

Annual report / Department of Public Health, Tasmania.

Contributors

Tasmania. Department of Public Health.

Publication/Creation

Hobart : Govt. Printer, [1913]

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TASMANIA.

DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT

FOR

1912-13

BY

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CHIEF HEALTH OFFICER

Presented to both Houses of Parliament by His Excellency's Command

[Estimated cost of printing (325)—£5 2s. 6d.]



Tasmania

JOHN VAIL, GOVERNMENT PRINTER, HOBART

1913

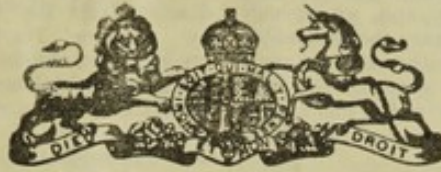
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SALUS POPULI SUPREMA LEX.

Department of Public Health, Tasmania,
8th October, 1913.

ANNUAL REPORT of the Department of Public Health for the Year 1912-13.

SIR,

I HAVE the honour to submit the tenth annual report of the Department of Public Health for the year ending the 30th June, 1913.

INTRODUCTION.

As I commenced duty in Tasmania on the 1st September, 1913, and as it happened that my predecessor had resigned to accept appointment in Sydney, New South Wales, just at the time when statistics were available, it has fallen to my lot to present the annual report for 1912-13. It is, however, necessary for me to state that my remarks are based upon an outline of the report made up by my predecessor when leaving this State, and I have adopted some of his suggestions for better administration of the Department of Public Health. A small community spending about £8000 a year of the State revenue in a collective effort to prevent and cure disease will naturally look for a gradual improvement in public health to prove the efficacy of the outlay or the administration. It must be recognised that the Department of Public Health is charged with a grave responsibility, seeing that it must look upon an individual in the community as of interest only affecting the community as a whole. It is the special function of the Department to preach the doctrine that "prevention is better than cure," so that not only the officials of the Department itself, but the officials of the local authorities dealing with health problems, must be like watchmen on the tower, ever ready, showing neither lack of vigilance nor timidity in proclaiming danger when it is seen to threaten the community.

No person will deny the fact in the interests of a community, that a health officer must realise that he is in a place where he is demanded of conscience to speak the truth, and, therefore, the truth he speaks, impugn it whoso list.

It would be injudicious of me to comment on the affairs of the Department during the past year, except that I can draw inferences from the statistics.

Previous reports have dealt at length with the general conditions in Tasmania from a health point of view, and as no new legislation with regard to the work of the Department has been introduced during the period under review, it will suffice merely to bring the statistics up to date and give a general summary of the work of the Department, with some

comments as to the measures which the experience of past years suggest should be adopted to secure efficient and economic administration.

SUGGESTIONS FOR THE MORE EFFICIENT, EFFECTIVE, AND ECONOMIC SUPERVISION OF THE PUBLIC HEALTH IN TASMANIA.

1. Only full-timed trained sanitary inspectors should be employed. All certificated sanitary inspectors should have security of tenure, be appointed only with the approval of the central authority, and only be removable with the consent of that authority.

2. Local authorities should be encouraged to take advantage of Section 13 of the "Public Health Act," which provides that any local authority may, in lieu of itself appointing an inspector out of its ordinary funds, contribute towards the salary of an inspector under the Act. This is a satisfactory method of providing for uniform and efficient sanitary supervision and inspection.

A second medical officer of health should be appointed, a full-time official, who could undertake the duties of a quarantine officer, police surgeon, railway medical officer, examiner of Government employees, and other official duties, in addition to assisting the Chief Health Officer.

3. Suitable office accommodation should be provided at a public office, both at Hobart and Launceston, for clerical staff and inspectors.

4. The supervision and inspection of hospitals, together with the administration of charitable aid, for which each district would be responsible, is a function which should obviously come under the administration of a trained expert with experience of hospitals, and, naturally, should fall to the lot of the health officer.

The medical inspection of schools is at present under the control of the Department of Education, so that this Department is affected only when the health of the schools as a community is concerned. I note that the provisions for administration, made so admirably by a former chief health officer (as shown in the fourth annual report of the Department of Public Health), have been altered. Comment on the necessity or the desirability of this change is not required from me, but I can already, with my short experience of Tasmania, see that the alteration is not an improvement from a medical-health point of view.

5. The co-ordination of charitable agencies to prevent overlapping should obviously be arranged for.

6. A complete sanitary survey should be made, embracing every habitation in the State.

A general survey has hitherto been made of each district, compiled chiefly from the excellent detailed reports of the Chief Sanitary Inspector during the past eight years. The time has arrived, however, for securing accurate information with regard to the habitable condition of each dwelling, and, where such do not comply with reasonable sanitary requirements, legal proceedings should be taken, either to have such put in a state of repair or, in the event of the conditions being such as to obviously make the houses unfit for human habitation, to secure a closing order or demolition.

7. Before any new houses are erected in urban areas plans should be submitted and approval for building obtained from the local authority. Some councils who have adopted the model sanitary by-laws have already taken steps to secure that new buildings will comply with the requirements reasonable to secure healthy conditions of living.

8. Those sections of the "Public Health Act" which only become operative in order to check the spread of a so-called "dangerous" infectious disease should be made operative with regard to any infectious disease scheduled or gazetted as such under the "Public Health Act."

The evident fear of conferring too much power on the permanent head of the Health Department has not been justified in the case, for instance, of "The Food and Drugs Act, 1910."

Under this Act the Chief Health Officer had the full, and under some sections fuller, powers than were previously conferred on the public health boards or special advisory boards of New South Wales, Victoria, and South Australia.

The extension of the powers under the "Public Health Act" for the prevention of small-pox, plague, and cholera, whilst fortunately not having had to be required in such cases in Tasmania, would be of service in checking an endemic disease such as diphtheria.

It has been demonstrated, more especially on the North-West Coast, that diphtheria is difficult to check, owing to the means of control being limited under the provisions dealing with infectious diseases.

At the outbreak of an infectious disease it is sometimes possible to prevent the spreading thereof if the case be isolated and contacts prevented from mixing with the general community. From past experience of the difficulties of imposing individual house quarantine, it is apparent that if full powers under the sections dealing with "dangerous" infectious diseases were extended to diseases such as typhoid and diphtheria, some benefit would ensue.

The Local Government Board, England, has laid down the ruling that any infectious disease is construed to be a dangerous infectious disease when it has necessitated the issue of a special circular memorandum thereon to local authorities.

It is desired to take this opportunity of advocating this extension with regard to the control of infectious diseases, and to point out that even under the present Act such might be secured by declaring diphtheria and typhoid fever to be dangerous infectious diseases within the meaning of the "Public Health Act."

Although of late years there has been a remarkable reduction in the incidence of typhoid fever, this disease is still a factor of considerable moment to the people, and of economic loss to individuals and the State; whilst diphtheria has by its prevalence seriously interfered with the attendance of schools in certain districts, and in spite of the efficacy of prompt treatment by antitoxin has been the cause of a number of deaths.

Thus, although typhoid and diphtheria have not been dreaded in the past so much as typhus, small-pox, and plague, they have proved sufficiently dangerous and difficult to cope with as to justify any reasonable means being taken to prevent them spreading throughout a district.

Year by year our knowledge of these infectious diseases, and the way in which they are spread, by "carriers" for instance, is becoming more exact, consequently the means of dealing with epidemics or checking an outbreak assuming epidemic proportions should keep pace with recent researches on the subject.

9. The suggested employment of local medical practitioners as medical inspectors of schools in country districts is calculated to still further extend the good work which has been done by the medical inspectors in the past.

10. An arrangement should be made by which local authorities could secure the services of an officer of the Public Works Department to report on the introduction of water-supplies, drainage schemes, and other matters involving questions where schemes which meet with local approval on account of their apparent cheapness, ultimately may prove costly through not being in accordance with the general principles of sanitary science.

INFECTIOUS DISEASES.

I note with pleasure that the death-rate from tuberculosis has been steadily falling—slow, but sure. In 1910 the death rate was 0.87 per 1000. In 1911 it was 0.84; whilst for 1912 it is 0.76.

A somewhat curious coincidence arises in that the number of cases of phthisis reported has shown a considerable increase. This at first sight may appear anomalous, if the fall in the death rate is considered; but a reason for this increase of nearly 50 per cent. in phthisis is not that the disease has increased, but the notifications of the disease have increased.

I believe this better attention to the duty of notifying infectious disease was brought about by a local authority having instituted legal proceedings for neglect to notify known cases of disease and fines being inflicted.

I note with regret that there has been an increase in diphtheria notifications; an increase of about 23 per cent. It is, however, with extreme regret that I draw attention to Devonport, which heads the list of all other places in Tasmania for diphtheria. It has nearly three times the number of cases notified by any other district, and has about a quarter of the total cases in the State.

A slight increase in number of cases of typhoid is noted, but a decrease in death rate is observable.

Scarlet fever has increased by nearly 50 per cent. This, in my opinion, is due to an outbreak at Zeehan, but if this outbreak, which was sudden in its onset, is left out of consideration, then Devonport again heads the list, and has one-fifth of the cases notified for Tasmania.

Puerperal fever has increased from nine cases to 25, an increase which would give a health officer anxiety but for the fact that it is believed to be due to the more rigid observance of "The Midwives Act," whereby no uncertified midwife can practise for gain excepting under direction of a qualified medical practitioner; this provision will account for more cases being notified which formerly escaped attention.

A new infectious diseases hospital for the municipality of Hobart is under construction, and it is believed that good results will be obtained from treatment in a modern hospital, when all the requirements will be arranged up to date and the wards so

constructed that segregation of a particular disease will be brought about under ideal conditions.

At Launceston the erection of a municipal infectious diseases hospital is still under consideration by the Launceston authorities.

INFECTIOUS DISEASE OUTBREAK IN FURNEAUX GROUP OF ISLANDS.

Three visits were paid to the islands in the Furneaux Group. In March a visit was arranged to the islands, when a letter was received from a resident at Cape Barren Island stating that there was a serious outbreak of influenza among the half-castes. A few miles from White Mark it was found that a child had died during the previous week, whilst other members of the family were either suffering or recovering from septic sore throats.

The supply of medicines granted for the use of the half-castes the previous year having been expended, fresh supplies were forwarded on from Launceston, but did not reach Cape Barren until the second visit to the islands, which was necessitated by an outbreak of infectious disease at Chappel Island causing the death of three members in one family. On this visit by the s.s. "Toroa" to the Furneaux Group the mutton-birding season was in full swing, parties having left Cape Barren and Flinders Islands for Chappel Island and other islands on which rookeries are situated.

Chappel Island, which is uninhabited except during the mutton-birding season, has, at various points on the shore, huts of primitive construction, to which families migrate during the season.

Many of the Europeans who came from Flinders Island suffered from a disease which was afterwards diagnosed as a form of scarlet fever, with symptoms of measles. In some cases there was a marked septic condition of the throat, sometimes diphtheroid in appearance, which did not correspond to diphtheria, however, and did not respond to treatment with anti-toxin.

The outbreak was undoubtedly aggravated by the conditions under which the people lived, there being serious overcrowding in the huts, which were devoid of ventilation, and in some cases as to the interiors not capable of being affected by direct sunlight.

The only potable water on the island was in casks brought either from Flinders Island or Cape Barren, whilst many had to depend on water caught in hollows of the rocky land.

After visiting Cape Barren to get in touch with residents, and visiting other islands (including Big Dog, where one family of 10 were all down with the disease except the mother, and where a relative had died in a house on the other side of the island), the boat returned to Chappel Island, where a nurse engaged from Launceston had been left in charge of a case dangerously ill.

On leaving Chappel Island the worst case of illness was that of a half-caste girl. She developed pneumonia supervening on an attack of influenza, and recovered.

It was recognised that the outbreak among the Europeans originated, as far as the Furneaux Group was concerned, on Flinders Island. Association was shown between a case of sore throat at Lady Barron (a settlement opposite to Green Island) and the family where the child had died near White Mark, whilst there had been communication between the family at White Mark and a family at Long Point, who had gone to Chappel Island.

In consequence of the persistence of the epidemic and the isolation of the islands from any medical assistance, on the receipt of the news of the further fatal cases it was decided to dispatch the steam-tug "Wybia" to Chappel Island, and secure the services

of a medical practitioner to reside on the islands until the subsidence of the epidemic or until a medical man established himself in practice there.

After the second visit a further series of cases occurred, with three deaths, on Chappel Island.

After visiting the huts, which, on the recovery of each patient, were disinfected with formalin, Big Dog Island was visited.

A young man who had been with the sufferer at Lady Barron had visited Green Island, and from there was taken to his home on Big Dog Island.

In one house at Big Dog Island three adults just recovering from an attack with a scarletiform eruption were found, whilst there was a baby in the same house with an eruption and symptoms typical of measles. Whilst visiting Cape Barren a young man arrived by a ketch which had been on a trip to George Town. This youth had a rash also, which was more akin to measles than scarlet fever in appearance.

On returning to Chappel Island a half-caste was embarked suffering from phthisis. It had been intended then to proceed to Whitemark, to make arrangements to establish a temporary hospital there, and leave a qualified nurse in charge, but owing to a severe gale it was necessary to make a direct run for the Tamar Heads. A medical officer, who had returned with portion of the Mawson expedition, had been engaged by the Government to temporarily attend to the sick in the Furneaux Group. He spent nine weeks there until the arrival of a private practitioner who intended to reside at Whitemark.

It is interesting to note that the child removed from Chappel Island, who had not previously been recognised as suffering from the infectious eruptive disease, developed distinct peeling. The fact that the patients all had septic sore throats and that the rash was scarletiform was considered strong presumptive evidence that the cases were due to a causative organism, either actually that of, or akin to, the unknown organism of scarlet fever, although two of the last cases seen were more like measles.

The medical officer sent by the Government, who had opportunities of studying the disease over a considerable period, made the diagnosis of "atypical measles with symptoms of scarlet fever."

A remarkable coincidence about this outbreak is that about the same time outbreaks of a disease with similar symptoms occurred in England, at Winchester, Hastings, Birmingham, Cheltenham, and Portsmouth.

It was stated, according to a British paper, that "the ailment will eventually prove to be a non-typical variety of scarlet fever or measles." It has been recognised for some time that there is a disease distinct from scarlet fever, measles, and German measles to which the name of fourth disease has been given. The cases on Chappel Island, however, were more severe than those usually described as fourth disease. There had been notifications of scarlet fever from the North-West Coast, more especially from Penguin, Latrobe, and Devonport. Although no cases had been notified from Beaconsfield, it was known that there had been communication with the mainland through a family affected on Flinders Island.

As showing the undoubted occurrence of double infection, there was a notification of one case admitted to the Devon hospital with scarlet fever and diphtheria combined. It is, of course, well recognised that a patient who develops one disease affecting the throat may be liable to contract another due to a separate organism also affecting the throat.

Undoubtedly the disease was aggravated by the conditions of overcrowding on the islands during the mutton-bird season. It is advisable to induce the persons engaged in mutton-birding to provide more

extensive accommodation, and to insist on the surroundings of the huts being kept in a more cleanly condition. The offal should either be buried or taken below low-water mark.

NORTH LYELL DISASTER.

The unfortunate and disastrous fire at the Mt. Lyell Mine in October caused the death of forty-two miners from carbon-monoxide poisoning. The bodies were not recovered until after the lapse of a period of two months. The Medical Officer of Health for Gormanston, who, together with other medical practitioners, had rendered much help during the anxious days immediately following the disaster, was able to demonstrate from the *post-mortem* appearances and by spectroscopic examination that death was due to the inhalation of carbon-monoxide. The first two bodies recovered from the 600-foot level were buried at the neighbouring cemetery of Linda, owing to the risk arising from putrefaction. It was subsequently found, however, on visiting the mine at the time of the recovery of five bodies at the 700-foot level, that by using a strong disinfectant the risk could be eliminated, and the remaining bodies, in accordance with the general wish of the relatives, were buried at Queenstown, the two first bodies subsequently also being transferred there.

In considering the means provided to cope with accidents in mines, it is interesting to note that in mining centres in England gangs of men are encouraged to undergo training in rescue work and instructed how to make use of rescue apparatus. This movement should be encouraged in mining centres in the Commonwealth.

PROVISION OF FIRE ESCAPES IN HOTELS.

Section 106 of the "Public Health Act" makes the Chief Health Officer the responsible authority for supervising the prevention of fires in theatres and other public buildings. Having had regulations issued for the control of the exhibition of animated pictures, a survey was made by the inspectors of local authorities of public buildings, a series of questions being submitted with regard to each, and as a result certain improvements were made. Attention was then directed to the absence of fire escapes in certain hotels. Shortly after forwarding a circular to the chairmen of the licensing benches throughout the State on this subject, a hotel was destroyed by fire at Latrobe, in which a man lost his life, so public attention was again called to the importance of protecting the travelling public who occupy hotels, by providing reasonable requirements in the way of escape. Before any licence is granted for a two-storied hotel a report should be furnished to the effect that a sufficient fire-escape is provided.

The suggestions made by circular to the licensing benches were taken from regulations for the prevention of fire in the case of factories enacted since the passing of "The Factories Act, 1910."

PUBLIC BUILDINGS.

Plans submitted numbered twelve, of which nine were approved and three were returned for alterations to be made.

Certificates authorising opening of public buildings under Section 106 of "The Public Health Act, 1903," were granted to the number of nine for the year.

FOOD AND DRUGS.

Regulations for securing the cleanliness and freedom from contamination of meat/came into force on the 12th November, 1912.

Copies of the regulations were forwarded to the municipalities for distribution to all butchers throughout the State.

As a result of the issue of these regulations there has been a great improvement in the conditions under which meat is kept and distributed for sale.

Unfortunately, as far as Hobart is concerned, advantage was not taken of the fly-proof cars provided by the Commissioner of Railways for the conveyance of meat from the abattoirs to the city. Although there has been some improvement in the type of cart used for bringing meat to Hobart by road, there is still need for careful supervision being exercised in regard thereto.

As mentioned in the last annual report, the Department secured a report and information from the Director of Livestock and Meat Division of the Department of Agriculture, New Zealand, which will be of value in drafting a Meat Supervision Act or regulations to control the conditions under which cattle, sheep, and pigs are slaughtered in the State. The town of Burnie, which, as usual, leads the North-West Coast in progressive sanitary measures, has established public abattoirs, an example which might be copied with advantage. At a conference with the local authority of Devonport it was decided to establish public abattoirs for the municipality, and reports were submitted as to available sites.

In June the Tasmanian Government was represented at the second interstate and Commonwealth conference to draw up uniform standards and regulations for food and drugs for adoption throughout Australia.

It will be found in the report of the conference that the interests of Tasmania especially with regard to the fruit industry were protected.

"THE MIDWIVES ACT, 1911."

The first list of certificated midwives under the new Act was published in January, 1912, the midwives being classified according to the certificate under which they practised.

In certain cases it was found necessary to get the police to institute proceedings against women for practising midwifery without being registered under the Act.

At present there are 359 midwives on the register, of whom 319 have taken out annual certificates for the year 1913.

STATISTICAL AND GENERAL.

For the year ending 31st December, 1912, the estimated population of Tasmania was 191,684, and the death rate was 10.73 per 1000 persons living.

The following figures show the relative death rates in Tasmania for 1912, classified under age-groups:—

| Death Rate per 1000 Persons Living, 1912. | |
|---|-------|
| Under 1 year | 72.38 |
| 1 to 19 years, inclusive | 3.43 |
| 20 to 39 years, inclusive | 4.76 |
| 40 to 59 years, inclusive | 10.45 |
| 60 and over | 62.77 |
| Preventable causes | 9.49 |
| Non-preventable causes | 1.24 |
| Total nominal death-rate | 10.73 |

*Total corrected for changes of age constitution ... 13.70

*Computed in accordance with the recommendation of the Conference of Statisticians, at Hobart, 1902—that the population of Sweden (census 1890) be taken as the standard.

Health Standards.

| | |
|--|-------|
| Deaths at all stages from preventable causes only | 11.43 |
| Deaths under 65 years in relation to population within the same age limits | 8.01 |
| Infantile mortality | 66.63 |

The general health of Tasmania during the period under review has been good, and not marked by any serious epidemics entailing unusual mortality.

DEATHS IN RELATION TO DISEASE.

The following is from data supplied by the State Statistician.

| Cause. | Number of Deaths, 1912. | Death Rate per 10,000 persons living. | Number of Deaths, 1911. | Death Rate per 10,000 persons living. |
|--|-------------------------|---------------------------------------|-------------------------|---------------------------------------|
| General Diseases— | | | | |
| Measles | 13 | .68 | 12 | .63 |
| Scarlet Fever | 2 | .10 | ... | ... |
| Influenza | 26 | 1.36 | 14 | .74 |
| Whooping Cough | 2 | .10 | 9 | .47 |
| Diphtheria | 37 | 1.93 | 17 | .89 |
| Typhoid | 16 | .84 | 18 | .95 |
| Cerebro Spinal Fever | ... | ... | ... | ... |
| Diarrhoeal Diseases | 11 | .57 | 21 | 1.10 |
| Syphilis | ... | ... | 4 | .21 |
| Septic Diseases (including Pneumonia) | | | | |
| Pulmonary Tuberculosis (Phthisis) | 105 | 5.48 | 115 | 6.04 |
| Other Tubercular Diseases | 40 | 2.09 | 46 | 2.42 |
| Parasitic Diseases | 3 | .16 | 3 | .16 |
| Dietetic Diseases | 5 | .26 | 4 | .21 |
| Rheumatic Fever, Gout, Rheumatism | 11 | .57 | 7 | .37 |
| Cancer, all forms | 123 | 6.42 | 119 | 6.25 |
| Premature Birth | 93 | 4.85 | 80 | 4.20 |
| Other General | 77 | 4.02 | 75 | 3.94 |
| Total General | 722 | 37.67 | 692 | 36.36 |
| Local Diseases— | | | | |
| Nervous System | 130 | 6.78 | 123 | 6.46 |
| Special Sense Organs | 2 | .10 | 1 | .05 |
| Diseases of Heart | 273 | 14.25 | 256 | 13.45 |
| Diseases of Blood Vessels | 106 | 5.53 | 95 | 4.99 |
| Diseases of Respiratory Organs | | | | |
| Diseases of Digestive System | 171 | 8.92 | 153 | 8.04 |
| Diseases of Lymphatic System | 5 | .26 | 8 | .42 |
| Diseases of Urinary System | 70 | 3.65 | 63 | 3.31 |
| Diseases of Generative System | 1 | .05 | 7 | .37 |
| Accidents of Childbirth, &c. | 16 | .84 | 19 | 1.00 |
| Joint Diseases | 5 | .26 | 7 | .37 |
| Skin Diseases | 6 | .31 | 9 | .47 |
| Total Local Diseases | 894 | 46.64 | 811 | 42.61 |
| Ill-defined— | | | | |
| Atrophy, Debility, &c. | 70 | 3.65 | 67 | 3.52 |
| Old Age | 237 | 12.36 | 235 | 12.35 |
| Others | 13 | .68 | 18 | .95 |
| Total Ill-defined | 320 | 16.69 | 320 | 16.81 |
| Violence— | | | | |
| Accident and Negligence | 98 | 5.11 | 95 | 4.99 |
| Suicide and Homicide | 23 | 1.20 | 13 | .68 |
| Total Violence | 121 | 6.31 | 108 | 5.67 |
| TOTAL | 2057 | 107.31 | 1931 | 101.46 |

TUBERCULOSIS.

In 1912 the death rate from tuberculosis was 0.76 per 1000; in 1911 the death rate per 1000 was 0.84.

RETURN Showing the Number of Deaths from Tuberculosis during the Years 1895-1912; also Death Rates per 100,000 persons living.

| | 1895. | | 1896. | | 1897. | | 1898. | | 1899. | | 1900. | | 1901. | | 1902. | | 1903. | | 1904. | | 1905. | | 1906. | | 1907. | | 1908. | | 1909. | | 1910. | | 1911. | | 1912. | |
|--|------------|------------|------------|-----------|------------|------------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|----|
| | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | | |
| Phthisis (Palm. Tuberculosis Phthisis) | 113 | 73 | 110 | 70 | 134 | 83 | 125 | 75 | 101 | 59 | 107 | 62 | 100 | 58 | 102 | 58 | 112 | 63 | 113 | 63 | 134 | 75 | 119 | 66 | 75 | 41 | 111 | 60 | 94 | 49 | 121 | 63 | 115 | 60 | 105 | 55 |
| Other forms Tuberculosis | 47 | 30 | 31 | 20 | 50 | 30 | 60 | 36 | 65 | 38 | 46 | 27 | 40 | 23 | 65 | 57 | 50 | 28 | 59 | 33 | 43 | 43 | 23 | 82 | 45 | 69 | 37 | 69 | 36 | 48 | 25 | 46 | 24 | 40 | 21 | |
| Total | 150 | 103 | 141 | 90 | 184 | 113 | 185 | 111 | 166 | 97 | 153 | 89 | 140 | 81 | 167 | 115 | 162 | 91 | 172 | 96 | 177 | 162 | 89 | 157 | 86 | 180 | 97 | 163 | 85 | 169 | 88 | 161 | 84 | 145 | 76 | |

The average number of deaths from Tuberculosis during the last ten years was 165, or 88.0 per 100,000 persons living.

RETURN showing Number of Deaths from Typhoid during the last Ten Years under Age Groups.
(Data supplied by Statistical Department.)

| Year. | Under 5. | | 5-10. | | 10-15. | | 15-20. | | 20-25. | | 25-30. | | 30-35. | | 35-40. | | 40-45. | | 45-50. | | 50-55. | | 55-60. | | 60-65. | | 65 and over. | | Total. | | |
|------------|----------|----|-------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------------|-----|----------|----|----|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | Persons. | | |
| 1903..... | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 20 | 18 | 38 |
| 4..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 12 | 10 | 22 |
| 5..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 16 | 7 | 23 |
| 6..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 19 | 19 | 38 |
| 7..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 21 | 16 | 37 | |
| 8..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 24 | 13 | 37 | | |
| 9..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 22 | 15 | 37 | | |
| 10..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 22 | 18 | 40 | | |
| 11..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 11 | 7 | 18 | | |
| 12..... | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 10 | 6 | 16 | | |
| Total..... | 4 | 4 | 11 | 13 | 24 | 27 | 33 | 26 | 33 | 26 | 22 | 14 | 18 | 5 | 21 | 13 | 7 | 10 | 5 | 6 | 6 | 6 | 5 | 1 | 3 | 1 | 177 | 129 | 306 | | |

DIPHTHERIA.

| Fiscal Year. | Cases. | Deaths. | Death Rate per 10,000 Persons. |
|---------------|--------|---------|--------------------------------|
| 1902-3 | — | 3 | .2 |
| 1903-4 | — | 9 | .5 |
| 1904-5 | — | 4 | .2 |
| 1905-6* | 88 | 10 | .6 |
| 1906-7 | 126 | 4 | .2 |
| 1907-8 | 151 | 8 | .4 |
| 1908-9 | 205 | 11 | .6 |
| 1909-10..... | 252 | 11 | .6 |
| 1910-11..... | 404 | 16 | .8 |
| 1911-12..... | 941 | 17† | .9 |
| 1912-13..... | 1156 | 37† | 1.9 |

* Compulsory notification introduced.
† Calendar year.

SCARLET FEVER.

| Fiscal Year. | Cases. | Deaths. | Death Rate per 10,000. |
|--------------|--------|---------|------------------------|
| 1902-3 | — | 22 | 1.3 |
| 1903-4 | — | 26 | 1.5 |
| 1904-5 | — | 4 | .2 |
| 1905-6 | 50 | 1 | .1 |
| 1906-7 | — | — | — |
| 1907-8 | 18 | — | — |
| 1908-9 | 11 | — | — |
| 1909-10..... | 91 | 2 | .1 |
| 1910-11..... | 177 | 3 | .2 |
| 1911-12..... | 83 | — | — |
| 1912-13..... | 159 | 2† | .1 |

† Calendar year.

MEASLES*.

| Fiscal Year. | Cases. | Deaths. | Death Rate per 10,000. |
|--------------|--------|---------|------------------------|
| 1902-3 | — | 1 | — |
| 1903-4 | — | — | — |
| 1904-5 | — | — | — |
| 1905-6 | — | 3 | .2 |
| 1906-7 | — | 4 | .2 |
| 1907-8 | — | 1 | .1 |
| 1908-9 | — | 4 | .2 |
| 1909-10..... | — | 2 | .1 |
| 1910-11..... | — | — | — |
| 1911-12..... | — | 12† | .6 |
| 1912-13..... | — | 13† | .7 |

* Not notifiable. † Calendar year.

I have the honour to be,
Sir,
Your obedient Servant,
S. A. McCLINTOCK,
Chief Health Officer.

The Hon. CHAS. RUSSEN, M.L.C.,
Chief Secretary (Acting).

APPENDIX I.

TABLE showing Births, Deaths,* and Marriages for whole State for Years 1903-1912.

(Data supplied by Statistical Department.)

| Year. | Estimated mean population of period. | Births. | | Deaths under 1 year of age. | | Deaths at all ages, Total. | | Deaths in Public Institutions. | Marriages. | |
|---------------------------------|--------------------------------------|---------|-------|-----------------------------|----------------------------------|----------------------------|-------|--------------------------------|------------|-------|
| | | Number. | Rate. | Number. | Rate per 1000 Births Registered. | Number. | Rate. | | Number. | Rate. |
| 1903..... | 177,127 | 5080 | 28·68 | 562 | 111 | 2105 | 11·88 | 420 | 1344 | 7·6 |
| 1904..... | 179,234 | 5292 | 29·52 | 480 | 91 | 1969 | 10·99 | 385 | 1350 | 7·5 |
| 1905..... | 181,365 | 5257 | 28·98 | 420 | 80 | 1215 | 10·01 | 385 | 1365 | 7·5 |
| 1906..... | 183,522 | 5333 | 29·05 | 487 | 90 | 2013 | 10·97 | 420 | 1398 | 7·6 |
| 1907..... | 185,705 | 5291 | 28·48 | 438 | 83 | 1989 | 10·71 | 370 | 1411 | 7·6 |
| 1908..... | 187,913 | 5614 | 29·87 | 426 | 76 | 2129 | 11·33 | †348 | 1431 | 7·6 |
| 1909..... | 190,148 | 5506 | 28·96 | 361 | 65 | 1838 | 9·67 | †353 | 1497 | 7·8 |
| 1910..... | 192,410 | 5586 | 29·03 | 569 | 102 | 2116 | 11·00 | †330 | 1493 | 7·7 |
| 1911..... | 190,316 | 5444 | 28·61 | 401 | 73 | 1924 | 10·11 | †360 | 1477 | 7·7 |
| 1912..... | 191,684 | 5853 | 30·53 | 390 | 67 | 2057 | 10·73 | †335 | 1506 | 7·8 |
| Averages from 1903 to 1912 | 185,943 | 5425·6 | 29·18 | 453·4 | 83·6 | 1995·5 | 10·73 | 370·6 | 1427·2 | 7·7 |

* Deaths occurring at sea and registered in Tasmania are not included.

† Hobart and Launceston only.

APPENDIX II.

BIRTHS AND DEATHS, 1903-1912, APPORTIONED AMONGST CITY AND OTHER DISTRICTS OF TASMANIA.

(Data supplied by Statistical Department.)

| Year. | HOBART (CITY). | | | | | | | LAUNCESTON (CITY). | | | | | | | ALL OTHER DISTRICTS. | | | | | | | | |
|-----------------------------------|-----------------|--------------|---------------------|-------------|-----------------------------|-------------------------|----------------|--------------------|--------------|---------------------|---------------|-----------------------------|-------------------------|----------------|----------------------|--------------|---------------------|-------------|--------------------|-----------------|-------------|-----------------------------|-------------------------|
| | Population. | Births. | Birth Rate per 1000 | Persons. | Deaths under 1 year of Age. | Deaths per 1000 Births. | Estimated Mean | Population. | Births. | Birth Rate per 1000 | Persons. | Deaths under 1 year of Age. | Deaths per 1000 Births. | Estimated Mean | Population. | Births. | Birth Rate per 1000 | Persons. | Deaths (All Ages). | Deaths per 1000 | Persons. | Deaths under 1 year of Age. | Deaths per 1000 Births. |
| 1903..... | 24,654 | 714 | 28.96 | 3.3 | 14.72 | 114 | 160 | 568 | 31.53 | 290 | 10.10 | 83 | 146 | 134,457 | 3798 | 28.25 | 1452 | 10.80 | 1452 | 365 | 96 | 365 | 10.80 |
| 1904..... | 24,654 | 744 | 30.18 | 3.1 | 15.05 | 105 | 141 | 648 | 33.56 | 254 | 13.94 | 60 | 93 | 136,357 | 3990 | 28.60 | 1344 | 9.86 | 1344 | 315 | 81 | 315 | 9.86 |
| 1905..... | 24,654 | 754 | 30.59 | 3.54 | 14.36 | 87 | 115 | 603 | 33.06 | 257 | 14.00 | 67 | 111 | 138,474 | 3900 | 28.17 | 1204 | 8.69 | 1204 | 264 | 68 | 264 | 8.69 |
| 1906..... | 24,654 | 816 | 33.09 | 3.0 | 14.60 | 103 | 126 | 649 | 35.62 | 291 | 14.32 | 75 | 115 | 140,642 | 3868 | 27.60 | 1397 | 9.93 | 1397 | 303 | 78 | 303 | 9.93 |
| 1907..... | 24,654 | 692 | 28.07 | 3.51 | 14.24 | 78 | 112 | 634 | 34.79 | 266 | 14.59 | 61 | 96 | 142,825 | 3955 | 27.76 | 1384 | 9.69 | 1384 | 299 | 75 | 299 | 9.69 |
| 1908..... | 27,635 | 891 | 30.07 | 4.08 | 14.76 | 82 | 99 | 692 | 33.69 | 281 | 13.68 | 63 | 91 | 139,740 | 4331 | 29.27 | 1440 | 10.30 | 1440 | 261 | 64 | 261 | 10.30 |
| 1909..... | 28,090 | 931 | 33.14 | 3.33 | 11.85 | 73 | 78 | 650 | 31.07 | 268 | 12.81 | 73 | 112 | 141,137 | 3925 | 27.81 | 1242 | 8.80 | 1242 | 215 | 55 | 215 | 8.80 |
| 1910*..... | 28,550 | 918 | 32.15 | 3.33 | 12.71 | 104 | 113 | 606 | 28.43 | 266 | 12.48 | 82 | 135 | 142,548 | 4002 | 28.60 | 1493 | 10.47 | 1493 | 383 | 94 | 383 | 10.47 |
| 1911..... | 27,709 | 935 | 33.75 | 3.84 | 13.86 | 79 | 84 | 716 | 34.32 | 282 | 13.52 | 69 | 96 | 141,743 | 3793 | 26.70 | 1258 | 8.87 | 1258 | 253 | 67 | 253 | 8.87 |
| 1912..... | 27,709 | 1070 | 38.62 | 4.09 | 14.76 | 88 | 82 | 789 | 37.83 | 294 | 14.10 | 57 | 72 | 143,119 | 3994 | 27.90 | 1354 | 9.46 | 1354 | 245 | 61 | 245 | 9.46 |
| Average of Years 1903-1912 | 26,296.3 | 840.5 | 31.86 | 3.69 | 14.09 | 91.3 | 111.0 | 655.5 | 33.59 | 271.9 | 13.961 | 69 | 106.7 | 140,104 | 3929.6 | 28.05 | 1356.8 | 9.68 | 1356.8 | 290.8 | 79.6 | 290.8 | 9.68 |

* Revised estimate of Population based upon results ascertained at Census, 3rd April, 1911.
 NOTE.—Deaths occurring in the Public Hospitals in Hobart and Launceston are referred to the district in which the cause of death originated.

APPENDIX III.

Infectious Diseases reported for the Year July, 1912, to June 30th 1913.

| Local Authority. | Diphtheria. | Typhoid Fever. | Scarlet Fever. | Phthisis. | Puerperal Fever. | Ophth. Noor. | Int. Paral. | Syical Mening. | Total. |
|----------------------|-------------|-------------------|----------------|-----------|---------------------|--------------|-------------|----------------|--------|
| 1. Beaconsfield ... | 10 | 5 | — | 8 | — | — | — | — | 23 |
| 2. Bothwell | 1 | 1 | — | — | — | — | — | — | 2 |
| 3. Brighton | 4 | 2 | — | — | — | — | — | — | 6 |
| 4. Bruni | 1 | — | — | — | — | — | — | — | 1 |
| 5. Campbell Town | 3 | 2 | — | 6 | 1 | — | — | — | 12 |
| 6. Circular Head. | 1 | 1 | — | 1 | 1 | — | — | — | 4 |
| 7. Clarence | 2 | 2 | — | — | — | — | — | — | 4 |
| 8. Deloraine | 37 | 5 | 1 | 5 | 1 | — | — | — | 49 |
| 9. Devonport | 276 | 13 | 32 | 6 | 1 | — | — | — | 328 |
| 10. Emu Bay | 44 | — | 1 | 2 | 1 | — | — | — | 48 |
| 11. Esperance | 25 | 4 | 1 | 8 | 1 | — | — | — | 39 |
| 12. Evandale | 6 | 4 | — | — | — | — | — | — | 10 |
| 13. Fingal | 21 | 3 | — | 7 | — | — | — | — | 31 |
| 14. Flinders | — | — | — | 3 | — | — | 2 | — | 5 |
| 15. George Town .. | — | 2 | — | — | — | — | — | — | 2 |
| 16. Glamorgan..... | — | — | — | 1 | 1 | — | — | — | 2 |
| 17. Glenorchy | 1 | — | 1 | 3 | — | — | — | — | 5 |
| 18. Gormanston.... | — | — | 4 | 1 | — | — | — | — | 5 |
| 19. Green Ponds ... | — | 2 | — | 1 | — | — | — | — | 3 |
| 20. Hamilton | 4 | 1 | — | 2 | — | — | — | — | 8 |
| 21. Hobart | 106 | 18 | 18 | 61 | 2 | 1 | — | — | 206 |
| 22. Huon | 1 | — | — | 2 | — | — | — | — | 3 |
| 23. Kentish | 65 | 4 | 6 | 6 | 1 | — | — | — | 82 |
| 24. Kingborough... | 2 | — | — | — | — | — | — | — | 2 |
| 25. King Island ... | — | — | — | — | — | — | — | — | — |
| 26. Latrobe | 102 | 10 | 22 | — | — | — | — | — | 134 |
| 27. Launceston..... | 78 | 30 | 5 | 49 | 4 | — | — | — | 167 |
| 28. Leven | 97 | 4 | 3 | 3 | — | — | — | — | 107 |
| 29. Lilydale | 3 | 3 | — | 6 | — | — | — | — | 12 |
| 30. Longford | 2 | 3 | — | 3 | 2 | — | — | — | 10 |
| 31. New Norfolk ... | 8 | — | — | 9 | 1 | 1 | — | — | 19 |
| 32. New Town | 6 | 1 | — | 11 | — | — | 1 | — | 19 |
| 33. Outlands | 3 | 3 | — | 8 | — | — | — | — | 14 |
| 34. Penguin | 45 | 1 | 16 | 5 | — | — | — | — | 67 |
| 35. Portland | 16 | 4 | — | 4 | 1 | — | — | 1 | 26 |
| 36. Port Cygnet.... | 3 | 1 | 1 | 1 | — | — | — | — | 6 |
| 37. Queenstown .. | — | 2 | — | 3 | 2 | — | — | — | 7 |
| 38. Queenborough . | 10 | — | 2 | 3 | 1 | — | — | — | 16 |
| 39. Ringarooma ... | 14 | 18 | 1 | — | — | — | — | — | 33 |
| 40. Richmond | — | — | — | — | — | — | — | — | — |
| 41. Ross | — | — | — | 3 | — | — | — | — | 3 |
| 42. St. Leonards ... | 2 | 4 | — | — | — | — | — | — | 6 |
| 43. Scottsdale | 25 | 9 | 1 | 4 | 1 | — | — | — | 40 |
| 44. Sorell | — | — | — | 3 | 1 | — | — | — | 4 |
| 45. Spring Bay ... | 1 | — | — | — | — | — | — | — | 1 |
| 46. Strahan | 8 | — | — | — | — | — | — | — | 8 |
| 47. Table Cape..... | 64 | 3 | — | 3 | — | — | — | — | 70 |
| 48. Tasman | — | 3 | — | — | — | — | — | — | 3 |
| 49. Waratah | 1 | 1 | — | — | — | — | — | — | 2 |
| 50. Westbury | 47 | 6 | 1 | 3 | 1 | — | — | — | 58 |
| 51. Zeehan | 11 | — | 40 | 3 | 1 | — | — | — | 55 |
| Overseas..... | — | 1 | 3 | 2 | — | — | — | — | 6 |
| Total Cases | 1156 | 176 | 159 | 249 | 25 | 3 | 4 | 1 | 1773 |

THE HISTORY OF THE
CITY OF BOSTON, FROM 1630 TO 1800

| Year | Of the House | Of the Senate | Of the Council | Of the Court | Of the Clergy | Of the Nobles | Of the People |
|------|--------------|---------------|----------------|--------------|---------------|---------------|---------------|
| 1630 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1631 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1632 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1633 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1634 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1635 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1636 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1637 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1638 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1639 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1640 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1641 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1642 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1643 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1644 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1645 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1646 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1647 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1648 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1649 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1650 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1651 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1652 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1653 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1654 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1655 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1656 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1657 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1658 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1659 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1660 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1661 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1662 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1663 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1664 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1665 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1666 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1667 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1668 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1669 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1670 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1671 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1672 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1673 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1674 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1675 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1676 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1677 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1678 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1679 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1680 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1681 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1682 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1683 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1684 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1685 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1686 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1687 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1688 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1689 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1690 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1691 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1692 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1693 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1694 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1695 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1696 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1697 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1698 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1699 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 1700 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |