1. I confirm our belief that an epidemiological survey among Aborigines should be undertaken and that we are interested in taking some active part in it if at all possible.

2. The objectives could be regarded as:
   (a) To assess generally their state of health and disease.
   (b) To assess in particular the prevalence of coronary heart disease and of the suspected risk-factors.
   (c) To correlate this information with environmental and sociological factors.

3. The survey would embrace History, Physical Examination (including anthropometry and measurements of lung function), Electrocardiography and analyses of Blood and Urine on all subjects over the age of 16 years: together with measurements of Physical Fitness and Dietary Assessment, in a sub-sample of the population. It should be combined with a nutritional survey of children.

4. It would be best to tackle one population-group in the first instance - say 1000 people, about 500 of whom would be over 16 years of age - and then to plan an extension to groups differing in their geographical location and in their length of association with Europeans.

5. We would not be in a position to mount a survey till later in 1969.

6. The initial survey, along the lines suggested, would take 2 to 3 months.

7. The survey team needed for such a venture would be:
   (a) Dr. P. F. Sinnett with a Research Scholar
   (b) One medical technologist
   (c) One other useful, versatile person, not medical and not necessarily para-medical, but preferably with local knowledge of the people
   (d) The assistance of an extra person would be useful for the Physical Fitness and Dietary Assessment periods.

8. This Department would provide Dr. Sinnett and a Research Scholar. Our ability to handle this project would be entirely dependent on being able to recruit a suitable Scholar.

   It would be hoped that the Health Department might be able to second a technologist and that member (c) might be supported by the I.B.P. programme (through the Academy of Science) or, alternatively, be someone involved in the demographic or other aspects of work in this area.
9. Biochemical and haematological help would be needed from some laboratory able and willing to process large numbers of samples accurately: perhaps the Health Department can help in this. Assistance with data handling might also be required.

10. Other requirements:
   (a) This Department should be able to supply all necessary major equipment and much of the expendable material.
   (b) Perhaps the Health Department could assist with some of the expendable items which are especially relevant to the service aspect of the survey.
   (c) Transport.
   (d) Accommodation.
   (e) Freight - for equipment and samples.
   These would have to be determined after consultation.

11. It would be very valuable (a) to discuss these proposals with others who might be organizing other types of surveys in the N.T.; (b) and especially with any officials and experts from the N.T. who might be visiting Canberra; (c) for Dr. Sinnett to visit Darwin later to make final preparations.

H. M. WHYTE
PROFESSOR OF CLINICAL SCIENCE