

# *Immigration and Health: Law and Regulation in Australia, 1901–1958\**

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BETWEEN 1901 AND 1958, IMMIGRANTS AND OTHER ENTRANTS TO THE Commonwealth of Australia were subject to health restrictions in three main areas: infectious or communicable diseases; mental illness; and a range of chronic, non-communicable diseases. These restrictions were enacted in two key pieces of Commonwealth legislation, namely, the *Immigration (Restriction) Act 1901* (Cwlth), which was repealed in 1958, and the *Quarantine Act 1908* (Cwlth). In their own terms, these complementary statutes had three broad objectives: to safeguard the Australian population from the introduction or spread of communicable diseases; to minimise the financial burden posed by immigrants suffering from chronic mental or physical illnesses; and to protect the access of Australian citizens to public or charitable health care facilities or institutions, which might otherwise be compromised by immigrants with chronic mental or physical illness.

Elsewhere, Bashford has interpreted these regulations, laws and policies as one aspect of Australian nationalism, of race-based and eugenic population management in the period, as well as part of an ‘international hygiene’ of the first half of the twentieth century.<sup>1</sup> This article, however, is intended to be descriptive rather than interpretative, a research resource rather than a historiographical intervention. It makes available to researchers in Australian medical and legal history a comprehensive chronology of the changes in law and policy, and a listing of restricted diseases and conditions up until 1958, the year the Immigration Act was repealed.<sup>2</sup> Such a chronology is not available elsewhere.

The article is divided into three sections, the first of which outlines general information about the immigration and quarantine acts and regulations between 1901 and 1958, the government departments that administered them, their purpose, scope and structure, and a description of the health restrictions they enacted. The second section details the types of diseases and medical conditions that were restricted or designated as notifiable under each of the acts. These are generally divided in the legislation, and are discussed in this article according to three main categories: A. Infectious or Communicable Diseases; B. Mental

Illness; and C. Other Prescribed Diseases or Medical Conditions. The final section describes how these diseases and conditions were restricted focusing on two main areas: A. Examination, Reporting Procedures and Official Forms; and B. Quarantine, Treatment and Vaccination Procedures. Throughout this report we use the precise nomenclatures employed in the acts and regulations themselves.

## The Acts

The Immigration Act, originally entitled the Immigration (Restriction) Act, was passed in 1901, with ‘Restriction’ dropped from the title in 1912. The act remained the primary legislative tool through which migration to Australia was controlled and administered until it was replaced by the *Migration Act 1958*. Between 1901 and 1958 the Immigration Act was administered under a number of different government departments, namely, the Department of External Affairs, 1901–19, the Home and Territories Department, 1920–31, the Department of the Interior, 1932–51, and, from 1952, the Department of Immigration.<sup>3</sup>

The health restrictions contained in the Immigration Act followed the same general structure throughout the life of the act. Most of the information relating to health restrictions against immigrants was contained in Section 3 of the act, which defined the ‘prohibited immigrant’. Instructions for the administration of these restrictions—including, for example, the setting up of medical bureaux and boards, the appointing of medical examiners, the format for medical reports and health certificates, the application of time limits to the health restrictions, and the procedures pertaining to ships’ crews—were contained in the sections following, or in the immigration regulations. The regulations also contained further instructions relating to the administration of the act, for example, detention and examination procedures, reporting requirements and official forms, fees and costs, as well as new restrictions. From time to time new restrictions against particular diseases or medical conditions were also included in the regulations.

The Quarantine Act (Cwlth) was first enacted in 1908, and administered by the Department of Trade and Customs until 1921 when it came under the jurisdiction of the Commonwealth Department of Health.<sup>4</sup> Initially, the scope of the act was defined as having relation to

measures for the exclusion, detention, observation, segregation, isolation, protection, and disinfection of vessels, persons, goods, animals, or plants, and having as their object the prevention of the introduction or spread of diseases or pests affecting man, animals, or plants.<sup>5</sup>

This changed little in the period up to 1958, apart from the addition in 1912 of ‘sanitary regulation’ and in 1915 ‘treatment’ as extra measures for preventing the introduction or spread of diseases or pests. In relation to humans, the act and its regulations specified quarantinable and notifiable diseases and medical conditions, and provided detailed instructions for the examination, reporting, quarantining, treatment and vaccination of incoming citizens, visitors and prospective immigrants alike.

While the Immigration Act was the primary legislative tool for the control and administration of migration to Australia, the Quarantine Act was a key instrument through which the restriction of immigrants on health grounds was carried out during this period. Prospective immigrants were required under the Immigration Act to undergo medical examinations and to obtain certificates of health from immigration officials before and/or at their arrival in Australia, at which point they were also checked, and even treated or vaccinated, by quarantine officials. The relationship between the Immigration and Quarantine Acts, and the administration of them, was barely formalised in the legislation itself, although, in effect, the two operated in tandem. From 1901 the same staff may have been used to administer both acts,<sup>6</sup> and from 1926 the reporting requirements of the two were correlated such that health reports required under the Quarantine Act were deemed sufficient to comply with the Immigration Regulations.<sup>7</sup>

## Restricted diseases and medical conditions

### *1) Infectious or communicable diseases*

Together the Immigration Act and the Quarantine Act prohibited immigrants with a range of infectious or communicable diseases, which were defined both generally and specifically, from entering Australia. The kinds of diseases prescribed under the acts varied significantly between 1901 and 1958. From 1901 to 1911, the Immigration Act prohibited those infectious or contagious diseases described in general terms as being ‘of a loathsome or dangerous character’.<sup>8</sup> In 1912 this broad definition was modified to include ‘serious transmissible diseases or defects’, and ‘loathsome or dangerous communicable diseases, either general or local’.<sup>9</sup> The 1912 version of the act also listed two specific diseases as prohibited: pulmonary tuberculosis and trachoma.<sup>10</sup> No other changes were made to the way prohibited infectious or communicable diseases were described, although the Immigration Regulations for 1926 included scabies in the list of other prescribed illnesses for which an immigrant might be prohibited under Section 3, Paragraph g of the act.<sup>11</sup>

Much of the detail regarding restrictions against such diseases was contained in the Quarantine Act and its regulations. Intending immigrants could be detained, quarantined and/or treated under the Quarantine Act, and subsequently prevented from immigrating under the general provisions of the Immigration Act, for a much more specific and comprehensive range of infectious or communicable diseases than those referred to in the Immigration Act itself.

Throughout this period the Quarantine Act and its regulations described infectious and communicable diseases in two ways: by listing specific diseases, and by listing key symptoms as identifiers of infectious or communicable diseases. For example, the Quarantine Act of 1908 defined 'quarantinable disease' as 'small-pox, plague, cholera, yellow fever, typhus fever, leprosy, or any disease declared by the Governor-General to be quarantinable'.<sup>12</sup> The act also required the master of any vessel to notify authorities of an outbreak of 'any eruptive disease,' or 'any disease attended with fever and glandular swellings, or any disease which he believes or suspects... to be a quarantinable disease'. References, specific or general, to infectious or communicable diseases appeared in several different parts of the act. Some specific diseases were put under the term 'quarantinable disease' in the list of general definitions in the act's introductory section, but otherwise diseases were listed in the sections of the act that referred to the obligations and responsibilities of the master of an incoming vessel. The master of such a vessel was required to notify the Australian authorities of any cases, specific or general, of suspected or confirmed infectious or communicable diseases. He, or his chief medical officer, also had to provide a health report to the Australian authorities that included information about such cases.

In 1915 a list of specific diseases, of which the master of a vessel was required to notify the authorities, was included in the Quarantine Regulations. Between 1915 and 1958 this list was frequently altered, with diseases being added or removed every few years. Originally the list included not only smallpox, plague, cholera, yellow fever, typhus fever, and leprosy, which defined the term 'quarantinable disease' in the Quarantine Act, but also anterior poliomyelitis, cerebro-spinal meningitis, Malta Fever, Scarlet Fever, chicken-pox, measles, whooping cough, gastro-enteritis, typhoid fever, diphtheria, malarial fever, gonorrhoea and syphilis.<sup>13</sup> In 1917 the list was expanded to include soft chancre, venereal bubo,<sup>14</sup> dysentery, including amoebic dysentery and bacillary dysentery, and tuberculosis.<sup>15</sup> The following year pneumonia and septicaemia were added, along with an introductory paragraph that covered 'any illness attended with glandular swelling'. In 1923 soft chancre was replaced by chancre and canchroid, and in 1927 epidemic encephalitis and mumps were included. Dengue fever was added in 1935, and influenza in 1951.

Particular communicable diseases were also referred to in several locations: under a section in the regulations which specified different quarantine periods for different diseases; in the regulations relating to vaccination; and on the official forms set out in the regulations. In the main, however, these were the same as those listed as notifiable diseases, except for the inclusion of tuberculosis on the Primary Health Report form in 1914,<sup>16</sup> and in 1918 when a quarantine period was set for ‘influenza, any febrile toxic or septicaemic condition similar to influenza’.<sup>17</sup>

From time to time, special measures were introduced in either the Quarantine Act or its regulations to deal with particular outbreaks of disease. Special measures against plague were contained in the Quarantine Regulations 1911–1914,<sup>18</sup> which were expanded in 1917 to include special measures against cholera. They were amended again in 1921 and also supplemented in that year by new, separate Quarantine (Plague) Regulations that restricted the movement of packages from ‘proclaimed places’<sup>19</sup> in the Commonwealth to other Commonwealth States/Territories unless the packing procedures were authorised by a quarantine officer. These special plague regulations were repealed in 1923. Four years earlier new, separate regulations had been enacted in relation to influenza. The Quarantine (Pneumonic Influenza) Regulations of 1919 prevented interstate movement from quarantine areas, and restricted interstate sea and train travel.

The Quarantine Regulations for 1956 represented a comprehensive reorganisation of the regulations that had been in place up to that point, although there were few substantive changes to their content. Most of the changes related to the way in which the regulations were set out, particularly in the organisation of forms for the gathering of quarantine information and certificates.

### *b) Mental health*

Mental health restrictions maintained a significant presence in the Immigration Act and, to a lesser extent, the Quarantine Act throughout this period. Between 1901 and 1905 the Immigration (Restriction) Act included only three general restrictions prohibiting immigrants for health reasons. Mental illness was directly referred to in one of them, and indirectly in another, with the act prohibiting ‘any idiot or insane person,’ and ‘any person likely... to become a charge upon the public or upon any public or charitable institution’.<sup>20</sup> In other sections of the act, and in the subsequent amended Immigration Act and in the Immigration Regulations, ‘insane’ or ‘idiotic’ immigrants were specifically cited as likely to become a burden on the public purse. For example, Section 13 of the 1901 act held that

*Table 1: Restricted Diseases under Commonwealth Quarantine and Immigration Law and Regulation, 1901–58*

Date	Disease	Descriptor/symptom	Quar. Act/Reg	Imm. Act/Reg
1901		'infectious or contagious disease of a loathsome or dangerous character'		X
1908	<ul style="list-style-type: none"> <li>• smallpox</li> <li>• plague</li> <li>• cholera</li> <li>• yellow fever</li> <li>• typhus fever</li> <li>• leprosy</li> </ul>	'or any disease declared by the Governor-General to be quarantinable' 'any eruptive disease' 'any disease attended with fever and glandular swellings'	X	
1912	<ul style="list-style-type: none"> <li>• pulmonary tuberculosis</li> <li>• trachoma</li> </ul>	(amended to) 'serious transmissible diseases or defects' and 'loathsome or cangerous communicable diseases, either general or local'		X
1914	<ul style="list-style-type: none"> <li>• tuberculosis</li> </ul>		X (regs)	
1915	1908 list plus <ul style="list-style-type: none"> <li>• anterior poliomyelitis</li> <li>• cerebro-spinal meningitis</li> <li>• Malta Fever</li> <li>• scarlet Fever</li> <li>• chicken-pox</li> <li>• measles</li> <li>• whooping cough</li> <li>• gastro-enteritis</li> <li>• typhoid fever</li> <li>• diphtheria</li> <li>• malarial fever</li> <li>• gonorrhoea</li> <li>• syphilis</li> </ul>		X	
1917	1912 list plus <ul style="list-style-type: none"> <li>• soft chancre</li> <li>• venereal bubo</li> <li>• dysentery</li> <li>• tuberculosis</li> </ul>		X	
1918	1917 list plus <ul style="list-style-type: none"> <li>• pneumonia</li> <li>• septicaemia</li> </ul>	'any illness attended with glandular swelling'	X	
1919	<ul style="list-style-type: none"> <li>• Influenza</li> </ul>		X (regs)	
1923	Soft chancre replaced by <ul style="list-style-type: none"> <li>• chancre and chancroid</li> </ul>		X	
1926	<ul style="list-style-type: none"> <li>• scabies</li> </ul>			X
1927	<ul style="list-style-type: none"> <li>• epidemic encephalitis</li> <li>• mumps</li> </ul>		X	
1935	<ul style="list-style-type: none"> <li>• dengue fever</li> </ul>		X	
1951	<ul style="list-style-type: none"> <li>• influenza</li> </ul>		X	
1956	<ul style="list-style-type: none"> <li>• foot and mouth disease</li> <li>• paratyphoid fever</li> <li>• relapsing fever (louse born)</li> </ul>		X	

*Source: Immigration (Restriction) Act 1901 (Cwlth) and amendments; Immigration Regulations; Quarantine Act 1908 (Cwlth) and amendments; Quarantine Regulations.*

any person who is wilfully instrumental in bringing or attempting to bring into the Commonwealth any idiot or insane person contrary to this Act shall, in addition to any other penalty, be liable to the Commonwealth for any expense in respect of the maintenance of the idiot or insane person whilst within the Commonwealth.<sup>21</sup>

Between 1901 and 1958 these two restrictions—against mental illness directly and against conditions that might cause the sufferer to become a public burden, including specifically mental illness—continued to be key health restrictions of the Immigration Act. The list of specific mental illnesses was refined, and the general description of mental illness as a key factor in causing an immigrant to become a potential charge on the public was modified from time to time. Section 3, Paragraph c, which directly prohibited idiots or insane people, was modified in 1912 to include imbeciles, the feeble-minded and epileptics. It was further expanded in 1920 to incorporate those suffering from dementia, and people who had been insane within the past five years or who had had two or more attacks of insanity. The sections outlining conditions that might cause prospective immigrants to become a charge upon the public were successively amended, such that in 1905 idiots and insane people were reclassified as ‘prohibited immigrants under Section 3’ (which continued to specify idiots or insane persons as prohibited).<sup>22</sup> Amendments were made again in 1912 to include any persons suffering from ‘any other disease or mental or physical defect’ that might render them liable to become a charge on the public,<sup>23</sup> and in 1924 ‘mental or physical defect’ was changed to ‘infirmity of mind or body’.<sup>24</sup>

Furthermore, immigrants could be deported if found to be suffering from a prohibited disease or condition within three years of entering the country.<sup>25</sup> This was changed in 1920 so that an immigrant could be deported if, within three years of their arrival in Australia, they had become an inmate of an insane asylum or public charitable institution.<sup>26</sup> Restrictions against mental illness were further detailed and supplemented by restrictions outlined in the Immigration Regulations for this period. The regulations for 1913 included in its list of other prescribed conditions: insanity; an attack of insanity within five years of proposed emigration or a history of two or more attacks of insanity or mental derangement at any time; dementia; and chronic alcoholism.<sup>27</sup>

The regulations governing the health reports to be made by ships’ masters or medical officers also included references to mental health. In 1913 ships’ masters or medical officers were required to provide a written, signed statement on the passenger list as to whether each passenger was insane, mentally defective, suffering from epilepsy, or a mental defect likely to cause him or her to become a charge upon a public or charitable institution.<sup>28</sup> This section was amended in 1926 to refer

to, among other things, insane or idiotic people, even though the entire list of prescribed mental health conditions included in Section 20 of the 1913 regulations was dropped.<sup>29</sup>

It is interesting to note that the Quarantine Act and its associated regulations also referred to mental illness, even though such conditions did not strictly fit within the scope or purpose of the act, which was to prevent the introduction or spread of communicable disease in Australia.<sup>30</sup> The master of a vessel or the medical officer were required to include information about the mental health of their passengers on the *Primary and Supplementary Health Reports*, and questions relating to mental illness were contained on the specific forms appended to the regulations. For example, in 1914 Question 6 on the *Primary Health Report* asked:

Is there any person suffering from tuberculosis in any form, demonstrable syphilis in an active condition or any other communicable disease, or any infirm, invalid, epileptic or mentally defective person on board the vessel?<sup>31</sup>

In 1935, Question 3 of the report was expanded to include: ‘chronic alcoholism, chronic rheumatism, cancer or paralysis; or any infirm, invalid, epileptic, feeble-minded, mentally defective or insane person’.<sup>32</sup> Given that there was no regular sharing of information between the departments responsible for the administration of the Immigration and Quarantine Acts formalised in the legislation, even though overlaps in staffing and reporting were accommodated,<sup>33</sup> it is interesting to consider why this information, which was not required to meet the stated aims of the Quarantine Act, was collected under this act and for whom it was collected. Given that these were the kinds of medical conditions prohibited under the Immigration Act, and not subject to any other controls under the Quarantine Act, in effect the collection of this information under the Quarantine Act served as a back-up or double-checking mechanism for the health-screening procedures outlined in the Immigration Act. It also acted as a mechanism through which the restriction of prospective immigrants on health grounds could be tightly monitored and controlled.

### *c) Other prescribed diseases or medical conditions*

One of the primary aims of the health restrictions in the Immigration Act was to prevent the entry into Australia of migrants who might, for health reasons, become a burden on the Australian taxpayer or compromise the access of Australian citizens to public or charitable health care facilities and institutions. As indicated above, mental illness was considered a primary risk factor in this respect; chronic illness was another. Aside from the general prescriptions against physical infirmity,

several specific conditions were incorporated under this aim. In 1913 the Immigration Regulations included on its list of other prescribed illnesses the following: chronic alcoholism; paralysis; cancer or other malignant growths; and chronic rheumatism.<sup>34</sup> In 1926 the regulations required that the health reports to be made by ships' masters or medical officers include, among other things, details about whether a passenger was deaf and dumb, blind, infirm or destitute.<sup>35</sup> Diabetes mellitus was added to the list of other prescribed diseases in 1952, and then dropped from the list in 1956.<sup>36</sup> Some infectious or contagious diseases not listed elsewhere in the Immigration Act or Regulations were specified as 'other prescribed diseases', such as scabies in 1926 (see 'Infectious or contagious diseases' above).

A system of penalties, guarantees, extended periods of qualification, and deportations was also incorporated into the act from its inception, and successively throughout the period, to minimise the extent to which the government would have to assume the costs associated with chronically mentally or physically ill migrants who had managed to slip through the initial examination procedures undetected. Any person wilfully instrumental in bringing idiots or insane people into the country, for example, would be liable to the Commonwealth for maintenance costs for that person.<sup>37</sup> As we have seen, immigrants could be deported if they were found to have developed a prohibited disease or condition within three years of entering the country. Measures were enacted such that a board consisting of three members and chaired by a judge, police officer, stipendiary or special magistrate could be set up to assess whether such an immigrant could be deported.<sup>38</sup> The board was subsequently empowered to issue summons, administer oaths, examine relevant documents and call witnesses.<sup>39</sup> The 1927 Immigration Regulations provided that under certain conditions landing permits could be issued to intending immigrants whose maintenance had been guaranteed by an Australian resident. If the guaranteed immigrant should 'by reason of infirmity of mind or body' become a charge on the public, the regulations provided that the cost of his or her maintenance could be recovered from the guarantor.<sup>40</sup> This guarantee system was amended in 1941 so that any public cost of maintenance of a guaranteed immigrant could be recovered from the guarantor for up to five years,<sup>41</sup> rather than the previous time limit of three years.

## Administration

### *a) Examination, reporting procedures and official forms*

Prior to 1912 procedures for the examination of intending immigrants were not articulated in the immigration legislation, except that those

suspected of being prohibited immigrants could be detained for up to twenty-four hours.<sup>42</sup> Before 1912, however, all intending immigrants would have been subject to routine medical examinations by ships' masters or medical officers, or customs and quarantine officers under the State, and then Commonwealth Quarantine Acts upon their arrival in Australia.

From 1912 medical examination procedures under the Immigration Act were explicitly formalised. The act provided for the establishment, by the Governor-General, of Commonwealth medical bureaux outside the Commonwealth, and for the appointment by the Immigration Minister of a chief medical officer and other officers to the bureaux, as well as qualified medical practitioners to be medical referees both inside and outside the Commonwealth.<sup>43</sup> Also, the act authorised the minister to set a list of prescribed questions that would form part of an intending immigrant's medical examination along with an assessment of their physical and mental fitness. A certificate of health, which intending immigrants were required to provide, would then be issued to those judged by the medical referee to be of sound health: those without one would be deemed prohibited.<sup>44</sup> However, no form for the questions or certificate was included in this version of the act or its regulations.

Ships' medical officers were also authorised under the act to conduct the medical examinations and issue health certificates. Fees for the examinations and issuing of certificates were payable to the medical referees by intending immigrants. All intending immigrants were to be individually examined by ships' medical officers at least once during the voyage to Australia, and indications of ill health reported. Certificates of health were to be attached to the passenger lists and submitted to an officer at the port of entry. Intending immigrants could be required by customs officers to undergo further medical examination upon their arrival, and could be prevented from entering the country notwithstanding their possession of a health certificate.<sup>45</sup>

The Immigration Regulations for 1913 provided that the place, manner and length of detention for a medical examination of intending immigrants could be determined by the customs officer.<sup>46</sup> Ships' masters and medical officers were required to provide a written, signed statement on the passenger list regarding the health status for each passenger.<sup>47</sup> Crew members suspected of having a communicable disease could also be examined and prevented from landing.<sup>48</sup> In addition, the regulations included a copy of the Certificate of Health (see Table 2 opposite) and set the fee for such a certificate at five shillings for adults, and three shillings for children under sixteen.<sup>49</sup>

In 1926 passengers were provided with a special form on which to make a personal statement about themselves. The proforma for Form

A, entitled ‘Personal Statement by Alien Passenger’, included a question about the health of the passenger: ‘Are you and any dependents accompanying you in sound mental and physical health. (If not, state disability).’<sup>50</sup> Under the Quarantine Act it was, in the first instance, the responsibility of a ship’s master and/or his chief medical officer to examine all passengers and crew and report to the quarantine authorities on their health status. From 1912 the ship’s master was also required to report on information about the port of departure and any other port visited on the way, including the sanitary circumstances and condition of the vessel, passengers and crew while at port. No specific forms for this reporting were included in the original act, although throughout this period a series of forms was provided under the subsequent regulations.

In addition to the ship’s master’s, or his chief medical officer’s, own examination and reporting on the health status of his passengers and crew, quarantine officers also carried out inspections and examinations. Passengers could be examined and detained for quarantine purposes, notwithstanding their possession of a health certificate, either on board the vessel, at a quarantine station or, from 1915, on the premises on which they were found.<sup>51</sup>

Table 2: *Forms used under Immigration and Quarantine Acts*

Date/Legislation	Forms
Immigration Regulations 1913	Certificate of Health
Immigration Regulations 1926	Personal Statement by Alien Passenger
Quarantine Regulations 1911-1914	Primary Health Report Supplementary Health Report – a history of the health status of the ship, passengers and crew to be submitted at Australian ports visited subsequent to visiting the port of arrival.
Quarantine Regulations 1915	A new question was added to the Primary Health Report Form, Q12: At what ports was drinking water or water ballast taken on board?
Quarantine Regulations 1917	Notification of Cases of Disease by Master
Quarantine Regulations 1932	A new form for the Primary Health Report was included in the regulations. The only change was the title: <i>Health Report and Answers to Questions as to the Present and Recent State of the Health of All Persons on Board, and as to the History and Sanitary Circumstances of the Undermentioned Vessel During the Current Voyage.</i>
Quarantine Regulations 1935	Q3 of the Primary Health Report was expanded to include: ‘chronic alcoholism, chronic rheumatism, cancer or paralysis; or any infirm, invalid, epileptic, feeble-minded, mentally defective or insane person.’
Quarantine Regulations 1956	New series of forms – Forms A-P.

\* *These tables list only forms pertaining to health screening*

*b) Quarantine, treatment and vaccination procedures*

Actual human quarantine procedures were not detailed in the Quarantine Act to the extent they were in relation to animals and plants: many specific procedures for the examination, disinfection and/or disposal of animal and plant materials were actually set down in the statute. Throughout this period, human quarantine procedures were largely left to the discretion of the quarantine officer according to the individual situation. Medical examinations could be carried out if a prohibited or notifiable disease or medical condition was suspected, regardless of previous examinations undertaken during or prior to a passenger's journey and notwithstanding his or her possession of the relevant required certificates.<sup>52</sup> The place, manner and time of any examination, detention and treatment could be determined, within certain limits, by a quarantine officer. A passenger could be examined, detained and treated, for example, on board a vessel, at the port of arrival, at a designated quarantine station or at the place the person/disease was discovered.<sup>53</sup> Specific quarantine periods were set for some diseases, as shown in the table below. In certain cases specific treatments (including preventive measures) were also set down in the legislation, particularly with regard to vaccination procedures.

*Table 3: Periods of Quarantine*

<b>Date/Regulations</b>	<b>Disease</b>	<b>Period of Quarantine</b>
Quarantine Regulations 1911-1914	Small-pox	18 days
	Typhus fever	14 days
	Yellow fever, plague or cholera	7 days
Quarantine Regulations 1918 (repealed in 1923)	As above, plus: Influenza, any febrile toxic or septicaemic condition similar to influenza	7 days
Quarantine Regulations 1928	Small-pox	18 days
	Typhus fever	12 days
	Plague, yellow fever	6 days
	Cholera	5 days

The word 'treatment' was added to the scope and function of the Quarantine Act in 1915.<sup>54</sup> Details regarding specific treatments, however, were confined in the legislation to the setting of quarantine periods for certain diseases (see Table 3 above) and vaccination procedures. As early as 1908 the Quarantine Act provided that people coming into Australia could be required to be vaccinated, specifically for smallpox.<sup>55</sup> 'Vaccination' and 'properly vaccinated' were defined in the regulations as follows:

Vaccinated means successfully vaccinated with active vaccine over a total area of not less than one-half of a square inch, which area shall, when healed,

show distinct foveation... *Properly vaccinated* in Regulation 14 means vaccinated not less than 14 days nor more than 7 years prior to examination.<sup>56</sup>

The power to require vaccination was expanded in 1920 so that the specific reference to smallpox was omitted. In addition, vaccination or inoculation with ‘any prophylactic or curative vaccine’ could be required of any person under quarantine.<sup>57</sup> From 1947 a person who could not satisfy a quarantine officer that he or she had been successfully vaccinated or inoculated against any prescribed disease could be quarantined.<sup>58</sup> A further amendment that year, however, provided that vaccination could only be required if deemed necessary by a quarantine officer to prevent the spread of disease.<sup>59</sup> In 1934 new regulations relating specifically to aircraft, entitled the Quarantine (Air Navigation) Regulations, were enacted. These were the same in relation to human diseases as previous regulations, except that in Regulation 7 every member of the crew and all passengers on every overseas vessel were required to produce a certificate or otherwise to prove that he or she had been successfully vaccinated against smallpox; if not they were required to submit to the vaccination.<sup>60</sup>

In 1928 and 1949–50, slight changes in the regulations were made with regard to the procedures for proving vaccination or immunity to smallpox.<sup>61</sup> In 1935, quarantine officers were permitted to perform vaccinations and issue certificates of successful vaccination.<sup>62</sup> Minor changes were made to this regulation in 1951 regarding the charging of fees for vaccination.<sup>63</sup>

## Conclusion

This report of research findings is intended to assist future researchers in the field of Australian public health history, as well as Australian immigration and legal history. The history of why certain diseases and conditions were problematised in terms of immigration screening at certain times, is analysed elsewhere by Bashford, as is the complicated cultural history surrounding and explaining these findings.<sup>64</sup> Nonetheless, there remains much to research and to understand about the important connections between health and immigration in Australia.

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1. Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, Palgrave Macmillan, London, 2004. See also Alison Bashford & Carolyn Strange, ‘Asylum Seekers and National Histories of Detention’, *Australian Journal of Politics and History*, vol. 48, 2002, pp. 509–27.

2. A forthcoming article will deal with the law and regulations under the *Migration Act 1958* (Cwlth) from 1958–2001.

3. Studies of the health implications of the Immigration Act are sparse, with the exception of Bashford's work. But for other functions of the act, see A. C. Palfreeman, *The Administration of the White Australia Policy*, Melbourne University Press, Melbourne, 1967; Sean Brawley, *The White Peril: Foreign Relations and Asian Immigration to Australasia and North America, 1919–1978*, University of New South Wales Press, Kensington, 1995; David Dutton, *One of Us? A Century of Australian Citizenship*, UNSW Press, Kensington, 2002.

4. Initially the act was administered by the Department of Trade and Customs, and under Customs administration the position of Director of Quarantine was created to oversee development of policy in quarantine matters. Quarantine policy was vested in the health portfolio with the creation of the Department of Health in 1921. According to the Quarantine Review, animal and plant quarantine continued to be carried out by State departments, and human quarantine services were gradually taken over by the Commonwealth. The quarantine function was transferred to the Department of Primary Industry in 1984. See M. E. Nairn, P. G. Allen, A. R. Ingliss & C. Tanner, *Australian Quarantine: A Shared Responsibility*, Dept of Primary Industries and Energy, Canberra, 1996, p. 7. For the Quarantine Service and the formation of the Department of Health, see Michael Roe, 'The Establishment of the Australian Department of Health: Its background and significance', *Historical Studies*, vol. 17, 1976, pp. 176–92.

5. *Quarantine Act 1908* (Cwlth), s. 4.

6. From its inception the Immigration Act defined 'officer,' the person responsible for carrying out the requirements of the act, as any officer specifically appointed under the act, or any Officer of Customs. Prior to 1908 this was under State jurisdiction (see FNs 3 and 4). From the beginning, then, quarantine procedures and health-screening procedures under the Immigration Act could have been carried out by the same staff or, in other words, may also, but not necessarily, have been the responsibility of Customs officials.

7. The Immigration Regulations refer only to a correlation of reporting requirements between the two, for example, the Immigration Regulations of 1926 provided that the furnishing of health reports by the master or medical officer of a vessel in accordance with the requirements of the Quarantine Act would be deemed sufficient to comply with the Immigration Regulations, and that the physical examination of crew members could be made with the assistance of a Quarantine Officer. (Immigration Regulations 1926 (Cwlth), ss. 28 & 34).

8. *Immigration (Restriction) Act 1901* (Cwlth), s. 3.

9. *Immigration Act 1912* (Cwlth), s. 3.

10. *ibid.*

11. s. 3(g) of the act defined a prohibited immigrant as 'any person suffering from any other disease, disability, or disqualification which is prescribed'. It served as a catch-all clause which effected a flexible, open-ended definition of the prohibited immigrant, and in which diseases and conditions which did not necessarily fit into the other categories of prescribed diseases and medical conditions could be included. For further discussion see 'Other Diseases' below.

12. *Quarantine Act 1908* (Cwlth), s. 5.

13. Quarantine Regulations 1915 (Cwlth), s. 56.

14. Soft chancre and venereal bubo refer to sexually transmitted diseases. A chancre is a small, painless, highly infectious ulcer or sore that is the first sign of syphilis and certain other infectious diseases. A bubo is a swelling and inflammation of a lymph node, especially in the area of the armpit or groin, in this case associated with or passed on through sex.

15. Note that this is the first time tuberculosis was specified as a notifiable disease under the Quarantine Act, even though it had been listed as a prohibited disease under the Immigration Act in 1912. It is, however, referred to on a form called the Health Report, referred to in s. 27 of the Quarantine Act as the 'Primary Health Report', a form for which was contained in s. 5 of the Quarantine Regulations 1911–1914. Trachoma, also listed as a prohibited disease in the Immigration Act of 1912, was never specifically referred to in the Quarantine Act or its regulations during this period.

16. Refer to FN 12. Quarantine Regulations 1911–1914 (Cwlth), s. 5.

17. Quarantine Regulations 1918 (Cwlth), s. 14.

18. The Quarantine Regulations are available only as composite volumes prior to 1915. After 1915 they were published annually.
19. Proclaimed places were cities, countries or regions identified as plague-infected areas.
20. *Immigration (Restriction) Act 1901* (Cwlth), s. 3(c)(b).
21. *Immigration (Restriction) Act 1901* (Cwlth), s.13.
22. *Immigration (Restriction) Act 1905* (Cwlth), s. 13.
23. *Immigration Act 1912* (Cwlth), s. 3(f).
24. *Immigration Act 1924* (Cwlth), s. 3(f).
25. *Immigration Act 1912* (Cwlth), s. 5(5).
26. *Immigration Act 1920* (Cwlth), s. 7, inserting s. 8A.
27. Immigration Regulations 1913 (Cwlth), s. 20.
28. Immigration Regulations 1913 (Cwlth), s. 15(2).
29. Immigration Regulations 1926 (Cwlth), s. 35.
30. For analysis of the slippage between communicable and inherited disease in this period, see Bashford, *Imperial Hygiene*, ch. 7.
31. Quarantine Regulations 1911–1914 (Cwlth), s. 5.
32. Form A, Quarantine Regulations 1935 (Cwlth).
33. See discussion on the relationship between the acts under Part 1, The Acts, above.
34. Immigration Regulations 1913 (Cwlth), 20.
35. Immigration Regulations 1926 (Cwlth), s. 28.
36. Immigration Regulations 1952 (Cwlth), s. 6, inserting Regulation 38; Immigration Regulations 1956 (Cwlth).
37. *Immigration (Restriction) Act 1901* (Cwlth), s. 13.
38. *Immigration Act 1920* (Cwlth), s. 7, inserting s. 8A.
39. Immigration Regulations 1926 (Cwlth), ss. 19–27.
40. Immigration Regulations 1927 (Cwlth), s. 4b.
41. Immigration Regulations 1941 (Cwlth), s. 6.
42. Immigration Regulations 1906 (Cwlth), s. 3.
43. *Immigration Act 1912* (Cwlth), s. 4(3A)(1–4),.
44. *Immigration Act 1912* (Cwlth), s. 3.
45. *Immigration Act 1912* (Cwlth), s. 4(3b–3j).
46. Immigration Regulations 1913 (Cwlth), s. 3.
47. Immigration Regulations 1913 (Cwlth), s. 15.
48. Immigration Regulations 1913 (Cwlth), s. 19.
49. Immigration Regulations 1913 (Cwlth), s. 23.
50. Form A, Immigration Regulations 1926 (Cwlth).
51. *Quarantine Act 1915* (Cwlth), s. 6.
52. *Quarantine Act 1912* (Cwlth), s. 16, inserting s. 35A.
53. *Quarantine Act 1915* (Cwlth), s. 6.
54. *Quarantine Act 1915* (Cwlth), s. 2.
55. *Quarantine Act 1908* (Cwlth), s. 75.
56. Quarantine Regulations 1911–1914 (Cwlth), ss. 12–13.
57. *Quarantine Act 1920* (Cwlth), s. 25.
58. *Quarantine Act 1947*, No. 19 (Cwlth), s. 6, amending s. 35.
59. *Quarantine Act 1947*, No. 92 (Cwlth), s. 27, amending s. 75.
60. *Quarantine (Air Navigation) Regulations 1934* (Cwlth), s. 7.
61. In 1928 the regulations required that '[i]n the case of quarantine for small-pox any person who has been properly vaccinated under the observation of or to the satisfaction of the Chief Quarantine Officer, or who on vaccination develops a reaction which, in the opinion of the Chief Quarantine Officer, indicates complete immunity from small-pox, may as soon as practicable be released ...' (Quarantine Regulations 1928 (Cwlth), s. 2). In 1949–50 the regulations required that people coming into Australia produce a certificate (in accordance with Form D) certifying that he or she had been successfully vaccinated against small-pox not less than fourteen days and not more than three years immediately preceding arrival, or satisfy the Quarantine Officer that he or she had suffered from smallpox within the period of twenty years immediately preceding arrival. (Quarantine (Air Navigation) Regulations 1950 (Cwlth), s. 11).
62. Quarantine Regulations 1935 (Cwlth), s. 55.

63. These changes only related to the charging of fees for vaccination. Quarantine (General) Regulations 1951 (Cwlth), s. 4.

64. Alison Bashford, 'At the Border: Contagion, immigration, nation', *Australian Historical Studies*, vol. 33, 2002, pp. 344–58; Alison Bashford, 'Tuberculosis and Australian Immigration History, 1901–2001', in Michael Worboys & Flurin Condrau (eds), *The History of Tuberculosis in International Perspective*, Routledge, London and New York, forthcoming; Bashford, *Imperial Hygiene*.