

NATIONAL HEALTH.

No. 92 of 1957.

An Act to amend the *National Health Act 1953-1956*.

[Assented to 12th December, 1957.]

BE it enacted by the Queen's Most Excellent Majesty, the Senate, and the House of Representatives of the Commonwealth of Australia, as follows:—

1.—(1.) This Act may be cited as the *National Health Act 1957*. Short title and citation.

(2.) The *National Health Act 1953-1956** is in this Act referred to as the Principal Act.

(3.) The Principal Act, as amended by this Act, may be cited as the *National Health Act 1953-1957*.

2. The several sections of this Act shall come into operation on such dates as are respectively fixed by Proclamation. Commencement.

3. Section four of the Principal Act is amended by adding at the end thereof the following sub-section:— Interpretation.

“ (3.) In this Act—

(a) a reference to administration of an anaesthetic includes a reference to pre-medication and pre-operative examination of the patient in preparation for anaesthesia; and

* Act No. 95, 1953, as amended by No. 68, 1955; and Nos. 55 and 95, 1956.

(b) a reference to professional attendance or an attendance is a reference to an attendance by a medical practitioner on a patient (including an attendance at the medical practitioner's rooms or surgery) other than an attendance at which an examination of the patient's eyes is made in consequence of which spectacle lenses are prescribed."

Administration of anaesthetic and assistance at operation.

4. Section seventeen of the Principal Act is amended by adding at the end thereof the following sub-sections:—

"(2.) Commonwealth benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist.

"(3.) Where an amount of Commonwealth benefit is specified in a Schedule to this Act in respect of assistance at an operation or in respect of the administration of an anaesthetic, the amount so specified is the amount payable whether the assistance is rendered or the anaesthetic is administered by one or more than one medical practitioner."

Commonwealth benefit not payable where medical expenses payable to public hospitals.

5. Section nineteen of the Principal Act is amended by omitting from sub-section (2.) the definition of "professional service" and inserting in its stead the following definition:—

" 'professional service' does not include a professional service specified in Part I. or Part II. of the Second Schedule to this Act or in item five hundred and forty-one in that Schedule;".

Interpretation.

6. Section thirty-nine of the Principal Act is amended by omitting sub-section (6.) and inserting in its stead the following sub-section:—

"(6.) For the purposes of this Part, a person shall be deemed to be a dependant of a contributor if—

(a) under the rules of the registered hospital benefits organization to the funds of which contributions are paid by or on behalf of the contributor an amount at a rate of not less than Six shillings per day is payable from the funds of the organization for each day on which that person receives hospital treatment in the same circumstances as a similar amount is payable in respect of the contributor; or

(b) in the case of a contributor who is a contributor by virtue of contributions made to a public hospital or an approved private hospital which is deemed to be a hospital benefits organization and is registered as such, hospital treatment is provided for that person at that public hospital or that approved private hospital without charge or at a reduced charge."

7. Section fifty-five of the Principal Act is amended by omitting sub-sections (1.), (2.), (3.) and (4.) and inserting in their stead the following sub-sections:—

Additional benefit.

“(1.) Where a qualified patient is a contributor, a benefit of the amount per day specified in the following table, according to the amount payable under the rules of the registered hospital benefits organization to the funds of which contributions are paid by or on behalf of the contributor for each day on which the contributor is a qualified patient, is, subject to this Division, payable by the Commonwealth in respect of the contributor for each day on which the contributor is a qualified patient.

Amount payable under the rules of the organization in respect of the contributor for each day on which the contributor is a qualified patient.	Amount of benefit per day.
If the amount is not less than Six shillings per day but less than Sixteen shillings per day	Four shillings
If the amount is not less than Sixteen shillings per day	Twelve shillings

“(2.) In the case of a contributor who is a contributor by virtue of contributions made to a public hospital or an approved private hospital which is deemed to be a hospital benefits organization and is registered as such—

- (a) if, by reason of those contributions, hospital treatment is provided for the contributor without charge—the amount per day of the charge for hospital treatment that would have been made if he had not been a contributor; or
- (b) if, by reason of those contributions, hospital treatment is provided for the contributor at a reduced charge—the amount per day of the reduction,

shall, for the purpose of the last preceding sub-section, be deemed to be the amount payable under the rules of a registered hospital benefits organization in respect of the contributor for each day on which the contributor is a qualified patient.

“(3.) Except as provided by the next succeeding sub-section, where, for a reason or reasons specified in the rules of the registered hospital benefits organization or notified to the contributor in accordance with those rules, no amount or an amount less than the amount that would have been payable by the organization but for that reason or those reasons is payable in respect of the contributor for each day on which the contributor is a qualified patient, the last-mentioned amount shall, for the purpose of sub-section (1.) of this section, be deemed to be payable by the organization under its rules.

“ (4.) Where no amount or an amount less than the amount that would otherwise have been payable is payable by the registered hospital benefits organization—

(a) for the reason that all contributions due and owing by the contributor to the organization have not been paid; or

(b) for a reason other than the reason specified in the last preceding paragraph, if payment by the organization could have been refused or reduced for the reason so specified,

additional benefit is not payable.”.

8. After section fifty-six of the Principal Act the following section is inserted:—

Additional benefit not payable in respect of contributor of less than two months' standing.

“ 56A.—(1.) Additional benefit is not payable in respect of any hospital treatment that a contributor receives during a period of two months commencing on the day on which he became a contributor except in any case where, under the rules of the registered hospital benefits organization to the funds of which contributions are paid by or on behalf of the contributor, an amount at a rate of not less than Six shillings per day is paid by the organization in respect of that hospital treatment.

“ (2.) The last preceding sub-section does not apply in respect of any hospital treatment that is provided without charge or at a charge reduced by not less than Six shillings per day for a contributor who is a contributor by virtue of contributions made to a public hospital or an approved private hospital which is deemed to be a hospital benefits organization and is registered as such.”.

9. Section fifty-seven of the Principal Act is repealed and the following section inserted in its stead:—

Non-payment or reduction of additional benefit in certain circumstances.

“ 57.—(1.) Where, under the terms of an agreement entered into by the Commonwealth with a State in pursuance of section forty of this Act, a hospital benefit at a rate exceeding Eight shillings per day is payable in respect of a qualified patient in a public hospital in the State, the amount of additional benefit per day (if any) payable under this Part in respect of such a qualified patient who is a contributor, in lieu of the amount prescribed by section fifty-five of this Act, is the amount (if any) by which the amount of additional benefit so prescribed exceeds the amount of the difference between the amount of the hospital benefit payable under the agreement and Eight shillings per day.

“ (2.) Where the gross fees per day charged in respect of a contributor do not exceed Eight shillings per day, the additional benefit prescribed by section fifty-five of this Act in respect of the contributor is not payable.

“(3.) Where the gross fees per day charged in respect of a contributor exceed Eight shillings per day, but do not exceed the total of that amount plus the amount of additional benefit prescribed by section fifty-five of this Act in respect of the contributor, the amount of additional benefit payable under this Part, in lieu of the amount prescribed by that section, is the amount by which the gross fees exceed Eight shillings per day.”

10. The Schedules to the Principal Act are repealed and the following Schedules inserted in their stead:— The Schedules.

THE SCHEDULES.

FIRST SCHEDULE.

Section 14.

COMMONWEALTH BENEFITS FOR PROFESSIONAL SERVICES IN RESPECT OF WHICH
FUND BENEFITS ARE ALSO PAYABLE BY REGISTERED MEDICAL BENEFITS
ORGANIZATIONS.

Item No.	Professional Service.	Commonwealth Benefit.
Part 1.—Professional Attendances not Covered by any other Item in this Schedule or the Second Schedule to this Act.		
		<i>£ s. d.</i>
1.	Professional attendance by a medical practitioner other than a specialist in the practice of his specialty—each attendance	6 0
2.	Professional attendance by a specialist in the practice of his specialty when patient is referred by another medical practitioner—for the first attendance	1 0 0
3.	Professional attendance by a specialist in the practice of his specialty when patient is referred by another medical practitioner—for each attendance subsequent to the first during a single course of treatment	10 0
4.	Professional attendance by a specialist in the practice of his specialty when patient is not referred by another medical practitioner—each attendance	6 0
Part 2.—Anaesthetics other than Gaseous Anaesthetics.		
8.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable does not exceed £3	15 0
9.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds £3 but does not exceed £7	1 2 6
10.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit exceeds £7	1 10 0
Part 3.—Operations.		
DIVISION 1.—GENERAL SURGICAL.		
11.	Cholecystectomy	11 5 0
12.	Cholecystostomy	5 12 6
13.	Perforated gastric ulcer, suture of	7 10 0
14.	Appendicectomy	5 12 6
15.	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis with or without appendicectomy	5 12 6

FIRST SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 3.—Operations—continued.

	£	s.	d.
16. Splenectomy	11	5	0
17. Umbilical hernia, repair of, in person aged less than ten years	2	12	6
18. Umbilical hernia, repair of, in person ten years of age or over	5	12	6
19. Incisional or strangulated hernia, repair of	7	10	0
20. Femoral, inguinal, ventral or lumbar hernia (not being incisional or strangulated), repair of	5	12	6
21. Laparotomy (exploratory)	5	12	6
22. Laparotomy involving operation on abdominal viscera, not covered by any other item in this Schedule or the Second Schedule to this Act	7	10	0
23. Varicocele, removal of	3	15	0
24. Gastrostomy	5	12	6
25. Enterostomy or colostomy	5	12	6
26. Enterostomy or colostomy, closure or plastic repair of	1	2	6
27. Intussusception, reduction of by fluid	3	15	0
28. Intussusception, laparotomy and reduction of	7	10	0
29. Intussusception, laparotomy and resection of	11	5	0
30. Volvulus, reduction of	7	10	0
31. Peritoneal adhesions, separation of	5	12	6
32. Paracentesis abdominis	15	0	0
33. Haemorrhoids, removal, ligation or cauterization of	4	10	0
34. Haemorrhoids, incision of	1	17	6
35. Haemorrhoids, injection into—each attendance at which an injection is given	7	6	0
36. Fistula in ano, excision of	5	12	6
37. Ischio-rectal abscess, incision of	1	17	6
38. Fissure in ano, excision of	1	17	6
39. Anus, dilatation of	15	0	0
40. Rectal polyp, removal of	1	17	6
41. Hydrocoele, tapping of	15	0	0
42. Hydrocoele, removal of	3	15	0
43. Orchidectomy (simple)	4	10	0
44. Undescended testis, transplantation of	5	12	6
45. Circumcision of person aged less than twelve months	15	0	0
46. Circumcision of person aged not less than one year but less than twelve years	1	2	6
47. Circumcision of person twelve years of age or over	1	17	6
48. Paraphimosis, reduction of, under anaesthesia, with or without dorsal incision	15	0	0
49. Sinus, excision of, involving superficial tissues only	1	2	6
50. Sinus, excision of, involving muscle and deep tissue	2	12	6
51. Ganglion or small bursa, excision of	1	17	6
52. Bursa (large), including olecranon, calcanean or patellar, excision of	3	15	0
53. Bursa, incision of	15	0	0
54. Exostosis, excision of	1	17	6
55. Haematoma, aspiration of	7	6	0
56. Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of	7	6	0
57. Large haematoma, abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of	1	2	6
58. Abscess (intraorbital), drainage of	1	17	6
59. Tendon sheath or subcutaneous fascia, incision of	1	17	6
60. Stenosing tendovaginitis, open operation for	2	5	0
61. Middle palmar, thenar or hypothenar spaces, drainage of	1	17	6

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 3.—Operations—<i>continued.</i>		
		£ s. d.
62.	Incision of pulp space, paronychia or other acute infection of hands or feet, not covered by any other item in this Schedule or the Second Schedule to this Act	15 0
63.	Digital nail, removal of	15 0
64.	Biopsy (including aspiration biopsy, excision of lymph gland or glands, biopsy of cervix or section of breast) not covered by any other item in this Schedule or the Second Schedule to this Act	1 2 6
65.	Biopsy (burr-hole), sternal	1 17 6
66.	Cyst, tumour or scar, removal of, not covered by any other item in this Schedule or the Second Schedule to this Act ..	15 0
67.	Cyst or simple tumour of breast (minor operation), removal of	1 17 6
68.	Deep cyst or tumour (malignant or non-malignant), removal of, requiring wide excision, not covered by any other item in this Schedule or the Second Schedule to this Act ..	3 15 0
69.	Scars, abrasive therapy of—each treatment	2 12 6
70.	Thoracic cavity, aspiration or paracentesis of, or both ..	15 0
71.	Empyema, intercostal drainage of, not involving resection of rib	1 17 6
72.	Empyema, radical operation for, involving resection of rib ..	3 15 0
73.	Breast, simple amputation of	5 12 6
74.	Depressed fracture or fractures of skull, operation for ..	5 12 6
75.	Craniotomy, involving osteoplastic flap	9 7 6
76.	Lumbar puncture	15 0
77.	Superficial foreign body, removal of, not covered by any other item in this Schedule or the Second Schedule to this Act ..	6 0
78.	Subcutaneous foreign body, removal of	1 2 6
79.	Deep foreign body or plates and similar articles used in treating fractures, removal of	2 12 6
80.	Joint, aspiration of	1 2 6
81.	Joint, intra-articular injection into	15 0
<i>Nerves and Tendons.</i>		
90.	Local infiltration around nerve or in muscle with alcohol, novocaine or similar preparation—each attendance at which an injection is given	7 6
91.	Nerve trunk, primary suture of	2 12 6
92.	Tendo achillis or other large tendon, suture of	3 15 0
93.	Flexor tendon of hand, primary suture of	2 12 6
94.	Flexor tendon of hand, secondary suture of	3 15 0
95.	Extensor tendon of hand, primary suture of	1 17 6
96.	Extensor tendon of hand, secondary suture of	2 12 6
97.	Tendon of foot, primary suture of	1 17 6
98.	Tendon of foot, secondary suture of	2 12 6
<i>Blood Vessels.</i>		
99.	Vein or small artery, ligation of	15 0
100.	Medium artery, ligation of	1 17 6
101.	Saphenous vein, high ligation of	3 15 0
102.	Great vessel (including carotid, jugular, subclavian, axillary, iliac or femoral vessel), ligation of	5 12 6
103.	Varicose veins, excision of	2 12 6
104.	Varicose veins, excision of, with high ligation of saphenous vein	5 12 6
105.	Varicose veins, injection into—each attendance at which an injection is given	7 6

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 3.—Operations—<i>continued.</i>		
		£ s. d.
<i>Operations for Acute Osteomyelitis.</i>		
110.	Operation on phalanx, metacarpal or metatarsal—one bone	1 17 6
111.	Operation on sternum, tibia, ulna, clavicle, rib, tarsus, carpus, mandible or maxilla (other than alveolar margins), fibula or radius—one bone	3 0 0
112.	Operation on humerus or femur—one bone	3 15 0
DIVISION 2.—EAR, NOSE AND THROAT.		
118.	Tonsils or tonsils and adenoids, removal of, in a person aged less than twelve years	1 17 6
119.	Tonsils or tonsils and adenoids, removal of, in a person twelve years of age or over	3 0 0
120.	Tonsil, removal of calculus from	15 0
121.	Adenoids, removal of	15 0
122.	Lingual tonsil or lateral pharyngeal bands, removal of	15 0
123.	Peritonsillar abscess (quinsy), incision of	15 0
124.	Uvulotomy	15 0
125.	Abscess or inflammation of middle ear, operation for	1 2 6
126.	Maxillary antrum, proof puncture of	15 0
127.	Maxillary antrum, lavage of—each attendance	7 6
128.	Mastoidectomy (cortical)	5 12 6
129.	Larynx, intubation of	1 17 6
130.	Tracheotomy	3 15 0
131.	Tongue tie, repair of	15 0
DIVISION 3.—UROLOGICAL.		
138.	Urethral sounds, passage of	1 2 6
139.	Urethral stricture, dilatation of	1 2 6
140.	Urethral fistula, closure of	3 15 0
141.	Urethra, repair of rupture of	9 7 6
142.	Bladder, catheterization of	15 0
143.	Bladder, repair of rupture of	9 7 6
144.	Cystostomy or cystotomy, suprapubic	2 12 6
145.	Nephrectomy (complete or partial)	11 5 0
146.	Perinephric abscess, drainage of	5 12 6
DIVISION 4.—GYNAECOLOGICAL.		
150.	Hysterectomy (other than vaginal)—subtotal	7 10 0
151.	Hysterectomy (other than vaginal)—total or with plastic repair operation	11 5 0
152.	Oophorectomy, salpingectomy or salpingo-oophorectomy	5 12 6
153.	Ovarian, parovarian, fimbrial or broad ligament cyst, incision or excision of, not covered by any other item in this Schedule or the Second Schedule to this Act	5 12 6
154.	Ectopic gestation, removal of	7 10 0
155.	Uterus, suspension or fixation of	5 12 6
156.	Round ligaments, shortening of	5 12 6
157.	Myomectomy	5 12 6
158.	Cystocele or rectocele, repair of, not covered by item 160 in this Schedule	5 12 6
159.	Cystocele and rectocele, repair of, not covered by item 160 in this Schedule	7 10 0
160.	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse)	9 7 6

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 3.—Operations—*continued.*

	£	s.	d.
161. Colpoperineorrhaphy	7	10	0
162. Cervix, amputation or repair of, not covered by item 160 in this Schedule	3	15	0
163. Cervix, cauterization, ionization or diathermy of	1	17	6
164. Cervix, removal of polyp from	1	17	6
165. Cervix, dilatation of, not covered by item 166 in this Schedule	1	10	0
166. Uterus, curettage of, with or without dilatation	1	17	6
167. Colpotomy	1	17	6
168. Colporrhaphy, not covered by item 158, 159 or 160 in this Schedule	2	12	6
169. Vagina, dilatation of—each attendance	7	6	6
170. Pelvic abscess, suprapubic drainage of	5	12	6
171. Gynaecological examination under anaesthesia not performed in association with any other item in this Schedule or the Second Schedule to this Act	15	0	0
172. Simple tumour of vagina, vulva or perineum, removal of	1	17	6
173. Bartholin's cyst, excision of	1	17	6
174. Bartholin's abscess, incision of	1	2	6
175. Skene's duct, removal of calculus from	1	17	6
176. Urethral caruncle, excision of, or cautery to	1	17	6

DIVISION 5.—OPHTHALMOLOGICAL.

180. Tarsal cyst, extirpation of	15	0	0
181. Cornea or sclera, removal of foreign body from	7	6	6
182. Eye, enucleation of	5	12	6

DIVISION 6.—AMPUTATION OR DISARTICULATION OF LIMB.

185. One finger or thumb	1	17	6
186. Additional finger or thumb—each	7	6	6
187. Through metacarpals	3	15	0
188. Hand, forearm or through arm	5	12	6
189. At shoulder	9	7	6
190. One toe or great toe	1	10	0
191. Additional toe or great toe—each	7	6	6
192. Foot	5	12	6
193. Through leg or at knee	7	10	0
194. Through thigh	9	7	6
195. At hip	11	5	0

DIVISION 7.—TRANSFUSIONS AND OTHER SERVICES IN RELATION TO BLOOD.

200. Blood specimen for pathological test, intravenous collection of	6	0	0
201. Saline and glucose, intravenous injection of	15	0	0
202. Blood transfusion, including collection from donor	2	5	0
203. Blood transfusion, using pooled blood or blood already collected	1	10	0
204. Blood transfusion with venesection and complete replacement of blood, including collection from donor	3	0	0
205. Blood transfusion with venesection and complete replacement of blood, using pooled blood or blood already collected	2	5	0
206. Blood for purposes of transfusion, collection of	1	2	6
207. Venesection, not covered by item 204 or 205 in this Schedule—each attendance at which venesection is performed	7	6	6

FIRST SCHEDULE—continued.

Item No.	Professional Service:	Commonwealth Benefit.
Part 4.—Assistance at Operations.		
		£ s. d.
210.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable does not exceed £3	7 6
211.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds £3 but does not exceed £7	15 0.
212.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds £7 but does not exceed £11 5s.	1 2 6.
Part 5.—Midwifery.		
DIVISION 1.—GENERAL.		
215.	Antenatal care (excluding any service or services covered by item 222, 224 or 225 in this Schedule), where attendances do not exceed seven—each attendance	6 0
216.	Antenatal care (excluding any service or services covered by item 222, 224 or 225 in this Schedule), where attendances exceed seven	2 2 0
217.	Confinement and postnatal care for nine days (excluding any service or services covered by item 223, 224, 226, 227 or 228 in this Schedule), where the medical practitioner has not given the antenatal care	2 5 0
218.	Antenatal care, confinement and postnatal care for nine days (excluding any service or services covered by Division 2 of this Part)	3 15 0
219.	Caesarean section and postnatal care for nine days	7 10 0
DIVISION 2.—SPECIAL SERVICES.		
222.	Toxaemia of pregnancy, eclampsia or antepartum haemorrhage—each attendance	6 0.
223.	Postpartum haemorrhage requiring special procedures such as packing	1 2 6
224.	Surgical induction of labour	1 2 6
225.	Version, external or internal, under anaesthesia	1 2 6
226.	Third degree tear, repair of	1 2 6
227.	Evacuation by manual removal of the products of conception such as retained foetus, placenta, membranes or mole	1 2 6
228.	Decapitation, craniotomy, cleidotomy or evisceration of foetus or any two or more of those services	5 12 6
Part 6.—Treatment of Dislocations.		
DIVISION 1.—TREATMENT OF DISLOCATION NOT REQUIRING OPEN OPERATION.		
232.	Mandible—first or second dislocation	15 0
233.	Mandible—third or subsequent dislocation	7 6
234.	Clavicle	2 5 0
235.	Shoulder—first or second dislocation	1 17 6
236.	Shoulder—third or subsequent dislocation—requiring anaesthesia	1 17 6
237.	Shoulder—third or subsequent dislocation—not requiring anaesthesia	15 0
238.	Elbow	2 5 0
239.	Carpal bone	1 10 0
240.	Carpus on radius and ulna	3 15 0
241.	Finger	15 0

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 6.—Treatment of Dislocations—<i>continued.</i>		
		£ s. d.
242.	Metacarpo-phalangeal joint of thumb	1 17 6
243.	Hip	5 12 6
244.	Knee	4 10 0
245.	Patella	1 10 0
246.	Ankle	2 12 6
247.	Toe	15 0
248.	Tarsus or tarsal bone	1 17 6
249.	Spine (cervical), without fracture	2 12 6
250.	Spine (lumbar), without fracture	3 15 0
251.	Spine, associated with fracture of transverse process or bone other than vertebral body, not requiring immobilization in plaster	1 17 6
252.	Spine, associated with fracture of transverse process or bone other than vertebral body, requiring immobilization in plaster	4 10 0
253.	Spine, associated with fracture of vertebral body, without involvement of cord	7 10 0
254.	Spine, associated with fracture of vertebral body, with involvement of cord	11 5 0

DIVISION 2.—TREATMENT OF DISLOCATION REQUIRING OPEN OPERATION.

256. Treatment of a dislocation referred to in Division 1 of this Part which requires an open operation—the amount specified in the relevant item for the treatment of that dislocation if the dislocation had not required an open operation, plus one-half of that amount.

Part 7.—Treatment of Fractures.

DIVISION 1.—TREATMENT OF SIMPLE AND UNCOMPLICATED FRACTURE NOT REQUIRING OPEN OPERATION.

		£ s. d.
257.	Terminal phalanx of finger or thumb	15 0
258.	Proximal phalanx of finger or thumb	1 17 6
259.	Middle phalanx of finger	1 2 6
260.	One or more metacarpals, not involving base of first carpo-metacarpal joint	1 17 6
261.	One or more metacarpals, involving the first carpometacarpal joint (Bennett's fracture)	2 12 6
262.	Carpal bone (excluding navicular)	1 10 0
263.	Navicular or carpal scaphoid	3 15 0
264.	Radius	2 5 0
265.	Ulna	1 17 6
266.	Both shafts of forearm	4 10 0
267.	Colles' fracture of wrist	2 12 6
268.	Distal end of radius or ulna, involving wrist	2 12 6
269.	Humerus	4 10 0
270.	Clavicle or sternum	1 17 6
271.	Scapula	2 12 6
272.	One or more ribs	1 10 0
273.	Maxilla	3 15 0
274.	Mandible	4 10 0
275.	Zygoma	1 17 6
276.	Pelvis (excluding symphysis pubis)	4 10 0
277.	Symphysis pubis	3 15 0
278.	Femur	7 10 0

FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
-------------	-----------------------	--------------------------

Part 7.—Treatment of Fractures—*continued.*

	£	s.	d.
279. Patella, fibula or tarsal bone (excepting os calcis or os talus)	1	17	6
280. Tibia	3	15	0
281. Both shafts of leg	5	12	6
282. Ankle (Pott's fracture), with or without dislocation of ankle	5	12	6
283. Os calcis (calcaneus) or os talus	3	15	0
284. Metatarsals—one or more	1	17	6
285. Phalanx of toe (other than great toe)	15	0	0
286. More than one phalanx of toe (other than great toe)	1	2	6
287. Distal phalanx of great toe	1	2	6
288. Proximal phalanx of great toe	1	10	0
289. Skull	3	15	0
290. Nasal bones, not requiring reduction	15	0	0
291. Nasal bones, requiring reduction	1	17	6
292. Spine, transverse process or bone other than vertebral body, not requiring immobilization in plaster	1	17	6
293. Spine, transverse process or bone other than vertebral body, requiring immobilization in plaster	4	10	0
294. Spine, vertebral body, without involvement of cord	7	10	0
295. Spine, vertebral body, with involvement of cord	11	5	0

DIVISION 2.—TREATMENT OF SIMPLE AND UNCOMPLICATED FRACTURE
REQUIRING OPEN OPERATION.

297. Treatment of a simple and uncomplicated fracture of a part referred to in Division 1 of this Part requiring an open operation—the amount specified for the treatment of that fracture if the fracture had not required an open operation, plus one-third of that amount or an amount of Eleven pounds five shillings, whichever is the less.

DIVISION 3.—TREATMENT OF COMPOUND FRACTURE REQUIRING OPEN
OPERATION.

298. Treatment of a compound fracture of a part referred to in Division 1 of this Part requiring an open operation—the amount specified for the treatment of that fracture if the fracture had been simple and uncomplicated and had not required an open operation, plus one-half of that amount or an amount of Eleven pounds five shillings, whichever is the less.

DIVISION 4.—TREATMENT OF COMPLICATED FRACTURE INVOLVING VISCERA,
BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION.

299. Treatment of a complicated fracture of a part referred to in Division 1 of this Part involving viscera, blood vessels or nerves and requiring an open operation—the amount specified for the treatment of that fracture if the fracture had been simple and uncomplicated and had not required an open operation, plus three-quarters of that amount or an amount of Eleven pounds five shillings, whichever is the less.

DIVISION 5.—REDUCTION OF FRACTURE IN EXCESS OF ONE REDUCTION.

300. Reduction, in excess of one reduction, of a fracture of a part referred to in Division 1 of this Part—one-half of the amount which would have been payable under this Part if the reduction had been a first reduction.

SECOND SCHEDULE.

Section 15.

COMMONWEALTH BENEFITS FOR ADDITIONAL PROFESSIONAL SERVICES.

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 1.—Pathological Services.

£ s. d.

DIVISION 1.—PATHOLOGICAL SERVICES IN RELATION TO BLOOD.		
301.	Examination of blood film or red cell count	6 0
302.	Red cell count and estimation of haemoglobin	7 6
303.	White cell count	6 0
304.	White cell count and differential leucocyte count	7 6
305.	Red cell count, white cell count, estimation of haemoglobin and examination of blood film	15 0
306.	Platelet or reticulocyte count	6 0
307.	Haemoglobin estimation (when patient referred by another medical practitioner)	6 0
308.	Estimation of coagulation time or bleeding time	6 0
309.	Estimation of prothrombin time	15 0
310.	Estimation of blood sedimentation rate	6 0
311.	Determination of fragility of red blood cells	7 6
312.	Haematocrit estimation	7 6
313.	Estimation of mean diameter of red blood cells	15 0
314.	Blood grouping A.B.O.	6 0
315.	Blood grouping A.B.O. and compatibility testing	15 0
316.	Blood grouping A.B.O. and either M.N. or Rh typing	15 0
317.	Examination of blood serum for Anti-Rh or other blood group antibodies	15 0
318.	Coombs' test	7 6
319.	Determination and titration of cold agglutinins in blood	7 6
320.	Determination of anti-streptolysin titre	7 6
321.	Examination of blood for malarial, filarial or other parasites	7 6
322.	Examination of blood for lupus erythematosus cells	15 0
323.	Determination of Paul-Bunnell reaction	7 6
324.	Determination of Paul-Bunnell reaction with white cell count and differential white cell count	15 0
325.	Blood culture	15 0
326.	Blood sugar estimation—initial or repeated	7 6
327.	Glucose tolerance test	1 10 0
328.	Estimation of alcohol, urea, chloride, creatinine, cholesterol, phosphatase and similar blood chemistry—one substance	15 0
329.	Estimation of any two substances mentioned in item 328 in this Schedule	1 10 0
330.	Estimation of any three or more substances mentioned in item 328 in this Schedule	2 5 0
331.	Estimation of total protein (by gravimetric methods)	6 0
332.	Estimation of lead	15 0
333.	Examination of specimen obtained by sternal puncture or biopsy	15 0
334.	Van den Bergh reaction—qualitative test	7 6
335.	Van den Bergh reaction—quantitative test	15 0
336.	Spectroscopic tests for blood and blood derivatives	15 0
337.	Estimation of carbon dioxide combining power	15 0
338.	Radio-iodine uptake test	15 0
339.	Estimation of serum protein by electrophoresis	1 10 0

SECOND SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 1.—Pathological Services—continued.

	£	s.	d.
DIVISION 2.—PATHOLOGICAL SERVICES IN RELATION TO URINE.			
345.		7	6
346.		15	0
347.		6	0
348.		15	0
349.		1	10 0
350.		2	5 0
351.		15	0
352.			
353.		7	6
354.		15	0
355.		15	0
DIVISION 3.—PATHOLOGICAL SERVICES IN RELATION TO PUS, EXUDATIONS AND OTHER MORBID FLUIDS.			
356.		6	0
357.		7	6
358.		15	0
359.		6	0
360.		7	6
361.		6	0
362.		15	0
363.		15	0
364.		15	0
DIVISION 4.—SEROLOGICAL TESTS.			
366.		7	6
367.		15	0
368.		7	6
369.		6	0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 1.—Pathological Services—*continued.*

£ s. d.

DIVISION 5.—PATHOLOGICAL SERVICES IN RELATION TO FAECES.		
375.	Cultural examination for <i>S. typhi</i> , dysentery bacilli or other intestinal pathogens, without full fermentation reaction, serological or other investigation for purpose of identification	7 6
376.	Cultural examination for <i>S. typhi</i> , dysentery bacilli or other intestinal pathogens, with full fermentation reaction, serological or other investigation for purpose of identification	15 0
377.	General microscopical examination for <i>M. tuberculosis</i> including microscopical and cultural examination	7 6
378.	General microscopical examination for <i>M. tuberculosis</i> including microscopical and cultural examination with animal inoculation	15 0
379.	Microscopical examination for pus cells	6 0
380.	Microscopical examination for helminthic infestation, worms and ova (all or any of them)	7 6
381.	Microscopical examination for amoebae, flagellates, vegetative forms and cysts (all or any of them)	7 6
382.	Chemical examination, including chemical examination for occult blood or urobilin	6 0
383.	Estimation of lead or fat	15 0
DIVISION 6.—SKIN SENSITIVITY TESTS.		
386.	Skin sensitivity tests for allergens, including skin sensitivity tests for hay fever, asthma and other allergic conditions—less than four reagents or injections	6 0
387.	Skin sensitivity tests for allergens, including skin sensitivity tests for hay fever, asthma and other allergic conditions—four or more reagents or injections	15 0
388.	Determination of Casoni reaction for hydatid infestation	6 0
389.	Determination of Von Pirquet, Mantoux or Vollmer patch reaction	6 0
390.	Determination of Schick or Frei antigen reaction	6 0
DIVISION 7.—AUTOGENOUS VACCINES.		
391.	Preparation of autogenous vaccines	15 0
DIVISION 8.—EXAMINATIONS FOR SPECIAL PATHOGENS.		
393.	Dark ground examination for <i>T. pallidum</i>	6 0
<i>Examination for actinomyces.</i>		
396.	Microscopical examination	6 0
397.	Microscopical examination with culture aerobic and anaerobic	15 0
398.	Microscopical examination with culture aerobic and anaerobic, with animal inoculation	1 2 6
<i>Examination for anthrax bacilli.</i>		
400.	Microscopical examination	6 0
401.	Microscopical examination with cultural examination	15 0
402.	Microscopical examination with cultural examination and animal inoculation	1 2 6

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 1.—Pathological Services—<i>continued.</i>		
<i>Examination for diphtheria bacilli.</i>		
		£ s. d.
403.	Microscopical examination of smear	6 0
404.	Microscopical examination, cultural examination and biochemical reaction	7 6
405.	Microscopical examination, cultural examination, biochemical reaction and virulence test	15 0
406.	Microscopical examination, cultural examination, biochemical reaction, virulence test and typing of strains	1 2 6
DIVISION 9.—CALCULI, FAECAL CONCRETIONS AND GALLSTONES.		
408.	Qualitative examination of calculi, faecal concretions or gallstones	6 0
DIVISION 10.—PATHOLOGICAL SERVICES IN RELATION TO GASTRIC CONTENTS AND VOMITUS.		
410.	General chemical and microscopical examination	7 6
411.	Analysis of fractional test meal	15 0
412.	Microscopical and cultural examination for <i>M. tuberculosis</i>	7 6
413.	Microscopical and cultural examination for <i>M. tuberculosis</i> , with animal inoculation	15 0
414.	Chemical examination for metallic poisons—qualitative	7 6
415.	Chemical examination for metallic poisons—quantitative	15 0
DIVISION 11.—PATHOLOGICAL SERVICES IN RELATION TO HAIR AND SKIN.		
416.	Microscopical examination, including examination for fungi.. .. .	6 0
417.	Microscopical examination with culture	7 6
418.	Microscopical examination with culture and animal inoculation	15 0
DIVISION 12.—PATHOLOGICAL SERVICES IN RELATION TO CEREBRO-SPINAL FLUID.		
420.	Cytological examination	6 0
421.	Chemical examination	7 6
422.	Cytological and chemical examination	15 0
423.	Cytological examination, chemical examination and bacteriological examination, including culture	1 2 6
424.	Cytological examination, chemical examination and bacteriological examination, including culture with animal inoculation	1 10 0
425.	Lange colloidal gold reaction	15 0
426.	Wassermann reaction	7 6
427.	Flocculation tests for syphilis, including Kline, Kahn, Eagle and similar tests—each test	6 0
DIVISION 13.—PATHOLOGICAL SERVICES IN RELATION TO SPUTUM.		
430.	General microscopical examination	6 0
431.	General microscopical examination with cultural examination	7 6
432.	General microscopical examination with cultural examination and animal inoculation	15 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 1.—Pathological Services—<i>continued.</i>		
<i>£ s. d.</i>		
DIVISION 14.—PATHOLOGICAL SERVICES IN RELATION TO MORBID ANATOMY.		
433.	Histo-pathological examination of biopsy specimens—each specimen or section	1 2 6
434.	Cytological examination, including examination for cancer cells of pleural fluid, peritoneal fluid, bronchial or cervical exudates or urine	15 0
DIVISION 15.—MISCELLANEOUS TESTS.		
436.	Estimation of basal metabolic rate	15 0
437.	Pregnancy tests, or tests for chorionic cancer, using rabbits, mice or rats	15 0
438.	Pregnancy tests, or tests for chorionic cancer, using toads ..	7 6
439.	Appraisal of semen or Huhner's test	7 6
440.	Chemical analysis of human milk	15 0
441.	Liver function test	15 0
DIVISION 16.—INVESTIGATION OF ANTIBIOTICS AND CHEMOTHERAPEUTIC AGENTS.		
443.	Sensitivity tests of micro-organisms to antibiotics and chemotherapeutic agents	15 0
444.	Assay of concentration of antibiotics and chemotherapeutic agents in body fluids	15 0
Part 2.—Radiological Services.		
DIVISION 1.—RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT.		
445.	Digits or phalanges—all or any of either hand or either foot ..	7 6
446.	Hand, wrist, forearm, elbow or arm (elbow to shoulder) ..	15 0
447.	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder)	15 0
448.	Foot, ankle, lower leg, upper leg, knee or thigh	15 0
449.	Foot, ankle and lower leg; or upper leg and knee	15 0
DIVISION 2.—RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT.		
453.	Shoulder region including clavicle and scapula	15 0
454.	Hip joint	15 0
455.	Pelvic girdle	1 2 6
456.	Smith-Petersen nail—insertion or similar procedure	2 5 0
DIVISION 3.—RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT.		
457.	Skull, sinuses or mastoids	1 2 6
458.	Maxilla or orbit, or both	1 2 6
459.	Mandible, malar bones or salivary calculus	1 2 6
460.	Nose or eye	15 0
461.	Larynx	15 0
DIVISION 4.—RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT.		
466.	Spine—any one region	1 2 6

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
-------------	-----------------------	--------------------------

Part 2.—Radiological Services—*continued.*

£ s. d.

DIVISION 5.—RADIOGRAPHIC EXAMINATION OF THORACIC
REGION AND REPORT.

470.	Chest (lung fields) by direct radiography	15 0
471.	Chest (lung fields) by direct radiography with fluoroscopic screening	1 2 6
472.	Chest, by miniature radiography	6 0
473.	Pleura	15 0
474.	Orthodiagraphy	15 0
475.	Teleoroentgenography with cardiac measurements	15 0
476.	Cardiac examination (including barium swallow)	1 2 6
477.	Cardiac measurements and kymography	1 10 0
478.	Sternum or one or more ribs	15 0

DIVISION 6.—RADIOGRAPHIC EXAMINATION OF URINARY
TRACT AND REPORT.

480.	Plain renal	15 0
481.	Intravenous pyelography	2 5 0
482.	Retrograde pyelography	1 2 6
483.	Cystography, urethrography or vesiculography	1 17 6
484.	Perirenal insufflation	1 2 6

DIVISION 7.—RADIOGRAPHIC EXAMINATION OF ALIMENTARY
TRACT AND BILIARY SYSTEM (WITH OR WITHOUT
FLUOROSCOPY) AND REPORT.

487.	Oesophagus, with or without examination for foreign body or barium swallow	1 2 6
488.	Barium or other opaque meal of stomach and duodenum, with or without screening of chest	1 10 0
489.	Plain abdominal	1 2 6
490.	Barium or other opaque meal of stomach, duodenum and follow through to colon, with or without screening of chest	1 17 6
491.	Opaque enema	1 10 0
492.	Graham's test (cholecystography)	1 10 0
493.	Cholangiography	1 17 6

DIVISION 8.—RADIOGRAPHIC EXAMINATION FOR LOCALIZATION
OF FOREIGN BODIES AND REPORT.

495.	Foreign body in eye (special method, Sweet's or other)	1 2 6
496.	Foreign body elsewhere than in eye—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus	7 6

DIVISION 9.—RADIOGRAPHIC EXAMINATION OF BREASTS.

498.	Radiographic examination of breast or breasts and report	1 2 6
------	--	-------

DIVISION 10.—RADIOGRAPHIC EXAMINATION IN CONNEXION WITH
PREGNANCY AND REPORT.

500.	Pregnant uterus	1 2 6
501.	Pelvimetry	1 17 6

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 2.—Radiological Services—<i>continued.</i>		
£ s. d.		
DIVISION 11.—OPAQUE OR CONTRAST MEDIA.		
<i>Radiographic examination, with opaque or contrast media, and report (not including any service covered by items 529 to 532 (inclusive) or item 748 in this Schedule).</i>		
502.	Myelography, encephalography, cerebral angiography or ventriculography	2 5 0
503.	Uterine lipiodol (hysterosalpingography)	1 2 6
504.	Bronchography or arteriography	1 2 6
505.	Sialography or vasoepididymyography	1 2 6
506.	Sinuses and fistulae—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus	7 6
507.	Pneumarthrography—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus	7 6
DIVISION 12.—TOMOGRAPHY.		
510.	Tomography of any part	1 10 0
DIVISION 13.—STEREOSCOPIC EXAMINATIONS.		
511.	Stereoscopic examination and report—the amount of Commonwealth benefit payable for the radiographic examination and report of the area, plus	7 6
DIVISION 14.—FLUOROSCOPIC EXAMINATIONS.		
<i>Fluoroscopic examination and report not covered by any other item in this Schedule (where radiograph is not taken).</i>		
512.	Examination with general anaesthesia	15 0
513.	Examination without general anaesthesia	7 6
DIVISION 15.—RADIOTHERAPY.		
514.	Radiotherapy (including treatment by means of X-rays, radium rays or other radio-active substances) not covered by any other item in this Schedule—each attendance at which treatment is given	15 0
<i>Implantation of Radon or Radium for Tumour.</i>		
515.	Lip	2 5 0
516.	Mouth or tongue or both	4 10 0
517.	Bladder	3 15 0
518.	Prostate	4 10 0
519.	Cervix or corpus uteri	2 5 0
520.	Intrathoracic viscera	4 10 0
521.	Retina	7 10 0
522.	Region not specified in any other item in this Schedule, requiring a major anaesthetic	4 10 0
523.	Region not specified in any other item in this Schedule, not requiring a major anaesthetic	2 5 0
Radium Moulds.		
525.	Alveolus, palate or antrum	4 10 0
526.	Scar following radical mastectomy	2 5 0
527.	Hand or other skin area	2 5 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 2.—Radiological Services—*continued.*

£ s. d.

DIVISION 16.—PREPARATION FOR RADIOLOGICAL PROCEDURE.

Preparation (including injection of opaque or contrast media or the removal of fluid and its replacement by air, oxygen or other contrast media).

529.	Myelography	1 10 0
530.	Encephalography	2 5 0
531.	Cerebral angiography or ventriculography	3 15 0
532.	Bronchography (but not including bronchoscopy)	1 2 6
533.	Aortography	2 5 0
534.	Arteriography—peripheral	1 2 6
535.	Sinus or fistula, injection into	7 6
536.	Perirenal insufflation	15 0
537.	Pneumarthrography	15 0

Part 3.—Miscellaneous Procedures.

540.	Electrocardiography, phonocardiography or ballistocardiography	15 0
541.	Electroencephalography	1 2 6
542.	Electroconvulsive therapy—each attendance at which treatment is given without intravenous anaesthesia	15 0
543.	Electroconvulsive therapy—each attendance at which treatment is given with intravenous anaesthesia	1 10 0
544.	Electromyography	15 0
545.	Phlebography	15 0
546.	Audiography	15 0
547.	Test of ear, or tests of ears on the same occasion, for integrity of static labyrinth	1 2 6

Part 4.—Anaesthetics.

DIVISION 1.—GASEOUS ANAESTHETICS.

550.	Administration of an anaesthetic in connexion with a professional service where the Commonwealth benefit payable does not exceed £3 and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 2 6
551.	Administration of an anaesthetic in connexion with a professional service where the Commonwealth benefit payable exceeds £3 but does not exceed £7 and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 10 0
552.	Administration of an anaesthetic in connexion with a professional service where the Commonwealth benefit payable exceeds £7 and where an anaesthetic referred to in Part 2 of the First Schedule to this Act is not given	1 17 6
553.	Administration of an anaesthetic in association with an anaesthetic referred to in Part 2 of the First Schedule to this Act	7 6

DIVISION 2.—DENTAL ANAESTHETICS.

554.	Administration by a medical practitioner of an anaesthetic in connexion with a dental operation	15 0
------	---	------

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations.		
<i>£ s. d.</i>		
DIVISION 1.—GENERAL SURGICAL.		
555.	Gastrectomy, partial or complete	11 5 0
556.	Partial gastrectomy and gastro-jejunostomy	11 5 0
557.	Perforated duodenal ulcer, operation for	9 7 6
558.	Caecostomy	5 12 6
559.	Bowel, anastomosis of	11 5 0
560.	Meckel's diverticulum, removal of	9 7 6
561.	Choledochotomy (with or without cholecystectomy)	11 5 0
562.	Reconstruction of bile duct including choledochoduodenostomy, cholecystoduodenostomy, choledochointerostomy, choledochogastrostomy, cholecystogastrostomy or cholecystenterostomy	11 5 0
563.	Bowel or viscera, resection of	11 5 0
564.	Ruptured viscus (including liver, spleen, bowel), repair or removal of	11 5 0
565.	Hydatid of liver, peritoneum or viscus, operation for	11 5 0
566.	Abdomino-perineal resection	11 5 0
567.	Gastro-enterostomy or entero-colostomy	11 5 0
568.	Entero-enterostomy	11 5 0
569.	Faecal fistula, repair of	7 10 0
570.	Recto-vesical fistula, repair of	9 7 6
571.	Breast, radical amputation of	11 5 0
572.	Tuberculous or neoplastic glands of neck, groin or axilla, limited excision of	7 10 0
573.	Tuberculous or neoplastic glands of neck, groin or axilla, radical excision of	11 5 0
574.	Thyroidectomy or removal of parathyroid tumour	11 5 0
575.	Thyroid, excision of localized tumour of	6 7 6
576.	Rectum, radical operation for prolapse of, in an adult	7 10 0
577.	Anal prolapse—circum-anal suture	15 0
578.	Anal stricture, repair of	5 12 6
579.	Sigmoidoscopic examination	1 2 6
580.	Hypertrophic pyloric stenosis, operation for	6 7 6
581.	Vagotomy	6 7 6
582.	Gastrosocopy	3 15 0
583.	Liver tumour, removal of	11 5 0
584.	Liver abscess, abdominal drainage of	4 10 0
585.	Liver abscess, transpleural drainage of	6 7 6
586.	Pancreas, partial excision of	11 5 0
587.	Pancreas, drainage of	5 12 6
588.	Diaphragmatic hernia, repair of	11 5 0
589.	Subphrenic abscess, drainage of	5 12 6
590.	Retroperitoneal tumour, removal of	11 5 0
591.	Retroperitoneal abscess, drainage of	5 12 6
592.	Peritoneoscopy	2 5 0
593.	Branchial cyst or branchial fistula, removal of	6 7 6
594.	Cystic hygroma, removal of	6 7 6
595.	Ranula, removal of	3 15 0
596.	Innocent bone tumour, excision of	6 7 6
597.	Upper jaw, lower jaw or both jaws, resection of	11 5 0
598.	Tongue, excision of	11 5 0
599.	Parotid gland, total extirpation of	11 5 0
600.	Sublingual or submandibular gland, extirpation of	5 12 6
601.	Salivary gland, incision of	2 5 0
602.	Salivary gland, removal of calculus from	4 10 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 5.—*Operations—continued.*

	£	s.	d.
603. Salivary gland, dilatation or diathermy of duct	1	2	6
604. Salivary gland, removal of calculus from duct	1	10	0
605. Salivary gland, repair of cutaneous fistula of	2	5	0
606. Styloid process of temporal bone, removal of	7	10	0
607. Diverticulum of pharynx or larynx, excision of	9	7	6
608. Thyroglossal cyst or fistula, removal of	6	7	6
609. Cut throat, repair of, involving skin and muscle	1	17	6
610. Cut throat, repair of, involving vessels or nerves, or both ..	3	15	0
611. Cut throat, repair of, involving vessels and nerves and oesophagus or trachea	7	10	0
612. Malignant tumour of neck, removal of	11	5	0
613. Thyrectomy	9	7	6
614. Coccyx, excision of	4	10	0
615. Pilonidal cyst or sinus, excision of	4	10	0
616. Embolus, removal of, from artery	9	7	6
617. Arterial graft	11	5	0
618. Operation for malignant tumours requiring wide excision and dissection of glands or involving muscle, bone or viscera not covered by any other item in this Schedule or the First Schedule to this Act	11	5	0

Operations for Acute Osteomyelitis.

621. Operation on spine, pelvic bones or skull—one bone ..	5	12	6
622. Operation on any combination of bones specified in the last preceding item with any bones specified in item 110, 111 or 112 in the First Schedule to this Act	7	10	0

Operations for Chronic Osteomyelitis.

623. Operation on nasal bones	2	5	0
624. Operation on scapula, sternum, phalanx, tibia, metacarpal, metatarsal, fibula, radius, ulna, carpus, clavicle, mandible or maxilla (other than alveolar margins), rib or tarsus—one bone	5	12	6
625. Operation on humerus or femur—one bone	7	10	0
626. Operation on spine, pelvic bones or skull	11	5	0
627. Operation on any combination of bones specified in item 624 in this Schedule	7	10	0
628. Operation on any combination of bones not covered by the last preceding item	11	5	0

DIVISION 2.—EAR, NOSE AND THROAT.

631. Aural polyp, removal of	1	17	6
632. Nasal polyp or polypi (simple), removal of	1	2	6
633. Nasal polyp or polypi (requiring admission to hospital), removal of	2	5	0
634. Antrostomy (radical)	7	10	0
635. Antrostomy (radical) with transantral ethmoidectomy ..	9	7	6
636. Antrum, intranasal operation on, or removal of foreign body from	4	10	0
637. Antrum, drainage of, through tooth socket	2	5	0
638. Oro-antral fistula, plastic closure of	4	10	0
639. Arytenoid cartilages, fixation of	11	5	0
640. Arytenoid cartilage, removal of	9	7	6
641. Frontal sinus or ethmoid sinuses, external operation on ..	11	5	0
642. Frontal sinus or ethmoid sinuses, intranasal operation on ..	4	10	0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
		£ s. d.
643.	Sphenoid sinus, proof puncture of	1 2 6
644.	Sphenoid sinus, intranasal operation on	4 10 0
645.	Mastoidectomy (radical or modified radical)	11 5 0
646.	Nasal septum, resection of	4 10 0
647.	Cauterization of septum or turbinates or pharynx—any one or more—each attendance	15 0
648.	Turbinectomy or dislocation of turbinate	1 2 6
649.	Turbinates, submucous resection of	4 10 0
650.	Nose, rib graft to	7 10 0
651.	Nose—soft tissue operation, with or without cosmetic restoration	7 10 0
652.	Laryngectomy (total)	11 5 0
653.	Larynx, direct examination of	1 2 6
654.	Larynx, direct examination of, with biopsy	2 5 0
655.	Larynx, direct examination of, with removal of tumour	3 15 0
656.	Larynx, operation for fractured	4 10 0
657.	Larynx, external operation on, or laryngo-fissure	9 7 6
658.	Pharyngeal pouch, removal of	11 5 0
659.	Pharyngotomy (lateral)	4 10 0
660.	Eustachian tube, catheterization of	15 0
661.	Labyrinthotomy or destruction of labyrinth	11 5 0
662.	Bronchoscopy	4 10 0
663.	Bronchoscopy, with biopsy	6 7 6
664.	Bronchus, removal of foreign body in	7 10 0
665.	Nose, removal of foreign body in, otherwise than by simple probing	1 17 6
666.	Ear, removal of foreign body in, otherwise than by simple syringing	1 17 6
667.	Trachea, removal of foreign body in	2 5 0
668.	Oesophagoscopy	3 15 0
669.	Oesophagoscopy, with biopsy	5 12 6
670.	Oesophagus, removal of foreign body in	7 10 0
671.	Insertion of Souttar's tubes or dilatation of oesophagus—first dilatation	3 15 0
672.	Insertion of Souttar's tubes or dilatation of oesophagus—subsequent dilatation	1 17 6
673.	Fenestration operation—each ear	11 5 0
674.	Stapes mobilization	11 5 0
675.	Tympanoplasty	11 5 0
DIVISION 3.—UROLOGICAL.		
680.	Adrenal gland, biopsy or removal of	11 5 0
681.	Nephrolithotomy, pyelolithotomy or ureterolithotomy	9 7 6
682.	Nephrostomy or nephropexy	7 10 0
683.	Pelvi-ureteric junction, plastic procedures to	11 5 0
684.	Divided ureter, repair of	11 5 0
685.	Ureter, transplantation of (skin, bowel or bladder)	11 5 0
686.	Pyonephrosis, drainage of	7 10 0
Operations on the Prostate.		
687.	Prostatectomy (suprapubic, perineal or retropubic)	11 5 0
688.	Prostatectomy (transurethral)	7 10 0
689.	Median bar, transurethral resection of	6 7 6
690.	Prostate, total excision of	11 5 0
691.	Prostate, biopsy of (perineal or transurethral)	4 10 0
692.	Prostatic abscess, retropubic drainage of	4 10 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
<i>Operations on the Bladder (Closed).</i>		
		£ s. d.
695.	Cystoscopy	2 12 6
696.	Cystoscopy, with ureteric catheterization	3 15 0
697.	Cystoscopy, with retrograde pyelography	3 15 0
698.	Cystometrography	1 10 0
699.	Cystoscopic removal of foreign body	4 10 0
700.	Cystoscopy, with biopsy of bladder tumours	5 12 6
701.	Cystoscopy, with diathermy or resection of bladder tumours	5 12 6
702.	Cystoscopy, with ureteric meatotomy	5 12 6
703.	Cystoscopy, with diathermy of ureteric orifices	5 12 6
704.	Cystoscopy, with endoscopic bladder neck resection	5 12 6
705.	Cystoscopy, with endoscopic removal of ureteric calculus	5 12 6
706.	Litholapaxy, with or without cystoscopy	6 7 6
<i>Operations on the Bladder (Open).</i>		
707.	Bladder, partial excision or plastic repair of	11 5 0
708.	Bladder, excision of, with ureteric transplantation	11 5 0
709.	Bladder neck contracture, operation for	7 10 0
710.	Bladder tumours, suprapubic diathermy of	5 12 6
711.	Diverticulum of bladder, excision or obliteration of	9 7 6
712.	Vesical fistula, operation for	7 10 0
<i>Operations on Testes, Vasa or Seminal Vesicles.</i>		
715.	Orchidectomy, with excision of glands, vas or seminal vesicles	11 5 0
716.	Orchidoplasty	7 10 0
717.	Epididymectomy	6 7 6
718.	Vasoepididymostomy	7 10 0
719.	Vasectomy (simple)	3 15 0
720.	Vasectomy (radical)	9 7 6
721.	Vasotomy (bilateral)	3 15 0
722.	Testicular biopsy	2 12 6
723.	Spermatocoele, excision of	2 12 6
<i>Operations on Penis, Urethra or Scrotum.</i>		
726.	Urethrotomy (external) or excision of stricture	9 7 6
727.	Urethrotomy (internal)	6 7 6
728.	Urethroplasty	3 15 0
729.	Urethra, diathermy of	4 10 0
730.	Penis, amputation of (partial or complete)	5 12 6
731.	Penis, amputation of, with excision of glands	11 5 0
732.	Scrotum, partial excision of	5 12 6
DIVISION 4.—GYNAECOLOGICAL.		
736.	Hysterectomy and dissection of pelvic glands	11 5 0
737.	Vaginal hysterectomy (with or without plastic repair operation)	11 5 0
738.	Salpingostomy or salpingolysis, or both	4 10 0
739.	Fallopian tubes, implantation of, into uterus	7 10 0
740.	Pelvic lymph glands, excision of	11 5 0
741.	Vulvectomy (simple)	7 10 0
742.	Vulvectomy (radical)	11 5 0
743.	Clitoris, amputation of	3 15 0
744.	Fistula between genital and urinary or alimentary tracts, repair of	9 7 6
745.	Stress incontinence, sling operation for	11 5 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
		<i>£ s. d.</i>
746.	Vaginal reconstruction in congenital absence or gynaetresia ..	11 5 0
747.	Urethrocoele, operation for	3 15 0
748.	Rubin test for patency or injection of opaque media for hystero-salpingography	1 10 0
DIVISION 5.—OPHTHALMOLOGICAL.		
751.	Lens extraction (including initial and subsequent needlings) ..	11 5 0
752.	Cataract, needling of, and subsequent linear extraction not covered by any other item in this Schedule or the First Schedule to this Act—each stage	2 12 6
753.	Secondary cataract, needling of, not covered by any other item in this Schedule or the First Schedule to this Act—each stage	2 12 6
754.	Paracentesis in relation to eye	2 12 6
755.	Glaucoma, filtering and allied operations for	11 5 0
756.	Iridectomy for glaucoma	9 7 6
757.	Iridectomy, other than for glaucoma	7 10 0
758.	Iridotomy	7 10 0
759.	Pterygium, removal of	2 12 6
760.	Cornea, tattooing of	2 5 0
761.	Tarsal cartilage, excision of	4 10 0
762.	Trachoma, crushing operation for	2 12 6
763.	Detached retina, operation for	11 5 0
764.	Keratoplasty	11 5 0
765.	Lachrymal sac, excision of, or operation on	4 10 0
766.	Canthoplasty, suturing lid or similar operation	3 15 0
767.	Intraocular foreign body, removal of	11 5 0
768.	Orbit, exenteration of	11 5 0
769.	Globe, evisceration of	7 10 0
770.	Eye, enucleation of, and insertion of ball	7 10 0
771.	Squint, operation for	7 10 0
772.	Cyclodiathermy	4 10 0
773.	Trichiasis, operation for	4 10 0
774.	Entropion or ectropion, operation for	2 12 6
775.	Perforating wound of globe, repair of	7 10 0
776.	Congenital obstruction—probing	1 2 6
DIVISION 6.—THORACIC.		
779.	Thoracotomy without pneumolysis	5 12 6
780.	Thoracotomy with pneumolysis	7 10 0
781.	Thoracotomy with pulmonary decortication	11 5 0
782.	Thoracoplasty (complete)	11 5 0
783.	Thoracoplasty (in stages)—each stage	7 10 0
784.	Thoracoscopy	2 5 0
785.	Phrenic avulsion or crush	2 12 6
786.	Hydatid cysts of lungs, removal of	11 5 0
787.	Pericardium, drainage of	9 7 6
788.	Pneumonectomy or lobectomy	11 5 0
789.	Oesophagectomy or operation for atresia of oesophagus	11 5 0
790.	Artificial pneumothorax—induction	1 2 6
791.	Artificial pneumothorax—each filling subsequent to induction	7 6
792.	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Schedule or the First Schedule to this Act	11 5 0

SECOND SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—continued.		
DIVISION 7.—NEURO-SURGICAL.		
		£ s. d.
796.	Cutaneous nerve, primary suture of	1 2 6
797.	Nerve, transposition of	4 10 0
798.	Neurectomy, neurotomy, or removal of tumour from peripheral nerve	3 15 0
799.	Neurectomy, periarterial	11 5 0
800.	Neurectomy, intracranial or radical as in tic douloureux	11 5 0
801.	Nerve, graft or anastomosis of	11 5 0
802.	Nerve trunk, secondary suture of	4 10 0
803.	Injection of intracranial ganglion, or primary branch of trigeminal nerve, with alcohol or similar substance	5 12 6
804.	Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	11 5 0
805.	Sympathetic trunk, injection into	2 5 0
806.	Neurolysis by open operation	3 15 0
807.	Scalp, plastic repairs to—each stage	2 5 0
808.	Complicated fracture or fractures of skull, operation for	11 5 0
809.	Chronic subdural haematoma, operation for	11 5 0
810.	Intracranial haemorrhage, osteoplastic flap operation for	11 5 0
811.	Intracranial haemorrhage, burr-hole craniotomy for	3 15 0
812.	Aneurysm, intracranial, operation for	11 5 0
813.	Craniotomy (exploratory)	11 5 0
814.	Craniotomy and tumour removal	11 5 0
815.	Intracranial cyst, needling and drainage of	3 15 0
816.	Biopsy (burr-hole), intracranial	2 5 0
817.	Transfrontal orbitotomy for tumours or other lesions	11 5 0
818.	Intracranial infection, drainage of	11 5 0
819.	Intracranial abscess, excision of	11 5 0
820.	Leucotomy or lobotomy for psychiatric causes	11 5 0
821.	Laminectomy for cordotomy, removal of tumour or of intervertebral disc	11 5 0
822.	Cisternal puncture	1 10 0
823.	Ventricular puncture	2 12 6
DIVISION 8.—ORTHOPAEDIC.		
824.	Osteosynthesis by Smith-Petersen nail	11 5 0
825.	Spine, manipulation of—each attendance at which manipulation is carried out	15 0
826.	Spine, manipulation of, with application of plaster jacket	2 5 0
827.	Joint (other than spine), manipulation of—each attendance at which manipulation is carried out	7 6
828.	Joint (other than spine), manipulation of, with application of plaster cast	1 2 6
829.	Osteotomy or osteectomy of phalanx, metacarpal or metatarsal	3 15 0
830.	Osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (except acromion), rib, tarsus or carpus	6 7 6
831.	Osteotomy or osteectomy of spine, tibia, humerus or femur	7 10 0
832.	Scalenotomy	4 10 0
833.	Acromion or coraco-acromion ligament, removal of	5 12 6
834.	Cervical rib, removal of	9 7 6
835.	Talipes, radical operation for	9 7 6
836.	Hallux valgus, correction of	6 7 6
837.	Hallux rigidus, correction of	6 7 6
838.	Hammer toe, correction of	3 15 0
839.	Trigger finger, correction of	2 12 6
840.	Bone graft to spine	9 7 6

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
-------------	-----------------------	--------------------------

Part 5.—*Operations—continued.*

	£	s.	d.
841. Bone graft not covered by any other item in this Schedule or the First Schedule to this Act	7	10	0
842. Tenotomy (orthopaedic) or tendon lengthening	2	5	0
843. Tendon transplantation (orthopaedic)	6	7	6
844. Tendon graft	4	10	0
845. Tendon splitting	3	15	0
846. Plantar wart, removal of	1	2	6
847. Calcanean spur, removal of	4	10	0
848. Ingrowing toenail, operation for	1	17	6
849. Dupuytren's contracture, operation for	7	10	0
850. Volkmann's contracture, operation for	4	10	0
851. Epicondylitis, open operation for	2	12	6
852. Accessory or sesamoid bone, removal of	3	15	0

Operations on Joints.

856. Hip—arthrodesis, arthroectomy or arthroplasty	11	5	0
857. Hip—arthrotomy	6	7	6
858. Knee—arthroectomy or arthroplasty	9	7	6
859. Knee—arthrotomy	4	10	0
860. Knee—operation for internal derangement	7	10	0
861. Knee—reconstruction of cruciate ligaments	11	5	0
862. Knee—reconstruction of capsular ligaments	7	10	0
863. Knee—excision of patella	7	10	0
864. Knee—operation for recurrent dislocation of patella	9	7	6
865. Shoulder—removal of calcium deposit from cuff	3	15	0
866. Shoulder—arthrotomy	4	10	0
867. Shoulder—arthroplasty or plastic reconstruction	9	7	6
868. Shoulder—arthroectomy	7	10	0
869. Spine, arthrodesis of	11	5	0
870. Sacro-iliac joint, arthrodesis of	11	5	0
871. Other large joint, arthrodesis of	9	7	6
872. Finger or other small joint, arthrodesis of	3	15	0
873. Other joint—arthrotomy	3	0	0
874. Other joint—arthroectomy	4	10	0

DIVISION 9.—PAEDIATRIC.

Manipulations and plaster work for correction of congenital abnormalities.

876. Congenital dislocation of the hip—manipulation and plaster (one hip)	1	17	6
877. Talipes equinovarus—manipulation	15	0	0
878. Talipes equinovarus—manipulation and plaster	1	2	6
879. Calcaneus valgus—manipulation	15	0	0
880. Calcaneus valgus—manipulation and plaster	1	2	6
881. Pes planus—manipulation	15	0	0
882. Pes planus—manipulation and plaster	1	2	6
883. Genu varum or genu valgum—manipulation	15	0	0
884. Genu varum or genu valgum—manipulation and plaster	1	10	0
885. Genu varum or genu valgum—manipulation and plaster with osteoclasia	4	10	0
886. Contractures not covered by any other item in this Schedule or the First Schedule to this Act—manipulation	15	0	0
887. Contractures not covered by any other item in this Schedule or the First Schedule to this Act—manipulation and plaster	1	2	6

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
----------	-----------------------	-----------------------

Part 5.—Operations—*continued.*

	£	s.	d.
888. Spastic paralysis—manipulation			15 0
889. Spastic paralysis—manipulation and plaster (one limb) ..	1	10	0
890. Erb's birth palsy—plaster for	1	2	6
891. Klumpke's and similar congenital abnormalities—manipulation and plaster	1	2	6
<i>Operations for correction of congenital abnormalities.</i>			
893. Imperforate anus, abdomino-perineal correction of	11	5	0
894. Imperforate anus, correction of (other than abdomino-perineal)	5	12	6
895. Intestinal atresia or stenosis—excision or anastomosis (or both)	11	5	0
896. Duodenal obstruction (congenital)—anastomosis or resection of	11	5	0
897. Congenital volvulus of the small intestine, reduction of ..	7	10	0
898. Hirschsprung's disease, rectosigmoidectomy for	11	5	0
899. Exomphalos, operation for	9	7	6
900. Oesophagus, correction of short or hiatus hernia of	11	5	0
901. Oesophagus, radical correction of congenital stenosis of ..	11	5	0
902. Tracheo-oesophageal fistula, correction of	11	5	0
903. Contracted bladder neck (congenital), wedge excision or perurethral resection of	7	10	0
904. Contracted bladder neck (congenital)—lumbar sympathectomy	11	5	0
905. Contracted lower end of ureters (congenital)—cystotomy and dilatation	4	10	0
906. Contracted lower end of ureters (congenital)—lumbar sympathectomy	11	5	0
907. Urachal fistula	6	7	6
908. Ectopic bladder—"turning-in" operation	7	10	0
909. Ectopic bladder—transplantation of ureters	11	5	0
910. Pinhole urinary meatus, dilatation of	15	0	0
911. Pinhole urinary meatus—meatotomy	1	2	6
912. Urethral valves, removal of	7	10	0
913. Incontinence of urine (congenital)—plastic operation to sphincter	7	10	0
914. Incontinence of urine (congenital)—transplantation of ureters	11	5	0
915. Myelomeningocele—excision of sac	9	7	6
916. Hydrocephalus—suboccipital decompression, third ventriculostomy or Torkildsen's operation	11	5	0
917. Hydrocephalus, spino-ureteral, spino-peritoneal or spino-pleural anastomosis of	11	5	0
918. Craniostenosis, operation for	11	5	0
919. Arachnoidal cyst, operation for	11	5	0
920. Subdural haemorrhage, tap for	1	2	6
921. Subdural haemorrhage, flap and excision of	11	5	0
922. Abnormal limb, amputation of	5	12	6
923. Extra digit, amputation of	1	17	6
924. Tetralogy of Fallot or patent ductus arteriosus, operation for	11	5	0
925. Cardiac operation not covered by any other item in this Schedule or the First Schedule to this Act	11	5	0
926. Cardiac catheterization, with or without fluoroscopy ..	3	15	0
927. Congenital choanal atresia or occlusion, repair of	7	10	0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
£ s. d.		
<i>Operations for excision of congenital abnormalities.</i>		
929.	Dermoid of the eye (extraocular), excision of	2 5 0
930.	Dermoid of the eye (intraocular), excision of	9 7 6
931.	Dermoid of the nose (extranasal), excision of	2 5 0
932.	Dermoid of the nose (intranasal), excision of	7 10 0
933.	Sacrococcygeal dermoid or teratoma other than pilonidal sinus, excision of	7 10 0
<i>Plastic operations for congenital abnormalities.</i>		
935.	Hare-lip (unilateral), repair of	3 15 0
936.	Hare-lip, secondary correction of	2 5 0
937.	Cleft palate (soft palate only), repair of	7 10 0
938.	Cleft palate, complete repair of	11 5 0
939.	Cleft palate, secondary correction of	7 10 0
940.	Hypospadias or epispadias—plastic operation—each stage ..	4 10 0
941.	Hypospadias or epispadias, urethral reconstruction for ..	9 7 6
942.	Syndactyly, repair of—each stage	4 10 0
943.	Lymphangiectasis of limb (Milroy's disease), injection of ..	7 6
944.	Lymphangiectasis of limb (Milroy's disease)—excision ..	7 10 0
945.	Macrocheilia, macroglossia or macrostomia, operation for ..	9 7 6
946.	Angioma, injection of	7 6
947.	Angioma, cautery of	15 0
948.	Angioma (simple), excision of	2 5 0
949.	Angioma (complicated or large—localized), excision of ..	4 10 0
950.	Angioma (complicated or large—diffused), operation for ..	7 10 0
951.	Torticollis, operation for	5 12 6
952.	Bat ears, operation for	9 7 6
<i>Operations for acquired conditions.</i>		
953.	Portal hypertension, lienoarenal anastomosis for	11 5 0
954.	Portal vein anastomosis	11 5 0
955.	Prolapsed rectum, injection of	15 0
956.	Prolapsed rectum, plastic operation for	5 12 6
957.	Megacolon, colectomy	11 5 0
958.	Epiphysitis (Perthes' or Calve's), plaster for	1 17 6
959.	Epiphysitis (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for	1 2 6
960.	Epiphysitis (Scheuermann's), plaster for	2 12 6
DIVISION 10.—PLASTIC AND RECONSTRUCTIVE.		
962.	Free graft on granulating surface (limited)	2 5 0
963.	Free graft on granulating surface (extensive)	5 12 6
964.	Free graft after elective dissection (limited)	3 15 0
965.	Free graft after elective dissection (extensive)	7 10 0
966.	Indirect flap or pedicle repair—each stage	2 12 6
967.	Cross leg, abdominal or other direct flap repair—each stage ..	2 12 6
968.	Local flap repair—transposition or rotation	3 0 0
969.	Local flap repair—pedicle or "Z" plastic	3 15 0
970.	Eye lid or socket, total reconstruction of	7 10 0
971.	Eye lid or socket, reconstruction in stages—each stage ..	2 12 6
972.	Eyebrow, reconstruction of	4 10 0
973.	Symblepharon, grafting for	7 10 0
974.	Ptosis, correction of	7 10 0
975.	Deformity of nose, correction of	7 10 0

SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
Part 5.—Operations—<i>continued.</i>		
		£ s. d.
976.	Nose, reconstruction of—each stage	2 12 6
977.	Nose, plastic reconstruction for fracture of	7 10 0
978.	Local nasal reconstruction, not covered by any other item in this Schedule or the First Schedule to this Act	7 10 0
979.	Rhinophyma, removal of	7 10 0
980.	Ear reconstruction (total or partial)—each stage	2 12 6
981.	Total lip and mouth reconstruction—each stage	2 12 6
982.	Cosmetic meloplasty or slings for facial paralysis	7 10 0
983.	Excision of mole and melanoma, and repair, not covered by any other item in this Schedule or the First Schedule to this Act	3 15 0
984.	Excision of carcinoma, and repair, not covered by any other item in this Schedule or the First Schedule to this Act	3 15 0
985.	Prognathism or retrognathism, correction of	11 5 0
986.	Mandible or maxilla, plastic reconstruction for fracture of	7 10 0
987.	Malar-maxillary fracture, plastic reconstruction for	7 10 0
988.	Condylectomy	4 10 0
989.	Finger reconstruction	3 15 0
990.	Epicanthus, correction of	1 17 6
991.	Neck contracture, repair of—each stage	2 12 6
992.	Cicatricial flexion contracture of joint, correction of, involving skin and subcutaneous tissue only	4 10 0
993.	Cicatricial flexion contracture of joint, correction of, involving tissues deeper than skin and subcutaneous tissue	7 10 0
994.	Mammoplasty	4 10 0
995.	Major grafting of hand—each stage	2 12 6
996.	Penile reconstruction—each stage	2 12 6
DIVISION 11.—MISCELLANEOUS.		
997.	Hormone or living tissue implantation—by incision	1 2 6
998.	Hormone or living tissue implantation—by cannula	15 0